the NADE ADVOCATE

A Publication of the National Association of Disability Examiners | Volume 19, Number 2 | Jan./Feb., 2003

SSA Continues Ticket to Work Program

Presentation at 2002 National Conference

by Georgia E. Myers, Mid-Atlantic Region President

ON TUESDAY, SEPTEMBER 24TH, Sharon Shreet, a team leader in the Office of Employment Support Programs (OESP) spoke with us on the status of Ticket to Work.

She started off with the following quote: "All who are truly disabled and cannot work should receive benefits. Those who can work but need assistance to do so should receive it." This statement was familiar to some of us as it came from NADE's testimony before Congress a little over a year ago.

Sharon acknowledged that DDS has a difficult job – deciding whose disabilities are so severe that they cannot work. In fact, less than one half of one percent of our beneficiaries with disabilities ever leave the roles because of work. But with advancing technology, medical enhancements, changing employer attitudes, and worker accommodations, many more of our beneficiaries are finding that they can do some work, maybe enough to become self-sufficient again.

And they'd like to try.

Working almost always has a financial advantage over receiving benefits. And work is important not just because it provides us with a paycheck, but because for many people it is a way of defining who we are and what we do with our lives. No one should be denied the sense of satisfaction and identity that meaningful work can bring.

That's where the second part of NADE's quote, that people who can work but need assistance to do so, and OESP come in. They're working hard in Baltimore and throughout SSA's regions to be sure that people with disabilities get the supports they need in order to work.

Here is information about some of those activities:

First is the ticket to work program. Before this program, people with disabilities had little choice about where they could receive vocational services. The kinds of services they could receive with SSA funding were limited. The payment system used for services did not encourage ongoing support once the person achieved work at the level of substantial gainful activity.

But the legislation that gave us the Ticket to Work program provides an exciting opportunity for positive change in the lives of individuals who choose to participate in the program. Many of you know that this new program provides a ticket, or voucher, that individuals can use (or not – it's their choice) to receive return to work services from an approved employment network in their community.

The individual and the employment network decide together what needs to be included in the individual's plan for going back to work. It can be training, purchase of a computer, transportation, a job coach, counseling services, clothing or equipment, capital to start a business – there are no restrictions.

And if the individual and employment network cannot agree, the individual is free to take his ticket elsewhere and negotiate a better plan.

The employment network pays the costs of the services up front, and in return receives a portion of the benefits not paid when the person achieves substantial work.

Every SSDI and SSI beneficiary over age 18 will get a ticket, except those classified as medical improvement expected who have not yet had a medical CDR or 18-year old SSI childhood beneficiaries who have not yet had the age 18 redetermination.

We're rolling out the ticket program in three phases. Last February we issued our first tickets as part of Phase I, which includes 13 States. Twenty States are included in Phase II that began in November. And finally, next summer, we'll

continued on page 10

IN THIS ISSUE:

President's Message

I NEVER DREAMED WHEN I agreed to run for President-elect of NADE that I would be called into service so quickly. I expected that I would have a year to prepare myself to meet the expectations of the job. This did not happen! Because of changes in his work situation, Ken Forbes resigned as NADE President effective November 30 and the NADE Board asked me to serve as Acting President for the duration of Ken's term. My experience in the DDS and my previous service on the NADE Board of Directors has taught me to be prepared for anything. We'll see! I do appreciate the vote of confidence from the NADE Board entrusting me with this responsibility a year earlier than expected.

As you know, there are many important challenges and issues still facing us as disability professionals. With AeDIB (the accelerated electronic Disability folder) just around the corner, mounting workloads and decreasing resources, we still have much to do. You can be confident that NADE will continue to monitor the many challenges and issues and move forward to strengthen our organization even more while addressing these challenges and issues. However, NADE will only be able to do this with the support of dedicated disability professionals such as yourself and your commitment to quality claimant service. I know that each of you are as committed as I that we work together with Social Security Administration to explore innovative ideas that will lead to real improvements in service delivery.

In a recent communication to all SSA and DDS employees from SSA Commissioner Barnhart stated: "The President's Management Agenda covers five areas: human capital; competitive sourcing; financial performance; E-government; and budget and performance integration. We need to do well in each of these areas to achieve our four "S" goals: service, stewardship, solvency and staff." Each of us, as a dedicated disability professional, can play an important part in SSA's ability to achieve success in performance as measured by the "scorecard" for each government agency. SSA currently has the best "score" of any

continued on next page

NADE 2002-2003 CALENDAR OF EVENTS:

Mid Year Board Meeting	**Lowes L'Envant Plaza**	**Washington, DC**	**Feb 27 - Mar 1, 2003**
SW Regional Conference	**Holiday Inn Downtown**	**Shreveport, LA**	**April 9-11, 2003**
SE Regional Conference	**Radisson Hotel**	**Birmingham, AL**	**April 23-25, 2003**
GP/Pacific Regional	**Radisson Hotel**	**Denver, CO**	**May 7-9, 2003**
GL Regional Conference	**Crowne Plaza Hotel**	**Madison, WI**	**May 14-16, 2003**
NE/MA Regional Conference	**Holiday Inn**	**Philadelphia, PA**	**June 11-13, 2003**

The NADE Advocate is the official publication of the National Association of Disability Examiners. It provides a forum for responsible comments concerning the disability process. Official NADE positions are found in the comments by the NADE President and NADE Position Papers.

NADE is an incorporated, nonprofit organization.

ADVOCATE STAFF

Editor
Donna Hilton
1117 Sunshine Drive
Aurora, MO 65605
417.888.4152
Fax 417.888.4069

Regional Representatives:

Great Lakes
Lisa Elliott
4550 Carriage Hill Lane
Columbus, OH 43220
614.442.8707
Fax 614.442.1749

Great Plains
Shari Bratt
PO Box 82530
Lincoln, NE 68501
402.471.2961
Fax 402.471.3626

Mid-Atlantic
Betty James
211 Arms Chapel Road
Reisterstown, MD 21136
410.966.8097

Northeast
Debi Chowdhury
4 Derby Ct
Loudonville, NY 12211
518.473.9038
debichowdhury@yahoo.com

Southeast
Carolyn Dockery
PO Box 243
Raleigh, NC 27602
919.212.3222
Fax 919.212.3248

Southwest
Donna Sinks
PO Box 24400
Oklahoma City OK 73142
405.840.7100

Pacific
Dan Baker
PO Box 9303
Olympia, WA 98506-9303
360.664.7376
Fax 360.586.4159

Letters to the Editor are welcomed and may be selected for inclusion in future issues. Please forward ideas for future ***Advocate*** topics to the editor or your Regional Publications Representative.

The next issue will be published in **March, 2003**.

Department or major government agency but there is obviously still need for improvement. I believe NADE, working in conjunction with SSA and other groups of dedicated disability professionals can help to improve SSA's "score." By doing so, we will have achieved not only true success in government performance, as measured by the Office of Management and Budget, but we will have accomplished our goal of real improvements in service delivery to the American public.

Jeff Price, Past President of NADE, wrote in one of his messages last year, "The times, they are a'changin". That message will continue to be the theme for the next several years as we are asked to put all of our collective efforts together to truly manage the resources entrusted to us by the American public and improve the service delivery to the disabled citizens of this nation. I look forward to working with all of you during these exciting times.

Theresa B. Klubertanz
Acting NADE President

"Just in case you've forgotten how to relax"

Howard Baker, Business Communication Skills Coach and Humorist.

by Janet Loving, Idaho DDS

WELL, MR. BAKER SHOWED UP at the conference in his bathrobe and slippers ready to relax. He calls what he does as "Edutaining" and he presented ideas on how to remember to relax.

He stated that learning is a skill such as driving a stick shift car. We learn to use stress as a reaction to things just as we can learn how to relax to help us relieve the stress. Everything in life is trial and error and it is okay to make mistakes.

He emphasized that we each are special. We use speech to show our emotions. Every one of us uses the same first words in our lives, such as mama, papa. That gave us something to think about. "The quality of your life is the quality of communication". We need to have a dose of positivity and if we don't have it we need to create it. We each have an "internal dialogue voice stream". This is when we are talking to our selves. You know when you make a mistake and you say to yourself that "boy that was a stupid thing to do." Your answers are sometimes enlightening. There is a meaning of communication and communications. When we talk more we have less stress because we are expressing what is bothering us and it helps us to release it. We need to say when we are angry instead of holding the anger in. Changing our tools of communication will help us also. Try to rethink how you approach something and maybe by doing it another way it can be done in a less stressful way.

Mr. Baker led the audience in a relaxation technique. Close your eyes and breathe in and think of your tension leaving your body. Exhale and relax your muscles in your body starting with the tip of your head. Try it, it works.

It was a very enjoyable session not only was it informative but it was "edutaining".

Howard Baker 'edutained' Conference Attendees with lessons on relaxation and communication.

Regional Conference Details

"Bridging The Gap"

Southwest Association of Disability Examiners Annual Training Conference
Shreveport, LA
April 9-11, 2003

The Louisiana Association of Disability Examiners—Shreveport would like to invite any and all to the SWADE Training Conference in Shreveport in April. Following our theme of "Bridging the Gap", this conference will have topics on breakthroughs in psychiatric medications, new initiatives in getting our beneficiaries back to work through the "Ticket to Work" program and other topics which address bridging the gap between disability and work.

Shreveport is located in the northwest corner of Louisiana and is a friendly and eclectic mix of cowboys, antebellum and spicy Cajun. The hotel is a safe, short walk from two of the four casinos in Shreveport-Bossier and the Red River Entertainment District that has restaurants, boutiques, a comedy club and music area. The conference is planned to correspond with Holiday In Dixie, Shreveport-Bossier's spring festival celebrating the Louisiana Purchase. The festival has a full schedule of merriment and activities including parades, musical entertainment, art shows, and a carnival in Festival Plaza (right next door to the hotel).

Join us in Shreveport in April for an informative, fun-filled conference. For more information contact Christa Royer at Christa.Royer@SSA.gov.

"Striving for Excellence"

Southeast Association of Disability Examiners Annual Training Conference
Birmingham, AL
April 22-25, 2003

The Alabama Association of Disability Examiners will be hosting the Southeast Regional Conference April 22-25, 2003. The conference will be held at the Radisson Hotel-Birmingham which is located in Birmingham's Southside District. The conference theme will be "Striving for Excellence". The conference will be informative and fun.

Our program will be drawing from the vast medical community in the Birmingham area especially University of Alabama Medical Center which is one of the premier teaching medical centers in the country.

Southside is known for it's eateries and nightlife ranging from casual to formal. All types of music are available for your listening pleasure.

Come join in the conference experience. Learn more about disability and the medical aspects of disability. Come and join in the fun. We hope to see you in the Magic City in April 2003.

Career Opportunities

COME FIND YOUR POT OF GOLD IN CALIFORNIA

- ☆ Competitive Salaries
- ☆ Excellent health benefit package and retirement options
- ☆ Clean, safe working team environment

Office Locations

Roseville, Sacramento, Oakland, Fresno, Los Angeles and San Diego

We administer the Disability Evaluation Analyst (Adjudicator) exam twice a year and accept applications on a continuous basis.

If you would like a Bulletin and application sent to you, please contact:

Melody Inglett, (916) 322-3530 or Email: Melody.C.Inglett@ssa.gov

GAO to Study DDSs

The Government Accounting Office (GAO) has asked the national NADE Executive Board to share with it NADE's membership list to assist GAO in a current study, "The Management of Human Capital in the DDS". The NADE Board granted the request and the GAO has agreed to destroy the membership list after its usefulness for the current study and to not use the list for any other purpose.

The GAO asked for the list in order to contact NADE members, particularly those in states that have or are now participating in the Single Decision Maker (SDM) pilot. That includes staff in New York State. Members who are contacted will be given the opportunity to opt out if they choose not to participate in the study. However, NADE members are encouraged to participate.

Jeff Price, from the NADE Board stated, "This study will focus attention on many of the issues that NADE has addressed on behalf of our members. By cooperating with the GAO study, NADE members can demonstrate their ongoing commitment to providing assistance to those who seek to improve the work environment in the DDSs."

NADE Correspondence

NADE

Theresa B. Klubertanz
Post Office Box 7886
Madison, WI 53707
Phone 608-266-7604
Fax 608-266-8297
E-mail theresa.klubertanz@ssa.gov

December 1, 2002

Sue Roecker, Associate Commissioner
Office of Disability Programs
Social Security Administration
4550 Annex Building
6401 Security Blvd
Baltimore, MD 21235

Dear Ms. Roecker:

RE: Cost Savings in DDS Processing of Continuing Disability Reviews

On behalf of the National Association of Disability Examiners (NADE), I am writing to express our strong support for the "Cost Savings in DDS Processing of Continuing Disability Reviews" proposal submitted to Deputy Commissioner Linda McMahon on September 23, 2002. This proposal was submitted by the Dallas Regional Commissioner, Horace L. Dickerson, Jr.

NADE is a professional organization composed of dedicated disability professionals who are committed to assisting SSA in exploring innovative ideas that will lead to real improvements in service delivery. Our members are very familiar with the types of cases that are described in this proposal.

We believe that adopting the recommendations of the proposal will result in significant savings of administrative dollars without disadvantaging the disability beneficiaries.

We thank you for consideration of the changes proposed.

Sincerely,

Theresa B. Klubertanz
Acting President

cc: Lenore Carlson, Associate Commissioner for Disability Determinations
Linda McMahon, Deputy Commissioner for Operations
NADE Board of Directors

NADE

Theresa B. Klubertanz
Post Office Box 7886
Madison, WI 53707
Phone 608-266-7604
Fax 608-266-8297
E-mail theresa.klubertanz@ssa.gov

December 1, 2002

Sheryl A. Pfeil, MD
Associate Professor Clinical Internal Medicine
The Ohio State University College of Medicine and Public Health
Division of Digestive Diseases
410 W. 10th Ave
N213 Doan Hall
Columbus, OH 43210

Dear Dr. Pfeil:

On behalf of the National Association of Disability Examiners (NADE), I would like to express our sincere appreciation for granting permission to NADE to use your Power Point presentation, "The Brain and the Gut – The Interface between Gastroenterology and Neurology", as part of our continuing education program.

NADE is a professional association whose mission is to advance the art and science of disability evaluation and to promote ongoing professional development for our members. Our re-certification program for disability professionals requires 25 continuing education hours of professional development over a three-year period to maintain certification. To assist our members in achieving this requirement, we are in the initial stages of developing a library of materials that will meet the continuing education requirement. Your presentation will be added to our library and offered to our members through our Professional Development and Recognition Committee. In addition, an acknowledgement will be posted on the NADE website. Please feel free to visit our site at www.nade.org.

If NADE can ever be of assistance to you in any way, please do not hesitate to ask.

Sincerely,

Theresa B. Klubertanz
Acting President

NADE Correspondence

NADE

Theresa B. Klubertanz
Post Office Box 7886
Madison, WI 53707
Phone 608-266-7604
Fax 608-266-8297
E-mail theresa.klubertanz@ssa.gov

December 1, 2002

D. Joanne Lynn, MD
Associate Professor Clinical Neurology
The Ohio State University College of Medicine and Public Health
Department of Neurology
1654 Upham Dr
4th Floor Means Hall
Columbus, OH 43210

Dear Dr. Lynn:

On behalf of the National Association of Disability Examiners (NADE), I would like to express our sincere appreciation for granting permission to NADE to use your Power Point presentation, "The Brain and the Gut – The Interface between Gastroenterology and Neurology", as part of our continuing education program.

NADE is a professional association whose mission is to advance the art and science of disability evaluation and to promote ongoing professional development for our members. Our re-certification program for disability professionals requires 25 continuing education hours of professional development over a three-year period to maintain certification. To assist our members in achieving this requirement, we are in the initial stages of developing a library of materials that will meet the continuing education requirement. Your presentation will be added to our library and offered to our members through our Professional Development and Recognition Committee. In addition, an acknowledgement will be posted on the NADE website. Please feel free to visit our site at www.nade.org.

If NADE can ever be of assistance to you in any way, please do not hesitate to ask.

Sincerely,

Theresa B. Klubertanz
Acting President

NADE

Theresa B. Klubertanz
Post Office Box 7886
Madison, WI 53707
Phone 608-266-7604
Fax 608-266-8297
E-mail theresa.klubertanz@ssa.gov

December 1, 2002

Myrtle Habersham
Chief Strategic Officer
Social Security Administration
960 Altmeyer Building
6401 Security Blvd
Baltimore, MD 21235

Dear Ms. Habersham:

On behalf of the National Association of Disability Examiners (NADE), I would like to express our appreciation for you taking the time from your busy schedule to give three members of the NADE Board a briefing on the Quality Management Workgroup. Using the Power Point presentation during the conference call was a very effective method for us to follow along as you were describing the work that has been done so far.

NADE is eagerly awaiting a more "balanced scorecard" approach to evaluating DDS quality and we are truly heartened by the fact that the Quality Management workgroup recognizes that there is more to DDS quality than productivity. NADE is a great group of dedicated individuals who are very committed to working with you as the Quality Management initiative rolls out.

With the advent of aeDIB, our entire disability process is changing. What a perfect time to broaden the quality definition to better represent all the components and facets that encompass the disability program.

If NADE can ever be of assistance to you in any way, please do not hesitate to ask.

Sincerely,

Theresa B. Klubertanz
Acting President

***Ticket,** from page 1*

begin issuing tickets in the rest of the States and territories.

So far, we've sent out over 2.2 million tickets. Over 7,000 of these have been assigned and are in use. 1,300 people are using their tickets with Employment Networks. 5,700 people are using their tickets with their State VR agencies. We have 438 Employment Networks in place in the first 13 States, and we're beginning to establish Networks in Phase II States.

The ticket program itself is probably the best known provision of the 1999 Ticket legislation, but there are a number of other features Sharon told us about.

The legislation established a program of grants to organizations outside the Social Security Administration to provide information to our beneficiaries. It's called the Benefits Planning, Assistance, and Outreach Program, or BPAO for short. It provides all of our disability beneficiaries, in all of the States and territories, with access to benefits planning and assistance services through a community organization. A benefits specialist will sit down with a beneficiary and work through his or her entire individual financial picture including benefits received from SSA & other Federal programs, State and local benefits such as transportation and childcare subsidies and Medicaid. Using various scenarios with part-time or full-time work and earnings show the bottom line with everything included, even taxes, so that the person can make an informed decision about what it would mean, financially, to return to work. They will also give the person information about various work incentives that reduce the financial risk of returning to work.

We have 116 BPAO projects that so far have served over 30,000 disability beneficiaries. A little over 5 percent of those beneficiaries are already employed full-time, and almost 25 percent are employed part-time. Just over half are not employed but are considering trying to work. We believe the information and services these people receive from the BPAOs will play a big part in what decision they make.

Here are a couple of their success stories. These both came out of the New York region, but similar scenarios are occurring all over the country.

Claimant Scenario #1

A concurrent SSDI/SSI beneficiary whose goal was to be a Web Designer had been saving some money from her social security disability benefits in a Plan for Achieving Self Support (or PASS) plan for school tuition. PASS plans allow a person to save money for a goal that will help them work, and the money is excluded from countable income by SSA, so her SSI check went up by the same amount.

She was moving forward toward her goal, and in addition to the challenge of going to classes, she also had a child depending on her. She was taking care of her child's needs with a small amount of monthly child support and TANF (Temporary Assistance to Needy Families) benefits. The tuition savings grew, and the State Deptartment of Social Services considered the money available for the child's needs, and suspended her TANF benefits. Now it looked like the beneficiary was going to have to choose between pursuing her work goals and supporting her child.

She was disappointed and frustrated and went to a legal aid program for help. The lawyer there had heard of the BPAO in the area and called for advice. The BPAO was able to explain that the money being saved for tuition was in an approved PASS, and should not be counted as a resource even in the TANF program. The lawyer got this woman's TANF benefits reinstated and the woman is now back on track, looking forward to a well-paying job in Web Design.

Claimant Scenario #2

In another case, a man who had previously owned and lost a beauty salon business and was now receiving SSI benefits contacted a BPAO for advice. He was used to working and earning considerably more money than he received in SSI each month, and he wanted to return to work. He was planning to go to VR for retraining, and had an appointment with a VR counselor in six weeks.

He knew, though, that the appointment was only the beginning. It would still be quite a while before he could get a job with the kind of earnings he'd had in the beauty salon. In the meantime, he was getting bored and distraught staying at home.

The benefits specialist told him to get a piece of paper and write $617 on it and put a box around it. This $617 was the amount of the man's SSI benefits. Then they discussed what the man would probably earn if he got a part-time job at Pathmark or 7/11 until he completed the retraining. They decided it would probably be about $150 a week. The benefits specialist explained how those earnings would affect they man's SSI benefits and then they did the math.

They added together the new, reduced SSI benefit and the monthly earnings and drew another box around that figure. The man's reaction was something like, "Wait a minute, are you telling me…" so the benefits specialist explained it again. He also explained that the man would not lose his Medicaid - another happy, working beneficiary.

They've heard many stories like this from beneficiaries and advocates across the U.S.

A similar program established by the Ticket to Work legislation is the Protection and Advocacy (or P&A) program. Under the P&A program, we have made grants to 57 organizations across the country that had been designated by their State or territory to provide protection and advocacy services to SSA beneficiaries.

The additional funds coming through these grants are used to provide information and assistance (in some cases legal), that is needed for beneficiaries to obtain or regain employment. They conduct outreach and provide information and advice to individuals with disabilities about obtaining vocational rehabilitation and employment services; assist beneficiaries and their families in understanding Social Security Work Incentives; work closely with the BPAO organizations that I just described, but also with many other organizations - all in an attempt to assure gainful employment for beneficiaries. P&As have had a number of success stories, too, just like the BPAOs.

One is about a young man with mental illness that the P&A helped to find a residential placement in New Jersey. After being placed, the young man attended a prestigious culinary school in Philadelphia (a short train ride from New Jersey) and later left for an internship in France.

He contacted the P&A for information about work incentives and any health insurance issues that would be created by him leaving the country for the internship. The P&A organization explained the work incentives and told him about the New Jersey Medicaid buy-in program. This information was especially helpful since many restaurant workers are not provided with health coverage. The P&A then arranged a meeting with the BPAO for benefits planning purposes. And after that, the young man was ready to go on to his internship. He has now returned from France and works in two Philadelphia restaurants as a pastry chef, and is taking advantage of the health programs that are still available to him.

As of the beginning of this year, P&A staff had already conducted outreach sessions for close to 11,000 persons, and over half of those received individual information or referral services through the program. Staff of the P&As have been trained together with staff of the BPAO's by three universities through a contract with SSA.

All of these schools have worked in the area of employment of people with disabilities for many years and their programs are nationally recognized as exceptional. As much as we appreciate the efforts of the BPAOs and P&As, we also know that we must enhance the ability of SSA's own staff, in their field offices to provide good, reliable information on work incentives. So we've done work incentives training for all field office staff.

Sharon told us this story: When I'm not working, one of the ways I like to relax is through gardening. You'd never know I'm an avid gardener by looking at my yard this summer – we've had a terrible drought in Maryland and everything is crisp. But I also enjoy visiting gardens, and there's a public garden nearby where my friend works as an education director. One of her projects this summer has been to develop a "three sisters garden". Are any of you familiar with that?

"Three Sisters" is a traditional Native American garden: Corn, Beans, and Squash growing together. Corn stands tall and forms a sturdy pole for bean vines to climb. Beans convert nitrogen in the air to fertilize corn and squash. Squash plants spread over ground around corn and beans to keep the soil temperature even and to shade out weeds. Truly symbiotic relationship — all the plants work together to increase the yields of themselves and the other two. The genius of this plant companionship doesn't end with how the plants benefit each other. While corn, beans, or squash alone would make for a poor diet, used together, "three sisters" make nutritional blend - protein-rich, filling, and packed with vitamins. So, the relationship of these crops also benefits the people using them. That's how I like to look at the relationship between SSA and our new partners, and it seems to be working out that way.

The Ticket legislation gave us some very important policy changes. The DDS is already very familiar with some of these changes. The first is related to Continuing Disability Reviews. If a beneficiary has assigned his or her ticket and the ticket status is "in use", the beneficiary will NOT be subject to medical continuing disability reviews. If a beneficiary's ticket status is "not in use" then medical CDRs will proceed as scheduled. Also, effective this past January, work no longer triggers a medical CDR for beneficiaries who have been receiving benefits for 24 months or longer.

Another provision, Expedited Reinstatement, brought thanks from Sharon for our expeditious handling of these cases last summer when we were in a time crunch to get decisions made before the 6 months of benefits that we could pay without a medical decision ran out. This was a provision with tentacles that reached into so many policies that, if you remember, they were still resolving issues when people were starting to apply for reinstatement in January and the field offices were not able to send some of those cases to the DDS until April or even later. So that gave the DDSs very little time to make a decision to avoid interruption of benefits. But you came through, and SSA appreciates that.

This provision allows an individual who has stopped receiving benefits because of work, and then has to stop work because of his or her disability to get immediately back on the rolls. The beneficiary can receive benefits for up to 6 months, which takes a lot of the risk out of returning to work while a medical decision is being made. Before this provision, many people with disabilities said that they would like to try to work, and they thought they could work under certain circumstances. But they feared what would happen if those circumstances changed. They wondered what they would live on and how they would get the

health care they needed in the months while their new application was being processed. And this provision is their answer. It provides enough of a financial safeguard that many beneficiaries are willing to test their ability to work.

Health care, is a very important issue for people with disabilities. Concern over the loss of health care is one of the major deterrents to people with disabilities going back to work. The provision to extend Medicare, up to 84 months in most cases, and the provision to allow States to let working individuals with disabilities buy-in to Medicaid, has been a great employment support. As of now, 25 States have an approved buy-in plan. Eight more have legislation allowing buy-in plans or are developing plans that have not yet been submitted to the Center for Medicare and Medicaid Services for approval. The rest have either pending legislation or advocate interest, which may soon result in legislation.

SSA has also undertaken a youth initiative, to help young people with disabilities prepare for the transition from school to work. We call this YES, the Youth Employment Strategy. In November and December of last year, SSA held three forums for young people and their families and other supporters, to discuss what was needed to help youth with disabilities prepare early for life as an adult, independent of cash benefits. There was also a notice in the Federal Register soliciting comments by mail and on the OESP website. The findings from these will lead to future research projects designed to test out various strategies for youth.

There is a lot more information on this website - www.ssa.gov/work.

Sharon ended by saying she really enjoyed being at our conference and we enjoyed hearing her informative presentation.

Who's Pain Is It Anyway?

A Presentation in Pain Evaluation at the NADE 2002 September Conference

by Robert Edwards, Texas DDS

DR. GREGORY SMITH PROVIDED NADE conference attendees with an interesting take on current pain issues on September 24, 2002. Smith is Director of the Progressive Rehabilitation Associates in Eugene, Oregon. A clinical psychologist, he has worked in the pain management field since 1978. He presented the following quote to describe pain:

"An unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage."

Dr. Smith prefaced his remarks with the premise that all practitioners bring their own biases to the table when treating chronic pain patients. He noted that he is more involved with researching symptoms than documenting the exact medically determinable impairment. He noted that pain has many factors: including biological, social and cultural. The most common complaints of pain stem from low back pain, and accounted for 70 million office visits in 1999. Smith suggested that he initially evaluates pain by verifying symptoms and places a good deal of credence on reports of the patient's activities of daily living (ADL) provided by family and friends. Some individuals underestimate pain while others overestimate. Dr. Smith believes using ADLs gleaned from those close to the patient are important.

How much does pain treatment cost in the United States? Dr. Smith estimates that over 125 billion dollars annually is spent to treat pain symptoms. He factors in costs for evaluation, treatment, indemnity, lost production and loss of taxes.

Interestingly, there is no Axis I diagnosis for Chronic Pain Syndrome. There is an ongoing debate in the medical community about this. Dr. Smith noted in his research that he has found an increasing skepticism of pain management by the medical community. For example, many providers believe that pain is often the result of "psychological overlay." Often behavior associated with the chronic pain is not intrinsic to a disease or injury, but reflects environmental or behavioral factors. However, he did stress that chronic pain management is an evolving process. He believes it is virtually impossible to assess pain and what is or is not credible symptomolgy. In his opinion, many pain sufferers develop an abnormal excessive adaptation to the "sick role." Yet, just as many patients have real pain, regardless of whatever scientific modalities or explanations or studies reveal.

The challenge then is "How does a practitioner treat the Chronic Pain Patient?" Dr. Smith not only relies on medical history and social reasons, but he also factors in environmental events that may cause changes in pain. In his opinion, diagnostic tests such as MMPI-2, self-report tools and mental status evaluations are often too subjective to provide a prognosis and treatment modality. Instead he looks at premorbid ability to cope. Those who have led functional healthy lives before the onset of chronic pain appear to do better than those who have not. Smith's opinion is that the best predicator of how well treatment regimen will succeed in any given patient is a thorough review of past coping skills. Self-reporting tools, such as the "one-to-ten pain spectrum," (one being virtually no pain and ten being unbearable) are too subjective and can lead to a false indicator of treatment outcome. Interestingly, he suggests that there is a tendency to progressively rate one's pain higher the more often this assessment scale is used.

Dr. Smith favors conservative approaches, physical therapy and rehabilitation to medication, biofeedback and other alternatives such as acupuncture. He is not an advocate for treating chronic pain with opiates. He stated that this approach was considered poor practice twenty years ago. However, with the increase in aging baby boomers that experience pain, opiates are prescribed more frequently in current practice. Rather than prescribe opiates for pain patients, Dr. Smith prefers to emphasize self-control techniques, positive approaches and attempts to steer the pain patient away from adopting the "sick and diseased" attitude that many Chronic Pain sufferers may develop. He did not that antidepressants, such as Paxil, seem to hold promise.

Dr Smith introduces his presentation.

A discussion with various conference participants produced some disagreements. For example, if a moderate, well managed course of opiates allows patients to function at work rather than stay home in bed, is this not a viable modality? Dr. Smith acknowledged that some instances obviously require opiates – terminal cancer, etc. – but maintained that regular use of opiates simply creates other problems. Members in the breakout session engaged in a lively discussion regarding approach, and a consensus was not reached. Dr. Smith believes the issue will become more, not less, complicated and is actively engaged in research. He ended his presentation by quoting W. Fordyce, Ph.D.,

"People don't hurt if they have something better to do."

Looking Inside Guillain-Barre Syndrome

An excerpt from a publication from the Guillain-Barre Syndrome Foundation

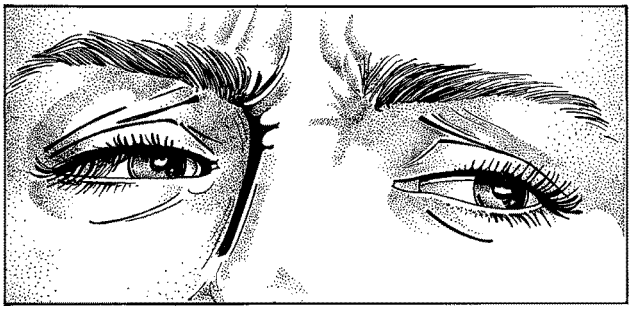
by Frances Norman, Texas DDS

THE DISORDER COMMONLY called Guillain-Barre Syndrome is a rare illness typified by the rare onset of weakness and even paralysis, often accompanied by abnormal sensations. These changes reflect damage of the peripheral nerves of the body, those outside the brain and spinal cord. The syndrome occurs sporadically. It can't be predicted, and can occur at any age and in either sex. It can vary greatly in severity from the mildest case that may not even be brought to a doctor's attention, to a devastating illness with almost complete paralysis that brings a patient to death. Because it is so rare, most the public has never heard of the illness, or if they have, know little about it. Yet, for those affected, the illness can be severely disabling.

What is Guillain-Barre Syndrome? This question is raised to help the reader understand GBS as a disorder of the nervous system. When we decide to perform some activity, such as walking, the brain send an electric signal down a narrow path in the spinal cord and this signal, in turn, is conducted out of the spinal cord by nerves that go to our muscles. The latter nerves, those that extend from the spinal cord outwards, are called the peripheral nerves. These are the nerves that are damaged by GBS. They extend outward from the spinal cord to the limbs, chest muscles of respiration, internal organs and so forth. Some of these nerves are covered, much as electric wires in our home, by insulation. The insulation covering of the nerves is called *myelin*. In GBS, the myelin or insulation is damaged. This damage seems to slow down or short circuit the ability of the nerve to conduct a signal normally. If conduction is too slow, or even blocked, the patient may become paralyzed. The nerve insulation surrounds a central conducting core of wire, called *axon*. The development of long term paralysis in some GBS patients may reflect permanent damage of not only the nerves' myelin insulation but also its central conducting core or axon.

The peripheral nerves affected in GBS include not only the motor nerves that extend from the spinal cord to muscles, but also the sensory nerves that extend from the skin, muscles, and joints to the cord. These sensory nerves allow us to feel temperature, limb position, coarse and smooth fabric surfaces, etc. When they are damaged in GBS, the patient experiences decreased or abnormal sensations.

In GBS, not only the nerves to and from the limbs are affected. Nerves from



the spinal cord to the chest muscles used for respiration are also affected. In addition, the nerves to and from the internal organs, heart, bowel, etc. can be involved. These are the nerves of the autonomic nervous system.

As described above, in GBS, the myelin covering of nerves is damaged, and, in severe cases, even the enclosed nerve axon can be damaged. In GBS, the brain and spinal cord do not seem to be affected. Thus, functions of the brain and some of the short nerves coming out of it, for example, to the ears and nose, are preserved. Patients can usually think, hear, and smell normally.

The causes of GBS are not known. A variety of events seem to trigger the illness. Many cases occur a few days to a few weeks after a viral infection. These infections include the common cold, sore throat, and stomach and intestinal illnesses with diarrhea. Some cases have been associated with or triggered by specific infectious agents. Some GBS-like cases have occurred after such seemingly unrelated events such as surgery, insect stings and various injections. GBS and chronic inflammatory polyneuropathy can, on rare occasion, develop in patients with other systemic illnesses such as Hodgkin's disease, other lymphomas and multiple myelomas as well as such disorders as systemic lupus erythematosis and macroglobulinemia.

Early Findings with GBS. The effects of GBS can be quite varied. As mentioned above, in GBS both sensory and motor nerves can be damaged and cannot perform their functions properly.

If nerves that sense surroundings become damaged, patients may initially develop abnormal (decreased) feelings, such as numbness, tingling, an asleep feeling, a sense of ants or something else crawling under the skin, electricity, vibrations and so forth. These abnormal feelings are often felt in the feet, hands, and even gum and face. They tend to be equal on both sides of the body, and may go up the body (ascend) from the feet to the hands to the face.

Disability Determination. When processing a disability claim where there is an allegation of GBS, one of the first things to look at is duration. Many GBS claims tend to be duration denials due to limited time of the impairment. In almost 80-90 per cent of GBS cases, it lasts for short periods of time and resolves with symptoms descending. However, in some instances there may be other existing impairments that would prolong symptoms and may provide for a favorable decision. In any case, reviewing all symptoms and how the disease develops are key in the disability determination process.

This article is reprinted from the TADE Times, November/December, 2002.

Conference Coverage

Associate Dean of McGeorge Law School Addresses NADE National Conference

GLENN FAIT, JD, ASSOCIATE DEAN of the McGeorge School of Law, has shared his expertise as a Judge and as a professor of DDS Hearing Officers and of ALJs. Judge Fait has also participated in the IVT training sessions for Hearing Officers and for the ALJs. **He admits that those hearing officers who conduct hearings for Social Security Disability program need, first and foremost, to have an expertise in the program and not in the law**. The hearing officer needs to adhere to the policy and to POMS and to try to render the appropriate decision. The higher courts then see that the law was properly administered.

- Judge Fait considers himself " a radical thinker."
- He is an attorney and a special Administrative Hearings Judge.
- He says, "every decision should be a struggle…there are no easy decisions…"
- He has sustained an injury and can relate to the concept of pain and credibility.
- DDS Hearing Officers, first and foremost, need training in the Social Security program.
- The higher courts insure that the law was carried out.
- There should be a review of an equal number of DENIALS AS WELL AS ALLOWANCES.
- Judge Fait adheres to the NADE proposal that there should be a special higher court-the Disability Court.

Judge Fait strongly believes in mediation as a real alternative in resolving some disputes and regarding benefits, Judge Fait suggests that through mediation, a claimant could be awarded temporary benefits, while, at the same time, working toward a plan …an ultimate goal of returning to work.

- **Judge Fait DOES BELIEVE IN CLOSING THE RECORD after the DDS Hearing at the CDR level.**
- A verbatim transcript needs to be used in order to close the case at the DDS level of appeal.
- Closing the records at the DDS level would force the attorneys to "play by the rules" and to not withhold evidence.
- Closing the record at an earlier time in the adjudicative process is more expeditious and less costly.
- If you close the case at the DDS level, you need to inform the attorney and the attorney's client that is what will happen.

Breakout Session…Judge Fait:

Judge Fait used the breakout session to expand on his observations and offer suggestions from his vast experiences.

The Judge has observed Innovative approaches to conducting hearings in NY, PA, and NJ. They have secure hearing rooms with security officers. These rooms are safe and private. Also, in New York, a nurse who understands the file is available for assistance. There are pleasant accommodations for children. In some other states, there are hearings held on site at the school with an attorney, teacher, and hearing officer. Some hearing officers in some states are doing telephone video conferencing.

Judge Fait does not believe that a hearing officer should wear more than one hat. In many DDS agencies, hearing officers do other things… they take in cases, they work in QA and in other capacities. The Judge does not believe that the hearing officer can remain impartial by working two separate jobs. He says,"…there is a loyalty and connection problem…" He does realize that Hearings is a "Peaks and Valleys" kind- of- profession, and, at times, there are not enough hearings to warrant a separately paid full-time position. He even suggests hiring back on a part-time basis some retired DDS employees who have had hearing officer training.

How many hearings a week should be conducted? **The Judge believes that a certain acceptable level of output (cases cleared) should be expected of each and every hearing officer**.

Great Plains Regional Director Sharon Belt has been called to active duty with the Missouri National Guard to serve in the Middle East for the next 12 months.

In her absence...Laura Coffman will serve as Acting Regional Director.
Lora can be reached at:
8500 E. Bannister Road
Kansas City, MO 64134

Tours of the area gave NADE members a chance to explore Oregon and make new friendships. From left: Paula Sawyer (NH), Debi Chowdhury (NY), and Celeste Lilly (ND).

Photo submitted by Paula Sawyer and entered into competition.

Visit nade.org for the latest information.

Don't forget: Photographs of the National Conference, State and Regional activities may be submitted for judging in the first annual NADE photo contest. Photos are to be submitted to Publications Director Donna Hilton.

Membership — A Vital Key

by Susan R. LaMorte, Membership Director

THE FUTURE OF OUR PROFESSIONAL organization hinges upon increases in membership. Increases in membership will provide the needed resources for our involvement in various programs, projects and activities that will expand NADE's overall growth. This expansion is the key to our future success as a viable professional organization. The bottom line of this success lies with you — THE MEMBERSHIP. We need every member to step forward and to get actively involved in recruiting at least one new member for our organization.

NADE membership recruitment and retention continue to be a vital concern to all chapters. NADE's strength is our MEMBERSHIP. Our presence will be stronger, our voice louder and our effectiveness enhanced with increased active membership. Now's the time to recruit a new member!

Join NADE in January and get 18 months of membership privileges. No renewal until June, 2004 for new members!

All new memberships received from January through June 2003 will receive an expiration date of June 30th of the following year. A new member is anyone who has not been a member in three years. Therefore, January begins our annual membership drive. I'm asking each member to recruit ONE NEW MEMBER into NADE. This will not only increase our membership, but also strengthen our ability to pursue further development of the professionalism of disability evaluation. Remember, one voice speaks words, many voices speak volumes — with increased membership NADE's voice will be stronger and louder! We can double our membership.

To help our Chapters achieve this goal NADE is offering Membership Grants of up to $50.00 to be used for membership recruitment and/or retention activities. Chapters wishing to apply for a grant should submit a Membership Grant Request Form, which outlines how the money is to be used and the estimated costs. Jane Bradley, CCP President in her next CCP mailing, will distribute these forms to each chapter. Once the activity has been carried out, the Chapter will need to supply receipts or other appropriate verification to the Membership Director. Be as imaginative and creative as you wish in your activities. Apply early!!

NADE is also sponsoring a membership contest. For contest purposes Chapters will be divided into three (3) size categories:

Small (20 or fewer),
Medium (21-40) and
Large (40 or more).

The category numbers have been changed to reflect the current membership numbers. The contest will run from 9/02 through 8/03. The winners will be determined with the 8/03 printout. Cash awards of $50 and $25 will be given to the two Chapters in each category showing the largest numerical increase over the life of the contest. A certificate will also be presented. All Chapters meeting the annual membership growth of 10% will be recognized as well. As of the 12/02 membership list we have 1827 members. Just think, if each member recruited one member, our membership would double and our voice would be louder.

I'm compiling a new membership recruitment/retention package, which will be distributed to all Chapter Presidents and Regional Membership Committee members. We also have our NADE Membership Video available upon request.

Let's all work together in meeting our goal of each member recruiting ONE NEW MEMBER! I'm counting on YOU!

I would like to thank the following members for agreeing to serve as their region's membership contacts: Ellen Cook (Great Lakes), Alden Peterson (Great Plains), Reginald Stepney (Mid-Atlantic), Russell Mojcher (Northeast), Tess Bensussen (Pacific), Karen Gunter (Southeast) and Malcolm Stoughtenborough (Southwest).

A big thanks to Dave Smelser from Envison for his efficient handling of our membership processing. Remember all changes or corrections to your membership should be mailed to me at:

675 Joralemon St. A-10
Belleville, NJ 07109
or faxed to me at (973) 648-2802.

Please feel free to contact your regional representative or me if you have any questions, concerns or suggestions on how the Membership Committee can help serve the member's needs better. I look forward to hearing from you.

NADE Board Members 2002-2003

OFFICERS

ACTING PRESIDENT/ PRESIDENT-ELECT
Terri Klubertanz
PO Box 7886
Madison, WI 53707
608.266.7604
Fax 608.266.8297
theresa.klubertanz@ssa.gov
QA and Special Projects Supervisor

PAST PRESIDENT
Jeff Price
PO Box 243
Raleigh, NC 27602
919.212.3222 ext. 4056
800.443.9359
Fax 919.212.3155
Jeff.Price@ssa.gov
QA Case Consultant

SECRETARY
Shari Bratt
PO Box 82530
Lincoln, NE 68501-2530
402.471.2663
Fax 402.471.2969
skb@www.nedds.state.ne.us
Hearings Officer

TREASURER
Lyle E. Larson
811 E 10th Street, Department 24
Sioux Falls, SD 57103-1650
605.367.5499 ext 127
Fax 605.367.5485
Lyle.Larson@ssa.gov
Hearings Officer

REGIONAL DIRECTORS

GREAT LAKES
Mimi Wirtanen
1512 Lamont St
Lansing, MI 48915
517.373.4205
Fax 517.373.4347
Mimi.Wirtanen@ssa.gov

GREAT PLAINS
Sharon Belt
3024 Dupont Circle
Jefferson City, MO 65109
573.526.7021
Fax 573.526.2950
Sharon.Belt@ssa.gov
Director of Program Development

MID-ATLANTIC
L. Kay Welch
170 W Ridgely Road
Suite 310
Timonium, MD 21093
410.308.4445
Fax 410.308.4303
Linda.K.Welch@ssa.gov
Vocational Technical Specialist

NORTHEAST
Brenda Crosby
268 Wiscasset Road
Whitefield, ME 04353
207.287.7961
Fax 207.287.7964
Brenda.Crosby@ssa.gov
Hearings Officer

PACIFIC
Micaela Jones
P O Box 45563
Boise ID 83711
208.327.7333 ext 321
Fax 208.327.7331
MJones@dds.state.id.us
QA Specialist

SOUTHEAST
Ruth Trent
P O Box 1000
Frankfort, KY 40602
502.564.8050 ext. 4176
Fax 502.252.7025
Ruth.Trent@ssa.gov
Professional Relations Officer

SOUTHWEST
Chuck Schimmels
P O Box 24400
Oklahoma City, OK 73124-0040
405.840.7138
Fax 405.840.7523
Charles.Schimmels@ssa.gov
Unit Case Consultant

CHAIRPERSON-COUNCIL OF CHAPTER PRESIDENTS
Jane Bradley
18 Roosevelt Road
Springfield, IL 62703
217.782.8321
Fax 800.291.0177
Jane.E.Bradley@ssa.gov
Disability Claims Adjudicator II

APPOINTED DIRECTORS

LEGISLATIVE
Martha Marshall
2704 Frank Street
Lansing, MI 48911
517.882.8073
MAMarshall2704@aol.com
Professional Relations Officer

MEMBERSHIP
Susan R. LaMorte
675 Joralemon Street
Belleville, NJ 07109
973.648.3572
Fax 973.648.2802
Susan.Lamorte@ssa.gov
Regional Manager

PUBLICATIONS
Donna Hilton
1117 Sunshine Drive
Aurora, MO 65605
417.888.4152
Fax 417.888.4069
Donna.Hilton@ssa.gov
drhilton@sofnet.com
Professional Relations Specialist

NADE Committee Chairpersons

AWARDS
Glenda Croom
P O Box 149198
Austin, TX 78714
512.437.8592
Fax 1.866.437.9919
Operations Unit Manager

CONSTITUTION & BYLAWS
Gayle Hull
P O Box 5030
Buffalo, NY 14205
716.847.3663
Fax
gayle.hull@dfa.state.ny.us
Regional Training Coordinator

DDS ADMINISTRATORS/ SSA LIAISON
Debi Gardiner
521 Parish Boulevard
Mary Esther, FL 32569-3425
850.244.2763 ext 209
Debi.Gardiner@ssa.gov
Claims Representative

ELECTIONS & CREDENTIALS
Rebecca Calvert
897 El Morro Dr.
Rio Rancho, NM 87124
505.841.5608
Fax 505.841.5724
Rebecca.Calvert@ssa.gov

HEARING OFFICER
Cynthia K. Mejia
8007 Brookings Court
Elk Grove, CA 95758-6592
901.263.5012
Fax 800.900.6267
Cynthia.K.A.Mejia@ssa.gov
Case Adjudication Bureau

HISTORIAN
Jim Teramani
1416 Eagle Ridge Run
Belair, MD 21014
410.638.6034
Fax 410.308.4400
James.Teramani@ssa.gov
Vocational Rehabilitation Specialist

LITIGATION MONITORING
Gabe Barajas
821 W. Bershin Blvd.
Cheyenne, WY 82001
307.777.6582
Fax 307.637.0247
Gabriel.Barajas@ssa.gov
Hearing Officer

LONG RANGE PLANNING
David Lovingood
400 Wilderness Rd.
Pelham, AL 35124
205.663.7318
Fax 205.989.2295
David.Lovingood@ssa.gov
Medical Relations Officer

NADE/SSA SYSTEMS LIAISON
Dale Foot
2295 North Fairview Lane
Rochester Hills, MI 48306-3931
517.241.3688
Fax 517.373.2149
Dale.Foot@ssa.gov
District Manager

NATIONAL DISABILITY PROFESSIONALS WEEK
Paula Christofoletti
78 Regional Drive, Building 2
Concord, NH 03301
603.271.3341 ext 332
Fax 603.271.1114
Paula.Christofoletti@ssa.gov
Claims Examiner

NOMINATIONS
LaVonne Mercure
2530 South Parker Road, Suite 500
Aurora, CO 80014-1641
303.752.5562
Fax 303.752.5755
LaVonne.Mercure@ssa.gov
Disability Examiner

NON-DUES REVENUE
Susan Smith
5781 Coldcreek Dr
Hilliard OH 43026
614.438.1879
Fax 614.438.1305
Susan.X.Smith@ssa.gov
Disability Adjudicator II

ORGAN DONATION/ TRANSPLANT
Gail Gore
1505 McKinney
Boise, ID 83704
208.327.7333
Fax 208.327.7331
Gail.Gore@ssa.gov
Senior Adjudicator

PROFESSIONAL DEVELOPMENT & RECOGNITION
Melissa Robertz
1427 Bright Court, NE
Keizer, OR 97303
503.566.6678
Fax 503.373.7202
Melissa.L.Robertz@ssa.gov
Disability Analyst

RESOLUTIONS
Christa Royer
PO Box 4446
Shreveport, LA 71134
318.869.6555
Fax 318.869.6406
Christa.Royer@ssa.gov
Disability Examiner II

NADE Membership Application

(Please print name, title & designation as desired on your Membership Certificate)

Check the appropriate box in each section.

- ❑ New Member
- ❑ Renewal

- ❑ Full $50.00
- ❑ Associate $50.00
- ❑ Full Support $25.00
- ❑ Retiree $25.00

- ❑ Corporate $200.00
- ❑ Silver Corp. $350.00
- ❑ Gold Corp. $500.00

Name _____
Prefix First Middle Last Suffix

Professional Designation _____

Address _____

City _____ State _____ Zip _____

Local Chap #_____ Wk Phone (_____) _____ Email _____ ❑ @ssa.gov

NADE's membership year runs from July 1st through June 30th each year. Your membership will expire on the June 30th following your join date.

Exception: All new memberships received between January through June will receive an expiration date of June 30th of the following year. NADE does not prorate dues.

Mail to: National Association of Disability Examiners State National Bank NADE Account P.O. Box 599 Frankfort KY 40602
(Make check payable to NADE)

Change Of Information Form For: (Name) _____

CHANGES: (ONLY ENTER CHANGED DATA)

Name _____

Address _____

*Local Chapter # _____ Daytime Phone (____) _____

Professional Designation _____

City _____ State _____ Zip _____

Email Address _____ ❑ @ssa.gov

Other: _____

Mail or Fax To: Susan R. LaMorte 675 Joralemon Street Belleville, NJ 07109 Susan.Lamorte@ssa.gov Fax 973.648.2802

Inspector General Huse Discusses Fraud Issues And Efforts

by Jane Osgathorpe, Vermont DDS

THERE HAS BEEN A GREAT emphasis on combating fraud in the Social Security program. NADE invited the nation's Inspector General, James Huse, to address the NADE delegates in Portland, OR.

- His primary role as Inspector General is … to maintain Stewardship…to get the money to those who are needy and to identify and to punish those who are guilty of fraud…"They get the money or they get what they deserve!"

- The CDI TEAM (the Fraud Investigative Team) offers a front line defense in the battle against Social Security Disability Benefits Fraud.

- The DDS Employees have been very helpful to the CDI team.

- There are 13 CDI offices throughout the United States.

- During the CDR review process, many continuing disability benefits have been ceased due to false information provided by the beneficiary.

- The CDI team has saved Social Security thousands of dollars in benefits which would have otherwise been awarded to unworthy beneficiaries committing fraudulent acts.

You hold the key.....

To report fraud, waste, abuse or mismanagement

Call: 1.800.269.0271

Write: SSA Fraud Hotline
P.O. Box 17768
Baltimore, MD 21235

Fax 410.597.0118
e-mail oighotline@ssa.gov

NATIONAL ASSOCIATION OF DISABILITY EXAMINERS
PO BOX 50006
SPRINGFIELD MO 65805-0006

Address Service Requested

PRSRT STD
US POSTAGE
PAID
SPRINGFIELD MO
PERMIT #616