



WORKSHOP E.

Moving Towards Civil Gideon

*2014 Legal Assistance
Partnership Conference*

Hosted by:

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NEW YORK STATE BAR ASSOCIATION 2014 PARTNERSHIP CONFERENCE

E. FROM CHILDHOOD TO ADULT: AN OVERVIEW OF SSI AGE 18 REVIEWS

AGENDA

**September 11, 2014
10:00 a.m. – 11:30 a.m.**

1.5 Transitional CLE Credits in 0.5 Ethics & 1.0 Professional Practice.
*Under New York's MCLE rule, this program has been approved for all attorneys,
including newly admitted.*

Panelists:

Bridgit M. Burke, JD, Co-Director, Albany Law Clinic & Justice Center, Albany Law School
Shubh Nigam McTague, Esq., Staff Attorney, Legal Aid Society of Northeastern New York, Inc.
Louise M. Tarantino, Esq., Senior Attorney, Empire Justice Center

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|---|----------------------------|
| I. Overview of SSI Age Eighteen Reviews | 10:00 am – 10:20 am |
| a. Legal Standard For Age Eighteen Redeterminations | |
| b. Social Security Ruling (SSR) 11-2p | |
| II. Ethical Considerations | 10:20 am – 10:50 am |
| a. Rules of Professional Conduct | |
| b. Diminished Capacity | |
| c. Who is the Client? | |
| d. When Does Representation Begin? | |
| e. Dealing Ethically With Difficult Clients | |
| III. Discussion of Evidence | 10:50 am – 11:20 am |
| a. Relevant Evidence in Young Adult Claims | |
| b. Evidence From Prior Claim Files | |
| c. Using School Evidence | |
| d. NY Special Education Programs | |
| IV. Structured Settings | 11:20 am – 11:30 am |

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Substantive Outline

E. FROM CHILDHOOD TO ADULT: AN OVERVIEW OF SSI AGE 18 REVIEWS OUTLINE

INTRODUCTION

Social Security's regulations mandate that children who are found disabled under the SSI Childhood Disability criteria must have their SSI claims reviewed under the adult disability criteria when they turn 18. If SSA determines that an 18 year old does not meet the adult criteria, his/her benefits will be discontinued, subject to appeal. These claims present unique procedural and substantive issues, with which many advocates – both experienced and relatively new to the practice – are unfamiliar. A summary of a typical Age 18 Review case is attached as Appendix 1.

There are specific statutory and regulatory frameworks for analyzing young adult claims. Also, ethical issues can arise, such as who is the client – parent or young adult? Or there may be ethical complications when the client has diminished capacity, or is not cooperative. Finally, there are many types of evidence useful in proving young adult claims, especially school and special education records.

I. OVERVIEW OF SSI AGE EIGHTEEN REVIEWS

A. Legal Standard for Age Eighteen Redetermination

1. Children who were eligible for SSI prior to turning 18 will not receive a Continuing Disability Review (CDR) using the medical improvement standard at age 18. Instead, they must be redetermined under the adult disability standard within one year from the date they attain age 18.
 - a. 42 U.S.C. §1382c(a)(3)(H)(iii): “If an individual is eligible for benefits under this subchapter by reason of disability for the month preceding the month in which the individual attains the age of 18 years, the Commissioner shall redetermine such eligibility (I) by applying the criteria used in determining initial eligibility for individuals who are age 18 or older; and (II) either during the 1-year period beginning on the individual's 18th birthday or, in lieu of a continuing disability review, whenever the Commissioner determines that an individual's case is subject to a redetermination under this clause.”
 - b. 42 U.S.C. §1382c(a)(4) specifically exempts the age 18 redetermination process from CDR rules.
 - c. 20 C.F.R. §416.987(a): “We must redetermine your eligibility if you are eligible for SSI disability benefits and: (i) You are at least 18 years old; and (ii) You became eligible for SSI disability benefits as a child (i.e., before you attained age 18); and (iii) You were eligible for such benefits for the month before the month in which you attained age 18.”
2. Social Security Ruling (SSR) 11-2p provides a useful compilation of rules and policies for the evaluation of disability for young adults between the ages of 18 and approximately 25. The SSR applies both to initial applications for young adults and to age 18 redeterminations and CDRs for this age

group. <http://www.empirejustice.org/issue-areas/disability-benefits/rules--regulations/young-adult-ssr-issued.html>

II. ETHICAL CONSIDERATIONS IN REPRESENTING CLIENTS IN AGE EIGHTEEN REDETERMINATIONS

A lawyer representing a client with questionable capacity to make decisions may be faced with ethical dilemmas and unanswered questions. For example: When, if at all, should a lawyer substitute his or her judgment for that of the incapacitated or questionably capacitated client? To whom should the lawyer look for decision-making assistance when a client is impaired? Can a lawyer seek assistance from the client's family, other third parties or the courts without violating the duty of confidentiality to the client? Finally, is it legally or ethically permissible for a lawyer to refuse to represent a client with a disability or to withdraw from representation if a client becomes disabled?

A. New York Rules of Professional Conduct

1. Rules of conduct and standards for responsibility of representatives govern all representatives appearing before the Social Security Administration. 20 C.F.R. §§404.1740 & 416.1540. Rules available at http://www.ssa.gov/OP_Home/cfr20/416/416-1540.htm
2. New York Rules of Professional Conduct. 22 NYCRR Part 1200 <http://nycourts.gov/rules/jointappellate/NY-Rules-Prof-Conduct-1200.pdf> <http://www.nysba.org/WorkArea/DownloadAsset.aspx?id=50671>

B. Diminished capacity?

1. RULE 1.14: CLIENT WITH DIMINISHED CAPACITY

“When a client’s capacity to make adequately considered decisions in connection with a representation is diminished, whether because of minority, mental impairment or for some other reason, the lawyer shall, as far as reasonably possible, maintain a conventional relationship with the client.”

2. RULE 1.6: CONFIDENTIALITY OF INFORMATION

““Confidential information” consists of information gained during or relating to the representation of a client, whatever its source, that is (a) protected by the attorney-client privilege, (b) likely to be embarrassing or detrimental to the client if disclosed, or (c) information that the client has requested be kept confidential. “Confidential information” does not ordinarily include (i) a lawyer’s legal knowledge or legal research or (ii) information that is generally known in the local community or in the trade, field or profession to which the information relates.”

3. RULE 1.14: CLIENT WITH DIMINISHED CAPACITY

“Information relating to the representation of a client with diminished capacity is protected by Rule 1.6.”

C. Who is client?

1. At the outset, the lawyer must determine and clarify for all concerned who is the client. In offices providing legal services on behalf of clients with developmental disabilities or mental illness, the person with a disability is automatically presumed to be the client, regardless of who brings the case to the attention of the lawyer. Who the client

is may not always be as clear where the lawyer is retained by a third party to represent a questionably capacitated individual. To avoid confusion, the nature of the representation should be articulated in a retainer agreement or otherwise documented. Where there is a potential conflict of interest, one of the parties should be referred to another lawyer.

a. RULE 1.14, Comment 3

“The client may wish to have family members or other persons participate in discussions with the lawyer. The lawyer should consider whether the presence of such persons will affect the attorney-client privilege. Nevertheless, the lawyer must keep the client’s interests foremost and, except for protective action authorized under paragraph (b), must look to the client, and not family members, to make decisions on the client’s behalf.”

b. RULE 1.8: SPECIFIC CONFLICT OF INTEREST RULES

“[(f)] A lawyer shall not accept compensation for representing a client, or anything of value related to the lawyer’s representation of the client, from one other than the client unless:

- i. [(1)] the client gives informed consent;
- ii. [(2)] there is no interference with the lawyer’s independent professional judgment or with the client-lawyer relationship; and
- iii. [(3)] the client’s confidential information is protected as required by Rule 1.6.

c. In dealing with family members or other third-party representatives, remember that the client, not the third parties, controls the course of representation unless one of the third parties is a legally authorized representative acting in the interests of the disabled client. The relationships between the parties should be clarified at the outset. With the client’s informed consent, the lawyer can and should confer with family, friends, professionals and other third parties.

D. Does the attorney-client relationship begin at initial intake?

1. Need clear communication with potential/prospective client about scope of investigation vs. representation

2. RULE 1.18 – DUTIES TO PROSPECTIVE CLIENTS

“A person who discusses with a lawyer the possibility of forming a client-lawyer relationship is a “prospective client”.”

3. Beware of giving legal advice (e.g., information about deadlines, etc.) before formally accepting case in writing.

a. “An attorney-client relationship may thus exist prior to execution of a formal retainer. Indeed, an attorney-client relationship “can encompass a preliminary consultation even where the prospective client does not ultimately retain the attorney.” *Roberts v. Corwin*, 37 Misc. 3d 1204 (A) (N.Y. Sup. 2012) citing, *Pellegrino v. Oppenheimer & Co.*, 49 AD3d 94, 99 (1st Dept 2008) (“an attorney-client relationship is established where there is an explicit undertaking to perform a specific task. While the existence of the relationship is not dependent upon the

payment of a fee or an explicit agreement, a party cannot create the relationship based on his or her own beliefs or actions.”).

E. Difficult client?

1. RULE 1.16: DECLINING OR TERMINATING REPRESENTATION:

“A lawyer may withdraw from representing a client [when]... (7) the client fails to cooperate in the representation or otherwise renders the representation unreasonably difficult for the lawyer to carry out employment effectively”;

2. Client confidences must be maintained even after withdrawal. Comment 15A to RULE 1.6

III. EVIDENCE DEVELOPMENT

A. What Evidence is Relevant in Young Adult Disability Determinations?

1. Once there is evidence from an acceptable medical source that establishes the existence of at least one medically determinable impairment, SSA must consider all of the relevant evidence in the case record to determine whether a young adult is disabled. SSR 11-2p; SSR 06-03p.

2. 20 C.F.R. § 416.913(e) states that information from non-medical sources is important in determining how medical impairments affect the ability to work. It lists the following sources as relevant:

- a. public and private social welfare agencies and social workers;
- b. observations by people who know you (for example, spouses, parents and other caregivers, siblings, other relatives, friends or neighbors, clergy);
- c. other medical practitioners (for example, nurse practitioners and physicians assistants, naturopaths, and chiropractors);
- d. therapists (for example, physical, occupational, or speech and language therapists); and
- e. educational agencies and personnel (for example, school teachers, school psychologists who are not acceptable medical sources, and school counselors.

B. Social Security – Prior files

1. Evidence from the childhood SSI approval can be highly relevant to the Age 18 Review

- a. Young adults - or even their parents or guardians - are often unaware of the medical or psychiatric basis of their childhood claims, particularly independent young adults who are unable to convey a meaningful medical history.
- b. If the childhood SSI file is not obtained and made part of the new exhibit file, the current adjudicator or representative might not know of this possible basis for concluding that the young adult is disabled within the meaning of the regulations.
- c. Results of intellectual testing obtained after age 16, for example, could be outcome determinative to the age 18 redetermination

2. Relevant school records, as discussed supra, may be available in the prior file

3. Per SSR 11-2p, prior determination can/should be relevant to age 18 review

- a. SSR 11-2p § IV.E.1 – Young adult previously found disabled under a listing
 - i. Most Part B (Childhood Listings) have equivalent listing in Part A (Adults), with identical criteria that is intended to be of equal severity
 - ii. A child’s impairment that met a listing will often meet or equal an adult listing unless the impairments have medically improved, even though the MIRS is not used in age-18 redeterminations
- b. SSR 11-2p § IV.E.2 – Young adult previously found disabled as a child based on functional equivalence
 - i. Aspects of domains of functioning used in assessing childhood impairments describe aspects of functioning relevant to evaluation of adult work-related limitations
 - ii. For example, absent medical improvement or new evidence demonstrating the prior finding was in error, a child with marked or extreme limitations in the ability to concentrate, persist, or maintain pace or in the ability to attend and complete tasks is likely to have those limitations as an adult
- 4. POMS DI 11070.010.B requires that Field Offices obtain or reconstruct the prior file in both childhood CDRs and age 18 reviews
- 5. New HALLEX I-2-1-13.B.2 emphasizes the significance of evidence that may be in a prior claim file. http://ssa.gov/OP_Home/hallex/I-02/I-2-1-13.html
 - a. Hearing Office staff must consult with an Administrative Law Judge (ALJ) about obtaining a prior claim(s) file when it may be necessary for a full adjudication of the issues before the ALJ. An ALJ will generally find that evidence in a prior claim(s) file is necessary for a full adjudication of the issues when the ALJ determines: there is a need to establish a longitudinal medical, educational, or vocational history; or the impairment is of a nature that evidence from a prior folder could make a difference in establishing whether disability is present in the current claim.
 - b. But new HALLEX I-2-6-58 continues to allow adjudicator to determine relevancy before admitting evidence from prior file into the current Exhibit File. http://ssa.gov/OP_Home/hallex/I-02/I-2-6-58.html

C. Using School Records for Evidence

- 1. SSR 11-2p provides that “[t]he abilities, skills, and behaviors that young adults use to do basic work activities are essentially the same as those that older adolescents use for age-appropriate activities.” Id. Therefore, SSR 11-2p provides that evidence from school programs, both secondary and post-secondary, may assist in evaluating the severity and impact of a young adult’s impairments. SSR 11-2p describes types of school evidence that may be considered:
 - a. Special education records including Individualized Education Program (IEP) plans, Section 504 plans and IEP transition plans. “The IEP transition plan describes a student's levels of functioning based on reasonable estimates by both the student and the special education team. It also identifies the kinds of

vocational and living skills the young adult needs to develop in order to function independently as an adult.” SSR 11-2p. SSR 11-2p also stresses that the goals set forth in an IEP “may be set at a level that the young adult can readily achieve to foster a sense of accomplishment and may be lower than what would be expected of a young adult without impairments.”

b. SSR 11-2p, in fn. 21, provides that “[t]he information about IEPs applies equally to people age 18-22 who are still in special education.” This footnote also provides that IEP evidence from prior to age 18 may also be relevant in the young adult assessment: We may also consider IEPs from a period before the person attained age 18 (for example, senior year of high school) if they are relevant to the period we are considering in connection with an application, age-18 redetermination, or CDR. Recent IEPs will frequently be relevant in age-18 redeterminations.

c. SSA provides an extensive discussion of IEPs in SSR 09-2p

IV. INDIVIDUALS WITH DISABILITIES EDUCATION ACT (I.D.E.A.) AND NEW YORK SPECIAL EDUCATION LAW AND SSI

A. Special Education Entitlement

1. Both federal and state law establish an entitlement to special education for qualified individuals and require that educational institutions comply with the standards and procedures codified in the law (I.D.E.A., 20 U.S.C. §§ 1400-1485; Public law 108-446 [Signed into Law December 2004] and New York Education Law §4401 *et. seq.*; 8 NYCRR 200 and 201).

2. A student who receives special education services has been identified as one who is both in need of special education to benefit from her educational program and meets one of the following classifications: autism, deafness, deaf-blindness, emotional disturbance, hearing impairment and learning disability, intellectual disability, multiple disability, orthopedic disability, other health impairment, speech or language impairment, traumatic brain injury or visual impairment including blindness (8 NYCRR 200.1[zz]).

a. The documentation that is generated in determining if a student qualifies for special education includes a referral and a multidisciplinary evaluation (8 NYCRR 200.4 [a] & [b]).

b. The evaluation must consist of an evaluation by a school psychologist, a physical, a social history and other necessary evaluations and assessments including a functional behavioral assessment when necessary (*Id.*).

c. Students who are identified as in need of special education must be reevaluated every three years at a minimum. However, they may be evaluated as frequently as every year. Evaluations more frequent than every three years may suggest that the school is having difficulty identifying a program that adequately meets the student’s needs.

d. Parents may request a publicly funded independent evaluation which, if approved, will be completed by the evaluator of the parent’s choice and paid for by the district (8 NYCRR 200.5.g.).

3. For each identified student the school's Committee on Special Education ("CSE") must develop an Individual Education Program ("IEP") designed to allow the student to derive a meaningful benefit from her educational program. The program is intended not to optimize the child's education, but simply to allow for meaningful progress. *See, Board of Education v. Rowley*, 458 U.S. 876, 102 S.Ct. 1981 EHLR 553.
- a. The IEP is a written document which should identify the child's special education classification, describe the child's current levels of performance, how the child's disability impacts her involvement in the regular curriculum, identify tests and evaluations considered in the development of the program, document the student's goals, the placement and the related services (8 NYCRR 200.4.d.2).
 - b. There are four areas documented in the current levels of performance including: (1) academic achievement, functional development and learning characteristics, (2) social development, (3) physical development, and (4) management needs (8 NYCRR 200.1[ww]).
 - c. In addition to a standard report card, the student will also receive a regular report of their progress on their IEP goals.
 - d. New York State Model Forms: Student Information Summary Form and Individualized Education Program (IEP)
at: <http://www.p12.nysed.gov/specialed/formsnotices/IEP/memo.pdf>
4. Students who are receiving special education services are entitled to receive those services in the least restrictive environment and should only be moved out of the general educational setting if the student could not derive a meaningful educational benefit with additional supports and services within that setting. Each district must provide a continuum of educational services to its student body.
5. If the CSE decides to place the student in a segregated educational setting, the student must be placed in the least restrictive setting along the continuum where the students would be able to derive a meaningful educational benefit from the instruction. 8 NYCRR 200.1(cc) & 200.6. Thus for a student who has been placed in a private school the CSE must have determined that they could not benefit from a program in a general class with supports in services, or a combination of some general classes and either a resource room or a special education class for particular subjects (*See, Mavis v. Sobel*, 839 F. Supp 968 (N.D.N.Y. 1993)).
6. A student placed in an environment other than the general educational environment would typically be deemed to have a serious educational impairment(s) which makes it impossible for the student to make progress even with additional supports and services in the regular education environment. SSA decision makers would be required to consider how that student would function outside of the structured or supportive setting because the structured or supportive setting may minimize signs and symptoms of the impairment(s) and help to improve his or her functioning while he or she is in it, even though the signs, symptoms, and functional limitations might worsen outside this type of setting (20 C.F.R. § 416.924a[b][5][iv], SSR 09-1p).

a. *See also Dabul-Montini ex rel. N.D. v. Astrue*, No. 09-CV-966(TJM/VEB), 2010 WL 3584348 (N.D.N.Y. July 30, 2010)

b. *Archer ex rel. J.J.P. v. Astrue*, 910 F.Supp.2d 411 (N.D.N.Y. 2012)

7. For students who are 15 years or older, the CSE must begin to consider the students transitional needs as they ready for graduation. Therefore, the IEPs for these students will include an articulation of the student's transitional needs, goals and activities. Further prior to leaving school the student must be given an exit summary which includes a description of the student's educational and functional achievements. *See* Memo re transition planning 2011

(<http://www.p12.nysed.gov/specialed/publications/transitionplanning-nov11.pdf>)

8. Section 504 of the Rehabilitation Act - Students with disabilities have the right not to be discriminated against in an educational setting. Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794; 34 C.F.R. 104 *et. seq.* (*see* specifically subpart D found at 104.31 *et seq.*) This mandate means that no qualified student will “be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance or under any program or activity” solely on the basis of the student's disability. Thus rather than looking at what would allow the child to make meaningful progress, the focus for Section 504 is the students equal participation.

a. Like the requirements of I.D.E.A., Section 504 allows for a development of a plan for a student, but under this plan the IEP is designed to identify accommodations necessary to meet the educational needs as adequately as the educational needs are met for a nondisabled student 33 CFR 104.33(b).

b. The student will be evaluated (33 CFR 104.34), placed in the least restrictive educational environment (33 CFR 104.35) and afforded certain due process protections (33 CFR 104.36), but overall the educational benefit and supports are not as comprehensive as those afforded under the I.D.E.A.. However, Section 504 applies to all aspects of the school's services and not just the academic programs (33 CFR 104.37).

i. For a comparison of I.D.E.A. and Section 504 of the Rehabilitation Act

See: https://doe.sd.gov/oess/documents/sped_section504_Guidelines.pdf

9. Effects of structured settings: A young adult with a serious impairment(s) may spend some or all of his or her time in a structured or supportive setting beyond what a person without such an impairment(s) normally requires.

a. SSA decision makers must consider how that young adult would function outside of the structured or supportive setting because the structured or supportive setting may minimize signs and symptoms of the impairment(s) and help to improve his or her functioning while he or she is in it, even though the signs, symptoms, and functional limitations might worsen outside this type of setting.

b. 20 C.F.R. § 416.924a(b)(5)(iv)

c. SSR 09-1p, 6-7

d. *See, supra, Dabul-Montini ex rel. N.D. v. Astrue; Archer ex rel. J.J.P. v. Astrue.*

The authors gratefully acknowledge the contributions of Linda Landry of the Disability Law Center, Boston, MA, and Thomas Yates of the AIDS Legal Council of Chicago to these materials.

Typical Age -18 Review Case Summary

TYPICAL AGE-18 REVIEW CASE SUMMARY

Justin Young was awarded SSI at the age of 14 and is now appealing the denial of his age-18 redetermination. His childhood featured domestic abuse and trauma. At age 5, he was thrown against a sink and witnessed his father choke his mother. When he was 12, he was diagnosed with major depressive disorder, recurrent with social phobia.

Justin entered junior high school but his performance suffered due to absences. At age 14, testing revealed full scale IQ of 99, difficulty with short-term memory, speed, and attention. Recommendations included small class size, extra time, separate test locations, and assistive devices such as tape recorders, charts and written instructions. He was awarded SSI at this time based on depression with social phobia, and a learning disorder.

By the 9th grade, Justin was experiencing extreme social phobia and refused to go to school. He attended 2 high schools before being transferred to a residential school. For that year and the 2 that followed, Justin re-enrolled in school but stopped attending after a few months because of anxiety. He was homeschooled for the remainder of each year.

By age 17, Justin's symptoms had increased. Treatment records for this time period note depressed mood, anhedonia, insomnia, appetite changes, and social phobia. He was prescribed Lexapro. He found his first job as a salesperson at a busy bakery, but he was fired after less than two months for taking too many breaks. He began experiencing an increase in anxiety-related symptoms, including being startled by noises. His diagnosis was major depressive disorder, mild but with recent onset of generalized anxiety disorder.

An IEP was issued recommending general education with special education teacher support services 3 periods per week. It found his behavior was not interfering with his education because although he suffered from social phobia, medications prescribed were only for insomnia.

At age 18, Justin re-enrolled in school but began skipping therapy, finding it a "waste of time." He was also using marijuana with frequency. His therapist contracted with him to enter a substance abuse program if he used during the week and continued to miss class. Justin ultimately dropped out of both school and therapy. He found a job at a clothing store, but the position ended after 2 months, following a disagreement with his boss. The following year, Justin was hospitalized for 5 days; he wasn't getting out of bed and reported suicidal ideation.

At age 20, Justin obtained a GED. He also found a job taking orders in a café, but he was fired for being too slow. His age-18 reconsideration is denied at this time.

At age 21, Justin resumed therapy, but attended only sporadically. His diagnoses included ADHD, major depressive disorder, mild with anxiety, learning disorder and cannabis abuse.

Justin is now 22 and working towards a bachelor's degree. Accommodations from the Office for Students with Disabilities include double time and special quiet room for tests. He also receives

assistance from a program aimed to support “at risk” students with counseling and other supports. His grades ranged from B+ to F in the first year but now range from B- to A.

Justin is no longer in treatment because the clinic he was attending closed. He is ambivalent about finding a new therapist and about his claim for benefits. His mother reports that he sleeps all day and is able to achieve good grades because he has chosen easy classes in the afternoon.

Biographies

Bridgit M. Burke is a professor at Albany Law School. For twenty years with the Albany Law School Law Clinic & Justice Center's Civil Rights and Disabilities Law Clinic Prof. Burke represented individuals with disabilities and supervised law student admitted to the limited practice of law. Throughout this time period much of her work involved representing individuals in need of special education services, accommodations and integrated residential settings. Prof. Burke has been honored with an Albany City Human Rights Award in 2013, the Clinical Legal Education Associations Award for Excellence in a Public Interest Case in 2011 and in 2007 she was the recipient of a Community Leader of the Year award.

Shubh Nigam McTague received a J.D. from Albany Law School in 2004 and a B. A. from Seton Hall University in 2001. She has been a Staff Attorney at the Legal Aid Society of Northeastern New York for almost 6 years, where she practices Social Security Disability law and represents both adults and children. Her practice includes individual representation in administrative and federal court proceedings.

Prior to joining LASNNY, Mrs. McTague worked at the United States District Court for the Northern District of New York as a law clerk to Magistrate Judge Randolph Treece for 2 years and then as a Staff Attorney for all of the Magistrate Judges of the Northern District for another 1 ½ years. As a Staff Attorney for the District Court, she wrote Habeas Corpus as well as Social Security decisions for the Magistrate Judges.

Mrs. McTague is admitted to practice in the United States District Court for the Northern District of New York and New York State Courts. She also had an article published in the Environmental Law Reporter in 2005 entitled "Nuclear Power or Renewable Energy?: Available Options in Today's Energy Market."

Louise M. Tarantino, a senior attorney at the Empire Justice Center, is a graduate of the State University of New York at Buffalo School of Law. She focuses her practice in Social Security and disability law. Ms. Tarantino is a member of the New York State Bar Association and serves on its Committee on Disability Rights. She is a contributing author of the committee's publication, Representing People with Disabilities. She is also a contributing author of Benefits Management for Working People with Disabilities: An Advocate's Manual. Ms. Tarantino is admitted to practice in New York and the District of Columbia. She is a frequent lecturer and trainer on Social Security and Supplemental Security Income issues.