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Practice Tip: Increased Fee Cap

Written by NOSSCR Member Ivan Katz, Esq.

The “fee cap” under 42 U.S.C. §406(a)(2)(A) has not been raised in over thirteen years. My guess is that at least one-third of active Social Security disability practitioners have never had the pleasure of dealing with an increase in the “fee cap.” Acting Commissioner Kijakazi announced on May 11, 2022 that the “fee cap” will rise to \$7,200 effective November 30, 2022. Confirmation of the increase, by notice in the Federal Register, occurred on June 30, 2022 ([87 FR 39157](#)).

This announcement raises practical questions for the conscientious practitioner who wants to advise his/her clients of this change. For this purpose we may divide the client base, like all Gaul, into three parts:

- Those who retain your services by written Fee Agreement after the effective date of the rise in the “fee cap”;
- Those who retain your services between now and the effective date of the “fee cap” increase; and
- Those who have retained your services prior to May 11, 2022.

As to the first class, the path is obvious: You amend your Fee

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Updated Policies on Hearing Options & Procedures; Return of VTC Hearings

On June 24, 2022, OHO published two Chief Judge Bulletins (CJB): [CJB 22-04](#), Hearings by Telephone and Online Video Due to the Coronavirus Disease 2019 (COVID-19) Pandemic, and [CJB 22-03](#), Extension of Good Cause Provisions Due to the Coronavirus Disease 2019 (COVID-19) Pandemic.

CJB 22-04

CJB 22-04 supersedes and rescinds instructions in CJB 19-04 SEN REV 6, a “sensitive” publication from May 25, 2022 that was not publicly available.

Most notably, CJB 22-04 indicates the return of video teleconferencing (VTC) hearings. NOSSCR subsequently confirmed with OHO that VTC hearings are starting to be scheduled again, in addition to in-person, telephone, and online video hearings.

CJB 22-04 was revised to explain that OHO will schedule a hear-

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NOSSCR News

Circuit Representative Updates

The Social Security Forum will now include a section with updates from the NOSSCR Board circuit representatives. If you have a question about an update or would like information to be included, please contact your circuit representatives directly or nosscr@nosscr.org.

Save the Date—NOSSCR Events

NextGen Fall Retreat: NOSSCR’s NextGen Committee is hosting a fall retreat from October 6-8 in Madison, WI. The retreat will feature 8 hours of CLEs, networking, and socializing with peers 40 years or younger or in disability practice for ten years or less. Registration will open on August 1.

Annual Conference: The NOSSCR 2023 conference will be held the week of May 1, 2023 at the JW Marriott in Washington, DC and at NOSSCR’s new office in DC.

Supreme Court Admission: NOSSCR is pleased to offer a group admission to the US Supreme Court on May 1, 2023. NOSSCR’s group admission will include admission to the U.S. Supreme Court, breakfast for the applicant and a guest, a group photo, a court lecture, and other events. We will begin accepting applications in January 2023.

Save The Date—Circuit Conferences

In addition to the NOSSCR events, NOSSCR members have generously volunteered their time to develop and implement regional events. Detailed information about topics, speakers, and registration will be provided once available.

September 22-23 – 8th Circuit Conference (Omaha, NE)

The 8th Circuit Social Security disability conference will be September 22-23, 2022 at Embassy Suites in La Vista, Nebraska (Omaha area).

November 11-12 – 5th Circuit Conference (New Orleans, LA)

The 5th Circuit (FOSSCR) Social Security disability conference will be November 11-12, 2022 in New Orleans, Louisiana. ♦

<p>Listings/Grids Subscriber Update</p> <p>An update was made to the listings/grids content on July 18 to reflect the extension of the expiration dates for three body systems listings. All current listings/grids subscribers were sent an email notifying them of this update on July 18. Visit NOSSCR’s online store at members.nosscr.org/store to subscribe today!</p>
<p>Contacting NOSSCR</p> <p>Have questions? The best way to reach us is by email at nosscr@nosscr.org. We are able to respond most quickly to emails. Phone calls or requests sent by fax or mail will be delayed. Please use a descriptive subject line so we can best be of service to you.</p>
<p>Mission Statement</p> <p>The mission of NOSSCR is to advocate for improvements in Social Security disability programs and to ensure that individuals with disabilities applying for Social Security Disability and SSI benefits have access to quality representation and receive fair decisions.</p>



Updates from NOSSCR board representatives

Your NOSSCR board representatives have the following updates and important information. Please contact your circuit representative if you have any questions or information you would like to share.

First Circuit

- The NOSSCR 1st Circuit Discussion Forum is now live and current NOSSCR members can join. Please email admin@mail.forums.nosscr.org to be added.

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Updates from NOSSCR board continued from page 2

Fourth and DC Circuits

- Local rules have changed in the United States District Courts for the Middle District of North Carolina, the District of South Carolina, and the District of Columbia:
 - MDNC summary of the changes effective since June 1, 2022 is available at: [https://www.ncmd.uscourts.gov/sites/ncmd/files/2022Rule Change Summary.pdf](https://www.ncmd.uscourts.gov/sites/ncmd/files/2022Rule%20Change%20Summary.pdf) The entirety of the changes effective as of June 1, 2022 is available at: <https://www.ncmd.uscourts.gov/local-rules-and-orders>
 - SC local rules effective since June 1, 2022 available at: <https://www.scd.uscourts.gov/Rules/Civil%20Rules%20-%20Current.pdf>
 - DC local rules effective since May 1, 2022: [https://www.dcd.uscourts.gov/sites/dcd/files/local_rules/Local%20Rules%20May 2022.pdf](https://www.dcd.uscourts.gov/sites/dcd/files/local_rules/Local%20Rules%20May%202022.pdf)

Fifth Circuit

- The United States District Court for the Western District of Texas has asked Dave Chermol for assistance in expanding the *pro se* disability appeals panel, similar to the program he assisted in establishing in the United States District Court for the Eastern District of Pennsylvania. If you are admitted in USDC for the Western District of Texas, have federal court experience, and would like to be on the *pro se* disability panel, please email Dave Chermol at dave@ssihelp.us.

Seventh Circuit

- Please see Eleventh Circuit update for information potentially relating to Dr. Kosman redetermination cases.
- Some judges at the United States District Court for the Northern District of Illinois are now requiring a “brief joint statement” addressing whether or not Plaintiff’s case was previously remanded, and if so, “pertinent past case information.”

For example, Magistrate Judge Jantz issues orders requiring this information within 14 days of docketing of the case;

however, this information does not appear in Judge Jantz’s standing order for Social Security cases on the Northern District of Illinois website. Magistrate Judge Kim has a similar requirement of a joint status report filed within 14 days of the government filing the administrative record and references Local Rule 40.3. However, this information also does not appear in Judge Kim’s standing order for Social Security cases.

Eleventh Circuit

- A settlement in *Rodriguez de Leon v. Commissioner, SSA*, case no. 1:21-cv-21178 (S.D. Fla.) affects the beneficiaries in the Dr. Mendez-Villamil redetermination cases. The Commissioner has agreed to reinstate benefits on a provisional basis for the Plaintiff (Ms. Rodriguez de Leon) and every similarly situated individual whose redetermination decision involved disregarding evidence from Dr. Mendez-Villamil. This includes beneficiaries who: (1) received a redetermination hearing and decision under the agency’s prior redetermination procedures, and (2) has either a pending case or case that is timely filed in Federal district court, or a pending case before the Appeals Council or at the hearing level for a new hearing and decision (subject to non-medical rules on payment eligibility).

SSA is not sending notifications of the settlement to beneficiaries. However, some of the beneficiaries may have received a reinstatement of benefits as a result with or without a notice of award. If you have a client who meets these criteria and has not received a provisional reinstatement of benefits, or if you have questions about the Dr. Mendez-Villamil redetermination cases or redetermination cases generally, please email Heather Freeman at [hf@hfreemanlaw.com](mailto:hfreemanlaw.com).

- The judges of United States District Court for the Middle District of Florida are no longer issuing briefing orders instructing the use of the joint memorandum process. Please note that there is significant variation amongst judges as to mandatory formats and procedures. ◇



NOSSCR PAC | POLITICAL ACTION COMMITTEE

THANK YOU TO OUR 2022 NOSSCR PAC Contributors

As of July 15, 2022

First Circuit

Donna Nesselbush (CC)
David Spunzo (CC)

Second Circuit

Peter Gorton (DC)

Third Circuit

Michael J. Brown (CC)
Maryjean Ellis (CC)
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Tenth Circuit

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Eleventh Circuit

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David Wright (DC)

Key: **CAP= Capitol Club**, \$5,000/monthly contribution of \$416
PC= Platinum Club, \$2,500-\$4,999/ monthly contribution of \$208-415
DC=Diamond Club, \$1,000-\$2,499/monthly contribution of \$83-207
CC= Century Club, \$100-\$999
C=Contributor, all other contributions

Conn Redetermination Hearings Litigation Update and Call for Volunteers

By NOSSCR Member Ned Pillersdorf, Esq., with
NOSSCR Member Ann J. Atkinson, Esq.

There are several active court actions in the ongoing debacle caused by the redetermination of claims in which the claimants were represented by the infamous and now imprisoned attorney Eric Conn in Southeastern Kentucky. In September 2019, the class action *Johnson et al v. SSA*, 7:19-cv-00070-REW (E.D.Ky.) was filed but has not yet been resolved. This suit seeks reinstatement of benefits for the estimated 500 former Conn clients who did not have active federal court litigation when *Hicks v. Comm’r of Soc. Sec.*, 909 F.3d 786 (6th Cir. 2018) became final. For context, in *Hicks*, the Sixth Circuit declared the Conn redetermination hearings were unconstitutional. The SSA challenged *Hicks* unsuccessfully in the 7th, 4th and 11th Circuits. As a result of *Hicks*, about 230 former Conn clients retrieved their benefits, including back pay via individual court orders. However, the SSA has refused to reinstate benefits to the other 500 essentially claiming they are “defaulters.” In *Johnson* we alleged they are not defaulters based on the *American Pipe* doctrine which states that a pending class action tolls any statute. See *American Pipe and Construction Co. v. Utah*, 414 U.S. 538 (1974). We filed another class action, *Hughes v. Berryhill*, No. CV-16-352-ART, 2017 U.S. Dist. LEXIS 163856, 2017 WL 3000035 (E.D. Ky. Feb. 21, 2017), which was held in abeyance while *Hicks* was being appealed. The recent decision by the Sixth Circuit in *Potter v. Comm’r. of SSA*, 9 F.4th 369 (6th Cir. 2021) allowed several former Conn clients to get their benefits reinstated based on *American Pipe*.

There are two large groups of former Conn clients who are being subjected to redetermination hearings. The first received redetermination notices in 2015, and the second group got notices in 2018, for a total of well over 3,000 clients. About half of the 2015 group (about 1,500 claimants) were found disabled in their redetermination hearings. Most of the 2018 group have not had hearings yet, or their hearings were abruptly postponed due to the discovery of a large number of previously unknown client files in Conn’s law office, and were never rescheduled, probably due to the *Hicks* decision being issued in late 2018.

42 U.S.C. §405(u) states that when SSA has “reason to believe” that benefits have been awarded through “fraud or similar fault,” it must “immediately” redetermine eligibility for those benefits. In the Conn cases, the first round of redetermination notifications in 2015 occurred about nine (9) years after a whistleblower made SSA aware of Conn’s actions in 2006. It is hard to fathom how nine (9) years is an “immediate” redetermination as required by the statute. We are now more than fifteen (15) years past the 2006 date, and yet SSA persists in pursuing Conn’s innocent clients. We therefore filed another case, *Sexton v. Kijakazi*, 2022 WL 1751003, 6:21-cv-187-CHB (E.D.Ky. May 31, 2022), in which we are asserted that the redetermination hearings in the Conn cases do not comply with the statute because they were not started “immediately” as required. On behalf of several named plaintiffs, we received a mixed result in this litigation. The *Sexton* court held that the suit was premature. In so holding, the court explained that we would have to raise the issue on a case-by-case basis in the administrative proceedings for each individual client, and in doing so, show how that claimant was prejudiced by SSA’s failure to act immediately. **This decision therefore means that the “immediately” argument must be raised during the administrative process in these redetermination claims.**

SSA has created new processes for redetermination hearings to comply with the *Hicks* decision, including Social Security Ruling 22-1p and 22-2p, as well as several corresponding HALLEX provisions. We feel these modifications do not provide these claimants with due process or a fundamentally fair hearing as required by law. SSA is now sending out notices for in person hearings starting September 2022 for former Conn clients, primarily those from the 2015 group. They appear to be targeting the 230 whose benefits have been reinstated. We are also concerned that the estimated 1,800 former clients in the 2018 group will be part of this new round of hearings. Due to the pandemic, we have not had in person hearings since the hearing offices have been closed.

We are currently recruiting volunteer lawyers and law students. When the second round of hearings commenced in 2018, we did not have enough volunteer lawyers and utilized law students for assistance. The American Bar Association has informed us that they will help us recruit law students. However, if we are going to have to deal with

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House Appropriations Committee Passes FY 2023 Labor HHS Appropriations Bill

The United States House Appropriations Committee passed its Fiscal Year (FY) 2023 Departments of Labor, Health and Human Services (HHS), and Education, and Related Agencies Appropriations bill, H.R. 8295, on June 30, 2022. The Labor HHS appropriations bill contains the administrative funding, called Limitation on Administrative Expenses or LAE, for the Social Security Administration. The bill was passed by the Labor HHS Appropriations Subcommittee by voice vote on June 23. The bill was placed on the House Calendar on July 5th but no additional action is expected on the bill before the midterm elections.

Overall, the Committee report recommends a total amount of discretionary funding of \$224,399,000,000 for FY2023 for all the agencies and programs within its jurisdiction, which is an increase of \$28,536,000,000 above the fiscal year 2022 enacted level. That total includes a Committee recommendation of \$12,504,945,000 in funding for SSA’s LAE for FY2023. This is an increase over the FY2022 appropriation of \$11,494,945,000.

NOSSCR was pleased to see that the SSA received an increase in LAE in the House bill. However, the increase was not enough to address the customer service challenges the agency is currently facing. The increase of just over \$1 billion was \$331 million less than the Biden Administration had requested. This level of funding, if ultimately enacted, might be insufficient to address the growing backlog at the initial claim level, as well as dealing with payment delays.

Biden Administration Budget Request

The Social Security Administration released its FY 2023 Budget Request to Congress on March 28, 2022. The Biden Administration’s budget request included the following breakdown of how the LAE it received would be allocated by the Social Security Administration:

	FY 2021 Actual	FY 2022 Estimate ¹	FY 2023 Request
Budget Authority, One-Year (in millions)			
Limitation on Administrative Expenses (LAE)	\$12,931	\$12,931	\$14,773
<i>(Dedicated Program Integrity, Base and Adjustment, included in LAE)</i>	<i>(\$1,575)</i>	<i>(\$1,575)</i>	<i>(\$1,799)</i>
Research and Demonstrations	\$86	\$86	\$86
Office of the Inspector General (OIG)	\$106	\$106	\$118
Total, Budget Authority (in millions)	\$13,122	\$13,122	\$14,977
Workyears (WY)			
Full-Time Equivalents	59,402	58,501	59,518
Overtime	1,697	718	3,000
Lump Sum Leave	226	250	250
Total SSA Workyears	61,325	59,469	62,768
Disability Determination Services (DDS)	13,758	13,581	14,272
Total SSA/DDS Workyears	75,083	73,050	77,040
OIG	505	493	538
Total SSA/DDS/OIG Workyears	75,588	73,543	77,578

Table 1—FY 2023 Funding Table

SSA also included proposed targets for disability workloads in its budget request. The targets outlined in ***continued on page 7***

House Appropriations Committee Passes FY 2023 Labor HHS Appropriations Bill *continued from page 6*

the chart below assume that SSA receives the full amount of its budget request from Congress for FY2023:

Workload and Outcome Measures	FY 2021 Actual	FY 2022 Estimate	FY 2023 Request
Retirement and Survivor Claims			
Retirement and Survivors Claims Completed (thousands)	6,082	6,615	6,534
Disability Claims			
Initial Disability Claims Receipts (thousands)	2,009	2,231	2,570
Initial Disability Claims Completed (thousands)	2,011	1,986	2,350
Initial Disability Claims Pending (thousands)	740	939	1,159
Average Processing Time for Initial Disability Claims (days)	165	185	164
Disability Reconsiderations			
Disability Reconsiderations Receipts (thousands)	571	576	682
Disability Reconsiderations Completed (thousands)	516	526	617
Disability Reconsiderations Pending (thousands)	193	228	293
Average Processing Time for Disability Reconsiderations (days)	147	187	168
Hearings			
Hearings Receipts (thousands)	383	376	472
Hearings Completed (thousands)	451	406	472
Hearings Pending (thousands)	350	320	320
Annual Average Processing Time for Hearings Decisions (days)	326	375	335

Table 2—Key Performance Targets

As you can see in the above table, SSA anticipates a significant increase in receipts for all levels of disability determinations – initial application, reconsiderations, and hearings in FY2023. The agency also projects that processing time at all levels will decrease if provided with the funding it requested. It isn’t clear how the funding level contained in the House bill would affect these processing time projections.

Committee Report Language

The committee report also details how the Committee expects SSA to allocate funding to address some customer issues within the total appropriation, including:

“Within the total recommended increase, the Committee expects SSA to direct not less than \$630,000,000 for field offices, teleservice centers, and program service centers, and \$190,000,000 to replace losses and build capacity at the State Disability Determination Services (DDS) agencies that make disability determinations for SSA.”

“In addition, within the recommended funding level, the Committee provides \$89,500,000 for SSA to mail paper statements to all contributors aged 25 and

older not yet receiving benefits, in accordance with Section 1143 of the Social Security Act (42 U.S.C. 1320b–13).” (p316)

NOSSCR and others advocated for report language on key topics to be added to the bill and was pleased to see these topics addressed in the committee’s report. While the report language is not binding, its presence serves as a clear message that House members want to see the SSA act on these issues. Here is the language directly from the report in its entirety:

Administrative Appeals Hearings The Committee continues to consider the Final Rule “Hearings Held by Administrative Appeals Judges of the Appeals Council” (85 Fed. Reg. 73138, December 16, 2020) to be an unjustified erosion of due process for individuals who are appealing a denial

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FY 2023 Labor HHS Bill *continued from page 7*

of Social Security or SSI benefits. As part of a beneficiary's right to an impartial appeal process, an on-the-record hearing, conducted by an impartial judge with decisional independence, must be conducted in accordance with the Administrative Procedure Act to ensure due process, without agency interference, or political bias. Replacing this appeals step and the role of independent administrative law judges (ALJs) with SSA employees jeopardizes the independence of the process. In light of the harm that would be caused by this policy change, the Committee strongly urges SSA not to exercise this authority.

Authorization of Disability Evidence Collection The Committee appreciates that SSA is working to increase its ability to directly obtain electronic medical records and other evidence necessary for disability claims determination. The Committee expects that the Commissioner will continue to ensure that evidence is only accessed under a voluntary, time-limited, and revokable authorization by the claimant to permit medical providers and other sources to disclose information directly to SSA, consistent with Federal, State, and local laws.

Disability Backlogs The Committee recognizes that the pandemic disrupted SSA operations, generating significant new delays in initial disability claims and reconsideration appeals, and temporarily halting in-person hearings before ALJs. The Committee requests SSA submit to the Committee within 90 days of enactment of this Act a plan for reducing the initial and reconsideration claims backlogs, and continue to submit to the Committee quarterly reports on disability hearings backlogs until SSA has eliminated the hearings backlog and achieved its monthly average processing time goal. The Committee urges the Commissioner to prioritize the hiring of additional staff at the DDS agencies to determine initial claims and reconsideration appeals, as well as ALJs and requisite

staff to adjudicate backlogged hearings claims.

Disability Determinations The Committee remains concerned about the time it takes SSA to effectuate favorable SSI and/or SSDI disability determinations and requests a briefing on the issue within 30 days of receiving the report on Disability Determinations as requested in House Report 117-96.

Employee Incentives The Committee directs SSA to submit a report to the Committee within 180 days of enactment of this Act exploring the feasibility of using employee incentives, including an agency student loan repayment program, to improve recruitment and retention for qualified candidates across the agency.

Field Office Closures The Committee recognizes the essential role that field offices play in the public's ability to access SSA benefits and services and strongly encourages the Commissioner to take every action possible to maintain operations at existing field offices. The Committee urges SSA to ensure its policies and procedures for closing field offices include at least 120 days advance notice to the public, SSA employees, Congress, and other stakeholders. Such notice should include a rationale for the proposed closure, and an evaluation of the effects on the public and SSA operations.

Improving Ticket to Work Administration and Reducing Overpayments The Committee recognizes that overpayments due to delays in SSA processing are an issue for beneficiaries who are attempting to return to work, including through the Ticket to Work program. The Committee recommends SSA work to identify the root causes of overpayments and requests a briefing within 90 days of enactment of this Act on agency efforts to improve administrative processes to reduce overpayments.

Information Technology The Committee is concerned that SSA's antiquated Information Technology (IT) service management system is adversely impacting agency staff's ability to deliver the value, service, and effi-

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FY 2023 Labor HHS Bill continued from page 8

ciency that the public expects and deserves. The Committee recognizes that SSA began modernizing its IT Service Management tools in fiscal year 2021, and expects SSA to continue working on IT solutions to improve customer service, ensure high availability and service continuity, optimize operational efficiency, and maximize enterprise productivity.

The Committee continues to monitor the IT Modernization Plan and encourages SSA to focus on improvements to customer service and efficiency as it makes updates to the plan. In addition, SSA should take steps to automate manual processes performed by staff, to reduce human error and improve processing time. The Committee continues to request an update of the plan referenced under this heading in House Report 114-699.

Legal Assistants The Committee understands that the Office of Hearings Operations (OHO) relies on legal assistants to conduct a broad range of work supporting hearings and reviewing work of its administrative law judges, and urges SSA to examine the position descriptions of legal assistants, pay and actual work conducted, to ensure that job classifications and compensation are commensurate with current duties.

Pilot Program Metrics The Committee expects SSA to continue to follow the guidance and directives under this heading in House Report 116-450 for fiscal year 2023, and to include descriptions of pilots and associated pilot program metrics in its fiscal year 2024 Congressional Budget Justification.

Professional Representatives. --The Committee believes that quality representation in matters with SSA assists claimants and beneficiaries, and can also help SSA work more accurately and efficiently. The Committee appreciates that the Commissioner is raising the cap on fees payable via fee agreement, and encourages the Commissioner to index the cap to account for inflation in future years.

Program Integrity The Committee notes that the FY 2023 President's Budget again proposes language for this account to expressly prohibit program integrity funding from being reprogrammed or transferred for non-program integrity activities.

With respect to the reprogramming restriction portion of the proposal, the Committee does not accept this proposal again because the Congress need not expressly prohibit actions that it has not authorized. Under the statutory terms of the appropriation, amounts provided for program integrity activities may not be reprogrammed to base activities (or to any other non-program integrity activity). That is because this appropriation account statutorily establishes a required appropriation amount for program integrity activities—in this bill, at \$1,799,000,000—which is provided by the sum of the amounts specified in the first and second provisos of the account's second paragraph. The bill also continues to emphasize that “no more than” that required sum for program integrity activities may be used for program integrity purposes. The Committee reminds SSA that this emphasis has been included since FY 2017 in response to SSA's view that other funds in the account, in addition to the sum statutorily required for program integrity activities, were otherwise available for program integrity activities. The Committee continues to agree with the explanatory statement accompanying the Consolidated Appropriations Act, 2017 that this emphasis “is for SSA to support program integrity activities solely from funds available for that purpose.”

Finally, with respect to the transfer prohibition portion of the proposal, the Committee has not been apprised of any applicable transfer authority available to SSA that the President's Budget proposal seeks to prevent and therefore does not accept the proposal again.

Report on LAE Expenditures The Committee continues to request that the data referenced under this heading in House Report 114-699 be included in future budget justifications. In addition, the Committee

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FY 2023 Labor HHS Bill continued from page 9

requests the fiscal year 2024 Congressional Budget Justification include a historical table of costs and fiscal year 2024 requests for personnel and benefits, by major SSA component to include Operations (field offices, teleservice centers, processing centers, and regional offices); Office of Hearings Operations; Systems; Office of Analytics, Review, and Oversight; and Headquarters.

Service to the Public SSA uses Public Service Indicators to measure the agency's progress in meeting the needs of the public in local field offices and teleservice centers. The Committee directs SSA to submit to the Committee within 90 days of enactment of this Act an updated report on Public Service Indicators for field offices and teleservice centers, providing the indicators and performance for Fiscal Years 2016 to 2022. Such report shall also detail any staffing needs and resources necessary in its field offices and teleservice centers to restore previous levels of public service.

Telework The Committee reiterates its support for well-managed telework programs in the Federal workplace and understands that SSA is in the process of evaluating how telework affects service delivery during the reentry evaluation period of March 30 through September 30, 2022. Within 90 days of enactment of this Act, the Committee requests a briefing on how the results of that evaluation will be used to measure and monitor the impact of telework on customer satisfaction, service availability including continuity of operations, workloads management, employee experience, stewardship, and environmental considerations. In addition, the Committee directs SSA to submit an update of the report that was requested under this heading in House Report 117-96, with updated data on the number of employees eligible and ineligible to telework, and any limitations or restrictions on the frequency of telework as a result of the evaluation.

Video Hearings The Committee appreciates that SSA has resumed in-person hearings, and reiterates its support for SSA al-

lowing a claimant to choose to use video and telephone hearings on a voluntary basis or to have an in-person hearing or proceeding if the party chooses to do so.

Next Steps for FY2023 Appropriations

The next step for H.R. 8295 is a vote by the full U.S. House of Representatives. The bill was placed on the House Calendar on July 5, but there is not yet a date scheduled for a vote to take place. The U.S. Senate has yet to introduce any of its own appropriations legislation and no dates have been scheduled for consideration of appropriations measures. Updates regarding the status of all Congressional appropriations legislation is available [here](#). As is true most years, Congress is unlikely to complete its appropriations process prior to the end of the fiscal year on September 30. This is especially true in election years. Congress is expected to pass a Continuing Resolution (CR) to fund the government through at least the November election period. NOSSCR is monitoring the progress of appropriations related legislation in both the House and the Senate and will update members as developments occur. ◇

Conn Redetermination continued from page 5

almost 2,000 hearings, we will need all the help we can get. Attorneys who volunteer through our legal services organization, AppalRed, will be covered by AppalRed's malpractice insurance. **If you can help, please contact Mary Going at AppalRed legal services**, 1-866-277-5733, or email her at maryg@ardfky.org. ◇

Corrected PC3 Fax Number

On page 7 of the June 2022 *Forum*, we shared fax numbers for the payment centers that were provided to NOSSCR in response to a FOIA request. However, the fax number that we were given for PC3 was incorrect. Upon investigation, we determined that the correct fax number for PC3 is **877-310-6767**.

NOSSCR thanks member David Lund, Esq. for making us aware of this. ◇

Available Materials

2283. Widows' Benefits

Widow married less than 9 months receives benefits when husband's heart attack is found to be an accident. Under 20 CFR 404.335(a)(1) and (a)(2)(i), a widow must be married 9 months to be eligible for widows benefits, unless the insured was reasonably expected to live 9 months, and death was accidental.

The ALJ consulted 20 CFR 404.345 (a)(2)(i) and GN 00305.105 to find that "Accidental death" is "bodily injuries received from violent and external causes" as a result of which, death occurs within 3 months of the day the injuries are received. A "bodily injury" happens when an outside force/cause affects the body sufficiently to interfere with its normal function. An "external cause" can include exertion. Therefore, a heart attack can be an "accidental death." In this case, the husband was suffering a long-standing MRSA infection when his heart suddenly stopped.

The judge was persuaded that the heart attack was the major contributing factor based on this evidence: The death certificate showed the #1 cause of death was acute myocardial infarction, and an infected prosthetic right knee was listed as the #2 cause of death. The ALJ found that although the husband had a history of arterial hypertension and a cardiac condition, he was cleared for knee replacement surgery by his PCP and after the prosthetic knee developed MRSA, he was further cleared for prosthetic removal and spacer placement. Hospital records showed normal heart functioning. Post-surgery he was treated only for the MRSA infection and not for a heart condition.

The husband's death was considered an accident because it was independently caused by myocardial infarct, an unexpected and unforeseeable bodily injury that occurred the same day as his death. Photos of the couple going back to 1994 showed it was not a sham marriage.

Claimant was represented by Jan Read, with Read & Read Attorneys, in Miami, FL.

No. 2283. Notice of Decision—Fully Favorable (June 28, 2022)

To purchase available materials, click [here](#).

Do you have a successful case you would like to

share with readers of the NOSSCR Forum? Please send submissions to Lea.Robbins@nosscr.org making sure to redact PII from all materials. ◇

Selected Cases

WEIGHT OF MEDICAL EVIDENCE

Gallegos v. Kijakazi, 561 F.Supp.3d 1147 (D.N.M. 2021)

In a claim filed before March 27, 2017, the ALJ failed to sufficiently explain her reasoning for rejecting the treating physician's opinion: "the ALJ's reasons for rejecting Dr. Rhymes' opinion were not specifically tied to citations to the record, and her discussion of the evidence included many examples of restrictions that were actually consistent with it. While substantial evidence is a low bar it can be lacking, and where an ALJ's analysis is too vague to permit the reviewing court to determine how a conclusion was reached her conclusion is not only uncertain but contrary to case law." The ALJ also appears to have cherry-picked the record, selectively choosing to focus on unsupportive treatment records that predate the claimant's application. "Therefore, the ALJ's analysis is unsupported by substantial evidence and is contrary to the law of this circuit, warranting remand."

OVERPAYMENTS

Miskey v. Kijakazi, 33 F.4th 565 (9th Cir. 2022)

The Government Pension Offset (GPO) applies to Miskey's spousal benefits. Under 20 CFR § 404.408a, "if someone receives a government pension based on 'noncovered employment'—that is, employment with compensation that was not subject to Social Security taxes—SSA will apply the GPO to reduce any spousal benefits that the person also receives by two-thirds of the amount of the pension... SSA will not apply the GPO to an individual's spousal benefits, however, if that person receives a government pension based on 'covered employment'—that is, employment with compensation that *was* subject to Social Security taxes." Miskey receives two government pensions, one from noncovered employment with the Nevada DOT and one from covered employment with the Las Vegas Valley Water District, which is through a different

continued on page 12

Selected Cases

continued from page 11

pension plan. While § 404.408a was amended after Miskey initially applied for spousal benefits, under either version of the regulation, “it is equally clear that the GPO applies to Miskey’s spousal benefits... The existence of Miskey’s Nevada PERS pension, which he earned through noncovered employment with the Nevada DOT, [] triggers the GPO’s application to his spousal benefits notwithstanding his later covered employment with the Las Vegas Valley Water District.”

“Although both versions of the governing regulation are unambiguous, SSA has published various documents about the GPO that are less clear. Over the course of this litigation, Miskey has pointed to at least four SSA documents, which he argues provide that the GPO does not apply to his benefits. In summarizing the GPO’s rules, these documents fail to adequately explain what should happen when a beneficiary has multiple government pensions. For example, the relevant provision of the Social Security POMS provides that the ‘GPO does not apply if an individual was covered by both the government retirement system and Social Security throughout his/her last 60 months of Federal, State, and local government service.’ Soc. Sec. Admin., POMS § GN 02608.107 (2021). The other documents contain similar language.”

While these subregulatory guidance documents do not entitle Miskey to unreduced spousal benefits, “the ambiguous nature of the SSA documents Miskey has cited could have confused Miskey and thus could be a factor in whether he was at fault for the overpayment.” Even though the ALJ correctly determined that the GPO applies to Miskey’s spousal benefits, the ALJ’s finding that Miskey was at fault for the overpayment is not supported by substantial evidence. Therefore, remand is appropriate so the agency can determine if it was entitled to recoup the overpayment, or whether recoupment would frustrate the purpose of Title II or be against equity and good conscience.

HEADACHES

Gibson v. Saul, 548 F.Supp.3d 659 (N.D.Ohio 2021)

On the Commissioner’s Motion to Alter/Amend Judgment of the district court’s order awarding

benefits and remanding solely for the calculation of benefits, the court agrees that the record does not fully resolve all issues in the case, particularly regarding the onset of disability, and so the motion is granted, and the case is remanded for further administrative proceedings.

However, the Commissioner’s argument that the record contains substantial evidence to support the ALJ’s denial of benefits is “meritless and disingenuous.” None of the medical evidence or opinions support a finding of non-disability due to the claimant’s severe migraines. But, because there is no medical opinion evidence substantively addressing the extent, severity, or onset date of the claimant’s migraines, an outright award of benefits is not appropriate. “Regrettably, it is the ALJ’s errors that have caused any evidentiary insufficiency. She did not obtain an opinion from Gibson’s treating physician. She did not obtain an opinion from a neurologist or other headache specialist. She made her decision without even obtaining a medical opinion directed to, or substantively addressing, the limitations Gibson’s migraines imposed. Indeed, none of the medical opinions she referenced provided any estimation of the frequency with which Gibson’s migraines would require her to be absent from work. Instead, the ALJ relied on a distorted reading of [the consultative examiner’s] opinion to write-off longitudinal treatment records that consistently reflect Gibson had more migraines per month than the number of resulting absences an employer would tolerate.”

Therefore, given the unresolved factual issues, the decision denying benefits is reversed and the case is remanded for further proceedings. ◇



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SSA, SSDI and SSI
delivered to your inbox
several times per week.

Watch for an email next
week to sign-up

Practice Tip: Increased Fee Cap *continued from page 1*

Agreement as of November 30, 2022 to include wording such as:

I agree that the attorney fee will be the lesser of twenty-five percent (25%) of all past-due benefits awarded to my family and me, or the dollar amount established pursuant to 42 U.S.C. §406(a)(2)(A), which is currently \$7,200, but may be increased from time to time by the Commissioner of Social Security.

Or (if you use Social Security's Form SSA-1693):

If SSA favorably decides my claim(s) and the decision results in past-due (retroactive) benefits, I agree to pay my representative(s) a fee that does not exceed the lesser of 25 percent of my past-due benefits or the maximum dollar amount allowed under the Social Security Act Section 206(a)(2), or such higher amount set by the Commissioner of Social Security based on the date Social Security Administration (SSA) authorizes my representative's fee. I agree to pay the maximum fee as stated in the preceding paragraph. (\$7,200.00 as of November 30, 2022).

How you wish to handle the third class of clients (those who have retained you prior to May 11, 2022), is entirely up to you. Your options range from informing every active client by mail to doing nothing. However, this is assuming that your existing Fee Agreement contains an "escalator clause" covering the happy reality of an increase in the "fee cap."

As for the second class of clients (those who retain your services between now and the effective date of the "fee cap" increase), a different approach seems wise. The vast majority of these clients will be subject to the increased "fee cap" since it is likely that their claims will be adjudicated after November 30, 2022.

The easiest – and most effective way – to make sure that these clients are fully informed is to "drop an asterisk."

Thus, your Fee Agreement will, from now to November 30, 2022, read:

I agree that the attorney fee will be the lesser of twenty-five percent (25%) of all

past-due benefits awarded to my family and me, or the dollar amount established pursuant to 42 U.S.C. §406(a)(2)(A), which is currently \$6,000, but may be increased from time to time by the Commissioner of Social Security.¹

This provides the client with the information that the "fee cap" will be raised as of November 30, 2022, and that his or her claim will likely be subject to it. It does not impact the "escalator clause" (cases do drag on...) and lets the client know that an increase applicable to his or her case is in the offing.

Clients, as experienced practitioners will attest, hate surprises. "Dropping an asterisk" helps avoid at least one of them. ◇

¹ The Commissioner of Social Security has announced that as of November 30, 2022, the dollar amount established pursuant to 42 U.S.C. §406(a)(2)(A), will be \$7,200, and may be increased thereafter from time to time by the Commissioner of Social Security."

Spanish Version of Form SSA-632

At NOSSCR's request, SSA published a Spanish version of the Form SSA-632, Request For Waiver Of Overpayment Recovery, which is now available at www.ssa.gov/forms/ssa-632-bk-sp.pdf. The Spanish version is also searchable/available at www.ssa.gov/forms. We believe this will greatly benefit the Spanish speaking community and make it easier for them and their representatives to timely and accurately request overpayment waivers.

Of note, the Form SSA-634, Request for Change in Overpayment Recovery Rate, is also available in Spanish: www.ssa.gov/forms/ssa-634-sp.pdf.

Special thanks to NOSSCR member Nicholas Parr, Esq. for bringing this issue to our attention. ◇

Upcoming NOSSCR Events

*Membership Business Meeting; Via Zoom
September 2, 2022 at 12:00 pm ET
More details coming soon*

Updated Policies continued from page 1

ing in-person or by VTC if a party to a hearing does not agree to appear by telephone or by online video: “Due to COVID-19, we are offering telephone hearings and online video hearings (OVHs), in addition to in-person and VTC hearings. We will not hold a telephone hearing (due solely to COVID-19) or an OVH unless all the parties to the hearing and their appointed representative(s), if any, agree to appear in that manner [note: we believe OHO is using the regulatory definition of “parties to a hearing” from 20 CFR §§ 404.932 and 416.1432. See also HALLEX I-2-1-45, Parties to the Hearing.]. However, we may conduct a hearing by telephone without the agreement of the parties to the hearing or the representative(s), if any, if extraordinary circumstances prevent a party to the hearing from appearing by VTC or in person or if a party to a hearing is incarcerated and VTC is not available (20 CFR 404.936(c)(2)-(3); 416.1436(c)(2)-(3)). If we are unable to reach a party to a hearing, a party does not agree to appear by telephone or by online video, or a party revokes their previous agreement to appear by telephone or online video, we will ordinarily schedule an in-person or VTC hearing. A party to the hearing does not have a right to object to appearing at a hearing in person (20 CFR 404.936; 416.1436; HALLEX I-2-3-12 A.1.). In addition, we may schedule a VTC hearing unless a party to a hearing objects to appearing by VTC. The acknowledgement of the request for hearing informs the claimant that we may schedule a VTC hearing unless the claimant objects to appearing by VTC in writing within 30 days after receiving the notice. If a party to a hearing establishes a change in residence while the request for hearing is pending, we will determine how the party appears, regardless of whether the party previously objected to appearing by VTC (20 CFR 404.936(d); 416.1436(d); HALLEX I-2-0-21, I-2-3-10 B.1., and I-2-3-11).”

Additionally, CJB 22-04 was changed “to add guidance [for OHO staff] regarding completion of online electronic forms SSA-1696 and SSA-1693, and for processing of representative appointments, revocations, withdrawals, and fee-related documents...” and “to include instructions for reading a Privacy Act statement when contacting claimants about scheduling an American Sign Language (ASL) interpreter.”

Policy information on the extension of good cause

provisions was removed from CJB 22-04 because that information is included in [CJB 22-02](#), which was published on March 21, 2022, and the new CJB 22-03.

CJB 22-03

CJB 22-03 instructs ALJs to exercise “broad flexibility” when determining whether good cause exists for missing the 30-day deadline to object to a VTC hearing: “ALJs must keep in mind that the COVID-19 pandemic may give rise to unusual, unexpected, and unavoidable circumstances beyond the claimant’s control that prevent the claimant from meeting certain hearing level deadlines, such as the deadline to object to appearing at a hearing by VTC (20 CFR 404.936(d); 416.1436(d)), the five-day deadline for submitting written evidence, or the 10-day deadline for requesting subpoenas. ALJs should be flexible in applying the good cause provisions set forth in 20 CFR 404.411, 404.935(b), 416.1411, and 416.1435(b).”

CJB 22-03 also contains guidance for ALJs acting on untimely SBC elections: “For Continuing Disability Reviews (CDR) and Age 18 Redeterminations, there may be unusual or unavoidable circumstances in which claimants may find it difficult to submit a written statement for electing statutory benefit continuation (SBC) timely. Pursuant to POMS DI 12027.008B, for hearing requests filed after the 60-day appeal period, ALJs make the good cause finding for both the appeal and SBC request. Consistent with EM-20040 REV, when a field office (FO) receives an untimely SBC election for a hearing request filed after the appeal period, the FO will forward the late request to the appropriate HO’s desktop fax number. ALJs should also exercise maximum flexibility in determining whether good cause exists when a claimant requests SBC untimely due to the COVID-19 pandemic. Refer to Section C in EM-20040 REV for examples of when good cause can apply for COVID-19 related circumstances.”

Both CJBs explicitly state that “While in effect, to the extent that the guidance in this CJB differs from the HALLEX, follow the guidance in this CJB.” ♦

Upcoming NOSSCR Events

*Annual Conference 2023
Washington, DC; JW Marriott Hotel
May 3-6, 2023*

Updated CSU Contact List

Region	Mailbox	Contact Name(s)	Contact Email	Contact Phone
I & II	NY.R1.R2.rep.unavailability.mail@ssa.gov	Rebecca Andreoli	Rebecca.Andreoli@ssa.gov	(866) 964-9971
III	OHO.R3.Centralized.Scheduling@ssa.gov	Lesia Wotring	Lesia.R.Wotring@ssa.gov	(866) 964-1714
IV	OHO.R4.CSU.Rep.CFL@ssa.gov	Wendy Baggett	Wendy.S.Baggett@ssa.gov	(866) 568-9450
	OHO.R4.CSU.Rep.GA-NC@ssa.gov	Aracelis Comas	Aracelis.Comas@ssa.gov	(888) 552-7169
	OHO.R4.CSU.Rep.AL-MS-KY@ssa.gov	Stacy Couch	Stacy.Couch@ssa.gov	(866) 931-9032
	OHO.R4.CSU.Rep.SC-TN@ssa.gov	Wendy Baggett	Wendy.S.Baggett@ssa.gov	(866) 568-9450
V	OHO.R5.CSU.Rep.Scheduling@ssa.gov	Laura Rosario	Laura.Rosario@ssa.gov	(877) 402-0822
VI	OHO.Dallas.Regional.CSU.DPC@ssa.gov	Jenna Vaughn	Jenna.Vaughn@ssa.gov	(888) 286-1124
VII	OHO.R7.CSU.Rep.Mail@ssa.gov	Vita Baker Jessica Ford- Mustre	Vita.Baker@ssa.gov Jessica.Ford-Mustre@ssa.gov	(866) 964-1714 (888) 488-7742
VIII	OHO.R8.CSU.Rep.Mail@ssa.gov	Casey Doyle	Casey.Doyle@ssa.gov	(888) 366-6144
IX	OHO.R9.NCSU.Rep.Mail@ssa.gov	Elaine Haire Dianne Black	Elaine.Haire@ssa.gov Dianne.Black@ssa.gov	(866) 931-2544 (866) 931-2544
	OHO.R9.SCSU.Rep.Mail@ssa.gov	Mark Yasutomi Ashley Patnode Cindy Emershly	Mark.Yasutomi@ssa.gov Ashley.Patnode@ssa.gov Cindy.Emershly@ssa.gov	(866) 331-7127 (866) 331-7127 (866) 331-7127
	OHO.R9.SWCSU.Rep.Mail@ssa.gov	Alexandra Velazquez- Luciano Pam Niessner Jamie Robinson	Alexandra.Velazquez-Luciano@ssa.gov Pamela.Niessner@ssa.gov Jamie.Robinson@ssa.gov	(888) 748-1991 (888) 748-1991 (888) 748-1991
		Robert Sadaoka (Hawaii)	Robert.Sadaoka@ssa.gov	(855) 601-2479
X	OHO.R10.CSU.Rep.Mail@ssa.gov	Casey Doyle	Casey.Doyle@ssa.gov	(888) 366-6144

Caseload Analysis Report

June 2022

	FY21	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	FY22
Work Days	248	24	18	19	23	19	20	25	20	18				186
ALJs Duty	1325.00	1270.00	1266.00	1261.00	1229.00	1222.00	1219.00	1207.00	1203.00	1195.00				1230.22
ALJs Avail	1234.76	1178.30	1174.20	1172.60	1145.50	1130.60	1131.75	1121.85	1113.85	1107.60				1141.81
Adjusted Receipts	382870	35970	26390	26875	32855	26573	27747	34639	26162	23103				260314
Receipts Total	383650	36034	26443	26907	32902	26614	27788	34681	26210	23148				260727
VH Opt Out	80860	6422	4726	4782	4829	4314	4079	5083	4044	3277				41556
Receipts Daily	1546.98	1501.42	1469.06	1416.16	1430.52	1400.74	1389.40	1387.24	1310.50	1286.00				1401.76
Receipts Daily Per Available ALJ	1.25	1.27	1.25	1.21	1.25	1.24	1.23	1.24	1.18	1.16				1.23
Transfers In	91081	5211	6858	7021	6525	8155	6010	8826	6118	5195				59919
Transfers Out	91079	5211	6858	7019	6525	8155	6010	8826	6118	5195				59917
Dispos Total	451046	35243	25857	28150	35911	29562	31194	33843	27393	23903				271056
Dispos Daily	1818.73	1468.46	1436.50	1481.58	1561.35	1555.89	1559.70	1353.72	1369.65	1327.94				1457.29
ALJ Dispos Total	449584	35221	25791	28061	35788	29460	31094	33722	27292	23808				270237
ALJ Dispos Daily	1812.84	1467.54	1432.83	1476.89	1556.00	1550.53	1554.70	1348.88	1364.60	1322.67				1452.89
ALJ Dispos Daily Per Avail ALJ	1.47	1.25	1.22	1.26	1.36	1.37	1.37	1.20	1.23	1.19				1.27
Attorney Adj Dispos Total	1462	22	66	89	123	102	100	121	101	95				819
Attorney Adj Dispos Daily	5.90	.92	3.67	4.68	5.35	5.37	5.00	4.84	5.05	5.28				4.40
DISP/REC Ratio	118	98	98	105	109	111	112	98	105	103				104
DISP/ADJ Receipts	118	98	98	105	109	111	112	98	105	103				104
Prod Index	69.95	59.06	62.77	64.21	65.90	61.12	61.82	55.84	55.77	55.72				60.13
Total O/T Hours	205205.86	16069.75	20858.00	15460.00	27781.25	23142.75	23619.25	30745.00	24238.90	18893.00				200807.90
Average Proc Time	326	308	306	305	315	313	309	319	324	327				314
Opening Pending	418313	350137	350864	351397	350122	347066	344077	340630	341426	340195				350137
Closing Pending Total	350137	350864	351397	350122	347066	344077	340630	341426	340195	339395				339395
Closing Pending Per Duty ALJ	273.33	276.27	277.56	277.65	282.40	281.57	279.43	282.87	282.79	284.01				284.01
Pending Over 120 Days	235326	238484	241763	242094	240650	240082	237783	235922	234972	237609				237609
% Pending Over 120 Days	67	68	69	69	69	70	70	69	69	70				70
Pending Over 180 Days	180398	183718	188827	190879	191412	190360	188011	189471	188496	191223				191223
% Pending Over 180 Days	52	52	54	55	55	55	55	55	55	56				56
Pending Over 270 Days	130130	130113	132132	134876	136621	138363	138603	140159	140322	141918				141918
% Pending Over 270 Days	37	37	38	39	39	40	41	41	41	42				42
Pending Over 365 Days	103108	102737	103855	104321	103853	104284	105297	107313	108792	110751				110751
% Pending Over 365 Days	29	29	30	30	30	30	31	31	32	33				33
Pending > 365 Per Duty ALJ	80.49	80.90	82.03	82.73	84.50	85.34	86.38	88.91	90.43	92.68				92.68
Pending 750 and Over Days	32816	37062	40097	42694	45341	48045	51168	53327	54001	54645				54645
% Pending 750 and Over Days	9	11	11	12	13	14	15	16	16	16				16
Pending 800 and Over Days	25742	29059	31885	35085	38584	41037	42839	46176	48800	50169				50169
% Pending 800 and Over Days	7	8	9	10	11	12	13	14	14	15				15
Pending 850 and Over Days	19832	22778	25052	27749	31154	33989	36705	39004	40936	43934				43934
% Pending 850 and Over Days	6	6	7	8	9	10	11	11	12	13				13
Pending 900 and Over Days	15182	17501	19421	21635	24561	26888	29780	32910	35035	36881				36881
% Pending 900 and Over Days	4	5	6	6	7	8	9	10	10	11				11
Pending 1000 and Over Days	8829	10067	11348	12834	14881	16551	18599	21058	23277	25581				25581
% Pending 1000 and Over Days	3	3	3	4	4	5	5	6	7	8				8

Per-ALJ calculations exclude 819 dispositions for Attorney Adjudicator Cases; there are 5 cases pending for Attorney Adjudicators.

To date, 415 cases have been deleted.



LISTING OF IMPAIRMENTS/GRIDS SUBSCRIPTION

****NEW ORDER FORM ONLY****

DON'T BE LEFT IN THE DARK! RECEIVE NEW LISTINGS AS SOON AS THEY'RE PUBLISHED.

How can you be sure you have the most recent listing, Social Security Rulings (SSR), or compassionate allowance when representing your clients? To keep you current with these revisions, NOSSCR offers members the option to subscribe to the Listing of Impairments for Adults, Listing of Impairments for Children, the Medical-Vocational Guidelines (Grids), selected SSRs, and the list of Compassionate Allowances.

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LIST OF CATEGORIES

A ABSENTEEISM ACTIVITIES OF DAILY LIVING AGE AIDS/HIV INFECTION ALCOHOLISM/SUBSTANCE ABUSE ALIENS ALJ'S DUTIES AMERICANS WITH DISABILITIES ACT APPEALS COUNCIL APPEALS COUNCIL: NEW EVIDENCE ARTHRITIS ATTORNEYS' FEES ATTORNEYS' FEES - EAJA AUXILIARY BENEFITS	INTERIM BENEFITS ISSUE EXHAUSTION	REPRESENTATIVE PAYEE RES JUDICATA RESIDUAL FUNCTIONAL CAPACITY RESPIRATORY IMPAIRMENTS RETIREMENT TEST RETROACTIVE APPLICATION
B BACK IMPAIRMENTS	J JUDICIAL REVIEW	S SCHOOL ATTENDANCE SEVERITY SIGNIFICANT NUMBER OF JOBS SIT & SQUIRM SKIN CONDITIONS SSI: DISABLED CHILDREN SSI: NON-DISABILITY ISSUES SUBJECTIVE SYMPTOM EVALUATION SUBSEQUENT APPLICATION SUBSTANTIAL GAINFUL ACTIVITY
C CANCER CARPAL TUNNEL SYNDROME CHRONIC FATIGUE SYNDROME COMBINATION OF IMPAIRMENTS	L LACK OF COUNSEL LATE FILING IN FEDERAL COURT LATE REQUEST FOR HEARING LATE REQUEST FOR RECONSIDERATION LATE REQUEST FOR REVIEW LAY WITNESS TESTIMONY LITIGATION DELAY LUPUS	T TERMINATIONS TRANSFERABLE SKILLS TRIAL WORK PERIOD
D DIABETES DIGESTIVE DISORDERS DISABLED ADULT CHILDREN DISABLED WIDOWS	M MANUAL DEXTERITY MEDICAL ADVISOR MEDICATIONS MENTAL IMPAIRMENTS MISINFORMATION MULTIPLE SCLEROSIS	U UNEMPLOYMENT COMPENSATION
E EPILEPSY/SEIZURES	N NEUROLOGICAL IMPAIRMENT NON-ACQUIESCENCE NON-ENGLISH SPEAKING	V VETERANS' DISABILITY BENEFITS VISUAL IMPAIRMENTS VOCATIONAL EXPERT TESTIMONY VOCATIONAL REHABILITATION
F FIBROMYALGIA FRAUD	O OBESITY ONSET DATE OVERPAYMENTS OWN-MOTION REVIEW	W WAIVER OF ISSUES WEIGHT OF MEDICAL EVIDENCE WINDFALL ELIMINATION PROVISION WORKERS' COMPENSATION OFFSET WORKING WHILE DISABLED
G GARNISHMENT GOVERNMENT PENSION OFFSET GRIDS: Non-Exertional Impairments GROWTH IMPAIRMENTS	P PAIN PAST RELEVANT WORK PRESUMPTION OF DEATH PRISONERS' BENEFITS PRIVACY	
H HEADACHES HEARING LOSS HEART CONDITIONS	R RAILROAD RETIREMENT BENEFITS REMAND v. REVERSAL REMAND: LOST TAPE REMAND: "GOOD CAUSE" REMEDIABILITY REOPENING	
I ILLEGITIMATE CHILDREN ILLITERACY INSURED STATUS INTELLECTUAL DISABILITY		

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