the NADE ADVOCATE

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National Conference Coverage

NADE Greets The New SSA Commissioner

by Shari Bratt, DDS Administrators/SSA Liaison Chair

SSA Commissioner Michael Astrue

ON SEPTEMBER 17, 2007, SOCIAL SECURITY Commissioner Michael Astrue addressed the general membership of NADE at the national training conference in Sioux Falls, South Dakota.

The Commissioner began his presentation with an overview of the budget challenges facing the Social Security Administration (SSA) and, in turn, how funding difficulties has spilled over into various workloads. He noted that SSA has not received the President's requested budget for 5 consecutive years – a shortfall for SSA of about $1 billion. As a result of these funding issues, service has suffered, particularly in the disability area.

At the same time demographics are working against SSA. Baby boomers are reaching their most disability prone years and oldest of the boomers begin to retire in less than three months. An additional 26 million disability cases are expected to be filed at SSA in the next decade.

To stay ahead of the curve, Commissioner Astrue is implementing fast-tracking. He is extending Quick Disability Determinations (QDD) nationwide. Commissioner Astrue would like to push the number and types of cases pulled by QDD as high as it can go. Currently less than three percent of cases are electronically culled under QDD. He believes that number could be much higher.

Another fast-track initiative is compassionate allowances. These cases, simply by the nature of the illness, should be allowed quickly after confirmation of the diagnosis. An ANPRM on compassionate allowances is currently on display for comment at the Office of Management and Budget.

In addition, the Office of Disability and Income Security has been restructured to better align with its mission. Public meetings on disability issues will be held quarterly. SSA is cooperating with the National Institutes of Health on a variety of disability initiatives and the Agency has signed a contract to review all diseases and update the list regularly. SSA is also extending the Request for Program Consultation which was successfully tested in the New England region.

Commissioner Astrue has reinstated the Senior Attorney Advisor program and plans to add additional ALJs and support staff in fiscal year 2008. SSA is also looking at closing remote hearing sites and co-location options with field offices. A National Hearing Center has been established in Falls Church, Virginia to help ODAR offices with the largest backlogs. The Hearing Center handles cases via video link.

The Agency is also attempting to get the Appeals Council (AC) systems access so that employees at the AC have access to needed files. Currently, staff at the AC have to wait for disability folders to be printed.

During his presentation, Commissioner Astrue discussed his meetings with several DDS Administrators and the work they are doing to get a single integrated IT system. He said that having three legacy systems and 54 states and territories with their own computer program nuisances makes changes difficult to accomplish. Commissioner Astrue also felt that the management informa-

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President's Message

WE ARE SADDENED TO have received the resignation of President Barbara Styles in October. Ms Styles was hired to work for a disability component in SSA headquarters and we wish her the best.

The NADE Board of Directors had difficult decisions to make, but persevered through much discussion and voted that I serve the remainder of the current presidency. As you know this past September in Sioux Falls, South Dakota, I was elected to serve as President-Elect for the 2007-2008 term and as President for 2008-2009. So as you can imagine, I have been working hard to keep up with NADE business and to get a jump start as your newest spokesperson.

I had the pleasure to attend two NADE training conferences this year in Sioux Falls, South Dakota and Seattle, Washington. What a pleasure to see you, your respective DDSs and SSA in action, providing the learning mediums that we would not have otherwise had the same access to, if it were not for our organization. Meeting new people and learning new perspectives is a good way to cultivate our prospective outlook and NADE's goals.

The future of the disability programs looks promising with our newest processes and electronic formats such as Quick Disability Determinations, the Request for Program Consultation, and the improved Program Operations Manual System.

Let's not forget our obstacles too. The SSA budget situation is still problematic and we are working hard to do more with less. New processes and procedures will require our patience to learn and get comfortable with. And for our claimants, who many times find it difficult to understand the Sequential Evaluation mechanism and the length of time it sometimes requires to complete a determination, please continue to keep them informed and maintain their trust in the SSA programs.

I look forward to hearing from you. Please keep me in touch with your comments and concerns.

Sincerely,

Georgina Huskey

Georgina Huskey
NADE President

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

NADE is an incorporated, nonprofit organization.

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Letters to the Editor are welcomed and may be selected for inclusion in future issues. Please forward ideas for future ***Advocate*** topics to the editor or your Regional Publications Representative.The next issue will be published in **Winter, 2008**.

All correspondence should be directed through your Regional representative or NADE editor by **December 15, 2007.**

NADE Member News

Farewell Good Friend – Harold Farfel, MD

Dr. Harold Seymour Farfel, a pediatrician, died October 13, 2007 of pancreatic cancer at Gilchrist Center for Hospice Care in Towson. He was 82.

A doctor who prided himself on making house calls, Dr. Farfel continued until his recent illness to attend pediatric rounds at Sinai Hospital, where he was a resident from 1950 to 1952.

One of the patients at his practice in Catonsville, which he opened in 1955, was a boy who would grow up to be governor, Robert L. Ehrlich Jr., said Dr. Farfel's son, Dr. Mark Farfel of New York City.

But one of the proudest moments in his father's medical career occurred during his residency at Sinai.

"He admitted the first black baby to Sinai, which was against the hospital's policy at that time, as was the prevailing practice at the time," Mark Farfel said. "No other hospital nearby had room, and he insisted Sinai take the baby."

Soon afterward, Sinai changed its policy, Mark Farfel said.

"Dr. Farfel worked as a medical reviewer for the Social Security Administration's disability determination program in Maryland from 1988 until 2004, when he retired. Dr. Farfel had been a NADE member since 1989 and was still on the active rolls despite having retired from the DDS in 2004. He was a delightful man and a joy to work with and, as the article shows, a truly good person."

- L. Kay Welch

Retirements Announced

Homer 'Ron' Atchison, long time member and Chapter president from Florida retired June 29, 2007. He continues to be active with the Chapter. He will be working at the DDS for the next 6 month.

Tom Broderick retired from NYDDS after many years of dedicated service. He worked just about in every position, retiring as a Module Manager/Supervisor in Manhattan, NY.He was the guest of honor at a retirement celebration held on Wednesday, June 20, 2007 in Manhattan. He has been a long-standing NADE member, intricately actively involved in ESADE in the early days of its development. He as currently taken a job with SSA NYDQB in Manhattan

Marty Blum gives Tom Broderick (right) advice on how to enjoy retirement.

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

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

NADE CALENDAR OF EVENTS:

Mid Year Board Meeting	**Madison Hotel**	**Washington DC**	**Feb 28 - Mar 1, 2008**
Southwest/Great Plains Regional	**Woodward Hotel**	**Austin TX**	**April 8-11, 2008**
Pacific Regional	**Wilshire Grand**	**Los Angeles CA**	**April 21-24, 2008**
Southeast Regional	**Hilton Birmingham**	**Birmingham AL**	**May 13-16, 2008**
MidAtlantic/Northeast Regional	**Doubletree Hotel**	**Annapolis MD**	**May 14-16, 2008**

New SSA Commissioner, from page 1

tion from such as system will be invaluable. Ruby Burrell and Jerry Berson are coordinating these discussions about a single system. The Commissioner stated that he hopes the system will be ready by 2012. He's optimistic about the project and is encouraged with the attitudes of those involved.

The Commissioner concluded his speech by saying that SSA's goal is to slow the pending cases until we reach a tipping point in 2008. With adequate funding from Congress, the Agency plans to eliminate backlogs by 2012.

After his remarks, Commissioner Astrue took a few questions. One questioner asked about baby boomer retirements in the DDSs and wanted to know how SSA would address this issue. The Commissioner responded that he does not micromanage hiring practices at the DDS – or any component within SSA. He acknowledged that at some point we will have to choose between maintaining physical capital or maintaining human capital. SSA has already closed three field offices and is looking at other consolidations to save money on things like rent, guard services, and utilities. The employees stationed in closed or consolidated offices are reassigned to the next nearest SSA office. These physical capital cutbacks will help SSA retain their human capital.

In addition, the next SIS class has been accelerated and will include GS-14s to train future executives. Regional executives will be included in the search committee to get a more complete perspective on candidates. Commissioner Astrue expects the next class to be much younger and more diverse.

SSA Commissioner Astrue addressed his first NADE conference in Sioux Falls. He fielded questions and listened to comments after his presentation. Dave Tschetter, South Dakota DDS Director, listens as Commissioner Astrue speaks with Dave Miller, Communication Services for the Deaf, SD.

Another question was related to the future of the FedRO (Federal Review Officer). Commissioner Astrue stated that the FedRO and the Office of Medical Vocational Experts (OMVE) were being shut down. He felt that the FedRO and the OMVE were too costly and elitist. He stated that FedRO employees would be assigned different work. Commissioner added that he felt that a regular COLA needed to be part of the medical consultant fees.

Several NADE members expressed interest in the future of the single decision maker (SDM). Commissioner Astrue stated that in terms of the compassionate allowances it makes sense to have an SDM. He cautioned that cost issues would need to be overcome before OMB would permit its expansion. Commissioner Astrue thought the integrated IT system would enable SSA to compare like data and use it to strengthen the case for SDM at OMB.

The final question related to allowance rates and productivity. Commissioner Astrue said he felt that the differences in allowance rates were much more pronounced at the ODAR level. He expressed frustration that under current law, ALJs are not subject to performance standards, therefore limiting his efforts to reduce the disability backlog because of constraints on managing these key employees.

NADE Correspondence

nade
National Association of Disability Examiners

Email to: Tessa Albright,
Social Insurance Specialist
ODISP
SSA
August 16, 2007

Tessa,

Members of the National Association of Disability Examiners (NADE) have reviewed the Proposed Revision of the obsolete POMS 26515. Most all are in agreement that the use of a "Case Explanation" will produce the desired results of ensuring better decisions. We support the revisions to provide DDSs with instructions for completing these rationales.

There were a few concerns about the POMS revision: 1) Requiring full rationales will be extremely costly, 2) This is a duplication of information that may already be contained in the file, 3) They can be very time consuming and cause a big hit on production requirements, 4) and it will require additional resources to meet the expectation.

While we have some concerns with completing the Case Explanations. We do understand that all cases do not require a rationale and that the claimant comes first in the process and we want to provide a well documented file to support our decisions.

We appreciate the tremendous amount of work on your part in improving the POMS and thank you for the opportunity to review and comment on these changes.

Chuck Schimmels
Chuck Schimmels
NADE President
CC NADE Board

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nade
National Association of Disability Examiners

October 1, 2007

Commissioner of Social Security
PO Box 17703
Baltimore MD 21235-7703

Dear Commissioner Astrue:

The National Association of Disability Examiners (NADE) has reviewed SSA's proposed rule on the *Compassionate Allowance*s. We welcome the opportunity to provide comments on this, and other changes in the disability process.

NADE is a professional association whose mission includes fostering, promoting and participating in activities designed to "Improve the documentation of application for disability benefits and the evaluation of medical and vocational information obtained in connection with such applications." The majority of our members work in the state Disability Determination Service (DDS) agencies adjudicating claims for Social Security and/or Supplemental Security Income (SSI) disability benefits. Our membership also includes SSA Central and Regional Office personnel, attorneys, members of the medical community, claimant advocates and others interested in the disability evaluation process. We believe that the diversity of our membership, combined with our "hands on" experience, provides a uniquely realistic and proactive perspective on issues affecting the disability programs.

SSA proposes to amend the regulations in 20 CFR, Parts 404, 405, and 416 to investigate methods of making "compassionate allowances" by quickly identifying individuals with obvious disabilities. NADE fully supports any directive that ensures clearly deserving individuals be granted benefits as early in the disability process as possible.

First and foremost, NADE strongly believes that once these individuals are identified and determined eligible for benefits, there should be **no waiting period** for payments to begin. NADE has long known anecdotally that many of these most critically ill individuals sometimes do not live long enough to collect any benefits; certainly, many of them do not live past 1 year after their claims are adjudicated. Fortunately, with the advent of the electronic disability process, we now have structured data – from comparing allowance dates to date of death on the record – to support that this supposition, is in fact, true. Therefore, there is no clear cut reason to support delaying benefits for any Title II claimants. Little compassion can be found in imposing waiting periods for individuals facing debilitating illness and possibly death.

Using management information that is already available will allow SSA to identify which impairment codes traditionally and consistently have highly accurate allowance rates. Normally, these would be claims allowed at step 3 of the sequential evaluation process. Initially, NADE would support evaluating any impairment code allowed at least 85-88% of the time for potential inclusion on the compassionate allowance list. Using in house systems, SSA would have the ability to periodically review and update the compassionate allowance list and make any necessary changes.

While we endorse SSA current initiatives – TERI, PD and QDD, each of these methods should be further analyzed. Currently, inaccurate descriptions of disabling conditions from claimants or third parties sometimes mask the true nature of the disease process being reported. Unfortunately this problem can delay cases being properly identified in the field office or DDS as TERI or PD. Developing a standardized list – i.e., a global reference table – of common allegations and disease descriptions that accompany these compassionate allowances, would allow both FO staff and DDS staff to be alerted more quickly in the process, so that immediate actions would be generated. This standardized list could be incorporated into EDCS and the on-line application for the public, so that the case is immediately flagged as a potential allowance. With adequate systems support, this global reference table could be used to employ a "matching" system between the GRT and diagnosis codes submitted in electronic medical evidence.

Another initiative that should be pursued is expanding the parameters for cases that are selected in the QDD predictive model. As each case is "scored" in the predictive model, any case that meets the appropriate cut-off level should be determined to be QDD. That is, the current percentage ceilings on the number of QDD cases sent to the DDSs should be removed. It has been proposed that the DDSs will no longer be sanctioned for not meeting a 20 day processing time limit; therefore, it behooves the Agency to expand the predictive model to identify as many potential compassionate allowances as possible. Since the QDD software is

already in place, it should be used to the fullest capacity, especially while other initiatives are being explored, developed, tested, and implemented.

Further, NADE strongly urges that Single Decision Makers (SDMs) be used as the primary adjudicative staff for both QDD and Compassionate Allowance claims. As we have stated for many years, NADE believes that SDMs should be in place in every DDS, making the most productive use of both the analysts' and medical consultants' time.

Once the list of compassionate allowances is developed, SSA should disseminate this information in as many forums as possible. The list should not only include the specific diagnosis, but should also clearly delineate the criteria needed to meet the evidence requirements. Certainly claimant advocacy groups would be among the first for sharing the list. Posting the information online, especially at the on-line disability application site, would be beneficial. Of course, DDS Professional Relations staff would be able to supply information to their providers to assist patients that may qualify. Keeping the list up to date should fall largely to the staff in OCALI, with assistance from the ODP systems analysts and potentially the Health Informatics team. Surveys to claimants, treating sources and advocacy groups could be solicited to help determine if changes have been beneficial and to get suggestions for improvement.

The issue that potentially has the biggest impact on the DDSs is that of securing sufficient medical evidence to document the severity of the alleged impairment. While we anticipate that the compassionate allowance impairment list would show many of the types of issues we are expecting – neoplastic diseases, congenital anomalies, organ transplantation, hearing and vision loss, etc., there are certainly cases where more than a diagnosis alone is needed to ensure the individual is truly disabled. Particular attention to the development of the evaluative criteria will be critical as the list is expanded.

NADE does not support revising the *Listing of Impairments* to attempt to capture all potentially life threatening diseases. While some expansion may be deemed programmatically appropriate, these decisions should be balanced against the time and resources needed to determine what to include and exclude. Policy allows for claims not strictly "meeting" a listing to be evaluated as potentially "equaling" any listed impairment. A reasonably small percentage of the overall DDS workload will be affected by the compassionate allowance list; losing production time to additional training on expanded listings may give little added value.

In reviewing the specific policy guidelines regarding medical diaries for the impairments listed in this ANPRM, the best and simplest approach seems to be to revise the policy to set a standard diary for each of the impairments identified as a compassionate allowance. The current policy relies heavily on age of the claimant, and in some cases, length of time since diagnosis. There is also vague language attached to the diary criteria, such as "remediable" or "advanced". Since these terms are not used with any consistency in the medical records, deleting them from the policy requirements seems plausible. With the ongoing staff turnover and training issues taking place in the DDSs, making sure the diary dates are correct ensures that cases are not reviewed at CDR if it is not necessary. There are both programmatic and fiscal benefits to be gained in revising these policies.

Finally, NADE has some level of concern about the very nomenclature of "compassionate allowances" claims. Certainly, our membership feels that every allowance that we make is compassionate for our claimants. There is some level of confusion about the term "compassionate allowance" and we feel that confusion may potentially produce adverse public relations for the Agency. If certain populations began to receive benefits without serving a waiting period, while other disabled individuals have to wait for benefits, there will undoubtedly begin to be negative reactions from some stakeholders in the disability community.

Commissioner Astrue, NADE appreciates the opportunity to comment on these proposed regulatory changes. Thank you for consideration of our comments.

Sincerely,
Barbara Styles
Barbara Styles
NADE President

Mark your calendars for the 2008 Pacific Regional Conference:

Dates: April 21-24, 2008
Hotel: Wilshire Grand
City: Los Angeles, CA
Link to Hotel: www.wilshiregrand.com
Room Rate: $110.00 for single or double occupancy
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Corespondence, continued from page 7

nade
National Association of Disability Examiners

October 17, 2007

To: NADE Membership

Re: **Presidency of NADE**

Dear NADE Members:

NADE recently learned of the resignation of newly-inaugurated President Barbara Styles, who is moving on to other endeavors in the Social Security disability programs. After serving many years in the Alabama DDS and in multiple NADE capacities, her leadership on our Executive Board will surely be missed.

On October 16, 2007, the NADE Board of Directors engaged in significant discussion on how the vacancy should be filled. Our democratic process resulted in the installation of a new President. I was chosen to serve as your President for the remainder of the current 2007-2008 term. I will also serve as President for the 2008-2009 term, having been elected as President-Elect in Sioux Falls, South Dakota last September. A precedent had already been established by similar situations that occurred in the past. Rest assured that our business practices are sound, efficient and in accordance with our Constitution and By-laws.

Looking forward on NADE business, there is much to do. The Board of Directors is committedto serving the best interests of our organization, our members, and our claimants. Please consider volunteering your expertise and join a NADE committee, whether at a local, regional, or national level. Without your input, your voice cannot be heard. I am very proud to be a member of such a talented group of professionals!

Respectfully,
Georgina Huskey
Georgina Huskey
President, NADE

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Request for Newsletter Grants should be submitted to Donna Hilton, Publications Director.

For information on Membership Grants, contact Micaela Jones, Membership Director

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Social Security Administration Official Shares Management Principles

by Barbara Styles

LINDA MCMAHON, THE DEPUTY Commissioner for the Office of Operations (DCO), spoke to the members during our national training conference in Sioux Falls, Iowa. Ms. McMahon began by stating that she fully understands our unique problem with serving two masters in the disability program – both state and federal operations are of concern to the DDSs. However, she went on to state that she is excited to have the DDSs under the mantle of Operations. That excitement is because she truly feels we make a difference in people's lives.

Ms. McMahon feels that our job as disability examiners is much more complex than many other state agency jobs, and therefore it makes it harder to retain employees after they are trained. She says the turnover at DDSs is twice that of what it is at the Federal level. The multiple issues of recruitment and retention must be addressed so that we can adequately do the job at hand. Part of that job will be the informal remands from ODAR. The DDSs are funded for 51 thousand informal remands in FY 2008, as compared to the 17 thousand remands that were done in 2007.

Deputy Commissioner McMahon says that she feels the Federal side of SSA has learned a lot about the entire disability process – and she feels that they need to work to make it more seamless. ODO is involved in a joint project currently with the Office of Continuous Improvement to look at the Field Office product. There has been a longstanding problem with the accuracy and completeness of the work coming from the Field Offices to the DDSs, and it is a problem that is still not solved. The scope of the project is to not only document what we learn are the problems, but to take active steps to train employees to fix the issues.

Ms. McMahon says that the budget process for the various SSA components is quite disciplined. Explaining the process to the Field Offices, however, is much easier than explaining the process to the DDSs. She desires to make the budget process as uniform as possible. Consistency is important. She feels that we need to operate by principle. Having predetermined standards of performance helps people know what is expected of them. Because of this strong belief, Deputy Commissioner McMahon has posted some management principles to which she strives to adhere. They are:

- **Communicate openly, honestly, and often.** This is necessary so people will understand what they are doing and why they are doing it. Part of communication is to share the news, whether it is good or bad. Often, the people closest to the problem don't have the ability to solve it, so it is vital that they share what they know with others.

- **Value diversity in the workplace.** She feels there are "few eternal truths, but many perspectives." The more perspectives one gathers, the more realistic the solutions will be.

- **Perform our responsibilities with integrity and responsibility.** We should strive to meet the commitments we make; and to take our stewardship responsibilities seriously.

- **Use a balanced approach to meeting our responsibilities.** Sometimes that balance is hard to achieve in the competitive budget environment under which we work. However, every component in Operations should be funded at a fair level relative to the work they have to do. At times, it is necessary to move the work. The approach should always be to "do what makes sense."

- **Foster teamwork and collaboration.** We all need to foster good working relationships with everyone that we deal with.

- **Be open to new ways of doing work.** Sometimes the new ways are harder. Sometimes new ways take more energy. Change becomes more difficult as we get older. It's important that we take calculated risks and not be afraid to fail.

- **Commit to quality in all that we do.** We should make that investment up front. We need to make sure that we are taking the time to pay attention to what is important. Our policies are complicated – there is too much and it is too complex. Ms. McMahon says she is sometimes skeptical about big quality changes, but she does feel that her office is making small strides toward positive outcomes.

- **Prepare for and invest in the future.** It is critical to manage change as efficiently as possible. We need to make sure that we all recognize that our employees are our most valuable resource.

SSA's New View On Vision

By Susan Neitzert, Disability Program Expert
Center for Disability Denver Region

DENVER REGIONAL OPHTHALMOLOGY MEDICAL Consultant, Charles Arnold, M.D., spoke on SSA's new vision policy changes and updated Listings. He strongly encouraged everyone to review the February 2007 training on Evaluating Visual Disorders. He highlighted changes in the adult and children Listings for visual impairments. He provided the attendees with policy reminders such as:

- Optometrists are now acceptable medical sources for Title II and Title XVI cases.
- Screening fields can only be used if normal to denote non severe visual field impairment if consistent with other medical evidence.
- A manifest subjective refraction is needed to determine best corrected vision.
    - o Pinhole vision testing is no longer accepted for best corrected vision.
    - o Auto-refraction devices for best corrected vision are not accepted.
- Contact lenses may be used for best corrected vision if sustained wearability is established.
- Telescopes cannot be used when determining best corrected vision.

Cortical blindness is now called cortical visual disorder. This is due to involvement of the posterior visual pathways such as following stroke, trauma or infection as well as congenital malformations. In order to evaluate, the examiner must have a diagnosis and confirming evidence on neuro-imaging or visual evoke response.

Visual function should be considered over and above the recorded acuity in such conditions as nystagmus and paracentral scotomas and visual fields with hemianopic defects. Most ocular pathology associated with visual field abnormalities-exceptions macular degeneration (small central scotoma not considered) and clouding of the media such as corneal edema and cataract-usually requires visual field testing. If there is no scotomata expected as

Charles Arnold, M.D

in strokes and Retinitis Pigmentosa, it would be acceptable to start by attaining an auto-kinetic test but kinetic testing may be needed in some cases.

There are a number of tests that can be done that will suggest that abnormal visual acuities or visual fields are hysterical or outright malingering when not accompanied by ocular, radiographic or visual evoke response findings of pathology. This is not entirely a diagnosis by exclusion. Organic causes for impairment not accompanied by ocular signs are due to conditions affecting the posterior visual pathway. The neuro-ophthalmologists are generally more proficient with this type of testing. It would be helpful to inform the testing consultant that hysteria or malingering is expected prior to the consultative examination.

When evaluating visual impairments it is important to keep equaling a listing in mind. Equalling is used when one or more findings missing in the definition, but other findings are present of equal severity related to the same impairment. A few examples given were:

- Visual Acuity of 20/100-1 with aphakia and unable to wear contacts. Visual Field Efficiency 22% with lower visual fields be absent.
- Severe blepharospasm would be a condition that would need to be considered to equal a listing. Is the severity equal to the impairment in the next closest listing?
- Combination of impairments, none of which meet or equal, but when combined are equivalent medically in severity to the set of requirements in the most closely related listing . Visual Acuity of 20/200+1 (Snellen) with small paracentral scotoma limiting fixation or possibly a visual field efficiency 0f 22% and 3rd nerve palsy.

Quality is Our Goal

To ensure quality photos for printing in the *Advocate* and on the NADE website, please submit digital photos in a jpeg format or submit printed photos.

Articles should be submitted in a Microsoft Word or a text document.

Your assistance is appreciated!

Glenn Sklar: SSA Working To Streamline Workloads

by Shari Bratt, DDS Administrators/SSA Liaison Chair

MR. SKLAR ADDRESSED THE membership of NADE at the national training conference in Sioux Falls, South Dakota. He indicated that DDS and ODAR are trying to harmonize in every way possible on the business and processing sides, to get control of this workload. Policy in general is being streamlined. People want something simple to process the volume of the work we do without writing in each exception, etc. With 10,000 to 20,000 pages of POMS out there, only about 1,000 of those pages are important to us. Policy must be simply and concisely written. It can be technically correct, but we must be able to follow it.

ODP Update

Compassionate Allowances-The name of the Office of Medical Policy has been changed to the Office of Compassionate Allowances and Listings Improvements. They are working on figuring IT ways to flag cases and move these cases through a triage model. There are also key cross component workgroups who are focusing on streamlining policy and working on ODAR/ DDS issues. An ANPRM (A Notice of Proposed Rule Making) came out on 7/31/07, seeking public opinion.

DIB Training-This is a very complicated program and there is nothing simple available to train people on the job, and make the program easy to understand. ODP is looking at prototype internet-based training for cases that have a teaching point. The first examples should be compassionate allowances. Training content will be integrated across all adjudicative levels. This will be example based rather than theory based.

Vocational Policy-The DOT was last updated in 1991. There is no easy replacement as the Department of Labor owns the DOT. DOL has no interest in updating the DOT, which does not address non-exertional issues, internet jobs, etc. ODP is trying to interest NIH in the functional aspects of step 4 and 5, as there is divergence seen between OADR and DDS at this point in sequential evaluation. This will be a five year project. There will be ongoing vocational training for experienced adjudicators and reviewers to be conducted in FOs and individual DDSs.

Military Casualty Cases-The Field Office's early identification and flagging of these cases is critical to ensure correct application of policy and quickly secured evidence. Assessing TBI and PTSD will be important, but we will not get great allegations. We may have to search and look at issues such as closed periods. ADL forms and how well prostheses work will be important. We will be getting MER from the Department of Defense. Booz Allen Hamilton is trying to develop a five year plan to obtain VA records quickly. There is a website through the ODP site where more information can be found. We may also expect some further discussions to take place about waiting periods.

RPC-Request for Program Consultation (RPC) is on the cusp of a national roll-out. This came out of ideas from DDS Administrators due to the old rebuttal process not working well. It took a long time, and added 60 days to processing time. The RPC process will bring fairness to the 5,000 cases that they are expecting to review, as well as identifying policy problems. This will drive the work-plan in the policy office. RPC will improve accuracy and consistency and will drive policy priorities. It will identify issues for clarification.

Health IT News-We want to get the word out that the way we collect MER will be different 3 years from now. There is a goal of leveraging health IT initiatives. Research is being done on rare and "orphan" diseases and coding diseases in a certain way. Input is being obtained from research facilities.

Public Outreach Meetings-We will start with meetings with advocates to talk about making changes, as the Commissioner of Social Security is dedicated to interfacing with advocacy groups.

Mr. Sklar stated there will be further meetings about compassionate allowance cases and ODP expects to interface with real people to create real policy. The last full flip of the listings was in 1985. This should be a moving activity. The current flip should be done by 2009.

Dr. Jerry Buchkoski, Ph.D. Presents
Assessing Psychological Assessment

by Celeste Lilly, North Carolina DDS

DR. BUCHKOSKI PRESENTED AN interesting overview of how to "assess a psychological assessment." Mental health decisions are much more subjective than physical decisions, so an examiner needs more information to make the correct determination. He noted that the cost for mental health consultative examinations (CEs) is more expensive. He suggested that we need to ask, "Are we getting thorough CEs that we ask for?" The state of South Dakota orders WAIS, WMS and a mental status exam. He went on to address other pyschological tests:

MMPI, Milan and Rorschach

- Why don't we ask for the MMPI or Milan?
  These types of tests don't give DDS the information we need; they are diagnosis driven and rate personality.
- The diagnosis for the DDS is the least important issue we obtain from the CE.
- We don't need to spend money to get a diagnosis.
- The MMPI, MCI (Milan Clinical multi-axial-inventory) and Rorschach do not rate severity of the problem, they don't address how the severity of the impairment is impacting the person's life.
- You can have a person rated as having a "severe depression" but they pull themselves together and are functional.
- The MCI, and the MMPI are done on computer, not 1:1 person interaction.
- These tests are not function driven, no severity of the problem is measured.
- "Fake bad" – you don't have any information to determine if they are exaggerating their symptoms.
- When doing these tests, you need to have a 5th to 7th grade reading level, most who are being sent to CEs don't have that level of reading ability.

Neuro-psychological Testing

- We don't do neuropsych testing.
- The test takes a lot of time and they are very expensive.
- Halstad would take 6-8 hours to administer, not taking into account enterpretration and writing up the report.
- In order to say that you have given the battery of tests, you have to do all of the tests include in the testing (i.e. WAIS, WMS, other testing).
- The doctor tries to get the test done in one day.
- A lot of information in the neuro psych battery can be obtained by an interview.
- Frontal lobe judgment is the not able to be evaluated in neuro-psych testing (i.e. judgment, impulsivity, proper decision making).
- There are some neuropsych doctors that don't give us the information that we need.
- It is vital that the tester report validity and reliability of testing results.

Malingering

There are no good tests for malingering.There is a bias by psychologists that people don't lie or malinger; there is a mindset that a person comes in because they truly need help and will maybe exaggerate symptoms but don't fake – we know they do malinger and fake To determine the difference between exaggerating (personality disorder) and faking, you need a good history and functional assessment.

Why we do order the tests that we do?

- The WAIS and WMS give us test results that tell us how the claimant functions, the scoring tells us functionality.
- WASI and WMS have information obtained that is more generalizing of how the claimant will do in life and in a work setting.
- If the claimant is bright, they can do more and have access to more tools to do well in life.
- Memory: if a claimant does not have a good memory, they won't do well in life, one needs memory in order to do more than base simple jobs.

Psychologists' Backgrounds

- Bias comes through in everything they do, diagnosis, treatment and making recommendations, psychologists need to assume a person comes to the examination with a weakness.
- Most tests are weakness oriented, "we didn't find anything" is the best they can do when finding or not finding a weakness.
- Most psychologists aren't geared to assess how the person has the ability to function in a job.
- Most are trained to accept that what the patient says is valid.
- PhDs were taught that a person will under-report symptoms.
- Sometimes a person does not want treatment or hospitalization and will minimize symptoms.
- The PhD is not trained that people fake symptoms.

- They have a bias towards helping people.
- They may not take into account function, they are more concerned with how the claimant sleeps, eats; they are not concerned with how they function in their ADLs; they assume the person is doing his personal cares.

A Bad Evaluation

It is worthless to us and can be damaging to the case. An examiner should be concerned if there are no individual aspects to the report – if it is too generic. A bad report may advocate for or against the claimant. If the report doesn't agree with other information in the file and dosen't reconcile it, it should be addressed with the psychologist. A bad report is one that does not answer the questions that the DDS is asking.

Basic Questions to ask in a Psychological CE

- Function: currently, in the past year - how does it differ?
- What prevents you from working now?
- Where have you worked? What happened when you tried to work?
- Did you try to find a job? What happened when you tried to find a job?
- What do you do with your day? (everyone should have variations in their day)
- What is a good day?
- What is a bad day?
- Are you happy? How do you spend your day? What prevents you from doing something else?
- If feeling bad, what are you doing to not feel bad?
- How much housework do you do in a day?

The CE should give a consistent and coherent picture of the claimant. We, the DDS requesting a psychological CE, need to make our questions known to the CE examiner.

Getting To Know NADE

by Don MacArthur, GMADE (Vermont) Chapter President

ABOUT 28 NADE MEMBERS attended the breakout session entitled, "Getting to know NADE". This breakout session was intended to familiarize and welcome first time national conference attendees, including myself.

The session was presented by RADE members Marty Blum from New York and Jane Osgatharp from Vermont. Together Marty and Jane have over 50 years of NADE experience and have attended at least 50 conferences combined. Together they possess a vast library of experience and knowledge of NADE and its history. While Marty focused on the personal/social aspects, Jane presented the more professional aspects of being a member of NADE. All present also received a copy of the history of NADE.

Marty stressed the importance of networking with other members during the conference to make new friendships and gain experience from our professional peers around the country. We should each try to build a network of peers we can confide in for direction and guidance and to learn from their experiences. Such a network of experience will not only provide the best service to our claimants, but also a web of new ideas to find the best possible solution to any obstacle.

Jane emphasized the professional atmosphere of NADE and its strong "voice", recognizing that NADE provides its members with an environment to grow professionally and develop leadership skills to further their careers. Jane stated that, "the training you will receive through NADE conferences is some of the best training a disability professional will ever receive." She also stated that all new attendees were welcomed and encouraged to attend the NADE general membership meeting and board meetings to get a look inside the inner workings of NADE. She stressed the importance of having a voice in the disability program and that NADE provides such a vehicle through its position papers and Congressional testimony. NADE's opinions and positions on the disability program are well respected throughout the disability community and government alike.

The session was also attended by other experienced NADE member such as President-Elect Georgina Huskey, Past CCP Chair Debi Chowdhury, RADE member Ann Graham, and Dave Tschetter, Director of the South Dakota DDS. All provided their own stories and experiences to the new conference attendees, making this session a most informative and inviting start to a great national conference.

In my opinion, not only was this presentation a complete success, but also enabled first time conference attendees to meet and greet. Overall, this presentation made my first experience at a national conference a very enjoyable one.

Highlights of the Annual Membership and Old Board Meetings

by C.J. August, NADE Secretary 2006-07

THE ANNUAL MEETING OF THE NADE membership was held on the afternoons of September 18th and September 19th, 2007, at the National Training Conference in Sioux Falls, South Dakota.

The executive officers, regional directors, council of chapter presidents' chairperson, appointed directors and appointed committee chairpersons presented their reports.

Membership Awards were presented to the following chapters.

SMALL CHAPTER
- 1st place – North Dakota
- 2nd place – Seattle, Washington
- 3rd place – Tennessee

MEDIUM CHAPTER
- 1st place – Illinois
- 2nd place – Empire State, New York
- 3rd place – Colorado

LARGE CHAPTER
- 1st place – Georgia
- 2nd place – Virginia
- 3rd place – Oklahoma

A special recognition was also given to the Nevada chapter who has gone from 1 to 8 members in the last year.

The Publications Director Donna Hilton presented awards. She reminded us that photos submitted in the photo contest should be of good quality and submissions should state who is in the photo and describe what was happening when the photo was taken.

PHOTO CONTEST
- 1st place - Lisa Chalmers, West Virginia
- 2nd place - Derby City Chapter
- 3rd place - tie between Oklahoma and New Mexico

NEWSLETTER CONTEST

SMALL CHAPTER
- 1st place – Vermont
- 2nd place – Wisconsin

MEDIUM CHAPTER
- 1st place – Empire State, New York
- 2nd place – South Dakota

LARGE CHAPTER
- 1st place – North Carolina
- 2nd place – Illinois
- 3rd place – Texas

National Donate Life Month Awards were presented by Julie Mavis.
- 1st place – Empire State, New York
- 2nd place – North Dakota
- 3rd place – Louisiana

National Disability Professional's Week Awards were presented by Chair Tara Ackerman.

Other actions and noteworthy discussion at the 2007 Old Board and General Membership Meeting included:

1. The NADE president was called upon to testify before the Senate Finance Committee this year. This is the first time a NADE president has been invited to testify before a Senate Committee.

2. The board voted to give membership rebates in the amount of $5.00 per member to each region.

3. The board voted to accept Articles of Incorporation. The National Association of Disability Examiners is now incorporated.

4. NADE chapters are reminded that their bank accounts should reflect the name of their own individual chapter rather than NADE.

5. The board approved the constitution and bylaws of the Rhode Island chapter of NADE and the chapter was presented with a plaque to commemorate the occasion.

6. The membership voted to amend the constitution and bylaws to include the description of the duties of the publications director.

7. At the council of chapter president's luncheon, Tom Ward from Michigan was elected to be the new CCP chairperson.

8. At the general membership meeting, the following persons were elected to serve as officers for 2007/2008: Georgina Huskey, President-elect; Bill Dunn, Treasurer; Margaret Neal, Secretary.

9. Upcoming national training conferences are planned in September, 2008 in Nashville, Tennessee; Covington, Kentucky in September, 2009; Albany, New York in September 2010.

Membership Award Winners:Front from left: Donna Sinks (OK) – 3rd large chapter, Debi Chowdhury (ESADE) – 2nd medium chapter; Dorie Meske (ND) – 1st small chapter.
Back from left: Nancy Tucker (IL) – 1st medium chapter, Melissa Phillips (VA) – 2nd medium chapter; Audra Black (Seattle WA) – 2nd small chapter.

NDPW Winners: Front from left: Nancy Tucker (IL) – 2nd large chapter, Don MacArthur (VT) – 1st small chapter, Debi Chowdhury (ESADE) – 1st medium chapter. Back from left: Lisa Huggins (TX) – 3rd in large chapter, Janet Geeslin (WI) 2nd small chapter, Linda Highsmith (NC) – 1st large chapter, Brenda Frevik (SD) – 2nd medium chapter.

Photo Competition Winners:
Al Pellitier (Derby City –Louisville) and Tami McIntyre MidAtlantic RD accepting for Leesa Chalmers (Clarksburg WVA).

Newsletter winners:
Front from left: Celeste Lilly (NC) – tied 2nd large chapter, Gilbert Cameron (TN) 1st small chapter.
Back from left: Lisa Huggins (TX) – tied 2nd large chapter, Trish Chaplin (MO) – 1st large chapter.

AUTISM: Characteristics and Diagnostic Indicators

Speaker: Tracy Stephens, PhD, BCBA, Autism Psychologist, Autism Spectrum Disorders Program, Center for Disabilities, University of South Dakota

by Lisa Varner, PhD, South Carolina DDS

Introduction

Tracy Stephens, PhD, BCBA provided a very informative presentation on autism at the 2007 NADE Training Conference in Sioux Falls, South Dakota. Dr. Stephens is an Autism Psychologist with the Autism Spectrum Disorders (ASD) Program at the University of South Dakota's Center for Disabilities. The ASD Program was established in 1989 and provides interdisciplinary assessments and individualized education and behavioral training for families and for professionals who are involved with persons who have ASD. Dr. Stephens began her presentation by identifying the five types of ASD (also known as pervasive developmental disorders): autism, Asperger's disorder, Rett's syndrome, childhood disintegrative disorder, and pervasive developmental disorder not otherwise specified (PDD-NOS). This presentation primarily focused on autism.

What Is Autism?

Dr. Stephens indicated that autism is a lifelong developmental disability of biological origin that occurs more frequently in males than in females (4:1 ratio). The incidence of autism is, according to the Diagnostic and Statistical Manual-IV (DSM-IV), two to five cases per 10,000. However, other estimates are higher, indicating one case per every 150 children. Autism is as common as cystic fibrosis, five times more common than childhood cancer, and six times more common than phenylketonuria (PKU).

The DSM-IV criteria for autism include the following (all of which must be present to diagnose the disorder):

- qualitative impairment in social interaction
- qualitative impairment in communication
- restricted, repetitive and stereotyped patterns of behavior, interests and activities
- onset prior to age three

Dr. Stephens explained that autism is truly a pervasive disorder, as it impacts multiple areas of an individual's life: social functioning, communication, and behaviors and interests. Dr. Stephens indicated that because autism has such pervasive impact, some individuals with autism continue to function poorly despite extensive training and education. She further explained that there can be great variability among persons diagnosed with autism, particularly in terms of cognitive and linguistic skills. For instance, some individuals with autism have mental retardation (MR) as a co-morbid diagnosis, while others perform fairly well on intelligence tests. Also, some individuals with autism are nonverbal, while others have much better developed linguistic skills. Those individuals with autism who are verbal often were or continue to be echolalic, a repetition or echoing of phrases spoken to them or around them.

Causes of Autism

Dr. Stephens emphasized that there is no single cause or particular known cause of autism. The most common current hypothesis is that autism has a genetic etiology, with resulting neurological and brain abnormalities. Support for this genetic etiology has been provided by twin studies, which have indicated concordance rates of 83% in identical twins. Additional support for this possible genetic etiology is the fact that autism is found in similar rates in all cultures and socioeconomic groups.

"Red Flag" Indicators of Autism

Dr. Stephens stated that children who exhibit any of the following "red flags" should be referred for screening/evaluation for a possible ASD:

- no babbling by 12 months of age
- no back and forth gestures (e.g., pointing, showing, reaching, or waving) by 12 months of age
- no words at all by 16 months of age
- no two-word meaningful phrases by 24 months of age
- any regression of or loss of speech, language, babbling, or social skills at any age

ASD Screening and Evaluation

According to Dr. Stephens, research indicates that an ASD can be identified in very young children, and a significant number of ASD features are present by 18 months of age. Studies have demonstrated that experienced clinicians can reliably diagnose autism in children between the ages of 24-30 months. Studies also have shown that early therapeutic intervention is associated with the best treatment outcomes. Thus, the gold standard is that all children should be screened specifically for ASD at 18 months and/or 24 months of age. However, in reality most children are not diagnosed until they are three to four years old.

Dr. Stephens stated that ASD evaluations should preferably be comprehensive and conducted by an interdisciplinary team. At the University of South Dakota's Center for Disabilities, this interdisciplinary team consists of multiple health professions including a psychologist, speech therapist, occupational therapist, audiologist, psychiatrist, and nutritionist. Tools and components in the evaluation include the following:

- review of relevant background information
- parent/caregiver interview
- medical evaluation
- direct behavioral observation
- cognitive assessment
- adaptive functioning assessment
- communication (speech and language) assessment
- motor skills and sensory processing assessment

Dr. Stephens indicated that caution should be used in several areas when evaluating for ASD. No single score on any given measure should be used to diagnose an ASD, and instruments should be used to assist rather than drive the diagnostic process. She emphasized that multiple sources of information and multiple assessment methods should be used in evaluating for ASD, with care given to rule out alternative diagnoses and common coexisting disorders (e.g., affective or mood disorders). Furthermore, early history must be considered in the diagnostic process and thorough interviews are critical to the evaluation process. Finally, Dr. Stephens emphasized the need to avoid relying solely on rating and observational scales in diagnosing ASD.

Expected Functioning

Dr. Stephens spent some time discussing expected function in children with autism, and she provided a case example of a child diagnosed with autism. Children with autism can be quite variable in terms of their skills and abilities, age of diagnosis, and treatment duration. Thus, function can be quite variable as well. Some children with autism may function quite similarly to children with other disabilities such as MR, while a small number may be higher in functioning. Dr. Stephens further stated that individuals with autism typically continue to experience communication and social deficits, even after treatment.

Professional Practice Guidelines

Dr. Stephens provided several websites related to practice guidelines for ASD, including the following:

http://www.aap.org/healthtopics/autism.cfm
http://www.ddhealthinfo.org/documents/ASDGuidelines1.pdf

Summary

Dr. Stephens is an Autism Psychologist with the ASD Program at the University of South Dakota's Center for Disabilities. Her presentation focused on the characteristics and diagnostic indicators for autism. Dr. Stephens emphasized the importance of early screening and evaluation for autism, since early identification of ASD leads to better outcomes. Children who exhibit certain "red flags" for ASD should be referred to a comprehensive evaluation by an interdisciplinary ASD evaluation team. Dr. Stephens summarized measures and components used in ASD evaluations. Her presentation was interesting and informative, especially in light of recent increased interest in research, evaluation, and treatment for the ASD including autism.

Employment Opportunities

Bilingual Claims Analyst - Disability

Our growing healthcare service company near downtown Cleveland, Ohio is looking for business-minded and socially conscious individuals who are looking for a career where they can make a difference. We provide on the job training, a competitive salary, a comprehensive benefits package and rewarding work. This role will work with applicants before the Social Security Administration (SSA) to determine and secure disability determination.

Qualified candidates will have:

- a Bachelor's degree **or**
- basic medical terminology knowledge,
- previous experience in processing disability/claims evaluation and adjudication (specifically with the **Rehabilitation Services Commission**),
- Bilingual skills (English/Spanish),
- and excellent customer service skills

Please include salary history with resume. Relocation assistance may be provided.

A strategic goal of Human Arc is to find, hire and retain the best people and help them achieve their full potential. We strive to reach this goal by offering our employees competitive compensation and a comprehensive benefits package that includes generous paid time off, matching 401(k) program, tuition reimbursement, annual salary reviews, a comprehensive health plan, and the opportunity to participate in volunteer activities on company time.

Human Arc fosters an open, flexible and comfortable work environment that integrates getting things done and having fun doing them. By joining Human Arc, you become part of a team of people that is making a positive difference in this world.

Have you thought of relocating?
Looking for a secure job with a change of scenery?

Oregon DDS has an opening for an experienced disability analyst!

Oregon DDS is located in Salem, beautiful capital city of Oregon, with the warmth of a small town. Salem is the heart of the Willamette Valley; you may travel only one hour to snow ski or snowboard, one hour and you are at the beach, 1½ hours to some of the best wind surfing in the country! Oregon's Willamette Valley is an area rich in agriculture, western history and museums, in addition to fine arts. Oregon is known for it's food (Food Network's 2007 Food Destination), flowers, berries, and trees! Beauty is Natural and Native to Oregon.

If you have experience as a disability analyst, and would like more information about relocating to the beautiful Northwest, please call

Ray Strutz
Chief of Operations
Oregon DDS at 503.986.4876
or 1.800.452.2147 ext. 64876

Across NADE Today

from the Regional Director's End of Year Reports

Northeast: The Chapters of the Northeast Region continued to be actively involved in promoting NADE, while being the pioneers of the new DSI process, which is now fully implemented with the exception of the template rationale and the eCAT portion which has been put on hold for further refinement. Six of the Northeast Chapters, CT, RI, ME, MA, NH and VT played a critical role in the piloting of the new DSI process, and should be commended for their dedication and diligence in refining this process. Although the degree of success varies from state to state, the QDD (quick decision) seems to be successful in all the states.

Alabama (AADE) – Preparations are underway for the 2008 SE Regional Training Conference which is scheduled for May 13-16, 2008 in Birmingham. The Chapter celebrated National Disability Professional Week (NDPW) by giving candy bars with an attached note of thanks to all staff. AADE held several community services activities including a canned food drive, and held a silent auction and other fund raisers to help sponsor other community services projects.

Arkansas (ArkADE) - A book/tape/video sale was held to benefit the Red Cross/Dumas tornado victims. They also held an Easter bake sale/silent auction that raised enough money to sponsor a full med-camp scholarship. Three members attended the SWADE conference in Albuquerque, NM where ArkADE was recognized with the award for outstanding achievement in membership growth. The chapter participated in a back to school supplies drive for families in need.

California Chapters after a few months recovery from the 2006 National Training Conference in San Diego are beginning to ramp up their activities once again. The California chapters are involved in fundraisers and sent a nice group of representatives to the Regional Conference in Seattle, and sent several members to the national training conference in South Dakota.

Colorado (CADE) – The chapter provided a free luncheon for over 50 people from their DDS where they had conference presentations (from those who attended various Regional NADE Conferences) and beautiful display boards were posted all week which had pictures of the conferences and promoted the National Conferences in September 2007 and 2008. DDS Director Vicki Johnson deservingly received the Earl B. Thomas Award for outstanding administrator at the 2007 National Training Conference.

Delaware (DADE) - Throughout the year the chapter held 50-50 raffles, where they would sell tickets for a dollar a piece and the winner splits the total amount with them and the DADE treasury. In May they had a Flea Market and Bake Sale which was a huge success which was held both inside and outside of the lobby and it was open to the public. In August, they prepared and served dinner for 100 parents of disabled children who are hospitalized at the DuPont Hospital for Children. Amanda Kucharski won the national Rookie of the Year Award.

Idaho (IDEA) - Chapter was well represented at the Pacific Regional Conference as well as National Conference. They are seriously discussing the possibility of a Regional Conference in 2010.

Florida (FADE) - The NADE chapter has been sending out information on their chapter to the staff state wide and has continued to work on increasing their membership.

Georgia (GADE) – Through the year the chapter has coordinated multiple fund-raisers, collected non-perishable food items for area distribution for Thanksgiving, and held blood drives and a holiday brunch for GADE members. GADE held a very informative Bi-Regional Training Conference (Southeast/Great Lakes) in May 2007. The chapter continues to collect eye glasses on an ongoing basis for the Lion's Club and tabs from soft drink cans for the Ronald McDonald House. GADE was recognized for its gains in membership by receiving a first place award in the large chapter category.

Government Liaison (GLADE) - They have been busy planning the 2008 Bi-Regional Training Conference in Annapolis, MD which will be from May 14-16 at the Double Tree Hotel, which is offering a reasonable room rate and amenities. GLADE President, Eugene Person made a presentation at the May 2007 Pacific Regional Conference explaining the process that OMVE played in DSI process. A membership drive during NDPW week elicited a positive feedback.

Kentucky (Frankfort, KADE) –The chapter has been very active with community projects and holding funds raisers for a variety of causes. Their first Derby breakfast held in May was a hit. Chapter committees are currently in multiple stages of planning for the National conference to be held in Covington, Kentucky in September 5-9, 2009.

Kentucky (Louisville, DCADE) - The chapter sponsored a special project this year where they collected over 1300 bears to be donated to local fire & rescue squads and, the metro police department for project "Bears on Patrol". The Chapter had a special event for all of the mothers in the Chapter and office by thanking them with carnations and a breakfast.

Illinois (IADE) - Illinois has had great success with certification and recertification of their members. They continue to benefit many local charities by activities such as casual week, pizza coupons, holiday bazaars and their traditional sloppy Joe sandwich sales. IADE had a very successful training conference in which they gained seven new members. At the recent National Training Confer-

ence, IADE took first place in medium chapter category for membership growth.

Louisiana (Shreveport, LADE) - During National Organ Donation awareness month, the chapter sponsored talks by a member of a local transplant team and held demonstrations to promote good health and emphasize the importance of organ donation. The chapter sold LADE t-shirts and held several holiday fundraisers. Boo bags, cupid bags, Easter cake walk, and a Father's Day raffle of a cooler with many goodies inside are just a few examples. LADE held the "dog days of summer" hot dog luncheon and sent the proceeds to NADE. At the bi-regional conference, LADE was presented with the President's award for outstanding chapter.

Maryland (MADE) - Community service activities included a blood drive with the Maryland Red Cross in May and the chapter sponsored a DDS team of walkers in the Walk-a-Thon for the March of Dimes. Ink cartridges and cell phones are recycled to raise money for training opportunities. For National Disability Professional Week in June, they organized presentations for the DDS staff regarding "Nutrition and the Sedentary Work Environment," held yoga exercises, and a presentation by an infectious disease specialist. Maryland was named Chapter of the Year in the Regional Conference in Stowe NH this past May.

Michigan (MADE) - The four subchapters continue to be very active, raising their own funds by selling snacks, having silent auctions, etc. MADE's membership has remained at a healthy 88, with eight members attending the Bi-Regional in Atlanta. In May, Marty Marshall and Tom Ward did a recruitment presentation to Regional Office which was well attended and well received. Byron Haskins was the recipient of the Disability Program Administrators Award and Dr. Mary Anderson received the Disability MC Award, and Claudette Benser received the Blue Ribbon Award.

Minnesota (MADE) - During NDPW, MADE held their annual ice cream social, along with a used book giveaway, a silent auction, and a cookies/soft drink sale. Half of the proceeds went to the regional fund. A brown bag lunch was held on the subject of sleep disorders.

Mississippi (MADE) - In February for Heart Awareness Month they had a presentation and screening for blood pressure and cholesterol levels. They have also held multiple funds raisers to sponsor community service projects. The MADE Chapter celebrated NDPW with a "Mississippi DDS IDOLS WEEK" show casing the agency's multiple talented personnel.

Missouri (MADE) - Sub-chapters provided assistance to various charities and those in need such as food drives and Toys for Tots and even an orphanage in Afghanistan. Care packages have been sent at various times to our nation's men and women in the military.

Nebraska (NeADE) - Maintains a scrapbook archive of activities including a group photo of members.

Nevada (NADE) – Thanks to Kraig Schutte (Nevada DDS Director), President Schimmels and RD Georgina Huskey visited the Nevada DDS in June, and assisted a successful re-establishing of the chapter. Membership gains were recognized at the recent National Training Conference. The new president Donna Fortune has recruited about 10 new NADE members. Welcome back Nevada!

North Carolina (THADE) – THADE has hosted several fundraisers and charity activities. Throughout the year, the Professional Employee Recognition Committee (PERC) has sent birthday cards to the chapter members. They have also continued to have their Lunch N'Learn sessions. NDPW was celebrated by given out goodie bags to the staff, holding contest and, games during the week and, sponsored a lunch for the staff on Thursday. THADE took home several national awards from the recent NADE national conference. Congratulations to Linda Highsmith (Frank Barclay Award), Jeff Price (Charles O. Blalock Award), Benny Sharpless (Director's Award), and Lisa Harris (NADE Award)!

North Dakota (PGADE) – This chapter took first place among small chapter for a 600% gain in membership. Their entire chapter attended the national Training Conference in Sioux Falls.

Ohio (OADE) - Ohio continues to raise money for various charities, including Easter Seals, Lifeline of Ohio, and the American Heart Association. OADE brought in four new members during February recruitment month, and two more after speaking to the new training class. They continue to celebrate members' birthdays at monthly Happy Hours, and hosted a picnic/cookout in September. OADE sells candy at the office to help defray costs for those attending the National Training Conference, and they were able to assist nine people with $300 each to attend the recent conference in Sioux Falls!

Oklahoma (OKADE) – This chapter stays busy the whole year with fund raisers, membership drives, National Disability Professionals Week, March of Dimes, speakers, continuing training and conferences. The chapter is very fortunate to have an administrator who is not only a member but actively supports the organization. And she cooks, too - Noel Tyler, DDD administrator took first prize at the chili/cornbread cook off again this year. Twelve new members were gained during NDPW membership recruitment. A clinic came to a chapter meeting and performed pulmonary function tests. Various fundraisers and on-

going pizza sales helped fund five members to attend the SWADE conference in Albuquerque, NM.

Oregon (ORADE) - Fund raisers and training to the members remain a focus for this chapter. The "Pacific Wave" took first place in the medium chapter category of the newsletter contest. The Oregon Chapter fundraisers, such as the annual chili cook-off, assist their members by partially funding attendance to Conferences, and to take part in charitable affairs. They also assisted in the training of the new disability examiner class, and offered the new hires an ice-cream social on their first day on the job. A combo food drive and appreciation luncheon was hosted to coincide with the Governor's Food Drive.
.

South Carolina (SCADES) - They has stayed busy with a membership drive, ongoing fundraising projects, and also assisted in the provision of training/professional development for the staff. During NDPW the chapter held a reception with free breakfast and lunch, prize drawings and a Jeopardy-type game with prizes. This Chapter has agreed to host the 2010 Regional Training Conference, which is planned to be held in Charleston, SC. This will be a Tri-Regional Conference with the Southeast, Northeast and, Mid-Atlantic regions.

South Dakota (SoDADE) – Not only did this chapter have a busy year of training activities, fundraising, and community service but they hosted a successful 2007 National Training Conference in Sioux Falls. They perked right up out of their exhaustion when it was announced the chapter received the Presidents Award for the outstanding chapter of 2007. Congrats to SoDADE!

Texas (TADE) - The chapter continues to provide monthly brown bag training sessions. Some of these included back disorder, blast brain injuries and PTSD, blood and tissue donation, ALS, and office yoga. TADE continues to schedule meetings and off site get-togethers to increase interest and awareness of TADE. In June the NDPW banquet, awards presentation, and silent auction were held with over 50 people attending. This year t-shirts with the slogan "DE's Do It With Determination" were given to all new members. New disability examiners completing basic training were provided with an extra "pay day"(candy bar) along with information about TADE. The 2007 Bi-Regional conference with the Great Plains will be held at the Wyndam Garden Hotel and Woodward Conference Center in Austin April 8-11, 2008. Congrats to Lisa Martin for receiving the national John Gordon Award and Bill Dunn for the Lewis Buckingham Award!

Tennessee (TADE) – Members celebrated National Donate Life Month with a speaker from Tennessee Donor Services. They also repeated their Mothers' Day activities, where they collected gifts from the agency personnel and donated them to a residential facility for women fighting drug addiction. They celebrated NDPW by treating the disability examiners to a brunch and promoted NADE in an informal atmosphere. Plans have gotten underway since being awarded the 2008 bid for the National Conference.

Vermont (GMADE) – GMADE hosted the 2007 Northeast/Mid-Atlantic Bi-Regional Training Conference, "Springing into DSI" on May 20-23, 2007 at the Stoweflake Resort-Spa in Stowe NH. It was an outstanding conference highlighting the new DSI process as well as an excellent opportunity to share best practices from all members who attended.

Virginia (VADE) - The Mentorship Program under the direction of Robbie Watts, DDS Director, has increased the membership by 50 members this last year. VADE has had a variety of fundraising activities which include selling breakfasts, bake sale, a gift basket raffle along with a Book Sale in conjunction with the statewide - Commonwealth of Virginia Charities for Breast Cancer Awareness. Fifty members made commitments to partake in the Organ Donation Drive in June; SW Regional Office in conjunction with the VADE office's Social Committee helped raise funds and items for multiple families that lost everything in a local apartment building fire; in August, they participated in a School Supply Drive for needy families. The chapter is in the process of planning and developing the first state wide training session for NADE and non-NADE members in November 2007.

Washington - The three State Chapters worked together and sponsored the Pacific Regional Conference in Seattle. This was a well attended, excellent training conference that has re-stimulated interest in the different Chapters of the Region to sponsor yearly Regional Conferences in the years to come. As Matt Rieke so eloquently stated in the Pacific Wave it is "THE PEOPLE" who truly made this conference a great experience for all that attended. The Washington State Chapters have been preparing a bid to host a National Conference in Seattle in 2012.

West Virginia (WVADE) – Members increased their Clarksburg chapter, giving them a total of 12 members. They have hosted training luncheons, held "trash to Treasure" sales, and raised enough money to pay for ½ of the membership dues. With six babies coming due, a "Weight and Date" contest began in June which will last through October. The chapter has raised over $3000 for the American Cancer Society. Quite lot of activity for such a small group!

Wisconsin (WADE) - WADE had a very successful membership drive that coincided with NDPW and were able to increase membership by almost 30%! During NDPW, activities included gifts for WADE members, a kite give-away, and free ice cream. This chapter is currently gearing up for the 2008 Regional Training Conference to be held in Madison, May 5-6 at the Crowne Plaza.

Awards, continued from page 28

John Gordon Award
Lisa Martin-TX

This award winner's involvement in NADE, her region, and the local state chapter is reflected in a history of active participation since her membership began in 1989. Lisa Martin has made consistent efforts to represent NADE as the voice of disability professionals at the local chapter level. She frequently writes articles that have been published in the NADE Advocate over the past 16 years. She has never steered from her belief that NADE is, above all, the model for the disability professional to expand their own professional horizons and to serve the claimants and taxpayers alike.

Lewis Buckingham Award Winner - William Dunn-TX

William (Bill) Dunn is an exceptional individual who has made tremendous efforts to strengthen and enhance his local chapter, his region, and NADE. In the last 15 years, he has taken the lead, as well as supportive roles in all areas in the chapter. His primary goal is to see that the chapter flourishes and grows, not only through increased membership, but also through individual growth and learning. His employees note Bill's ability to teach the program in a way that is easily understood. He is fair and supportive of those with whom he works.

NADE Award Winner - Lisa Harris-NC

Although she has only been a member of the North Carolina DDS staff for a short duration, Lisa Harris exemplifies characteristics that would serve every employee well. She is the ideal picture of professionalism and teamwork. She serves as a member of chapter committees and actively participates in the organization in order to promote NADE's vision. Lisa meets all responsibilities and challenges with a smile. She actively encourages employees to join the professional organization. She will go the extra mile in order to ensure the case is adjudicated in the best interest of the claimant.

President's Award - South Dakota

As a Chapter of NADE, South Dakota's focus is providing information and training opportunities for their members. True to their belief, the chapter has hosted both national and regional conferences in the past. Their members contribute to the success of their state DDS office which consistently meets or exceeds the goals set by SSA. In addition, in an ongoing effort to ensure a better community, their members are active and involved, be it from volunteering as reading mentors at a elementary schools, providing emergency medical services, or organizing children's programming at church.

Front: Amanda Kucharski (DE) – Rookie of the Year; Ella Timm (SD) President's (chapter) Award. Second row: Vickie Johnson (CO) - Earl B. Thomas (administrator) Award; Bill Dunn (TX) – Lewis Buckingham (leadership in NADE) Award; Linda Highsmith (NC) – Frank Barclay (outstanding trainer) Award.

Rookie of the Year Award Winner - Amanda Kucharski-DE

This adjudicator has been in the middle of every chapter activity and function Delaware has had during the previous 12 months. Amanda Kucharski has also taken a lead role in the planning of events onsite, such as the chapter's flea markets and bake sales. While keeping herself involved in all of this activity, as well as continuing to effectively manage her adjudicative caseload, Amanda was also busy during the past year taking part in the Delaware DDS's continuing evolution regarding the Electronic File Process.

Congratulations to all of our deserving winners and the many worthy nominees that were submitted this year from all the chapters!

Multi-Disciplinary Treatment of Chronic Pain

by Bill Dunn, Texas DDS and NADE Treasurer

THERE WAS A PRESENTATION on the multi-disciplinary treatment of non-malignant pain at the NADE national conference in Sioux Falls and, true to form, there was a multi-disciplinary team which delivered it. John Hansen, M.D. discussed physician management. Tandra Baker, R.N. then discussed chemical dependency issues related to pain treatment. Marit Dunkel, M.P.T. discussed physical therapy for chronic pain patients. And Mona Wade, M.A. concluded the presentation by discussing psychological counseling for Mind-Body issues.

Dr. Hansen began his presentation by discussing the various types of pain clinics. The three major types are those which are procedure oriented, those which focus on the behavioral aspects, and those which use a multi-disciplinary approach. This group is clearly sold on the multi-disciplinary approach and for good reason. Dr. Hansen first noted that the procedure oriented approach is the most glamorous because we live in a culture which glamorizes technological products. Unfortunately, there are problems which cause chronic pain which don't respond well to a solely procedure driven approach. Programs which focus totally on the behavioral aspects of pain tend to ignore the physical origins of the pain. Only a multi-disciplinary approach can really address all the aspects of the typical chronic pain patient's problems.

Dr. Hansen noted that physicians in a multi-disciplinary team must bring numerous skills into use. They must have excellent conservative physical medicine skills, have good proactive communication skills, be adept at thinking about and talking about Mind-Body issues, be able to effectively use opiates, NSAIDs, anti-depressants, and anti-epileptic drugs, and have a sensitivity to mental diagnoses, particularly depression and personality disorders. This is crucial because pain and depression have a negative interaction and all chronic pain patients eventually become depressed. He also noted some of the pre-existing medical conditions seen more frequently at a pain clinic, which include instrumented spine fusion without bony fusion, Chiari Malformations in patients with neck problems after an MVA, hyper-elasticity, personality disorders, depression, chemical dependency and emotional, physical and sexual abuse.

One very interesting part of his presentation dealt with the differential diagnosis of exaggerated illness behavior. He started out by noting that the Waddell signs are completely inadequate for identifying signs of exaggeration. He looks for such things as central nervous system sensitization by chronic somatic pain, what he call the "don't touch me" syndrome. He also looks for poor communication skills such as when people don't know how to explain what is going on with them. Interestingly, he also looks for complex regional pain syndromes which he described as people with alodynia (a low pain threshold). He looks for premeditated drug seeking and he looks for personality disorders.

Ms. Baker then discussed certain principles of opiate use and addiction. She noted that addiction is biological, social and psychological in nature and 55% of the risk of addiction is genetic while 45% is environmental. She noted not all addictions are chemical. Some are behavioral such as gambling and shopping. She noted that addiction involves 20-50% of hospital patients but that only 1-2% of chronic pain patients are addicted to chemicals, no more than the general population. Clearly, the more potent a drug is the higher the risk of addiction but opiate use does not correlate with addiction. She noted it is important to differentiate between true addiction and pseudo-addiction, that is, those people who show the behaviors of addiction only to have these disappear when the pain stops. To differentiate, it is necessary to look for a history of addiction, look at behavior prior to the pain, look for a pattern of deception and continued use despite problems and look for medication stealing. She also noted a distinction between addiction and chemical dependence. While addiction is largely behavioral, dependence is a physiological process where a person's cells actually adjust to the presence of the drug. Finally, she noted a difference between drug abuse and drug addiction. Abuse is using a drug in a manner other than doctor prescribed. Addiction is a pathological reaction which shows a destructive pattern of behavior.

The handout we received noted that opiate naïve patients need to be introduced to opiates judiciously. Once patients are

Continued on next page

Pain, continued from page 23

used to taking opiates for chronic pain, titration for effective pain control can occur. However, the appropriateness of opiate use needs to be an active question throughout treatment. Opiates do not cause end organ damage but constipation is a common side effect and other complications can be hyperalgesia (a sensitized pain experience) and non-specific histamine release. Regarding cognitive impairment, patients successfully taking chronic opiates can only be differentiated from opiate free patients using grouped data.

Ms. Dunkel then discussed physical therapy for chronic pain patients. She compared chronic pain to a Rubik's Cube. It is all together but not fitting well and where the pain is may not be where the origin of the pain is. She noted the pain is coming from the weakest link. A pelvis or ankle problem can cause knee pain or vice versa. However, she noted the pelvis is the center of everything. The spine sits on it and the legs and feet work off of it so the pelvis is the first thing she always checks. Only when she can identify the true origin of the problem can she begin working on eliminating the pain.

Ms. Wade noted that "the reign of pain is mainly in the brain". She stated that doctors often feel bad when they are unable to rid a person of pain and the patient may be made to feel they are somehow at fault for still having pain. She noted it is essential that the person feel they are believed. She listens closely for the language of the pain description and how it came to pass. She noted a person's thoughts about pain become real. If they think it is the end of the world, it will be. Her focus of treatment is to help the person feel they are in control of the pain. She tries to make the person aware of their thoughts about the pain and how they can control the pain. She challenges them to find something to enjoy in their life despite the pain. She teaches them relaxation training and progressive muscle relaxation techniques. She encourages them to read "Kitchen Table Wisdom" by Rachel Remen.

A handout she gave noted some effective coping behaviors for chronic pain patients. These included such things as the patient being responsible for himself, being actively involved in treatment, and keeping his pain situation to himself. Others should not encourage discussion of the person's pain or inactivity. The patient should stay in good physical condition, often including loosing weight and establishing a regular exercise program geared toward back and stomach muscles. They should maintain a consistent sleep pattern and good nutrition and develop regular habits of diaphragmatic breathing and relaxation skills. The handout noted that wherever the pain occurs, the reaction to it is in the head and this is where a measure of control can be gained. The onset of pain should not be a signal for distress, it should be an alert to initiate coping skills to reduce the pain.

The speakers gave us much to think about and I think we all came away convinced that the best treatment approach to chronic pain is a multi-disciplinary approach.

NADE wishes to thank the following corporate members:

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Berson Presents Disability Automation Initiatives

Jerry Berson is the Assistant Deputy Commissioner of Systems in SSA. He started his career with SSA in 1975.

by Patricia Chaplin, St. Louis, MO DDS

MR. BERSON REPORTS DISABILITY CLAIMS have increased, almost by one-half, just since 2000, noting there were 4.5 million disability applications in 2006. One of many reasons for this rise in disability applications are the baby boomers who are closely reaching retirement age. Over 1 million claims have been filed over the Internet to date and over 20 million EDCS cases have been established and fully implemented into all SSA Field Offices.

Of course, with the increase in disability applications comes the increase of hearings. Back in good ol' 2000, hearings took an estimated 297 days to complete. In 2007, hearings are taking over 500 days; some are even as old as 1,000 days! This back log is a major concern of SSA and initiatives are being made to reduce it. One initiative is the ability to appeal over the Internet. Download 12.0 should be completely rolled out by March 2008 to reactive closed cases. ECDRs are rolling out in Missouri as of October 1, 2007. With the rollout of DMA, over 166 million DMA documents have been put into our system. 100% of hearing offices are using the Case Processing Management System. Another computer data center is being built in North Carolina to house our computer system so if the first data center goes down, the second one should be able to handle our workload. In order to make our system more computerized and efficient, SSA is looking into Personal Health Records (PHR), which are electronic documentation of people's health care that would help in making a more complete 3368. SSA also hopes to develop a National Vendor File as part of the initiative.

Another initiative is the introduction of electronic scheduling of hearings (known as e-scheduling). This will be analyzed over the next year and then piloted into selected offices. SSA is also trying to increase the number of video hearings and increase data provided to hearing offices.

Another initiative in the works is joining together with ALLSUP to link their information about their clients directly into our system. SSA is working towards having one legacy system nationwide so there is more consistency in the way our work is being done.

These are just a few of the initiatives being worked out so SSA and DDSs can better serve our claimants under the motto, "People helping People."

Thanks to SoDADE (South Dakota) for a great conference!

Front from left: Candi Byllesby, Dave Tschetter, Heather Mueller. Second row from left: Crystal Bach, Kerry McNeil, Ella Timm, Doreen Turner, Brenda Tibbetts. Back row from left: Joanna Fischer, Rich Gardner, Brenda Frevik, Amanda Christianson.

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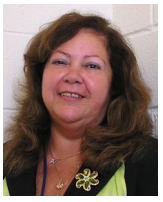

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NADE's membership year runs from July 1st through June 30th each year. Your membership will expire on the June 30th following your join date.

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

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Outstanding Chapter and NADE Members Recognized

by Chrisa Schimmels, 2007 Awards Chair

NADE NATIONAL AWARDS PRESENTED at the conference in Sioux Falls, SD. Below are the summaries of each winner. Please join in congratulating them for their hard work.

North Carolina had a great day at the Award presentation: Linda Highsmith (NC) Frank Barclay Award, Jeff Price (NC) - Charles O. Blalock Award, Bennie Sharpless (NC) Director's Award, and Linda Harris (NC) – NADE Award.

Charles O. Blalock Award - Jeff Price-NC

Jeff Price has been a NADE member for 23 years. Through his individual efforts, he tries to help NADE maintain the exceptional reputation that it is known for throughout all of SSA. He has been a mentor and advisor to each chapter president that has served after him, offering insight and wisdom on matters of official NADE protocol. Jeff's passion and commitment to the preservation of NADE is exhibited on a daily basis by the volume of emails and calls he receives nationwide for his input, opinions and advice on matter of NADE.

Director's Award - Bennie Sharpless-NC

Bennie Sharpless has been employed at the DDS for approximately two years. Her experience in customer service makes her the "go to person" for her local chapter and agency unit. She is the first to volunteer to do anything for her unit or for the local chapter. Bennie believes in the personal touch which results in multiple phone calls in order to get the tasks accomplished. "No" or "that is not my job" are not phrases that you will hear from Bennie. She is willing to assist anyone with anything. She exudes a positive and professional attitude at all times.

Frank Barclay Award - Linda Highsmith-NC

Linda Highsmith started her career at the DDS in 2002 and joined NADE in 2004. During the four plus years she has been employed at the DDS, she has taken an active role in developing training sessions for the staff. Linda has made a professional commitment to be active in NADE. Since joining the Association, she has served the local NADE Chapter in positions of increasing responsibility and leadership. Few members of the DDS staff have had such a dramatic and positive impact, especially in so short a time.

Earl B. Thomas Award - Vicki Johnson-CO

Vicki Johnson became a DDS Employee and NADE member in 1982. She became Administrator and member of NCDDD around 1997, first in Wyoming and now in Colorado. Her Colorado DDS was one of the pioneer DDS States that piloted the paperless folder decisions successfully. She has encouraged NADE membership drives, charity events and conferences. She encourages attendance at the various Regional NADE Conferences, as well as at the National Conferences. She has offered praise to NADE for having a good relationship with NCDDD.

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