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STATEMENT OF THE
NATIONAL ASSOCIATION OF DISABILITY EXAMINERS

Jeffrey H. Price, President

PRESENTED TO THE

UNITED STATES HOUSE OF REPRESENTATIVES
COMMITTEE ON WAYS AND MEANS
SUBCOMMITTEE ON HUMAN RESOURCES

“Fraud and Abuse in the Supplemental Security Income Program”

July 25, 2002

The National Association of Disability Examiners (NADE) commends the Subcommittee on Human Resources for focusing public and congressional attention on “*Fraud and Abuse in the Supplemental Security Income Program*” and on what is being done, and what needs to be done, to combat this problem. We appreciate this opportunity to present our perspective on this topic.

WHO WE ARE

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. The majority of our members are employed in the State Disability Determination Service (DDS) agencies and are responsible for the adjudication of claims for Social Security and Supplemental Security Income (SSI) disability benefits. Our membership also includes personnel from Social Security’s Central Office and its Field Offices, claimant advocates, physicians, attorneys, and many others. This diversity, combined with our immense program knowledge and our “hands on” experience, enables NADE to offer a unique perspective that is reflective of a pragmatic realism.

THE PROBLEM

While the vast majority of applicants are not out to defraud the program, the designation of the SSI program as “High Risk” by the General Accounting Office is well deserved. For several reasons the SSI disability program is more labor intensive and difficult to administer than the Title II disability program. Both medical eligibility and exact payment amounts are determined by complex rules. Individuals applying for SSI disability benefits are among the most vulnerable of this country’s population. They are, by definition, very poor. Most have little or no ongoing medical treatment or treating sources able to provide comprehensive records. Many do not speak English and/or have little education. These individuals are strong candidates for manipulation by others for financial gain. They are often the victims themselves of others whose mission is to defraud the SSI program. Every disability examiner is aware of at least some level of questionable activity on the part of some applicants and/or their representatives.

NADE believes that the efforts undertaken by SSA and supported by Congress to combat fraud are cost-effective and also provide valuable protection to the victims of those who purposely attempt to defraud the program. *See Testimony on page 9*

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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 **October, 2002.**

President's Message

This will be my last column as President so let me begin by expressing my sincere appreciation to the NADE membership for allowing me this opportunity to serve a second term as President. It has been an exciting year! The July issue of the *Advocate* featured the highlights of what NADE was able to achieve this year. I hope you were pleased, as I was, by its length but I also hope that you took the time to review it. After all, the reason for its inclusion was to inform you of what your professional Association achieved this year on your behalf. These achievements were made possible because of the emotional, intellectual and financial support of our members. Without the support of the membership, your professional association can achieve nothing. That list reflected many instances in the past year when this Association stood alone as the voice of reason, as your voice. I hope you are as proud as I am that NADE displays the courage to stand for what is right and has the credibility to make a difference. Far too often, we have witnessed others sacrifice courage and integrity for political expediency. NADE never will! For once you have sacrificed

integrity, you can stand for nothing!

NADE has had a busy summer with several NADE chapters hosting State Training Conferences and the NADE leadership keeping Congress busy by our involvement with several congressional hearings. There were meetings between the NADE leadership and the executive leadership at SSA and there were meetings involving the NADE leadership and the new executive leadership at the Social Security Advisory Board. This activity has allowed NADE to continue to share the concerns and ideas of our members and to work toward improvements in the disability program.

I would like to express NADE's congratulations to Sue Roecker, SSA's newly named Associate Commissioner for Disability Program Policy, and to Lenore Carlson, SSA's newly appointed Associate Commissioner for Disability Determinations. SSA has determined that the Office of Disability could be more effective if its functions were divided among two new offices, each headed by an Associate Commissioner, who could devote the time and resources necessary to specific areas of disability. NADE has enjoyed working with Sue and Lenore in the past in their previous roles and we look forward to working with them in their respective new roles.

NADE also looks forward to working with Hal Daub and Joe Humphreys, the new Chairman and Staff Director, respectively, of the Social Security Advisory Board. Both of these gentlemen bring a tremendous amount of knowledge and experience that will enhance the capacity of the Advisory Board

continued on page 3

NADE 2002 CALENDAR OF EVENTS:

National Conference DoubleTreeHotel Portland,OR Sept. 21-27

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.

Advocate advertising rates are as follows:

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to offer insightful opinions and analyses of the disability program. Both have expressed their respect for NADE's positions and have promised to work closely with NADE to explore innovative approaches to address the issues and concerns of our members.

NADE has been busy this summer keeping Congress well informed of our opinions on the issues that pertain to the disability program. We offered testimony on May 2nd at a hearing that focused attention on the challenges facing the new Commissioner of Social Security. NADE was back at the witness table on June 11th at a hearing examining the disability determination and appeals process. We were able to offer detailed and insightful commentary for a July 11th hearing on SSA's definition of disability and another congressional hearing on July 25th provided NADE the opportunity to submit expert testimony on program integrity and fraud in the SSI program.

I was able to attend the Missouri State Training Conference held in Cape Girardeau August 7-9 and was impressed, but not surprised, by the quality of training that was offered during the day and the fun everyone had in the hospitality room at night. Who would have thought that anyone from SSA could play the saxophone so well! Great job, Tom! My congratulations go to all of the NADE chapters who sponsored state training conferences this year, and/or who arranged for other avenues of training. It requires a great investment of time and effort to assume this responsibility but the reward is a well-trained and more highly motivated workforce. It should not take someone of Einstein's intellect to visualize that a better trained workforce is much more effective and much more efficient than a workforce that does not have access to the specialized training and networking opportunities that characterize NADE conferences. Unfortunately, too many political leaders lack Einstein's intellect and their short-sighted approach and their focus on budget shortfalls will produce many undesirable consequences in the near and distant future that will negatively affect the quality of service we are able to provide for a entire generation.

NADE is preparing to welcome SSA Commissioner Jo Anne Barnhart as the keynote speaker at our national training conference in Portland. This will be an exciting opportunity for members to meet the Commissioner and offer their ideas and opinions. The Commissioner is faced with the necessity of making many difficult decisions regarding the direction the disability program will take in the future and this will be a final opportunity for the Commissioner to receive input from the DDS community. The conference promises to be one of the best ever with a program agenda especially designed to broaden the knowledge and enhance the skills of everyone who attends. There will be great opportunities to network and build lasting friendships with colleagues from across the country. ORADE is well prepared to serve as your conference hosts and they have many exciting activities planned. I hope many of you will be able to attend.

NADE was invited to participate at the June meeting of the Board of Directors of the National Council of Social Security Management Association (NCSSMA). This meeting allowed the executive leadership of NADE and NCSSMA to explore and discuss many ideas and issues of mutual concern. Additional meetings are planned and NCSSMA will be represented at NADE's national conference. By seeking to build bridges of understanding between our organizations, rather than continuing to build walls of suspicion and mistrust, we can begin to work together to resolve many of the problems that we share. NADE is committed to the concept of "One SSA" and to the premise that the problems and issues that confront the disability program can only be addressed if we all learn to work together to develop solutions. NADE has proposed a similar professional relationship to the Association of Administrative Law Judges. We all can learn a lot from each other and by working together, we can develop practical solutions to the problems that affect the quality of the service we are able to provide to the public.

I would like to take this opportunity to express appreciation to some people who have provided great assistance to me during this past year. Their assistance was given without any thought of reward (good thing, too!) other than to help the Association. Debi Gardiner, Marty Marshall, Ken Forbes, and Sue Heflin are not only trusted personal friends but are dedicated members of this Association whose advice and assistance throughout the year was of great help to me and to NADE.

I certainly want to express appreciation to the other leaders of this Association who served with equal dedication on this year's Board of Directors. Included in this group are those persons who volunteered their time to serve as national committee chairpersons. Service on the NADE Board is an honor but it requires acceptance of tremendous responsibility. Those who accept this duty deserve the respect of every NADE member.

Serving as NADE President requires a great amount of personal and professional time away from home and work as well as a great amount of time while at work. I want to thank Lisa, David and Holly for tolerating my frequent absences from home during this past year and I want to thank Fred Beckham and my colleagues in the North Carolina DDS for their support that makes it possible for me to fulfill this three year commitment.

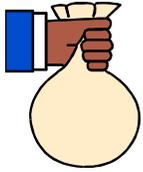
Finally, I would like to thank Donna Hilton for the great job she has rendered to NADE for the past decade as editor of the *Advocate*. And I especially want to thank her for not complaining too much about the length of my columns like she did three years ago!

The opportunity to serve as NADE President requires tremendous personal and professional commitment but I have discovered that the friends one makes along the way is worth the investment. Thank you for this opportunity!



Jeff

Introducing the First Annual Photo Contest



Cash prize!

NADE is soliciting photo entries of pictures taken at the National Conference, Chapter activities, and related events.

The photographs will be judged by a panel consisting of the President, Past President, President-Elect and the Publications Director.

Photo entries will be judged on creativity, composition, and their focus on NADE's mission and professionalism. Prizes will be: \$50 for first, \$25 for second, and \$15 for third.

Please send your entries to:

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July 24, 2002

Mr. D. Kevin Dugan, Executive Vice President
Association of Administrative Law Judges
5701 Executive Center Drive
Suite 400
Charlotte, North Carolina 28212

Dear Mr. Dugan:

I am writing to congratulate you for your excellent response to the "news" article that appeared in the *Houston Chronicle*, detailing what was perceived to be a less than expected allowance rate by some administrative law judges in the Houston area. The National Association of Disability Examiners (NADE) commends the Association of Administrative Law Judges for its response to the *Chronicle*. As you probably know, the *Chronicle* first attempted to sensationalize the lower allowance rate of the Texas DDS, attempting to compare the allowance rate in Texas with that of New Hampshire. I am sure this must have brought smiles to many folks in New Hampshire since it must have been the first time ever their small state was compared to Texas.

As you pointed out in your response, there are many reasons that can account for differences in the allowance rate from one judge to another. NADE has equally stressed that there are many reasons that can account for differences in allowance rates between one State DDS and another and there are many reasons that account for the differences in the allowance rates between the DDSs and Administrative Law Judges. It is unfair to compare allowance rates or to believe that allowance rates reflect accuracy.

In your letter you indicated that the AALJ was leading efforts to increase the judicial education of its members and that the Social Security Administration had, in recent years, embraced this effort. NADE believes that the AALJ is to be commended for this effort. We, too, have led the effort to provide for the professional education of our members. As you noted in your letter, the current Commissioner of Social Security has appeared willing to commit the Agency's time and resources to the important function of professional education. We have commended her efforts in this regard. Access to quality professional development is critical to the ability of disability examiners and administrative law judges to continue to provide fair and timely decisions and to do so in a way that renders good public service.

NADE commended the Commissioner's decision to abandon the prototype experiment and move forward with plans for a more efficient and more effective disability claims process. NADE did propose a model for a new claims process. Our model embraced a new concept that the right to a hearing could be fulfilled at the reconsideration level. In effect, this would provide the claimant with a hearing much earlier in the process than is done currently. Our proposal was not designed to remove administrative law judges from the process but to enhance their role as judges. Our model introduced other concepts, including closing the record after the hearing process. The AALJ has also endorsed this concept. We only differ as to where the hearing should occur. NADE also proposed that there should be someone at the hearing to explain the DDS decision so that the presiding administrative law judge would not have to act as judge, prosecutor and jury. NADE recognized that the necessity of administrative law judges to act in this regard could lead them open to an unfair charge of bias. The AALJ has supported this concept as well.

In your response to the *Chronicle*, you had indicated that the AALJ has recommended a peer review process to the Social Security Administration. NADE supports the idea that decisions by administrative law judges should be subject to a form of quality assurance review, just as DDS decisions are currently subjected to quality assurance review. Our two Associations differ at this time as to who should conduct this review but I believe that we could come to an agreement on this issue through additional discussions.

In reality, it does not appear to me that the two Associations are so far apart that they cannot come to some agreements over issues of mutual interest. In large part, much of our differences appear to result from the failure of our two Associations to fully understand or appreciate the role that they each have in this process. NADE is committed to working with all groups who have an interest in the disability claims process to resolve the problems that seem to continuously plague this program. I am sure that the AALJ is equally committed to resolving these problems.

In the past, NADE has attempted to educate our members about the role of the Administrative Law Judge by inviting a Judge to speak to at our regional and national training conferences. This was most recently done at our Pacific Regional Training Conference held May 15-17, 2002 in Sacramento. The Chief Judge in that area was invited to speak at this conference and did present a very informative presentation.

I believe that the level of service the members of our respective Associations provides to the public would be greatly enhanced if we could work together on issues of mutual interest and to develop resolutions to the problems we face in this program. Therefore, NADE proposes that our two respective Associations begin a more concerted effort to resolve misunderstandings and miscommunications and begin the process of educating our members about the true value each brings to the disability claims process.

I look forward to hearing from you in regards to this proposal.

Sincerely,

Jeffrey H. Price

NADE Correspondence

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July 19 2002

The Honorable E. Clay Shaw, Jr., Chairman
Social Security Subcommittee
Committee on Ways & Means
United States House of Representatives
2408 Rayburn House Office Building
Washington, D.C. 20515-0922

Dear Mr. Shaw:

The National Association of Disability Examiners (NADE) has reviewed with great interest the testimony presented before the Subcommittee on Social Security on July 11, 2002. This hearing focused public and congressional attention on the definition of disability as it applies to Social Security's disability programs.

NADE is a professional association whose members primarily work in the State Disability Determination Service (DDS) agencies and are responsible for the adjudication of claims for Social Security and Supplemental Security Income disability benefits. We believe that our immense program knowledge and our "hands on" experience enables our Association to offer a perspective on disability issues that is unique and reflective of a pragmatic realism.

In our testimony before the Subcommittee on June 28, 2001, we stated, "NADE does not support changing the definition of disability at this time" (emphasis added). Fundamentally we believe:

- All who are truly disabled and cannot work should receive benefits
- Those who can work but need assistance to do so should receive it
- Vocational rehabilitation and employment services should be readily available and claimants and beneficiaries should be helped to take advantage of them

SSA's definition of disability has proven to be a solid foundation for a program that has become characterized by increasingly complex changes in its rules and administrative procedures. We believe that, with the expectation of a significant increase in the number of initial claim filings in the next decade, coupled with a corresponding decline in the level of institutional knowledge within the disability program, this foundation will be needed more than ever.

However, we also believe that it is critically important that disabled individuals who have the capacity to return to work, should be identified as early in the process as possible and given the assistance necessary that will make it possible for them to return to work. We acknowledge that this may require changing the definition of disability. However, any change in the definition of disability will have a significant effect, either positive or negative, on the number of people who are allowed benefits. It will also have a significant effect on those who process the applications. We strongly believe it is essential that the potential impact of any proposed changes should be fully researched and evaluated. Because of the diversity of our membership and our "hands on" experience, we believe NADE is in the best position to recognize and assess the potential impact of any proposed changes in the definition.

Several of the witnesses appearing before the Subcommittee noted that SSA was continuing to rely on outdated information in making decisions about the types and demands of jobs in the national economy. NADE previously testified to this fact before the Subcommittee. We concur that it is critically important that SSA should develop, and implement, a suitable replacement for the outdated Dictionary of Occupational Titles, and to do so as soon as possible.

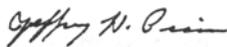
The current five-month waiting period would appear to present a major obstacle to any early return to work initiatives. Claimants

who are awarded disability benefits under Title II must wait five full calendar months before they can begin to receive cash benefits. We believe that it will be very difficult to convince claimants, who have already invested a great deal of time and effort to demonstrate that they are disabled, to risk the loss of their benefits, even before they can begin to receive them, by attempting to return to work. Efforts to return disabled individuals to work must be coupled with recognition that the five-month waiting period should also be eliminated.

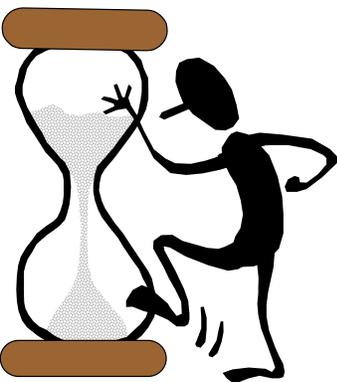
Franklin Delano Roosevelt, the President of the United States who created Social Security, was himself, severely disabled. Yet, he chose to work and ten years after the onset of his disability, he moved into the White House. President Roosevelt did more than create the Social Security system. He presented us with the model for what one can achieve by overcoming disability and returning to work! It should become the goal for the disability program to provide claimants with the technical and financial assistance they need to return to the workforce.

NADE appreciates this opportunity to present our opinion regarding the definition of disability and we look forward to working with you and the Subcommittee in the future to improve the services provided to America through its disability programs.

Sincerely,



Jeffrey H. Price



Time's a-wasting!
Make plans to attend the 2002 National
Training Conference in Portland,
Oregon.
Doubletree - Jantzen Beach
September 21-27, 2002.

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Use Of Psychological & Neuropsychological Testing As A Tool For Rehabilitation Treatment

Presented By Jerrold Pollack, Ph.D., May 31, 2002

(This Synopsis is based upon handouts given out at the seminar)

by Arthur Burbank, QA Unit Supervisor, NH DDS

A THOROUGH AND THOUGHTFUL six-hour University of New Hampshire Continuing Education lecture by Jerrold Pollack, Ph.D., discussed how psychological and neuro-psychological testing is used by mental health clinicians. Testing must be specific in clarifying diagnostic problems not identified by a medical interview or medical test(s). Proper psychological or neuro-psychological testing can assist with proper treatment planning in directing an appropriate approach to assess the effectiveness of rehabilitation treatment.

Psychological testing services are used to screen for ADHD (Attention Deficit Hyperactivity Disorder) - a learning disorder, and coding for special education. Testing is often used as part of an initial assessment. Psychological testing is also used for forensic issues and/or disposition within the legal system. Sometimes, individuals seek testing on their own or as a part of a vocational placement. Repeat testing is often used to address and clarify past referral issues.

Psychological and Cognitive/neuro-psychological testing can be used to "rule out" or clarify the following:

- suspected psychotic process
- nature and severity of suicidal risk
- nature and severity for violent behavior risk
- psychiatric diagnosis based on history review and clinical interview
- treatment needs of the multi-diagnosed patient
- changes needed in a behavioral treatment plan or documented disorder
- assist in monitoring psycho-tropic or other medication

Testing can also assist in checking the effectiveness of any proposed psychosocial proposals and can establish the general level of intelligence/learning functionality. Testing is often used as an ongoing part of treatment to identify routine and necessary adjustments to the treatment plan and for medication. It assists in tracking the severity /patterns of neuro-behavioral changes for the purposes of determining adaptive functioning and rehabilitation potential. Cognitive/neuro-psychological testing builds on psychological testing data and expands the information obtained.

Dr. Pollack emphasized that any psychological and/or neuro-psychological testing is based upon ecological validity: the relationship between the relationship environment and the test taker – and there are tests that help determine cognitive and emotional IQ. Cognitive testing helps to clarify the residuals of cerebral accidents, Parkinson's disease, dementia, traumatic brain injury, multiple sclerosis, and other brain injuring events. Fairly current psychological tests such as the 1987 modified mini mental status exam, the California Verbal Learning Test (CVLT) and the CVLT II are good examples of the latest tests based on reliability, validity, standardization, practicality, and theoretical orientation. Dr. Pollack cautioned against

assessments of either outmoded tests or outmoded scoring for exam. For example, the CVLT may be a better neurological impairment than the Bender. Therefore, the tester should not always use the outmoded tests such as the Bender as the CVLT II is better to assess organic dysfunction. A direct concise assessment is needed instead. Other tests that demonstrate a direct approach are the Beck Inventory for Anxiety, the BDI II for effectiveness of memory vs. depression, and the Beck Hopelessness Scale, which may distinguish between pseudo depression and early degenerative brain disease. Memory tests may help to show mild early dementia, a slight to mild traumatic brain injury, frontal lobe symptoms, and early frontal lobe tumors. However, Full Scale IQ scores obtained on the Wechsler Intelligence tests are not sensitive to organic changes.

Dr. Pollack, in his handout on Wechsler Intelligence testing, clarified the concept of IQ describing the difference between crystallized intelligence and fluid intelligence. Crystallized intelligence "refers to the range and depth of a person's acquired knowledge" while fluid intelligence refers to a person's ability and/or capacity for novel problem solving, abstract/concept formation and reasoning," i.e., ability to use flexible thinking.

Other handouts were "Assessing the Quality of a Psychological Testing Report" by Gerald Koocher, "Psychological Assessments Shown to be as Valid as Medical tests" by Geoffrey Reed, a "Summary of Correlates of the MMPI Validity Clinical and Selected Special Scales" and "An Overview of Psychological Assessments and Testing for the Neurologist and Psychiatrist" by Jerrold Pollack, Ph.D.; Sheldon Levy Ph.D. MPH.; and Richard Robin D.O.



Testimony from page 1

PROGRAM INTEGRITY AND THE DISABILITY CLAIMS PROCESS

For the past decade, SSA has attempted to redesign the disability claims process in an effort to produce a new process that will result in more timely and more accurate decisions. Their success in this endeavor thus far has been minimal. NADE believes that the key to program integrity lies in the basic design of the claims process itself. We believe one of the most important challenges facing the Commissioner of Social Security is the development of an effective and affordable disability claims process. Any process must necessarily take into consideration the need for fair and timely decisions and the need for the American public to have confidence that only the truly disabled are awarded benefits. The basic design of any new disability claims process should ensure that the decisions made by all components and all decision-makers accurately reflect a determination that a claimant is truly disabled as defined by the Social Security Act.

Securing the necessary medical, vocational and lay evidence to assess claimant credibility and fully document a claimant's subjective complaints and then accurately determine the degree of functional restrictions is currently a complex, time-consuming process. It will be made even more so in the future if SSA continues with plans to increase the focus on functionality in the medical listings. SSA and the Congress must realize the tremendous impact that increasing the need to assess claimant function will have for decision-makers in terms of time and resources. NADE is not opposed to such inclusion but the necessary resources must be provided to adequately cover the additional time and personnel that will be necessary to evaluate claims.

Pain and fatigue are legitimate restrictions that can affect an individual's ability to work. As a result, their severity is often the deciding factor in the decision as to whether disability benefits should be awarded. Unfortunately, the lack of any objective method to measure the severity of these symptoms creates opportunities for fraud and abuse. Knowledgeable, well-trained and experienced staff is required in the Field Offices and in the DDSs to investigate and accurately assess the severity of symptoms such as pain and fatigue. There has been insufficient training of current staff to consider potential fraud and there has been too little attention devoted to the need to retain experienced staff so as to not only provide the level of customer service that claimants have a right to expect, but also to provide a front-line defense for fraudulent claims.

NADE firmly believes that the decision as to whether a claimant is disabled is a medical decision that is made within the parameters defined by law and SSA regulations. As such, these decisions should be made only by those especially trained to make such decisions. Disability is based on a physical or mental medical condition and the assessment of how such a condition impacts on a claimant's ability to work must be based on an understanding of how such conditions normally affect an individual's ability to function. Making disability decisions can be extremely difficult without sufficient medical training. Claimants and/or their representatives could possibly present a convincing argument that the claimant is more disabled than is really the case. Consequently, NADE supports requiring similar medical training for all decision-makers at all components in the disability claims process.

Efforts launched by SSA in the past decade to bring DDS and ALJ decisions closer together have been unsuccessful. Process unification was the cornerstone of this effort. Decision-makers in the DDSs and OHA were brought together in 1996 for joint training. However, SSA's failure to follow up on this training initiative in the years since have eroded any potential benefits that may have been derived. NADE believes that such joint training is critical to the ultimate success of anti-fraud efforts and we concur with the opinion expressed by the Social Security Advisory Board in a recent report issued by that body: "The most important step SSA can take to improve consistency and fairness in the disability determination process is to develop and implement an on-going joint training program for all...disability adjudicators, including employees of the State disability determination agencies (DDSs), Administrative Law Judges (ALJs) and others in the Office of Hearings and Appeals (OHA), and the quality assessment staff who judge the accuracy of decisions...." (see Social Security Advisory Board report, August, 1998, p.19).

PROGRAM INTEGRITY AND QUALITY ASSURANCE

Program integrity requires accurate and consistent disability decisions from all components in the adjudication process. An effective quality assurance process provides an effective deterrent to mismanagement and fraud in the SSI program. NADE believes that SSA must incorporate a more uniform quality assurance process into the basic disability claims process to ensure program integrity. We are concerned with recent SSA and congressional initiatives to require pre-effectuation reviews in 50 percent of State agency allowances of SSI adult cases "in order to correct erroneous SSI disability determinations ...". *The decision regarding an individual's eligibility for disability benefits should be objective and unbiased.* For that reason NADE has long advocated review of an equal percentage of allowances and denials. Realistically, however, without additional resources any increase in the percentage of allowances reviewed will result in a corresponding decrease in the number of denials reviewed. While we support increased reviews of decisions at all levels, we are concerned that an increased focus on DDS allowances may reduce objectivity and compromise program integrity. In addition, without a corresponding review of OHA allowances, it is unlikely that the projected program savings will be realized.

continued to next page

Testimony from page 9

Any increase in the number of decisions reviewed should also include childhood claims. While it is not true for the majority of applicants it is, unfortunately, not unheard of for parents or legal guardians to deliberately coach children to feign disabling conditions or to use other means to create circumstances where a child's true condition will be misdiagnosed.

INITIATIVES TO COMBAT FRAUD AND ABUSE

Anti-fraud efforts such as the Cooperative Disability Investigative (CDI) units which effectively utilize the strengths and talents of OIG, disability examiners, and local law enforcement, offer a visible and effective front-line defense for program integrity and serve as a visible and effective deterrent to fraud. Our members have a unique opportunity to observe and assist in the process of detecting fraud and abuse within the SSI program. SSA's Inspector General, Mr. James Huse, Jr. has attributed the success of the CDI units to investigate fraud allegations to the efforts of, "...those most qualified to detect fraud – DDS adjudicators." NADE supports the continued expansion of the CDI units to combat fraud and abuse in the disability program.

NADE supports SSA's plans to increase the number of re-determinations to ensure greater payment accuracy. This would help ensure that claimants receiving SSI benefits are, in fact, eligible to do so. We caution that adequate staffing will be needed to ensure that this effort is a true exercise in combating fraud and not a mirror and strings approach to conceal the fact that SSA is not equipped to pursue such anti-fraud efforts. Field Offices have a great responsibility in ensuring program integrity and they should be supported with the sufficient staffing level required for this effort.

An experienced disability examiner can be one of the most effective deterrents to fraud and abuse. NADE urges Congress and SSA to take the necessary action to ensure that the experience level in the DDSs can be maintained. SSA has made the commitment to process record numbers of continuing disability review cases (CDR's). Adequate resources should be allocated to the DDSs to reward experience and maintain a highly knowledgeable, well-trained, and fully equipped staff.

NADE supports increasing the penalties for unintentional and intentional acts of fraud. Penalty amounts of \$25 for a first offense, \$50 for a second offense and \$100 for subsequent offenses should be increased substantially for unintentional acts of fraud as a deterrent to repeat offenses. NADE supports increasing the suspension of benefits for intentional acts of fraud to include the permanent suspension of benefits for a third offense. NADE believes that all intentional acts of fraud should be referred to the proper judicial authority for criminal prosecution.

NADE also supports the immediate suspension of benefits in CDR claims where the DDS proposed a cessation of benefits because the claimant has failed to cooperate or cannot be found. Currently, claimants can appeal these decisions and elect to continue receiving benefits under the benefit continuation provisions. By failing to cooperate with the DDS, claimants can continue receiving benefits for years. While this may not be viewed as fraud, it is abuse and it should be eliminated to ensure program integrity.

CONCLUSION

NADE supports the removal of SSA's administrative budget from the domestic discretionary spending caps. Congress would continue to retain oversight authority of SSA's administrative budget but it would not have to compete with other programs for limited funds. It would allow for the growth necessary to meet the increasing needs of the baby boomer generation for SSA's services while allowing the Agency to expand its anti-fraud efforts to ensure program integrity.

Maintaining program integrity is a vital part of effective public administration and a major factor in determining the public's view of its government. The Social Security Administration must provide more direction in the development of anti-fraud policies and these policies should reflect pragmatic reality that will make them enforceable. SSA must recognize that more direct guidance is needed from its top levels of management if fraud and abuse are to be effectively curtailed. It is also critical that SSA should be given the congressional support necessary to make the appropriate changes that will recommit the Agency to its primary purposes of stewardship and service.



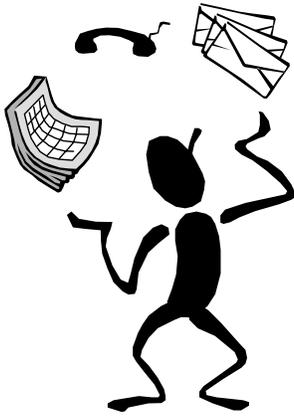
Goodbye, Carol!

NADE extends congratulations to Carol Stewart on her retirement, effective September 30th, after 30 years of service to the North Carolina DDS.

Carol was an active NADE member, leader in North Carolina Chapter and frequently attended NADE training conferences.

NADE wishes her the best!

Iowa DDS Best Practices



Initial Development:

- Request prior files on Day 1.
- Make initial phone call to determine if there are other allegations/symptoms, sources, treatment, and to explain the process.
- Be pro-active on CEs (purchase Day 1 if vendor is known for poor records, slow response).
- Send out all needed forms on Day 1, i.e., ADLs, pain/fatigue forms, work history, WPA.
- Look up prior decisions on EWS and obtain past CEs if possible.
- Set follow-ups for questionable issues (MER, CEs, work).
- Use case development sheet.
- Be specific on MER requests regarding dates of treatment, etc.
- Look for potential DLI, work, treating sources, AOD, jurisdiction issues, and P.D.
- Do initial development each day, same time each day.
- Determine completion of forms from F.O., i.e., 3368, 827, 1696 (F.O. checklist).

MER:

- Identify most important piece of MER and be prepared to take next action.
- Review mail on a daily basis.
- Determine if MER is sufficient. If not, recontact MER source and if still not sufficient, purchase appropriate CE with appropriate testing.
- Schedule CE if MER is not received timely, per POMS, and send background MER.

Case Development:

- Utilize telephone to decrease processing time (get ADLs, work, pain information, resolve inconsistencies).
- Cover any additional sources or conditions that surface during mail review.
- Utilize third party/representative when needed for CE attendance, etc.
- Use claimant to assist in getting overdue MER with claimant assistance letter.
- Contact vendors by phone if additional follow-up MER is needed.
- Use fax and e-mail to obtain needed information from medical sources, F.O.s, employers.
- Follow guidelines for failure to cooperate, refusal to attend CE, failure to return forms.

Case Management/Organization:

- Determine daily priorities/work on all aspects of job (i.e., development, mail association, dictations, phone, write-ups, follow-ups).
- Do timely medical consultant write-ups.
- Check voicemail throughout the day and return calls promptly and change message when appropriate.
- Have organization and avoid clutter in office; identify locations for dictations, mail, write-ups, next actions, etc. This also helps others during leave coverage.
- Take actions on second follow-ups and messages from clerical.
- Expedite case when appropriate, i.e., TERI, aged, congressional inquiries and hardship cases.

Expediting Closures:

- Create action plan to allow at the earliest step, i.e., adverse profiles, meets/equals, med-voc allowance.
- Identify possible RFC cases especially at initial development; know what

allows, whether case is adverse profile, etc. (keep track of notes pertaining to MER findings during development).

- Do your own no MDI, non-severe, meets, and equals.
- Do RFCs.
- Use DDS initiatives.

Medical Consultants:

- Use consultant (face-to-face) for questions regarding issues such as duration, rare conditions, and problem cases.
- Know which consultants have expertise in specific areas.
- Ask doctors about specific testing needed.
- Use consultant for help with RFCs.
- Have consultants call medical source to obtain additional MER, resolve inconsistencies, and avoid unnecessary CE purchase.

Supervisor/Leadworker Resources:

- Review cases at any time.
- Answer questions on cases to avoid delay/insufficient.
- Answer questions on policy.
- Answer questions in regard to vendors and vendor usage packets.
- Refer to appropriate person to handle difficult phone calls or claimants.
- Do not hesitate to ask for assistance if backlogged or going on vacation.
- Ask for assistance when obtaining difficult MER, CEs.

Systems:

- Make notes on AS400 to yourself for future appointments, questions, CEs and call-ins.
- Use scroll to keep track of status of cases and locations of cases.
- Use KC mainframe to obtain SEQY and/or DEQY.
- Use all remaining computer resources, such as vendor pages, POMS, Teton, intranet, etc.



WYNADE "Lightens Up", from page 24

Membership Chair and President for a 10% increase in membership. Most of the office staff attended and spent their morning break at the tables socializing with each other and enjoying the food.

Day Four brought the theme of "Health and Relaxation". Staff attending each of the first three days of activities were given tickets to put in boxes for their choice of a drawing for either a 5 minute massage or 10 minute postural analysis by a chiropractor on Thursday. Twelve massages and six postural analyses were awarded. One staff physician and two analysts who are former nurses took blood pressures. Of course food was part of the equation, but it was of a more healthy nature consisting of fruit and veggie platters, cheese and crackers, boiled eggs, herbal tea, and bottled water. But we still had a majority of the staff browsing around the room. Soothing and relaxing music played softly in the background, while a video depicting healthy outdoor scenes from Alaska ran silently on the big screen. Assorted brochures on healthy lifestyles were also available.

Events concluded on Friday with "Lunch and Laughs". Staff could preorder a wrap with their choice of veggies or meat, fruit, and a cookie with drinks and popcorn provided by the chapter. A stress reduction tape entitled "Humor Your Stress" by the humorist, Loretta LaRoche, was shown to a full house. The audience participated and interacted with the tape as though it were live and thoroughly enjoyed themselves. Those attending events on

Thursday were eligible for drawings on Friday for a free lunch or NADE tote bag.

Throughout the week an information table provided brochures and flyers with information about NADE and application forms. We proudly displayed all of our chapter's awards over the years and our expansive scrapbook of events throughout our history (which was a highlight for our guests to review). Our banner decorated another part of the room. So anywhere you looked, you were reminded of NADE.

Advertising was a key to our success. Our guru of flyers made a variety of colorful and clever signs that were posted around the office. One set listed all of the week's activities and others individually extolled the variety of the

coming attractions. Upbeat messages with music in the background were put on staff member's phone each day to remind them of the activities. A stand held a sign urging staff to join NADE for half price during Disability Professionals Week. A stroke tally in red displayed how many members we had recruited each day. Every NADE member participated in and contributed to the week's activities. The members received many compliments from the staff regarding what a nice week it was and how much they enjoyed it. The members also enjoyed it and we all felt that we had "lightened up". Obviously our hard work paid off as we were thrilled to welcome **8 new members** by the end of the week, an increase of 17 percent!

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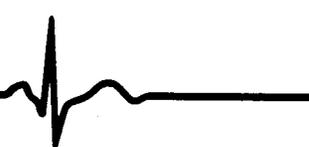
NADE expresses its sympathy to Ken Nibali, former Commissioner for Disability, upon the death of his mother. Condolences may be sent to him at:

**3452 Rosemary Lane
West Friendship MD 21794**

A private funeral service was held August 20, 2002 and the family has asked in lieu of flowers, memorials contributions should be sent to the:

*Helping Up Mission
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"Rolling Down The River" Highlights Of The Missouri Training Conference

Hosted by Cape Girardeau Subchapter August 7-9, 2002



Teamwork: Working Together To Stay Afloat

by: Tonya Higgins, Kansas City

ACCORDING TO THE WEBSTER DICTIONARY, team is defined as working together. An alternative definition of team is 2 or more people who interact freely and who have common identity and purpose, according to Dr. Ginny Moore and Jane Stough. The following is the information provided during the training on Teamwork.

Dealing with Conflict:

- 1) Arrive at acceptable solutions
- 2) Listen
- 3) Accept the right to disagree
- 4) State opinions calmly
- 5) Use calming and focusing techniques
- 6) Have an open mind
- 7) Stick to the present issues not the issues from the past
- 8) Take a break in dealing with conflict
- 9) Enjoy the ride when conflict resolved

Nine Tips to Build Trust

- 1) Follow through on commitments
- 2) Always meet deadlines
- 3) Trust others and give trust in return
- 4) Share knowledge with all members
- 5) Empower team members
- 6) Resolve conflicts early
- 7) Respect differences in people
- 8) Demonstrate personal integrity
- 9) Be honest

A Successful Workforce Environment

- A** - Accommodate employee differences
- C** - Create workplace choices
- O** - Operate by listening, being inclusive, fair
- R** - Respect others
- N** - Nourish Retention

Profile of a Winning Team

- * Works toward common goals
- * Strives for quality in everything it does
- * Understands that people are different
- * Strives for cooperation, not competition
- * Builds trust relationships
- * Embraces the diversity of its members
- * Strives for continuous improvement
- * Develops members' skills through effective training
- * Uses its time and talents efficiently
- * Continually builds morale
- * Confronts and resolves conflicts in a timely way
- * Holds well-planned efficient team meetings
- * Welcomes challenge and gets results
- * Has open and useful communication
- * Recognizes everyone for accomplishments
- * Shares successes

A Reminder Kit on "Working Together to Stay Afloat"

Bag/Strategy-Holds items that may be useful to you. The bag is a reminder of the coping strategy that can help you and your team succeed!

Fish/Teams-Fish swim in schools to help and protect each other. We are all in this together! Teamwork makes things go more smoothly! Communication among team members strengthens Trust and Teamwork!

Compass/Goals-Do we know where we are going? Have we planned and set our Direction? We need to stop and make sure we are all working toward the same goal.

Shells/Listen-Remember to Listen for what is happening in your environment. Are changes coming? What can you do to prepare? Take time to really listen to your team Members. Help each other deal with the problems.

Snake/Problems-Problems occur in every environment. What do you do when faced with a problem? Are you overwhelmed? Or, do you rely on your Team to help you resolve the situation?

Anchor/Change-Are you ready for change or is an anchor holding you back? What are your Anchors? Is this the time to stand firm or to be flexible?

Lifesaver/Support-Who throws you a lifesaver when problems become overwhelming? Do you support your team members when they need help?

Rope/Teamwork-A small piece of rope by itself can't do much; however, tie a knot at the end and remember to hold on for support. If you tie several ropes together (teamwork), you have more support and you can do more!

continued to next page

Office Ergonomics

by Myra Rackers, Jefferson City

DID YOU KNOW that your thigh and buttocks account for 65% of your body weight? Okay, some of us know this but don't want to admit it. Because we carry so much of our weight below the belt, it is extremely important to take care of your back. According to Jeffrey Thieret, Physical Therapist at St. Francis Medical Center, the first thing we all need to do is to observe our work station. Thieret was a guest speaker at the MADE conference. He has developed a "Work ReFit" program designed to evaluate workstations and make suggestions for change to reduce the risk of potential injury.

First and foremost, your lower back should always maintain contact with the chair. If this is not possible, use a pillow or chair pad to support your lower back. The ultimate goal is to maintain the natural curves of the back. Your thigh to trunk should be at a 90-degree angle as well as your knees. Adjust the seat of your chair or your keyboard if possible. Your elbows should be at 90-degree angles when typing.

A common practice of many office workers is to draw their shoulders up throughout the day. As you can guess, this is not a good idea. Your neck should be in an upright position with shoulders relaxed or hanging down your side. In the correct position, your ear lobes should be in line with the outside of your shoulder line. Your display terminal should be in your line of vision, 18 to 26 inches away. 24 inches is the optimal distance from eye to screen.

The most common injuries that occur at the office workstation are thoracic outlet syndrome, carpal tunnel syndrome, radial tunnel syndrome and cubital tunnel syndrome. The early signs of an injury are pain, tingling, numbness, burning or aching. If you experience any of these symptoms, you should seek medical intervention as soon as possible. Of course prevention is the best medicine. Below are several tips on how to avoid serious workstation injuries.

- Early intervention—Do not ignore symptoms, seek medical attention immediately.
- Postural awareness—Be aware of how you are sitting at your desk or computer.
- Relaxation—Relax throughout the day, let your arms hang at your side, relax shoulders.
- Microbreaks—Take mini-breaks throughout the day, stretch, get up and walk around.
- Exercise—Regular cardiovascular exercise will help you maintain overall fitness.
- Proper workstations setup—Adjust your workstation to fit **You**.

Who Is In Control, Stress or You?

by Pam Chandler, Springfield

BARBARA MCKEON WAS one of the featured speakers at the annual MADE meeting in Cape Girardeau in August. She is an employee counselor at Southeast Missouri Hospital. Her topic was "Who is in control, stress or you?". Mrs. McKeon began her presentation by pointing out that stress is inevitable, but that stress is good. Everyone needs stress to motivate themselves, including, for example, getting out of bed in the morning. How we handle stress is what makes the difference:

Some myths about stress:

- "Try to eliminate as much stress as possible"—we cannot eliminate stress in our lives, but we can work on how we handle stress.
- "Harmful events cause stress"—no, actually all things, good and bad, cause stress.
- "If you are basically healthy, you have an endless supply of energy"—No one has an endless supply of energy.
- "When you are under stress, you

know it"—actually, others might be better at observing that we are under stress. Sometimes the one who is stressed does not recognize it.

- "Everyone reacts the same to stress"—obviously, this is not the case. Everyone reacts differently to stress. Be a good listener and do less advice giving, since your solution to someone else's problems might not be the best for them.
- "Passive activity helps stress"—not necessarily the case. What is found to be most beneficial is to do the opposite of the activity that is causing you stress. If you sit all day at a desk and come home stressed, go outside and walk. If you walk all day and come home stressed, sit down and vegetate for awhile!
- "Little hassles in life are not as stressful as major life problems"—again, not necessarily the case. Sometimes one comes unglued over a very minor situation.

Mrs. McKeon pointed out that we do have choices and can have control over situations in our lives. Ms. McKeon gave **five coping strategies**:

- **Organizational Skills**—Plan time for YOU. Schedule quiet time every morning—get up 15 minutes earlier than usual. Follow your bio-rhythms. If you are a morning person, be the most productive in the morning, but if you are not, put off your most productive time until the afternoon.
- **Humor**—bring humor into your life. Get together with others and share humor, and most of all, laugh at yourself!
- **Listen**—Get a listener to talk to. Mrs. McKeon pointed out that God made humans with ONE mouth and TWO ears that are open all of the time. Listen MORE!
- **Attitude of gratitude**—We spend too much time focusing on what we do not have. Say thank you frequently for what you DO have.



- **Fitness**—Walk at least 15 minutes a day. Eat nutritious food. Get the proper amount of sleep. And RELAX!

Blood Donations Needed NOW!

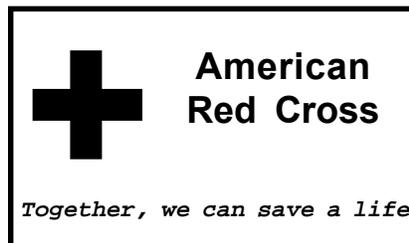
by Mary White, Cape Girardeau

MR. DAVID PALMER, territory manager of donor services for the American Red Cross spoke to the MADE conference attendees about the importance of donating blood regularly and provided many interesting facts. For instance, monetary donations to the American Red Cross are designated either for disaster aide or for blood services. Since blood is considered a medication, it is a separate division of the Red Cross. In addition to disaster aide and blood services, they also provide health and safety services such as CPR training as well as a service to contact armed services personnel stationed overseas through the international Red Cross.

The Red Cross' mission is to provide blood to anyone who needs it in a safe and cost-effective manner. When blood is needed, it is needed NOW. If blood is donated to the Red Cross today, it takes 3 days to get it on the shelf. In the 120 regional hospitals served by the Red Cross, 6000 units of blood are needed weekly. 1000 units are required daily Monday through Friday and 500 units are required daily on Saturday and Sunday. The Red Cross only takes 2 days a year off from holding blood drives. Last year there was a 4% increase in collections, but the demand for blood increased 9%. In addition, new uses are being found for blood and blood products. One unit of blood could potentially save the lives of 3 to 4 people. Fortunately, this area is the No. 1 area in per capita donations of blood in the United States.

Why are there blood shortages? By the age of 72, 96% of the population will have needed blood or blood products at sometime in their lives. Only 60% of the population is eligible to donate blood. Out of 100 people, only 5% actually donate blood. The average donor donates 1.4 times per year. Many good blood donors are now in their 50s and 60s and will soon become unable to donate. Therefore, these donors will have to be replaced by younger donors, so the Red Cross is in extensive contact with univer-

sities and high schools in hopes of finding new donors. About 80% of the MADE attendees raised their hands as being blood donors, an unusually high percentage. Of those people nationally who are asked why they have not given blood, the No. 1 reason cited is that no one has ever asked them to give. People with tattoos can donate if the tattoo was done more than a year ago. Donors with body piercing can donate if the piercing was done in a business under sterile conditions.



Mr. Palmer explained that each unit of blood is tested for 24 hours for diseases. When it is approved, the blood is broken down into parts such as plasma and platelets. Whole blood and red blood cells can be stored for 42 days. Plasma can be stored for 5 days only, but it can be frozen. The Red Cross tries to collect enough blood, but they don't want to collect too much that can not be used because of the storage problems. Blood that has become too old is incinerated. Blood is used on a first in-first out basis. Only 7% of the population is type O negative. But O negative blood can be given to anyone, so it is in great demand especially in emergency situations. People with O negative blood can only receive O negative, making this blood type even more in demand. Many people give blood in preparation for their own surgery. If not used by the donor, this blood cannot be added to the general supply as it does not undergo testing. Conversely, a directed donation (giving blood for someone in particular) that is not used can be added to the blood supply as it does undergo testing.

The American Red Cross is a non-profit agency. They do not charge for blood donated. They do charge hospitals for their actual costs of testing, approving and distributing blood.

It is impossible to catch a disease donating blood, but donors can catch a good feeling. There is no substitute for human blood in its lifesaving capabilities. Mr. Palmer asks MADE members to donate blood every 56 days. If we are not able to give ourselves, please find someone who will.

The Disability Process of SSA Headquarters

by Joyce Carter, St. Louis-Florissant

TOM FINIGAN COMES to SSA with vast knowledge of the SSA disability program. In 1990, he became Director of Disability Programs for the New England Region where he worked extensively with the State Disability Determination Services initiating a number of projects improving service to disabled citizens of New England. In 1999 he was appointed to his current position where he is responsible for providing program standards, leadership, and oversight. This involves maintaining federal-state relations, monitoring the 1.5 billion annual budget allocated to the State Disability Determinations Services, maintaining liaison with national organizations and agencies whose interests or activities may effect the disability program, and reviewing national regulations to insure effective and uniform administration of the disability program.

At the MADE Conference Mr. Finigan commented that this has been a difficult year because of the increasing number of applications pending—in 1995 there were 400,000 initial claims pending and currently there are 625,000 and this is expected to increase to 750,000. He says the rising number of applications can be attributed to an increasing aging population and increasing competition with other agencies for revenue.

Still, Mr. Finigan says Commissioner Barnhart of SSA is committed to a "service delivery budget" although the outlook for additional money is "not good". The Disability budget dominates

continued on next page

Missouri Highlights, continued.

about \$4 billion of the SSA budget. He expressed the importance of CDR's and keeping "the right people on the roles".



Mr. Finigan says OMB is mainly interested in a budget neutral process and decreasing cost per disability case. He also states that OMB is in favor of the "electronic folder" process, which would be a major improvement. He states OMB's current issues are the "ticket to work program" and the "listings revisions". He says OHA is a major issue for SSA right now and that includes making improvements.

Mr. Finigan states he is very impressed with Missouri's processing time and commended Missouri examiners on being "Pioneers of Prototype".

The Cognitive Behaviors of the Brain

by Donna Bradshaw, St. Louis-Florissant

DR. STEPHEN JORDAN, PH.D., gave a presentation on Cognitive and Behavioral Syndromes following Traumatic Brain Injuries (TBI) during the Cape Girardeau/MADE Conference. Dr. Jordan has worked in the field of neuropsychology and rehabilitation for the last 15 years and specializes in traumatic brain injury and chronic pain treatment. He discussed post-concussive syndrome after a mild TBI, common cognitive impairments and counseling accommodations. The information provided was very interesting and informative.

Mild Traumatic Brain Injury is usually not a persistent disabling condition. A mild TBI happens when any of the following occur: any period of unconsciousness, any loss of memory for events immediately before or after incident, any alteration of mental state at the time of the accident (feeling dazed, disoriented, etc.), and focal neurological deficits that may or may not be transient.

Post-concussive syndrome can consist of the following symptoms: disrupted sleep, headache, vertigo/dizziness, irritability, forgetfulness, amnesia, STM loss, slowed thinking, apathy/lack of spontaneity, anxiety, depression, inappropriate behavior, word finding difficulty, and light/sound sensitivity.

Prognostic Factors for recovery were broken down into good and poor outcomes. Good outcomes for mild TBIs were more likely to occur when an individual experienced the following: a mild injury without collateral injuries, no pain, was a young adult at time of injury, was in good health, was of average intelligence, had no history of substance abuse, had no psych history, had good socioeconomics, had information on head injuries given to them.

Poor prognostic factors for an individual were most likely to occur when an individual experienced the following: had collateral injuries, had pain, was a very young child or older adult, had a very high IQ or impaired cognitive abilities, had previous head injuries or neurological problems, had a history of substance abuse, had psych history, had poor socioeconomics, had pending litigation, and had no TBI education/information provided.

The good news about mild TBIs is that 67-93 percent fully recover in three months. The outcome is strongly influenced by pain and sleep disruption. If these conditions continue, there may be long term residuals from the TBI. The other concern noted by Dr. Jordan was that secondary gain may be an issue, but may be not as big an issue as we may fear.

The next type of injury discussed during the presentation was moderate to severe TBI's. These injuries occur when there is essentially a loss of consciousness more than 30 minutes or a period of amnesia more than 24 hours. The differing systems have different criteria for grading of severity.

A study in 1998 in Iowa indicated that residuals did exist for those experi-

encing moderate to severe TBIs. Seventy percent experienced ongoing physical problems including less energy, balance problems, vision limitations, weakness and pain. Ninety percent experienced ongoing cognitive problems including memory problems, slowed thinking, poor organization, decision-making difficulties and they forget their limitations. Seventy six percent experienced emotional residuals including becoming more sensitive, crying easily, having anger outbursts, depressed/mood swings and flat affect.

After a moderate to severe TBI, the areas most likely to be affected include:

- Concentration-focus, sustained and divided attention
- Memory: New learning, retention and disruption of LTM
- Language: Particularly word finding
- Executive functioning
- Can affect any aspect of thinking

Dr. Jordan reported that after moderate to severe TBIs a large portion of the individuals experience psychiatric syndromes, including depression and manic like syndromes, anger and aggression, impulsivity and poor judgment and apathy. Treatment for these conditions varies. For those with psychotic symptoms, Risperdal is often used because it has fewer side effects than Haldol or older antipsychotics. For individuals with impulsivity, stimulants similar to those used for ADHD are used. There are currently no medications for poor judgement but controlling the impulsivity can reduce some of the burden on family. For problems with apathy, individuals can try stimulants but Dr. Jordan was not aware of any medication to overcome severe apathy/abulia. He suggested teaching the family ways to help keep these individuals going.

The presentation by Dr. Jordan provided MADE members with very useful information that we can use in understanding and adjudicating cases involving traumatic brain injuries.





Training, "American Pie", and Awards Mark NDPW 2002 in the Granite State

by Paula Sawyer, New Hampshire DDS

NADE IN NH'S CHAPTER President, Terry Batchelder, Programs Chair, Charlotte Matteau, and Peggy Vieira, a Programs Committee member organized this year's National Disability Professionals Week which featured four premier events:—two training seminars, an informal membership drive/social dessert hour, and an annual chapter awards ceremony all of which served to reinforce the value of belonging to NADE and all of which demonstrated the ever growing strength, influence and credibility NADE has come to experience.

The inaugural event was a salute to our nation and an expression of our appreciation to each and every disability professional who works under the same roof here at 78 Regional Drive. Not only DDSers work at our address, but also disability professionals from Vocational Rehabilitation as well as from Blind Services and from the Board of Nurses share space in both Buildings I and Building II. The NH DDS is a comparatively small agency with a total of fifty (50) employees and, of those employees, twenty-three (23) are currently NADE members. An "American Pie" dessert hour on Monday, June 17, from Noon to 1:00 PM, showed our chapter's appreciation to all of our disability professional friends who are NADE and non-NADERS alike. All of our colleagues give so much of their time, of their talents, and of their expertise in the service of the disabled. "American Pie" was also our chapter's way of renewing pride and confidence in our nation which sustained and is still recovering from the tremendous trauma of 9/11/01. While a variety of American pie slices were being served, this inaugural Professionals Week event finally also served as an informal membership drive, and we were excited that several new employees and Non-NADE members attended in order to learn more about the organization, and to taste the sweetness of the pie and to experience the sweetness that is NADE!

Terry and Charlotte invited all twenty-three (23) NADE in NH members to don a pastry chef's hat and to bake one American Pie. At our May chapter meeting, each one of us signed up to bake a pastry of our choice. The Granite State chapter pastry chefs whipped up ten different tasty and appealing pies, served with vanilla ice cream, whipped cream and coffee. Each slice of pie was adorned with a miniature American flag and the Red, White and Blue were visibly showcased on the dessert tables and also on the dining room tables. Red and white carnations were distributed in front of every guest and these flowers were also placed in vases in the middle of the serving tables. The NADE in NH blue and gold banner was proudly draped on the wall, and by raising the American flag and the NH Banner, our chapter members showed their patriotism to both the United States and to the own home state—The Granite State, as well!

On Thursday, June 20, during the noon hour, chapter President, Terry Batchelder, invited me to deliver a presentation on "the Different Tiers of the NADE organization.— Regional and National Levels." Again, at this event, beverages and munchies were served. A very healthy array of vegetable dips, chips and crudites including cauliflower, broccoli, carrots and tomatoes were offered to those in attendance.

In preparation for my training seminar on a broader prospective of the NADE organization, I enlisted the assistance of three prominent and experienced NADE leaders —Jeff Price and Brenda Crosby (for information on the National Tier and the functions of the national Board) and prior Northeast Regional President Bob Kanner (for information on the Northeast Regional Tier). The Regional and National NADE constitutions were reviewed. I wanted to make my delivery as lively and informative as possible, so I created overhead transparency sheets

and handouts on the Regional and National organizations, their similarities and differences. As a result of my preparation for the NDPW presentation, I learned a great deal about how NADE functions.

Did you know that...?

- Regional Directors are elected for two -year terms and our Regional President is elected for a one-year term.
- There are seven Regional Directors from the Northeast, Mid-Atlantic, Southeast, Southwest, Great Plains, Great Lakes and Pacific regions.
- On the Northeast Regional Level, the Awards Chair and the Membership Chair are appointed by the Northeast Regional President and, on the National level, the Membership Director, the Publications Director and the Legislative Director are appointed by the NADE National President.
- On no less than a quarterly basis, Regional Directors maintain ongoing communications with chapter presidents.
- The duties of the Northeast Regional President are well described in the Region's By-Laws: To call and to Preside over the meetings of our region at the National Delegate Assembly and at the Regional Conference, and to appoint membership to all standing committees.
- The Northeast Region Board of Directors includes: Northeast Regional President, Vice-President and Secretary-Treasurer), as well as the Regional Membership Director and the President of each chapter in the Northeast Region.
- The states of Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island, Vermont, the Commonwealth of Puerto Rico and the territories of the Virgin Islands, Guam and Canada are all included in the Northeast Region.

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- NADE Board of Directors and NADE nationally appointed Chairpersons are given a list of charges which they are obliged to carry out over a course of their appointed/elected term.
- The NADE National President can change or enhance the list of these charges.
- The Legislative Director writes Congressional Testimony and needs to be well acquainted with the NADE history and NADE's stands on the issues. (i.e. the Legislative Director needs to maintain a consistency in how testimony is presented to Congress)
- Due to the extraordinary talents and contributions of the NADE National Board of Directors, over a period of the last decade, the credibility of the NADE organization has been strengthened and as of late, NADE has enjoyed greater attention and greater respect from Congress, from SSA and from Past Commissioners Apfel and Current Commissioner Barnhardt.
- National Committee Chairs to the Board do not vote. The Legislative Director does not vote because this individual writes legislation and is appointed by the national NADE President. At the Board meetings, the legislative director needs to remain neutral and his/her vote one way or the other could prove to be divisive.
- The seven Directors on the Board are obliged to speak to the needs and the interests of their constituents, but when all is said and done, when National Board members gather to formulate policy, there needs to be a cohesive front, and the membership needs to know that the members of our National Board must be willing to compromise for the greater good of the organization.

As a result of this training seminar, for the first time since our chapter was formed in 1999, NADE in NH members are expressing an interest in serving beyond the local level and they are requesting to be appointed as a Northeast regional

representatives to NADE national committees! Our own Beale Ellzey will be serving on the Legislative Committee under Marty Marshall. Way to go Beale!

The highlight of New Hampshire's National Disability Professionals Week celebration was the arrival of Anne Graham, prominent NADE member and SSA figure. Anne was vacationing in Exeter, New Hampshire and, before she returned to Baltimore, made a stop at the New Hampshire DDS. We extended the week-long Disability Professionals Week celebration into the following Monday in order to include Anne's visit as part of our celebration! Our chapter president gave Anne a tour of our NH DDS quarters. Then, during a private catered luncheon for Members Only, we invited Anne to speak to the value of belonging to NADE, to current training opportunities, and to the kinds of training we can anticipate in the future.

Anne is a strong advocate of NADE and she believes that MEMBERS OF NADE STAND APART FROM THE REST! She congratulated all twenty-three (23) of us for having made a commitment to belong to this very worthwhile and respected professional organization. Anne gave a brief history of how NADE was born, and then she described in what capacities she has been involved with NADE. Anne, herself, is still very active in her own Maryland chapter and, in the past, she has served as Maryland's chapter president. Recently, Anne has been involved with NADE's continued education movement and she serves as an experienced mentor to NADE regarding continuing education, certification and re-certification and training initiatives. A former educator in the greater Baltimore area, she is committed to the improvement of training and continued education for the disability professional. In the past couple of years, Anne has been part of a team which has enhanced SSA IVT training programs by including the Disability Hour and by introducing the Training Cadres. You may recognize several participants as NADE members! Here are some talking points from Anne's presentation:

SOME OF THE BEST TRAINING YOU WILL EVER GET WILL BE AT NADE LOCAL REGIONAL AND NATIONAL CONFERENCES! If you can't get to Portland, OR., plan on attending the Philadelphia Tri-Regional in the Spring of 2003, or the National in Albany in the Fall of 2003! These destinations are very close to NH! Hop a bus, drive your car or pool your resources and rent a van!

COMMISSIONER BARNHART RESPECTS NADE'S EXPERTISE AND SEEKS NADE'S INPUT. According to Anne, at a recent Philadelphia conference, on several occasions, the new Commissioner favorably included NADE in her presentations. When the Commissioner was gathering advice regarding how the disability process could be improved, she asked for NADE's assistance in the formulation of that improvement plan. NADE did not disappoint her and currently Commissioner Barnhart is giving serious consideration to each and every one of our proposals.

NADE MEMBERS ARE THE EXCEPTIONAL DISABILITY PROFESSIONALS. They are the ones who rise above and beyond the everyday demands of the workplace. NADE members are some of the brightest, most talented disability professionals in the United States. NADE members grab the attention of NCDDD, of SSA and of Congress. NADE members are the ones who, more often than not, are promoted and rewarded in the workplace, or who move on to more challenging positions in the workplace or in the NADE organization.

SET YOUR SIGHTS HIGH AND HOST A REGIONAL CONFERENCE! If and when we do decide to host a conference, Anne believes that we can successfully carry it off! However, she cautioned us not to be extravagant, and not to overextend ourselves by overspending. She encouraged us to seriously consider hosting a regional conference because right here in the Granite State, we have at least ten New Hampshire Medical Centers, a very enthusiastic Boston Regional office and our own

Continued on next page

NH medical consultants, all of whom could help to provide us with the caliber of speakers we will need. Anne also encouraged us to have a regional conference because such a consorted effort could bring us closer together in meeting a common goal.

ANNE'S ULTIMATE DREAM: That maybe in her lifetime... at the university level, there will be a specially designated major ... Disability Professional, and one could earn a Bachelors and then a Master's Degree in Social Security Disability Adjudication.

AWARDS CEREMONY

Just before Anne Graham's presentation took place in the IVT Center, and during the privately catered chapter luncheon, recipients of this year's NADE in NH awards were announced by our chapter president, Terry Batchelder. They are as follows:

NH PRESIDENT'S AWARDS

Joseph Cataldo, MD, MC: for his contributions in the initiation of the monthly NADE in NH medical training seminar series—"Ask the Doc" training lunch hours.

Cheryl Fairnery, Support Professional: for having chaired the "Making Strides Against Breast Cancer" annual October 2001 walk/run and for having made it possible for NADE in NH to raise over \$1000 for the American Cancer As-

sociation; and for having managed the most lucrative chapter fund-raiser- the "Food File/Food Café—a healthy snack alternative, which, on a daily basis, brings money into our treasury!

Karen Keller, Disability Examiner, President-Elect: for her contributions in directing, designing and completing a hand-made December holiday quilt which was raffled off here in Concord and throughout the United States via Outlook E-Mail..

Charles Meader, MD, MC, and Training Committee Chair- for his contributions in the initiation of the NH medical training series—"Ask the Doc" training lunch hours and also for having planned two noteworthy training seminars on Multiple Sclerosis (with neurologist, Mark Lombardo, MD) and on Breast Cancer (with leading oncologist from Dartmouth Hitchcock Medical Center, Gary Schwartz, MD)

Mary Lou Mion, Disability Examiner, NADE in NH Treasurer, "Granite State Voice" Graphics and Layout Editor: for her locally and nationally acclaimed achievements as an innovative and first-of-a kind graphics and formatting editor. Mary Lou is the one who makes the newspaper colorful, visually appealing and unique in its presentation.

Paula Sawyer, Disability Examiner, "Granite Voice" Editor-in-Chief: for having initiated , edited and coordinated the pulling together of a very suc-

cessful quarterly chapter newsletter, the "Granite State Voice" which is receiving both local and nationwide acclaim for its literary quality and for the general and widespread appeal that this newsletter has come to enjoy.

MVP 2002 PROFESSIONAL OF THE YEAR

Any NH DDS employee is eligible for this award which is always announced during National Disability Professionals Week. With that award , the recipient receives his/her own NADE marble paperweight as advertised in the NADE ADVOCATE with the NADE logo inscribed, and he or she also has his name engraved on a gold plate alongside other past recipients' names. All past, present and future MVP Professionals of the Year will be forever remembered and displayed on this beautiful green marble and gold trimmed plaque which is located in the NADE Awards corridor of our building.

This year's MVP 2002 Professional of the Year is:

Charlotte Matteau- for her time, her many selfless contributions and her creativity in directing the Programs Committee which has spearheaded such extraordinary charitable and fund-raising events such as the SPCA Drive, Operation Santa/Toys for a Needy Child, the Homeless Shelter Donations Drive, and a colorfully artistic theme baskets for each holiday.

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Hearing Officers Committee Proposes DHO As Trainers

by Cynthia Mejia, California DDS

THE NADE HEARING OFFICERS Committee got off to a slow start this year due to my unexpected illness. However, I have recovered and we are now making up for "lost time". A survey is being sent out to each member asking each region to identify the most significant issues currently facing Disability Hearing Officers there. From this information, we will develop goals and objectives for the upcoming year.

In addition, we drafted a proposal to allow the use of a "short form" for fully favorable decisions made by a DHO (this is an item carried over from last year). In May 2002, we facilitated a breakout session at the Pacific Regional NADE Conference in Sacramento. Participants discussed the role of the DHO in training Single Decision-Makers, one of the components of the Prototype Pilot that is going to be implemented nation-wide.

Many good ideas were generated and these will also be shared with the committee and national board.

I plan to meet informally with committee members at the National Training Conference in Oregon to reaffirm our commitment to NADE and to this committee. I am pleased to be part of a group of this caliber and look forward to working together in the upcoming year.

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Are You Prince Or Princess Charming?

A Story of Hope

by Gail Gore, R.N. Idaho DDS.

National Chairman for Organ Donation/Transplant

ONCE UPON A TIME, NOT SO very long ago, a little blond Princess was born in a land very far away. The land was a beautiful place. The western area had great protective mountains, and in the north there was a dense forest with beautiful towering trees. In the morning the dew would fade into a soft white mist and rise above the trees to a clear blue sky. The sun would glint off of the soft mosey grass and throw dancing light everywhere. The forest had a warm earthy smell. It was said to be enchanted because it was quiet and peaceful, and the animals that lived there never intruded. So the local people would go there to rest and to dream.

Because the land was rich, outsiders decided they wanted to take the land away from the quiet peace-loving people, and they invaded the countryside, leaving death and destruction in their wake. The land was wrought with war and misery, famine and anguish. The war went on and on, and the Princess and many of her people lost all hope that the land would ever see peace and happiness again. To the little princess, life with peace and happiness became her greatest wish.

Then one day a truly amazing thing happened. The Princess found a way to

leave her war torn country and go to a country that offered peace, happiness, and hope. She was very sad to leave her people, and her country, but she had to try to achieve her wish for peace, happiness and hope. The Princess knew she would have to overcome a great many obstacles, but she headed for the United States with extreme courage to start her new life.

Now, our story doesn't end here. You see our Princess is a real live person. Her name is Nadza Filipovic, she is 33 years old and she was born in Sarajevo, Yugoslavia. Many of her friends were killed in the atrocities that happened in Sarajevo. She and her family escaped to the United States on September 7, 1994. She studied and became an American citizen on January 13, 2002. Nadza and her family have worked very hard in our country to achieve peace and happiness, but our Princess still faces a war. Nadza has been diagnosed with cancer.

Nadza currently works at the Idaho DDS as a senior adjudicator, and attended Nationals held in Austin in November 2001. Perhaps you met her? She is currently in Seattle, Washington for necessary, specialized treatment. She is fighting for her life. Nadza may need a stem cell transplant. We at the Idaho

DDS had a bone marrow drive, and signed up all that met the eligibility criteria. It is a simple process that takes very little time.

1. Contact your local National Marrow Donor Program. The NMDP works with transplant center hospitals that care for patients with life threatening blood diseases treatable by stem cell transplantation throughout the United States. The primary goal of the NMDP is to identify volunteers who will donate bone marrow or peripheral blood stem cells at some time in the future.

2. Fill out a health questionnaire of fifteen (15) questions.

3. Donate a small tube of blood to discover your matching potential. You will be added to the National Register.

Ofcourse if you match, some of you will have an additional process and the NMDP will give you further details, and guide you through the process. You can change your mind at any time in the process, although I hope you won't. There are thousands of people in this country that need your help. Nadza understands that maybe none of us will match her, but she asked me to write this article, hoping. If you can't help her maybe you will be a perfect match for someone else. So I am asking on behalf of Nadza, please sign up for the National Marrow Donor Program today. Our princess still holds her dream for peace and happiness.

Are you Prince or Princess Charming? My wish, hope and prayer for the ending of this story are "And the Princess lived happily ever after." Thank you.



From left: **Dr. Ward Dickey**, medical consultant; **Nadza Filip**, senior adjudicator; and **Jeff Friel**, senior adjudicator.

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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.

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WNYADE “Lightens Up” During Disability Professionals Week

by Gayle Hull, WNYADE President

ACTIVITIES WERE PLANNED for each day of the week under the theme of “Lighten Up”. After the stresses of adapting to Prototype last year, high caseloads, and the uncertainty of when our office is moving to a new location, it was time to leave our cares at our desks and have some fun while doing healthy things for ourselves and learning more about NADE, each other, and the Disability program. Our training room was transformed each day to reflect the theme of the day.

Monday and Tuesday brought rousing games of “Disability Squares”, our version of Hollywood Squares, which ran during the lunch period. Two teams were formed for each day to compete against each other. The first day involved teams of support personnel – The Ya Ya Girls (from case intake) versus the Babes from Z Land, etc. (clerks and keyboarders from case processing units). The second day involved a team of analysts – The J Team (actually a family affair of mother, father, and daughter) versus a team of male unit supervisors – The Supermen. Each team brought their own colorful signs and cheering section. The Supermen wore what else – tee shirts with the superman insignia. The stars for the Squares were recruited from the NADE chapter as well as the office in general, and included in the center square the Regional Administrator (also a NADE member), analysts,

support and medical staff. They were recruited for their quick wit, sense of humor, and ability to adapt to their roles with unusual or funny hats and other disguises.

To simulate the actual set as it appears on television, a frame with nine squares was constructed out of light weight wood strips, strung with Christmas lights, and suspended from the ceiling at a 45 degree angle. The stars sat in staggered rows with three in chairs on the floor, the next row sat on the edge of the table, and the top row sat on chairs on the table, each within a square. The room lights dimmed, the Squares lights flashed on, and festive music was played at the beginning and end of the show and in between each game. The President led off each session with a welcome and a message from the sponsor, the NADE chapter. Background information on NADE was provided with a trivia fact of the day. The Membership Chair encouraged nonmembers to join and explained the activities for the rest of the week. A moderator flipped a coin to determine who started, the president-elect explained the rules, and the head of QA served as the arbitrator for any disputed answer. The winner was determined by the best two out of three rounds. Questions involved program policy, NADE, and fun facts about members and other office staff, thus serving multi-purposes of education and getting bet-



ter acquainted with each other while having fun. The winning team members each received 2 tickets to a local cinema and the other team members received a small gift certificate to the chapter store. The squares each received gift certificates to the store for their participation. The room was filled to capacity with a very spirited audience. The entire spectacle was taped for posterity.

Staff were invited to attend a breakfast on Wednesday morning at the NADE Bistro with breakfast pizzas, bagels, croissants, coffee cakes, and Krispy Kreme doughnuts (ok so we strayed from the healthy course a little), coffee, tea, and juice. To complete the ambience, the room was decorated in NADE colors with a canopy over the door, individual vases of flowers and colorful table cloths on each table, and French music playing in the background. Midway through the breakfast the President presented Certification awards to 3 newly certified members, presented the Regional Support Professional of the Year to the support staff member who was unable to travel to the Conference to receive it in person, and presented a check to last year's

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