the NADE ADVOCATE

A Publication of the National Association of Disability Examiners | Volume 19, Number 1 | Nov./Dec., 2002

Conference Coverage

Commissioner Jo Anne Barnhart Addresses NADE National Training Conference

by Susan Smith, Great Lakes Regional President

The 1153 day timeline chart of a Disability Case moving through the system is displayed on the far wall.

JO ANNE BARNHART, Commissioner of Social Security, spoke to NADE members about the current issues facing the Social Security Administration. Ms. Barnhart is the fourteenth Commissioner of Social Security, with her term to expire January 2007. She began her remarks by expressing appreciation for our organization being forthright in discussions about improving the disability process. She stated that the total amount of processing time "is unacceptable" and she also expressed appreciation to NADE members for their diligent efforts to reduce this total. The Commissioner did make it clear that this was not about blame or any one part of the process in particular. We all share in the total and we must all share in the effort to reduce this total.

Commissioner Barnhart proceeded to explain her 5-year plan, the Service Delivery Budget. She stated that, although we are doing the best that we can do, given our current resources, we must continue to explore ways to improve the service we render to the public.

The Commissioner has appointed Barbara Levering as Chairperson of this special committee. Ms. Barnhart then directed attention to the 25-foot long map indicating the process of a claim. She pointed out that the original chart is actually 40 feet! This map covers all processes of a claim, in a "best worst case scenario". In 2001, it took 1153 days to process a claim. This included processing at the Field Office, DDS, OHA, and the Appeals Council. She noted that we actually lose control of the Federal Court process, and that this is an additional 18-month average process. Ms. Barnhart had her staff look at the 1153 days to determine where we could easily save some time. The backlog currently being experienced in offices throughout the nation costs 525 days. Processing time takes up another 621 days. Out of our control are 60 days to request an appeal at each step. The majority of time that the case is within our control is spent on administrative matters. There are 40 days spent in mail time and 82 days spent organizing and tabbing cases. Only seven (7) days are actually spent working the claim! The Commissioner also stressed the impact of lost claims and declared that SSA must stop losing cases.

Commissioner Barnhart

E-Dib (electronic disability), once fully implemented, will have a significant positive impact on reducing this total processing time. The Commissioner pointed out that E-Dib would save 140

See Commissioner on page 6

IN THIS ISSUE:

Thanks to the OregonNational Training Conference Organizers: Ken Forbes, Patty Cuno, Nancy Morris, and Bruce Pease.

In Rembrance of Donald "Drew" Martin

NADE members were saddened to learn that Donald "Drew" Martin passed away on November 7 at his home in Austin, Texas. Drew had fought a long battle with leukemia. He worked at the Texas Rehabilitation Commission/Disability Determinations for 10 years before becoming ill. He was a NADE member for 8 years and co-chaired the award-winning SWADE Sentinel and TADE Times with his wife Lisa, who is a prior Southwest Regional Director.

Cards and letters may be sent to Lisa and their son Jesse at: 3312 Silk Oak Drive, Austin TX 78748

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.

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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 **December, 2002**

nade
National Association of Disability Examiners

November 11, 2002

Members of the NADE Board of Directors

Many of you are aware that: 1) I am the Systems Manager for the State of Oregon DDS; 2) over the next year the focus for many of the changes in the disability program are in the area of Systems; 3) the Oregon DDS is in the middle of construction for a new home that we will move to on the first of March 2003; 4) the Oregon DDS is part of an agency going through the pains of integration and I am an integral part of the DDS management team dealing with the issues that brings; and 5) our state, like so many others, is suffering from significant budget problems and our parent agency has placed severe restrictions on travel for employees.

What that means is that I will not be able to carry out the duties of the President of NADE in the way you deserve. I am therefore tendering my resignation from the position of President effective November 30, 2002.

I am confident that Terri Klubertanz can and will do a wonderful job in this role. With the support of the members of the board working as a team, she will be able to achieve all that NADE is capable of achieving.

Though I will not be at the table for your Mid-Year Board meeting, I wish you all the best individually and as an organization.

Sincerely,
Kenneth D. Forbes
Ken Forbes
NADE President

Gap Between Organ/Tissue Donation and Need Continues

by Barbara Styles, Alabama DDS

SCOTT NORTHUP PROVIDED THE NATIONAL training conference attendees with a very informative session regarding what happens after a decision is made to donate organs and/or tissue. Mr. Northup is affiliated with the Pacific Northwest Transplant Bank and Community Tissue Services. He is part of a team that handles organ and tissue procurement about 90 times a year in 78 hospitals in the Northwest.

Mr. Northup explained that the gap between need and actual donations is large – about 83,000 people are in need and only about 6,000 cadaver organ donors are found per year. The good news is that people are living longer post-transplant; approximately 88 percent of liver transplant recipients, 85 percent of heart transplant recipients and 78 percent of lung transplant recipients are living and doing well 12 months post surgery.

There are three types of organ and tissue donors: living, heart beating (ventilator-dependent) and non-heart beating. Living donors may offer blood, marrow, partial liver donations, partial lung donations and kidneys. Those donors who are ventilator dependent may donate heart, lungs, liver, kidneys, pancreas, and small intestines. Donations from non-heart beating donors include corneas, skin, connective tissue, heart valves, bone and veins.

Mr. Northup described the usual progression involved in organ donation: (1) an injury occurs; (2) resuscitation is initiated; (3) the patient is brought to a trauma center or treatment facility; (4) the patient is declared "brain dead" – an irreversible cessation of all brain function; (5) familial consent is granted; (6) contact is made with the United Network of Organ Sharing (commonly known as "the List") and finally, a long 6-8 hour process to procure and deliver organs is undertaken. There are usually multiple surgeries in various sites necessary to coordinate organ donation – the heart and lungs only have a "shelf life" of about 4 hours, while other organs may have up to 48 hours.

Finally, Mr. Northup shared briefly the legalities of organ donation. Regardless of donor wishes or a "D" on your driver's license, most organ procurement programs legally have to abide by family wishes. The current national consent rate is about 62 percent. So, when you make that personal decision to be an organ/tissue donor, make sure your family knows your intent.

Autism – Diagnosis and Epidemiology

By Glenda Ratliff, Kentucky DDS

PETER A. BLASCO, MD AT Oregon Health & Science University, Child Development and Rehabilitation Center presented a session with some very useful information for disability adjudicators at the National Training Conference held in Portland Oregon in September. He indicated that autism is generally present at birth. Although this does not occur frequently, there are instances of a normal history to the age of 12-18 months with a loss of language milestones at this later age. There are also rare acquired cases due to a condition, such as Herpes encephalitis, that would impact the language centers of the brain.

The age of occurrence is one of the four diagnostic criteria used to establish the diagnosis. The second criteria necessary to establish a diagnosis of autism is the failure to use language to communicate. He indicated this loss of the ability to use language to communicate did not refer to speech only, but included no use of gestures to communicate a resistance to learning, echolalia and nonreciprocal sounds. A third characteristic necessary to establish the diagnosis is the inability to interact socially. He indicated these children are unaffectionate with others and instead form an attachment to objects. They have poor eye contact, have an "aloof" manner and are hyperactive. The fourth characteristic for diagnosis is perseverative behaviors. Some of these behaviors include self-stimulation such as head banging or slapping himself or herself. They also persist with very simple or very repetitive behaviors such as top spinning, wheel spinning, sniffing and sorting. They are very resistant to change and develop rituals and compulsions.

Children who are autistic generally have normal physical growth and intactness. Their head circumference is normal. They have very few physical anomalies and they have good motor development.

Seventy percent (70%) to eighty percent (80%) of true autistic children also have cognitive deficits. Twenty-five percent (25%) will have seizures. Other disorders that present with communication problems are specific communication disorders such as aphasia, severe/profound categories of mental retardation, deafness/blindness, severe emotional trauma due to abuse and degenerative CNS diseases such as Rett's Syndrome. Dr. Blasco indicated there were differences in how children with the different disorders test. Autistic children's performance scores on psychometric tests are generally noticeably higher than their verbal score, while children with mental retardation will generally have performance and verbal scores that are more similar. Autistic children have a social quotient that is lower than their IQ and their play is more impoverished, and solitary.

Autism is a congenital condition vs. an acquired condition in most instances. Dr. Blasco did indicate that very young children who suffer from infectious conditions before the age of two sometimes develop autism. The work-up to diagnosis autism should include a hearing screen, lead testing, testing for chromosomes, metabolic studies and an EEG.

The prognosis for autistic children is not very favorable. Ninety percent (90%) require lifelong support. Seventy-five percent (75%) to eighty percent (80%) have cognitive impairments, and twenty-five percent (25%) develop seizures. The two to three percent that are considered "high-functioning" are still very impaired socially and communicatively and would require a very supportive environment in order to do any type of employment. Treatment is difficult and often not very affective. Medications are used to target particular behaviors such as the compulsive behaviors, but generally does not result in improvement that would allow normal function.

NADE Hosts Administrators Luncheon At National Training Conference

by Debi Gardiner, DDS/SSA Liaison Chairperson

NADE WAS FORTUNATE TO HAVE several DDS Administrators attend its annual DDS Administrators' Luncheon at the 2002 NADE National Training Conference. In attendance was Lloyd Horsley, Oregon DDS Administrator; Vicki Johnson, Wyoming DDS Administrator; Doug Willman, Nebraska DDS Administrator; Bill Starks, Colorado DDS Administrator; and Frank Giordano, Administrator in the Manhattan New York DDS.

The NADE Board and several NADE Past Presidents attended the luncheon. Topics of discussion ranged from the accelerated e-DIB to processing workloads to staffing and budget. This annual luncheon, held during NADE's National Training Conference, has become a valuable opportunity for the NADE Board and DDS Administrators to discuss issues of mutual concern.

NADE Board members and DDS Administrators discussed disability topics over lunch

Commissioner, *from page 1*

days right off the top due to the time saved by not needing to mail cases from one office to another. Another 82 days could be dropped with the organizing and tabbing of the cases. With E-Dib, a single button can organize it the way DDS requires and also the way OHA needs it to be organized. Ms. Barnhart went to her staff and asked how long it would take to implement E-Dib if resources were not an issue. Bill Gray, SSA's Deputy Commissioner for Systems, responded that E-Dib could be implemented in 23 months. The expected rollout of E-Dib will begin in January 2004 and should only take 15 months for total implementation. Commissioner Barnhart stressed that the final product will be a folderless process, not necessarily paperless, as she has heard discussed.

Commissioner Barnhart then discussed Prototype and SDM. She stated that she wanted to get out of the testing mode of Prototype sooner. It was not working as they had thought it would and she said there is nothing wrong with admitting it didn't work. SDM is moving forward. This will give us more flexibility. Early and frequent contacts with the claimant are the way to go.

The Commissioner indicated that her staff is working on a new process design that will answer the ultimate question regarding the status of the reconsideration step. She reiterated her position that significant changes are needed to the process. Discussions are also ongoing with ALJs to improve their service delivery within the process. Possible solutions for many of the problems existing at this appeal step include video teleconferencing and digital recordings of hearings. This would save storage space, currently required, because of the bulkiness of the cassettes and have a better chance of the file not being lost.

Updating the medical listings is a concern of the Commissioner and she declared that they will become easier to use and understand. She pointed out that her earlier meetings with the NADE leadership had made her aware of the need for SSA to consult with the people who use the listings BEFORE they are written or updated and she expressed her surprise that this had not been done previously. She promised that SSA would involve NADE much earlier in the process of revising the medical listings.

In discussing the CDR issue, the Commissioner stated we have been working seven years to get current. Stewardship and service are very important to the disability program and it is important to remain current on CDRs. SSA will be facing a difficult budget year and the Agency would likely operate under a Continuing Resolution for the first six months of this fiscal year. This would severely limit the amount of overtime DDSs would have and cause a significant impact on the budgeted workload for FY 2003. DDSs are currently funded to process only 89 percent of the expected workload. This does not mean that the DDSs will stop processing cases after they have met that 89 percent threshold. Rather, it does means that SSA and the DDSs will have to devise some way to process the expected workload with the realization that there will be insufficient funds to do so. The Commissioner indicated this will be a huge problem for the Agency and she invited suggestions and NADE's help in finding a solution. The Commissioner did indicate that she was aware that DDSs would need to utilize overtime to process the projected workload and she promised to do her best to secure the necessary resources for this to happen much earlier than is currently projected in the budget. One possibility is to perhaps delay systems application in order to use that money for overtime, etc. Currently there is a $35 million carryover from the CDR fund. One of the major concerns at SSA is that the budget shortfall would necessitate the DDSs using their personnel to concentrate their efforts on initial claims rather than CDRs.

Ticket To Work has been implemented in some states. Currently, only about two-tenths of one percent of disability beneficiaries leave the roles to get jobs. The Commissioner declared that she is hoping this program will change that woeful statistic. More than 7000 people are waiting to use this ticket and the emphasis is that working **is** important.

After concluding her prepared remarks, the Commissioner invited questions from the delegates. In response to a question regarding closing the record, the Commissioner stressed that this could only be done if a process were in place that allowed for much shorter processing times than currently exist. She stated that she expected E-Dib will have a major impact on processing time and would make it possible to close the record.

The Commissioner fielded another question that concerned flexiplace. The Commissioner responded that this concept is very important and that SSA is a family friendly organization. But her concern is that this could raise negative issues due to lack of accountability and standards. While certainly possible in some states, or in some portions of some states, she did not see that such a concept would be implemented on a widespread basis in the near future.

Another question provided an opportunity for the Commissioner to stress the importance of communication between the Field Offices and the DDSs. She was aware of the concern that is frequently expressed by the DDSs regarding inability to get through on the FO phone number. SSA will work on this and the Commissioner voiced that she was sympathetic with the DDS concern as she, too, had experienced a similar problem. The Commissioner told the NADE members a true story of how her son tried to reach her at work shortly after she was sworn in as Commissioner of Social Security. Her son did not have her

continued to next page

Diagnosis of Cerebral Palsy and Associated Deficits

by Shari Bratt, Nebraska DDS

DR. PETER BLASCO, OHSU, addressed issues regarding cerebral palsy (CP). General childhood development involves physical growth and structural functions. Three areas of functional behavior are 1) motor; 2) cognitive; 3) affective. Three independent statements need to be made as an approach to evaluation. These are independent statements on intellectual functioning, motor functioning and behavior. Developmental disabilities are broken down into three groups: mental retardation, cerebral palsy, and learning disorders/minimal brain dysfunction.

In regard to the prevalence of developmental disorders, 20-40 percent have reading retardation, 5-7 percent have a learning disorder, 3 percent have mental retardation, and .2-5 percent have cerebral palsy. In diagnosis of CP, motor skills (what a child does) are evaluated, a classical neurological exam is performed, and neurodevelopmental markers are recorded. In the motor skill area, gross motor with axial milestones are examined, as well as fine motor with appendicular milestones. A motor quotient is computed. The motor quotient equals motor age over chronological age minus one half. During the exam, passive resistance is looked at in contrast to strength. It becomes more difficult after the age of two years in terms of getting a motor quotient.

The diagnostic criteria for CP includes delayed motor milestones, an abnormal neurological exam, abnormal primitive reflexes/postural reactions, no worsening with time, supportive evidence for CNS (Central Nervous System) dysfunction including a past history for risk, structural damage on scan, and associated deficits. Also noted is age at onset, but this is arbitrary. Usually, it is age 7-8.

The definition of CP is "a disorder of movement and posture due to a cerebral insult (an anomaly or injury) which occurs during the developmental years and which is static (non-progressive) in nature." There are three classifications of CP. The first is spastic which includes quadriplegia, diplegia, hemiplegia, monoplegia, triplegia, and paraplegia. With paraplegia, the legs are involved and the arms are normal. The second classification is extrapyramidal or non-spastic type. This includes rigid, dyskinetic, ataxic, tremor, and hypotonic. The third classification has features of both of the first two types.

The periods for high-risk events are prenatal, perinatal and postnatal. Around the time of birth is the greatest chance for insult. Problems associated with CP are orthopedic deformity, mental retardation which occurs with 40-50 percent of CP patients, sensory loss, visual impairment, oculomotor disturbance, hearing loss, speech deficits, drooling, feeding dysfunction, malnutrition, aspiration, seizures which occur in 20 percent of CP patients, and behavioral/emotional disturbance related to CP or other problems listed above.

Interventions for children with CP include counseling and hands on therapy (such as PT, OT or speech therapy), equipment such as braces or adaptive devices, and medication. Recreational therapy is also effective. Adaptive equipment is prescribed and may include AFOs (assistive fixed orthotics), splints, or equipment used for posturing.

The majority of drugs are not beneficial, but are aimed at muscle tone and movement. Only 5-6 percent of patients benefit from drug therapy. There is an implantable pump with a catheter that is placed in the abdomen with the catheter threaded to the spinal canal into the thoracic vertebra. Baclofen is infused into the spinal cord. A small dose may have a tremendous benefit to certain children with severe CP. The battery pack lasts 5-6 years and medication is injected into the port every 4-6 weeks. It can be programmed externally.

Treatment is determined by functional goals. Medical/surgical treatment includes oral medication, intrathecal Baclofen, botox, orthopedic surgery, rhizotomy, neurosurgeries, and CNS electrical stimulators. Surgery may be considered as a form of treatment. Certain elements of nerve roots can be cut for a limb to function and spasticity to be reduced. There has been spectacular success with this type of surgery on a small group of children. The goals are to facilitate function, prevent deformity or correct an existing deformity, relieve discomfort, enhance care and to perform surgery for cosmetic reasons.

Commissioner, *from page 6*

new phone number and tried to reach her on SSA's 800 number. Unfortunately, the call went unanswered, even after her son waited for over an hour. When she arrived home that evening, she was greeted by her son's declaration that, "Mom! You need to hire more people to answer the phones!"

Commission Barnhart ended her presentation by inviting NADE members to pose additional questions, comments and suggestions via e-mail. The Commissioner expressed strong support for NADE and thanked NADE for its continued input on the challenges facing the future of the disability program.

NADE Correspondence

SOCIAL SECURITY

The Commissioner

Mr. Jeff Price
President
National Association of
Disability Examiners
Post Office Box 243
Raleigh, North Carolina 27602

Dear Jeff:

Thank you for inviting me to address the 2002 National Association of Disability Examiners Training Conference (NADE). I enjoyed the opportunity to meet the members of your organization and talk about the issues facing the disability process. I also appreciated your thoughtful gifts. They were an unexpected surprise.

From the comments I received at the evening reception and the question and answer session, I can see that your members are always looking for ways to improve the disability determination system. I'm excited about their enthusiasm and look forward to receiving their suggestions.

Also, please convey a special thanks to the conference planning committee. They worked very hard on planning and supporting the training session and my visit to Portland.

Sincerely,

Jo Anne B. Barnhart

SOCIAL SECURITY ADMINISTRATION BALTIMORE MD 21235-0001

NADE Correspondence

NADE

October 31, 2002

To: NADE in New Hampshire

From: Jeff Price, Immediate Past President, NADE

RE: CONGRATULATIONS!

On this very special occasion of the third anniversary of the birth of NADE in New Hampshire, I am extremely pleased to extend my sincerest "Best Wishes" and "Congratulations." You have come a long way in a very short time and your success is due to the dedication and commitment of every member. Use this occasion to reflect on your successes and contemplate on what you will strive to accomplish in the future.

The first three years of NADE in New Hampshire's existence witnessed important changes in the disability program. These changes have been accompanied by many exciting opportunities to be actively involved in determining the course for our own future. Through NADE, we have the voice and credibility to be heard. But NADE's voice requires that its members seek to become actively involved and express their concerns and ideas. NADE in New Hampshire has offered a shining example that these opportunities exist for everyone. Your work at the national, regional and local levels stands as the model for every NADE chapter.

NADE in New Hampshire members have served on local, regional and national committees and have distinguished themselves and their chapter with their record of service. NADE in New Hampshire has provided the education and training that exemplifies NADE's commitment to building a strong future for its members. The awards collected by your newsletter, by your members, and by your Chapter serve to document the hard work and commitment that continues to be put forth by the membership of one of NADE's newest chapters. I know NADE in New Hampshire will continue its efforts to make a positive difference in the disability program and in the recognition of the professionalism of the staff of the New Hampshire DDS.

As NADE President in 1998-99, it was my great pleasure to present a "New Chapter" plaque to NADE in New Hampshire. One of the major highlights of my second term as NADE President was to recognize NADE in New Hampshire as "Chapter of the Year" for 2001-2002. This recognition is the fulfillment of three very exciting years of watching NADE in New Hampshire be born and grow into one of the strongest chapters in our organization. Congratulations!

Sincerely,

Jeffrey H. Price

NADE Correspondence

NADE

October 22, 2002

Ms. Sue Roecker, Associate Commissioner for Disability Program Policy
Social Security Administration
6401 Security Boulevard
Baltimore, Maryland 21235

Dear Sue:

In your remarks during the NADE conference in Portland, Oregon, you referred to a workgroup that was being assembled by SSA to assist in the development of policy and implementation of the accelerated E-DIB.

The National Association of Disability Examiners (NADE) represents many people who will be affected by the accelerated E-DIB. We firmly believe that including those affected by a policy or procedural change in the planning and implementation creates a better product and eases implementation. Therefore, NADE is requesting inclusion on the workgroup you described.

We believe our Association's commitment to the success of this project and our expertise in this area will provide additional benefits, both tangible and otherwise, for interaction between interested participants. SSA would realize many benefits from having NADE represented on this workgroup. As we have shown through time, we provide a national perspective representing many levels of knowledge and expertise within the disability program, we offer practical advice, and we are committed to making the disability program work as effectively as possible.

I would be happy to discuss this matter further with you should you wish to do so, or if you have any questions regarding our request. I may be reached by phone at 503.945.6330 or by e-mail at Ken.Forbes@ssa.gov.

Sincerely,

Ken Forbes, President
National Association of Disability Examiners

cc: Jo Anne Barnhart, Commissioner
Martin Gerry, Deputy Commissioner
NADE Board

NADE Correspondence

NADE

October 22, 2002

Ms. Myrtle Habersham
Social Security Administration
Suite 939, Altmeyer Building
6401 Security Boulevard
Baltimore, Maryland 21235

Dear Myrtle:

The quality workgroup, that you are in charge of, was described at the National Association of Disability Examiners (NADE) conference in Portland, Oregon,. During her remarks, the DDS Administrator who is a member of the workgroup, asked us for any thoughts we might have that would be useful for your group to consider.

Rather than work through a third party, NADE requests inclusion on the workgroup. We firmly believe that including those affected by a policy or procedural change in the planning and implementation creates a better product and eases implementation.

We are committed to improving the quality process. We believe that our Association's longstanding commitment to enhancing the quality of the service we provide to the American public, as well as our professional expertise in the area of quality, would prove to be beneficial to SSA. We believe the potential success for this workgroup in addressing the problems in the quality process depends on the practical nature of the proposed solutions. As we have shown through time, we provide a national perspective representing many levels of knowledge and expertise within the disability program, we offer practical advice, and we are committed to making the disability program work as effectively as possible.

I would be happy to discuss this matter further with you should you wish to do so, or if you have any questions regarding our request. I may be reached by phone at 503.945.6330 or by e-mail at Ken.Forbes@ssa.gov.

Sincerely,

Ken Forbes, President
National Association of Disability Examiners

cc: Jo Anne Barnhart, Commissioner
Martin Gerry, Deputy Commissioner
NADE Board

2002 National Award Winners Announced

by Susan Smith, Awards Chair

THE 2002 NADE AWARD WINNERS were announced during the Awards Luncheon in Portland, Oregon. Thirteen states submitted nominations. There were at least four nominations in each category, with one category having nine entries! I would like to thank everyone who took the time to acknowledge their peers, and to the awards committee for selecting the winners.

Karen Keller and Paula Sawyer of New Hampshire accept the President's Award from President Jeff Price.

The **President's Award** was presented to the **New Hampshire** Chapter. This Chapter is a relatively new Chapter and has been active in a variety of events including training, publishing and fundraising. Charity activities have included food donations to a local food pantry and sponsoring a child for project Santa Claus. Training is a primary importance to this Chapter and they have organized bi-monthly "Ask A Doc" series which pull the DDS medical and psychological consultants together to answer specific questions about conditions, treatments, and benefits of certain drugs. This Chapter has also sponsored training sessions to include breast cancer, security in the workplace and hearing loss and treatment. This Chapter recently launched its newsletter. Several articles have appeared in the Advocate. They recognized the hard work of each of the DDS employees during National Disability Professionals Week. They have raffled a full membership to a non-NADE member and several half memberships to both NADE and non-NADE members. They have actively voiced their opinions to the NADE national Board about issues concerning NADE members and the DDS as a whole. Chapter members continue to be enthusiastic and committed to the goals of the NADE organization.

President Jeff Price presents Debi Gardiner the Lewis Buckingham Award.

The **Lewis Buckingham Award** winner was **Debi Gardiner from the North Carolina Chapter**. She attended her first national NADE conference in 1986, developing a heightened awareness of what the Association was involved in and subsequently demonstrating tremendous enthusiasm to help advance NADE's national agenda. She gained quick recognition as a "people person". During the late 1980's, she was elected to the first of several terms as President of her local chapter. In 1991, she was elected to serve as the Regional Director from the Southwest Region. Her four years of service on NADE's Board of Directors in this position was marked by recognition of her commitment as a strong advocate for professionalism. Debi's tenure as NADE's President-elect in 1996-97 and then as President in 1997-98 coincided with two very difficult years for the DDS community as SSA launched its campaign to "redesign" the disability program. Always exhibiting a truly professional demeanor and a keen ability to understand other people, she proved herself as a very effective President of NADE. This also marked the first real effort by NADE to expand its working relationships with other offices within SSA and with other governmental agencies. Following Debi's term as NADE President, she turned to "*the Dark Side*" and began a new career as a Claims Representative in a Social Security field office. Her affection for the DDS community remained strong, however, and she has continued her active involvement in NADE. She currently holds the position of the DDS Administrators/SSA Liaison for NADE. She serves as an effective voice for NADE with DDS Administrators and with the leadership at SSA. She was able to exert strong influence in the development of NADE's proposal for a new disability claims process and her personality and wit contributed heavily to winning support for our proposal with less receptive audiences.

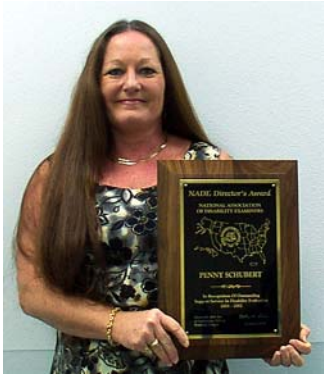
Barnest Patton II displays his regional and national awards.

Barnest Patton II from Missouri was the recipient of the **Rookie of the Year** Award. Shortly after joining the local chapter in January 2001, he graciously accepted the Treasurer position. In the fall of 2001 he accepted a nomination for President-Elect but even before taking this office, he assumed the position of President following the then-President's resignation from the agency. As a rookie he has moved through the ranks very quickly and has done so with style and grace. His leadership skills are second to none. He is an excellent orator and represents NADE in a highly profes-

Continued on *next page*

Awards, *from page 11*

sional manner. Under his excellent leadership, the chapter has initiated a "MADE A DIFFERENCE" award program whereby coworkers nominate each other for outstanding performance. Each winner of the award (a very large, brightly colored blow up hammer that squeaks!) selects the next recipient and hands off the token award to be displayed in the employee's workspace. Barnest has also helped institute a chapter sponsored social event, which is to be held after work on a monthly basis. He exhibits powerful leadership skills when running meetings, formulating committees, etc but is also an outstanding citizen. He is truly a positive influence in his office and represents the organization well.



Penny Schubert received the Director's award.

The **Director's Award** was presented to **Penny Schubert from Texas**. She is a long-term employee who currently serves as the Technical Programs Resource Specialist in Quality Appraisal Services. She improves the morale of coworkers by cheerfully facilitating their tasks. She is a wizard at deciphering queries and can find folders that seem impossibly lost. She answers questions for adjudicators and technical personnel with policy analysts twice a week in an hour-long Complex Policy Outreach. She teaches new disability examiners about writing PDNs and query interpretation. It is often commented that she should never be allowed to retire as no single person has the knowledge or expertise to assist as she does. Penny has helped organize activities to honor employees during NDPW for the past two year. During the holiday season she assisted with a spirited celebration with displays and songs of Hanukkah, Kwanza and Christmas. She was an invaluable member of the Hospitality Committee for a recent national conference hosted by the local Chapter. She is a demonstrated leader in the Chapter and in her work activities. She has the knowledge and persistence to "get the job done". She has shown exemplary leadership skills.

Sheila Beggs received the NADE award.

Sheila Beggs from Missouri was the recipient of the **NADE Award**. She began her career with DDS in January of 1991 as a Counselor. She successfully demonstrated quality and effectiveness in her case processing procedures and was promoted to Senior Counselor. As a result of her effective communication, program expertise and professionalism, she was then promoted to the position of Professional Relations Specialist. In the spring of 1996 Sheila was chosen to attend the Hearing Officer Training Program. Again, she proved to be a major asset to this agency when she was asked to conduct hearings. She always works for the betterment of the claimant, without losing sight of the rules and regulations of SSA that must be abided by in adjudicating claims. With the hearing officer training under her belt, she was promoted to a Hearing Officer. She has been an active member of NADE since 1991. She has served on numerous committees including membership and fundraising for her local Chapter. Sheila has also served as local Chapter president. She devotes her time by making crafts for her local Chapter fundraisers and participates in activities, small or large. Humor is another characteristic of Sheila. She has participated in the office Christmas party for the past 10 years by presenting "Dana Letterman's Top Ten List". Humor, people skills, strong communication skills and professionalism aside, she is simply a fine human being.

The Earl B. Thomas Award went to Kathy Johnson.

The **Earl B. Thomas Award** winner was **Kathy Johnson from Ohio**. She came to the DDS from private industry in 1999. Although a relative neophyte to the federal disability programs, she quickly dug in and learned about the program in short order. She sought meetings with all levels of disability professionals. She understood that DDS needed to stand together as an agency to find new solutions to old problems. She worked with the bargaining units to restore trust in management. With her at the helm, her employees gained greater flexibility with work times and in the use of leave times. She was willing to listen and address the needs as disability professionals. The morale in her agency has multiplied. Her Chapter has been able to see the fruit of their labor first-hand when Kathy brought home the SSA Commissioner's Citation in 2001. From

day one, she has endorsed membership in the NADE organization, espousing the benefits of professional organizations and the important work that we do as a group. She has expanded leave time and compensation for those who wish to attend training conferences and actively supported those who have become heavily involved in national and regional committee work. She is active in NCDDD and has chaired panels at the national director meetings. She always maintains a positive approach to disability work. She has made enthusiastic contributions that exceed the responsibilities of her position.

Paulette Slayton from North Carolina was the recipient of the **John Gordon Award**. She began her DDS career in 1981 and has been in supervision for the past 12 years. She has been the recipient of the Director's Award from her agency and a regional nominee for the PRIDE Supervisor of the Year and special Act of Service awards. She displays compassion for all of her employees. She organized taking meals to a terminally ill examiner in her unit and showed other, unselfish kindnesses to this examiner and her family. Paulette is a very positive role model for her employees. She always gives more than 100%, always working long hours towards serving the citizens of the state and striving for excellence. She is flexible in working with her employees and is committed to giving the claimants the best service possible. She has excellent interaction skills that enable her to be successful in mediating and problem solving. Her reputation as a highly knowledgeable and highly motivated person has been well earned. She leads by example, never asking to do what she would not do. A positive role model, a dedicated NADE member, a tireless, committed employee who always goes over and beyond what is expected of her are some of the phrases that easily characterize Paulette.

Chuck Schimmels accepts the Charles O. Blalock Award from Jeff Price.

The **Charles O. Blalock Award** was presented to **Chuck Schimmels from Oklahoma**. He has been employed for just over 8 years and has been involved in NADE for 8 years. He has moved into the case consultant training position in only a short time with the agency, showing his true leadership skills. He has locally chaired committees and held board positions, regionally has held board positions, has serves on a national committee, currently holds a NADE board position, and has been the NADE representative on a consistency review national panel. He began his NADE role by being elected the Regional President-elect before even holding a local office. He has served the Chapter as President for four terms. During his time as President, the Chapter has seen an increase in membership of more than 150%. He has shown his continued interest in the advancement of NADE by being elected regional President-elect for a second time in his short career in NADE. He continues to be involved in the local chapter, volunteering to serve on annual fundraising committees. He continues to push membership and has kept a program in place that he developed to provide half of the membership dues for all new members. Chuck also makes time for his outside interest in the community. He has been umpiring adult softball for the last 14 years and for the last three years has led a church preschool program for 4-year olds, teaching them how to develop Christ's character in themselves. He maintains an ongoing relationship with his local administrator for discussion on what NADE is doing and how the state can benefit from the voice of NADE.

The recipient of the **Frank Barclay Award** was **Bonnie Czechowski from Western New York**. She is a charter member of the local NADE organization that was formed in 1985. During this time she has served as Membership Chair, Secretary, and just completed a term as President. She began her career as an initial examiner, advancing to reconsideration examiner, and then to the supervisory level where she has functioned as a unit supervisor and member of the training section. She is also trained as a disability hearing officer. Bonnie currently is a member of the SSA National Training Cadre and spent an initial two weeks in Baltimore learning how to write and present IVT programs. Her preparation for all assignments is meticulous. When a new training class was hired, and most of the supervisory staff was reluctant to assist with training duties, she willingly took several assignments and enthusiastically presented them. She served as a mentor to staff after Prototype was instituted. She regularly attends departmental sponsored training to enhance both her professional and technical skills. As a NADE member, she has motivated her group to increase membership to the highest level in its history. As President, she sent creative agendas to members in advance, then held well-organized and interesting meetings. She has served on numerous committees, chaired several, and never hesitates to volunteer her time for any project. She is respected equally by her peers, superiors, and those whom she supervises both within and outside of NADE.

Cardiomyopathies: Cause, Treatment and Functional Limitations

Presentation by Dr. Mark Hattenhauer, M.D.

by Alan McCorkle, Texas DDS

AT THE RECENT NADE Conference in Portland, Oregon, Dr. Mark Hattenhauer, M.D presented information relating to cardiomyopathies: their cause, treatment and residual functional limitations. Heart failure is a pathologic condition frequently involving the left ventricle. This dysfunction can remain asymptomatic for a long time and not be detected until it has become very serious.

Evaluation aims to identify an underlying cause. Is the cause reversible? What factors might be precipitating it? The goals of therapy are, most importantly, to prolong life and contribute to the best quality of life possible.

In the United States, 4.7 people have heart failure. Each year, 470,000 new cases are diagnosed. A primary diagnosis of heart failure accounts for 875,000 hospitalizations per year. The incidence of heart failure increases with age. One half of all cases occur in people age 65 or older. The cost of management of heart failure patients in this country has reached $10 billion annually.

Causes of heart failure cited by Dr Hattenhauer include the following:

- Coronary artery disease
- Hypertension
- Valvular heart disease
- Pericardial disease
- Incessant tachycardia
- High out-put states
- Hyperthyroidism
- Arteriovenous fistula
- Cardiomyopathy
- Idiopathic dilated cardiomyopathy
- Hypertrophic cardiomyopathy
- Alcohol
- Diabetes mellitus
- Virus
- Toxins
- Metabolic disorders
- Aging

The factors that may be involved with heart failure are:

- Ischemia/infarction
- Uncontrolled hypertension
- Unrecognized valve disease
- Worsening secondary mitral regurgitation
- New onset uncontrolled atrial fibrillation
- Excessive tachycardia
- Pulmonary embolism
- Inappropriate medications
- A superimposed infection

Heart failure is classified according to four divisions:

- Class I-no significant limitation of physical activity;
- Class II-slight limitation of physical activity;
- Class III-marked limitation of physical activity;
- Class IV-severe symptoms with little/no physical activity.

Diastolic CHF (congestive heart failure) is a condition in which higher than normal left ventricular filling pressures are needed to maintain a normal cardiac output. Thirty to 50 percent of patients with CHF have adequate systolic function (that is, ejection fraction = > 45 percent). Common causes include hypertension, cardiomyopathy, ischemic heart disease, aging, hypertrophic cardiomyopathy and dilated cardiomyopathy. A diagnosis is established when ejection fraction and left ventricular volumes are found to be normal.

Therapy includes:

- ACE (angiotensin converting enzyme) inhibitors
- Digitalis
- Diuretics
- Diet
- Exercise
- Beta blockers
- Calcium channel blockers
- Coronary artery bypass graft
- Cardiac transplant
- Cardiac reduction surgery

Current statistics concerning cardiac transplant patients indicate that 60 percent to 90 percent are surviving after one year. Of those surviving, 70 percent are surviving after five years.

Thanks To Everyone Who Helped To Make The Silent Auction And Nade Store Such A Success During Our Training Conference In Portland.

We Made $ 620.00 On The Auction And $ 353.00 In Nade Sales.

Total Non-dues Revenue Sales For 2002 Were Over $1,000.00 !! Special Thanks To Jeff Price And Chuck Schimmels For Their Support. Way To Go, Nade!!

- Malcolm Soutenborough
2001-2002 Non-Dues Revenue Chair

"NC -Triple D" Who are they? What do they do?

by Micaela Jones, Pacific Regional Director

NC-TRIPLE D – you often hear reference to this acronym, but who are these people, and what do they do? It is the National Council of Disability Determination Directors, your directors/administrators hard at work. NCDDD's executive board is currently comprised of President Shelia Everett, Mississippi; President-Elect Andrew Marioni, Delaware; Secretary Vicki Johnson, Wyoming; Treasurer Kay Hoffpauir, Louisiana; and Past-President Tommy Warren, Alabama. In addition, each region is represented by a member: Region I - Ron Improta, RI; Region II - David Avenius, NY; Region III - Kathi Thompson, MD; Region IV - Rick Vandiver, SC; Region V - Joan Fafoglia, IL; Region VI - Noel Tyler, OK; Region VII- Neil Scully, MO; Region VIII- Dave Tschetter, SD; Region IX - Donna Mandelstam, CA; and Region X - Sandra Kelley, AK. These are the NCDDD executive board members. Now that you know the "who" of NCDDD Tommy Warren's presentation at our National Conference provided some insight into the "what".

NCDDD members, Vicki Johnson and Doug Willman (NE) accompanied Mr. Warren for their presentation to the NADE membership at the conference. Concerns were expressed for SSA's projected DDS budget for fiscal year 2002/2003. While the exact DDS budget has yet to be determined, SSA is estimating that the DDSs will receive monies at 88 percent of their receipts. NCDDD is taking the stand that if SSA will fund only 88 percent of the receipts, then the DDSs can produce only 88 percent! NCDDD reminds SSA that the DDSs are the most effective and most productive dollars SSA spends. The DDSs have been doing more with less for years, and can no longer produce 110 percent on an 88 percent budget!! SSA needs to be reminded that the complexity of this program was not created by the DDSs and in order for the DDSs to continue to administer this program SSA must provide adequate resources. NCDDD also supports nationwide salary equalization among examiners, and expressed the need for more energy spent for salary equalization.

This is clearly a paraphrase of NCDDD's presentation to the NADE membership, and it is pleasing to hear that the directors of the DDSs are actively addressing issues that directly effect the work of the DDS staff. NCDDD is continuing to communicate the concerns, needs and limitations of the DDS to SSA.

Outgoing NADE Board members from left: Sue Heflin, Donnie Hayes, and Sherry Sheeley.

National NDPW Awards were accepted by Sharon Belt for Missouri (2nd place) and Brenda Crosby for WYNADE (1st place).

Price Offers "Directions For NADE In The Coming Year"

New Hampshire Perspective Affirms Building Blocks

by Paula Sawyer, New Hampshire DDS

AT THE MOST RECENT NADE national conference in Portland Oregon, the theme of Jeff Price's presidential farewell speech was **"Directions for NADE in the Coming Year."** Jeff highlighted six (6) key building blocks upon which we have created this formidable organization that we call NADE, the National Association of Disability Examiners. These building blocks are the three **Cs**… **CREDIBILITY, COURAGE, COMMITMENT.** The three Ms are… **MEMBERSHIP, MOTIVATION, and "abandoning the ME."** These elements are all necessary in order that our professional organization maintain its respect with those in Congress, in SSA, with our own administrators, with the community at large and with our fellow DDS colleagues.

CREDIBILITY

Because of the extraordinarily positive influence our NADE leaders have had in Washington and in Baltimore in the past several years, our organization has earned the respect of the past and current Social Security Commissioners. Our organization is also respected by other important agencies in Washington, D.C. In February 2002, Commissioner Barnhart invited the NADE Board to share with her its proposal for a new disability claims process. In September 2002, Commissioner Barnhart accepted our invitation to address the delegates at the NADE National Training Conference. The Commissioner stated that she respects what we have to say, and she considers our opinions to be valuable. On numerous occasions, NADE has been invited to share in discussions with NCDDD, (the DDS Administrators' organization) and with NCSSMA (National Council of Social Security Management Association). NADE also has earned the respect of the Social Security Advisory Board and SSAB Board members are open to share in discussions with our delegates and with our Board members. NADE has also enjoyed working with SSA's top officials including those who work alongside the Commissioner, as well as with those members of Congress who hear our opinions through testimony presented by the NADE leadership.

COURAGE

It takes a tremendous amount of courage to pledge to become a NADE member. On the national level, our leaders need our ongoing support and encouragement in order that they speak to SSA officials, to Congress and to our own administrators regarding what changes are best for the claimant and for the disability professional in the workplace. Our NADE leaders are the ones who muster the courage to propose a new order such as the recent Proposal for a New Disability Claims Process. They are the brave ones who, in spite of opposition from key legislators, keep reminding Congress that it is in the best interest of the Title II claimant that we eliminate the five-month waiting period. It takes courage for our NADE leaders to suggest that we should take a new look at the Medical Improvement Review Standard with regards to Lost Folders/ No Medically Determinable Impairment and Failure to Cooperate issues. It takes a tremendous amount of courage for our national NADE leaders to stand by what is really in the best interest of both the claimant and the beneficiary whom we serve, and also what is in the best interest of the taxpayer who trusts Social Security to ensure that the benefits end up in the hands of those who are truly deserving.

Our chapter leaders have experienced first hand the challenges of change. Being a NADE member, and especially a NADE leader, takes courage because you are an innovator, you are "a mover and a shaker" and you choose to affect positive change. Along with change comes resistance and NADE leaders need the courage to stand up to criticism and to continue to advocate for what they know is best.

COMMITMENT

In his or her own way, each and every member is committed to the organization. However, there are definitely different degrees of commitment, and the NADE member must set certain priorities. How much or how little one gives to NADE is an individual choice. Whether one commits by paying only $50.00 annual dues and attending monthly chapter meetings, or whether the national President makes the ultimate commitment by time away from his family and from the DDS office in order to represent NADE throughout the United States, he and you and I all committed. We are committed to having our voice heard at every level, committed to professional growth and to personal development, committed to increasing membership, committed to improving workplace morale, committed to fund-raising, committed to charitable acts for the needy, and committed to enhancing better relationships with the community, with our colleagues with our parent agencies and with our legislators, as well.

MEMBERSHIP

By choosing to be a NADE member and by choosing to pay your annual dues of only $50.00, (that is less than a $1.00 a week) you are entitled to have your voice heard straight to the top of our professional organization. By being a NADE member, you are then entitled to

share your expertise, your opinions and your concerns directly with those NADE leaders who represent you on a regular basis in Washington, in Baltimore and at annual and Mid-Year Board Meetings**.** NADE is the one and only disability professional organization that exists for all disability professionals! If you aren't a member, you will find that gaining access to those power brokers on the Hill and in the offices of SSA in Baltimore could potentially be a greater challenge. The power and the prestige which you enjoy by claiming ownership of that coveted membership card is worth so much more than $50.00 per year! (I daresay that my membership in NADE is priceless.)

MOTIVATION

I can tell you this much! Since I joined NADE four years ago, in December 1998, I have become a much more motivated employee. I have become much more motivated to learn about the changes which are taking place in the Social Security Disability program, to strengthen my knowledge regarding medical and vocational issues, and I have become much more motivated to assume leadership roles on the local, regional and national levels. These experiences have all served to contribute to greater self-esteem, to a sense of pride and accomplishment and to my growth as a professional and as a human being. Now, I much more look forward to coming to work every day and am much better able and willing to face the many challenges that are waiting for me at the office.

I have seen other NADE in NH members becoming more motivated, too. They are also becoming energized, more positive about where they work and what they have to offer. These NADE members are now eager to get involved agency activities, in chapter activities or regional/ national activities. I have seen NADE in NH members demonstrating talents they (and we) never knew they had!… manager of a food store… team captain of a major walk/run fund-raiser…poets, published writers… innovative and nationally cited format & graphics editor… trainers… quilt designer…innovative fund-raisers…, artistic holiday basket-makers,, first-in-the nation "Ask-A-Doc producers… **these are extremely motivated employees who have made the work-place a much more pleasant & creative place to be!**

ME…ABANDON THE "ME!!" INSTEAD, REPLACE "ME" with "WE!"

We are no longer living in the "Me Generation." Kiss the generation of ENRON Good-bye! NADE in NH has learned through experience that the only way to succeed as an organization is to operate as a team! By pooling our many talents, in three years, since our inception in October 1999, NADE in NH has been able to achieve a great number of goals. As a team, in only three years, we achieved every chapter's long-range goal and every chapter's ultimate dream…**to be chosen by our peers as BEST CHAPTER of the year!** With only nine members, in the very beginning, we divided up the labor in accordance with our talents and with our interests, and by forming committees. By keeping the lines of communication open with our regional and national colleagues, we have been successful in attaining certain short-range goals. We have also been able to create a banner, to raise over $2,500, to adopt certain community charities, to establish and continue to publish a newsletter, to introduce a medical training series, to sponsor our members to NADE regional and national conferences, to create an annual holiday quilt for raffle, to introduce a grocery store, and now, just maybe, if we choose, we can continue to work together as a team, to host our own first bi-regional training conference in 2005!

Visit nade.org today for late-breaking news!

Alzheimer's Disease and Related Dementia

by Glenda Croom, Texas DDS and Gloria Garrett, Georgia DDS

HAVE YOU EVER FORGOTTEN where you've put your keys or for that matter where you parked your car? Believe it or not, forgetting little things or being "absent minded" is not one of the signs of having Alzheimer's disease. This was the reassurance of Glenda Green, a speaker at the recent NADE training conference in Portland, Oregon. Ms. Green was employed by the Alzheimer's Association for several years and herself has a mother, several cousins, and two uncles diagnosed with Alzheimer's disease.

Alzheimer's Disease was first identified in 1906 by Dr. Alois Alzheimer, who called it "senile dementia". It is one form of dementia, is currently incurable and its cause remains unknown. Arguments have been advanced for genetic, environmental, viral, neurochemical, and immunological causes. Ms. Green opened her presentation with some eye-opening facts about this disease:

✓4 million in the US have Alzheimer's disease.

✓This number will rise to 14 million by 2052.

✓1 in 10 age 65+ have AD.

✓Almost 20% of those 75-84 have AD.

✓50% of those 85+ have AD.

✓Symptoms can appear as early as late 20s - 30s.

✓It is the 4th leading cause of death.

✓It is the 3rd most expensive disease.

✓1 in 3 people know someone with AD.

✓The US spends more than $100 million per year on AD, primarily on patient care.

With the aging of the post World War II generation, the ranks of Alzheimer's patients are expected to swell making the need for adequate diagnostic techniques and therapies more pressing. Research has shown that if no cure is found for this disease, the active case numbers could rise to 14 million in 50 years.

"Dementia" is described as the loss of intellectual functions (remembering, thinking, and reasoning) severe enough to significantly interfere with everyday life. Some dementias can be treated, although most are irreversible such as Alzheimer's disease, which occurs in 85% of the patients diagnosed with dementia. Contrary to what some of the "baby boomers" might think, Alzheimer's disease is NOT a sign of normal aging.

Autopsies of brain tissue in persons who died from Alzheimer's have shown distinctive senile plaques and neurofibrillary tangles in the brain tissue, low levels of acetylcholine-transmitting neurons, and marked atrophy of nerve cells with wide sulci (grooves or furrows on the surface of the brain) and dilated ventricles. There is also a large loss of cells from the cerebral cortex and other brain areas. Autopsy photographs of the brains of Alzheimer's patients, when compared to normal brains, show that the Alzheimer's brains are both shrinking and developing obvious holes — they are, as Ms. Green puts it, "dying brains."This causes very large gaps between active brain tissue, which can be readily identified by MRI and on PET scans.

The duration of the disease can be anywhere from months to 25 years while 8 years is the average span; however, by the time Alzheimer's disease is diagnosed, several years could have already passed. In the early stages of the disease, speaking and language problems are noted as well as abnormalities of appetite and sleep. Other warning signs include:

Warning Signs of Alzheimer's Disease
(and don't worry if you only have 1 or 2!)

(1) Memory loss that affects job skills.

(2) Difficulty performing familiar tasks (e.g. cooking or balancing checkbook).

(3) Problems with language.

(4) Disorientation as to time and place.

(5) Poor or decreased judgment. (i.e. putting hands in hot water)

(6) Problems with abstract thinking.

(7) Misplacing things.

(8) Changes in mood or behavior.

(9) Changes in personality.

(10) Loss of initiative.

Of course, some of these warning signs are also associated with other mental and physical health problems, including depression. If you have concern that someone you know may be experiencing symptoms of Alzheimer's disease, you should seek professional guidance.

Continued to next page

While Alzheimer's is always a progressive disease, the ***rate*** of its progression varies with each patient. In recent years, clinicians have instituted a protocol for monitoring the progress of the disease known as FAST (**f**unctional **a**ssessment **st**ages).

The three stages include:

Stage 1. Short-term memory loss begins to affect job performance (first 2-4 years)

Stage 2. There is increasing memory loss and confusion, non-recognition of friends and family, a tendency to "wander", restlessness, language deficits, hallucinations, and other challenging behaviors (2-10 years)

Stage 3. There is little or no language, incontinence, and inability to care for oneself (1-3 years)

Who is most at risk to develop Alzheimer's disease? While all the risk factors for Alzheimer's disease are not fully understood, the known risk factors include age, Down's syndrome, genetic abnormalities including chromosome 19 (inherited from both parents), cardiovascular disease, and other factors such as history of a severe head injury. By far, the greatest risk factor is ***age***.

Research is ongoing regarding the prevention of Alzheimer's disease. Some of the possibilities being studied are: statins (cholesterol reducing drugs), aspirin therapy, the use of estrogen, and herbal supplements. One popular study called the "nun's study" started in the late 1980s. It involves an order of nuns who agreed to be studied for many years as they aged and to have brain autopsies performed following their deaths. Research continues into both the cause and the treatment of this disease, which will become an increasingly important health care issue with the aging of the baby boom generation.

For more information about Alzheimer's disease and related dementias, the following websites are excellent resources:

Alzheimer's Association: www.alz.org
Alzheimer Research Forum: www.alzforum.org
ADEAR (Alzheimer's Disease Education and Referral Center): www.alzheimers.org
Medlineplus (National Library of Medicine): www.medlineplus.gov

Ms. Green also recommended a book entitled The 36 Hour Day.

Leadership Training Offered at the NADE National Conference

by Karen Keller, New Hampshire DDS

AS A FIRST-TIME CONFERENCE attendee and relatively new NADE member, I found this seminar informative and full of useful tips. It made me realize that NADE is always at work at all levels to improve the quality of work and level of professionalism of members and that it takes everyone to be involved to more the organization forward.

The leadership training was attended by a small group. OrADE President, O. Bruce Pease, and OrADE Past president Dr. Scott Pritchard began with a brief history of the NADE Organization and it's split from the National Rehabilitation Association. The goal was to promote and provide training for anyone involved in the adjudication process, provide career development and be active on a national level.

Although it may seem that NADE doesn't provide individual members with many direct services, it does. At the national level NADE serves as an advocate by preparing position papers, providing testimony in Congress, and letters to the Commissioner of Social Security and staff. NADE provides SSA with practical, useful information from those who do the day-to-day work. NADE offers an opportunity for fraternity and camaraderie.

Required actions and time lines were presented and the mission statements were reviewed. Education is an important part of NADE and comes in many forms. National, regional and state training conferences are a good source of instruction, but the on-going training by local chapters is essential. NADE promotes professionalism of its members and is well respected by other organizations.

Tips for chapter meetings were discussed, such as planning the agenda topics, obtaining reports from officers and arranging for speakers. A chapter president should lead the meeting but invite discussion. Various types of local fundraising techniques were elicited from participants such as raffles, bake or book sales, car washes and silent auctions. In order to increase membership, members should talk to new employees and invite them to meetings. The chapter could sponsor social events or offer rebates. The Chapter Services Handbook is a very good reference for chapters and can also be accessed through the NADE website.

Suggestions for National Disability Professionals Week included obtaining a proclamation from the governor, planning social events and celebrations as well as inviting the administration and other agency executives to participate.

Certification and Re-certification are important to members of NADE. Re-Certification requires an additional twenty-five (25) hours of training over a three-year period. Certification will help NADE be stronger as an organization nationwide and help provide a more qualified product for the customer.

I found the leadership training seminar sponsored by the Oregon Chapter to be very helpful to me as I prepare to assume my role as chapter president of NADE in NH. I believe that leadership training is essential and should be included at every training conference. However, I would suggest that the seminar be enhanced in the future by including more information on how to be an effective leader.

I applaud the OrADE presenters who did a great job, and who were extremely well prepared to give us an overview of what is expected of a NADE chapter president.

Lymphomas
Treatment and Assessment of Functional Levels

Speaker: Craig T. Nichols, M.D

by Alan McCorkle, Texas DDS

DR. NICHOLS IS CHIEF Of Oncology and hematology at Oregon Health Science University Hospital. He has a connection to Austin, Texas, in that he headed the medical team that treated Lance Armstrong's testicular cancer.

Dr. Nichols reported that non-Hodgkin's lymphoma is the fastest-growing class of malignancy. There has been a 2-3% increase in incidence of the disease in the past decade. 60,000 cases were diagnosed in 2002. The median age of the people diagnosed was 63 years old. In comparison, 7500 cases of Hodgkin's lymphoma are diagnosed yearly in the U.S. The median age of this patient group is in the 20s.

The cure rate for Hodgkin's Disease is 90-95% with less long-term complications than non-Hodgkin's Disease, which has a cure rate of less than 50%.

Non-Hodgkin's cases are divided into three categories: low-grade; intermediate and high grade.

Low-grade non-Hodgkin's is more common in older patients, with males outnumbering females 2 to 1. It is not curable with conventional therapy; however, it can be managed for years. Patients average a period of survival with the disease of about ten years. Often, the disease will progress to a more aggressive form and will become less responsive to treatment. Treatment is on an outpatient basis in most cases. The disease is often present without a lot of symptoms. Treatment usually does not incapacitate the patient and, in fact, the patient often feels better during treatment than when not receiving treatment. The disease process usually enables patients to continue a high level of functioning. Treatment in young people generally will be more aggressive than in older patients.

The intermediate stage, such as large B cell lymphoma, is definitely curable; however, cure is not accomplished in all cases. Prognosis in those cases not cured is often grim. Two thirds of patients with more involved disease (stage III or IV) are curable. Primary treatment with six or more months of chemotherapy cures 30-40% of cases. Patients with disease in this intermediate stage, if not cured or in remission, usually die within a few years. This disease is unique in that patients have a good chance of cure with the second round of treatment, although the second round is very aggressive. This may involve bone marrow transplant. After the second treatment regimen, the patient does not usually return to pre-treatment level of functioning or, if so, recovery takes a long time. Chemotherapy is usually done for a week every two to three weeks. Each treatment lasts several hours. Disease symptoms can include fever, night sweats and pain from tremors. When the effects of treatment are added, the combined effects can be very limiting. The ability to rebound can vary, with older patients achieving less recovery than younger patients. The treatment and recovery process is lengthy, often encompassing six to eight months. Energy levels are slow to return. Emotional or psychological effects are very significant for some people. There are incidents reported in which patients who have been through treatment experience physiologic symptoms merely by entering the clinic for a check-up. Dr. Nichols gave the example of a woman who had been treated for breast cancer. After the passage of much time, the woman ran into her treating physician at a mall. Upon seeing him, she threw up.

With recurrence can also come resistance to treatment. Subsequent treatment must be more vigorous and with the more aggressive treatment people are often unable to continue to work and, after treatment, commonly cannot return to their past level of functioning.

Research is pursuing new modes of treatment. Efforts are continuing to develop a vaccine. Microantibiotic treatment, if developed, will allow antibodies to be introduced into the patient, which will specifically attack lymphoma cells.

Service, Stewardship, Solvency, and Staff Mark Goals of Disability Program

by Jane Bradley, Illinois DDS

SUE ROECKER, DIRECTOR OF the SSA Strategic Planning Group spoke at the NADE Conference in Portland, Oregon. She is now wearing two hats as she was just named as the new Associate Commissioner of Disability Policy Area. Sue's SSA group is looking at the accuracy rates of Disability decisions and the customer service to the people we serve. The Strategic Planning Management feels that service is defined as the ability to deliver quality citizen-centered service in a timely and efficient manner. They are currently working on the completion of the 2004 annual performance plan; the Agency's performance and accountability report; and finalizing SSA's strategic plan.

Roecker identified the "four Ss" which are important to the Disability Program. They are Service; Stewardship to provide accountability to taxpayers; Solvency for the program; and Staff which is well managed and align this human capital to support Social Security's mission.

We will continue to see higher receipts and pendings. SSA doesn't see a lot of relief as the President's budget came in before the projected workload was completed.

SSA is looking at the five-year horizon. How can we dig out and still serve others in a timely manner? The disability workloads performance targets showed a target of 115 days in FY 2002 and the DDS's processing time was actually 105 days. Of course the allowance accuracy rate has been higher than the denial accuracy rate.

SSA is looking at how to divide the resources between initial and CDR cases. The initial case receipts for FY 2002 were 2,371,070. It is projected that there will be 2,497,000 receipts for FY 2003. DDS backlogs will increase in the future.

The SDM (single decision maker) regulations are to be published soon. Once they are published, States will begin using SDM to make Disability decisions. SDM is the ability for adjudicators to apply PUT and to work a claim, write a RFC if necessary, do the vocational assessment if needed and complete the decision without physician sign off.

An internet 3368 went in to production on August 31, 2002. As of September 23rd, the public had started 1,013 of the 3368 forms, and 432 of these have been competed and transmitted to the Agency. This is without any publicity that the internet 3368 was available. It is not easy to complete.

The internet 3368 organizes questions from a user perspective. It breaks down complex questions into parts. It provides onscreen help and examples for completion. It propagates data from screen to screen. There are links to be able to print the 3368 and send it.

Ms. Roecker presented an excellent short video on eDIB. SSA is fast tracking to the "folderless" claim process. The goal is to build a framework for a paperless folder in the future and to provide flexibility in doing the job. There is an accelerated time frame for eDIB. It has been the Commissioner's decision

Sue Roecker addresses Conference attendees.

to accelerate this process. It is expected to be up and ready to go by January 2004. This process needs to be obtainable and quantifiable as soon as possible. It is hoped that with eDIB there will be a reduction/elimination of folder handling, storage, copying and mailing costs. This process would eliminate lost CDR folders. Once this process is up and operational, there will be a 12-18 month implementation of the process across the country.

SSA is working on the details, the requirements for policies and is working on a storyboard. The storyboard is to help with the process understanding, what it means to us, how we do one job, additional inputs to use eDIB and what the system will and won't do. eDIB will include the FOs, DDSs, and ALJs. At first it will not be totally paperless.

The key parts to eDIB include an expanded internet, electronic disability collection, electronic folder and AS/400 system. The eDIB video has five parts to it. They include internet—start your own claim; electronic disability collection; electronic folder; hardware replacement and hearing office system of creating a computerized environment, and the file and transcript of the hearing will be kept together. These videos are available from SSA if the DDS administration would like a copy. They can request the eDIB video to show to their staffs.

NADE Budget 2002-2003

1. **RECEIPTS**	
A. Projected Membership	$ 95,000.00
Corporate Membership	5,000.00
B. Advertising & Non-dues Revenue	$ 2,000.00
C. Conference Profits	$ 2,000.00
D. Interest Income	$ 1,000.00
E. Miscellaneous Income	$ 1,000.00
TOTAL RECEIPTS	**$106,000.00**
2. **EXPENSES**	
A. Office Expenses	
1. Membership Processing, 750 x 12 months	$ 9,000.00
2. NADE Website	$ 3,000.00
3. Membership Supplies	$ 500.00
4.Phone/Postage 12 months	$ 2,000.00
5. Misc. (copying, Fed'l express, etc.)	$ 500.00
B. Publications (all expenses relating to the publication of the ADVOCATE except Publications Director travel.)	$ 21,000.00
C. Board Operating Expenses	
1. Mid-year meeting	$ 15,500.00
2. National conference	$ 22,500.00
3. Executive Office Travel (Reg. conferences, etc.)	$ 13,000.00
4. Pres., Past Pres., Pres.-Elect Phone, Postage, Misc.	$ 300.00
5. Secretary-Phone/Postage	$ 500.00
6. Treasurer-Phone/ Postage/Misc	$ 200.00
7. CCP-Phone/Postage/Misc.	$ 600.00
D. Regional Activities	
1. Rebates (Zero in lieu of no increase in dues)	
2. Regional Director-Phone, Postage, travel to Regional Conferences, etc. 7 at $500.00	$ 3,500.00
E. Standing Committees	
1. Membership (incl. incentives, preparation of new member certificates, postage, misc.--all expenses except Membership Director travel and Membership processing; includes $500.00 Membership grants.	$ 4,000.00
2. Awards	$ 1,500.00
3. Legislative (travel to testify excluding travel to Board meet.)	$ 1,000.00
4. Constitution and By-Laws	$ 25.00
5. Professional Development & Recognition	$ 25.00
6. Resolutions	$ 25.00
7. Elections and Credentials	$ 25.00
8. Historian	$ 800.00
9. Nominations	$ 25.00
10. Hearings	$ 250.00
F. Other Committees	
1. Long Range Planning	$ 25.00
2. Organ Donation/Transplantation	$ 25.00
3. DDS Administrators/Liaison	$ 400.00
4. Disability Professionals Week	$ 200.00
5. Non-Dues Revenue	$ 100.00
6. Litigation Monitoring	$ 25.00
7. DDS/SSA Systems Liaison	$ 50.00
8. Ad-Hoc Committees	$ 200.00
G. Printing (Board and committee supplies, envelopes, stationary, etc.)	$ 500.00
H. Financial Compilation and Review, Tax Preparation	$ 800.00
I. Contingency Fund	$ 1,000.00
J. Non-dues incentive items fund account	$ 1,500.00
K. 2002 National Conference Expenses	$ 1,500.00
TOTAL EXPENSES	**$106,000.00**

Delegate Assembly
2002 National Training Conference
Portland, Oregon
September 25-27, 2002

Jeff Price presides over the business of Delegate Assembly.
From left: Jeff Price, Ken Forbes, Sue Heflin, Shari Bratt, and Lyle Larson.

THE DELEGATE ASSEMBLY MEETING was called to order by Jeff Price, NADE President. Recognition of guests was given and approval of proxies was requested. A motion was made to dispense with the reading of minutes from the 2001 delegate assembly. Reports were given by Executive Officers consisting of the President, President-Elect, Past President, Secretary, and Treasurer. The motion to accept those reports was made, seconded and passed.

Reports were then given by Regional Directors, Appointed Directors (Legislative, Membership, and Publications), Council of Chapter Presidents Chair, and Standing Committee Chairs. A Prototype Ad Hoc Committee report was also given and accepted. All of the above-mentioned reports were e-mailed to the Regional Directors directly after the conference to be distributed to Chapter Presidents.

A presentation of plaques was made to West Virginia and North Dakota in recognition of their Chapter status.

There was no Old Business.

Under New Business, Membership issues were discussed. Jeff Price reminded everyone that we have a new membership contractor, and that we can renew or join on-line with a Visa or Mastercard. If there are problems, we should let Susan LaMorte know. The Board gave final approval for Kansas City, Missouri to host the 2004 National Training Conference, and more details will be forthcoming.

DHO short form dismissals, similar to the ALJs, was discussed. Ken Forbes and Jeff Price met with Sue Roecker and Lenore Carlson in August and conveyed strong support for this. We will pursue this, and we should get a resolution next year. Jeff thinks this is agreeable.

NADE will sponsor a photography competition for the NADE Advocate. Donna Hilton stated the contest entries can be submitted throughout the year. We are encouraged to take photos that can be published in the Advocate and on the web. The photos will be judged by Donna, the Past President, President, and President-Elect of NADE. There will be a 1st and 2nd place with $50 to 1st place, $25 to 2nd place, and $15 to 3rd place. The photos cannot be returned, and should focus on NADE's professionalism and mission.

The Board recommended a constitutional amendment to combine the Continuing Education and Certification Committees into one committee to be named by the President at the new board meeting. A motion was made by Ken Forbes and seconded by Sue Heflin to amend the constitution in this regard. The motion passed.

Jeff Price reported that NADE was contacted by GAO who wanted a conference call with NADE leadership to discuss management of human capital in the DDS. Ken, Marty Marshall, and Jeff Price participated in the conference call on September 19, 2002. A discussion was held for several hours. GAO is designing a study and it was recommended they contact NCDDD. DDSs need more money, more staff and the freedom to manage DDS employees. There are additional conference calls expected on this issue. The membership will be kept informed.

A Social Security Ruling on the evaluation of obesity was distributed through Regional Directors. This was an informational item.

The Physical Medicine Research Foundation in Canada asked NADE for in-kind sponsorship of their conference. This was researched and it was found to be a very reputable organization, so NADE did provide the in-kind sponsorship that was requested.

Congress held hearings on the definition of disability in July, 2002. Most of the testimony focused on return to work issues. NADE submitted a letter to Rep.

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Clay Shaw outlining our thoughts on this. Our testimony indicated NADE was opposed to any change in definition of disability. NADE leadership has indiated to the Commissioner that our position may evolve, but that a change would impact trust funds and work loads.

The federal-state relationship has been discussed between NADE, Congress, SSAB, GAO, and OMB and we will continue to monitor this topic and provide input. There is a lot of attention to quality, workload, and service. Should the federal government assume responsibility for DDSs and their work? NADE opposes any federalization of the program at this point.

There are no bids pending for the 2005 National Training Conference. Several chapters have expressed interest and are encouraged to prepare bids for the 2003 Mid-Year Board meeting in February.

An update on the 2003 National Training Conference in Albany, New York was given. It will be hosted by ESADE, and will take place from October 11-17, 2003 at the Turf Holiday Inn in Albany. Room rates are $109.00 per night for up to 4 persons in a room. Southwest Airlines is the official airline and will provide a discount.

The following officers were elected for 2002-2003:

Lyle Larson (SD) - Treasurer; Shari Bratt (NE) - Secretary; and Terri Klubertanz (WI) as President-Elect.

There were no additional nominations from the floor. All the above officers were elected by acclamation.

A resolution was passed commending Martha Marshall for her service to the DDS program in Michigan and service to NADE as Legislative Director. Ms. Marshall recently retired.

Other business included passing of the gavel to Ken Forbes. He accepted the gavel and stated in his comments that we need to continue to focus on professional development and represent NADE members before Congress. We can simplify our goals and focus on clarity of purpose. We should focus on practical solutions and make recommendations on a clear understanding of the constraints we face. NADE has a positive effect on the disability program through our voice before Congress and SSA, but not without the serious effort of serious people.

As a final note of business, it was reported by Malcolm Stoughtenborough that the silent auction was approaching a total gain of $600.

There being no further business it was moved that the Delegate Assembly adjourn. The motion was seconded, passed and the meeting adjourned.

Respectfully Submitted,

Shari Bratt
NADE Secretary

NADE Thanks

Dr. Ward Jankus,

L & S Associates Inc., and Neuropsychological Associates of Southwest Missouri

for their continued corporate support.

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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
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- ❑ Retiree $25.00

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

Name _____
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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) _____

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

Legislative Issues

by Martha Marshall, Legislative Director

GARY SCHMIDT, CONSTITUENT SERVICE REPRESENTATIVE for Senator Gordon H. Smith(R-Oregon) began this interesting and informative breakout session with a demonstration of the legislative process. Five volunteers, wearing name tags identifying them as "Senator", "Staff", "Committee", "Lobbyist" or "Citizen" enacted a scrip –of sorts- which showed the immediate, and sometimes conflicting, concerns of each of the major "players" in the process. He then provided a brief description of several bills that have been introduced in the House and the two that have been introduced in the Senate which most directly affect the Social Security disability program. They are:

H.R. 344 eliminate the 5 month waiting period and the 24 month Medicare waiting period (This is the bill NADE has been supporting)

H.R. 481 remove the limitation on the period of Medicare eligibility for disabled workers

H.R. 498 increase the earnings limits for blind beneficiaries

H. R. 509 treat severe spinal cord injury equivalent to blindness in determining whether earnings are SGA

H. R. 569 waive the 24 month waiting period for Medicare for disabled individuals who have no health insurance coverage

H. R. 2850 eliminate the 5-month waiting period for terminally ill individuals who have died or would be expected to die in the waiting period.

H.R. 3133 waive the 5-month waiting period cases in which the Commissioner determines such waiting period would cause undue hardship to terminally ill beneficiaries

H.R. 3265 eliminate the 5 month waiting period.

S 682 increase the SGA level for blind individuals

S 2942 provisions similar to HR 2850

Although introduced, no significant legislative action has taken place on these bills and they are expected to die at the end of this session. It is important to be aware of them, however, as these issues may well arise in the new Congress.

As a Constituent Representative in Senator Smith's Portland office, Mr. Schmidt's primary areas of responsibility include Social Security, Medicare and Dept. of Justice. The most common Social Security complaints he receives from constituents are the length of time it takes to process a disability claim, the waiting period for both disability and Medicare and the "fact" that in order to get a claim allowed a person has to hire an attorney and go before an Administrative Law Judge. Mr. Schmidt assured the audience that he understands this is not true and he explains that to the constituent. He does feel, however, that elimination of the reconsideration step would expedite the process. A lengthy discussion followed that statement.

The underlying message of this presentation is the importance of keeping Legislators and their local staff –as well as their Washington D.C. staff –apprised of NADE's views regarding the issues facing the disability program today and solutions to those problems we have identified.

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