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National Conference Coverage

Associate Commissioner Burrell Shares ODD Goals With NADE National Conference

Office of Disability Determinations (ODD) represents DDSs at the federal level.

by Terri Klubertanz, DDS Administrators/SSA Liaison Chair



Ruby Burrell

MS. RUBY BURRELL, ASSOCIATE Commissioner for the Office of Disability Determinations (ODD), discussed her organization's mission of overseeing the \$1.8 billion DDS budget and operational aspects of the disability determination function to provide high quality service and balanced workload. The ODD is the SSA component that represents the DDSs at the Federal level. Its sole purpose is to support the DDSs and to advocate for their needs. Ms. Burrell stated that her objectives for her presentation were to discuss the ODD role in supporting DDSs, discuss the priorities, challenges and opportunities for fiscal years 2006 and 2007 and to bring participants up-to-date on electronic processing, IDA activities and Disability Service Improvement (DSI).

Ms. Burrell had an opportunity to meet with the NADE President, Shari Bratt, the NADE Board and other chapters of the NADE organization and expressed her sincere appreciation for the work that NADE does. She has found her meetings with NADE to be informative and been impressed by the professionalism of the organization as evidenced by the quality of the agenda and the type of training that NADE offers to the disability professional. She stated that "You are the reason the disability program works; you are where the rubber hits the road; there is NO ONE, NO ONE more important to the success of the program than you." Ms. Burrell has been impressed by the compassion and commitment that disability professionals bring to their jobs and the level of commitment to quality service. Despite the fact that the DDS world has changed dramatically (e.g., systems performance issues, inadequate pay in some states, working in a dual process and the intense focus on reducing the initial pending goal), the DDSs continue to be passionate about the program and honored to serve the disabled population of this country. She felt the theme of the conference "Surfin' the Waves of Change" was reflective of the special skill sets needed to balance both the known and the unknown as well as maintain the flexibility and resilience necessary to continue to work in the disability program and get the job done.

Accomplishments

In sharing a personal connection Ms. Burrell has with the disability program—her brother depends on disability benefits—she stated her belief that "you are successful even if you only touch one life." She reported that as of September 15, 2006:

- DDSs cleared over 3 million total claims. [*The DDSs cleared over 3.5M thru the end of the fiscal year.*]
- DDSs processed more than 2 million initial claims. [*The DDSs cleared over 2.5M initial claims thru the end of the fiscal year.*]
- 1.5 million people were allowed disability benefits by the DDSs at either the initial or reconsideration level
- 13.5 million people are being paid disability benefits each year
- \$84 billion goes to recipients and their dependants.

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President's Message

I believe there is no better way to start my first Presidential message than to say a big THANK YOU to all of the California Chapters of NADE for hosting the National Training Conference in San Diego. The re-energizing of our profession by attending one of these conferences is second to none. This year's conference was no exception. The experience of being able to network with peers, learn, and share best business practices is very important to the rejuvenation of our organization's members. I would like to also give a special thanks to Mr. Joe Carlin, the California DDS administrator, for his support of NADE in hosting the conference.



The national conference also gives us a chance to celebrate our members who have gone the extra mile for NADE and the disability program in general. I want to thank all of our NADE National award winners and all the nominees, for helping to enhance the public's awareness about the disability evaluation process and helping in the development of the art and science of disability evaluation. I would be remiss if I did not thank all of our

Corporate Members for their support. The organization appreciates each of you for what you provide to the organization and to the advancement of NADE.

I am looking forward to continuing my service to NADE as President for the coming year and working with all of you. This year will be no different for NADE. We face an exciting year of change and it will take teamwork for NADE to continue to be the voice of the line workers in the disability program. So, let me take this opportunity to thank all of you in advance for your support and assistance in the year ahead as we approach many critical decisions for the future of the disability program and our association. As you may know, the new board met immediately after the conference ended in San Diego. We were able to accomplish several things during this meeting. I believe one of the most important was the development of the DSI Ad-Hoc committee. This committee consists of NADE members in the Boston region who are on the front lines in the implementation of the DSI (Disability Service Improvement). It will be through their efforts and voices that we will make several of our recommendations for the future of the disability program. Immediately after the conference, NADE was called upon to attend an SSA Budget Stakeholders meeting in Washington, D.C. to put together a grass roots effort to help push for a budget resolution. Most of you know by now that the SSA's budget for fiscal year 2007 is going to make it difficult for all involved to provide quality service to the public. So, along with NCSSMA, Senate Finance, NCDDD, AFGE, AALJ and others with special interest in the SSA budget, we are trying to get support from Senators to adopt no less than the president's budget request of \$9.494 billion in the total LAE funding.

I believe as we move forward to address the future needs and the credibility in the disability program that you seriously think about what you want NADE to be and whether you want to continue to have a voice at the national level. NADE is not about me, nor is it about you, but it is about us as an organization. An organization dedicated to improving the disability program.

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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 **Winter, 2007**.

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You may e-mail articles in text format to drhilton@cox.net
Please also forward a hard copy.

Therefore, I encourage each and every NADE member to become more actively involved in the organization. When you are asked for your opinions, provide them. Attempt to recruit new members for a stronger voice. And lastly, before I head out to the AALJ Conference, my next NADE Presidential commitment, I encourage each of you to speak to your office colleagues and let them know how NADE can help each one of them be heard.

Chuck Schimmels

Chuck Schimmels
NADE President

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.



ODD Accomplishments, Role and Priorities for DDSs

Continued from page 1

On behalf of her brother and the millions of other disabled individuals and families who depend on services provided by the DDSs, Ms. Burrell thanked everyone from the bottom of her heart for all that disability professionals do.

ODD's role in supporting DDSs

ODD's current organization consists of two components—the Office of Field Disability Operations (OFDO) and the Independence Day Assessment (IDA) team. OFDO currently has three small branches: Performance Management, Systems Support and Resources Management. ODD needs staff with recent real world experience in the disability process. In order to better serve the DDS community, ODD will be expanding and creating four Divisions with the following tasks:

- Division of DDS Systems Technology—sole focus is to provide support for DDS systems
- Division of DDS Performance Management—focus on providing DDS performance management and analysis to support the DDS funding process (e.g., capacity planning, workload analysis, etc.)
- Division of DDS Operations Support—focus on electronic processing, post IDA activities, enhancements to DDS legacy systems, etc.
- Division of DDS Budget—focus on providing appropriate resources to the DDSs

Hiring for the expanded ODD organization has already started—ten new people will be hired in FY06 with additional staff positions to be announced in FY07. Since ODD needs to have people with recent real world experience in the disability process, some of the new hires will come from the DDS Community. Ms. Burrell stated that she hopes to strengthen the voice of the DDSs at the Federal level and do everything within her power to advocate for what the DDSs need.

Priorities, challenges and opportunities:

Budget - FY06:

- As of mid-September, the DDSs were well on their way to meeting the initial pending reduction goal of 577,000. [*The DDSs achieved the pending goal—ending the year at 555,074*]
- The processing goal of 93 days was being met—at 88.5 days through August 2006. [*The DDSs surpassed the goal—ending the year at 88.4-days*]
- The medical CDR goal of 342,200 had been met by mid-September.
- Net accuracy as measured through April 2006 was 95.8% with a goal of 97%. [*The rate thru June 2006 is 96.2%*]
- PPWY goal of 241 was almost met at 240 through mid-September. [*The DDSs met the goal—ending the year at 241*]
- DDSs are moving forward with electronic processing initiatives—all but three states are IDA certified and DSI has been rolled out in the Boston Region.

Continued on next page

ODD Outlook on DDS Issues

Continued from page 3

The Office of Management and Budget (OMB) allocates the Agency's funding along with goals and expectations. ODD works hard to ensure that the goals and expectations are realistic. For example, for FY06 the OMB established a PPWY goal of 270 and initial pending goal of 549,000. The Commissioner of Social Security was successful in working with OMB to establish a more realistic approach to the goals.

Staffing and Recruitment: Ms. Burrell understands that DDSs need time to obtain hiring authority through state government. She recognizes that as the DDS work processes change different skill sets are needed. She is also aware that some states have very high disability examiner attrition rates. For these reasons, a workgroup has been established—consisting of DDS administrators, SSA regional and SSA central office staff—to look at skill sets required under the electronic business process in the DDSs. SSA is committed to doing everything it can to ensure that the states understand the increasing complexity of the disability examiner job.

Systems Performance Issues: The SSA Office of Systems has done a tremendous job but SSA recognizes that they need to get to the point that ensures long-term stability and responsiveness. ODD is committed to working with the Office of Systems to address issues such as systems slowness, downtime, and to ensure minimum interruptions for maintenance and upgrades. ODD is planning a State Agency Systems Users Services (SASUS) conference in November to reprioritize what systems should be working on. SSA plans to purchase additional dual monitors to address DDS needs. Priorities that have been established are first to new hires, then the rest of Medical consultants, examiner supervisors and support staff. Dual monitors have been proven to improve productivity and ODD wants to ensure that every employee who works in production has them.

FY07 Budget Outlook: SSA is very concerned about the possible budget restrictions that SSA and the DDSs may be required to operate under. Next year, the budget looks to be even tighter than FY06 and even though requested, there will most likely not be dedicated funding for CDRs. ODD will work to ensure that realistic goals are established based on the budget that SSA receives. Two priorities for FY07 are to continue with the electronic process efficiencies and with DSI implementation in the Boston Region and roll out of DSI to another region.

Electronic Records: ODD sponsored a national electronic records conference and many good ideas emerged. A national strategy has been developed and plans initiated. Marketing tools and tips are being developed and more systems functionality to support outbound electronic requests and outbound FAX will be coming with new releases of DDS legacy system software.

Fifty-two of the 54 DDS sites are IDA certified with the remaining two states expected to be certified by the end of this calendar year. States that were IDA certified in FY06 will be recovering during FY07 and it is hopeful that production capacity will increase to pre-IDA levels. As of mid-September 2006, 93 percent of the disability workload is being processed electronically; fifteen hearing offices and all SSA Disability Quality Branches have been IDA certified. The IDA team has been working on post-IDA activities and follow-up will continue into the future.

Electronic CDRs (eCDRs): Two strategies have been developed to move towards an electronic CDR process with full data propagation and electronic Comparison Point Decision files. In the short term, the CDR application (SSA-454) and other paperwork will go to the SSA field office where a "stub" electronic record will be established. The SSA-454 and other forms will be barcoded and scanned into the system and the DDS will be able to work CDRs electronically. In the long-term, the plan is to have the SSA-454 form returned to a central location where it will be keyed into the system and a fully automated record will be established for the CDR process.

Disability Service Improvement (DSI): DSI has been implemented in the Boston Region as of August 1, 2006. The Boston Region is doing a phenomenal job. This is truly a test and business processes are evolving and changing. ODD is committed to ensuring that the rest of the DDS community continues to be as informed as possible as implementation proceeds. eCAT (Electronic Claims Analysis Tool) systems usability sessions were held in late September and early October to plan for the spring 2007 software release.

Planned Activities for ODD

- SASUS conferences will continue (one held fall 2006)
- Continue DDS visits (working on 3-year plan to visit all DDSs nationwide)
- Work with ODP to ensure that DDSs have policy that works
- Work with the SSA Office of Systems to ensure that DDSs have systems that work
- Develop a systems Service Level Agreement (SLA) with the DDSs

Ms. Burrell reiterated that it was her pleasure and honor to advocate for the DDSs and their needs and will continue to listen to ensure that their voices are heard.



The SSA Alphabet Soup Mushrooms!

EDL is now QDD; AC becomes DRB; welcome to PPOL; EME has become ERE; and NADE Continues to Make Recommendations to the Recipe

Presentation by Glenn Sklar, Associate Commissioner

Office of Disability Programs (ODP)

by Terri Klubertanz, DDS Administrators/SSA Liaison Chair

ASSOCIATE COMMISSIONER Glenn Sklar opened his presentation by commenting on the remarkable relationship that has developed between SSA, NADE and NCDDD, and the trust and respect that is fostered between the three groups. He stated that often NADE and NCDDD ideas become SSA ideas because they are REALLY GOOD ideas! He brought regards from the Commissioner of Social Security, Jo Anne B. Barnhart, and the Deputy Commissioner of Office of Disability and Income Security Programs, Martin Gerry; both were unable to attend the NADE national training conference due to other commitments, but stated that they wished that they could have been present to hear first-hand from those who work on the front-lines.

Mr. Sklar gave a short overview of the implementation of the new Disability Service Improvement (DSI) regulations in the Boston region as well as a policy update and what is being developed to support DSI. There has been a lot of communication between SSA Central and Regional Offices and the Boston DDSs as DSI has been implemented. All components care deeply about the disability process and are committed to making sure that issues are addressed as they arise. Below are some specifics on the various aspects of DSI.



Mr. Sklar takes time to listen to a conference attendee's comments.

Quick Disability Determinations (QDDs):

QDDs have been implemented with great success so far. The DDSs are processing QDD cases in less than 20 days as the regulations require. The predictive model (PM) was developed using over 3 million allowances. It develops a "score" based on various factors within the case and selects those cases which might be eligible for a QDD. The QDD process and predictive model is being monitored carefully to ensure accuracy and the impact of the process. The good news is that there appears to be a close relationship between the PM and those cases selected for QDD because very few cases have been "pulled" out of the QDD process. The goal is to successfully "marry" the disability process and technology so that those cases that are obvious allowances can be paid quickly.

Electronic Claims Analysis Tool (eCAT):

eCAT is a tool for disability examiners to efficiently capture the thought process behind their disability determinations and to build trust and credibility into the initial decisions up-front to ensure that the claimant and subsequent reviewers can understand how the initial determination was made. Additionally, the federal Reviewing Officials (fedRO) will be using a case analysis tool similar to eCAT to document their decisions and thought processes. Administrative Law Judges (ALJ) will also be using a similar tool called FIT (Findings for Integrative Template). The purpose of all of these decision tools is to document the case analysis in one continuous process to ensure consistency and uniformity of decision explanations throughout the process.

These decision support tools are designed to capture management information and background data to produce

a well organized, well thought out decision that anyone looking at the file can understand. SSA does recognize the workload pressures that disability examiners operate under and will be closely watching and monitoring the impact of implementation of eCAT and the other DSI initiatives.



NADE President Shari Bratt (left) and Pacific Regional Director Georgina Huskey (right) greet Associate Commissioner Glenn Sklar at the Presidents' Reception.

The eCAT tool is a work in progress and has several revisions that are in the works. Mr. Sklar invited conference participants to visit the eCAT booth, look at the tool, react and give feedback. SSA is listening to the individuals who will be using this tool. But he wanted to emphasize that the decision is still made by the disability examiner; it cannot be automated. He stated he firmly believes that the tool, once fully developed, will ultimately be a wonderful tool for the disability examiner.

Federal Reviewing Official (fedRO):

Forty federal reviewing officials have been hired. All are currently stationed in Falls Church, Virginia. They received eight weeks of training and the first few cases were received last week (mid-September 2006). The training consisted of "melding" the disability examiner basic training program with the ALJ training to come up with one set of training materials for everyone to use.

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SSA Changes Also Involve ALJ and Appeals Council
Continued from page 5

This will be available on-line so that there is one package available for all basic disability policy training.

A fedRO must consult with a medical expert when new and material evidence is received or if the fedRO disagrees with the DDS decision. An Office of Medical and Vocational Expertise has been established within SSA to serve as medical and vocational policy expert resources to both the fedRO and the ALJ. Nurse case managers will be used as the liaison and facilitator of communication between the fedRO and ALJ and the medical/vocational expert. The nurse case managers will schedule consultative exams for the fedRO and ALJ to ensure that the right kind of evidence is being ordered.

Administrative Law Judges (ALJ):

There are some new procedural changes in the administrative hearings process. ALJs in the Boston region will be receiving training on DSI in October 2006. Initially, 100% of all ALJ DSI decisions will be reviewed. Many ALJs in the Boston region will be using the FIT as a tool for explaining their deci-

sions. ALJs will be required to explain why they disagree with a fedRO decision when they overturn a fedRO decision.

Decision Review Board (DRB):

The Appeals Council will be replaced by a new entity called the Decision Review Board. A predictive model for error-prone ALJ decisions is being developed using information on cases likely to be remanded back to SSA from the federal courts.

Program Policy On-Line (PPOL):

This is a new electronic policy tool that has been developed using technology and a task based format to be more user friendly for the individual seeking policy guidance. It sorts and filters based on key word request searches by the user and their component to "bring back" more relevant guidance. Individuals can change preferences to see instructions for other components based on need. Current DSI instructions, electronic procedures and vocational information are available using PPOL. Eventually all existing POMS will be converted to PPOL. ODP is looking for detailees with DDS experience who have an inter-

est in writing policy to come to Baltimore to assist in this endeavor. See ODP's website (<http://co.ba.ssa.gov/disability/odp/>) for more details. A demonstration of the PPOL tool was given by Christy Humanik and Terri Hynes, two staff members of the Office of Disability & Income Security Programs Information and Technology Support Staff.

Request for Program Consultation (RPC):

A pilot is being implemented in the Boston and Denver regions that replaces the traditional "rebuttal" process when a Disability Determination Service (DDS) agency disagrees with a SSA Office of Quality return. The purpose is to get out of "finger pointing" and isolate key policy areas and make sure that feedback from quality reviews is valuable and meaningful to the DDSs. An on-line form has been developed to ensure ease of use and consistency in requesting program consultation. An ODP team will review the case and provide a policy interpretation within seven days of receiving the request for program consul-

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tation. A searchable database will be developed so that anyone requesting a program consultation can see all previous requests and responses in a specific area to determine if consultation had previously been provided to address the issue being raised. As of the September 2006 conference, five RPCs had been requested and ODP found one policy area that needed to be addressed (there was no current POMS available specific to address the policy question).

Listings of Impairments:

SSA has been using extensive outreach efforts to get input from others, and their ideas and feedback on how to operationalize listing policy. Experts from the medical community, advocacy groups, NADE and NCDDD come together with SSA and talk about the existing listings and potential revisions. Experience has shown that this model has produced better, more comprehensive and understandable listings; SSA has now embraced this model and will be using it for all future listing revisions.

They expect to have the entire set of listings rewritten by the end of calendar year 2007.

The National Academies of Sciences Institute of Medicine is also looking at the listings generally and will be making recommendations on how to make them more relevant. There is a growing concern that the listings no longer serve as an adequate screening tool as more and more cases are adjudicated at Steps 4 and 5 of the sequential evaluation process.

ODP is now seeking input and feedback one year after new listings have been introduced to determine if additional revisions are needed. He stated that the feedback NADE has provided has been valuable and well thought out. ODP is also providing early scripts of training materials to components, including NADE, for comment and feedback as they want to provide meaningful and helpful training on listing changes.



Electronic Records Express (ERE):

SSA is using two strategies to leverage receiving more evidence in an electronic format. One is individual outreach by DDSs to vendors in their states and the other is a more national scope with larger providers of evidence to leverage getting more information into DMA directly. The ERE website is being revised and work is being done to make it more user friendly.

Continuing Disability Reviews (CDR):

SSA is looking to do a better job with monitoring diaries. They will be using technology to more reliably define those cases that the DDS needs to look at so that cases can be processed in the most expeditious and efficient manner.

In response to a question from the audience on whether training will be available on individual desk tops for some of the many changes that he discussed, Mr. Sklar stated "We're trying it all! We need to look at what works and timing of such an effort."

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Evaluating the Disabled Child

**Speakers: Dr. John Stephenson, PhD, Ms. Leala Stephenson, MA,
and Ms. Karen Garland, MA**

by Glenda McMichael, Columbia, South Carolina DDS

THIS PANEL OF SPEAKERS GAVE an informative presentation on disabled children to attendees at the NADE National Conference held in San Diego, CA. The areas discussed included: (1) low IQ scores, (2) malingering, (3) special education, and (4) items included in school records.

Dr. Stephenson stated that low IQ scores are considered full scale IQ scores that fall below 70. Some professionals just look at this one score and consider a person to be mentally deficient. However, he pointed out that there are other factors that need to be taken into consideration before jumping to this conclusion. He spoke about five additional factors that should be looked at in conjunction with the IQ score. First, one must look at the accuracy of the test to determine if it is measuring what it is supposed to be measuring. Secondly, one must consider the cultural issues surrounding the individual being tested. Thirdly, the pattern of scores has to be factored into the overall test evaluation. One must look at the full scale, performance, and verbal test scores, as well as the other subtest scores in order to get an accurate assessment. Fourth, prior evaluations and the current evaluation need to be compared for consistency. Finally, the child's adaptive functioning (commonly known as Activities of Daily Living-ADLs) has to be considered. If a child's adaptive functioning is not consistent with the IQ scores, one must look at this to determine if the testing is an accurate picture of the child's abilities. Another tool that can be used to evaluate one's adaptive functioning is the VABS (Vineland Adaptive Behavioral Scale). This information is provided through information received from the parent, observations during testing, and information provided by other agencies that are involved with the child.

Dr. Stephenson went on to discuss the topic of malingering. He defined this as, "to intentionally exaggerate symptoms for monetary gain." Studies in 2002 indicated that as many as 30% of adults in disability evaluations will malingering. The prevalence of this in children has not been studied. He stated that there are Standards of Practice (SOP) where one can be given one to three batteries of tests to identify malingering. One's effort level when taking these tests can be influenced by: (a) coaching, (b) not wanting to test, and (c) not feeling well during testing. There are also a variety of tests that can measure one's effort level. Two of these includes the TOMM (Test of Memory Malingering) and the Rey. Studies show that the TOMM is more accurate, but it also takes longer to administer. The passing rate for children taking the TOMM is 90%, and it has been shown that mildly mentally retarded children can also pass this test. He stated that children in school may malingering to qualify or not qualify for special education services. This is one reason that the school tries to validate information from other sources to determine if malingering is occurring.

Recent NADE Certifications and Recertifications

*from Barbara Styles,
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Ella Timm - South Dakota

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Lara Dunipace
Efrain Perez
Kristen Riegler
Christie Hall
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Leigh Godek
Meredith Rogan
Patrick Bischoff
Karen Cummins
Dana Kavasek

Ms. Stephenson and Ms. Garland spoke on special education in the school system and the different types of school records used in the school system. There are two types of school records. One is the cumulative record that includes such things as demographics, attendance, discipline records, legal documents, statewide testing, and Title 504 plans. This folder does not include any special education information. The second record is the special education folder. This contains psychoeducational evaluations, and any special education related records.

Some school districts do not administer IQ testing due to various reasons, one of which is some of these tests can be considered culturally biased. One testing alternative used in California is the Southern California Ordinal Scales of Development (SCOSD). This measures the developmental progression of children up to the age of 12. Prior to administering any psychoeducational testing, there are interventions that occur. Some of these interventions include: (1) teacher accommodation, (2) student study team, and (3) Title 504 Plan. Teacher accommodation entails the student sitting next to the teacher, and the teacher making observations and correcting behavior as needed. A student study team consists of the administrator, teacher, parent, and the school psychologist. This team works with the student by coming up with a plan to help the student with academics. This may include small study groups or even a tutor. The last

intervention is that of a Title 504 Plan. This allows for basic accommodations and support plans. Some basic accommodations are extra time to take tests or testing away from the general classroom.

If interventions have taken place and there continues to be academic, emotional, or behavioral concerns with the child, psychoeducational testing is considered. However, prior to a child being tested, there are certain steps that must take place. First, parent consent must be obtained. Once this is done, testing has to take place within 60 days. The amount of days may vary according to the school district. Secondly, various sources are reviewed prior to the actual testing. Many of these sources are included in the testing report. These can be the child's cumulative school record, state testing results, IEPs, home life, family history, teacher interviews, parent and/or student interviews, and academic assessments. Once testing has been completed, and it has been determined that the child needs some type of special education support, an attempt is made to place the child in the least restrictive environment with some general education interaction. The least restrictive is that of the Individualized Education Plan (IEP). A child can have an IEP through graduation if he/she is on the diploma track or through age 22 if he/she is on the certificate track. The IEP includes such things as a student's classification, academic placement, strengths/weaknesses, goals, and speech/language assessment results. Remember, that this is not an all inclusive list. There is an initial IEP, an annual review, and a 3-yr. reassessment. The second level is that of resource classes. This is when a child needs some assistance in one or more academic subject areas. The third level is that of special day classes. These are for children that are classified as MR or have severe emotional problems. These children are those that require more support than a resource class can provide. The fourth level is that of a non-public educational program. Lastly, a child with severe impairments may have a residential program or hospitalization placement, which is the most restrictive environment.

In conclusion, Dr. Stephenson re-iterated the need to look at all aspects of a child when deciding disability. Many factors, as discussed previously, must be taken into account when determining if a child is disabled. It usually takes a collaboration of several professionals and parents to get a true picture of a child's abilities.



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Look for more information on the NADE web page coming soon.

What's Happening In Disability Policy?

by Judith Diefendorf, New York DDS

AS OUTLINED BY SYLVIA KARMAN of the Office of Disability Programs, Office of Disability Evaluation Policy (ODEP), QUITE A LOT! It has been a very busy and productive year for the staff of ODP.

Over the past few months, several policy issuances have been published, among them: Social Security Ruling (SSR) and revised POMS regarding "Weighing Opinions from 'Other' Sources." This ruling explains how decision makers are to assess and incorporate the opinions from non-medical sources into the decision-making process. It reaffirms that all relevant information from social workers, vocational rehab specialists, teachers, employers, friends, family members, etc. will be used in determining disability. Relevant information from other governmental and private insurance programs will also be considered by our decision makers. Also, adjudicators generally should explain the weight given to these "other sources" or otherwise show how these sources were considered when such opinions may have an effect on the outcome of the case.

Among the POMs section recently revised are:

- Request for Program Consultation (RPC)
- Implementation of Revised SSA 454-BK
- Relevant Period for Past Work
- Borderline Age
- Special Medical Vocational Profiles, SSR 85-15, clarifying that a lifetime commitment to one type of job is 30 years. The work must have been unskilled or semi-skilled or skilled, but skills are not transferable. To satisfy the requirement for this profile, the 30 years of lifetime commitment work does not have to be at one job or for one employer but rather work in one field of a very similar nature. If the person has a history of working 30 years or more in one field of work, the use of this profile will not be precluded by the fact that the person also has work experience in other fields, so long as that work experience in other fields is not past relevant work which the person is still able to perform. The age requirement is 60 or older, limited or less education and, of course, a severe impairment. Finally the claimant cannot be currently engaged in SGA.
- Medical Equivalence clarifying that all relevant evidence, both medical and non-medical, is considered

The ODEP staff has also recently published the DDS Administrator's Letter reminding DDS staff of the availability of vocational references, such as definitions found in the DOT, and the SCO, as well as occupational software programs like Occubrowse on the SSA Digital Library website.

Among the many issues still pending:

- Draft final regulations of Silvera-Vargas pending at the executive level. This regulation will clarify illiteracy and inability to communicate in English as an education level and its impact on potential skill transferability
- Expansion of the role of optometrist
- Notice of Proposed Rulemaking regarding recontacting medical sources
- Acceptable medical sources – licensed/certified individuals with titles who perform the same functions as school psychologist
- Failure to attend CE
- On-going consideration of Nurse Practitioners and Physician Assistants as acceptable medical sources
- Vocational documentation study on whether the use of DEQY and SEQY improves the vocational documentation

Ms. Karman outlined ODEP support of the ECAT tool and the DSI initiatives now being utilized in the Boston region. With the initial folder now in electronic format, electronic CDRs are next on the agenda. Scanning of a new 454 will be implemented in November 2006. More long-range processes will be issued by September 2007.

The staff of ODEP is also responsible for improvements in Program Policy Online with a more user friendly search mechanism. Med-voc, policy e-dib guide, DSI eCAT, rationale requirements, can be accessed by users with key words.

Ms. Karman also highlighted a new process now being tested in the Denver and Boston regions. Request for Program Consultation replaces the second level rebuttal process. Areas of dispute must be referenced to the appropriate policy references. ODEP has seven calendar days to review and issue a response which will be binding on both DDS and OQP. The findings and clarification of policy will be accessible to all DDS.

A major component of ODEP responsibility is training. ODEP has provided assistance for revisions to the Disability Examiner Basic Training and a new training program for FedRO. Vocational training is on-going in Baltimore as well as in regional offices and in DDS.

ODEP staff has just completed developing a training program for the use of Occubrowse which can also be applied to other web-based occupational programs on SSA's Digital Library. ODEP will introduce this training in its ongoing medical-vocational training in Baltimore and in regional offices and DDSs. Other training includes November 2006 IVT case explanation geared to DSI and October 2006 Disability Topics on "Weighing Opinions from 'Other' Sources" which will reinforce the newly issued SSR.

As you have read from the summary, the staff at ODEP contended with many major issues this past year. The ambitious work plan for future projects ensures that ODEP will be there to guide us through all of the changes in store for us in the year ahead.

Northeast/MidAtlanticConference



"Springtime In Vermont" - GMADE To Host the 2007 Bi-Regional Training Conference

by Jack McCormack, GMADE Chapter President

THE GREEN MOUNTAIN ASSOCIATION of Disability Examiners (GMADE) is busy making plans for the 2007 Bi-Regional Training Conference to be held in beautiful Stowe, Vermont from May 20-23, 2007, the height of springtime in Vermont.

The Stoweflake Resort and Spa, a four-diamond resort, nestled in Vermont's Green Mountains, offers quality accommodations, fine dining and a world-class spa. Stoweflake is located on Stowe's Mountain Road only a few miles from Mount Mansfield, Vermont's highest peak and the home of Stowe Mountain Ski Resort. Rates for the conference will be \$129.00 per room, per night plus tax.

You can make reservations by calling the Stoweflake at 1-800-253-2232
or visit their website at www.stoweflake.com.

We expect a large turnout so make your reservations soon!

The conference will tentatively kick-off with a reception Sunday evening and run until noon on Wednesday. While a final agenda is still in the planning stages, the focus of the conference will be DSI and its effect on the way the DDS adjudicates a disability claim. The Vermont DDS is part of the Boston Region, which is the first to roll-out this new process. By next spring there should be plenty of information to share with the rest of the nation. We plan to have guest speakers and presenters from SSA, the medical community and others. Keep in touch with the NADE website for further information as it becomes available.

We plan to have fun, as well. Within a short distance of the Stoweflake you will have your choice of golf, hiking, mountain biking, plenty of shops, galleries and wonderful restaurants. Side trips to places such as Ben & Jerry's Ice Cream Factory, Cold Hollow Cider Mill, Shelburne Museum and Burlington are being considered.

Getting to Stowe by plane is easy through Burlington International Airport, about 45 minutes from Stowe. Major airlines that serve Burlington include United, US Airways, Continental, JetBlue, Delta and Northwest. Amtrak also offers train service from New York into nearby Waterbury. Taxi service is available from the airport and train station. Car rentals are also available at the airport.

Information about the Stowe region is available on the internet. Some terrific websites include www.gostowe.com, www.stoweflake.com and www.stowe.com.

The 2007 Bi-Regional Conference in Stowe promises to be a great one. GMADE looks forward to seeing everyone next May! For more information regarding the conference, contact Jack McCormack, GMADE Chapter President, at 800-241-2463 or via e-mail at Jack.McCormack@ssa.gov.

NADE Honored To Have SSAB Chairman Daub Speak At National Conference

by Marty Marshall, NADE Past President

HAL DAUB, CHAIRMAN OF THE Social Security Advisory Board (SSAB) from 2002 through September 2006, spoke on Tuesday, September 19, 2006. Prior to serving on the Advisory Board, Mr Daub served in the US House of Representatives, representing the 2nd congressional district of Nebraska. From 1995 to 2001 he served as mayor of Omaha, Nebraska. In addition to his service on the Advisory Board he also served as the President and CEO of the American Health Care Association and the National Center for Assisted Living.

Mr. Daub began his presentation by noting that earlier this year he had the opportunity to speak at NADE's Quad-Regional Training Conference in Virginia Beach. He appreciated that opportunity, as well as the opportunity to speak in San Diego and wondered if having two major conferences at coastal locations had any connection with the fact that NADE's President, like him, is also from the State of Nebraska where one doesn't get to see the oceans very much.



NADE President Shari Bratt welcomes Chairman Daub.

On a more serious note, Mr. Daub went on to say how much he has come to appreciate and respect the great professionalism that NADE and its officers and membership represent.

"As Chairman of the Social Security Advisory Board, I have had the opportunity to learn how complex the Social Security Disability programs are, how difficult they are to operate, and what massive caseloads you have to deal with—often with resource levels that are barely adequate, if that.

Your dedication to serving the vulnerable population that depends on your doing your job well is clear:

- *Training conferences like this.*
- *Your excellent magazine, the Advocate.*
- *The efforts your officers make to keep in touch with the Advisory Board, the Commissioner, and policy makers on Capitol Hill*
- *The policy position papers you develop.*

All of these proclaim your commitment as individuals and as an organization to excellence in public service."

Mr. Daub then gave an update on what the SSAB is doing and his perspectives on what lies ahead for the disability program. For a number of years the Board has been concerned with the conflict between the Social Security definition of disability and the goals of the Americans with Disabilities Act. For the last 3 years the Board has invested a major portion of their efforts in examining how we can make the disability programs more attuned to the aspirations of disabled persons. (At the time of this presentation the Board was in the final stages of putting together their recommendations. That report has been completed and is available at www.ssab.gov.)

While the issue of the definition of disability has been the major focus the Board has also continued to work on other issues, including a chartbook on disability decision making. They have also been looking at the Social Security hearings process and monitoring the budget situation. Future roles will include monitoring the implementation of the Disability Service Improvement (DSI) system as it rolls out in the Boston region.

Mr. Daub concluded his presentation by soliciting questions - and comments - from the audience.

"... I come to your meetings only in part because I want you to know what the Advisory Board is doing. I think it is equally important to learn what you are doing and what are the issues that concern you. I take that intelligence back with me to the Board to help it know what really is going on in the programs we are responsible for reviewing."

- Chairman Hal Daub

Since the national conference, a new Advisory chair was appointed by President Bush. Sylvester J. Schieber will serve as chairman from October 2006 to January 2009. He is a specialist in analysis of public and private retirement policy issues (and the development of special surveys and data files). Mr. Scheiber has authored numerous journal articles, policy analysis papers, and several books, including The Real Deal: The History and Future of Social Security. NADE looks forward to working with the new chairman and wishes Mr. Daub well in his future endeavors.



Awards Luncheon Spotlights NADE Leaders



Proud winners display their awards:

(top) Danita Scherff of Virginia - Rookie of the Year;

Donnie Hayes of North Carolina - Charles O. Blalock Award;

Dean Crawford of Texas - Lewis Buckingham Award;

*(bottom) Cassandra ("C.J.") August of New Mexico - President's Award given to New Mexico chapter
and Malcolm Stoughtenborough of Oklahoma - the NADE Award.*



*Jeanne Huffman-Baker of Kentucky was
awarded the Frank Barclay Award.*



*Michelle Namenek of New York received
the John Gordon Award.*



*The Presidents Reception honors past NADE leaders.
From left: Marty Marshall (MI), Terri Spurgeon (LA), Debi Gardiner
(previously LA), Sue Heflin (MS), Bob Burgess (TX), Karen Gunter (FL),
Larry DeVantier (IL), Susan LaMorte (NJ), and Shari Bratt (NE).*



Courtyard at the Bahia Resort



*Past Presidents Sue Heflin, Terri Klubertanz and
Larry DeVantier catch up and share a laugh.*



*"Passing the gavel" from Shari Bratt to incoming
President Chuck Schimmels of Oklahoma*



**Thanks to the California Chapters for
a great training conference, fantastic location
and excellent program!**



The Bahia Resort at Mission Bay CA



Color guard stands at attention as the national anthem is sung.



Shari Bratt pins the President's pin on Chuck Schimmels.



Outgoing Board members Juanita Boston (NC) and Marty Marshall (MI) have provided our NADE organization with many hours of service.

**Thanks to the California Chapters for
a great training conference, fantastic location
and excellent program!**



More Conference Highlights



2005-2006 Committee chairs:
Gabe Barajas (Hearing Officers),
Barbara Styles (Professional Development),
Karen Gunter (Elections & Credentials),
Edie Peters-Liguori (Professional Relations Ad Hoc),
Bill Dunn (Constitution & ByLaws),
Rebecca Calvert (Nominations),
Terri Klubertanz (DDS Administrators/SSA Liaison),
Julie Mavis (Organ Donation/Transplant),
Micaela Jones (Non Dues Revenue),
and Tara Ackerman (National Disability Professionals Week).



*Entertainment was provided at the
Awards Luncheon by
Michael Alvarez from the San Diego DDS.*



Julie Mavis, Organ Donation Chair and herself a transplant recipient, welcomes Reg Green, president of the Nicholas Green Foundation. The foundation promotes organ donation in the memory of Mr. Green's son Nicholas. The family was attacked on a vacation in Italy and Nicholas was critically injured with a head wound. His parents decided to donate his organs and forever changed Italy's awareness of organ donation. Italy now ranks third in organ donation among European countries.



*Southwest regional members discuss issues before
the General Membership meeting.*

Conference Photo Memories Are Available!

**Photo CDs of the conference are
available for \$10.**

**Contact Georgina Huskey at
georgina.b.huskey@ssa.gov**

**or Cynthia Herrera at
cynthia.o.herrera@ssa.gov**

It Is All Perspective - Is It an Ability or Disability?

by Tara Ackerman, Nebraska DDS

JAY MARTIN, C.P., L.P. PROVIDED NADE conference attendees with an interesting and inspirational update on the advances in prosthetic design and how they can enhance the human performance. The recent advances in prosthetic design have allowed people to actually feel with their prosthesis and it is possible for them to use their brain to communicate movements to open and close their hand prosthesis. He reminds us that the prosthetic limbs and movements are part of a person's personality. The current technology in prosthetics is to give life back to amputees and increase their functional ability. The goal is to actually mimic the human body and mesh man and machine. They want to allow the device to integrate with the body, but it will not exceed human potential or capabilities.

Prosthetic research has changed a lot over the last few years. And with the advances in the research, the prosthetics have allowed motivated amputees whom have lost arms in the Iraq war to want to go back to the front lines and others to play the guitar or piano within 4 years of receiving their prosthesis. This is so encouraging and proves such determination and motivation on behalf of the amputees. Amputees are becoming less dependent on others and there is proof that the prosthesis is more than just an extension to the body or a biometric movement.



Roderick Green relates the story of his athletic feats inspite of his impairment.

There are many factors to consider when an amputee obtains a prosthetic device. These include the mechanical/physical effects, afferent feedback (nerve impulses conveying sensory information from the organs to the central nervous system), functional abilities, psychological connectivity, and efferent control (nerve impulses conveying sensory information away from the central nervous system). There is a great possibility of limitations between the device and the human body and each amputee has individual needs. The mechanical components are always present, but the amputee is receiving life through innovation. The device tries to allow for true movements, be light enough yet strong enough, and fit into the anatomical space.

The newest generation of prosthetics is the interactive motor control mechanisms that communicate between the body and the prosthetic device. This allows the computer controlled device to allow the brain to analyze if the amputee is walking, carrying, etc. It can also allow the sensory system to feel with the prosthesis by sensing temperature, pressure, and vibrations. One amputee mentioned in the presentation was truly given a gift after receiving his prosthesis. He was able to hold his wife's hand and feel the warmth in it for the first time in 10 years! It is truly amazing how technology can change the quality of a life and bring back an often taken for granted blessing.

That brings us to a truly genuine and inspirational athlete that spoke at the conference as well. His name is Roderick Green and he was born without a fibula or ankle on the right leg. He gave an overview of his life growing up as an amputee. He received his amputation at age 2 and experienced some struggles growing up due to that. He went to a new school in junior high and he wanted to play basketball. He was told by another athlete that, "no cripple will take my position." That was the first time he had heard anything negative about his disability. His father, a farmer, told his son that "with a whole lot of God and little bit



Jay Martin explains how prosthetic advances have changed prosthetics.

of work, you can do anything." He tried out for the basketball team anyway and his coach said that he was not probably the best player but he put him on the team anyway because with hard work, dedication, and improvement he would be able to play basketball.

He certainly did make a good player and was an excellent free throw shooter. He started every game at his Louisiana high school. He states that he was a bit arrogant and was very hard-working. His success did not come easy, but he believed in himself. At one point, he even broke his "good ankle" but perseverance reined for this young achiever. He was blessed by a doctor who provided him with free prosthetics and a dream come true, as these devices can be extremely expensive and can actually limit functional abilities if not properly fit. There are many high performance designs that open a wide world to amputees.

Roderick then took up running and after three weeks of training, he managed a 2nd place in his first track meet against the eight fastest runners in his region. In fact, he excelled through a long journey of hard-work and dedication to make it as one of the world's best amputee sprinters. He has won many Paralympic metals and is 5th in the world in 3 or more events and had the 400 meter world record. He was the first amputee to sign a full athletic scholarship in the world. If that is not ability, what is?

Continued on next page

Ability or Disability, continued from page 17

One may ask if prostheses would actually improve someone's athletic ability and that is the exact opposite of the truth. Prostheses expend 95% of the energy and the human body expends 246% of the energy. So, yes, Roderick is just that much better of an athlete! He went from someone with no name to a world's best athlete! As Roderick says, "life is going to get better, there's always a blessing somewhere." Disability is when a doctor does not fit a patient with a proper prosthesis to allow them to excel, enjoy their lives, and never give up. A properly fit prosthesis would allow an amputee to go all day and have no problems and it should not be a limiting factor.

THINK PINK!

by Danita Scherff, Roanoke VA DDS

October is Breast Cancer Awareness Month and pink ribbons are abundant. When seen on a small girl's pigtails, they evoke a sense of life and hope about the future. With awareness, early detection and treatment of breast cancer, the likelihood of a better quality of life and survival increases. As with the small girl's pigtails, pink ribbons again stand as a small reminder to signify life and hope for many breast cancer survivors.

ON TUESDAY, SEPTEMBER 19, 2006, Linda Wasserman, M.D., Ph.D. with the University of California, San Diego, presented her topic "Breast Cancer: Incidence, Risk Factors, Treatment and the Impact on Quality of Life" to the NADE National Conference in San Diego, California.

In 2006, The American Cancer Society estimates that 212,920 women will be diagnosed with breast cancer and 40,970 women will die of breast cancer. Between 2000 and 2003, most women who were diagnosed with breast cancer were between the ages of 45-74. The racial breakdown of incidence of breast cancer during these years showed Caucasian women with the most diagnoses, followed by African American, Asian American, Hispanic, and Native American women.

There are various protective as well as risk factors to consider with this disease. Dr. Wasserman indicated that some protective factors include being 14 or older at the onset of menstruation, giving birth as a teenager, breast-feeding, and being Asian, Native American or Hispanic. Some risk factors include a family history of breast or ovarian cancer, being 10 or under at onset of menstruation, never giving birth or being over 30 at first live birth, and being Caucasian. There are also genetic risk factors to consider, as 5-10% of women with breast cancer have a family history of breast cancer, which suggests an inherited, genetic risk.

Dr. Wasserman went on to discuss the various prognostic factors relating to breast cancer. First, she discussed the staging of breast cancers. If the cancer is stage I, the tumor is less than or equal to 2 cm and there is no lymph node involvement. At stage II, the tumors are between 2-5 cm and the tumor has spread to the axillary lymph nodes. At stage III, the tumor is more than 5 cm, with growth of the tumor through the lymph nodes into the axillary soft tissue, as well as involvement of the dermal lymphatics (inflammatory breast cancer). At stage IV, there has been distant metastases or spread to the skin beyond the breast area.

Once the diagnosis of breast cancer has been made and the staging has been determined, the patient has some decisions to make about her treatment. First, she may need to consider if she wants a lumpectomy followed by radiation, a modified radical mastectomy, reconstruction, and a sentinel node or axillary dissection. If the sentinel node is negative, the axillary dissection is usually not performed. If the sentinel node is positive, the dissection proceeds.

After surgery is performed, there may be a myriad of physical and psychological outcomes. For all groups of women, there were no differences found in their levels of depression, fear of recurrence, physical discomfort of breast after surgery, feeling unattractive to their partners, and physical, social or emotional well-being. Following an axillary dissection, many women experience

symptoms in their arm, including lymphedema and pain as well as arm and shoulder weakness leading to reduced mobility. The presence of these symptoms was associated with a significantly worse overall quality of life. Predictors of arm symptoms include the extent of the axillary dissection, pre-existing diabetes or cardiovascular disease, and being employed.

Another variable that would need to be considered in regards to treatment plan is the type of adjuvant therapy that will be pursued. Adjuvant chemotherapy can be performed preoperatively or postoperatively. Pre-op chemotherapy is used with inflammatory breast cancer, to reduce the size of large tumors to enable breast conservation, and can be combined with postoperative chemo. The typical experience for postoperative chemotherapy begins within weeks of the surgery and continues for approximately 6 months. Regimens can vary in frequency, amount of drug, and number of chemo cycles. Depending on the chemotherapy agent used, some women may experience side effects including fatigue, nausea, hair loss, bone marrow suppression, sleep disturbance, weight gain, painful sensory neuropathy, fluid retention and immediate hypersensitivity. Some women may also experience cardiac symptoms as a result of some chemotherapy agents. Chemotherapy has also been found to cause some impairment in cognitive functioning.

In addition to chemotherapy, some hormonal therapies are also used for adjuvant therapy. Hormonal therapies can be classified three ways. First, there are Selective Estrogen Receptor Modifiers (SERMS), to include Tamoxifen and Raloxifene. Second, there are Aromatase Inhibitors, to include Arimidex and Letrozole. Finally, there is also the option of LHRH Agonist, to include Goserelin. One of the most commonly recognized hormonal therapies, Tamoxifen, reduces recurrence risk and risk of contralateral breast cancer by 47% and increases survival rate by 12%. Some relative risks include uterine cancer and thromboembolism. These risks are greater in older women. Common side effects of Tamoxifen include hot flashes, vaginal dryness or bleeding, fatigue, and night sweats.


According to Dr. Wasserman, there are various aspects of treatment of breast cancer which may contribute to short and long term disability. Short term causes of disability include chemotherapy-induced fatigue and nausea, emotional distress, and impairment in cognitive function from chemotherapy or reaction to diagnosis. Long term causes of disability include pain and restriction of arm motion as a result of axillary dissection, cardiotoxicity of chemotherapy, persistent psychological and cognitive problems, and disease recurrence.

In a study of breast cancer survivors and returning to work, Bouknight et al. (J. Clin. Oncol., 2006, 24:345-352) discovered that 80% of the women studied

had returned to work within 12-18 months. This study also noted predictors of failure to returning to work during that time to include older age, limited education, advanced tumors, jobs requiring heavy lifting, and perceived employer discrimination about cancer diagnosis.

Given the incidence of breast cancer, many of us will be affected by breast cancer during our lifetimes. Whether the condition influences our own lives, the lives of loved ones, or our claimants, Dr. Wasserman's presentation provided the entire conference with an informative and constructive presentation, offering a myriad of details to be considered.

Good Luck, Tony! **Tony Inniss Retires from New York DDS**



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Tom Broderick from ESADE congratulates his longtime friend and NADE/ESADE member Tony Inniss on his retirement after 33 years working in the NY DDS.

A RETIREMENT CELEBRATION was held on Friday, November 10, 2006 at the Italian American Community City in Albany with well over 100 of his co-workers and lifelong friends.

Tony started in 1973 in the Manhattan DDS office working with Frank Giordano, Marty Blum and Tom, together they formed the ESADE Chapter. In 1981, Tony relocated with his wife, Diane to Albany, where he was instrumental in opening the new DDS office in Albany. He is currently a Module Manager and those who know Tony know that he'll be spending his retirement days watching Yankee Baseball and visiting his favorite Mouse, Mickey!

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Highlights of the General Membership Meeting National Training Conference September 19, 2006 San Diego, California



THE MEETING WAS CALLED to order by President Shari Bratt.

Proxies were presented and accepted. Motion was made to approve the Agenda and passed.

Reports of the Executive officers, Regional Directors, CCP Chair and Appointed Directors were read and accepted. Appointed Committee, Standing Committee and Ad Hoc Committee chairs also made their annual reports.

Marty Marshall presented the **Membership Awards** in the absence of Jeff Price.

Large Chapter Awards

First Place	California-LA
Second Place	Ohio
Third Place	Alabama

Medium Chapter Awards

First Place	Arkansas
Second Place	Mississippi
Third Place	New York West

Small Chapter Awards

First Place	Virginia
Second Place	Massachusetts
Third Place	Rhode Island

Honorable Mention: California-South and California-Sacramento

Photo and Newsletter Awards were presented by Donna Hilton, Publications Director.

Photo Contest Winners

First Place	Derby City Kentucky
Second Place	Tennessee

Newsletter Winners

Large Chapter

Three way tie—Missouri, Georgia and Texas

Medium Chapter

First Place	Tennessee
Second Place	New Hampshire

There were no entries from any of the regions or small chapters.



Membership Awards - row 1: Paula Sawyer (NH), Edith Jacobs (MA), Rhoda Jamias (San Diego CA); row 2: Susan Smith (OH), Marcia Whittle (WYNADe), Louise Liveoak (AL), Danelle Bradshaw (VA), Jason Evans (AR), Sue Heflin (MS), Georgina Huskey (Sacramento, CA) and LaTanya Foster (Los Angeles CA).



Photo winners: Marcella Allen (Derby City KY) and Dan Carr (TN).



Newsletter Awards: Paula Sawyer (NH), Dan Carr (TN), Mark Bernskoetter (MO), Mary Sue Bryan (GA), and Bill Dunn (TX).

National Disability Professionals Week Chair Tara Ackerman announced the NPDW Winners.

Large Chapter	First Prize	Texas
	Second Prize	Illinois
Medium Chapter	First Prize	West New York
	Second Prize	Nebraska
Small Chapter	Massachusetts	

Julie Mavis announced the winners for the **National Donate Life Contest**:

First Place	Empire State Association of Disability Examiners
Second Place	Louisiana
Third Place	Nebraska



NDPW Winners: Ashley Tanner (NE), Susan Smith (accepting for IL), and Luise Parsley (TX).

OLD BUSINESS

1. 2007 Conference Update. Ella Timm invited everyone to Sioux Falls, South Dakota for the 2007 National Training Conference—September 17-19, 2007. The theme will be “The Winds of Change, New Directions in Disability.” The conference will be held at the Holiday Inn City Centre. Members can find the link to the hotel on the NADE website after October 15, 2006. The location is within walking distance of the historic downtown, Sculptor Block and the Old Courthouse Museum.

2. Constitution and By-Laws Changes. Bill Dunn presented the following proposed changes to the Constitution and By-Laws:

Article IX - Finances and Membership
Currently ends with 4.)

Proposed to add: 5.) Corporate membership will commence on the date of receipt by the Membership Director and will be valid for the following 12 months. Renewal memberships will be due on and commence on the anniversary date of membership.
The motion passed.

Article XIII - Council of Chapter Presidents

Proposal was to eliminate the office of CCP President. Call for the vote and the motion failed resulting in no change to the Constitution and the no change in the Office of CCP President.

Article V - Board of Directors

Section 7. Terms of Office

Proposed: The terms of outgoing Board members shall end and the terms of incoming Board members shall begin at the moment the gavel is passed to the new President during the General Membership Meeting. Unless specified elsewhere, and except in instances of elections to fill a vacancy, elected officers shall serve one (1) year terms and Regional Directors shall serve two (2) year terms. The Secretary, Treasurer, and Regional Directors shall not serve in the same position for more than four (4) consecutive years. The Immediate Past President shall serve on the Board for one (1) year.

The proposed change did not pass.

Article VII - Duties of Officers

Section 5 Duties of Treasurer. Current:

C. Contact a Certified Public Accountant to audit financial records annually.

D. Provide a copy of the Auditor's report for the Secretary to be entered in the minutes of the Board of Directors.

E. Enter a copy of the Auditor's report into the financial records before they are passed on to the succeeding Treasurer.

Proposed:

C. Provide a proposed budget to the Board by January 1 of each year with the advisement of the Executive Board.



Donate Life Winners: Renee Schumacher (NE), Mary Dumars (LA), and Debi Chowdhury (ESADE).

Continued on next page

General Membership Business

Continued from page 21

- D. Within one month of the end of the fiscal year for his term of office, provide a Financial report with necessary documentation for independent review by the President, President Elect and Past President.
 - E. Provide a copy of the Financial Report for the Secretary to be entered in the minutes of the Board of Directors.
 - F. Enter a copy of the Financial Report into the financial records before they are passed on to the succeeding Treasurer.
- After discussion, the membership approved the above proposed changes.

Article VIII - Standing Committees

Section 2. Standing Committees and Their Duties

Current

J. Hearing Officer Committee. This Committee shall monitor and develop recommendations to the Board on activities and issues relating to the Disability Hearing process and the Hearing Officer function.

Proposed: *Delete as a Standing Committee*

(NADE Board to determine if this should be kept as an Ad Hoc Committee).

After discussion by the membership, the motion passed.

3. Administrators' Survey Results. Terri Klubertanz reported the results of the DDS Administrators' Survey. The results will be made available to the membership via the website. She reported that overall the responses showed that the DDS Administrators are very supportive of NADE conferences.

4. Membership Survey Results were given by Barbara Styles. The results will be published in an upcoming issue of the ADVOCATE.

5. Update on 2008 National Training Conference. Sharon Summers reported the 2008 National Training Conference will be held in Nashville Tennessee at Millennium Maxwell House Hotel. The dates are September 15-18, 2008. Reservations are being accepted.

NEW BUSINESS

1. Time Frames for Approval of the Minutes. The Board voted at the Old Board Meeting to approve Minutes from the Old and New Board Meetings electronically. This will facilitate access to the information more quickly.

2. Projects Shared with NCSSMA (Appropriations). Shari Bratt reported that NADE sent letters to congress and the senate supporting NCSSMA lobby for the budget and the impact of adequate funding for SSA.

3. Update on Progress of DSI Rollout in the Boston Region. Paula Sawyer presented a report—"Feedback from NADE Members in the Boston Region DSI Transition." She will share this report with the membership via email.

4. NADE Elections 2006-2007. Rebecca Calvert, Chair of the Nominations Committee presented the following candidates: Chuck Schimmels, President, Barbara Styles, President Elect, Bill Dunn, Treasurer, and for Secretary Michelle Namenek and Cassandra "CJ" August.

The membership voted and the following are the Officers for 2006-2007:

President	Chuck Schimmels (OK)
President Elect	Barbara Styles (AL)
Secretary	Cassandra "CJ" August (NM)
Treasurer	Bill Dunn (TX)

Shari Bratt passed the gavel to the new NADE President Chuck Schimmels.

Shari Bratt was thanked for her service to NADE as the President during the past year.



Panel Discusses Program From Medical Consultant Perspective

by Marcella Allen, DCADE

A BREAK OUT SESSION AT the National Training conference, titled "Medical Panel," was facilitated by Stuart A. Brodsky, DO FACOS. This session offered participants the opportunity to ask questions about his role as a medical consultant and get his view from a medical consultant's perspective. Dr. Brodsky kindly volunteered to take this panel in place of Herb Hurwitz, MD, the scheduled presenter.

Stuart Brodsky, DO is a Medical Consultant I in the La Jolla Branch of the California Disability Determination Services (CA DDS). He graduated from the Philadelphia College of Osteopathic Medicine in 1963 and completed his residency in general surgery in 1967 at the Metropolitan Hospital, Philadelphia, PA. He was in private practice as a general surgeon in Cranston, RI from 1967-1981 and in Albuquerque, NM from 1981 to 1988. He was a US Navy surgeon from 1988 to 1994, serving in Saudi Arabia, deployed with the US Marine Corps from 1990-1991 in Desert Shield/Desert Storm. He has been a medical consultant in the CA DDS since 1999.

Dr. Brodsky told the attendees about the Medical Consultants structure of the CA DDS. California Medical Consultants (MCs) are civil servant employees

if they are hired for full time employment. The CA DDS also hires part-time employees who substitute for a Medical Consultants when someone is out or if there is a backlog. Full-time MCs are assigned to work with a specific unit or group of analyst and supervisors. With this approach to the medical review, a team is formed and the MCs and analyst usually find this very beneficial for their casework.

Medical Consultants frequently assist with initial and ongoing training in the CA DDS. MCs help with training new analyst as well as experienced ones. The Professional Relations Officer also asks some MCs to train CE vendors.

Dr. Brodsky discussed how most MCs are adjusting to this eDib process. Some MCs retired, but most are adjusting well. Some MCs utilized staff proficient in eDib to assist them while they learned the process.

Several questions were asked and those in attendance also discussed ideas and solutions. One question asked was "if an examiner should take questions back to the MCs about a specific assessment; and if so, how they should approach the MCs with their concerns." Dr. Brodsky, as well as other MCs in attendance, suggested that the best way

to approach MCs with a concern was to ask the doctor to "teach" you about this case and ask pointed questions about your concerns. This approach alleviates any confrontational aspect of your concern and helps you to first understand their view. If you still disagree, you should politely point out your opinion of what the assessment should be.

Another issue that was raised was whether or not a MC should be told what RFC would allow a claim. Dr. Brodsky and other MCs in attendance stated that having this knowledge could be beneficial, especially if a CE or more information was requested to review for meeting or equaling a listing. In other words, if a MC requests more information on a case and the analyst is aware that a Sedentary, Light or Medium RFC will allow this individual, the analyst could advise the MCs of this before requesting the information to see if that RFC could be justified. It was also mentioned during the session that examiners and MCs should develop/review a case to facilitate an allowance, rather than a denial.

This break-out session was very informational in that it gave those in attendance a perspective of the program from the eyes of a Medical Consultant.

Electronic notification of the Advocate offers the advantages of color photos and graphics, faster delivery, website links, etc. As mailing expenses continue to rise, this is an excellent way to help NADE save money.

You can also receive notice of updates to the NADE website, www.nade.org, for job opportunities and position papers.

Contact the NADE Publications Director Donna Hilton to change your paper copy into a color electronic copy!

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October 25, 2006

Sylvester J. Schieber, Chair
Social Security Advisory Board
400 Virginia Avenue, S.W.
Suite 625
Washington, D.C. 20024

Dear Mr. Schieber:

On behalf of the National Association of Disability Examiners (NADE), I would like to extend our congratulations to you on your appointment as Chair of the Social Security Advisory Board. We wish you success in your new role.

NADE is the professional association for Disability Determinations Services (DDS) employees and for all those involved in every aspect of the Social Security and SSI disability program. NADE is committed to providing high quality decisions, promoting a high standard of professionalism with compassion and a continued development of expertise in the process of disability adjudication. We strive to maintain the public's trust in our integrity and judgment by providing the best possible service to the disabled citizens in our society.

Your appointment comes at both an exciting and challenging time in the Social Security Administration and the disability program. NADE would like to continue to offer our expertise and assistance to the Social Security Advisory Board in whatever ways we can. We look forward to meeting with you and other members of the Advisory Board in the near future.

Again, congratulations on your appointment and best of success to you in your new role.

Sincerely,

Chuck Schimmels

Chuck Schimmels, President

c: Barbara Styles, President-Elect

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SSA Vocational Policy: Recurring Issues*Continued from page 24*

- Description of tasks
 - Physical and mental demands
 - o Never say “can return to” PRW—say “has the ability to perform”
 - o Always do a function-by-function comparison to evaluate at Step 4
 - o Consider work done prior to the “relevant period” if there is a continuity of skills, knowledge and processes with work performed near the beginning of the “relevant period”.
- Step 5 (Other Work)
- o Don’t consider age, education (including literacy) or skills until you get to Step 5
 - o Transferable skills or direct entry always trump age and education (including literacy.)
 - o Remember to consider/rationalize borderline age:
 - Must be only a few days to a few months from next age category
 - Use of higher age category must make a difference in the decision
 - “Additional adversities” must be present
- Vocational evidence is just as important as medical evidence
- Always remember to explain your judgments
- Resolve inconsistencies and rationalize

Our only complaint about this session was that an hour was not nearly long enough so Q&A had to be cut short. We hope that Sylvia and Bill can return to future NADE National Conferences (2007 in South Dakota??) where we can have more time to discuss difficult vocational issues.

Ms. Karman provided the NADE-LA organizing committee a copy of her Power Point, which has been shared with the Training Coordinators of all the California DDS branches. If anyone else would like a copy, they can e-mail Pamela.F.Scheel@ssa.gov to get an e-mailed copy.

**Coordinator, Services for Visually & Orthopedically Disabled Students
New York University (New York, NY)**

The New York University Student Health Center and Moses Center for Students with Disabilities has an excellent opportunity for a qualified disability professional to work with our students with disabilities population.

The professional will coordinate services for students with disabilities requiring accommodations. Other duties include: Advise students, faculty and staff on options for accommodation, adaptive technology and relevant laws. Conduct periodic surveys of University facilities and surrounding areas to identify violations in compliance and work toward correction. The position reports to the Director, Center for Students with Disabilities.

Qualifications: Master’s degree in Rehabilitation Counseling and 2 years relevant experience, preferably in a college or university setting with a background in training for the use of adaptive technology and counseling certification. Knowledge of federal and state regulations regarding architectural barrier. Familiarity with Macintosh programs and PC word processing software.

To apply: Interested parties must apply on-line through MATCH, NYU’s web-based job portal, at <http://www.nyu.edu/hr/jobs/> apply, clicking the external applicants link, “search openings”, and using requisition number 5048BR as keyword. NYU offers an excellent benefits package, including medical for self and eligible family members, tuition remission for self and eligible family members, nearly five weeks combined vacation and personal time per year, and many social and cultural opportunities at a large urban university.

For more information on the NYU Moses Center for Students with Disabilities, please visit <http://www.nyu.edu/csd>. NYU is an equal opportunity/affirmative action employer.

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SSA Vocational Policy: Recurring Issues

by Pam Scheel, California DDS

THE 2006 NADE NATIONAL TRAINING Conference in San Diego included many interesting and informative break-out sessions. One of the most highly attended was the above-entitled session led by Sylvia Karman, a Team Leader in SSA's Office of Disability Policy (and a NADE member for several years) with assistance from Bill Randall, a Policy Expert in the San Francisco Regional Office's Center for Disability.

Ms. Karman pointed out that over half of our decisions are now made at steps 4 and 5 of the sequential evaluation process. Because these are the most complicated steps in the process, there are numerous places where a mistake can occur. This presentation was based on "frequently-asked questions" that are received in ODP and the SFRO and was aimed at helping us prevent mistakes when adjudicating cases at Steps 4 and 5 of the sequential evaluation process.

The major topics that the presentation covered were:

- RFCs/MRFCs:
 - o Most problems arising in vocational evaluation are actually the result of RFC/MRFC deficiencies.
 - o Assume that a claimant starts with 100% capacity
 - o Limitations and restrictions must be related to an MDI
 - o An RFC/MRFC is the most a claimant can do despite the MDI(s)
 - o An RFC/MRFC must be internally consistent
 - o An RFC for less than a full range of sedentary work may suggest that a claimant actually meets or equals a listing
 - o A sedentary exertional level plus a nonexertional limitation does NOT automatically equal a "less than sedentary" occupational base
 - o A "less than sedentary" RFC does not automatically equal an allowance
- Step 4 (Past Relevant Work-PRW)
 - o Ability to perform PRW always trumps RFC (Don't look at an RFC and go right to Step 5. No matter how restrictive an RFC/MRFC, a claim will always be denied at Step 4 if the claimant retains the ability to perform PRW.)
 - o What we need to know about PRW:
 - o Job Title
 - o Dates worked
 - o Hours worked per week
 - o Rate of pay
 - o Tools, machinery and equipment used
 - o Knowledge, skills and abilities required

Continued on page 21

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