

the NADE ADVOCATE



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Commissioner Astrue takes time for the Oklahoma delegation: Malcolm Stoutenborough, Cynthia Henderson, and Bruce Smith.

SSA Commissioner Addresses NADE Conference!

by Jeff Price, NADE Legislative Director

THE HONORABLE MICHAEL ASTRUE, Commissioner of Social Security, delivered the keynote address at NADE's 2009 National Training Conference held the week of October 5-8 at the Radisson Hotel in Covington, Kentucky. Speaking before a standing-room only audience on Monday, October 5, the Commissioner made jovial references to the signs of progress at SSA during his tenure, not the least of which is the fact that this new fiscal year did not begin with "ominous dark memos" from the Commissioner, placing the brakes on spending by the agency. While SSA began the new fiscal year operating under a Continuing Resolution (CR), the Commissioner is hopeful that it will be shorter than previous years and that Congress will approve the President's full FY 2010 budget. "This year has been a little different," the Commissioner related. Congress is aware of SSA's funding needs and we are starting this fiscal year with authorization to hire new staff, to build and maintain infrastructure, and to expand our operations to meet customer demand. "Congress has recognized that the investment of funds it has made in SSA and the DDSs is working to resolve growing backlogs, and Congress had made more money available to SSA and the DDSs than ever before! Now, it is up to SSA and the DDSs to show they can stand and deliver!"

The Commissioner reported SSA had witnessed unprecedented growth in the number of new claims filed this past year. With the weakened economy, more people decided to file for retirement and disability claims than ever before and this growth in the number of applications was unanticipated. Even so, SSA responded quickly to allow the DDSs (at least those unaffected by state hiring freezes) to expand their hiring. "This was one of the most extraordinary events in our nation's history and I am proud that SSA quickly recognized the problem and set in motion a specific plan to address it," Astrue stated.

During the fiscal year that just concluded, SSA and the DDSs processed 175,000 more claims than had been budgeted. "This is an astounding achievement," the Commissioner declared. SSA and the DDSs worked together as team players in ways never before imagined. The different components within SSA worked together in

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Go Green with NADE!!

Contact Publications Director Donna Hilton to receive notification when the Advocate is posted online. Faster than postal delivery, photos in color, and save NADE some green!

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President's Message

THE 2009 NATIONAL TRAINING CONFERENCE recently held in Covington, Kentucky was a huge success. The informative and humorous speakers were appreciated by all. I want to personally commend the Kentucky chapter for all of their hard work and dedication to make this year's conference one of the best ever!



I wanted to take this opportunity to share with all of you the speech that I gave when I accepted the gavel from Past-President Georgina Huskey. While only a fraction of the membership was able to attend, I felt it was important for all of you to know just how committed I am as your president:

For the past thirteen years I have attended these conferences and listened to each incoming NADE President stand here on the last day of the conference, having accepted the gavel as the symbol of their position of leadership, and heard them announce to the members present what they hoped to achieve as President. Each defined what they had previously decided would be the primary goals of their term and each, during their year as President, and supported by the Association's Board of Directors and by the membership, would proceed to reach out to push NADE to achieve those goals. In the early days of attending these conferences, it was difficult to imagine that I would have the same opportunity, just as some of you sitting in this audience today, are likely having the same difficulty. But, just as in my case, I assure you the opportunity is there.

In deciding what my goals would be as NADE President, the impact of the NADE Code of Ethics struck me – what could be more simple but yet, more profound? I spoke the words over and over and their impact, meant for each member of NADE, has an even greater force for its leaders. Listen again to the wording:

- "I accept the challenge to promote a better understanding in the field of disability evaluations" – this will be my pledge as NADE President. I will continue the work we have begun with other stakeholder groups, with SSA, with Congress, with other governmental agencies, and with the public and I will strive to ensure that the challenges we face as adjudicators are better understood and that we will work to find practical solutions.
- "I will strive with other concerned professionals to improve expertise in the documentation and evaluation process" – I will strive as NADE President, and in cooperation with NADE's Board

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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, 2010**.

All correspondence should be directed through your Regional representative or NADE editor by **January 5, 2010**.

of Directors, to improve the communication we provide to SSA, to Congress, and to other governmental agencies to ensure that our expertise is heard and is welcomed so that we can continue to facilitate improvements in the documentation and evaluation process.

- "I am personally committed to continued professional growth to better serve the disabled individual" – As NADE President and the recognized leader of the professional association representing those who make the decisions on disability claims, I am committed to ensuring that opportunities for professional growth are not only available but expanded. As was noted in Georgina's speech on Monday, our failure to grow professionally will render us dinosaurs in a rapidly changing environment that will leave us not only unemployed but unemployable. Superior performance is the by-product of superior learning. As NADE President, I will strive to ensure that opportunities for superior learning are made available to NADE members.
- "My professional service will be conducted at the highest possible level of integrity" – This is a commitment I make, not only as your President, but as a member of NADE like every other member and for whom we expect nothing but the highest level of professional integrity in the conduct of their work.

As the year progresses, there will be other goals to achieve, of course, but these four basic principles will serve, for now, to define my expectations and to lay forth a standard that will serve as a benchmark for the coming year. There will be the renewed challenges we face in our relationships with SSA, with Congress and with others. There will be the renewed challenges of advancing the goal of professional certification. And there will be renewed challenges of advancing our membership level and getting more members involved. It has been said that the best way to predict your future is to create it. Your membership in NADE offers you that opportunity. My challenge to you is to take it! My challenge to each of you is to invite a new member to join and, when you hear the almost inevitable response, "I don't have time," respond to them with this quote:

Don't say you don't have enough time. You have exactly the same number of hours per day that were given to Helen Keller, Michaelangelo, Mother Teresa, and Albert Einstein. What you do with those hours will determine the difference you make in this world. Remember President John F. Kennedy's challenge, "One person can make a difference, and everyone should try!"

My pledge during the coming year is that, as your President, I will try to make a difference. My challenge to each of you is to do the same.

Please do not hesitate to contact me to share your questions and concerns. I am looking forward to a full and rewarding year for NADE.

Susan A. Smith



**Letters to the Editor
can be sent to:
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**Limit is 250 words and
letters must be signed.**

**Request for
NEWSLETTER GRANTS
should
be submitted to
Donna Hilton,
Publications Director.**

**For information on
MEMBERSHIP GRANTS,
contact Michele Namenek,
Membership Director.**

NADE CALENDAR OF EVENTS:

2010 National Training Conference	Crown Plaza Albany City Center Albany, NY	Sept. 11-16, 2010
SE/MA/NE Tri-Regional Conference	Francis Marion Hotel	Charleston SC
SW/Great Plains Bi-Regional Conference	Doubletree Hotel	Little Rock AR
Great Lakes Regional Conference	Holiday Inn	Columbus OH
Pacific Regional Conference	Owyhee Plaza Hotel	Boise ID
		May 20-21, 2010

The Membership Corner

by Michele Namenek, Membership Chair

CONGRATULATIONS TO THE 2009 winners of our annual Membership Contest. Cash prizes/certificates are awarded every year to large, medium and small chapters who have attained the highest membership increases over the past year. This year at the National Conference in Covington, Kentucky, first prizes were awarded to Chapter 30 in Missouri, Chapter 17 in Illinois and Chapter 59 in West Virginia. Second prizes were awarded to Chapter 2 in Alabama, Chapter 4 in Arkansas and Chapter 10 in the District of Colombia. Third place winners were Chapter 13 in Georgia, Chapter 58 in Wisconsin and Chapter 15 in Iowa.

Everyone wins when membership increases. The more members we have, the louder our voice is heard and the more influence we have. NADE's strength is its numbers.

This year, it has become even easier to join. All recruitment and registration materials are now available on NADE's website. Members can join or renew via the site through our new account with Pay Pal. Just go to www.nade.org, click on "Membership" and then "Join on the Web". Fill in the necessary information and you will receive an email confirming the transaction.

Don't forget to promote membership in your chapters this January. New members and those members who haven't been NADE members for 3 years will receive the added bonus of up to 6 months free membership.

For less than a cup of coffee per week you can be part of the professional organization which has represented you for over 30 years. NADE encourages you to take advantage of this opportunity.



NADE 2009 National Training Conference General Membership Meeting Summary

by Tonya Scott, NADE Secretary

THE GENERAL MEMBERSHIP MEETING was called to order by NADE President, Georgina Huskey. Proxies were accepted and the agenda was approved. The readings of the various reports were handled in a different manner this year. Brief synopses were given as the reports were displayed via the overhead projectors. All reports are available for review on the NADE website. All members were encouraged to go back to their home states and promote membership in NADE. Our voice really does make a difference.

The Chapter Services Handbook will be changed to reflect that it will be requirement to utilize a conference planner for all national conferences and strongly recommended for regional conferences.

The Ad Hoc Corporate Membership Committee was added with a sunset date of September, 2011.

The following Ad Hoc Committees will be elevated to full standing committees:

Medical Consultant Committee, Hearing Officer Committee, Retiree Committee, and Professional Relations Officer Committee.

There was an overall tone of appreciation and gratitude expressed by all, to the Board and members, for all of their hard work and assistance over the past year. It was a tone that was carried over from the opening remarks of Paul Barnes, Southeast Regional Commissioner. Commissioner Barnes expressed words of thanks and praise for a job well done, especially during this difficult period (high unemployment rate, economy, etc). He noted through a narrative story that the "good that we do does not go unnoticed". Commissioner Barnes stated that this was one of our best years and we are all to be commended and congratulated for the excellent job that we do. He also commended NADE for having these training conferences: it promotes fellowship and information sharing. He left us with this saying: "ALL TOGETHER BETTER": working together all of us can serve our claimants better.

NADE Board Elections were as follows:

President Elect:	Andrew Martinez
Secretary:	Tonya Scott
Treasurer:	Sharon Belt

Summary, continued next page

Council of Chapter Presidents Meet at NADE NTC in KY

by Trish Chaplin, CCP Chair

THERE IS SO MUCH to be said about the Council of Chapter Presidents (CCP). This group of people are leaders in their own chapters, communicating important NADE business to their members. Many may not know much about the CCP so here's a little background about the CCP. The Council for Chapter Presidents (CCP) was not established for some 20 years after NADE became an independent association. The CCP began meeting at the national conference in 1987 and at the time was presided over by NADE's President-Elect. The CCP consists of the President, President-Elect (or equivalent) and Immediate Past-President of each NADE Chapter.

The CCP was persistent in having their voice heard on the NADE Board. Starting in 1990, the CCP was granted a chairperson to hold a position on the NADE Board to vote for the CCP. The position as a CCP chairperson was originally intended to guide chapter presidents into additional leadership roles on the NADE Board. The CCP chairperson

has a unique job being a chapter president whose voice is heard on the Board as well as being able to have rewarding communication with the chapter presidents throughout the nation. This position is a great opportunity for a NADE member to get on the NADE Board for the first time and be able to experience first hand what NADE does for its members and the people we serve.

Presently, there are over 60 NADE Chapters throughout the United States including Guam, Washington DC, Puerto Rico and the Virgin Islands. The CCP Chairperson is fortunate enough to have communication with all these chapters. Seeing many chapter presidents at the NADE *National Training Conference* in Kentucky was delightful and I appreciate your support.

At the *recent* NADE conference in KY, the CCP *held their annual business meeting at a luncheon* and discussed the use of conference planners. The Chapter Services Handbook (available on the NADE website) will soon be updated to include requiring the use of a conference planner for National conferences and strongly encouraging the use of these planners at the Regional *and even local level*. Professional conference planners are available to help negotiate prices and

contracts with hotels; and, best of all, they are paid by the hotel so there is no expense to NADE *or the NADE chapter*.

Elections took place at the CCP luncheon with no additional nominations; therefore, for 2009-2010, I will remain as the CCP Chairperson.

Again thank you to all the members of the Council for Chapter Presidents for making this Association shine brighter. For additional information about state contacts or CCP by-laws, please visit our website at www.nade.org.

Are you Certified through NADE?

Certification applications are available on the NADE website: www.nade.org

Or You May Contact The Professional Development Committee Chair

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Membership Meeting Summary continued

The following contest winners were announced:

Publications:

Large Chapter: 1st Place North Carolina
2nd Place Alabama

Medium Chapter: 1st Place Tennessee
2nd Place Oregon

Small Chapter: South Carolina

Photo Contest Winner: North Carolina

NDPW Winners:

Title Winner Tennessee
"Celebrating Excellence: Building Knowledge Through NADE"

NDPW Contest Winners:

Large Chapter: 1st Place Alabama
2nd Place North Carolina

Medium Chapter: 1st Place Tennessee
2nd Place Colorado

Small Chapter: 1st Place North Dakota
2nd Place South Dakota

Organ Donation Awards:

Large Chapter: 1st Place Georgia
2nd Place Alabama
3rd Place Missouri

Medium Chapter: 1st Place Tennessee
2nd Place Wisconsin
3rd Place Maine

Small Chapter: North Dakota

Commissioner Astrue Reports Improvements

Stunning advancements in HIT

Continued from page 1

more cooperative ways to help each other. For example, DDSs processed more than 50,000 informal remand cases for ODAR, contributing significantly to the reduction in the backlog of cases pending at the hearing level.

The Commissioner noted the number of hearing cases pending had declined each month for the past nine months, showing that SSA, with help from the DDSs, could both sustain and accelerate this progress. Aside from the efforts of the DDSs, the Commissioner was quick to give credit to the leadership at ODAR.

The DDSs processed over 100,000 QDD (Quick Disability Determinations) and CAL (Compassionate Allowances) cases during the past fiscal year. This was a new workload for the DDSs that will be expanded in the coming year. Processing this new workload was unprecedented as the Commissioner noted neither of these special workloads existed the year before. The DDSs had responded to this workload in a manner unimagined by most and the Commissioner was very appreciative of the efforts of the DDSs. Astrue noted that 3.8% of cases processed on FY 2009 were QDD or CAL cases. The goal is to increase that percentage to 6-9% of the cases by 2012.

The Commissioner discussed SSA's efforts during the past year on behalf of those states where DDS employees, like other state employees, had been subjected to furloughs. The Commissioner reported the furlough situation was not foreseen by SSA and the Agency was caught off guard and had to respond quickly to convince Governors to exempt DDS staff, noting that these were employees paid with federal funds and did not impose any negative impact on state budgets. However, SSA's efforts, to date, have had minimal impact. The Commissioner noted, however, that the media were now reporting stories of the thousands of people awaiting decisions

on their disability claims and he was very hopeful this media pressure, along with congressional pressure and the ongoing pressure from SSA, would produce more positive results in the coming year. The furlough of DDS employees is both counter-productive and callous," the Commissioner declared and he encouraged NADE to remain in contact with members of Congress on this issue.

SSA is expecting 600,000-700,000 more claims in FY 2010 than we received in FY 2008, and this workload cannot be adequately addressed if DDS employees are being furloughed in the states. SSA had developed a series of responses to this situation, including the Extended Service Teams or ESTs (formerly reported in the media as Mega DDSs). The Commissioner related that this response was made necessary to insure that SSA was able to process the high number of disability claims coming in the door. The ESTs were placed in states where the state's political leadership was considered to be more understanding and more willing to work with SSA to address the problem. The ESTs were placed in Virginia, Arkansas, Mississippi, and Oklahoma.

Other plans developed by SSA to help face the growing crisis of increased applications will be to expand the Single Decision-Maker (SDM) model (a goal long advocated by NADE). SSA's goal is to serve the public better and the SDM model has proven to be an effective tool in improving efficiency in processing certain cases without compromising quality. "We will propose to expand SDM capability to QDD and CAL cases," the Commissioner stated in his remarks.

SSA will also expand the number of diseases identified for handling as Compassionate Allowances. By early 2010, the number of CAL diseases is expected to double from 50 to 100. SSA will streamline the online disability application process to reduce the amount of time required to complete an online ap-

plication. More importantly, the Commissioner admitted, will be the effort by SSA to reduce the frustration level that is experienced by those attempting to complete an online application. This goal is expected to be achieved by early 2010.

The one single issue facing the disability claims process that must be addressed quickly is the need for SSA to replace the outdated Dictionary of Occupational Titles (DOT). The Commissioner commented on the issues surrounding the current DOT and the need for an adequate replacement designed for use by disability adjudicators. "We cannot be trapped by history," the Commissioner declared in commenting that SSA would not seek simply to update the old DOT. "We can do better."

SSA has a responsibility to stay current with its medical listings so more work will be done in this area. E-CAT will be expanded and he envisions that all DDSs will be using this tool within the next two to three years. SSA had expanded its systems capability from 97% to 99% to reduce the amount of "down" time experienced by SSA and DDS staff. The new National Computer Center (NCC) will be open by 2013, and it will provide additional systems enhancements for SSA.

In other news, the Commissioner reported that improvements are being made in SSA's notices and these will become apparent in the months ahead. The Commissioner also addressed the stunning advancements that have been made with regard to Health Information Technology (HIT) and reported these advancements have made believers out of skeptics and that we are continuing to progress at a rate where people will be saying, "Whoa! What's next?"

Indeed! One only has to look back at the changes in the past five years to wonder what the next five years will bring.



Chapter Winners of Annual Contests

Newsletter Awards:

1st Small -	North Dakota
1st Medium -	Tennessee
2nd Medium -	Oregon
1st Large -	North Carolina
2nd Large -	Alabama



Accepting Newsletter Awards: (front row) David Kramer, NC; Van Hayne, AL; (2nd row) Penny Dahl, TN, Sandy Heck, ND.



National Disability Professionals Week:

1st Small -	South Dakota
1st Medium -	Tennessee
2nd Medium -	Colorado
1st Large -	Alabama
2nd Large -	North Carolina

Accepting Awards for promoting National Disability Professionals Week: (front row) David Kramer, THADE; Van Hayne, AL; (2nd row) Penny Dahl, TN; Kari Kramer, ND; and Crystal Bach, SD.

Organ Donation Winners:

1st Small -	North Dakota
1st Medium -	Tennessee
2nd Medium -	Wisconsin
3rd Medium -	Maine
1st Large -	Georgia
2nd Large -	Alabama
3rd Large -	Missouri



National Organ Donation Awareness winners: (front row) Tonya Scott, GA; Trish Chaplin, MO- 2nd place large chapter; Penny Dahl, TN - 1st place medium chapter; (second row) Janet Geeslin, WI - 2nd place medium chapter; Sandy Heck, ND - 1st place small chapter; Tena Fleming, AL - 2nd place large chapter; Beverly Malcome & Karen Burson GA - 1st place large chapter.

Former SSA Commissioner Hardy Now on Advisory Board; Asks NADE "...How would you design disability process?"

by Sharon Belt, Missouri DDS

THE HONORABLE DORCAS HARDY, member of the Social Security Advisory Board and former Commissioner of the Social Security Administration, spoke to the attendees at the NADE National Training Conference in Covington, Kentucky on October 6 regarding the disability process.

She began by commending the DDS on an outstanding effort in 2009 where, in spite of dramatic increases in workloads (pending claims have increased by over 200,000 cases and initial receipts by almost 400,000 cases), hiring freezes and furloughs, we have cleared 170,000 more claims, 35,000 more reconsiderations and almost 85,000 more CDRs than in FY 2008. In the face of this, processing time has stayed well under ninety days. Additionally, the DDS has assisted ODAR by evaluating about 52,000 informal remands and rendering favorable decisions on almost thirty percent of the cases reviewed.

Ms. Hardy noted that historically, when unemployment rates are up there is a corresponding increase in the applications for disability benefits; this is once again holding true. The impact of the recession on the disability workload will abate, but it may take anywhere from 12 months, to maybe as long as two years. It is the longer term impact on the workload that will be generated by the aging of the U.S. population; that is the tsunami of 78 million Baby Boomers, which is of concern. They are moving into their disability prone years, before they reach retirement age, and are most certainly a part of the dynamic contributing to the increases in the disability workloads.

For example, since 2000, the percentage of all awards to disabled workers between ages fifty and sixty-two has been steadily rising and now represents over fifty percent of these decisions. As of June 2009, almost forty percent of all DDS initial decisions involved applicants age fifty and over. When you consider that the younger half of the baby boomers – those born 1956 to 1964 – will not begin to reach retirement age for another ten years, it becomes apparent that applicants age fifty and older will continue to represent a large part of the disability workload for at least the next fifteen to twenty years.

She also reported that, in addition to the increasing workloads, there have been fewer DDS workers to process them. As many as ten states have resorted to (or are considering) furloughs and/or layoffs for state employees, including those at the DDSs. With the increases in claims receipts, these actions could not have come at a worse time. Despite campaigning by NADE, NCDDD, the Social Security Advisory Board and SSA Commissioner Michael Astrue, there has been little headway made towards ending these furloughs and more states may end up with furloughs as they try to balance their state budgets. She noted that governors in these states just do not seem to get it, as the DDSs are fully funded by SSA and furloughs of DDS employees do not save the state money, but in fact costs them federal dollars.

Another change in the DDS workload is that fewer cases are decided on a medical basis alone, resulting in more claims requiring functional assessments before a decision can be reached. In the past ten years, medical-vocational allowances have increased thirty-eight percent and almost seventy percent of denials are based on vocational factors. With the continued downturn in the economy, more younger applicants with work limitations, some with only marginal work histories, may decide to leave, be forced to leave the workforce, or just stop looking for work and turn to Social Security as the only remaining financial lifeline. Ms. Hardy noted that if this trend continues, and more decisions need evaluation of vocational factors and the complexity of cases increases, adjudicators will need the appropriate skills to carry out their changing work responsibilities. However, she also noted that at a time when the need for vocational expertise is increasing, the number of vocational specialists has dwindled down to less than one percent of the total DDS staffing.

She asked what kind of tools, resources, and/or skills do adjudicators need to handle this part of the workload. Are there other approaches to determining a worker's remaining functional abilities? With vocational and functional assessment affecting such a large percentage of the disability workload, she noted that it may be time to rethink the whole process. She suggested that the current challenges are actually an opportunity to really look at the disability process and change the way disability workloads are processed.



NADE President Georgina Huskey visits with the Honorable Dorcas Hardy of the SSA Advisory Board. Tim Lacy of MASH waits to speak with Ms. Hardy.

Ms. Hardy gave some examples of needed innovation that are already on the drawing board, such as health information technology, which has the potential to transform the way medical evidence is collected and distributed by offering a large scope of information in less time; a new common disability case processing system – DCPS – which incorporates many of the features of eCAT; and an updated or maybe reinvented Dictionary of Occupational Titles. But she challenged us to look past those innovations to other technologies that might be in existence that can and should be developed to make for more effective adjudicators, as well to consider how the process itself might need to change. How can function be better assessed? Are the current listings sufficient? What is the best way to ensure that the most current medical advances are incorporated into the listings?

Ms. Hardy then posed this question to those in the audience: “If you were the supreme ruler for a day, how would you design the disability process?” She asked that we think beyond the current definition of disability, the current regulations and policies, technology as it exists today and even the bricks and mortar of our current physical work location and ask ourselves what would be the best process for deciding whether a person is disabled and therefore entitled to a benefit payment. Then, she asked us to think about the people, platforms and policies that would be needed to make that happen.

The audience was then broken into three groups and given about twenty minutes to determine the best process for deciding whether a person is disabled and therefore entitled to a benefit payment. The results were quite interesting.

The first group would have more Single Decision Makers (SDMs); more effort given to retention by rewarding /recognizing achievement and therefore increasing morale; integration of the Medical Consultants into the adjudicative teams instead of being in a distinct consultant unit; continuity of the process among all States, so that the process is the same and all have access to the same resources, subject matter experts, etc.; and more involvement of claimant representatives in obtaining medical evidence that is appropriate, relevant and timely.

The second group would obtain a functional evaluation in lieu of spending funds establishing a medically determinable impairment; educate the Field Offices and providers of evidence as to what is needed related to functional ability of the claimant; eliminate the vocational aspect from decisions; limit the ability of the claimant to re-apply for the same time frame with the same allegations and the same evidence; station a SDM at the Field Office for screening of claimants and obtaining functional information at the time of application; simplify the listings and amend them to address function; and have medical consultants at the Field Office to obtain functional information at the time of application.

The third group would have more integration of available information in forms, such as using the SEQY to propagate employers and dates into the 3369; make the claimant more responsible for providing necessary information and obtaining supporting documentation; make health care more available to help prevent disabling conditions; make regular visits among components to foster understanding of the entire disability process and a sense of teamwork; expand the listings to include more impairments; eliminate additional requirements (beyond POMS) required by individual states; expand the CDI units; create a functional equals for adults similar to that used for children; update the medical improvement standard; and update diary dates to be more realistic.

It was an interesting and thought-provoking exercise and served to show the wide variety of issues facing the individual DDSs and the wide variety of solutions that may be available to the ever-increasing workload demands.



MID-YEAR BOARD MEETING

This year's NADE Mid-Year Board Meeting will be held Thursday, February 11 through Saturday, February 13, at the Harbor Court Hotel (<http://www.harborcourt.com>) in Baltimore, Maryland. We are planning to meet with the NCDDD Executive Board and members of the Associate Commissioner's staff.

As always, all NADE members are invited and encouraged to attend the Mid-Year Board Meeting. NADE Board meetings are open to all NADE members. If you have any questions or would like further information, contact Susan Smith, at 614-438-1879 or susan.x.smith@ssa.gov.

Evaluating the Impact of Chronic Pain on Functional Capacity

**Presenter: Tim Gregg, M.D., Kentucky Medical Consultant
& Associate Medical Director Hospice of the Bluegrass**
by Priscilla Davis, Alabama DDS

DR. GREGG'S PRESENTATION PROVIDED a list of "Red Flags" for examiners and medical consultants to use when evaluating pain. When looking at pain cases, he recommended examiners should watch for the following:

"RED FLAGS"

- Multiple surgical procedures
- "RSD" (Reflex Sympathetic Dystrophy)
- The "Big Gun" narcotics: Methadone, Duragesic (in patch form)
- Spinal Cord Stimulator, Intrathecal Morphine Pump

If any of the above items in the "RED FLAGS" group exist in the medical evidence along with the constant complaint of pain *in association with an MDI*, then the claimant might be an allowance. These "RED FLAGS" suggest serious impairments due to chronic pain. The diagnosis of "RSD" should get your attention when reviewing medical evidence. If a person is using a Duragesic patch for a significant period of time, this is usually due to chronic pain. Notice claims where pain specialists have implanted a Spinal Cord Stimulator and/or an Intrathecal Morphine Pump. These devices are very costly to maintain. Patients with these devices are usually experiencing *severe* chronic pain that cannot be controlled with other less costly modalities.

Dr. Gregg stated that examiners and medical consultants should look *carefully* at pain when evaluating claims. The reason why we should look at pain is because the impact of chronic pain can legitimately change a denial into an allowance if the claim is well documented.

Pain is caused by stimulation of nociceptors in the skin and/or organs. A nociceptor is a sensory receptor that reacts to potentially damaging stimuli by sending nerve signals to the spinal cord and brain. This process, called nociception, usually causes the perception of pain.

Acute pain is an expected response to injury or stimuli. Acute pain is usually easy to treat with narcotics. However, chronic pain persists beyond expected recovery time. If pain exists greater than three months, it is considered chronic. Dr. Gregg indicated that chronic pain that persists beyond the expected recovery time may have obscure or no relationship with obvious tissue damage. This type of pain is often extremely difficult to treat and typically has associated psychological considerations.

Thanks to Dr. Gregg for sharing this useful information. The "RED FLAGS" usage in evaluating the impact of chronic pain in claims will assist the adjudicator in making the correct disability decision in these cases by fully considering pain with the MDI.

The Speech Language Pathologist: What in the world are we looking for?

by Julia E. Johnson, Kentucky DDS

JULIE JONES IS A CERTIFIED speech-language pathologist in Kentucky who works as a DDS consultant. She gave a very interesting and useful presentation at the recent NADE conference in Covington, KY on how she evaluates speech and language claims for Social Security. Speech-language pathologists assess, diagnose, treat and help prevent disorders related to speech, language, cognitive-communication, voice, swallowing and fluency.

Speech and language problems are normally associated with disabled child (DC) claims but can also be a factor in evaluating adult claims which can result from strokes, brain injuries, developmental delays, learning disabilities, voice pathology, mental retardation, hearing loss or emotional problems. Question: what is the speech-pathologist looking for? Answer: Deficits in either speech or language functioning.

Language is different from speech

Just because a claimant doesn't have an obvious speech impediment does not mean that they don't have problems with language. Language is made up of socially shared rules that include: what words mean (star – a bright object in the sky or a celebrity), how to make new words, how to put words together and what words are best in what situations. Pragmatic skills are the social rules of communication such as turn taking, eye contact, proximity to the speaker, topic initiation and maintenance.

Speech is the verbal means of communication which consists of articulation, voice and fluency (rhythm of speech). When someone has trouble understanding others, they may have a receptive language disorder. If they have difficulty sharing thoughts, ideas and feelings then they may have an expressive language disorder.

Important sources of information about speech and language issues include parental observations, teacher questionnaires, function reports, school records (IEP), IQ testing, history of treatment for a speech and/or a language problem and other medical records. The speech-pathologist is looking at all of the evidence for consistent deficits in speech and language functioning.

Speech impairments are more obvious than language impairments but both types of impairments can significantly affect a claimant's ability to learn, interact with others and control their behavior. Children with behavior problems may also have a language impairment which causes frustration that leads to acting out behaviors. Language impairments often co-exist with other disorders, especially ADHD.

In short, speech and language impairments can have a significant on a claimant's ability to function. Language impair-

continued on next page

ments are often overlooked when adjudicating claims. Speech pathologists are extensively trained to evaluate these types of impairments and how they impact on an individual's functioning.

Remember, *just because a child's speech can be understood doesn't mean that they don't have a language problem.*

Iraq and Afghanistan Civilian Service Related Injuries

by Tom Ward, Great Lakes Regional Director

THE INITIAL TRAINING PRESENTATION at the NADE Conference was from Larry Pascua, ARNP, and Program Coordinator at the Louisville VA DuPont Mental Health Clinic. Mr. Pascua stated that approximately 38,000 civilian contractors have been injured in Iraq and Afghanistan between 2003 and 2008. The mental health issues for civilians contracted to work in Iraq and Afghanistan closely parallel the same mental health issues combat soldiers face.

Civilians have the same pre-deployment issues of learning where they will be deployed, what their individual assignment will be, who they will be living with, and their own service readiness preparation. Deployed issues range from dealing with the 135 degree heat and the dust, the lack of privacy (particularly in bathroom needs), not having a real safe area, unpredictable threat levels, periodic high stress moments, exposure to actual

threats and seeing others injured and killed. They also experience the resentment of missing family activities at home, Dear John/Jane letters, not being able to help with family and home issues, boredom, lack of sleep, lack of light, and burnout and fatigue.

Post deployment and coming home civilians have to deal with distressing memories, reliving traumatic experiences, disturbing dreams, worry about friends still deployed. In addition, there are the issues of confusion about the direction and meaning of life, a loss of "innocence" and former values and beliefs. All of these combined may very well lead to classic PTSD as described in the criteria of the DSM-IV TR. Symptoms include feelings of guilt, irritability, feeling unsafe, feeling alienated from others and society, loss of interest, being easily startled, having trouble sleeping, becoming overly controlling, and feeling down and depressed. Some even miss the excitement of being in a combat environment and feel the need to engage in high risk activities.

One major difference between civilians and soldiers is that the civilians do not have access to VA facilities and treatment. Some civilian contractors have limited or no health coverage from their employer. Therefore, they are left to find and pay for their own psychiatric treatment. Aftercare can be a big problem for these civilians. Mr. Pascua had learned he was going to be re-deployed just days before he did his presentation at the NADE conference. He painted a very bleak but very realistic picture of all of the many issues civilians and soldiers alike have to face and yet maintain their mental and emotional balance.

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Internist/Cardiologist

Assessing Claimants with Allegation of Fibromyalgia

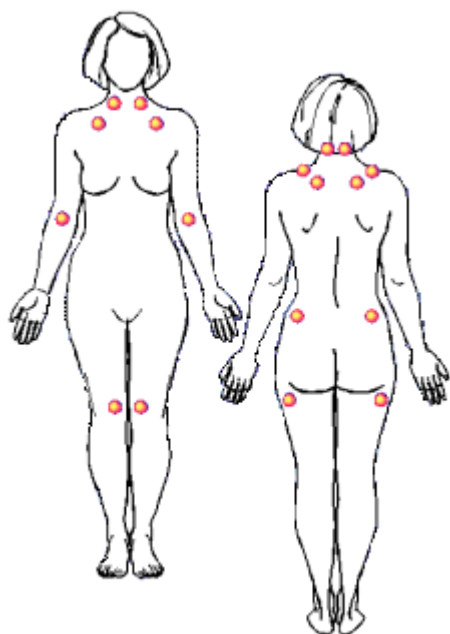
As Presented by Dr David Swan, MD, Medical Consultant at the Kentucky DDS

by C.J. August, New Mexico DDS

FIBROMYALGIA OR FMS is a condition that has signs and symptoms but no “out of the normal” laboratory findings so it can be very difficult for DDS to assess. On exams, patients appear to have some kind of inflammatory process but again, without abnormal lab findings. The etiology of FMS is unknown. Possible etiologies have been studied without conclusive results. It could be a hormonal process since more women than men carry the diagnosis. Some studies have shown a decrease in the blood flow to areas of the brain that are responsible for pain control. FMS is associated with depression but depression could be a side effect rather than a causative factor.

The customary diagnosis tool for fibromyalgia is the tender point exam. (A simple Google search will allow those interested to see a fibromyalgia tender point chart such as the one below.)

Wikipedia describes Tender/Trigger points or trigger sites as hyperirritable spots in skeletal muscle that are associated with palpable nodules in taut bands of muscle fibers. Trigger point researchers believe that palpable nodules are small contraction knots and a common cause of pain. In fibromyalgia patients, at least eleven of the eighteen tender points must be positive for tenderness. Dr. Swan pointed out that the tender points are *very* tender. A true FMS diagnosis must include the full syndrome of FMS signs and symptoms. There must be



fatigue documented. Some sources of evidence that might document fatigue are a psychological exam or the claimant’s family doctor as well as the specialist who diagnosed FMS. Fatigue should be described as a deep and draining fatigue. A third part of the diagnosis is depression – not a bipolar affective disorder, not major depressive disorder but rather the patient continually feels “down.” FMS patients typically complain of non restorative sleep because they don’t sleep long enough to get REM sleep and as a result, they will frequently have trouble concentrating. True Fibromyalgia is present in both the left and right side of the body and is present primarily in the trunk of the body. If the tender points are described as being present in only the low back or extremities for example, the tender point exam does not fit the customary diagnosis of fibromyalgia.

Realizing these signs and symptoms of fibromyalgia may be somewhat subjective, how can the examiner go about assessing this alleged disability? It is important to study functional information. The presenter encourages examiners at his DDS to ask specific questions. For example, how long can the claimant do tasks such as dusting, washing dishes or cooking without stopping to rest? How long does it take them to carry out your usual personal care activities in the morning? Do they rest during the day? Typical answers to these questions in credible FMS sufferers would be that they can only do ordinary household tasks for 10 or 15 minutes, personal care takes an inordinate amount of time or is neglected due to fatigue and that they need to rest frequently during the day but don’t take naps.

After having looked at the evidence, the examiner must decide if there are significant discrepancies in the medical evidence of record (MER) and determine if the claimant can realistically be expected to work eight hours a day and 40 hours a week. If the evidence is found consistent and credible, there is a possibility of an allowance of the claimant with fibromyalgia due to the claimant’s inability to sustain a forty hour work week.

Lyme Disease: Coming to a Patient Near You!

Presenter: Ginger Savely, M.Ed., DNP, RN, FNP

by James D. Brooks, III, Tennessee DDS

ON THE LAST DAY of our conference Ginger Savely, MEd, DNP, RN, FNP, gave a surprisingly interesting presentation on Lyme Disease. I say surprisingly, because she had a lot of surprising information about Lyme disease.

Most of us are aware of the basic story of Lyme disease: You go to Lyme, Connecticut – you find a tick, which you promptly remove – you develop a bullseye shaped rash at the site of the tick bite – then you go to a doctor who prescribes some antibiotics – and you get better. And with the acute form of the disease, this is often the full story.

Dr. Savely then pointed out that this chain of events is often not the way the story unfolds. First, many patients are unaware that they have ever been bitten by a tick, especially the small seed ticks. And they never notice the bullseye shaped rash associated with Lyme disease. So when they go to a doctor’s office with

continued on next page

typical flu like symptoms (headache, muscle soreness, fever and malaise) Lyme disease is very rarely even suspected. If Lyme disease is not diagnosed then the proper treatment will not be prescribed.

However, Lyme disease is often missed at first because of several reasons. Doctors may not think there's a risk in their area so it's not on their radar screen. People often don't know they had a tick bite. Many people don't get the tell-tale rash. Doctors often misdiagnose the rash. And symptoms are non-specific and can be confused with a "virus". Even when testing for Lyme disease is done it can be missed because the test for Lyme disease is not very accurate – though it rarely gives a false positive test result, false negatives are fairly common.

Obviously, if not properly diagnosed and treated early Lyme disease can easily progress into a chronic phase. Symptoms of chronic Lyme disease include exhaustion, migratory joint pains, muscle and tendon pain, cognitive problems (including short term memory problems, attention deficit, information processing, and executive function), new onset of anxiety and panic attacks, insomnia, hypersensitivity to light, sound, smells and touch, neuropathies, loss of balance, heart symptoms such as shortness

of breath, palpitations, chest pain, severe headaches, diverse GI symptoms and many others. Dr. Savely pointed out that symptoms of chronic Lyme disease is often misdiagnosed as Fibromyalgia, Chronic Fatigue Syndrome, Multiple Sclerosis, Lupus, Parkinson's Disease, ALS (Lou Gehrig's Disease), and movement disorders.

At this point, Dr. Savely points out, proper treatment for chronic Lyme disease could take from one and a half years to as long as five years. She also states that about 20% of chronic Lyme disease patients never really get well.

As a Disability Examiner, I'm thinking to myself this could describe a large percentage of my case load. I am not going to start sending out letters asking doctors to reconsider their diagnosis, or letters to claimants telling them that they should be tested for Lyme disease. But I think the next time I see a diagnosis of chronic Lyme disease, I will take it more seriously and read the MER more carefully.

If you would like to know more about Ginger Savely or Lyme disease try these internet sites:

www.GingerSavely.com

www.ilads.org

Morgellons Disease

by Anne Graham, GLADE

YOU MAY NOT HAVE heard of this disease. The symptoms include:

- Slowly healing to non-healing skin lesions,
- Peripheral neuropathy-like symptoms,
- Cognitive and behavioral changes, and
- Appearance of red, blue, clear, and black fibers in the skin.

These fibers have been found in the beds of individuals with the condition.



Randy Wymore, Ph.D.

This intrigued Randy Wymore, Ph.D., and began his investigation of the disease. He is the Director of Oklahoma State University's Center for the Investigation of Morgellons Disease. Dr. Wymore explained that some considered this to be entirely a psychiatric condition with the non-healing lesions as self inflicted based on delusions of parasites. However, the Morgellons callous that forms over and near the lesions is not a formation expected as a part of wound healing.

The initial hypothesis of his research was that the fibers "shed" by these individuals were textile fibers and other environmental debris. Dr. Wymore took the fibers to the Tulsa Police Forensics Department for analysis. They could not extract the cobalt blue or magenta red from the fibers. They used Pyrolysis

GC mass spectrometry but these fibers remained intact even at very high temperatures. They also used FTIR spectroscopy and the conclusion was that the fibers were not textile but pure organic material.

Morgellons can present with painful, itching skin lesions from mild to severe. Fatigue is present with disrupted sleep. There may be short and long term memory deficit, difficulty focusing thoughts, depression, and anxiety.

There is no accepted case definition of the condition. The results of a CDC/Kaiser Permanente study begun in February 2008 have not yet been released. The name, Morgellons, came from a sixteenth century disease with a symptom of hair growing on a person's back. The name stuck due to its use on the Internet. The condition is most seen in the United States and English speaking countries, but has been seen on every continent but Antarctica. It is slightly more prevalent in women but not significantly so. There are more cases in California, Texas, and Florida. It has been seen from the young to those in their early eighties. Dr. Wymore remains fascinated by the condition and continues his scientific investigation.

Is it Multiple Sclerosis?

by Crystal Bach, South Dakota DDS



Amanda Lange M.D.

YOU HAVE TINGLING and numbness in your fingers and toes and sometimes in your lips. Your claimant has tingling and numbness in the fingers and toes and lips. Your claimant alleges Multiple Sclerosis (MS). Does your claimant have MS? Do you have MS?

Amanda Lange M.D., Kentucky DDS Medical Consultant, was the keynote speaker at the NADE conference Awards Luncheon and Riverboat Cruise. She explained that she is not a neurological specialist but has taken an interest in what is happening with the disease of Multiple Sclerosis. Some doctors see patients with overactive or weak muscles or a host of other neurological problems and may allow their patients to go off thinking they have MS and, in turn, the patients file disability claims.

In brief, she explained that MS is an auto immune attack on the myelin and in turn this damages the axon. There are three main forms of MS and all are progressive: Relapsing-Remitting (majority of patients present this way), Secondary Progressive Phase (no clear relapse/remission), and Primary Progressive MS (no discrete neurological events and this form does not respond to the FDA approved drugs.)

Seventy-to-eighty percent of patients diagnosed with MS have some cognitive disorders such as forgetfulness, ADD, etc. all due to lesions in their brains. She said there now is evidence that there may be four different types of lesions associated with MS.

Dr. Lange says there are three tools or criteria that can help diagnose MS. The first is the MRI. This will show white ventricular lesions in the brain but MS is not the only disease that can cause white matter lesions. Typically, the lesions of MS patients will be ovoid or round in shape.

The second test involves the spinal fluid. She likened this to the joke about Las Vegas in that "what happens in the spinal fluid stays in the spinal fluid." She said if the claimant has MS there will be certain proteins such as gammaglobulin in the spinal fluids that are not present in the blood.

The third test leading to a diagnosis of MS is the evoked potential study which tests the pathways in the brain. This is

more helpful than EMG/NCV which is often within normal limits.

The average age of diagnosis is 28 – 30 years old. Early treatment is recommended. MS patients will have exquisite sensitivity to heat (usually starting at 80 degrees) and often experience fatigue as the day goes on. Ninety percent of these patients have pain. No one knows what causes MS but some think it may be a virus or even related to Vitamin D deficiency. It appears to be more common the further away from the equator you get. There also is a familial tendency towards MS with 30-40% concordance in twins.

The best way to alleviate the fatigue is keeping cool, using stimulants such as Provigil, and exercise. NSAIDS and narcotics can help with pain.

In regards to adjudicating claims involving MS, Dr Lange reminded that we need to meet all three criteria for a solid diagnosis of MS. In completing the Residual Functional Capacity form (RFC), you must take into account if the fatigue is real and if the claimant can sustain a 40 hour work week. These claimants will also have environmental limitations to include avoiding temperatures greater than 80 degrees. Although they may improve or worsen within a short period after the creation of the RFC, you also can only assess limitations for the claimant according to where they are at the time of adjudication.

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Phil Gambino Provides a Video History on Effective Speaking

by Tom Ward, Great Lakes Regional Director



Phil Gambino

ASSISTANT DEPUTY COMMISSIONER FOR SSA Communications Phil Gambino closed out the training sessions of the 2009 NADE Training Conference by showing a video history of some effective communicators. Mr. Gambino stated there are three vital components to being an effective speaker.

First, entertain your audience.

Second, get your audience's attention and keep it.

Third, use your voice and body to deliver your message well.

To make his points, Mr. Gambino showed some video clips of some historic speeches by Huey Long (Share the Wealth), John F. Kennedy ("Ask what you can do for your country" and "Ich bin ein Berliner"), Franklin D. Roosevelt (congressional and media attacks on his Scottish Terrier), Winston Churchill (WWII German air raids), Martin Luther King Jr. ("Let Freedom Ring / I Have a Dream"), Robert Kennedy (announcing the assassination of MLK), Ronald Reagan (announcing the space shuttle tragedy), Bill Clinton ("Work gives meaning and organizes life"), and current President, Barack Obama (inauguration and Press Club Dinner address).

Additional clips were of George C. Scott playing General George Patton, Chris Rock running for President in the movie "Head of State", Laurel and Hardy's "Who's on First" routine, Billy Crystal (in "City Slickers" father telling his son's class that he sells air time for radio commercials), and a Bob Newhart clip as a psychologist being interviewed by a inflammatory TV host on a live TV show.

The video history definitely held our attention and aptly proved Mr. Gambino's points for being an effective speaker. The video history put a tremendous ending on another great NADE Conference.



Our Thanks to Kentucky for a Great Conference!

Row 1: Elaine Davis (KY President-elect & Conference Speakers), Deedi Dunavent (Registration), & Jeannean Devars-Simpson (Registration). Row 2: Jason Driskell (Conference Coordinator), Todd Quire (On-site Assistant), Stephen Jones (Kentucky DDS Administrator), Sharlene Blair (Program).

Office of the Inspector General Saves Tax Payers' Money

*Presenter: Patrick O'Carroll, Jr. Inspector General,
Office of the Inspector General, Social Security Administration
by David Kramer, THADE president, North Carolina DDS*



Patrick O'Carroll, Jr.

DDS OFFICES ACROSS AMERICA work hard every week, quickly and efficiently processing claims with accuracy and compassion - over 3 million claims in federal fiscal year 2009. These claims represent more than an impersonal numbers game of allowances and denials. Each case represents a real

person who has applied for assistance due to physical or mental impairments, which may result in a disabling condition upon examination of medical and non-medical records. Examiners and support staff may feel encouraged when they learn of individuals who have been helped financially by DDS and SSA as they live through degenerative impairments like arthritis, mental impairments like mental retardation, sudden onset impairments like stroke, impairments with uncertain outcome and difficult treatment like cancer, and many others. Claimants who receive a denial in a timely manner may likewise move on with the next step in their life, whether they use the appeal process or adapt to the changes in employment that may be necessary given their degree of impaired function.

But what about people who try to cheat the system? Everyone has heard stories of people who pretend to be physically or mentally impaired to get a disability check. Let us rule out the large number of claimants that honestly do not know if they are disabled, who apply in order to find out if they qualify for an allowance.

The Office of the Inspector General (OIG) is responsible for investigating disability fraud. The mission of OIG is to detect fraud, prevent waste and deter abuse.

Let us focus in on the much smaller number of people who actively try to defraud the government by misrepresenting themselves to the field offices, DDS examiners and medical professionals. What can be done to stop disability fraud?

The Office of the Inspector General (OIG) is responsible for investigating disability fraud. The mission of OIG is to detect fraud, prevent waste and deter abuse. When possible OIG detects fraud before SSI payments are ever made. Patrick O'Carroll Jr., Inspector General, shared stories and video clips to illustrate how OIG functions.

Imagine a middle age woman who has been given an allowance due to degenerative disc disease. She is homebound and uses a walker to ambulate because of her severe back pain. Now picture a video clip of this same woman carrying a stack of three 12-packs of soda to her car. Denied.

The agents of OIG saved \$1.3 billion for SSA and \$793 million for other federal and state programs, by investigating, documenting, and prosecuting fraudulent claims. Some individual claimants have defrauded the government of over \$100,000. For every dollar spent by OIG, they have returned \$10 to the American taxpayers, by preventing fraudulent SSDI and SSI payments, and by requiring repayment of money improperly received. In the case of claimants who have already spent the money, the OIG has the authority to attach assets, garnish wages and even take future Social Security retirement earnings.

If you would like additional information about OIG, or if you need to contact OIG to report possible fraud, visit their website <http://www.ssa.gov/oig/>.




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Outstanding Chapter and NADE Members Recognized

by Leola Meyer, 2009 Awards Chair

NADE PRESENTED NATIONAL AWARDS at the conference in Covington, Kentucky. Below are the summaries of each

winner. Please join in congratulating them for their hard work and dedication to NADE.

The Director's Award, Tena Fleming (Alabama)

Tena Fleming joined NADE in the mid 1980s and has been active since. During her many years as a NADE member she has served on most committees as a member or chairperson. When asked about her NADE involvement she states "NADE is a great organization and I plan to stay involved and voice the benefits of membership to all who will listen. Through the Local, Regional and National chapters, I have had the opportunity to learn more about my job and why it is important to stay connected with the ever changing Social Security Program and how it affects our jobs in the disability process." Tena has used her knowledge, experience and leadership qualities to increase her chapter's membership since becoming chapter president. She encourages potential new members to join the NADE family and encourages all members to become more involved in "their" organization at all levels! Tena has demonstrated excellence, professionalism and leadership in all of her work functions, assignments and tasks. Her can-do attitude is prevalent throughout her illustrious career. When a job needs to be done she is the person to make it happen. Tena is an exemplary performer who has continually excelled at every endeavor.

The Frank Barclay Award, Rebecca LaMar (Missouri)

Rebecca LaMar has been a member of NADE for over 5 years. She has been active in organizing multiple State Conferences by serving on a variety of committees. She is also active at the local level, participating in different activities. She has served as the local chapter president, secretary, and the correspondent for the local portion of the state newsletter. Rebecca has demonstrated dedication to challenging and motivating professional growth in many different ways, standing out in this person's ability to successfully train employees in a wide range of areas. She has helped with training counselors on CDR claims and has also helped train new counselors as a mentor. As chapter president, Rebecca meets with new counselors and explains the

importance of NADE, along with the mission and goals of the organization to encourage membership. She has shown tremendous expertise in managing casework through the effective utilization of computer processes. She now provides computer training on a regular basis to staff at a statewide level. The information that she provides serves as an invaluable reference for daily casework. Her training sessions provide a foundation for the ever expanding changes of our work. She can take a complicated issue and explain it with clarity and ease. Her availability to staff promotes a sense of teamwork and personal growth.

The John Gordon Award, Jennifer Pounds (North Carolina)

Jennifer far exceeds the performance standards required for a unit supervisor. She gives 100% effort to every task she takes on. She has an excellent knowledge of agency goals and objectives as they relate to both quality and production. She is a model of integrity, reliability and responsibility. Jennifer demonstrates the highest level of professional relations in her dealings with persons within and outside the DDS. Her tenure as Chapter President saw a renewed emphasis on the goals and purposes of NADE and a renewed emphasis on education – communicating with Chapter members to make sure they were informed about what NADE was doing at the national level. Chapter meetings were planned so as to be interesting and informative and, as a result, attendance at these meetings increased significantly. She has served as the Chair of the Employee Appreciation Committee and Ways & Means committee and a member of the Chapter's Community service Committee. Jennifer served as the Chair of the Regional Awards Committee and has attended NADE Regional and National Training Conferences.

The Earl B. Thomas Award, Tommy Warren (Alabama)

Tommy has spent his entire working career in the Disability Determination Service and NADE. He began his service in 1971. He has been DDS state director for the last 16 of his 38 years of service. Tommy was a charter member and past president of the National Council of Disability Determination Directors (NCDDD). During and after his tenure as president he vowed to work "hand in glove" with NADE to achieve quality determinations based on realistic policy and procedures for the disabled constituents. Under Tommy's leadership the state agency has piloted many far reaching programs for SSA. The most notable has been "Prototype". He endorsed and pushed many of the the cost effective parts of this program such as SDM and helped to eliminate the least productive of this project. Tommy's partnership with the local chapter of NADE has fostered personal growth in the membership. Local, regional and national training conference participation is encouraged. All employees are encouraged to become active participants in NADE. He is extremely supportive of the local chapter's endeavors and NADE goals. Tommy has risen from the ranks of the entry level examiner to a nationally recognized figure in SSA. He recognizes the need for a strong well trained workforce who are provided the most efficient and modern tools to accomplish their job.

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Lynette Rhodes, President
Lansing, Michigan

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Awards, continued from page 17

The Rookie of the Year Award, Maya Delion (Alabama)

Maya offered her service to her chapter shortly after becoming a member by assisting the chapter's regional conference committee. She became a member in March and her chapter hosted the regional conference in May. Our nominee jumped in with both feet and never looked back. Around the same time, her chapter president asked if she would be interested in filling a vacated regional representative for the NADE Advocate position. Maya was eager to pursue this endeavor due to her background in communications, computer systems, web design and publishing. She was quickly approved to fill this position and continues to serve. She has served on the Newsletter & Photo Contest committees and has submitted articles for the Advocate. Maya approached her chapter president about restarting the chapter newsletter. She created a very impressive, informative newsletter which has proved to be a very affective recruiting tool. Maya accomplished this herself as editor, designer, writer, photographer, publisher and distributor! As the chairperson for her chapter's Donate Life Month committee, Maya and her committee developed a fun informational education packet with a spokesperson, "Walter the Worm". The State Organ Center, who was the recipient of the monetary donation was so impressed with the committee's educational packet, they asked permission to utilize the material for their education purposes. Maya also served as the chapter's NDPW committee chair helping to create and organize a fun filled week of activities. She is the chapter's Secretary Elect but actually stepped in early to fill the position vacated by the current secretary who could not complete her term.

The Charles O. Blalock Award, Celeste Lilly (North Carolina)

Celeste has been employed as a DDS Case Examiner for nine years. Her dedication to NADE is demonstrated by the various committees she has served on and by the local, regional and national offices she has held. She joined NADE in 2002 and has accumulated a service record that exemplifies a true long-term veteran. She served as the Chair for NADE's Organ Donor Awareness Committee, the National Disability Professionals Week (NDPW) Committee and the Elections and Credentials Committee.

As Chair for Organ Donor Awareness, she was instrumental in getting a competition set up for local chapters to present narratives on what they did to advance the mission of organ donation. She presented the idea to the NADE board and they agreed to have a competition. From that year forward, the Organ Donor Committee has held a competition and a monetary prize for this award was recently added. While serving as the Chair for NDPW, she convinced the NADE Board to hold a competition for local chapters to select the annual theme of NDPW. The chapter that won the contest would be recognized at the national conference. NADE continues to hold this competition annually to introduce NDPW to the chapters. Celeste was the Founding President of the NADE Chapter in her first DDS and was recognized by NADE as the "Rookie of the Year." Since moving to her current DDS, she has served as this Chapter's Treasurer and Vice President, editor of the chapter newsletter and chaired the chapter's awards committee. Celeste exhibits professionalism and dedication to her job and prides herself on effective management of her caseload.



Celeste Lilly

The Lewis Buckingham Award, Donnie Hayes (North Carolina)

Donnie has been a NADE member since 1980 and a DDS employee since 1979. His skill as an adjudicator, knowledge of the disability program, and his ability to lead has enabled him to achieve recognition and promotion within the DDS, rising from disability examiner to quality assurance analyst, to case consultant, to disability hearing officer and, finally, to Supervisor of the DHU Unit. As a valued member of his Chapter, he has served as a member or chairperson of several committees including Membership, Social, Community Service, Constitution & Bylaws, and Professional Employee Recognition. He has served as Chapter Vice President and on the Board of Directors for the past 29 years. He is always willing to provide a helping hand. His efforts in the area of community service are legendary and have earned him recognition by the DDS. His leadership in raising funds and collecting food for hurricane victims, in assisting local homeless shelters, a local home for disabled children, and guiding the Chapter's participation in Habitat for Humanity have brought tremendous respect and recognition for the local NADE Chapter. He has contributed at the Regional level, serving as the Chairperson or as a member of several Regional committees, including Constitution & Bylaws, Membership, Nominations, Resolutions, and Awards. He has attended many regional conferences and was instrumental in the planning of five regional conferences hosted by his Chapter. He was elected to the first of two terms as Regional Director in 2005. Although he will be stepping down from that position this year, he has been asked to remain on the NADE Board of Directors as Constitution & Bylaws Chair. He previously served in this position prior to becoming Regional Director.



Donnie Hayes

The President's Award, Tar Heel Association of Disability Examiners (THADE)

THADE has shown great strength and involvement at the local level. A goal was set to increase its membership by 25% but the Chapter surpassed that goal with a 40% increase. The Chapter organized a successful "adopt a family/an elder" program at Christmas. A Food Drive was held when the local Food Bank and Salvation Army reported their resources were nearly depleted and the chapter donated approximately \$4000 in Food items. The Chapter also raised over \$3700 to sponsor a child through the Make A Wish Foundation to send the child and his family to Walt Disney World. THADE sponsored several social gatherings during the year. The Chapter conducted five successful fundraisers during the year to cover the cost of its other activities, including the annual awarding of a \$500 college scholarship. A DDS Employee Appreciation Week was held in October. National Disability Professionals Week (NDPW) was celebrated with the Chapter serving snacks each day to the membership and organizing other special celebratory events during this week. The Chapter continues to have their "Lunch and Learn" series. Organ Donor Awareness was acknowledged each week through the month of April. THADE continues to publish a quarterly newsletter during the year for the DDS staff.



David Kramer, THADE President

The NADE Award, Bruce E. Smith (Oklahoma)

Bruce is currently serving as Chapter President for a second term. He served on the Membership Committee for his chapter and for the region. His National involvement has been on the NADE Resolutions Committee. He has attended regional and national conferences. Bruce collaborates with the State Department of Corrections on Pre-Release Cases to expedite the disability application process. He is the Training Specialist for State Mental Health and Substance Abuse Services which train case managers to produce summaries of treatment which will be used by the DDS staff in the evaluation of claims for disability. He has provided training for over 300 Case Managers. He serves as the DDS Liaison to NCDDD. Bruce is a member of the Governor's Council on Homelessness. He is the organizer of the Outreach Initiative where SSA and DDS staff travel to homeless shelters and the VA Medical Center to take Social Security applications on-site at these facilities. These efforts have helped to expedite the application process. Bruce makes regular TV and Radio appearances to give updates on the SSA Disability Program. He has dedicated his career to providing high-quality citizen-centered services and to preserving the public's trust in the SSA Disability Program.



Bruce E. Smith



Left: Tommy Warren in an earlier photo as a previous NADE award winner.



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

It was a great day for Alabama!
Maya Delion (Rookie of the Year), Chapter President Van Hayne (standing in for Tommy Warren to show off Tommy's John Gordon Award), and Tena Fleming (Director's Award).

Rating Manipulative Limitations

Presenter: Tom Johns, Dallas DQB

by Alan Gulley, New Mexico DDS

AT THE 2009 NADE National Conference in beautiful Covington, Kentucky, Tom Johns from Dallas DQB presented an informative power point presentation on manipulative limitations and their impact on the ability to work. In his presentation Tom discussed reaching, handling, fingering, feeling. He also addressed rating manipulative limitations, points to remember in rating, the impact of manipulative limitations on the occupational base, and one-arm workers. The presentation also illustrated how each case must be assessed individually with rating each of the manipulative factors separately and to never “double” weight restrictions in lifting and then for further restriction in the manipulative portion of the RFC.

It is important to remember when assessing handling and reaching that these become more important as exertion increases. Most important at the light, medium, heavy and very heavy levels, lifting and handling require the ability to grasp. Most light and sedentary jobs require frequent, but not forceful grasping, and the forcefulness of the grasping required by an occupation is dependent on the size and weight of what is being handled. Fingering becomes more important as exertion decreases, most important for sedentary level work, and where only one hand is limited. In sedentary work we need to look at the extent of the limitation along with hand dominance. One arm workers with a complete loss of use of an arm (including above the elbow amputation) reduces the occupational base to a little more than what is represented in a full range of sedentary work. Possible occupations can be found at all levels of exertion; however, most possible occupations are light. If an arm is completely useless, cite a sedentary rule as a framework, if an arm retains some use there must be specific details about what function remains, and depending if there is some remaining functioning of arm it can result in a more appropriate light level or higher as a framework.

Finally, remember that the impact of manipulative limitations on the occupational base for overhead reaching. Limitations usually have no significant impact. Feeling limitations usually have no significant impact. Any manipulative limitation to frequently has no significant impact; and fine use of fingers does not have as much impact on the unskilled light occupational base as on the unskilled sedentary occupational base. So always clearly identify impacted arm, hand, fingers, and hand dominance for close cases such as borderline age claims. Clearly state the frequency of the limitation, and remember that “repetitive” is not a term of frequency but the four terms that should be used are: never, occasionally, frequently, or constantly.

Thanks to Tom Johns for an excellent presentation!



NCDDD's Ongoing Challenges In The Disability Program

by Trish Chaplin, Missouri DDS

ANN ROBERT, DDS Director for the state of Illinois, spoke at the NADE National Training Conference in Kentucky this October. She is the Vice-President of the NCDDD. Ms. Robert acknowledged the strong partnership NCDDD has with NADE. She indicated that the two organizations have bi-monthly phone calls to discuss important issues. At this time, the focus is on the ODAR backlog as well as providing sufficient resources to the FO and DDS to accommodate the growing number of disability applications. New models such as the QDD, CAL and RPC have been created to help further the disability process.

NCDDD strives to achieve uniformity throughout the country in the disability claim processing. NCDDD is interested in redefining and bringing back the reconsideration process to all DDS offices. They also fully support QDD & CAL models and

recommend SDM be extended to these cases. NCDDD encourages the use of ECAT as a training tool. ECAT will be extended to NJ, NC, NE, AZ, OR, DE and the San Francisco DDS next. NCDDD works toward a service level agreement to develop systems stability as well as working towards H.I.T. NCDDD acknowledges the benefit of local NADE Chapters which give NADE its power and influence and they will continue to work with NADE in an effort to make a more efficient disability process.

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Shriners' Hospitals - Fun, Fellowship, and Helping Kids

by John Opsitnick, DE DDS Casework Supervisor, and
Beverly Wardyga, DE DDS Medical Relations Officer

NADE HAD THE PRIVILEGE of having Wanda Rice, RN, of the Shriners Children's Hospital in Lexington, KY come to speak at the 2009 NADE National Conference in Covington, KY. She presented the story of Shiner's Hospitals, and the services they provide to children from all over the country. Shriners' Hospitals provide this service, regardless of the ability to pay or the financial position of the families.



The first Shriners' Hospital was founded in 1922, in Shreveport, LA by a group of men who wanted to organize a fraternity based on fun, fellowship and helping kids. The Lexington, KY hospital was constructed in 1926, and sits on 29 beautiful acres. Currently, there are 22 Shriners' Hospitals in the United States, Canada, and Mexico. The Lexington, KY hospital has 50 beds at present, and employs 210 regular employees and 39 volunteer caregivers. The Sacramento, CA Shriners' Hospital is the largest, with and average of 60 beds.

Shriners' Hospitals are known for their treatment of three major types of conditions:

- 1) Burns/Orthopedic conditions,
 - 2) Spinal Cord Injuries, and
 - 3) Cleft Lip/Palate conditions.
- Over 125,000 children are treated at Shriners' Hospitals each year.

What does it take to get a child admitted to Shriners' Hospital? Low income? No. Knowing a Shriner? No. The only requirement for a child to be admitted to a Shriners' Hospital is that they are age 18 and under, and have a condition that is treated by Shriners' Hospitals.

How do Shriners' Hospitals afford to care for their patients? All of their funds are acquired through donations and fundraising.

All of the staff at each Shriners' Hospital shares information and ideas, helping to formulate a care plan for each patient. The goal of all Shriners' Hospitals is to have their patients achieve "the highest level of health and function possible". In addition to direct medical treatment, the patients also receive Physical Therapy and Occupational Therapy. The medical staff and therapists also use "medical play" to reduce anxiety and nervousness in the patients. They permit many of the children/patients to dress up in Doctor's garb. School teachers are on staff at the hospitals so that the child does not get behind in his/her school work.



Over 8000 surgeons have completed fellowships at Shriners' Hospitals over the years.

Since its founding, Shriners' Hospital has and continues to provide the highest quality of service for children.

Want to know more about Shriners' Hospitals? Do you know a child or a family whose child could benefit from treatment at a Shriners' Hospital?

Visit their website at www.Shrinershospital.org.

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Thoughts from “First-Timers” Attending the 2009 National Conference

At the 2009 NADE National Conference there was a lunch for all “First-Timers” that provided an opportunity to network and discuss current issues we are all facing. This provided a positive platform for us to discuss what policies and strategic planning that has been implemented at each DDS to assist with the rising caseloads across the country, etc. The discussion allowed this adjudicator to note both positive initiatives that are working for a DDS and the continued challenges many DDSs are still struggling to resolve. All of this information and discussion is critical to the ongoing efforts not only at my DDS, but to all involved. It allowed us the opportunity to learn and “take back” this information to our DDS. From this conference and the “First-Timers” luncheon, this adjudicator gained invaluable information from the adjudicators working in the trenches to the administrators working hard to adapt policy and procedures to meet the rising tide of claims.

Alan Gulley
New Mexico



Going to my first NADE conference, allowed me a chance to really see what our organization is able to do, not only to help us as examiners, but to help those we serve. Also it created a desire to get more involved in the organization at all levels. Hopefully over the next couple of years, I will be able to be involved in regional & national committees. Finally, it was a wonderful opportunity to meet people from around the country and compare how the system works in different states, as well as make new friends from different states.

Marcia Golden
North Carolina



I liked how the breakout sessions tied into the work we do on a daily basis. I went to speech/language, Policy net, Pain and the RFC, and stress. I learned a lot from all 4 of them and thought they were very beneficial to the work I do. I liked the motivational speaker at the end of the conference. It was nice that we were able to network and talk to other people that do the same thing as us. I liked learning what the future holds and looking at the bigger picture of DDS. It was interesting learning what is happening in other states.

I would highly recommend this conference to anyone. In my previous work, I attended different conferences and the NADE conference was by far the best. NADE did a really good job at making the conference pertain to the work you do. You also get a bigger picture of the Social Security Disability System and what the future holds

Kari Kramer
North Dakota

I had a great time at the conference. Meeting so many NADE members and learning so many things was fantastic. I look forward to coming again.

Beverly R. Malcome
Georgia



I was very impressed with all of the speakers that were at the conference. All were outstanding. The conference was mainly geared toward examiners, but I learned a lot of what they do as far as my job goes. It was very informative about importance of being a support person. Over all a very good conference, I would go again if given a chance.

Claudette Swain
North Carolina



I had the pleasure of attending the National NADE Conference from 10/4 to 10/9/09 in Covington, KY. I joined NADE in July 2009, after completing my first 9 months with the Southwest VA DDS as a Disability Analyst. I wanted to attend the NADE Conference to increase my knowledge of the policy and medical issues surrounding the Social Security Disability Program. While the conference certainly achieved these goals, I also had the opportunity to meet many fellow adjudicators, SSA employees, and policy experts, among others. After speaking with and listening to the lectures of the various conference attendees, I had a greater understanding of the structure and various roles of the program. I was also able to gain some perspective of how other DDS offices operate in various parts of the country. The NADE conference enabled me to make professional contacts and many new friends. I believe that my first conference was a good stepping stone to my understanding of the disability program. I am looking forward to the next conference, and many more to come, when I will have more DDS experience and will be able to contribute more to NADE’s goal of improving the Social Security Disability Program.

Betsy Sleese
Virginia



I was not only a first time attendee to the NADE NTC but a new hire at DDS in Arkansas. I learned so much to take back and share with my fellow employees. The conference served to not only provide me with nation wide contacts but to excite me about my job and my involvement in ARKADE and NADE. As a result

I plan on being much more involved at my local chapter and to encourage and get everyone else excited about NADE and the public service we provide as examiners.

April Gibbs
Arkansas



The NADE conference afforded me the opportunity to meet, network, establish a rapport and exchange information with some of my colleagues from the various states. The conference program was educational from a medical aspect. The Commissioners provided national statistical accomplishments and the plans for future SSA initiatives. Thank you KADE for your exceptional hospitality and well organized conference.

Fatimata Kamara
Michigan



My first time at the 2009 NADENTC was a great experience that I will cherish for the rest of my life. Being a member of the host team for the conference with the KADE group, I was fortunate enough to be a part of a fabulous team.

SSA and DDS working together was a fantastic experience and an opportunity to see the big picture of not just a job, but a purpose to give back and impact peoples lives to make a difference one claimant at a time.

The networking at the conference provided not only information and experience but also new lifelong friends and mentors. It also showed the opportunity for advancement as I become more experienced in learning the process to advocate for the claimant.

I look forward to the future NADE conferences and leadership positions. I am the current President Elect for KADE and look forward to the future as an active participant in NADE.

Anthony Todd Quire
Kentucky DDS



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Unified Case Processing System

Presented By Doug Willman

NADE National Training Conference at Covington, KY

by Sandy Heck, North Dakota DDS

IF THERE'S ONE THING you can be sure of, it's "change". How fast or how slow that process occurs depends on several factors as pointed out by Doug Willman, DDS Administrator at Lincoln, Nebraska. In his breakout session during the national NADE conference, he shared the history of the DDS case processing system as it evolved from a pencil/tablet (paper) system to one of automation. In years to follow, several emerging systems such as Wang, Levy, Versa, Midas and Legacy were used as each state devised their own unique process. Aging technology, the long roll-out cycle for modifications, cost of maintenance and an extremely complex computer system have created a "Frankenstein" for OMB as they try to handle "transaction failures" resulting from too many gaps in the connections that need to be made at the centralized computer network.

Bottom line: Too old, too big of a system to keep up with the technological advances (HIT, ECAT, internet info) that would help the DDS process claims more efficiently. In other words, a software engineer mess.

Solution: One unified case processing system.

The downside? It takes A LOT of time to make a new system, not to mention cost, learning a new process. In lieu of this idea, alternatives were considered such as making incremental upgrades, modernizing all five systems independently or creating a common system.

The Commissioner wanted this to be a cooperative effort, so steering committees were developed. Over 300 DDS representatives met for three days at summit meetings to brainstorm what the new system should be like. DDS involvement was extraordinary as the key element was "re-engineering" by calling in the users of the system. One subject expert representative from every DDS talked about their business system. Five bi-regional development sessions followed and a fifth group reconciliation session (3 days in Baltimore) hashed out differences until there was almost 100% agreement.

Next step? Sources sought solicitation, analyze cost benefit, risk, architecture, develop specifications, issue a RFP (request for proposal), select a vendor, begin development, test, refine and implement the new system in a few sites. There have been lots of responses from sources willing to make this happen. They hope to evaluate and issue a contract by early 2010. Doug pointed out that this is the time to "reach for the stars" in implementing any time-saving links, help boxes, etc. that could aid in claim processing.

Initial implementation date? Hopefully by April, 2011 or when Nebraska says "ok".

For further information, check out the DCPS website at <http://co.ba.ssa.gov/odd/SpecialProjects/dcps/>.



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Burrell Affirms the Trained Disability Examiners on the Front Lines

Members use Opportunity to Interact with Associate Commissioner

Continued from page 28

SSA is not, however, sitting on its hands waiting for this workload to hit. Faced with the reality that the number of initial claims applications increased 15% and reconsideration claims increased 12% in FY 2009, and with similar increases expected for FY 2010, SSA has developed a Disability Capacity Strategy (DCS) to maximize the resources at SSA and in the DDSs to deal with the problem. The chief components of this DCS are:

- Increasing state and federal processing capacity
- Development of policy expedencies
- Expediting already planned hardware upgrades to maximize systems performance
- Expanding the use of automated screening tools such as the QDD predictive model to help triage likely allowances
- Increased efficiency with automation and improved business processes
- Refinement of business processes to expedite case processing

DDSs hired 2604 new staff in FY 2009 and approximately 2700 more new hires are expected for FY 2010. If some State Governors are going to furlough their DDS employees, then SSA has to look to other states to hire new staff. SSA has also created an Executive Marketing Package to encourage the States to reexamine the pay and benefits offered to their DDS employees so that DDSs are a more attractive employer. "Even with all the new changes SSA is implementing and the new technology we are introducing into the disability program, there is nothing that can replace the experienced, trained disability examiner with regard to making timely and accurate disability decisions," Ms. Burrell declared. All of the new technology and other changes are merely tools to be employed by experienced, well trained disability examiners.

Ms. Burrell was a presence at the NADE Conference for three days, talking with NADE members, soliciting their ideas, listening to their opinions and gauging reaction to SSA's plans to move forward in different areas. Such an opportunity was not wasted and NADE members did not shy from offering their input. In concluding her remarks, Ms. Burrell expressed her appreciation to the NADE membership for "all you do during the year and for all of the input I have received from you during the past few days."

Yes, Ruby, NADE members remain "pumped and ready!" to serve the public and to serve the public well!

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Ruby Burrell presented a "challenging" presentation to conference attendees.

SSA Associate Commissioner Asks NADE – “Are you Still Pumped?!”

by Jeff Price, NADE Legislative Director

NADE MEMBERS ATTENDING THE 2009 NADE National Training Conference, held the week of October 5-8 in Covington, Kentucky, were treated to an opportunity to hear SSA Associate Commissioner for Disability Determinations, Ms. Ruby Burrell, challenge NADE members with the question, “Are you still pumped?!” Or, more appropriately, “Are you pumped and ready?” These two questions, referencing remarks Ms. Burrell made at previous NADE Conferences in 2007 and 2008, struck at the core of our mission as employees in the disability program – to serve the public and to serve the public well!

Ms. Burrell reported the DDSs met or exceeded all goals for FY 2009. More than 2.8 million initial claims were processed, exceeding the goal of 2.64 million. Nearly 335,000 medical CDRs were done, exceeding the goal of 328,700, and 52,294 informal remands were done by the DDSs, exceeding the goal of 51,000. The average processing time of 100.6 days exceeded the goal of 129 days, net accuracy was 97%, which was the targeted goal, and PPWY of 273.8 exceeded the goal of 265. “You were absolutely amazing,” declared Ms. Burrell in expressing her sincere appreciation to the DDSs for their efforts during the past year.

Because of the tremendous increase in new claims and the unanticipated issue with the state furloughs, there was an increase in the number of initial claims pending. Initial applications soared from 2.6 million in FY 2008 to over 3 million in FY 2009. While the DDSs processed 2.6 million cases in FY 2008 and were able to stay even, FY 2009 was a somewhat different story. Even though DDSs exceeded the initial claims processed goal, processing only 2.8 million cases, because of the accelerated level of receipts, initial pending grew from approximately 556,000 at the end of 2008 to nearly 780,000 at the end of 2009. With an increase in the processing of CDRs from nearly 250,000 in FY 2008 to nearly 335,000 in FY 2009, the total number of cases cleared by the DDSs soared from 3.6 million in FY 2008 to 3.935 million in FY 2009. Among that number was 1,341,197 allowance decisions (up from 1,207,171 the year before), meaning that nearly 1.35 million new people were added to the disability rolls in FY 2009, providing economic insurance for these people and their families. “That is real service to the public,” declared Ms. Burrell

In acknowledging that we have challenges ahead, Ms. Burrell reported that SSA has revised its forecast to anticipate that the total number of cases processed by the DDSs in FY 2010 will be nearly 4.3 million, including approximately 3.1 million initial claims. With the country continuing to face its worst economic crisis in decades, and with the reality that the rate of new applications was already higher than anticipated, “We had little choice but to expect the number of new applications to climb even higher,” Ms. Burrell explained. However, she hastened to add that, even though the DDSs have been hiring new staff, SSA realizes it will take some time for these new personnel to become proficient and, as a result, SSA lowered the targeted goal for PPWY for FY 2010 to 268, compared to the 273.8 we achieved in FY 2009). As a result, the initial pending backlog is expected to soar to more than 1 million cases in FY 2010.

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