ATTACHMENT A

RESPONDENT’S PETITION FOR RECONSIDERATION
To Whom It May Concern:

Please accept this Petition for Recosideration. I have attached more documentation regarding my case # 2018-0881, OAH No. 2018100432.

"It states in the Disability Retirement Resource Guide page 15 under Criteriae for corrections, How the employer can help. The employer can help minimize errors and omissions made by the member. If the employer is aware of medical conditions or workers' componsation claim(s) at the time of an employee's separation, they should counsel the employee and provide information on disability retirement.

The employer should discuss with the member all their options, including disability retirement and provide the member with a Disability Retirement Application Publication(PDF)."

My Manager, her manager and most of my coworkers were completely aware of my health problems both physical and mental and my sister's cancer.

I went to discuss potential options with my manager and when my personnel file was removed from her locked file cabinet, attached to the front of my file was a note that read "TOXIC HAZARD". Prompting my need to remove myself from the hostile and unhealthy work enviornment as a full blown panic attack insued. Leaving me to try to navigate the disability retirement process myself.

I was told over and over when I called into the Calpers #888-225-7377, I could apply for disablity retirement and that it would "take and act of God to get Kaiser to sign anything disabeling me for longer than 6 months" or "dount expect much help from Kaiser". I asked every time I called because this is not fun for me it is horrific to make my personal life public record.

I have attached more documentation that shows Dr. Maria Caparas, my psychiatrist at the time, took me off work from 01-12-15 thru 02-01-16; and Dr. David Chang had me off work 04-05-17 thru 02-02-18. I was on SDI at the time clearly showing my condition lasted longer than 6 months they stated it would on the Calpers Physicians Report on Disability. Neither would commit to signing the Calpers form for longer than 6 months but kept me off on SDI for 2 years. So did they commit fraud? I have also attached a note from Dr. Chang dated 12-31-17 where he addresses the conditions I listed on my application as disabling. During this time Dr. Chang was new to Kaiser and on his probationary period and made the statement to myself and my husband that "he asked a co-worker who told him not to sign the paperwork because it could be a liability for him." Although, he said he agreed that I was and still am completely diabled mostly because of the PTSD and my anxiety. Dr. Chang is the one who made the refferal for me
to see Dr. Marc Miller, who is outside the Kaiser network. Thankfully because who knows where I may be today.

Attached is the Physician's Report on Disability signed by my current therapist Dr. Marc Miller.

Also attached is more documentation provided by my Social Security attorney Albert DiRoccio with Nyman Turkish, from Dr. Miller. I will be having my Social Security disability hearing June 6, 2019.

The "ISSUE"

Did respondent make a mistake which was the result of inadvertence, mistake, surprise or excusable neglect correctable by section 20160, which would entitle her to retroactively change her retirement status from service retirement to disability retirement?

My sister's illness and death created a chain of events no one could have expected, especially me. Some of which I will never recover from I simply have to learn to live with. This was never my choice. Dr. Miller knew right away with just one visit how her cancer impacted every aspect of my life. It was impossible for me to complete the disability applications correctly and in a timely fashion. Its not like I woke up one day in 2018 and said, "I think I will apply for disability retirement." It has been ongoing since her diagnosis in September 2014. The phone records, the numerous disability applications sent and the mounds of paperwork clearly show I did my absolute best to navigate and comply with the CalPers requirements. My sister was dying from colon cancer, I was not on vacation. I had a nervous breakdown. I am still in counseling twice a week for things my mind has hidden for years. I am not a robot, I am human.

I really thought I mailed the application in 2015, which I discovered during the hearing I had not. I could have lied and maintained I mailed it but i didn't. I corrected the mistakes I made as soon as I possibly could and to the absolute best of my ability.

I have been completely honest in every aspect of this process.

I have a doctor who supports my claims, and when he signed your form then and only then was my application for disability retirement denied. What does it matter how many times I called or how many booklets were sent, it only proves I am disabled.

Thank you for your time.

Kathrine Lambert

5-31-19
December 20, 2018

Office of Hearing Operations, SSA
1610 Arden Way, Suite 250
Sacramento, CA 95815

RE: Ms. Kathrine Lambert
SSN: [redacted]

Dear Sir or Madam:

Pursuant to 20 CFR 404.1740(b)(5) and 416.1540(b)(5), the undersigned is hereby disclosing that our office prepared the questions in the enclosed Residual Functional Capacity Questionnaire. The opinions and answers to those questions are those of the Claimant's treating medical provider.

Thank you for your attention to this matter.

Sincerely yours,

Melissa M. Nyman
Attorney at Law

MN/EF
Enclosure
# MEDICAL SOURCE STATEMENT

Claimant: Katherine Lambert  
DOB:  
SSN:  

PLEASE NOTE: The responses to these questions serve as a gauge of this claimant's ability to engage in work-related activities on a day-to-day, regular basis. Please answer these questions based on your own personal knowledge about their medical history, test results, chronicity of the findings and the expected duration of any related limitations.

The individual's degree of impairment should be described according to the following terms:

- **None/Mild** = No limitation of ability; able to do function at least 2/3 of time.
- **Moderate** = Some decreased ability; able to do this function 1/3 to 2/3 of time.
- **Marked** = Greatly decreased ability; able to do this function less than 1/3 of time.
- **Extreme** = No ability to do this function in work setting.

### SOCIAL INTERACTION

1. Ability to accept instruction from or respond appropriately to criticism from supervisors.

   **NONE/MILD** — **MODERATE** — **MARKED** — **EXTREME**

2. Ability to respond appropriately to co-workers or peers.

   **NONE/MILD** — **MODERATE** — **MARKED** — **EXTREME**

3. Ability to relate to general public and maintain socially appropriate behavior.

   **NONE/MILD** — **MODERATE** — **MARKED** — **EXTREME**

4. Ability to work in coordination with or in proximity to others without distracting them or exhibiting behavioral extremes.

   **NONE/MILD** — **MODERATE** — **MARKED** — **EXTREME**

5. Ability to maintain personal appearance and hygiene.

   **NONE/MILD** — **MODERATE** — **MARKED** — **EXTREME**
SUSTAINED CONCENTRATION, PACE AND PERSISTENCE

6. Ability to perform and complete work tasks in a normal work day or week at a consistent pace.
   NONE/MILD ___ MODERATE ___ MARKED ___ EXTREME ___ ✓

7. Ability to process subjective information accurately and to use appropriate judgment.
   NONE/MILD ___ MODERATE ___ MARKED ___ EXTREME ___ ✓

8. Ability to complete instructions and tasks independently.
   NONE/MILD ___ MODERATE ___ MARKED ___ EXTREME ___ ✓

9. Ability to maintain attention/concentration for more than brief periods of time.
   NONE/MILD ___ MODERATE ___ MARKED ___ EXTREME ___ ✓

10. Ability to perform at production levels expected by most employers.
    NONE/MILD ___ MODERATE ___ MARKED ___ EXTREME ___ ✓

ADAPTATION

11. Ability to behave predictably, reliably and in an emotionally stable manner.
    NONE/MILD ___ MODERATE ___ MARKED ___ EXTREME ___ ✓

12. Ability to respond appropriately to changes in work setting.
    NONE/MILD ___ MODERATE ___ MARKED ___ EXTREME ___ ✓

13. Ability to follow work rules and procedures.
    NONE/MILD ___ MODERATE ___ MARKED ___ EXTREME ___ ✓

14. Ability to tolerate customary work pressures.
    NONE/MILD ___ MODERATE ___ MARKED ___ EXTREME ___ ✓
15. How long has this facility treated the claimant?
   3/12/18

16. Please identify the date that the limitations would have started at the levels of severity indicated in stated Questions 1-14:
   3/13/18

17. Based on your professional experience and belief, in combination with your observation of the claimant, please list specifically all conditions (pain, intellectual limitations, effects of medication or treatment, etc.) you feel caused or contributed to the limitations you stated Questions 1-14.
   [Handwritten: PTSD, panic, depression, and any other chronic pain]

18. What, in your professional opinion is the claimant's prognosis for the next 12 months?
   __ poor ___ fair ___ good ___ excellent

19. Are there any additional limitations or comments you wish to identify?

   [Handwritten: ...]

   [Signature]

   DATE: 3/18

   Dr. Marco Miller, PhD
Physician’s Report on Disability

Member Information

Katherine E. Lambert

Name of Member (First Name, Middle Initial, Last Name)

Staff Services Analyst

Position/Occupational Title

Social Security number or CalPERS ID

Birth Date (mm/dd/yyyy)

Kaiser Member, Medical Record Number

Member History

Date of First Visit (mm/dd/yyyy)

4/13/18

Date of Last Examination (mm/dd/yyyy)

4/23/18

Date of Accident/Injury Occurred (mm/dd/yyyy)

11/17/05

Date Member Unable to Perform Job Duties (mm/dd/yyyy)

6/30/18

Origin of Injury: □ Work Related □ Non-Work Related

Public Safety Dispatch

Describe how injury occurred

Examination Findings

Chief Complaints

Subjective Symptoms

Height: 5'6"

Weight: 175

Blood Pressure: 100/68

Diagnosis

PTSD ± 43.12

Objective Examination Findings 1

See attached

Diagnostic Test - Dates and Findings

Restrictions/Limitations, if so specify.

Diagnosis 2

Objective Examination Findings 2

Diagnostic Test - Dates and Findings

Restrictions/Limitations, if so specify.

Comments

Provide history of patient's illness/injury.

If there is not enough space to enter all your diagnosis or results, attach a separate sheet. Be sure to use a label, or clearly write your Social Security number on each attachment.
Member Incapacity

To qualify for a disability retirement, the CalPERS member must be substantially incapacitated from the performance of the usual duties of his/her position with the current employer. This "substantial incapacity" must be due to a medical condition of permanent or extended duration that is expected to last at least 12 consecutive months or to result in death. Disability is not necessarily an inability to perform fully every function of a given position. Rather, the courts have concluded that the test is whether the member has a substantial inability to perform the usual and customary duties of the position. Prophylactic restrictions are not a basis for a disability retirement.

1. Is the member currently, substantially incapacitated from performance of the usual duties of the position for their current employer?  □ Yes  □ No
   If yes, you must describe specific job duties/work activities that the member is unable to perform due to incapacity. Refer to member's job duty statement and Physical Requirements of Position/Occupational Title form.

2. Will the incapacity be permanent?  □ Yes  □ No
   If not, will the incapacity last longer than 12 months?  □ Yes  □ No

3. Was the job duty statement/job description reviewed to make your medical opinion?  □ Yes  □ No

4. Was the Physical Requirements of Position/Occupational Title form reviewed to make your medical opinion?  □ Yes  □ No

5. Was information reviewed that the member provided?  □ Yes  □ No
   If so, please attach the information provided by the member.

Physician's Signature

CalPERS has my permission to release a photocopy of report to member, upon written request.  □ Yes  □ No

Name: MARC MILLER
Phone Number: 510-528-4774/584-1064
Address: 1667 SLOANE AVE
City: CABEY
Postal Code: 07827
Signature of Physician/Title: MARC MILLER
Medical Specialty: PSYCHOLOGY
Date (mm/dd/yyyy): 5/14/18
I first starting treating Ms. Lambert in psychotherapy shortly after she filed a Workers Compensation claim with the California Highway Patrol. Ms. Lambert was originally temporarily disabled on 11/17/05 while working as a dispatcher for California Highway Patrol. On this day she received an emergency call for one of the officers who had just been shot. Other officers were sent, but the victim had already died by the time they arrived. Ms. Lambert was traumatized by this event, as well as by the reactions of her fellow staff who implied that the officer’s death was her fault. The combination of these events led to her suffering from Posttraumatic Stress Disorder. I saw her weekly, she suffered from severe anxiety, including panic attacks, depression, intense memories of the event, and tremendous guilt.

After being out on Workers Comp., she went to Western Career College and earned an AA degree and license in Pharmacy Technician prior to employment with the CA Dept of Public Health. She started this job in 2009 as a Program Tech II, and then promoted to a Staff Services Analyst within about a 1 to 1 1/2 yrs. Her schooling has left her with a huge student loan debt.

When I resumed Ms. Lambert’s treatment on 3/13/18 I gave her a diagnosis of PTSD. At this time Ms. Lambert suffered symptoms of panic attack, flashbacks and suicidal ideation every day, as well as chronic anxiety and depression. Her symptoms of PTSD had been exacerbated from her most recent job as a staff services Analyst for the CA Dept of Public Health. In addition, while working for CADPH, she a moved into her sister’s home in 2016, when her sister was diagnosed with cancer.

Taking care of her sister triggered PTSD symptoms, made it impossible to focus on her work. She quit her job, and moved in with
her sister order to be the primary caretaker of her. Her sister's illness and death brought up things she didn't even know existed from her abusive childhood. Moreover, the situation with her sister created very stressful interactions with her family, especially with her sister's son. She was often irrationally blamed for her sisters' disease, her attempts to help her sister and family were seen as attempts to be controlling. Moreover, her dying sister would rage at Ms. Lambert, reminding her of growing up in a chaotic physically, emotionally and sexual abuse childhood. Her father had died when she was 4 1/2, her mother abandoned her children emotionally, to make a living, and to be with men. At a very young age she was parentified, taking care of her siblings, while being scapegoated for her family's problems.

Ms. Lambert has suffered from intense, chronic, PTSD symptoms: physiologically overreactive, panic attacks depression, negative upsetting thoughts for the past ever since moving into her sister's as her caretaker for her battle with cancer. For years she has almost always felt overwhelmed, being too disorganized to be punctual, often becoming confused and distracted, losing track of time, forgetting what she is doing, and too upset to focus. She has rarely felt safe, being almost constantly in a fight or flight mode. During this time, when feeling threatened, she would frequently become quite angry, sometimes resulting in her losing control and lashing out. As a result Ms. Lambert was completely incapable of having the presence of mind to fill out the application for Disability in a timely manner.

Sincerely,

Marc Miller, Ph.D. PSY 15728
My Claim Summary

Claim Information

Claimant Name:
kathrine e lambert

Claim ID:
[redacted]

Expected Return to Work Date:
02-01-2016

Claim Effective Date:
01-12-2015

Current Status

Last Payment Amount ($):
1,270.14

Authorized on:
01-28-2016

You have exhausted your maximum benefit amount. No further benefits are payable. If you have a long-term disability, you may be eligible for Social Security disability benefits. For more information, contact the Social Security Administration at 800-772-1213 regarding Social Security disability benefits.

Physician/Practitioner(s)

Information regarding your claim has been provided by the physician/practitioner(s) listed below

MARIA JOSEFI CAPARAS
December 31, 2017

Katherine E Lambert

To Whom It May Concern,

I am writing you on behalf of my patient Katherine Lambert. She has multiple chronic medical conditions including chronic abdominal pain, low back pain, fibromyalgia and PTSD. She has had multiple abdominal surgeries. Her condition has made it challenging for her to handle daily tasks.

Sincerely,

DAVID S CHANG DO
My Claim Summary

Claim Information

Claimant Name:
kathrine e lambert

Claim ID:

Expected Return to Work Date:
02-02-2018

Claim Effective Date:
04-05-2017

Current Status

Last Payment Amount ($) :
156.57

Authorized on:
01-16-2018

You have exhausted your maximum benefit amount. No further benefits are payable. If you have a
long-term disability, you may be eligible for Social Security disability benefits. For more information,
contact the Social Security Administration at 800-772-1213 regarding Social Security disability
benefits.

Physician/Practitioner(s)

Information regarding your claim has been provided by the physician/practitioner(s) listed below

DAVID SCOTT CHANG
Fax

To: Matthew Jacobs
Company: CAPERS - Gen. Counsel
Fax number: 916-795-3659
Date: 5-31-19

From: Kathrin Lambert
Phone number: [Redacted]
Fax number: [Redacted]
Total pages: 14

Notes:
Petition for Reconsideration
#2018100432
#2018-0881
<table>
<thead>
<tr>
<th>DATE,TIME</th>
<th>05/31 17:00</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAX NO./NAME</td>
<td>19167953659</td>
</tr>
<tr>
<td>DURATION</td>
<td>00:00:43</td>
</tr>
<tr>
<td>PAGE(S)</td>
<td>00</td>
</tr>
<tr>
<td>RESULT</td>
<td>NG</td>
</tr>
<tr>
<td>MODE</td>
<td>FINE</td>
</tr>
<tr>
<td></td>
<td>ECM</td>
</tr>
</tbody>
</table>

NG: POOR LINE CONDITION
Fax

To: Cherri Swedensky
Company: CA1 Pers Asst 0 Board
Fax number: 916-795-3972
Date: 5-31-19

From: Katherine Lambert
Phone number: [Redacted]
Fax number: [Redacted]
Total pages: 14

Notes:
Petition for Reconsideration
#2018-00432
#2018-0841