the NADE ADVOCATE

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Conference Coverage

Address by SSA Commissioner Jo Anne Barnhart Focuses on eDIB and New Approach

by Jerry Prior, Ohio DDS

Social Security Commissioner JoAnne Barnhart thanked NADE members assembled in September at the Kansas City conference, expressing her appreciation for dedicated service during difficult times. She also reviewed the budget situation and provided updates on eDib and her proposed new approach to disability.

The budget news was mixed. She reported that Congress had reduced the proposed increases, but still maintained a 3.7 percent increase in the Senate bill and 5.8 percent in the House version. As of the time of her speech, no final budget had been passed and the issue was before a conference committee.

The Commissioner reported that she had provided Congress with her plans for the coming fiscal year. She had also informed them that the planned service delivery would have to be adjusted if not funded.

Commissioner Barnhart acknowledged difficulties in implementing eDib, but told NADE that she believes it will succeed because essentially everyone agrees that the system needs to be changed. She added that the biggest obstacle at this point is convincing everyone that eDIB will be accomplished. She repeated earlier statements that this should greatly reduce the overall time that it takes a claim to go through the entire Social Security system, including the hearings level, where it will eliminate the problem of lost cases. Commissioner Barnhart noted that staff acceptance is necessary for the new system to work efficiently and properly.

Commissioner Barnhart noted that special services such as QA, reviewing officers, or others could be located anywhere, but she stated emphatically that she has no intention of removing medical consultants from any DDS. Electronic folder transfers will allow an out-of-state MC to review a case from another state. She envisions the possibility of certain out of state medical specialists being available to examiners in states that may have limited access to certain specialties in their own offices. As an example, she cited that many smaller states do not have in-house expertise such as ophthalmologists, and eDIB will make it possible to make such resources available to all. She emphasized that she definitely did not plan to have large groups of doctors sitting in one central location.

Making the right decision as early as possible in the process is imperative, but she added that she does not see this as creating more allowances.

In discussing her new approach, the Commissioner made the point of distinguishing the proposed approach from an

NADE President Terri Klubertnaz introduces Commissioner Barnhart.

actual plan. She noted that an actual plan would have to be much more specific and that the full plan with more details would come later. She stated that she is still receiving comments and commented that she had met several times with Terri Klubertanz, Marty Marshall, and others representing NADE. Commissioner Barnhart stated that she valued suggestions which they have made. The full plan can not be implemented until eDib is "up, running, and successful" for ten to twelve months after complete implementation throughout the country. The final document will be ready by late 2005 or early 2006 at the earliest.

Commissioner Barnhart stressed the need for the full plan to incorporate the total process, but she did acknowledge

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IN THIS ISSUE:

President's Message

AS MANY OF YOU KNOW, I was also NADE President in 1991-92. In my first President's column, entitled "Looking Back – Looking Ahead," I wrote,

"As I began to write this column I took a few minutes to look back over other President's columns. A recurring theme for the past two years was that these are challenging times for the disability program.... Yes, the disability program has a history of challenges. AND NADE HAS A HISTORY OF RESPONDING TO THOSE CHALLENGES.... We know the disability program better than anyone. We know what works and what is just "cosmetic change". We need to direct our efforts to seeing that the changes which are made are truly beneficial–that they can be implemented effectively, efficiently and fairly and, *most importantly, that they will truly help the disability applicant or beneficiary who relies on us."*

Those words are still amazingly true. And now, as then, the keys are communication and training. We communicate with each other to learn what works and what doesn't work and then share that information with SSA and the Congress. We also share our "hands on" expertise with our colleagues in the National Council of Disability Determination Directors, the National Council of Social Security Management Associations and the Association of Administrative Law Judges to make our voices stronger. We discuss the challenges facing the disability program and share our suggestions and solutions with the Social Security Advisory Board, the General Accountability Office, the Congressional Budget Office, the National Academy of Social Insurance, the Office of Management and Budget, the American Association of Retired Persons and other concerned entities.

NADE Training Conferences (state, Regional and National) offer us the opportunity not only to learn, but also to network. Because these conferences are planned by NADE members for NADE members, they are uniquely relevant to the issues and challenges we face. The 2004 National Training Conference in Kansas City, MO was an excellent example of that with its mix of medical and program sessions – all of them outstanding! If you haven't attended a training conference in the past, I hope you will be able to do so this year. If you have, you know first hand how valuable and relevant these are. And NADE training conferences are excellent sources of credits for the Disability Examiner, Medical Consultant or Support Professional certification or re-certification. (Just as a reminder, in April 2002 NADE took steps to strengthen its certification process by requiring continuing education and re-certification. This means that if you were certified on or before 4/1/2002 you will need to be re-certified by 4/1/2005 or your certification will lapse.)

This year promises to be no less challenging than last year – or the year before. So I am again quoting from my first President's Column, "It's not always easy to be involved when we're up to our ears in cases [and now we've added e-Dib and EME to the mix!] but now, more than ever, we need NADE involvement and now, more than ever, NADE needs you!" NADE has met the challenges of the past and has grown stronger and more respected as a result. Increasingly our voice is being heard and our ideas and suggestions requested –and accepted. But now is not the time to stop and rest on our laurels because there are more, and I think larger, challenges ahead. It won't be an easy year but it will be interesting. And working together we can make a difference.

Martha Marshall

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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, 2005**.

All correspondence should be directed through your Regional Representative or directly to the **Advocate Editor** by **December 15, 2004.**

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

Barnhart, continued from page 1

that she is already considering some changes from the first document. Based on NADE's input, she is seriously thinking about locating the "Quick Decision Unit" in the DDS, although she made the point that this would still be a separate entity, rather that simply accepting the way claims that might fit this category have been done in the past. She indicated that this would be a new entity in the system, not a diversion of DDS resources, so the present budget and facilities could be applied to the ongoing regular processing of cases. She noted that statistics would have to be reevaluated to compensate for the removal of these claims from the regular mix.

The elimination of the reconsideration step is still a part of the approach at this time because "the perspective is that this is mostly a rubber stamp". She added, "All steps need to add to the process in a meaningful way".

The new Reviewing Official will be a federal official and she still sees this as being an attorney position, but she recognized that there has been some disagreement about this issue. This person would do a paper review and could allow a case, support a denial, or do a prehearing report for a judge. The Reviewing Official would have access to the same pool of medical specialists that reviewed the claim at the DDS. Citing a recent GAO report, she emphasized the need to eliminate variations from state to state, which is a primary reason for making this position part of the federal government.

The Administrative Law Judge's hearing would remain essentially the same, but the judge would have to look at the original decision. It could still be rejected, but now without stating the reason. She did not elaborate on what the nature of this reason would have to be. Following the ALJ decision the Appeals Council would still be replaced with a quality review unit which could, if considered necessary, forward the claim to an Oversight Panel that could legally overturn the decision. This would be true whether the decision was favorable or unfavorable.

Commissioner Barnhart stated strongly that the coming changes would not adversely affect any SSA workers, which includes all DDS employees. Although most jobs could be done anywhere, she made the point that no one would lose their job or would have to move.

Several demonstration projects to attempt to make it more advantageous for those on the rolls to return to work were also announced. These include tests of ongoing employment supports, early intervention that would provide some medical benefits, temporary allowances, and a plan for interim medical benefits. She indicated that more information on this, as well as all other aspects of the changes in the air, will be available on the SSA website.

SSA Commissioner Jo Anne Barnhart

Although operating on a tight schedule with the need to catch a plane, the Commissioner did take extra time to answer questions from the NADE members present. The conference organizers also were able to rearrange the schedule somewhat to allow her to start her presentation earlier than scheduled so that there would be time to give her a full opportunity to make her comments. She thanked NADE for the cooperative spirit displayed by the members and the leadership, and added that she is looking forward to working with incoming president Marty Marshall in the coming year.

NADE wishes to recognize our corporate sponsors:

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NADE Correspondence

WILLIAM H. FRIST, M.D.
TENNESSEE

http://frist.senate.gov

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Finance
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Rules and Administration

United States Senate

WASHINGTON, DC 20510-4205

September 9, 2004

Ms. Klubertanz
President
National Association of Disability Examiners
Post Office Box 7886
Madison, WI 53707

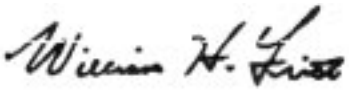
Dear Ms. Klubertanz:

Thank you for letter regarding your support for the President's request for the Social Security Administration's budget. I appreciate the broad perspective and experience your organization offers on Social Security issues. It is an honor to serve you as Majority Leader in the United States Senate and a privilege to respond to your thoughts and concerns.

As you are aware, Social Security (SS) was established in 1935 and is the single largest government program. It provides income support to approximately 46 million retirees, survivors, dependents, and disabled workers. The basic premise behind SS is the following: we pay into the system during our working years via payroll tax and receive benefits to supplement our income when we retire or become disabled. I remain committed to defending and protecting this important agreement. As the Senate considers the fiscal year 2005 Labor-HHS-Education appropriations bill, I will keep your thoughts and suggestions in mind.

Again, thank you for contacting me.

Sincerely,



William H. Frist, M.D.
Majority leader
United States Senate

P.S. Please visit http://frist.senate.gov to register for my e-mail newsletter.

Congress of the United States

U.S. House of Representatives

COMMITTEE ON WAYS AND MEANS

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Washington, DC 20515-6348
http://waysand means.house.gov

October 7, 2004

Ms. Martha Marshall
President
National Association of Disability Examiners
2704 Frank Street
Lansing MI 48911

Dear Ms. Marshall:

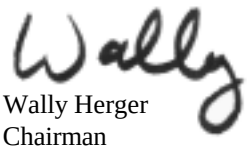
Thank you so much for testifying before our Subcommittees last Thursday, September 30, at the joint hearing on the Commissioner of Social Security's proposal to reform the disability process. We appreciate the efforts expended in preparation of your testimony, and your willingness to travel to Washington, D.C.

It is always a pleasure to have dedicated professionals from the State Disability Determinations Services appear before us. Your testimony was clear and concise, and your comments regarding the importance of implementing a quality assurance review process were particularly helpful.

Thank you again for testifying, and for your work on behalf of Americans with disabilities.

Sincerely,

E. Clay Shaw, Jr.
Chairman
Subcommittee on Social Security



Wally Herger
Chairman
Subcommittee on Human Resources

NADE Correspondence

SOCIAL SECURITY

Office of Operations

August 18, 2004

Ms. Theresa Klubertanz, President
National Association of Disability Examiners
PO Box 7886
Madison, WI 53707

Dear Ms. Klubertanz:

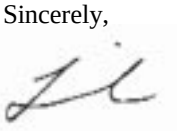
Thank you for your recent letter expressing NADE's concern for the integrity of the Social Security and SSI disability programs, and for your support of the Cooperative Disability Investigations (CDI) Program. Commissioner Barnhart requested that I respond to you on her behalf. SSA's Office of Operations, Office of Disability Program, and the Office of Inspector General (OIG) work in partnership to manage the CDI program. We sincerely appreciate NADE's recognition of the success of the CDI Program and continued support.

As you highlight in your letter, the CDI Program has become one of the cornerstones of the Agency's anti-fraud efforts. The success of the units and cost effectiveness of the program is the result of the successful partnership between the OIG, SSA, and the Disability Determination Services (DDS). By working together, sharing a common vision and utilizing the skills of the various components represented within each CDI unit, we have been able to enhance our ability to detect and deter fraudulent activity within the disability programs. Based on the success of the units and the Agency's commitment to the program, we have worked with our regions, state DDS Directors and OIG to expand to the current 18 units.

We have plans to continue to pursue additional expansion where appropriate based on the availability of resources. In addition to considering additional expansion sites, we must also ensure we have sufficient resources to continue to support existing units. Due to budget constraints in fiscal year 2004, we were unable pursue expansion of new units. However, we were able to increase the number of investigators in some existing units. The additional investigators will allow those units to increase their capacity to handle referral for investigation and potentially expand their areas of coverage. As appropriate, we will continue to advocate for additional funding and resources for future expansion.

I appreciate your support and look forward to continuing our CDI partnership with the DDSs and OIG. Working together, we can continue our efforts to fulfill our stewardship responsibilities and prevent abuse of SSA's disability programs.

Sincerely,



Linda S. McMahon
Deputy Commissioner
for Operations

SOCIAL SECURITY ADMINISTRATION BALTIMORE MD 21235-0001

"Building Quality Into the Disability Process"

by Bev Sporman, Missouri DDS

The NADE conference attendees were honored to have Susan Kennedy, Deputy Chief Strategic Officer speak on the topic "Building Quality Into the Disability Process". Ms. Kennedy represented the Office of the Chief Strategic Officer (OCSO) an organization established in January 2003 by Commissioner Barnhart to enhance the agency's focus in four core areas:

- Competitive Sourcing
- Quality Management
- Strategic Planning
- Workforce Analysis

OCSO collaborates and coordinates with Agency components to address cross-cutting programmatic and administrative issues providing support for organizational change through a number of critical projects. One of those critical projects is the Electronic Disability (eDib) process. As eDib is implemented OCSO's task is to help ensure that the Agency's multi-dimensional definition of quality is built into the various eDib initiatives. The Agency definition of quality is providing service that meets the needs of the people we serve, balancing the five elements of accuracy, timeliness, productivity, cost and service."

To accomplish their task OCSO has been proactively gaining input from all SSA components and numerous organizations including NADE. Specifically they seek to identify issues with potential solutions, to solicit ideas for improving the process, and to identify non-value-added activities. Building quality into the Disability process requires continuous collaboration, development, and feedback.

At the start of the session, Ms. Kennedy explained that being able to participate in our meeting was another opportunity to obtain input regarding the disability process so her remarks would be short to allow ample time for an interactive question and answer session. What followed was just that, with both the audience and the presenter engaging in some energetic and enthusiastic dialogue on the disability process and eDib implementation.

NADE President Terri Klubertanz visits with Sue Kennedy, Deputy Chief Strategic Officer.

Congratulations and best wishes to recent NADE Retirees:

Lyle Larson, 608 N. Providence Lane
Sioux Falls, SD 57110
llarson@sio.midco.com

and

Jo Nell Floyd, North Carolina

Break-out Coverage

Bone Marrow

by Melissa Hunter, Missouri DDS

Ms. LaGayle Chism spoke at the NADE conference on behalf of the Heart of America Marrow Donor Registry Program. Ms. Chism shared the story of her granddaughter, whose battle with leukemia required a bone marrow transplant.

The conference participants watched a short video providing the viewpoint of former transplant donors. Each gave their testimony, including why they had chosen to be donors and what the procedures had been like.

Ms. Chism highlighted the vital need for minorities to volunteer. Statistics reveal that, of the more than 30,000 children and adults in the U.S. who need stem cell transplants, only 30% will find a donor within their own family. This leaves 70% who rely on the volunteer program.

At the close of the presentation participants were asked to consider becoming donors and an on-sight phlebotomist took blood samples from 16 heroes who joined the donor list. At the following open session those volunteers were applauded by the general assembly as were those who were already members of the donor program. A challenge was issued to upcoming conventions to show greater support to the National Marrow Donor Registry Program.

CCP/Leadership Skills

by Shari Bratt

A breakout session for Chapter Presidents and other interested attendees was held on September 20, 2004 at the Kansas City National Training Conference. The session was comprised of the issues of the Chapter Services Handbook (CSH) and Leadership Survival Guide, National Conference Bidding, public speaking, parliamentary procedure, the NADE Constitution and By-Laws, Robert's Rules of Order, congressional testimony procedures, and the CCP Chair election.

Lora Coffman discussed the CSH and Leadership Survival Guide, and referred members to the sections on National Conference Bidding instructions. She made suggestions to the audience about becoming more comfortable with public speaking. One could offer to talk to their office about NADE, or take an opportunity to conduct a "Lunch and Learn" session. Other opportunities to speak would be to present awards or introduce new hires to NADE. The benefits of these activities are that the more speaking a person does, the more comfortable he/she feels about it. A friend or co-worker could critique a "practice" speech for positive feedback. Good preparation for the speech is important. The audience should be assessed in doing this. The topic should be researched, and the meeting space can be reviewed prior to the speech. Visual aids and hand-outs should be organized to provide for a successful speech.

Gayle Hull spoke to the group about parliamentary procedure and Robert's Rules of Order. She distributed several helpful hand-outs with handy meeting information. The NADE Constitution and By-Laws is now in electronic format. There are numerous websites on Robert's Rules of Order. Gayle discussed establishment of a quorum, types of votes such as voice vote, rising vote, show of hands, and ballot, classifications of motions, and guides to motions. Types of motions include main motions, subsidiary motions, privileged motions, and an informal method. Formal method of a main motion was outlined, and rules governing debate were covered. The following websites can be accessed for further information on parliamentary procedure:

http://www.csufresno.edu/comm/ppqa18.htm

http://parlipro.northwest.net/catalog/faqs.php

http://www.parlipro.org

http://wwwpaulmcclintock.com/resources.htm

Marty Marshall discussed legislative issues. NADE presents testimony to the Senate Finance Committee and the House Ways and Means Subcommittee on Social Security. Occasionally, there are joint hearings. A press release is issued and a hearing announcement is issues one week prior to a hearing. Written testimony can be presented until two weeks after the hearing. If NADE is invited to provide oral testimony, we will know one week prior to the announcement by press release, which gives us two weeks to prepare it. When the Subcommittee on Human Resources had a hearing on 4/29/04, the only invited witness was the Commissioner. NADE submitted written testimony and was invited to a follow up hearing. Written testimony can be up to 10 pages, but there is a 5 minute time limit for oral testimony. There are green, yellow and red lights to indicate what time remains for oral testimony. NADE has established opinions and positions on various issues, and has to be ready for testimony on very short notice. Chapters can work with NADE and our local U.S. Representatives can be contacted. We need to become familiar with these people and talk to them locally.

The last part of the meeting was the election of the CCP Chair. Voting rules were read and ballots were distributed. There were no nominations from the floor. Candidates Bill Dunn and Debi Chowdhury were given time to introduce themselves. The results of the election were announced at the 9/21/04 first regular session with Debi Chowdhury elected as CCP Chair.

Hearing Officer Breakout Session National Conference

by Barbara Styles, Hearing Officer Chair

The Disability Hearing Officers who were in attendance at the NADE National Training Conference held their breakout session on Tuesday, September 21. There were 18 in attendance, representiung every region of the country as well as Puerto Rico.

Debi Gardiner began the session by presenting a request to us from the Office of Disability Evaluation Policy in Baltimore. Mrs. Gardiner is currently involved with a taskforce that is researching the business process for Continuing Disability Review claims that will be processed through eDIB. Some of the questions being posed are: What documents are pertinent to scanning into the electronic folder? What DDS system changes are needed? Should the DDS have more front-end involvement with entering forms and information into EDCS? Ms. Gardiner states that this issue is currently on the "front burner" and information, suggestions, etc are needed from those Hearing Officers doing the work on the front lines. In a related matter, there was a discussion of the e-forms currently in use for DHOs, and that they are inadequate for making full or expanded comments. Some states are using a template created in Word or other word processing system that allows much more flexibility.

The Hearing Officers also had a discussion regarding the legality of letting parents/guardians review the medical information for disabled children. Apparently, in some states, supervisors feel that allowing parents/guardians to review the file for children is in violation of the child's privacy rights. Some discussion was given to whether the Hearing Officers should be following the POMs guidelines or following CFR. Most in attendance felt that DHOs should be following the instructions in the CFR, and that parents/guardians certainly held the right to review medical information for claimants under the age of 18.

The final portion of the session was devoted to discussion of use of information received from Cooperative Disability Investigation Units. Those in attendance who stated they had received information from CDI officers reported that the information was usually received in a written format. Most of those responding said they had made this information available to the claimant prior to the hearing; although some said that they only offered a regular review of the evidence, without any special attention called to the CDI report. There was a lengthy discussion about how the CDI information should be weighed in the report and about how questioning concerning the report should be conducted.

Most DHOs felt that it was important to give the claimant an opportunity to explain any inconsistencies, without appearing to make the claimant entrap themselves in answering. However, if the claimant did not read the CDI report prior to the hearing, the DHOs felt like it might make impartial or unbiased questioning more difficult. This issue is likely to be revisited in the future, especially if SSA develops and implements more CDI units in additional states, as was recommended the NADE position paper.

Call for Certification & Recertification

by Barbara Styles, Professional Development Chair

Do you know what it means to be a Certified NADE Professional? The final part of NADE's purpose statement reads "To further professional recognition for disability evaluation practitioners". In order to achieve that goal, the NADE Board developed certification requirements for examiners in 1971. Additional certification requirements were later developed for support professionals and medical consultants.

Now, here's the good news . . . it costs you nothing extra to be certified!! All of the basic requirements for certification are available for your review on our website *www.nade.org*. Basically, you must be a member of NADE and have been in your respective position for a minimum of three years. You provide documentation (see the form on the website) to the Certification and Professional Development Chair, and you can be certified. It's that easy!

In the interest of keeping our member's training and development current, the NADE Board approved **recertification** guidelines in 2001. Certified members can be recertified every 3 years by providing documentation of 15-25 additional hours of credit, depending on your occupation. Again, being recertified is free to the member!

So, spread the news!! Think about having a "certification drive" or appointing a certification chairperson in your chapter. Strive to get every eligible member in your chapter certified or recertified. As a professional organization, we want to be the front-runners in keeping our training and professional development current.

Information and/or questions regarding certification and professional development can be directed to the committee chair by e-mailing barbara.styles@ssa.gov or by calling 1-800-292-8106 x125.

Detecting Post Concussion Sequelae in Primary Care and ER Settings

by L.J. McCulloch, CBIS, BCT and T.K. Broe, PhD, CRC

An estimated 5 million Americans are afflicted with traumatic brain injuries in the U.S. Epidemiological studies reveal that every 21 seconds a new traumatic brain injury occurs. The majority of these are termed mild closed head injuries (concussions).

Research and clinical experience shows us that the primary care physician sees many of these concussion patients immediately after trauma in ER rooms or within a few days. Routine X-rays, MRIs, CT scans and clinical neurological exams are typically negative. Still, the patient is often symptomatic with physical, cognitive and emotional disturbances. They are often discharged with "mild concussion, prognosis favorable" and are not seen in follow-up. The situation for many of these individuals is more serious than it appears. We hope to apprise readers of points to consider in first line triage with the concussed patient.

By definition, a concussion is a disruption in consciousness from brain injury in which the skull has not been broken. The brain can be injured from the inside by banging and bouncing against skull walls. Sudden movement within the skull can cause bruising, tiny tissue tears, swelling and chemical changes undetectable on radiographs and neuro-imaging. Glasgow coma Scales are high ended (14-15) and loss of consciousness is less than 15 minutes.

It was previously believed that the head had to hit something for there to be a concussion-like injury. The myth has now been disproven. A whiplash-like motion of the head, back and forth, can cause damage. Also, a loss of consciousness is not necessary for the brain to be injured. This myth, too, has been disproved in research and clinical studies. Any disruption in consciousness, no matter how brief (even that of being mildly dazed) constitutes concussion. And repeated concussions can have a cumulative effect as is often seen in contact sports injuries. Even more dramatically, it only takes three seconds to permanently damage a child's brain in the so-called "shaken baby syndrome."

Common sequelae of significant concussion in children and adults can include: problems with attention and concentration; degraded memory and learning capacity; frustration and irritability; depression and anxiety; cephalia and dizziness. These may not show up immediately after injury but may develop as weeks and months pass due to a chemical cascade effect taking place inside the brain with the passage of time.

The most common cause of concussion is auto accidents. This is followed by a high prevalence of falls, assaults, and sports-related injuries. The so-called "getting his bell rung" on the playing field is being paid attention to much more as we learn more about post-concussion syndromes, sometimes referred to as mild traumatic brain injuries.

An estimated 80% of individuals suffering form post-concussion syndrome do recover and so return to work. However, of the 20% who do not, only one out of twenty obtain neuropsychological diagnosis and rehabilitation care. The remaining nineteen do not comprise a large segment of our population – prison and homeless…the dispossessed.

Science is not able to reconnect the multineuronal connections disrupted in a concussion/closed head injury. Brain injury is permanent. The frontal lobes seem especially vulnerable. Among other functions, these lobes are responsible for abilities to plan, initiate, organize, carry out and monitor one's own behavior. Through spontaneous recovery and through cognitive rehabilitation, some nerve fibers may heal or find alternative pathways. Neuronal redundancy and plasticity may partially explain this. Also, it is likely that the brain has a surplus of storage neurons, which can take over functioning of damaged neurons. Cognitive remediation strategies can be geared towards enhancing the natural healing process as well as teaching the patient compensation strategies and ways to adapt one's lifestyle in areas of work, relationships and socialization.

More resources are now available for follow-up, diagnosis and rehabilitation interventions. A neuropsychologist or a rehabilitation specialist would be the place to start. These can be found through the Brain Injury Association of Michigan's referral service (800.722.HEAD).

Finally, we need to devote more attention to prevention. It is estimated that 90% of concussion/closed head injuries could be prevented if people took more precautions. This means consistently using seatbelts, wearing protective helmets in sports, and helmets while riding bikes, scooters and roller blades. Also gym equipment should be firmly anchored and swimmers should know the depth of water before diving into pools. Here again, Primary Care Settings and ERs can do well to educate. Many pamphlets and brochures are available through the Brain Injury Association of Michigan. In final analysis, the greatest tool we have against traumatic brain injury is prevention.

The authors can be reached at (248) 474-2763.

Len McCulloch is affliated with the Michigan DDS and MADE chapter.

Conference Coverage

IMRT Could Makes a Positive Impact on Function

by Paula Sawyer, NADE in NH

Dr. A.J. Elman, an innovator in radiation oncology and currently on staff at St. Luke's Hospital in Kansas City MO, has devoted his career to taking care of cancer patients. Dr. Elman addressed many issues surrounding the most up-to-date radiation treatments and how Intensity Modulated Radiation Therapy (IMRT) not only prolongs life, but also greatly diminishes side effects, preserves healthy, surrounding tissue and increases residual function.

With the combination of surgery, chemotherapy and radiation treatment comes an increase of side effects and risks. Dr. Elman explained that, from the physician's perspective, the questions that must be raised are:

> "Does the benefit of the treatment(s) outweigh the risks that are involved? …
>
> What will the late effects/complications be for the patient five years from now and can that patient live with those complications? ...
>
> How can the physician best reduce the late effects of treatment? ...
>
> How can we best treat diseased tissue, and, at the same time, maintain the integrity of healthy tissues and organs?"

New technology has made it possible to directly attack tumors with radiation, while, at the same time, to NOT AFFECT healthy, surrounding tissues and organs. When radiation has been the treatment of choice in the past, all tissue (healthy or cancerous) had been placed in jeopardy. Side effects had been serious and long-lived. Tissues which are healthy and which are essential in the maintenance of life such as the lung, the spinal cord, the kidneys, the liver, the salivary glands, the skin, the bone marrow and the intestines should be isolated from the harmful effects of radiation treatment. The radiation oncologist must be conscious of those vital tissues and, at all costs, should avoid exposing these sensitive tissues to harmful rays. New radiation technology is better able to control the dosages while, at the same time, avoiding healthy, essential organs. IMRT will become the norm at most, if not all, radiation treatment centers in the next decade.

Cancer cure rates due to radiation treatment have improved. Now, at a few medical centers throughout the United States including those in Boston and in Kansas City, the patient may enjoy the latest in radiation technology with machines that make it possible for x-ray beams to hit ONLY the cancerous target. Even more amazing, the radiation oncologist is able to increase or decrease the dosage within that beam as needed inside the prescribed target area. Metastases from the target area are, in some cases, diminished because this technology is able to clearly identify, to bring into focus to envelop and to destroy the tumor in question.

Prioritizing non-targeted, healthy tissue allows the radiation oncologist to protect that tissue which is not diseased. For example, the "Shrink Wrap" procedure allows for the eradication of an acoustic neuroma where the benign tumor is targeted; while, at the same time, the brain stem is protected from harmful radiation beams.

New techniques such as "gating,"avoid healthy lung tissue by zeroing in on cancerous cells only as the patient exhales and inhales. Now the radiation oncologist can keep his eye on the target, and when the tumor on the lung moves out of the window, the machine turns off and healthy tissue is not sacrificed. When the tumor moves back into the window, the machine turns on. Another new discovery, "Potentiators" (such as oxygen), have been found to cause diseased tissue to be more sensitive and more responsive to radiation treatment.

Dr. A.J.Elman

Dr. Elman provided many examples of when IMRT is advised when cancerous tissue is not the designated target. For example, trigeminal neuralgia may be treated with this kind of radiation targeting the nerve and this vicious facial pain cycle can be permanently interrupted. IMRT has also been used in the field of ophthalmology with the treatment of Graves Disease, and has been used in the treatment of skin diseases with the removal of scars and plantar warts. Chronic cystitis, proctitis and colitis have also been treated in this way but not without risk and not without long-lived side effects.

With any kind of cancer treatment, whether surgical, pharmaceutical, chemotherapeutic or radiation treatment, there will be immediate and far-reaching side effects. As disability analysts, it is up to us to be aware of how these side effects impact on the claimant's/beneficiary's ability to function. Fortunately for many cancer patients, now, and in the near future, IMRT treatment will not only extend life, but will also reduce serious side effects that, in turn, could enhance one's ability to function in the workplace.

Dr. Elman indicated he was pleased to have had this opportunity to provide us with the information we need regarding the latest trends in radiation treatment. These trends could change the way we analyze cases where IMRT treatment has been applied.

NADE Highlights for 2003-2004

- NADE's executive leadership **met with SSA Commissioner Jo Anne Barnhart** in October 2003 and again in February 2004 to discuss NADE's reaction to her New Approach for Disability. NADE developed a **final position paper on the Commissioner's new approach** and shared it with SSA Commissioner Barnhart in March 2004. In addition, NADE's position paper on the Commissioner's new approach was shared with other SSA Executives, the GAO, OMB, CBO, NASI, NAS, NCSSMA, NCDDD, AALJ, AARP and numerous Congressional committees in the House and Senate that exercise oversight over the SSA and SSI disability programs.

- NADE is committed to working with other interested partners in the disability process to explore innovative ideas that will lead to real improvements in service delivery in disability case processing. To this end, NADE attended the **Association of Administrative Law Judges conference** and the **National Council of Disability Determination Directors meeting** and participated in two **roundtable discussions** with AALJ, Congressional staff, attorneys, advocates and other interested parties – one on the Commissioner's new approach; one on the SSA definition of disability.

- NADE attended the **SSA DDS Administrator's Forum** and the **SSA DDS Administrators' eDIB Planning and Implementation meeting**. The electronic folder was a major focus of both these meetings and strategies for implementation of the electronic folder were discussed. The electronic folder is having a significant impact on disability case processing and changes drastically the way that business is conducted in the DDSs. NADE remains supportive of this initiative but has stressed that its success is dependent on providing adequate equipment, training and resources to the DDSs.

- NADE wrote **a position paper on expansion of CDI units**. NADE believes that the investment in these units more than pays for itself and the presence of these units serve as a deterrent to fraud and abuse in the disability program.

- NADE wrote **position papers on the DDS Disability Examiner and the DDS Medical Consultant**. These papers detail out the respective roles of the DDS disability examiner and the DDS Medical consultant and the critical and unique knowledge and skill base required to effectively and efficiently adjudicate Social Security and SSI disability claims.

- NADE established a **workgroup** to research and evaluate **SSA's definition and use of Acceptable Medical sources** in the documentation and decision-making for Social Security disability. NADE is researching whether expanding the definition of acceptable medical sources may result in increased efficiency and timeliness in disability case processing.

- NADE established a workgroup to research and evaluate the **SSA Definition of Disability** and provide recommendations for change.

- NADE submitted feedback to SSA on the **proposed revisions to the SSA-3369 form, the SSA-454, the electronic folder and proposed systems retention process**. We emphatically stated that destroying of any disability folders poses significant problems for re-adjudication as past experience with court cases and other administrative processes has shown us that often we need to retrieve folders up to ten or twenty years old.

- NADE was invited to meet with the **AARP Legislative committee** to discuss the state/federal relationship and disability case processing.

- NADE attended the **Immune Systems listing conference** to learn about and discuss proposed changes to that particular listing and potential impact on workloads.

- NADE provided feedback on **SSA's Quality Management workgroup** initiatives and was asked to submit information on NADE's quality initiatives for the **"Quality Matters" newsletter**. NADE also developed a **position paper on In-Line Quality Reviews**.

- NADE completely revised and updated its **Chapter Service Handbook** and copies were distributed to all state chapter presidents and local contacts. This handbook provides a wealth of information for local chapters and helpful tools in conducting local NADE

- NADE met with the **National Academy of Social Insurance and the National Academy of Sciences** to discuss workload resources, budget concerns and the Commissioner's new approach.

- **Congress recognizes NADE as an expert on disability issues**. NADE made a concerted effort to inform Congressional members of the impact of reducing SSA's budget will have on being able to process the increasing workload and the need for adequate resources for the eDIB initiative.

- **NADE has a web site.** It is at **www.nade.org.** We have been working hard to update our website and revise it to make it more user friendly. The site contains information about NADE training conferences, position papers, late breaking news, and much more.

- NADE held a **successful mid-year Board of Directors meeting** in late February in Washington, D.C. Key executives from SSA, including **Mary Chatel**, SSA's Director for Disability Service Improvement, **Bill Gray**, SSA's Deputy Commissioner for Systems, **Sue Roecker**, SSA's Associate Commissioner for Disability Programs, and **Tom Finigan** from SSA's Office for Disability briefed the Board on what was happening at SSA. The NADE Board also received briefings by representatives of the **General Accountability Office, the National Council of Social Security Managers Association and the National Council of Disability Determination Directors.**

- NADE continues to **maintain a strong and visible presence in Washington.** The executive **leadership of NADE has met with representatives from the Office of Management and Budget, the Congressional Budget Office and the Social Security Advisory Board.** NADE's leaders have also had **extended discussions with the Congressional House and Senate committees** that have oversight responsibilities of the Social Security Administration and has shared copies of all of NADE position papers with them.

- NADE **presented testimony** at the House Ways and Means Subcommittee on Human Resources hearing on the status of the SSI program, anti-fraud and abuse initiatives, and suggestions for additional program improvements. NADE attended **two very important Congressional hearings** on the SSA budget. NADE **prepared statements** for the record on Congressional hearings on "Waste, Fraud and Abuse" and "SSA's Service Delivery Budget Plan."

- NADE continues to **sponsor National Disability Professionals Week** and recognizes deserving NADE members with regional and national awards.

- NADE has continued to **publish the NADE Advocate.** This professional journal contains up-to-date information about the disability program and what is happening in NADE at the national, regional and chapter levels. It is your window into the disability program. It helps give you some understanding of the forces that affect how you do your job. With this knowledge, you can help shape these forces and make a positive impact on your future.

- NADE is the process of revising its **Strategic Plan** so that it will reflect our Association's current strategies and provide a workable plan for NADE's future.

- NADE **provided feedback** to GAO on its recently published report on **Strategic Workforce Planning for the DDS**. NADE is referenced several times in this report.

Conference Coverage

Sailing Through Change

Strategies for Optimism and Excitement In a Rapidly Changing World

by Michael O'Connor, Michigan DDS

Attendees at the 2004 National Training Conference were treated to a presentation by Earl Hipp regarding change in our rapidly ever-changing work environment. Mr. Hipp wove into his presentation his own experience sailing on the great lake of Superior.

Mr. Hipp was both dynamic and motivating in his presentation. His enthusiasm for dealing with change in an organizational structure employed strategies that attendees at the conference were somewhat uncomfortable with; but his message was that although change is an uncomfortable constant, it is also a component that we must face in our ever changing society. This is especially true within the workplace. Our program has faced many changes over the years. However, we are about to embark on one of the broadest based structural changes in how we do our jobs in the history of the Disability Program.

Tools that one requires in the face of change in an organizational structure were well outlined by Mr. Hipp. Many of us, when faced with organizational change, exhibit resistance toward change and face it with uncertainity. This was demonstrated well when all attendees were asked to move to a different location in the conference room during his presentation. Many resisted this request but a large percentage went along with it. Moving toward change takes the proper attitude, thinking, and actions to effectively deal with change in an organizational structure. Additional strategies that Mr. Hipp outlined that help in facing change were boundaries and skill development in managing change. These include the ability to become assertive, manage conflict resolution, become a better mediator, manage your time well, and become a better communicator. Also outlined were issues surrounding professional support from colleagues that help facilitate a positive attitude toward change.

Mr. Hipp was informative and provided strategies that can be employed by all of us to effectively manage change. His message was that change, although uncomfortable, can be faced in a positive manner utilizing the right set of tools. If these tools can be employed effectively, change can be something that all of us can face with sound goals to accomplish and successfully manage organizational change at all levels.

As we face the future and change within our program, we can take Mr. Hipp's strategies and the tools he has outlined to effectively move toward change within the Disability Program.

Earl Hipp

***Outgoing Board Members** were recognized for their service: Gayle Hull, Micaela Jones, and Karen Gunter.*

***Committee Chairs for 2003-2004** were: Susan Smith, Gayle Hull, Debi Gardiner, Chrissa Schimmels, Leola Meyers, Barbara Styles,and Karen Gunter.*

Break-out Coverage

Social Work Assistance Panel
"Building Bridges – Moving Over Them"

by Jeannette Curtis, Idaho DDS

Moderator:
Alice Kitchen, LCSW (Hospital)

Panelists:
Marty O'Neal, MSW, LCSW (Private)
Yvonne Love, BSW (Skilled Nursing Facility),
Pam Mayberry, LCSW (Hospital, Pediatrics)

In this very constructive breakout session at this year's National Conference, local social workers shared perspectives and useful information with DDS employees, who in turn provided insight into the disability application process to the panel. The panel consisted of community, hospital and skilled nursing facility social workers from the Kansas City area.

The panel identified core functions of social work as an interface between the individual and self, family, community resources and access to those resources. Included in these resources are SSA disability programs, which can be crucial to individuals in need and can open doors to other social programs. The application process can be confusing and cumbersome, and claimants often have difficulty representing themselves. Frequently, the very impairment which disables them impedes their ability to adequately participate in the application process and their ability to describe their situation.

Social workers notice their clients have difficulty getting information to the DDS. They often have minimal or no medical information to provide with their application due to severe lack of finances. Mental status changes may impede their ability to follow through. Frequently, the disability application process coincides with a time of great loss in their clients' lives, including loss of health, functioning, jobs, houses, support systems and sense of self. The SSA forms and application process can be daunting and can add to their difficulties. Social workers are invaluable in assisting disabled persons through these processes, but require ongoing information from SSA and DDS's in order to provide the most appropriate support.

Particular social work issues were discussed. From the long term care perspective of social work, younger individuals are being admitted into nursing homes due to stroke and trauma. The social workers in these facilities are now being faced with the dilemma of making it through the disability process, and do not feel they have adequate training considering their backgrounds in geriatric care. A social worker from a hospital-based pediatric special care clinic described parents of new babies being overwhelmed by the application process. They are generally not prepared to deal with the complex medical needs of their babies, and have difficulty focusing on the multitudes of paperwork they are required to fill out, including disability forms. Hospital social workers help complete these applications, and educate parents abut eligibility.

At this point in the breakout session, DDS employees shared information with these social workers, including what types of documentation would be most helpful in the determination process. Detailed, complete social work assessments, while not yet considered "medically determinable source information", can be invaluable collateral information. Social workers were encouraged to obtain medical and other evidence to provide SSA with the application to expedite the determination. They were alerted that long term care patients and children with significant medical problems require minimal medical information for determination, due to the severity of their impairments.

The importance of building networks and making connections in each of our communities was stressed between both groups. Information sources, including professional organizations, upcoming conferences and websites were given for ongoing shared information between our two professional groups, including this link for the Society for Social Work Leadership in Health Care, www.sswlhc.org.

Newsletter Competition winners display their Chapter award certificates:
Ruth Trent (KY - 2nd Medium), Mark Bernskoetter (MO - 1st Large),Bill Dunn (TX - 2nd Large), Paula Sawyer (NH - 1st Medium), and Nancy Lien (ND - 1st Small).

General Business Meeting/ Delegate Assembly

by Juanita Boston, NADE Secretary

The General Business Meeting convened on September 21-22, 2004 at the Fairmont Hotel in Kansas City Missouri. The meeting was called to order by President Terri Klubertanz.

Reports from the Executive Officers, Regional Directors, Appointed Directors, Council of Chapter Presidents, Standing Committee and Ad Hoc Committee were given to the membership.

In an uncontested race for all offices, the membership elected the following officers for 2004-2005:

President Elect-Shari Bratt, NE
Secretary-Juanita Boston, NC
Treasurer-Chuck Schimmels, OK

NADE 2005 National Training Conference will be held in Boise, Idaho. The conference will be held September 10-15, 2005 at the Doubletree Riverside Hotel. The keynote speaker will be Patch Adams, M.D.

At this time, there are no official bids for the 2006 National Training Conference. President Klubertanz encouraged any chapter interested in hosting the 2006 conference to develop a plan by mid-year so that the Board can vote on it.

The Mid-Year Board Meeting will be held in Washington, DC in March, 2005. The meeting is open to all NADE members.

The first ever Quad Regional Conference will be held in the spring 2005 in Raleigh, North Carolina. Southeast region will be co-hosting with Northeast, Mid-Atlantic and Great Plains regions. Also holding regional conferences in spring 2005 will be: Southwest, Great Lakes, and the Pacific Regions.

At the 2003 National Training Conference in Albany, New York, the general membership voted to change the name of the NADE Long Range Plan to the Strategic Plan. The Board reviewed and revised the Strategic Plan. The revisions to the Strategic Plan were made to simplify the goals and align the plan more closely with NADE's vision for the future. The revised Strategic Plan with the proposed changes was presented to the membership on September 22, 2004. The membership voted to accept the revised plan with the changes. The Strategic Plan can be reviewed in its entirety on the NADE website.

Changes to the NADE Constitution and By-laws were also discussed at the 2003 National Conference. At that time, the chair of the Constitution and By-Laws Committee was charged with developing a recommendation for new language to cover the resignation of an officer. The Board discussed and reviewed the changes as proposed by Gayle Hull, Chair, at the mid-year meeting. These changes in Article VI of the By-Laws were presented to the general membership at the 2004 conference. After discussion and input, the general membership voted to make the constitutional changes to Article VI as related to Impeachment of Officers.

Other Highlights

- President Terri Klubertanz reported that the New Approach Position Paper has been completed. Feedback from SSA was that the Paper was appreciated and NADE's feedback will be taken into consideration.

- Volunteers are needed for a possible workgroup to update NADE's 1999 Position Paper in favor of eliminating the five-month waiting period for Title II claims. If you are interested, please contact your Regional Director.

- Any suggestions for measures to help NADE in cutting costs can be submitted to Treasurer Chuck Schimmels.

The general membership expressed its appreciation to President Klubertanz for two years of exceptional leadership. The Missouri host chapter was commended on an outstanding national conference and job extremely well done.

Past Presidents were recognized at the Presidents' Reception. From left: Karen Gunter, Debi Gardiner, Terri Klubertanz, Martin Blum, Marty Marshall, and Larry DeVantier.

NADE President Terri Klubertnaz addresses the attendees at the Kansas City conference.

2004 National Award Winners Announced

by Leola Meyer, Awards Chair

The 2004 NADE award winners were announced during the Awards Luncheon in Kansas City, Missouri. I would like to thank everyone who took the time to acknowledge their peers, and to the awards committee for selecting the winners. NADE President Terri Klubertanz (on the left in following photos) presented awards to the winners.

Jill Jeurink, NEADE President

The **President's Award** was presented to the **Nebraska** Chapter (NEADE). NEADE meets regularly to discuss pertinent program issues such as the Commissioner's approach, the role of the medical consultant at the DDS, eDib and inline quality review. This Chapter has had various projects that have included a successful silent auction which raised $800.00. Fifty percent of the proceeds of this auction benefited the retarded citizens of Nebraska. NEADE has participated in a spring salad luncheon with gift basket raffle, a monthly peer recognition award, and Lunch & Learn sessions. The Chapter plans to host the 2006 Regional Conference. Members of this chapter have served and continue to serve on the National and Regional Boards, National and Regional Committees, and the Council of Chapter Presidents. Members of the chapter have received numerous National and Regional awards from NADE and SSA in recognition of their extraordinary efforts and professionalism. NEADE is extremely fortunate to have the full support of their Administrator for NADE activities. They have had delegates to all regional and national conferences since NADE became an independent organization. The Chapter is committed to training, promoting the professionalism of their members, providing an atmosphere of fraternity, recognizing their peers, being an advocate for improvement in the disability program, and providing chapter services—all necessary activities in light of NADE's mission statement.

The recipient of the **Frank Barclay Award** was **Paula McNeese from Texas.** She has been a member of NADE since 1993. During her time with NADE, she has served as a board member in the local chapter in various capacities. Her personality, strengths and creativity are recognized by all who work or spend time with her. She maintains a high level of energy and is the pillar in any task she undertakes, whether it is behind the scenes supporting the activities within NADE or within in her position as Program Development Director. She has worked her way up from an initial disability examiner, to a reconsideration examiner, then a continuing disability review examiner and in March of 1997, she was selected as a Training Specialist in Program Development. In October of 2003, she became the Director of Program Development, where she remains today. Since filling the position as Director, she has maintained all of her activities while providing excellent service training 17 classes of disability examiners over the past years. In the past 12 months alone, she has excelled as Director training 120 examiners from August 2003 up through the most current class. Aside from all of her other duties, she has been an integral part of planning and assisting with the formation and maintenance of five new disability examiner development units. She has made herself the bridge between the program development training division, and operations development units. As with any challenge, she has been a driving force in ensuring training excellence with the implementation of eDib. She recently returned from training in Baltimore, Maryland, and has been conscientiously working on a weekly basis with other agency departments to insure ease in the agencies formation to a paperless organization. She participated and assisted in SWADE's Regional Conference in 2000 working in hospitality and facilities. In 2001, she attended and participated in the NADE National Conference as co-chair of the Facilities Committee and served on the planning board for the conference. Since 1998, she has served her local chapter as the Elections and Nominations Chairperson. Since becoming a member of NADE, she can always be found behind the scenes, working to ensure quality service by her local chapter and by her agency.

Donna Hilton

The **Lewis Buckingham Award** winner was **Donna Hilton from the Missouri Chapter.** She has been a NADE member since 1985, the same year she was recognized as the state DDS counselor of the year. She was subsequently promoted to the positions of Hearings Officer and Professional Relations Specialist. She hit the ground running and has continued at full speed ever since. She has been one of her region's foremost leaders. She has served as the subchapter President from 1986 to 1988, State Chapter President twice in 1992 and 2000, and has been a National Board Member for over 12 years. She served on the regional publications committee and is currently the Publications Director of the NADE *ADVOCATE*, a position she has excelled in since 1992. Each issue of the Advocate requires 10-12 hours for layout, format-

ting, proof-reading and preparation for mailing. In this position, the nominee has provided NADE over 1000 hours of service, in addition to attending national conferences and mid-year board meetings. Under her leadership, the NADE *ADVOCATE* has evolved into a professional journal which is widely read and respected by SSA, congressional staff, GAO, OIG, and the Social Security Advisory Board. Her dedication to NADE as Publications Director has contributed to enhancing NADE's image as a professional organization. She is especially active in recruiting new members at every opportunity, often speaking about NADE at DDS meetings and training sessions. She constantly takes the initiative to find new ways to do NADE activities including being foremost in spearheading events involving humanitarian efforts which further advance the goals of NADE. Her leadership in office projects that provide monetary and food relief to the homeless is noteworthy. She is a consistent blood donor. Her humanitarian spirit is recognized in the local community also. She aids the local Christian Service Center in collecting food, money and clothing. She also participates with her church in providing free meals to the indigent and shut-ins. She is a unique caring person who inspires participation from others in any endeavor she pursues.

The **Earl B. Thomas Award** winner was **Tommy Warren from Alabama.** He came to the DDS in March of 1971. He worked his way from Disability Examiner to the Director of the Disability Determination Service. His involvement with NADE began over thirty years ago. He has been the Director for nine years. His DDS experience led him to a term as President of the National Council of Disability Determination Directors (NCDDD). As an activist among the nation's DDS Administrators, he contributes time, effort and ideas for the good of the disability program. As a recipient of a Commissioner's Citation in 1996, Tommy showed that he had what was needed to excel. Under his guidance, the Alabama DDS has received the Associate Commissioner's Citation as well as the Commissioner's Citation for two years. He recognized the need to be the driver rather than a passenger on the big "SSA Bus" called Prototype. He boldly accepted the challenge for the state of Alabama. He worked feverishly to meet the endless demands of that system of case processing. His membership in NADE has always been an integral part of his life at DDS. He uses the message of professional growth and development fostered by NADE to encourage his employees to strive to be the best. It is because of his leadership and support that the Alabama NADE Chapter is a vibrant force in the DDS. His support for NADE has led him to be involved in regional and national conferences. He has been asked to participate as a speaker at many of these. He recognizes the value of blending a strong work ethic with the richness of professional partnerships.

Liz Herring

Liz Herring from North Carolina was the recipient of the **John Gordon Award.** She far exceeds the performance standards required for a unit supervisor. She gives 100% effort to every task she takes on. She has an excellent knowledge of agency goals and objectives as they relate to both quality and production. She is a role model of a strong work ethic for her unit. She demonstrates the highest level of professional relations in her dealings with persons within and outside the DDS. She maintains an excellent rapport with all levels of employees with the agency, from management and medical consultants to examiners and clerical staff. Over the years she has continued to remain focused on the reason we are at DDS – the claimants. She has outstanding leadership qualities and encourages teamwork. She has chaired the Door Prize Committee for their annual Employee Appreciation Day. She currently chairs the Chapter's Community Service Committee, and she strives to enhance the agency's image in the community. Service projects she has organized included a drive for food, toiletries, clothes, and kitchen items, and bedding for five residents of an apartment fire in Raleigh who lost all their belongings. She has organized several food drives, a clothes drive, and a food and cleaning supply drive for victims of Hurricane Isabel. She organized "Valentines for Vets" and collected valentines from the agency staff to be sent to disabled veterans at the Durham VA Hospital. She serves her NADE Chapter as treasurer. She recently assumed the duties of Regional Secretary-Treasurer and Regional Conference Treasurer for the upcoming 2005 Quad Regional Conference.

Linda Schmechel from Nebraska was the recipient of the **NADE Award.** She began her NADE membership in 1986, the same year she began working for DDS. Her involvement in her chapter has included attending regional conferences and actively promoting NADE membership, especially to other medical consultants. She is a licensed, clinical psychologist. She deserves recognition for the excellent job she does efficiently and meticulously evaluating cases, making sure her decisions reflect the true nature of the claimant's abilities. She has been working with the Immigrant

continued on next page

and Refugee Task Force to develop Credentialing for professional interpreters state wide. She realizes that simple translation of words is not enough – the meaning must be translated taking into account many cultural differences. She is part of a group that is developing a roster of good translators for medical services. She takes pride in her job through a variety of ways – her work is done quickly without sacrificing quality; her dictated summaries explaining the reasons for assigning specific limitations are always insightful and complete. She does not hesitate to visit with an adjudicator or another consultant when difficult issues arise. She has a good sense of humor and a great working relationship with other staff. She has exceptional abilities in the areas of program knowledge, human relations, leadership and self-motivation. She is a valuable asset to the DDS and her NADE Chapter.

The **Charles O. Blalock Award** was presented to **Lisa Martin from Texas.** Lisa has made outstanding contributions toward the organizational advancement of NADE as well as providing outstanding leadership in her local chapter and also on a regional level. Her involvement in NADE is reflected by a history of active participation in NADE activities for over ten years. In her local chapter, she has held the offices of President-elect, President, Past President, Secretary and Treasurer. She has also chaired virtually all of the committees at the local level at one time or another. She has been involved on the regional level serving as the regional Secretary for two years and co-edited and published the regional newsletter for three years. She served as Regional Director to the NADE Board for two years. At the National level she has served on several NADE committees. She was Co-Coordinator of a past NADE annual training conference. Not only has she been active in all areas of NADE, she has had a successful career as a disability professional since 1988. She has been a Case Adjudication Specialist and was promoted to Unit Supervisor in 2000. She is a "team player" and always works diligently at any task she undertakes without feeling the need to take the credit for her tireless efforts.

Cynthia Henderson

Cynthia Henderson from Oklahoma was the recipient of the **Rookie of the Year Award.** She has been a member of NADE since February 2003. She came to the DDD three years ago as an Administrative Technician II. She became involved from the minute she joined and actually even before she joined. She spent much of her first two years as a visitor to the local meeting to check the chapter out to make sure that it represented something she wanted to be a part of. She would volunteer to make cakes and cookies for local fundraisers even before she joined. Now that she is a member, the chapter hasn't been able to give her enough to do. She is currently serving as the chapter's Fundraising Chair and represents the chapter on the DDD committees for Awards and Recognition, Bring Your Child to Work Day and Breast Cancer Awareness. She has been involved in every activity that the chapter has taken on since she became a member only one year ago. She always is first to volunteer for chapter training activities and promotions, membership drives, NDPW, event planning and decorating, bake sales, craft fairs, garage sales and holiday celebrations. She is also involved outside the office in her church. She is a poet and published author. She is presently pursuing a return to school to finish her degree in journalism and is working on her autobiography.

Marta Rivera

The **Director's Award** was presented to **Marta Rivera from Puerto Rico.** Marta has worked at the DDS since 1976. She was so proficient and excelled in her secretarial duties in the claims unit that she became an asset to the examiners. When the Planning and Development Unit was created in 1993, she was selected to fill this secretarial position. Because of her excellent skills, creativity and initiative, she began creating reports with accurate and timely data that provided a profile of the examiners' performance on a monthly and quarterly basis. This saved the supervisors' time and provided the examiner with a regular flow of information regarding his/her progress on a timely basis. She continues to be the unit's secretary, but she has assumed greater responsibilities. In 1996 she completed her bachelor's degree in Secretarial Sciences. She has used the knowledge acquired through her additional studies to the benefit of the DDS and NADE. Marta has held the position of secretary in the local NADE Chapter on five occasions since she became a member. She was assisted with some of the registration activities at NADE National Conference in Puerto Rico. She is an outstanding professional and has sought improve her professional skills through formal education, training and learning on her own. She enjoys sharing this knowledge with co-workers. She treats claimants with courtesy, compassion and respect. She helps them whenever she can. She walks extra miles every day for NADE, the DDS, and the public.

TESTIMONY
Of The
NATIONAL ASSOCIATION OF DISABILITY EXAMINERS

Martha A. Marshall, President

Prepared For The
HOUSE COMMITTEE ON WAYS AND MEANS
Subcommittee on Social Security
Subcommittee on Human Resources

Hearing
On
Commissioner of Social Security's
Proposal to Improve the Disability Process

September 30, 2004

Chairman Shaw, Chairman Herger, and members of the Subcommittees, thank you for providing this opportunity for the National Association of Disability Examiners (NADE) to present our views on the Commissioner's proposal to reform the Social Security and Supplemental Security Income (SSI) disability programs.

NADE is a professional association whose purpose is to promote the art and science of disability evaluation. The majority of our members work in the state Disability Determination Service (DDS) agencies and thus are on the "front-line" of the disability evaluation process. However, our membership also includes SSA Field Office, Regional Office and Central Office personnel, attorneys, physicians, and claimant advocates. It is the diversity of our membership, combined with our extensive program knowledge and "hands on" experience, which enables NADE to offer a perspective on disability issues that is both unique and pragmatic.

NADE members, whether in the state DDSs, in SSA or in the private sector, are deeply concerned about the integrity and efficiency of both the Social Security and the SSI disability programs. Simply stated, we believe that those who are entitled to disability benefits under the law should receive them; those who are not, should not. We also believe decisions should be reached in a timely, efficient and equitable manner. Any change in the disability process must promote viability and stability in the disability program and maintain the integrity of the disability trust fund by providing good customer service while protecting the trust funds against abuse. Quality claimant service and lowered administrative costs that the American taxpayer can afford should dictate the structure of any new disability claims process. In addition, to rebuild public confidence in the disability program, the basic design of any new 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.

In her September 25, 2003 testimony before the Subcommittee on Social Security, Commissioner Barnhart presented her approach to improving the disability determination process designed to "shorten decision times, pay benefits to people who are obviously disabled much earlier in the process and test new incentives for those with disabilities who wish to remain in, or return to, the workforce". NADE supports these goals. We appreciate the Commissioner's focus on improving the disability program and her willingness to tackle the monumental task of improving the disability process and are fully committed to working in partnership in this effort.

NADE believes that, for people with disabilities, it is crucial that SSA reduce any unnecessary delays and make the process more efficient. However, any changes in the process must be practical and affordable and implemented in a manner that allows appropriate safeguards to assure that timely claimant service is improved, or at the very least, maintained. *NADE is not convinced that all parts of the Commissioner's approach will achieve this and is concerned that some of the proposed changes will, in fact, increase both administrative and program costs.*

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. Results of numerous tests undertaken by SSA to improve the disability process have not produced the results anticipated. The experience of past pilots has shown that ideas that may sound good in theory have proven to be inadequate to meet the demands for service and affordability when implemented on a wide-scale basis.

There is a pervasive public perception that "everyone" is denied disability benefits twice and their claim is allowed only when they reach the Administrative Law Judge (ALJ) level. In fact, nearly 80% of those currently receiving benefits were allowed prior to going before an ALJ. In addition, in Fiscal Year 2000, 78% of all cases were finally decided in the DDS and were completed in an average case processing time of about 85 days at the initial level and 63 days at the reconsideration level. *The processing delays that appear to be of the greatest concern to the Commissioner, and to the public, are delays that occur, not at the DDS, but in association with the appeals process. Wholesale changes at the DDS level do not address these concerns.*

Both formally and informally, NADE has provided extensive feedback to the Commissioner on her "New Approach to SSA Disability Determinations". Our comments are summarized below. In addition, a flow chart incorporating NADE's suggestions accompanies this testimony.

NADE fully supports all efforts to allow earlier access to health care, treatment and rehabilitation needs of disabled individuals, as well as efforts to assist those individuals who wish to return to work by providing them the needed services to allow them to do so. We believe that early intervention efforts will provide improved service to disabled individuals by providing needed treatment and services earlier in their disease process. This early intervention has the potential to decrease the lifelong disability payments that some individuals receive once they have been determined eligible for benefits. Although there are still few details available in the Commissioner's approach regarding potential demonstration projects, it appears that individuals chosen for participation in these projects could be screened based upon age, education, work history and claimant allegations. This type of data is currently collected in the initial disability interview; using these types of screening criteria would not require system changes or other modifications to the existing process. Therefore, NADE believes that a trained "technical expert in disability" in a SSA Field Office could screen applicants for disability into these demonstration projects. Oversight of these projects could be done on a regional basis by Regional Expert Review Units as proposed by the Commissioner.

NADE agrees with Commissioner Barnhart that successful implementation of eDIB is a critical feature of any new plan to improve the disability program. NADE remains supportive of these new technologies as a means for more efficient service to the public. We believe that SSA's goal of achieving an electronic disability claims process represents an important, positive direction toward more efficient delivery of disability payments. *However, while technology can be expected to reduce hand-offs, eliminate mail time and provide other efficiencies, technology is merely a tool.* It cannot replace the highly skilled and trained disability examiner who evaluates the claim and determines an individual's eligibility for disability benefits in accordance with Social Security federal rules and regulations.

In order for eDIB to be successful, it is critically important that adequate infrastructure support and proper equipment to make the process work effectively and efficiently is in place. Until eDIB is fully implemented nationwide, it is impossible to determine critical service delivery issues that impact on daily case processing. If DDSs are pushed to meet arbitrary deadlines without the necessary hardware and software, there will be delays in case processing and no improvements in customer service. It is an absolute necessity that eDIB implementation issues be addressed quickly and efficiently in order to make the process work as intended and not cause real delays in service to our most vulnerable citizens. Experience with eDIB to date has shown that proper equipment has not always been provided to DDS disability examiners to allow for optimal use of this new technology.

NADE strongly supports the Commissioner's emphasis on quality as described in the new approach. National uniform decisions with consistent application of policy at all adjudicative levels requires a consistent and inclusive quality assurance (QA) review process. A well-defined and implemented QA process provides an effective deterrent to mismanagement, fraud and abuse in the disability program. By including both in-line and end-of-line review, accountability can be built into every step. We believe that this will

promote national consistency that, in turn, will build credibility into the process. In addition, NADE supports requiring similar medical training for all decision-makers at all steps in the disability claims process. Making disability decisions can be extremely difficult without sufficient medical training. 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. Adequate training of all decision-makers in the medical program requirements is essential to ensure quality decisions and integrity in the disability program.

Although the Commissioner's approach envisions that "quick decisions" for those who are obviously disabled would be adjudicated in Regional Expert Review Units, NADE believes that the DDSs are better equipped in terms of adjudicative expertise, medical community outreach, and systems support to fast track claims and gather evidence to make a decision timely, accurately, and cost effectively. DDSs already process at least twenty percent of allowance decisions in less than twenty-five days. In addition, DDS disability examiners are well versed in the evaluation of disability onset issues, unsuccessful work attempts and work despite a severe impairment provisions to quickly and efficiently determine the correct onset for quick decision conditions. Establishing a Regional Expert Review Unit to handle this workload constitutes an additional hand-off of a claim with no value added to the process. We see no need to add another layer of bureaucracy to process quick decisions when such cases are already "triaged" and handled expeditiously by the DDS disability examiners. In order to implement a Regional Expert Review Unit for quick decisions, SSA would need to change its existing infrastructure to make these decisions and provide for hiring, training and housing staff. In addition, business processes would have to be developed to secure and pay for medical evidence of record.

In addition, a person found disabled under the Social Security disability program must complete a five month waiting period before they receive cash benefits. **A disability allowance decision, no matter how quickly it is processed, will not solve the problem of having to wait five full calendar months before being able to receive any cash benefits.** The SSI disability program does not require such a waiting period. In fact, if an SSI claimant presents with a condition that is likely to be found disabling, the statute provides for a presumptive eligibility decision on the case before obtaining any additional supporting evidence. This provision allows the claimant to immediately start receiving cash benefits and medical benefits while the DDS obtains the supporting documentation needed for the final eligibility decision. There is no such provision for Social Security claimants, and even if a final eligibility decision is made earlier, they still have to wait five full calendar months before being able to receive any cash benefits and, with the exception of individuals diagnosed with ALS or undergoing dialysis, twenty-four calendar months before becoming eligible for Medicare benefits. *This waiting period has caused many claimants and their families to suffer severe economic and emotional hardship while waiting to receive benefits. It also fosters a perception that SSA is denying cash benefits to disabled workers when they need these benefits the most.* This is especially true for claimants who suffer from a terminal illness and have a short life expectancy.

NADE is strongly opposed to any proposal to remove onsite Medical Consultants from the DDS. ***The DDS medical consultant interacts with disability examiners on a daily basis and offers advice on complex case development or decision-making issues.*** As an integral part of the DDS adjudicative team, DDS medical consultants play a vital role in the disability evaluation process, not only in reviewing medical evidence and providing advice on interpretation, but also in training and mentoring disability examiners, as well as performing necessary public outreach in the community. He/she maintains liaison with the local medical community and has knowledge of local care patterns and the availability of diagnostic studies and state regulations to facilitate the adjudication process within the complex Social Security system. Most disability applicants have multiple impairments involving more than one body system and require a comprehensive view of the combined limitations and resultant impact on function. Specialty consultants with limited scope and experience cannot fully assess the combined effects of multiple impairments on an applicant's functioning. The SSA programmatically trained DDS medical consultant has the education, clinical experience and decision-making skills, along with expertise in evaluating medical records and disease conditions and making prognosis predictions regarding a claimant's function and future condition, to more accurately assess the case as a whole.

DDS medical consultants are not only medical specialists — physicians, psychologists or speech/language pathologists— they are also SSA program specialists. *There is a very real difference between clinical and regulatory medicine and it takes at least a year to become proficient in Social Security disability rules and regulations.* The DDS medical consultant's unique knowledge of SSA's complex rules and regulations and regional variants of those regulations, their medical expertise in many fields and knowledge of local medical sources, and their familiarity with DDS examiner staff, quality specialists and supervisors, make them an invaluable asset to the DDS's and the SSA disability program as a whole. It is critical that this expertise be on-site in the DDSs and readily available to the disability examiner for case consultation and questions, particularly in those more complex cases and, if as proposed under the Commissioner's plan, disability examiners are to, "more fully document and explain their decisions".

The Social Security and SSI disability programs are unique among disability programs. The disability examiners who evaluate claims for Social Security and SSI disability benefits must possess unique knowledge, skills and abilities. Those who adjudicate Social Security and SSI disability claims are required, as a matter of routine, to deal with the interplay of abstract medical, legal, functional and vocational concepts. Disability examiners are required by law to follow a complex sequential evaluation process, performing at each step an analysis of the evidence and a determination of eligibility or continuing eligibility for benefits before proceeding to the next step. Adjudication of claims for Social Security and SSI disability benefits requires that disability examiners be conversant (reading, writing and speaking) in the principles of medicine, law and vocational rehabilitation. The disability examiner is neither a physician, an attorney nor a vocational rehabilitation counselor. Nevertheless, he or she must extract and employ major concepts that are fundamental to each of these professions. The disability examiner must appropriately and interchangeably, during the course of adjudication, apply the "logic" of a doctor, a lawyer and a rehabilitation counselor. A disability examiner must have knowledge of the total disability program as well as proficiency in adult and child physical and mental impairment evaluation, knowledge of vocational and job bank information and the legal issues which impact on case development and adjudication. It takes years before an individual becomes adept at this complex task.

NADE has long supported an enhanced role for the disability examiner and increased autonomy in decision-making for experienced disability examiners on certain cases. We were pleased, therefore, that in NADE's discussions with Commissioner Barnhart we were told that it was her intent in the new approach to enhance the disability examiner's role in the disability process. In order to achieve that, we believe that the Single Decision Maker (SDM) from the highly successful Full Process Model project and currently operating in the prototype and ten other states should be fully integrated into the new approach. (Under the SDM model, medical sign-off is not required unless mandated by statute.)

Decisions regarding disability eligibility can be considered to be on a continuum from the obvious allowances on one end, through the mid-range of the continuum where only careful analysis of the evidence by both adjudicator and medical consultant can lead to the right decision, and finally to the other end of the continuum where claims are obvious denials. It is at both ends of the continuum where the disability adjudicator can effectively function as an independent decision-maker. Use of the SDM to make the disability determination, and retaining the availability of medical consultant expertise for consulting on cases without requiring medical sign off on every case, promotes effective and economical use of resources. It is prudent to expend our medical and other resources where they can most positively impact the quality of the disability claim.

Of all the "reengineered" disability processes proposed or piloted in the past, the SDM process has been the most successful. It has had a more positive impact on cost-effective, timely and accurate case processing than any other disability claims initiative in many years. Statistical results have shown that disability examiners operating under the SDM model in the twenty states where this concept was tested have the same or better quality than disability examiners operating under the traditional disability adjudication model. Studies of the SDM have demonstrated its value as an integral part of the Social Security Administration's disability claim adjudication process. ***NADE strongly believes that the SDM model should be integrated fully in any new initial claims process, expanded to Continuing Disability Reviews and adopted as standard procedure in all DDSs.***

The Commissioner, in her Approach, has proposed establishment of a federal Reviewing Official (RO) as an interim step between the DDS decision and the Office of Hearing and Appeals (OHA). NADE agrees that an interim step is necessary to reduce the number of cases going to the OHA as much as possible. An interim step laying out the facts and issues of the case and requiring resolution of those issues could help improve the quality and consistency of decisions between DDS and OHA components. NADE supports an interim step because of the structure it imposes, the potential for improving the consistency of decisions, reducing processing time on appeals, and correcting obvious decisional errors at the initial level. The establishment of uniform minimum qualifications, uniform training and uniform structured decision-writing procedures and formats will enhance the consistency and quality of the disability decisions. *NADE is not convinced, however, that customer service is improved from the current process if this remains a paper review at this interim step.*

NADE believes that this interim step should include sufficient personal contact to satisfy the need for due process. We do not believe that it needs to be handled by an attorney. There is little, if any, data that supports a conclusion that this interim step needs to be handled by an attorney. In fact, a 2003 report commissioned by the Social Security Advisory Board to study this issue recommended that this position NOT be an attorney.

Decisions made at all levels of adjudication in the disability process are medical-legal ones. NADE believes that Disability Hearing Officers (DHOs) can handle the first step of appeal between the DDS initial decision and the ALJ hearing. DHOs are programmatically trained in disability adjudication as well as in conducting evidentiary hearings. ***Using trained Disability Hearing Officers instead of attorneys will be substantially less costly.*** In addition, there is currently an infrastructure in place to support DHOs and using such a structure will prevent creation of a new costly and less claimant friendly federal bureaucracy. Since this infrastructure is already in place, national implementation of the DHO alternative can occur very quickly.

NADE supports closing the record after the Administrative Law Judge's decision since this decision will, under the Commissioner's proposed approach, represent the final decision of the Commissioner of Social Security before any subsequent appeal to the federal courts. We support providing the assistance of programmatically trained medical and vocational experts to the Administrative Law Judges.

NADE supports elimination of the Appeals Council review step. We continue to advocate for establishment of a Social Security Court. As long as judicial review of disability appeals continues to occur in multiple district courts across the country, a bifurcated disability process will continue to exist as different DDSs operate under different court rulings and regulations depending upon where the claimant lives.

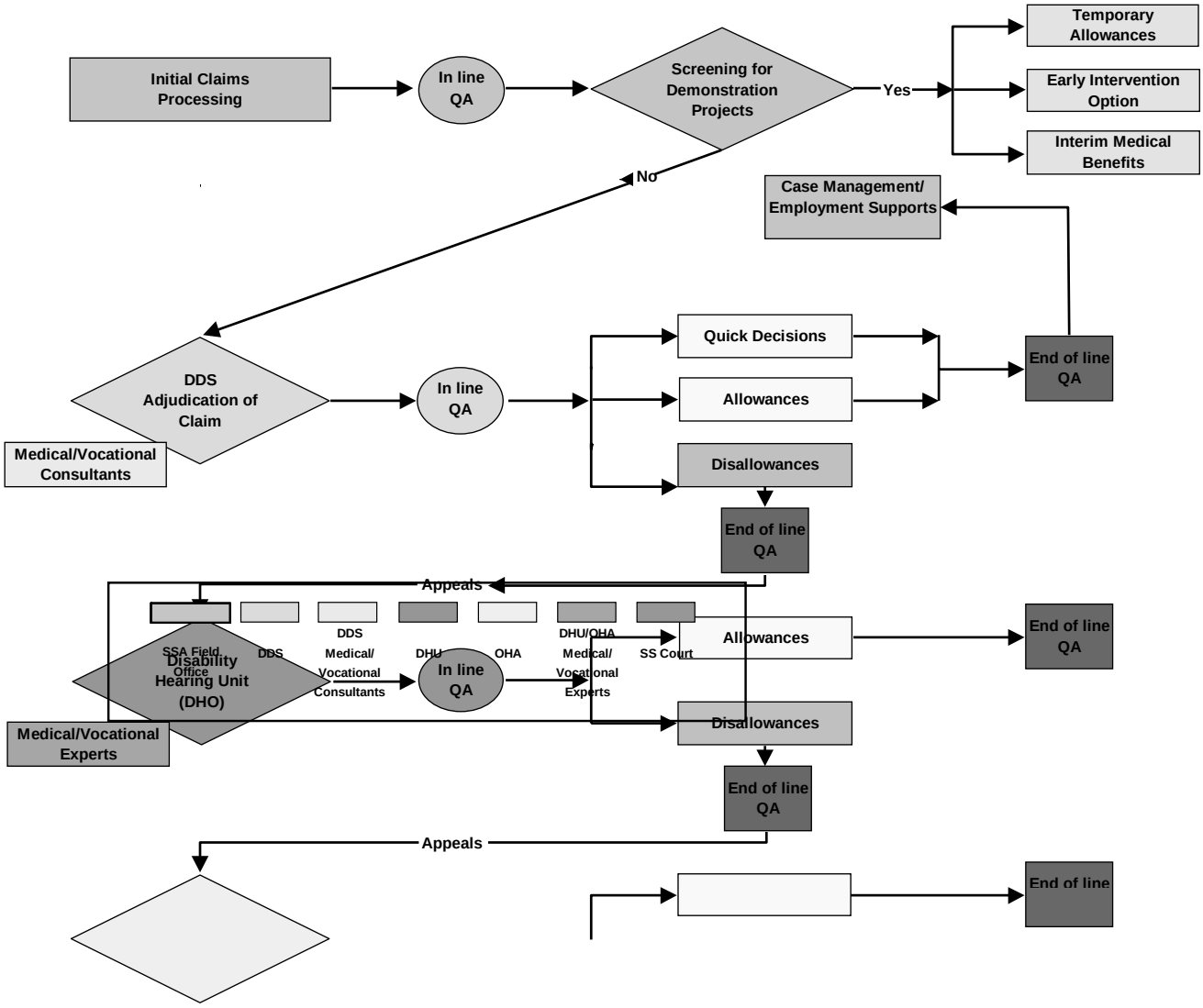
In summary, NADE's key recommendations are to implement only strategies which balance the dual obligations of stewardship and service. These are:

- Implement eDIB only with adequate infrastructure support and proper equipment.
- Keep Quick Decisions in the DDS.
- Eliminate or reduce the five month waiting period for Social Security beneficiaries.
- Extend Presumptive Disability provisions to Social Security disability claimants.
- Maintain Medical Consultants on-site in the DDS.
- Fully integrate the Single Decision Maker into any new disability process.
- Utilize the current infrastructure of DDS Disability Hearing Officers as an interim appeals step.
- Require training in the medical program requirements for all decision makers in all components.
- Include both in-line and end of line review at all levels of the process
- Recognize that technology is only a tool. It does not replace the highly skilled trained disability examiner.

NADE appreciates this opportunity to present our views on the Commissioner's New Approach to SSA Disability Determinations, and we look forward to working with the Social Security Administration and the Congress as the Commissioner continues to refine her approach to improve the disability process.

Flowchart on next page

A New Approach to SSA Disability Determinations - The NADE View



Conference Coverage

Stemming the Tide of Fraud and Abuse in the Disability Program

by Barnest Patton II, Missouri DDS

Acting Inspector General Patrick Pearse O'Carroll, Jr., for the Office of Inspector General presented a lecture on **"Stemming the Tide of Fraud and Abuse in the Disability Program."** The White House designated Patrick P. O'Carroll, Jr. Acting Inspector General (AIG) on March 10, 2004, followed by an announcement on April 8, 2004 that President George W. Bush nominated Mr. O'Carroll to be SSA's Inspector General. Before being named Acting IG, Mr. O'Carroll was the Assistant Inspector General for Investigations. Earlier in his career, he worked in the Office of Inspection at the United States Secret Service. He earned his bachelor's degree from Mount Saint Mary's College and his master's degree from George Washington University.

AIG O'Carroll began his lecture by stating that the SSA Disability Program is the art and science of disability evaluation. He commented that the OIG is charged with preventing fraud, waste and abuse. The Office of the Inspector General's (OIG) Mission Statement is:

By conducting independent and objective audits, evaluations, and investigations, we improve the SSA programs and operations and protect them against fraud, waste, and abuse. We provide timely, useful and reliable information and advice to Administration officials, Congress, and the public.

The OIG's Vision and Values statement is:

We are agents of positive change striving for continuous improvement in SSA's programs, operations, and management by proactively seeking new ways to prevent and deter fraud, waste, and abuse. We are committed to integrity and to achieving excellence by supporting an environment that encourages employee development and retention, and fosters diversity and innovation, while providing a valuable public service.

AIG O'Carroll stressed three major issues:

1. Management of the disability process;
2. Disability related audits; and
3. Disability related investigative work.

As it pertained to the management of the disability process the AIG had several very interesting points to make. First, he noted that SSA needs to improve the timeliness and quality of its disability decisions. Second, SSA needs to improve the accuracy of disability payments, ensuring that the correct payments amounts are paid to eligible individuals. Third, SSA needs to strengthen the integrity of its disability process by furthering its efforts to identify and eliminate fraud.

AIG O'Carroll briefly commented to the issue of disability related audits. The two types of disability related audits he mentioned were the OHA Performance Audits and the Administrative Cost Audits. The Office of Audits (OA) conducts and/or supervises financial and performance audits of SSA programs and operations and makes recommendations to ensure program objectives are achieved effectively and efficiently. Financial audits, assess whether SSA's financial statements fairly present SSA's financial position, results of operations, and cash flow. Performance audits review the economy, efficiency, and effectiveness of SSA's programs and operations. OA also conducts short-term management and program evaluations and projects on issues of concern to SSA, Congress, and the general public.

The final major topic of discussion presented by AIG O'Carroll addressed disability related investigative work. The OIG is comprised of the Office of Investigations (OI), Office of Audit (OA), Office of the Chief Counsel to the Inspector General (OCCIG), and the Office of Executive Operations (OEO). To ensure compliance with policies and procedures, internal controls and professional standards, they also have a comprehensive Professional Responsibility and Quality Assurance program.

Currently, 18 Cooperative Disability Investigations (CDI) units have been opened in 17 states since Fiscal Year (FY) 1998. Depending on available funds, the OIG hopes to add CDI units on a year-to-year basis. Last year, the Government Accountability Office acknowledged the CDI program's successes by noting that they have increased the level of resources and staff devoted to investigating SSI fraud and abuse. CDI units are composed of OI special agents and personnel from SSA's Office of Operations, the States' DDSs, and State or local law enforcement. They use their combined skills and specialized knowledge to:

- Provide the DDS with investigative evidence so it can make timely and accurate disability determinations.
- Seek criminal and/or civil prosecution of applicants and beneficiaries and refer cases for consideration of civil monetary penalties (CMP) and administrative sanctions as appropriate.
- Identify, investigate, and seek prosecution of doctors, lawyers, interpreters, and other third parties who facilitate disability fraud.

Since the inception of CDIs in FY 1998, CDI efforts have resulted in over $399 million in projected savings to SSA's Title II and Title XVI disability programs and over $266 million in projected savings to non-SSA programs.

So far in FY 2004, the CDI units have saved SSA about $122 million by identifying fraud and abuse in disability programs

AIG O'Carroll highlighted several cases that the CDI units had conducted investigations throughout the country. Perhaps the most exciting investigation involved a beauty queen in a state beauty pageant.

Case Study

The Chicago Field Division investigated a disability recipient competing in beauty pageants. The CDIU determined that the winner of a 1999 pageant collected $193,509 over seven years while competing, making personal appearances, and planning beauty contests, all while receiving DI benefits. The woman claimed she could not take care of personal needs such as bathing and dressing, as well as running personal errands such as buying groceries, banking and paying bills or driving for more than 20 minutes. She said she tried to volunteer one to two times a week and rarely socialized outside the home. A surveillance photo taken during a 1999 vacation in Hawaii showed the woman carrying heavy suitcases and, at one point, taking a 20-minute underwater dive wearing a wet suit and weight belt. She was convicted of 9 Federal fraud charges, putting the total intended loss at $743,973. She faces a maximum penalty of five years in prison and a $250,000 fine on each of the nine counts. The sentencing date has not been set.

Case Study

Another investigation involved a 23-year old man who filed for disability benefits, alleging brain damage and mental retardation caused by exposure to toxic fumes at a chemical plant. The Houston CDI unit was assisted by local police, who arrested him at a girlfriend's house on an outstanding felony warrant for failure to register as a sex offender. After the arrest, the CDI unit investigators found he was able to talk, communicate well and follow directions. The man's claim was denied.

Case Study

The Philadelphia Field Division investigated a representative payee who concealed his income from SSA because it would have affected his wife and son's SSI eligibility. The investigators found that the man solicited home improvement work and obtained cash downpayments of over $40,000.00 from customers, but never completed the work he was hired to do. He also prohibited his wife from speaking with SSA representatives during eligibility re-determinations, speaking on her behalf and providing false information on their household income. He was sentenced to 5 months imprisonment, to be served concurrently with a State sentence, and ordered to pay SSA restitution of $17,125.

Case Study

An anonymous hotline tip led the Seattle Field Division to investigate an Oregon woman whose mother received benefits and died in December 1990. The investigators found that the daughter had not notified SSA of her death, and continued using her mother's benefits through frequent ATM withdrawals totaling $123,041 from a joint bank account she had maintained with her mother. She was sentenced to a year in prison and ordered to pay full restitution to SSA.

AIG O'Carroll concluded his presentation by highlighting some Future Challenges. He underscored that HR 743 makes it a felony to threaten employees. He referenced Medicare Drug oversight. He stated that we need to cut down on improper payments and make certain that we are not paying the wrong people. His final comment emphasized the importance of protecting the payee by ensuring that representative payees are audited.

AIG O'Carroll applauded the efforts of the DDSs and thanked them for their support of the OIG CDI units. He recognized the CDI Liaisons present at the conference. Missouri MADE President Barnest Patton, II, was on hand. Special Agent in Charge Colin McCoy of the St. Louis CDI Unit attended the NADE conference with AIG O'Carroll. Of further interest, the St. Louis CDI Unit received the 2004 Regional Commissioner's Team Award. This award not only recognizes and commends the St. Louis CDI Unit for a job well done; it also reflects the Missouri DDS's commitment to excellent, quality and the elimination of fraud and abuse.

The SSA OIG can be contacted at www.socialsecurity.gov/oig or SSA OIG Fraud Hotline 1-800-269-0271.

The Missouri Chapter hosted a "Fun Run" for conference attendees. Run organizer Sharon Belt is shown with one of the participants, Cotter Brown from the Kansas City MO DDS.

Break-out Coverage

An Abstract View Of Advances In Rheumatology

Presented by Dr. Paul Katzenstein of Jackson County Rheumatology, PC

by Bev Kontola, Minnesota DDS

At this breakout session of the NADE national training conference, Dr. Paul Katzenstein was introduced as a "rheumatologist who really knows his stuff!" Dr. Katzenstein gave a powerpoint presentation on rheumatological disorders, including Rheumatoid Arthritis, Systemic Lupus, Seronegative spondyloarthropathies, and Fibromyalgia syndrome. Of special note is that there are a number of new medicines for treating these diseases in the pipeline that will significantly decrease their severity. These include: TNF antagonists (etanercept, adalimumab, and infliximab) used to fight RA; other biologics (abatacept, rituximab) and Duloxetine (Cymbalta), pregabalin (Lyrica) and milnacipran.

Rheumatoid Arthritis (RA) is recognized as a severe, progressive disease. It is associated with high morbidity and mortality. Fifty percent of its victims are too disabled to work after 10 years after onset; lifespan is shortened by three years; and joint destruction is early and continuous, being most rapid during the first five years of the disease.

A new test has been developed to find antibodies against cyclic citrullinated peptides which predict RA. This test is a useful tool, as 33% of RA patients had these CCP antibodies before disease onset; 74% had them at disease onset.

The earlier and more aggressively you treat RA, the better the result. Of the commonly used drugs (Plaquenil, Gold, MTX, Arava, and TNF), TNF works the best. However, the medications are really expensive, running between approximately $14,000 - $19,000 a year! Clinical tests have proven that these drugs improve both the patient's condition and employability. With drug use, the frequency of the RA will decline significantly and substantially over time. This will affect how many RA claims we will see at the DDSs.

Lupus is a widespread and chronic autoimmune disease that causes the immune system to attack the body's own tissue and organs, for unknown reasons. Therapeutics for this disease are not as good as the ones we have for RA. Rituximab has been tested on Lupus patients, and it appears to be safe and effective. However, the optimal dose, the dosing regimen and concomitants medications so far, are unknown.

Seronegative spondyloarthropathies and **ankylosing spondylitis** are diseases that cause inflammation throughout the entire body, particularly in parts of the spine and at other joints where tendons attach to bones. There are many different types, including acute anterior uveitis, psoriatic arthritis, reactive arthritis, and a juvenile type. Nonsteroidal anti-inflammatory drugs (NSAID's) are typically used to treat these diseases, along with exercise and physical therapy. When taken regularly (not on an as-needed basis) and at full anti-inflammatory doses, they deem to slow down the progression of the diseases. Etanercept and Infliximab have recently been tested on patients and have found to have satisfactory results.

Fibromyalgia syndrome (FMS) is a chronic condition characterized by widespread body pain and uncontrollable fatigue. It is often accompanied by many other problems such as irritable bowel, headaches, sleep disorder, and cognitive impairments. There have been a number of recent studies on FMS. An Indiana University study indicated that increased pain severity was an independent predictor of poorer mental health and physical function. A Spanish study indicated that 30% of patients had depressive symptoms and 20% had anxiety symptoms, and 70% had prior emotional trauma. A University of PA studied indicated that sleep apnea is overly common in these patients. An Israeli study done on men patients indicated that there is a connection between early traumatic life events and the development of FMS. Duloxetine (Cymbalta) is now on the market and Pregabalin (Lyrica) will be available in December 2004 to treat FMS.

Jody Boucher and Trish Dothage "manned" the registration tables and provided assistance to conference attendees.

SSA Advisory Chair Hal Daub Addresses the National Training Conference

By Mark Bernskoetter, Missouri DDS

In 1994, when the Congress passed legislation establishing the Social Security Administration as an independent agency, it also created a 7-member bipartisan Advisory Board to advise the President, the Congress, and the Commissioner of Social Security. At the NADE conference in Kansas City, The Honorable Hal Daub, Chairman of the SSA Advisory Board, spoke to attendees about one of the Board's recent items for discussion.

The most recent area upon which the attention of the board has been focused is the definition of disability. The current definition is about a half century old. Over that time period, there have been significant changes in medicine, employment, and attitudes toward the disabled, which calls into question the viability of the definition. The current definition is at odds with the Americans with Disabilities Act (ADA): the ADA focuses on what a person CAN do, while Social Security Disability focuses on what the individual CANNOT do.

The Advisory Board realizes that beginning a dialog on such a broad issue is not lightly undertaken and will not be easily resolved. "There is always an inertia that attaches itself to the existing ways of doing business. That inertia is all the stronger when change affects an institution like Social Security disability that provides vital income support to a large and vulnerable population. But the Board believes that this is an issue that needs attention. The Board finds widespread dissatisfaction with the existing system." The Definition of Disability, from the Social Security Advisory Board, October, 2003.

Mr. Daub pointed out that the United States has a great resource pool for employment – the disabled. The current system is limiting individual potential, and thereby, limiting our potential as a nation. However, we will have to remove disincentives in order to encourage impaired individuals to return to the workforce. One of the main issues people have in trying to return to work is health care coverage. He stressed that a nationalized health care system is not the answer, but rather, availability of care is the key. He mentioned that many of the nations which employ socialized medicine are moving away from that system and searching for new alternatives.

To view the full report from the Advisory Board, visit:
http://www.ssab.gov/DisabilityForum/Social%20Security%20Definition%20Of%20Disability.pdf

Thanks to the Missouri Chapter for a great conference!

Committee Chairs from left: Lora Coffman (Program), Wendy Geels (Registration); second row: Donna Hilton (Publications),Therese Roseburrough (Hotel); third row:Jennifer Howe (Hotel), Melissa Hunter (Exhibitors), Lecia Mikle (Conference Coordinator), Diane Moresi (Hospitality); top row: Mark Bernskoetter (Technical), Tonja Higgins (Registration), Cotter Brown (Social).

Not shown: Bonita Mackendanz (Hospitality), Sherie Downton (Social), and Donna Bradshaw (Door Prizes).

"JOIN THE EXPLORATION"

MICHIGAN CHAPTER'S STATE TRAINING CONFERENCE

by Marcia Shantz, Michigan DDS

The Detroit Sub-Chapter of the Michigan Association of Disability Examiners coordinated this year's State Training Conference. (NADE is MADE in Michigan!) It was held August 20th in Novi, MI. All four Michigan DDS offices were well represented among the conference attendees. All were welcomed by State Chapter President, Tom Ward, and Detroit Service Area Regional Manager, Cassandra Collier. The day's agenda promised to be an excellent training opportunity.

First on the agenda was the keynote speaker, Janet Strope, Director of Family Support Services for the Family Independence Agency. The meeting of Ms. Strope was much anticipated by most attendees, as this was the first opportunity many had to see and hear from their new leader. FIA which is the parent agency of DDS, recently encountered restructuring just five months earlier. As a result, Janet Strope, in addition to having charge of all Michigan's 2 billion dollar budgeted family support programs, became Michigan's DDS director as well.

In her address, Janet Strope provided both information on her background and announced that the agency would be going through further changes, including a name change. The Family Independence Agency would soon be called Department of Human Services to more accurately reflect the work done for Michigan citizens. And more specific to the DDS, she addressed the changes coming as Michigan heads on a new journey through the electronic frontier with the roll out of folderless case processing to begin in December.

Next, attendees were taken on an exploration of the aging process presented by Dr Raymond Hobbs, Program Director of Geriatric Fellowship at Oakwood Hospital. He spoke as much about the known as he did the unknown territory of human life potential. As new technology, medications, & health research continue to advance life expectancy, new frontiers will present themselves for challenge. He reminded every listener that as part of the Human race, we are all joined together in that exploration.

Additionally, Ken Pape, FIA's HIV/AIDS Advocacy Services Program Coordinator, did his best to guide everyone through the "uncharted territory" of Medicare & Medicaid eligibility within the state of Michigan. He gave a general overview of all the programs available as well as HIV/AIDS specific ones. He shared pride in Michigan's efforts to keep HIV/AIDS patients employable with programs such as Insurance Assistance Program- Plus (income limits apply) which uses a portion of "Ryan White" federal dollars to pay the medical premiums on the patient's health insurance policy directly to the employer or insurance company. Finally, he provided everyone with resource guides for use by disability adjudicators of all sorts to make referrals for clients in need of medical assistance.

Pioneers in the use of the newest medical device in the combat of debilitating heart disease are Dr Peter McCullough, Preventative Cardiology & Rehabilitation at William Beaumont Hospital, and Dianna Grayson, registered rehabilitation therapist. They gave a highly informative presentation regarding this newest treatment tool called Enhanced External Counter Pulsation-Cardiac Therapy or EECP. EECP is a non-invasive procedure that improves the functional abilities and life qualities of heart patients with Class III and Class IV angina refractory to medication and deemed either high-risk or not amenable to PTCA or CABG.

Patients attend therapeutic sessions daily for seven weeks. During a session a patient is seated in a device that resembles giant blood pressure cuffs that are attached to the legs. Using computer technology, the cuffs are programmed to precisely compress and decompress the lower extremities during the diastolic phase of the cardiac cycle. The effect is that the cuffs actually do the pumping of the blood, allowing the heart to "truly rest". During this time of rest for the heart muscle, with the primary function of pumping blood taken away, the heart is able to expend energy to the formation of collateral flow in areas where damage had previously ravaged its function. For more information go to www.eecp.com.

The Michigan chapter showed it's commitment to NADE's mission to educate on the importance of life giving organ donation by inviting Remonia Chapman, head of Gift of Life's MOTTEP division, to speak on the specific need for minorities to be recruited into the National Organ Donor Registry. MOTTEP stands for Minority Organ Tissue Transplant Education Program.

Detroit Sub-Chapter President, Marcia Shantz shared her passion to this cause via the untimely death of her 24 year old cousin with ESRD. It was at that time she learned that kidneys are much like hair type and skin type. Because tissue types are inherited in the same way as skin, eye and hair color, the best chance of finding a donor is within the patient's racial or ethnic background. Subsequently, as a result of a shortage of minorities on the National Organ Donor registry, the waiting list for her cousin was ten times longer. Juan ran out of time. Also, Kalamazoo Sub-Chapter President, Julie Mavis, shared her experience as a kidney recipient. Julie Mavis serves as the Great Lakes Region's representative on NADE's Organ Donation Committee.

MADE was fortunate to have NADE President-Elect, Marty Marshall, present at this year's annual training

continued on next page

conference. She, along with Great Lakes Regional Director, Mimi Wirtanen gave informative presentations regarding the activities of NADE and benefits of NADE. All who were present were urged to "Join the Exploration!" Despite being saturated with attendees who were already NADE members, Michigan was able to recruit four new members with the help of their appeal.

MADE continues to be a nationally active chapter as reflected in the presentation of MADE Extra Mile Awards by State Chapter President, Tom Ward, at the awards luncheon. Dr. Mary Anderson received the MADE Extra Mile Award for her role in the formation of NADE's Medical Consultant Position Paper while Traverse City Sub-Chapter President, Mike O'Connor, received his award for involvement in the update of NADE's Disability Examiner Position Paper. Other recipients of MADE Extra Mile Awards for their service within their sub-chapters were Kathy Pursel, Barb Kirkland, and Bertha Jackson.

Overall, everyone in attendance was filled with a most informative, positive and uplifting experience. It was heard told on more than one occasion, "That was the best conference I have ever been to!" Later, the Detroit Sub-Chapter was issued a citation from DDS Director, Janet Strope, for a job well done which, perhaps most rewardingly, included her support and commitment to the NADE organization.

Janet Strope, Director of Family Support Services for Michigan Department of Human Services

Remonia Chapman(L), head of MOTTEP, Gift of Life and Julie Mavis

Wyoming DDS Employees Recognized For Their Outstanding Performance

by Gabe Barajas, Wyoming DDS

On a recent visit in early September to the Wyoming DDS, Denver Regional Commissioner James Everett presented the Associate Commissioner's Citation to Heath Wheeler, IT Specialist. He also presented letters of acknowledgement from SSA Deputy Commissioners Martin Gerry, Bill Gray and Linda McMahon to Vicki Johnson, DDS Director; Max Broyles, Deputy DDS Director and Heath Wheeler for contributions to the development and implementation of the eDIB process. James also presented an agency award for eDIB contributions to the WY DDS. Congratulations to all!

From upper left clockwise: Vicki Johnson,Wyoming DDS Director; Max Broyles, Deputy DDS Director; Vicki Johnson; and Heath Wheeler.

NADE gave special recognition to states that provide financial support to staff to belong to their professional organization

Shown with NADE President Terri Klubertanz:

Eunice Harris, Missouri DDS

Andy Marioni, Delaware DDS

Nancy Lien, North Dakota DDS

IADE Captures NADE Photo Competition

by Ellen Cook, Illinois DDS

On August 31, 2004 the Illinois Chapter of NADE presented checks to 8 local charities totaling over $3,200. The money was raised by DDS employees purchasing Casual Week stickers to wear casual clothing throughout the summer months. The charities are Ronald McDonald House, Make A Wish, United Cerebral Palsy, St. John's Breadline, Sojourn Women's Shelter, SARA Center for AIDS assistance, Boys and Girls Club, and the Mini O'Beirne Crisis Nursery.

Danielle Zeller of St John's Breadline and Ellen Cook of Illinois Assn of Disability Examiners.

Sherry Howard of Ronald McDonald House and Ellen Cook of Illinois Assn of Disability Examiners.

***Accepting NDPW awards** were from left: : row 1: Paula Sawyer (NH) , Diane Yamamoto (HI), Gayle Hull (WYNADE); row 2: Bev Kontola (MN),Tom Ward (MI), Tara Ackerman (NE) and Nell Bailey (NC).*

Laura Huerta of Make A Wish and Ellen Cook of Illinois Assn of Disability Examiners.

Ruth Hankin of United Cerebral Palsy and Rodney Roth of Illinois Assn of Disability Examiners.

Sara Watson of Boys and Girls Club and Ellen Cook of Illinois Assn of Disability Examiners.

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NADE Membership Application

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

Check the appropriate box in each section.

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- ❑ Renewal

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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.

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

Change Of Information Form For: (Name) _____

CHANGES: (ONLY ENTER CHANGED DATA)

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"Rushing Down the eDib Stream"

Bill Gray, Deputy Commissioner for Systems, SSA

by Ellen Cook, Illinois DDS

Bill Gray (left) visits with Don and Gayle Hull of the New York DDS after his presentation.

The new "electronic disability" initiative by SSA has resulted in 75,000 claims being filed on the Internet so far. Five and one half million claims have been entered on EDCS (Electronic Data Collection System) at the current rate of 18,000 a day and the CPMS (Case Processing Management System) has been rolled out to all Office of Hearings and Appeal (OHA) offices. The CPMS enables easier scheduling of hearings by OHA as well as implementing the electronic folder.

These are major successes in the eDib stream. Eleven states have begun the paperless process and SSA wants to give major support to these states. They are having "train the trainer" sessions with DDS computer and adjudicative staff so they can go back and train their agencies. The training was put together by a work group made up of DDS and SSA Information Technology staff. Also Lockheed Martin and SSA staff are on site at all new DDS start ups to make sure the transition is as smooth as possible.

Mr. Gray encouraged all adjudicative staff to take advantage of special training available on the SSA eDib website available on the SSA Intranet.

There are three critical pieces of eDib:

Internet – Claimants and advocates can go to the internet and file a disability claim for an adult or a child and if the claim is denied, an appeal can be filed online. Social Service agencies will be able to take claims with new software which SSA is making available to them. There is also a pilot project wherein SSA will provide work stations to third parties to take disability claims. These work stations include computers.

EDCS (Electronic Data Collection System) – This system provides electronic transfer of cases from site to site and also has an important medical source interface to assist those taking claims to choose the correct medical sources.

Electronic Folder – Starts when a claim is taken. DDSs will add medical evidence to the folder. Medical evidence providers will be able to send evidence several ways:

1. Contractor scanning of paper documents

2. Fax system to automatically turn the document into electronic format.

3. SSA has a secure website for providers to upload medical evidence. There are 86 providers currently using this method to transfer evidence to DDSs.

4. Onsite casual scanning.

5. Direct electronic connection to the DDS.

With the approval of the electronic signature, CE reports will be able to be sent electronically to DDSs. In Mississippi the electronic process has reduced the average time to receive evidence from 22 days down to 12 days.

The next step will be to dispose of the paper folder and make the electronic folder into the official folder for SSA. Each state will be authorized individually to make the electronic folder the official folder.

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