

the NADE ADVOCATE



A Publication of the National Association of Disability Examiners

Volume 27, Number 4

Fall 2011

National Training Conference Issue

NADE "Comes Together" for "Good Vibrations"* Awards Highlight Professionalism & Service

CONGRATULATIONS TO ALL of the nominees! The award selection is difficult each year due to the high caliber of individuals that are nominated. They each bring a deep sense of commitment and service to their profession and to our professional association.

DIRECTOR'S AWARD *Karen Pluhar (Tennessee)*

Her tenure as a member of NADE is distinguished by the increasing leadership roles she has undertaken. Her achievements include Mother Day gifts for women in shelters, NDPW and program/fund -raising chairs, hostess for lunch-and-learn sessions for the staff, and co-chair of the Disaster Relief Committee when Nashville was ravaged by floods. She also served most recently as co-chair of an outreach disaster committee when tornadoes struck a neighboring state last spring and again collected assistance for those who suffered losses. For her leadership and pursuit of the ideals of service, Karen Pluhar received the Director's Award, recognizing the outstanding Support Staff of the year.



Award winners from left: Donnie Hayes (NC), Jennifer Pounds (NC), Kandy Forrester (President's Award, AL), Sharon Brady (MI), Karen Pluhar (TN), and Tommy Warren (AL).

ROOKIE OF THE YEAR *Rob Englander (North Carolina)*

Commitment defines this recipient – commitment to his agency, customer service and his chapter. Although he has only been with his DDS for two years, Rob Englander has already distinguished himself through his professionalism, his grasp of the essentials of case processing and case management, and his ability to process cases efficiently, accurately, and without delays. His ability to share the joys and address the needs of co-workers has gained him their respect and admiration. Rob has organized service efforts both in and outside of the office, not only for their local chapter but also for a sister chapter ravaged by the spring tornadoes. Rob Englander exemplifies the qualities of the NADE Code of Ethics and is well-deserving of the Rookie of the Year.



NC DD Director Michael Kaess presented the Rookie of the Year Award to Rob Englander.

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President's Message

President's Ward's remarks to the 2011 NADE Training Conference in Los Angeles upon receiving the gavel.



IT IS BOTH AN HONOR and a privilege to represent you in the coming year. As you know, NADE has a long history of promoting excellence in every activity related to process of adjudicating Social Security Disability claims. To be in a position to be able to build upon NADE's storied past is both exciting and humbling.

To say that we are in historic times in the life of the Social Security Disability and SSI programs is an under-statement. With the aging of the baby boomers and the recent job losses the country has endured, our case receipts have never been higher. Throw into the mix the advent of electronic records that often provides us with hundreds of pages of records in a very short span of time. Electronic records that come to us as individual images that must be viewed one page at a time without any ability to sort. Also throw into the mix the attrition rate and loss of many of the most knowledgeable and senior examiners without the ability to re-hire and you can quickly see a recipe for disaster. I have not even mentioned the thousands of pages of statutory and regulatory

mandates that were created and designed to insure every claim under every circumstance is fairly and properly adjudicated. Those are regulations that may take years and years for the average examiner to understand and work under with any level of expertise and proficiency.

On top of that, some segments of our society would have us feel ashamed for being civil servants at all. They would have us believe that we are not part of the solution to society's ills but part of the problem. As the NADE President, I want to assure you that it is a great day to be a disability professional. You should all be proud of the urgency in which you treat your clients. You should be proud of the manner in which you treat your clients. We are in historic times in terms of people needing public assistance. While we did not create our present circumstance, we are doing everything within our power to handle each claim expeditiously and to treat each client fairly. I will say it again, we are in historic times in the life of the Disability program and we should be proud of both the urgency and the professional manner in which we continue to treat our clients. Some of the most vulnerable people in our society are depending upon us and we continue to deliver despite the adversity we face.

It is my intention in the coming year to work collaboratively with the Social Security Administration. SSA is our ally and our friend. They have invited us to the table on numerous occasions and have been genuinely interested in our opinions and our responses to the many changes in the program over the years. We have earned their respect and trust, and we must continue to build on that relationship. This is a complicated program and we are on the front lines. It is important that SSA continues to seek our perspective. Commissioner Astrue's efforts to shape the entire Disability process have been nothing less than heroic. Building a case processing system that will take us into the next generation of technology is necessary and the right thing to do. Getting some accountability and some uniformity in ODAR is the right thing to do. As Disability Professionals, we know all about accountability and consistency. It is where we live on a daily basis. Having a greater sense of urgency for those claims that have a high probability of going into pay status is the right thing to do.

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ADVOCATE STAFF

Editor

Donna Hilton

1117 Sunshine Drive
Aurora, MO 65605
417.678.4001
Fax 417.678.4538
drhilton@suddenlink.net

Regional Representatives:

Great Lakes

Sharyn Perry

1274 Berkeley Rd
Columbus, OH 43206-3220
614.438.1317
Fax: 302.324.7698
sharyn.perry@ssa.gov

Great Plains

Sandy Heck

2205 9th Avenue SE
Mandan, ND 58554
701.328.8737
Fax 701.328.4053
sandy.heck@ssa.gov

Mid-Atlantic

TBA

Northeast

TBA

Pacific

Karen Beyer

2610 50th Ct SE
Olympia, WA 98501
360.664.7459
Fax: 360.586.4159
karen.beyer@ssa.gov

Southeast

Maya Delion

590 Georgia Loop
Woodstock, AL 35188
205.989.2192
maya.delion@ssa.gov

Southwest

Cynthia Henderson

9801 Kelly Ave.
Oklahoma City, OK 73131-2433
405.419.2532
Fax: 405.419.2785
cynthia.henderson@ssa.gov

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 2011**.

All correspondence should be directed through your Regional representative or NADE editor by **December 30, 2011**.

I am speaking specifically of our Quick Disability Decisions, our Compassionate Allowances, and our Military Casualty claims. Moving those claims to the front of line also sharpens our skills to allow every claim that the regulations would have us allow at the earliest point in the process. The point is we have a monumental workload and we must work collaboratively with SSA to make the process as efficient and fair as is possible.

It is my intention in the coming year to work collaboratively with the National Council of Disability Determination Directors. It is imperative that we maintain our mutual trust and respect for each other. **NADE's Purpose is to develop the art and science of disability evaluation, to enhance public awareness about disability evaluation, and to further professional recognition for disability evaluation practitioners.** That is a purpose that every DDS Director should embrace, celebrate, and promote. The current DDS Directors that are actively involved with NADE have seen firsthand our outstanding training conferences. The training that we provide through the speakers and the presentations that we bring to our Regional and State Training Conferences are second to none. They have seen firsthand how their local chapters have supported National Disability Professionals Week and how that week has improved the morale of all staff. They have seen firsthand how their local chapters have brought in food items for the local food bank, or how they have provided Thanksgiving or Christmas dinners for the indigent, or how they have brought in shampoo and soap and deodorant and toothpaste for the service men and women now living in a veteran's facility. Our members "walk the walk" when it comes to reaching out to those that need tangible assistance and moral support.

It is my intention to be completely transparent to all of the NADE membership and to keep you informed of how the entire NADE Board is working on your behalf.

I love NADE. I did not run for this office to see what I could get out of it. I ran for this office because I believe in what NADE stands for. I am ready for the year ahead and I pledge and promise to serve and represent you to the best of my ability.

Tom Ward

Tom Ward
NADE President

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



NADE is a professional association whose mission is to advance the art and science of disability evaluation.

Our membership base includes members that represent a broad perspective of interests regarding the Social Security and Supplemental Security Income (SSI) disability programs.

NADE CALENDAR OF EVENTS:

Mid-Year Board Meeting	Intercontinental Harbor Court	Baltimore, MD	March 1-3, 2012
Great Lakes/Great Plains/Southeast/Southwest Quad Training Conference	Embassy Suites/Crabtree Valley	Raleigh, NC	April 23-25, 2012
2012 National Training Conference	Hyatt Regency	Columbus, OH	September 8-14, 2012

NADE 2011 National Training Conference General Membership Meeting Summary

by Tonya Scott, NADE Secretary

THE GENERAL MEMBERSHIP MEETING was called to order by NADE president, Andrew Martinez. Proxies were accepted and the agenda was approved. A brief synopsis was given on all reports (Officers, Regional Directors, CCP Chairperson, Appointed Directors, Committees, and Ad Hoc Committee). All reports will be available for review on the NADE website. All members are encouraged to review the reports.

The general membership was presented with the following items for consideration and to vote upon:

- 1) Change the name of Publications Director to Communications Director
- 2) Abolish the Historian Committee and assign all charges to the Secretary
- 3) Abolish the Resolutions Committee and assign all charges to Constitutions/Bylaws
- 4) Abolish the Litigations Monitoring Committee and assign all charges to Legislative Director

After a brief discussion on each item, the general membership voted to approve all items presented.

The following contest winners were announced:

Publications: Newsletter Winners:

Small Chapter: "GMADE Beat" (Green Mountain - Vermont)

Medium Chapter: "Music City News" (Tennessee)

Large Chapter: "First AADE" (Alabama)

Photo Contest:

First Place: "Men In Pink" (Alabama)

Second Place: "Joys of Christmas" (Idaho)

Publications Director Donna Hilton reminded chapters of the Newsletter Grant (\$50.00) available to assist with the printing or setting up of newsletters. All chapters are encouraged to submit a request for this grant.

Organ Donation Awards:

First Place: Alabama

Second Place: Oklahoma

Third Place: Michigan

Membership Contest:

Small Chapter:

First Place: Kansas

Second Place (Tie): Indiana and Rhode Island

Third Place: West Virginia

Medium Chapter:

First Place: Seattle, Washington

Second Place: Wisconsin

Large Chapter:

First Place: Oklahoma

Second Place: North Carolina

Third Place: Georgia

The NADE Board elections were as follows:

President-Elect: Richard Todd Deshong (WA)

Secretary: Tonya Scott (GA)

Treasurer: Julie Kujath (MO)

The California Chapters are to be commended for the outstanding job in hosting the 2011 NADE Training Conference. The theme "Come Together Right Now" was so very appropriate in light of our ever-changing climate at this time. Things sometimes "Make You Wanna Holler", but we are all encouraged to "Keep Holding On". Although this "Southern Girl" had to take the "Midnight Train (Plane) To Georgia," it was truly a memorable experience.

Remember to promote membership in NADE. Our voice really does make a difference!



Accepting Publication awards: Melissa Williamson (AL), Tracey Myers (ID), Jane Osgathorp (for VT) and Karen Pluhar (TN).



Accepting Organ Donation Event recognition: Brenda Hairston (MI), Billie Thomas (OK), and Melissa Williamson (AL), from Cynthia Henderson, Committee Chair.

National Disability Professionals Week Update

By Marcia Shantz, 2011 NDPW committee chair

THE 2011 NDPW COMMITTEE'S hard work is now complete. I have been PROUD TO SERVE as the committee chair and proud of the service that the committee members have provided to NADE for this important event. This has been my second year as committee chair and I have enjoyed hearing about all of the fabulous activities that occurred across this great country.

While all of the chapters made announcements and advertised NDPW in the office, Michigan obtained proclamations from both parties of the State House and their governor and Alabama and Missouri obtained proclamations from their governors declaring June 13-17, 2011 Disability Professionals Week. Many chapters used NDPW for recruitment and came out big. Oklahoma signed up nine new recruits. Not all NADE members can make it to a conference to receive continuing education credits. A small chapter like Maine held two lunch and learn sessions that could be applied toward certification, which is no small accomplishment.

Food, fun and games helped boost morale. Buffalo, NY held a lively round of "DISABILITY SQUARES," that engaging Game Show based on the Hollywood Squares and an adventure quest to find the "King and Queen" took on a life of its own in North Carolina. There was "red, white and blue" themed food in many chapters, a chili cook-off in Oregon, dessert cook-off in Tennessee, and an ice cream social in Georgia.

There were notable charitable events such as Disaster Relief collections in many chapters and volunteer work at a food pantry in Wisconsin and Ohio. New Mexico participated in the Carrie Tingley Children's Hospital Mud Volleyball Tournament. Talk about taking "PROUD TO SERVE" literally!

All of the chapters had celebrations of which they could be proud. However, the Chapters that made best use of the theme "PROUD TO SERVE" and provided the most activities, varied according to the guideline categories, were presented prize money and certificates at the NADE general membership meeting in Los Angeles, CA. The following are the honored recipients:

Large chapter

First: \$50 Michigan, MADE
Second: \$25 Oklahoma, OKADE

Medium Chapter

First: \$50 Wisconsin, WADE
Second: \$25 New Mexico chapter, NewMADE

Small Chapter

First: \$50 Maine chapter, MCADE

The new 2012 NDPW committee will need your help. The work of the committee starts long before the week of June 11-15, 2012 (mark your calendars now) and they will need a theme prepared. If you have an idea for a NDPW theme, please submit it to the 2012 committee chair. Please submit a theme and a logo to accompany the theme's concept along with the state/chapter from which you belong. The Chapter that formulates the winning theme will be recognized with an award certificate.

*For questions on this coming year's competition, contact this year's NDPW committee chair:
David Kramer, 5008 Old Forge Circle, Raleigh, NC 27609, 919.212.3222, david.a.kramer@ssa.gov.*

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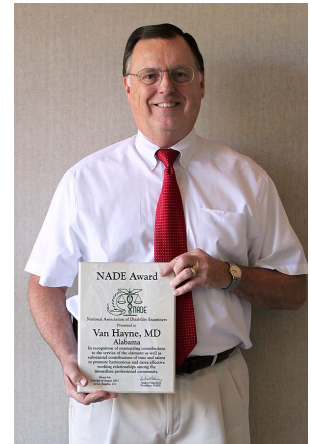
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Awards, from page 1

NADE AWARD

Dr. Van Hayne (Alabama)

Under his leadership the local chapter grew their membership and expanded their community outreach. He involved new members as well as seasoned members to serve on committees, become involved in fund raising, and expand outreach to community and charities. He recognized the potential of their sister chapter members at the satellite office and, through his leadership and visionary actions, membership grew in the satellite office as well as their involvement in charity endeavors in that community. Dr. Hayne makes a daily contribution to advancing the art and science of the disability process. Not only has he secured speakers on topics specific to case development and decisions, but he himself has led training sessions. The re-implementation of the "Lunch-and-Learn" sessions during his presidency enabled members to obtain NADE certification opportunities that they might otherwise not been able to acquire. His ability to resolve difficult cases and simplify complex issues makes Dr. Hayne a valuable member of this DDS, well-respected and admired by disability specialists, supervisors and his fellow medical consultants. He makes a point to advise new employees and other medical consultants that he is a proud member of NADE and that being a member is a valuable asset for a long term career in the disability determination process. Congratulations to Dr. Van Hayne, 2011 NADE Award recipient!



Dr. Van Hayne

EARL B. THOMAS

Tommy Warren (Alabama)

Tommy Warren's advancement with the DDS and NADE began on the front lines in 1971 as a Disability Examiner. His work history includes Quality Assurance Examiner, Quality Assurance Supervisor, Administrative Services Officer, and for the last 18 years he has served as the DDS Director. Warren's life story can be summarized in two words: lead and serve. His walk of service goes back to age 14 when he received the coveted BSA Eagle Scout Award. He gave back to scouting as an Assistant Scout Master for one year and member of the Boy Scouts Christmas Tree Board of Directors for eight years. Warren also spent ten years as chairman/coach of a local metro soccer league. And last but not least, his service includes 31 years with the Alabama National Guard. Throughout his myriad of service endeavors, leadership has been a cornerstone. Within the DDS he uses the message of professional growth and development fostered by NADE to encourage his employees to be the best. A strong proponent of the Single Decision Maker process, he keeps his hand in all aspects of the agency's metamorphosis as a prototype pioneer and is involved in all aspects of the e-Cat implementation. The Alabama NADE chapter is a vibrant force in the DDS because of Warren's leadership and support. He is an active supporter and participant in chapter activities, food drives, and professional training. He values a strong work ethic and recognizes the importance of professional partnerships. Tommy Warren is a State Agency Director who understands and appreciates the policies and focus of NADE, because NADE's values are his values. Congratulations to Tommy Warren, Earl B. Thomas recipient of 2011.

JOHN GORDON AWARD

Sharon Brady (Michigan)

As a prior recipient of Michigan's "Extra Mile Award," Sharon Brady continues to demonstrate professionalism and exemplifies NADE's best. She is a strong advocate for NADE and the outstanding training it provides. She promotes regional and national conferences and advocates sending as many members as wish to attend. In addition to her multiple duties in the agency, Sharon leads by example through her personal involvement in NADE activities, often taking the helm to coordinate and encourage the involvement of other members.

This supervisor uses initiative and resourcefulness to promote cohesiveness in her work group. She empowers and encourages employees professionally and personally. She not only promotes involvement in NADE, she encourages her team members to grow professionally and apply for promotions. She enables them to take professional development classes, attend training and works with them on their personal and professional goals. Sharon creates an environment which builds the morale of her team and makes each one feel appreciated and valuable to the agency. She makes time in her busy schedule to help her staff achieve their goals. She has exceeded the requirements of any supervisor in facilitating the workloads in her DDS. In her current position she works with all four area offices to coordinate and provide continuous improvement strategies: retirement/transiting interviews, best practice Power Points for examiners and managers, process mapping, and training and development of staff members. This multi-tasker extraordinaire is very worth of the John Gordon Award. Congratulations, Sharon Brady!

FRANK BARCLAY AWARD***Sylvester Jackson (South Carolina)***

Known for his upbeat “can do” attitude, Sylvester Jackson employs innovative thinking, personal dedication, and a tireless work ethic. He works closely with team supervisors to promote an environment in which others can thrive and work productively. He demands accountability but balances this high expectation by being ever mindful of office morale. As a leader, he is poised, thoughtful and seeks to fully understand problems and office dynamics before instituting change. He has been an inspiration to his entire office as he has guided his staff on journey towards staff development, improved customer service and significantly improved production statistics. The proof of his effectiveness is in the statistics: office wide production is up 21%, pending case loads are down 14% and accuracy has improved three percentage points to 94.7%. On average, pending examiner caseloads have decreased from 161 to 141 and examiner productivity has increased from an average of 486 to 623 cases per year. PPWY has improved from 260 to 322. Mr. Jackson was able to accomplish this impressive transformation during a time when receipts were extremely high and resources were diminishing due to budgetary constraints. Through his determined leadership, processing changes were accomplished that improved customer service and staff development, resulting in productive and efficient teamwork by the staff and medical consultants. He is commended for his achievement of building trust and rapport with a new staff while initiating a complex program of training, review and teamwork. NADE proudly presents the Frank Barclay Award to Sylvester Jackson.

CHARLES O. BLALOCK AWARD***Jennifer Pounds (North Carolina)***

Named in honor of NADE’s first president, the Charles O. Blalock Award is one of two awards presented by NADE to individuals for their service to NADE. This year’s recipient is Jennifer Pounds, President of the Tar Heel Association of Disability Examiners. Under her leadership chapter membership has grown steadily and significantly through her ability to generate interest, secure support from her agency administrator and obtain funding for members to attend regional and national training conferences. Jennifer carefully plans meetings so they are interesting and informative, such as the continued “Lunch-n-Learn” monthly seminars, both of which have seen significant increases in attendance. As chapter president, she brought a renewed emphasis on the goals and purposes of NADE and a renewed emphasis on education – communicating with Chapter members what NADE is doing at the regional and national levels. The dynamic of increased chapter interest in NADE has provided the chapter with the ability to respond to community service needs and to increase its involvement in NADE’s regional and national activities. The chapter continues its sponsorship of a \$750 annual college scholarship for the child of a chapter member and its financial support for community services projects. Additionally, she has served on the national NADE Board of Directors this year as a resource for other chapters, able to provide counsel and advice without appearing to interfere and always with the best interest of NADE in mind. NADE congratulates the winner of the Charles O. Blalock award – Jennifer Pounds.

LEWIS BUCKINGHAM AWARD***Donnie Hayes (North Carolina)***

The Lewis Buckingham Award is the second of the two NADE awards which recognize service to the association. This year’s recipient is no newcomer to accolades, having past been named “Employee of the Year” by his DDS and “Humanitarian of the Year” by SSA. His leadership in raising funds and collecting food for victims of natural disasters, in assisting local homeless shelters, assisting a local home for disabled children, and guiding the chapter’s participation in Habitat for Humanity has provided much needed assistance to hundreds, if not thousands of people. 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 to his current position as supervisor of a Disability Hearing Unit.

Awards, continued on next page

Tri State Occupational Medicine Inc

Susan Gladys
612 Sixth Avenue
Huntington WV 25701
304.525.4202

susang@tsom.com

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41 Fort Royal Isle
Ft. Lauderdale FL 33308
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A NADE member for 31 years, he has contributed at all levels of the organization, serving on local, regional and national committees and has been an active attendee of regional and national training conferences. Most recently he has served on the national Board of Directors as Constitution & Bylaws chair, Regional Director, and Membership Director. In all his endeavors, Donnie is knowledgeable, thorough and efficient. His opinion is widely respected and is often sought for suggestions on how to organize meetings, hold fundraisers, and promote community service. The Lewis Buckingham Award is regarded as NADE's highest and most prestigious award and recognizes a NADE leader who has given of himself and served NADE for a period of over ten years, including having served on the national board. Donnie Hayes is an asset to our organization and well-deserving of the 2011 Lewis Buckingham Award.

PRESIDENT'S AWARD

Alabama Association of Disability Examiners (AADE)

This chapter stays dynamic throughout the year with a variety of activities. New member recruitment is a high priority along with their fund raisers and community outreach. Quarterly meetings are fun and professionally beneficial with educational seminars by the staff state agency medical consultants which can assist members in obtaining their NADE Examiner Certification. In addition to fund-raising events, there are outside social affairs to develop more member bonding. Their chapter publishes a newsletter throughout the year which has been recognized for its excellence among other chapters in its size category. The newsletter includes medical consultant discussions on specific topics; reports on the sister office members' activities; members, chapter and national association updates. The newsletter is distributed to all staff in both offices. It has been a great tool for recruitment and promotion of NADE and the chapter's goals. Each of the offices participates in NDPW, Donate Life Month, regional and national nominations, a mentoring program, and encourages members to attend regional and national training conferences. This exemplifies the essence of a healthy and growing chapter. Congratulations to Alabama – Chapter of the Year for the second year in a row!



Current and past Board Members, from left back row: Pricilla Davis, Deborah Wright, Melissa Williamson, Elizabeth Hooks, Kandy Forrester, Martha Carter, Sandra Robinson. (Not all current/past board members were available for photo.)

*The Beatles, *Abbey Road album*, 1969 and
The Beach Boys, *Smiley Smile album*, 1967.

NADE Goes Totally Green!!



At the New Board meeting in Los Angeles, the NADE Board voted to go exclusively to electronic distribution of the professional journal, *The NADE Advocate*. Why? Faster than postal delivery, all photos in color, and save NADE some green!

Please notify the Communications Director Donna Hilton of any email address changes when they occur. Questions on distribution may be directed to the Communications Director or your Regional Director.



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**National Association of
Disability Representatives, Inc.**

1615 L Street NW Suite 650
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"We Can Work It Out"***

Update on the Disability Case Processing System (DCPS)

by

Doug Willman, Administrator, Nebraska DDS

Thomas E. Paige, Administrator, South Carolina DDS

On Monday morning, Doug Willman and Tom Paige presented a DCPS update. DCPS is a joint SSA-DDS initiative to replace the several current "legacy systems" now used in DDSs with a common system for use by all disability determination components.

The content of the presentation focused on the following key questions.

Why is DCPS being developed?

Disability claims filed currently are processed under one of the five different systems. These "legacy systems" are Iron Data St. Louis (formerly "Levy"), Iron Data Toronto (formerly "VERSA"), MIDAS, the New York independent system, or the Nebraska independent system. But applications maintained by Iron Data St. Louis, Iron Data Toronto, and MIDAS all have so many individual variations, **due to state specific customization**, that a case can be made for saying that up to 54 systems are currently in use.

The existence of all these systems causes problems including the cost of maintenance, the long delay in implementing nationwide changes, the inefficient collection of management information, difficulty in sharing work among **DD Components**, and the frequency of transaction failures in moving data among the systems. The current systems are not modern in terms of their appearance to the user, their functionality, and their ability to interact with today's external IT environment.

DCPS aims to be a modern system with a graphical **user** interface (more like an internet experience) with updated programming language and logic. With DCPS, SSA hopes to replicate and expand all existing functionality, dramatically reduce transaction failures and rollout intervals, introduce on line help including links to policy directives, more easily transfer work among components, and generally produce a more user friendly and efficient IT solution.

Who has been involved in planning, establishing user requirements, strategic decision making, and project oversight?

DCPS is being developed along a different path than has been used in some other systems projects. A key difference is the extent of involvement of DDS personnel at all levels including management, operations, fiscal and IT technical staff. At the outset, Commissioner Astrue established a Project Steering Committee comprised of 13 DDS Administrators (**one representing each of the 10 Regions and three representing NCDDD**) and leaders of relevant SSA components both in Central Office and Regional Offices. The Steering Committee meets regularly by conference calls and face to face meetings to continue its responsibilities in project oversight.

This project began nearly four years ago. DDS Administrators and SSA recognized very early the need to include front line users. Teams of "Subject Matter Experts" (SMEs) have been formed all along the way to assist at every key point. Every DDS has been represented by one or more SMEs. **We also benefitted from the contributions of SMEs from SSA Components that will use or be affected by DCPS.**

In addition to the involvement of persons inside the program, the Steering Committee has also received consultation and advice from outside independent experts in the field of modern IT design and operations.

Continued on next page

netcare

10805 SUNSET OFFICE DRIVE
SUITE 300
ST LOUIS, MO 63127

314.995.6262
314.995.6260 fax

<http://netcaremd.com>
email: web@netcaremd.com

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DCPS Update, from page 9

What has been accomplished so far and what are the recent developments?

SSA as assisted by the Steering Committee and the teams of SMEs has made many decisions about what the system must do. Preliminary decisions about systems architecture and communications are complete. In essence, we have defined and described our dream about what a new system should be. **However**, the job of turning this dream into reality will fall to an outside contractor who will actually build the system.

A milestone was passed in January **2011** with the announcement of selection of a vendor.

Three DDS Administrators from the Steering Committee worked with SSA to develop the Request for Proposal and the Evaluation Criteria for bidding and selection. After extensive research, SSA selected Lockheed Martin (LM) as the bidder best suited to provide the design of the new DCPS. Most commonly recognized for its innovations in the aviation industry, LM is also very experienced in developing and implementing Information Systems. SSA has long been a Lockheed Martin customer, and LM has consequently developed a familiarity with SSA-DDS systems. Further, Lockheed Martin has arranged for assistance from subcontractors including Iron Data and companies with specialized expertise in Health Information Technology and user-centered software design.

At this point, much depends on the speed and effectiveness of Lockheed Martin. So far, SSA and DDS have collaborated to build and define a system that will fulfill DDS needs. The next step is for the vendor to construct this system.

What is the plan for implementing DCPS once it has been developed, tested, and accepted?

Doug and Tom emphasized that the implementation will occur slowly over time and will follow a sensible schedule. Implementation will follow a careful plan and will not be a dangerous adventure.

Implementation will begin in five “beta sites”. The first beta site is the Idaho DDS. The projection is that a small group of users will begin with just enough core functionality to move a case from intake to disposition. Once this is stable and successful, the contractor will add **more** functionality and the DDS will add users. At a later point, the new and more functional DCPS will be introduced into the second beta site which will be the Illinois DDS. The “later beta” sites will be, in order, Missouri, Nebraska, and New York. When DCPS is stable in the beta sites, national rollout will begin. **As DCPS builds more functionality with each version, all previous sites gets the updated beta versions at the same time.**

When will all this happen?

Doug and Tom emphasized that although an intended timeline has been published, the commitment is to not attempt to implement any software until it is tested and stable and the target DDS environment is ready to receive and use it. Therefore, any forecast about implementation must be regarded as an estimate and a goal, not a final determination. That said, the anticipated timeframe is:

1. Idaho	April	2012	Beta
2. Illinois	October	2012	Beta
3. Missouri	February	2013	Beta
4. Nebraska	April	2013	Beta
5. New York	July	2013	Beta
6. 50% of DDSs	April	2014	National Roll Out
7. All DDSs	May	2015	National Roll Out

How can interested persons keep informed of DCPS development?

The DCPS web site is <http://co.ba.ssa.gov/odd/specialprojects/dcps/default.htm>. Also, SSA publishes a quarterly DCPS newsletter that anyone can access at <http://co.ba.ssa.gov/odd/specialprojects/dcps/news/>

Continued on next page

Conclusion:

This much anticipated modern system will unify the national disability process into one user friendly, secure, and accessible method that will finally reflect the mission of DDS to provide a consistent, efficient and accurate determination on each and every disability claim received anywhere in the country.

*** The Beatles, single release, October 1965.*



Functional Aspects of Cardiology

Presented by. Dr. Harley M. Estrin, MD

by Joe Rise, Pacific Regional Director

CARDIAC ALLEGATIONS ARE PERHAPS the most complicated conditions that disability examiners are asked to address, and evaluation is guided by listings which are among the most technically complex and rigidly detailed. Accurate assessment can be significantly hindered by a multitude of things, including imprecise language used to describe signs and symptoms, inadequate or incomplete testing, and the impact of comorbid conditions that may limit or preclude the possibility of addressing the claimant's cardiac condition in isolation.



While the listings do contain very specific requirements for meeting listing, when we are able to obtain evidence from treating sources, medical consultant and adjudicative judgment can and should be applied to secure an allowance, even if the data does not directly satisfy listing requirements. Listing 4.04

A-1, for example, indicates specific times during treadmill exercise testing when data must be furnished, and to meet this listing, we must have not only testing which follows these standards, but records of this testing which include actual copies of tracings rather than computerized or faxed images; however, when treating source evidence is indicative of severe, we may find in the claimant's favor without adhering strictly to these standards. Similarly, 4.04 listings require adherence to prescribed treatment, which we may have to apply judgment to infer from available records; however, when this is not possible, the preamble to the listings does allow for an evaluation of cardiac conditions without treatment.

Angina can be particularly difficult to assess, as the term may be inappropriately applied, and the symptoms often imprecisely described. Dr. Estrin cautioned that a reference to angina made by a cardiologist or an internal medicine practitioner specializing in cardiology can be considered reliable, but we should not give such weight to this term if used by other types of treating sources. The principle difference between angina and atypical chest pain is that angina is solely exertional, never occurring at rest, and will improve rapidly with rest or nitroglycerin, whereas atypical chest pain may present with variable characteristics, including occurrence at rest, and may not resolve with nitroglycerin. Like typical angina, atypical angina also occurs in relationship to exertion, but may present in locations other than the chest, such as the stomach, neck, or arms. Claimants may also present with angina equivalent symptoms, such as shortness of breath and fatigability, but no frank chest pain. When assessing claims, conditions characterized by atypical angina or angina equivalent symptoms both require that we have objective evidence of ischemia, such as a nuclear scan or echocardiogram. Cases involving well-documented typical angina do not require this additional evidence.

Ultimately, Dr. Estrin cautions that while cardiac listing requirements may be difficult to satisfy, we should be mindful that policy requires us to allow claims at the earliest point possible, and since cardiac claims are usually seen in older, sicker claimants, we will likely frequently be able to find medical-vocational allowances rather than evaluating strictly under listing. Doing so may avoid claimant risk from testing and avoid delay and costly waste for our agencies. He left us with important reminder that while 70-80% of heart disease is preventable, heart disease remains the number one killer nationally, with more than 400,000 related deaths per year in the U.S. By exercising regularly, eating a sensible diet, maintaining healthy cholesterol levels, blood glucose levels, and blood pressure, and avoiding smoking, we can promote the highest form of medicine: prevention.

National Conference Coverage

Childhood Autism Update

By Giana Anderson, Jefferson City MO DDS

BHAGWAN A. MOORJAN MD, pediatric neurologist provided an enlightening presentation on Childhood Autism. The role of a pediatric neurologist is to identify secondary causes of Autism.

Childhood Autism is a disorder of behavioral development, which may be seen in the first year of life but almost always identified by 2 to 3 years of age. Childhood Autism is a clinical diagnosis. In two-thirds of children with autism, symptoms appear in infancy. In one-half of children with autism, development is normal or near normal until 12 to 18 months of age. The clinical picture is variable, with the presence/absence of Mental Retardation (MR) having a significant impact. In 1943, Kanner published his first account of the syndrome he called "early infantile autism." Autism presents as two categories: complex and essential.

Complex:

- Poorer prognosis
- 30% can be diagnosed with an underlying condition
- Low sibling recurrence
- Lower male to female ratio

Essential:

- No dysmorphism
- No microcephaly
- Accounts for 70-80%
- Higher sibling recurrence
- Outcome is better

Children with autism demonstrate deficits in three domains by 3 years of age, which include social interaction, verbal/nonverbal communication, and restricted and repetitive behaviors or interests. It is important to keep in mind that many medical disorders have autistic features and must be excluded. These disorders include sensory deficits, MR, child abuse/neglect, childhood psychoses, neurodegenerative diseases, primary communication disorders, sleep disorders, and gastrointestinal problems.

One interesting tip is that Autism is rising because there is now criteria for diagnosing and not due to immunizations and the mercury used as a preservative in immunizations as previously suggested. Dr. Moorjan cited a report by Janzen (2003), "One of the tragedies resulting from fear of an autism epidemic was the decreased use of childhood immunizations leading to outbreaks of measles and childhood deaths."

There is no medication to treat the core symptoms but it can be helpful as an adjunctive treatment. The goal of treatment is to maximize independent functioning in all areas of life. As it relates to recovery, twenty-five percent will blend into varying degree of regular school but the social impairment will continue. Only about fifty percent develop socially useful language. Approximately seventy percent will have some improvement with age but need ongoing parent, school, and societal support. Less than five percent will fully recover. Research continues as to the cause and treatment of childhood autism.

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Assessing Daily Activities and Social Skills

by Vickie Stewart, Charleston SC DDS

ROBERT BROOKS MD OF the California DDS spoke on the topic of “Functional Aspects of Adult Mental Claims: A look into Part B of the Mental Listings”. He made the strong point that a mental diagnosis alone does not imply a specific level of impairment or disability. This is why SSA applies use of the “B” criteria. We utilize these parameters to determine the degree of limitation, if any, that exists.

It is essential that we, as adjudicators, ascertain an individual’s level of independence, appropriateness, effectiveness, and sustainability. SSA evaluates these under The “B” criteria: Restriction of Activities of Daily Living; Difficulties in Maintaining Social Functioning; Difficulties in Maintaining Concentration, Persistence or Pace; and Repeated Episodes of Decompensation, respectively.

Dr. Brooks passed out a helpful handout titled, “Grading Daily Activities and Social Skills” (see below). This chart is not part of official SSA training.

GRADING DAILY ACTIVITIES AND SOCIAL SKILLS

NOT SIGNIFICANTLY LIMITED	MODERATE	MARKED
Cooks all meals independently	Cooks only simple meals; Needs help for complicated dishes	Cannot cook because of inattention; Burns food; Cooking is a fire hazard
Drives a car or takes the bus	Walks in the neighborhood; Rides a bike close to home; Goes by bus independently, but is limited to short trips	Cannot take bus or drive, because he would get lost; Needs assistance going places from family members
Shops for food & clothing independently	Can buy a few items at neighborhood grocery; Can make change on his own	Needs help shopping; Cannot count money; Gets anxious in stores & has to leave
Does HH chores independently & for >2 hours at a time; Completes all tasks	Can clean, dust in 2-hour segments then loses attention; Makes his bed; Keeps room clean	Cannot clean independently; Gets distracted & stops or does something else; Cannot make his bed or do dishes
Watches TV, reads, or does hobbies for >2 hours at a time	Can concentrate for 2 hours, then gets distracted	Cannot concentrate for 2 hours at a time; gets distracted & attention wanders
Is comfortable around people in all settings	Avoids crowds; Limits socializing to close family	Never leaves his room; Avoids contact even with family members
Can work in all settings	Can function in a work setting with minimal supervision & contact w/co-workers	Cannot get along w/supervisors, argues, gets into fights; Becomes too distracted by co-workers to meet production requirements
Can maintain grooming independently	Must be reminded to shave, shower, or change clothes	Poor grooming; Doesn’t change clothes despite reminders; Body odor

The Facts of Childhood Disability

by Mark Bernskoetter, Missouri DDS

TWO MEDICAL CONSULTANTS FOR DDS provided a wealth of statistical information on ADHD in children. Dr Paulette Harar, MD MPH, a pediatrician, and Dr Paul Balson, MD, a public health psychiatrist and child psychiatrist discussed a wide range of issues and raised some thought-provoking questions.

In 2010, the families of 1.2 million children received \$10.3 billion in disability payments from SSA because the children had mental disorders. In 1990, 8.3% of those receiving SSI benefits had mental disabilities, in 1995 that rose to 24%, and in 2010 we were at 55% of children receiving benefits had mental disabilities.

In a survey from 1997-2008, Boyle, et al. studied the population of children age 3 to 17 and found Developmental Disabilities increased 17.1% with boys having twice the prevalence of girls, and Hispanics with the lowest prevalence of any ethnic group.

Over the years, there have been changes in medical practice and an increasing number of developmental pediatricians, but is this enough to account for the increasing prevalence of mental disorders in children?

ADHD is diagnosed among 5 to 11 year olds at rate of 7.4%, and 9.7% of children ages 12 to 17 carry the diagnosis. Numbers further reveal 13.2% of males and 5.6% of females, 8% of those privately insured and 12% of children on Medicaid are classified as ADHD. European American children reach 7.6%, African American children 7.4%, and Hispanic children 5.1%. 6% of children with ADHD come from two parent families, 9% from single parent, and 10% from a family with only a parent figure.

The states with the highest diagnosis rates for ADHD are North Carolina with 15.6%, Alabama at 14.3%, and Louisiana 14.2%. The states with the lowest incidence of ADHD diagnosis are Nevada at 5.6%, California at 6.2%, and Illinois with 6.2%. The national average is 9.8%.

According to estimates in 2005, it costs between \$12,500 and 17,500 per child to treat and educate these children.

Children with ADHD often will continue through life with other psychiatric diagnoses, in spite of adequate treatment, a process referred to as the ADHD March:

ADHD→ODD→DBD→ICD→CD→BP→DAA→Crime.

Eighty percent of bipolar patients have been diagnosed with ADHD, and 35% of ADHD are eventually diagnosed as anti-social. Drug and Alcohol Abuse often occur early in those who were diagnosed with ADHD.

There are many side effects from the medications used to treat ADHD, including tics, behavior rebound, cardiovascular issues, interaction with herbs and other meds, they can be gateway drugs leading to over-medication. Interestingly, because response to the medication is usually very quick and effective, the child and/or parent often believe they no longer need the medication, so they stop treatment.

Studies of families of children diagnosed with ADHD shows family members often have mood disorders, impulse control disorders, ADHA/ODD, Anti-social, DAA and gambling addiction.

Ten years after diagnosis, 25% of ADHD children in United States still carry the diagnosis and are functionally disabled, compared to 66% in Canada. They demonstrate no change in attention, impulsivity, hyperactivity, anti-social tendencies. They show many interpersonal conflicts - marital, workplace, social, legal, inappropriate behavior. They also have impaired learning - 30% drop out, only 5% complete college vs 40% non-ADHD.

When assessing functional impairment, we compare the child to the progression of other children without impairment, perhaps even siblings. We also look at whether the child is in an unusual or very supportive setting, the affects of chronic illness and treatment. Functional information can be found in many places - school nurse, assistant principal, VR, Regional Centers, job coach, aid, caseworker/social worker, boy scouts and girl scouts leaders, etc. Of course, when gathering functional information, what is a serious problem for one rater may not seem so serious to another.

Six million children received special education in the 2006-2007 school year in the United States - 12% of all children. This coincides with the number who would fall below two standard deviations on the normal bell curve - which is often considered a marked impairment by SSA definition.

Thought provoking questions raised by the presenters:
What if . . .

- ... to qualify on mental issues, the child must be in special education?
- ... funding provided treatment rather than paying monetary benefits?
- ... like insurance, each disability only carried coverage for a specific period of time?
- ... there was a return to meet/equal only?
- ... benefits terminated at end of the diary?
- ... all child cases are treated like age 18 re-determinations?

Can you really compare a 12 year old to how they were at age 8?

“Let’s Put our Hearts (Heads) Together...”***

by R. Todd Deshong, Seattle WA DDS

VICKI JOHNSON, COLORADO DDS DIRECTOR and President of the National Council of Disability Determination Directors (NCDDD) spoke about the partnership between NCDDD and NADE. She stated that she had been a long time NADE member, since 1982. Using a play on the conference theme to open her remarks and affirming her California roots, Ms. Johnson invoked the Beach Boys with “Wouldn’t it be nice if we could come together? It would be Fun, fun, fun!”

She is currently serving as president of NCDDD, which is a professional association of directors and managers of DDSs. Managing over 14,500 state employees, the mission of NCDDD is to provide the highest level of service to applicants for disability benefits, and promote the interests of state operated DDSs and represented DDS Directors, management teams and staff. Their aim is to educate, mentor, inform and consult.

NCDDD expressed their appreciation to Congress for the much needed funding of the disability program in order to meet the needs of the public. Ms. Johnson reported that 4.3 million claims have undergone disability determinations during the past fiscal year. The directors continually search for efficient use of resources and explore different ways to do business, shift workloads, report managing a backlog, as well as maintaining appropriate workflow. As an example of creative use of resources, SSA in partnership with certain states (AR, MS, OK and VA) developed the Extended Service Teams (EST). Ms. Johnson noted that all DDSs were working with “all hands on deck,” though this was only a short-term solution. She challenged not only SSA but also NADE and NCDDD to find long-term business changes to become more efficient and effective.



*Vicki Johnson addresses issues
at the NADE Board/ DDS
Administrators Luncheon.*

The current hiring freeze generates significant obstacles in not only current case processing but also long-term planning. High attrition rates coupled with the inability to hire makes creating a strategic plan for the future difficult. The loss of 1077 experienced adjudicators translated into the lack of case processing for up to 500,000 cases. She reported that there were at least 11 DDSs with the >20% attrition rate and two (2) with >30%. It is imperative to balance these challenges with the claimants’ best interests in mind. Many of the states need an immediate authorization for new hiring because of the training needs of disability examiners. Additionally, the loss of experienced examiners impacts who can process Continuing Disability Reviews (CDRs). NADE members were reminded that all DDS directors must report to their individual governors and must be responsive to state pressures. She stressed that NCDDD and NADE must work together to promote strategic hiring. The DDSs’ ability to serve the public will be impacted especially with decreasing monies, hiring freezes, and high attrition rates. As she stated, “It is clear we will not have as much budget; our program is complex and requires thinking of efficiencies that could be put into place.” Ms. Johnson cautioned conference attendees who might have occasion to interact with SSA or congressional representatives to remain fact-based in responses, and to craft discussions with facts instead of anecdotes.

Ms. Johnson acknowledged that the disability program is very complicated and to produce an experienced adjudicator requires extensive training. In her (and the Beach Boys’) words, “So what is it we can do to work together right now? Don’t worry Baby!” She reminded us to remain focused on what we can do now. DDSs, SSA, NADE, and NCDDD need to come together to brainstorm how to promote efficiency and taking the ramifications into account, while continuing to serve a vulnerable population. There are some ideas out there - such as expanding acceptable medical sources, and increasing the Single Decision-Maker (SDM) such as for the QDD/CAL cases and expanding SDMs to work CDRs. The reversal of Sequential Evaluation Steps 4 and 5 affords more efficient use of time and case processing. She also noted that the upcoming Disability Case Processing System (DCPS) provides a common case process system that will be a welcome addition. The Electronic Case Analysis Tool (eCAT) is being used with good success in some states and provides the appropriate documentation for disability determination. She encouraged NADE members to get involved as the testing of these projects comes to their DDS. Also, a Department of Defense/Veterans Administration pilot project is being run through SSA that allows for faster authorization and receipt of medical records – within 48 hours!

Ms. Johnson also applauded SSA’s choice of Linda Dorn as Associate Commissioner at Office of Disability Determinations (ODD). She noted that Linda Dorn was an experienced director from Michigan who has “on the ground” experience that will benefit SSA and the DDSs. Finally, she noted that DDSs continued to serve the public a high-level and produce excellent customer service. Ms. Johnson made a point of thanking examiners for their public service and dedication, affirming “You are appreciated!”

*** The Beach Boys, *Love You Album*, 1977.

Continued SW-Great Plains Bi-Regional Training Conference Coverage

History of Organ Donation Progress

by Trish Chaplin, Great Plains Regional Director

AS PART OF THE National Donate Life month, Anthony Sebastian, MD spoke on Transplantation at the Southwest-Great Plains Bi-Regional Training Conference. Dr. Sebastian gave an interesting history about organ transplants:

- Prehistoric transplantation exists in mythological tales of chimeric beings
- 1903-1905: Modern transplantation began with the work of Alexis Carrel who refined vascular anastomoses as well as transplanted organs within animals
- 1914-1918: Skin grafting in WWI
- 1953: Human Leukocyte Antigen described by Medawar, Billingham and Brent
- 1952: Dr. Hume at Peter Bent Brinham Hospital in Boston attempted allograft kidney from unrelated donor
- 1954: Dr. Joseph E. Murray transplanted kidney from Ronald Herrick to his identical twin, Richard Herrick, to allow him to survive another 8 years despite his ESRD
- 1956: First successful Bone Marrow Transplantation by Dr. Donnall Thomas, the recipient twin received whole body radiation prior to transplant
- 1966: First successful pancreas transplant by Kelly and Lillehei
- 1967: First successful heart transplant by Christiaan Barnard in South Africa, recipient was 54-year-old male who died 18 days after transplant from *Pseudomonas pneumonia*. That same year, first successful liver transplant performed by Thomas Starzl
- 1981: First successful heart/lung transplant by Dr. Reitz at Stanford
- 1983: First successful lung transplant by Dr. Joel Cooper; cyclosporin approved
- 1984: Congress passed the National Organ Transplant Act (NOTA) which stated that it was illegal to buy/sell organs, OPTN and UNOS were created as well as the scientific registry of transplant recipients
- 1990: tacrolimus approved
- 1995: mycophenolate mofetil approved
- 1997: daclizumab approved
- 1999: pancreatic islet cell transplant by Dr. Shapiro

- 2008: face transplant

The number of people waiting for transplants has significantly increased in the past several years. As of 04/21/11, 110,853 candidates were waiting for a transplant of some kind. The number of people waiting for kidney transplants has increased in recent years while those waiting for liver transplants have remained about even. On average, 78 organ transplants take place every day. In 2009 alone, 28,000 new transplants were done. Sadly, an average of 18 patients die every single day waiting for a transplant. Even with all the education about donating life, the number of candidates needing transplants well outweighs the number of donors. Dr Sebastian provided multiple pictures of transplant candidates and donors as well as organs that have been transplanted. He reported that the first live donor liver transplant in Oklahoma was in 1995 when a father donated to his son.

People who require liver transplantation are those with acute liver failure (fulminant liver failure), chronic liver disease (ESLD), biliary atresia, Hepatitis C/Hepatitis B, past history of alcohol abuse with complete abstinence and clearance by addictionologists, hepatocellular cancer and cholangiocarcinoma. Contraindications to transplant include evidence of irreversible cardiovascular disease, evidence of active infection, metastatic cancer, failure to obtain psychosocial clearance, failure to complete substance abuse treatment, BMI over 38, lack of social support and documented history of non-compliance with medical recommendations.

Pancreas Transplantation (PT) is recommended only in Type I Diabetes at this time. PT for Type 2 Diabetics is in the research phase. Dr. Sebastian reports that pancreas transplants-allografts have evolved with outstanding results over the last 15 years. Medicare has approved organ transplant for Type I Diabetes. Dr. Sebastian performed the first pancreas transplant in the state of Oklahoma in 1995. This patient remains insulin free and doing good more than 15 years after the transplant. Pancreas transplantation aims to prevent secondary complications such as renal disease in transplanted kidney, halts progress of retinopathy, improve neuropathy; avoidance of life threatening hypoglycemia and hypoglycemic unawareness and to improve the quality of life. Pancreatic transplant patients are off insulin from the operating room, have no dietary restrictions, off dialysis and home within 7 to 10 days. Diabetics may be candidates for clinical islet cell transplant as well as pancreatic transplantations. To be eligible for islet transplants, the patient must be between the ages of 18 to 55 years and have had insulin-dependent diabetes mellitus (IDDM) for 5+ years; have hypoglycemia unawareness requiring medical assistance; uncontrolled blood sugars despite intensive insulin therapy (known as "brittle diabetes"); and have evidence of early diabetic neuropathy or other secondary complications.

Dr. Sebastian indicates that the goal of all transplantations is to get patients back into society as productive members, returning to work and/or school as soon as possible. There is significant importance in the Doctor advising the patient after a transplant. Vocational Rehabilitation has been successful after transplant. Doctors have to show their transplant recipients that they do not have to live in a bubble. Almost all transplant recipients can return to part or full time work with minimal restrictions. A transplantation is considered successful when the recipient is able to return to gainful employment.

The future of transplantations has expanded recently in 2008 with the first full face transplant in the USA, performed at the Cleveland Clinic. In May 2009, surgeons in Pittsburgh per-

formed a double hand transplant surgery. Dr. Joseph Vacanti at Massachusetts General Hospital is one of the “fathers of tissue engineering.” The future of transplantation is having replacement tissues and organs readily available for recipients, custom-made for those who need them. FDA has approved tissue-engineered skin, called “neo-organ”, coming to the aid of burn victims and patient with severe skin ulcers or sores. In the not-too-distance future, lab-grown cartilage and bone could relieve arthritis suffering, blood vessels, cardiac valves and muscle tissue could save thousands of cardiovascular disease patients. Custom-made livers, corneas, breasts, kidneys, hearts, bladders and bone marrow could offer solutions to the most life-threatening diseases. Medical technology has made significant strides concerning transplantations with additional advancements in the future.



NADE Marks 35 New Certifications and 18 Re-Certifications

By Ellen Cook, Professional Development Committee Chair

The following members have been Certified as Disability Professionals under NADE's Certification Program for the 2010-111 NADE Year. Congratulations to:

Name Certified	State	Until
Angela R. Bennett	MO	Dec 2013
Ellvan D. Markley	MO	Feb 2014
Lindsey Struempf	MO	Feb 2014
Julie Kujath	MO	Feb 2014
Sherry Sheely Blythe	CO	June 2014
Jayne Frakes	CO	June 2014
Lynne H. Reynolds	CO	June 2014
Joseph D. Moore Jr.	CO	June 2014
Estela Fitzpatrick	CO	June 2014
Christine A. Huntley	CO	June 2014
Alan Ketelhohn, M.D.	CO	June 2014
Laurel R. Provenza	CO	June 2014
David Brown	ID	June 2014
Jerry Olsen	ID	June 2014
Lawrence Shaw	ID	June 2014
Peggy S. Gren	ID	June 2014
Catherine Scott	ID	June 2014
Bobbi Smith	ID	June 2014
Laura L. Ridge	ID	June 2014
Tracey Myers	ID	June 2014
Kevin D. Marlow	ID	June 2014
Vickie Westmoreland	ID	June 2014
Joline K. MacDonald	ID	June 2014
Jean Ashby	ID	June 2014
Janet Loving	ID	June 2014
Barbara Ferrier	IL	June 2014
Lee E. Gonzalez, M.D.	IL	June 2014
Coreen Healy	IL	June 2014
L. Susan Rebman	IL	June 2014
Patricia Moffett	IL	June 2014
Tanya J. Wilson	IL	June 2014

Name Certified	State	Until
Virgilio Pilapil, M.D.	IL	June 2014
David Lim	OH	June 2014
Karen Levine	IL	June 2014
Sue Gabel	ID	June 2014

These members have successfully met the requirements for Re-Certification as Disability Professionals:

Name Certified	State	Until
Robert Silverman	IL	June 2014
Pamela Conley	IL	June 2014
Susan Reichart	IL	June 2014
Ellen Cook	IL	June 2014
Andrea Prosperini	IL	June 2014
Erin Vincent	IL	June 2014
Patty Varner	IL	June 2014
Nancy Tucker	IL	June 2014
David Charles	IL	June 2014
Mary Elizabeth Livingston	IL	June 2014
Robbie Johnston	IL	June 2014
Clifton D. Hammon	IL	June 2014
Rodney Roth	IL	June 2014
Michael H. Borek, DO	DE	June 2014
Elizabeth C. Jenkins	ID	July 2014
Karen S. Beyer	WA	July 2014
Clifford I. Gordon, EdD.	RI	July 2014
Lisa Varner, PhD.	SC	July 2014

Please see the NADE website under Careers, then Certification to obtain complete information about NADE's Certification Program.

NADE Member News

Oklahoma Is Better Than O-K!

by Jan Hutchison, Oklahoma DDS

OKLAHOMA HAD A great year!

OKADE's Halloween costume contest in October involved several participants from Ms Piggy who declared her undying love for Kermit to Marie Antoinette who kept offering people cake.

In November, we hosted a reception for the Veterans in our office. We had numerous fundraisers to help support our Christmas charities. Fundraising events included craft fair sales as well as the always-popular food and bake sales. We started our "Warmth for Winter" program, which ended in January with the collection of over 65 coats for our community.

During December OKADE donated over \$400 from our fundraisers to be divided among eight (8) separate charities including the State Schools for the Deaf and Blind. We worked with the "Angel Tree" reception, which is an organization that brings Santa to children of inmates. But in recognizing the importance of the OKADE community, we stopped to enjoy the company of our own membership with a luncheon and dirty Santa meeting.

January brought continued fundraising toward the GP-SWADE conference. We sent out information on joining OKADE touting the benefits of an extra 6 months for the price of one year with some response over the next few months.

In February, we sponsored a secret Valentine delivery of candy and a card as part of our fund raising. "Cupids" delivered over 100 valentines to very appreciative recipients. In March in addition to our other fundraising we sold shamrocks with "pots of gold" to celebrate the luck of the Irish. Our Chili Cook-off contest was fun with the winning Chili becoming an immediate hit.

April was our biggest accomplishment this year as we hosted the Bi Regional Conference in conjunction with the Great Plains and Southwest Region. Our amazing membership under the leadership of committee Chairs and the SWADE president at the time, Bruce Smith, stepped up to the plate to produce a very successful conference. We were fortunate enough to have amazing speakers, wonderful if not numerous participants and a chance to host Commissioner Astrue.

In addition, this was the National Organ Donor month. Under the leadership of Cynthia Henderson, we had a speaker every week including the week of the conference. Over 100 people attended and 14 people signed cards indicating their intention to "save a life" by donating their organs, bone marrow or plasma. An Easter Basket was provided by donations from our members and auctioned off with proceeds going to the March of Dimes, which is one of the major charities supported, by our office.

In May we geared up for NDPW and started fundraising for the National NADE conference.

June brought NDPW fun and was well attended. With Committee chairs Chrisa Schimmels and Lisa Lee, we of-

fered movies, a speaker on Stress, a Meet and Greet reception, free nacho lunch, an opportunity to buy Pizza and contribute to the State Schools for the deaf and blind at the same time. Everyone in our office had a free granola bar on their desk Monday morning thanking them for their service to the state of OKLAHOMA and its citizens. But the best part was 13 new members!

Our Speakers Series got back on track in July with a presentation on PTSD. Our fundraising continues and we sent a total of six (6) people to the National Conference. We are beginning a new venture by working in collaboration with the office Health and Wellness Committee to offer healthy alternatives during our fundraising food sales.

OKADE has been very proud to contribute to several events in our office as well as those sponsored by our umbrella agency, Department of Rehabilitative Services. We also sponsored a member's participation as part of the DDD team in an Agency wide golf tournament to raise money for scholarships for those with disabilities.

OKADE has had a great year. With a membership increase of about 24 there is a lot of excitement about the growth the prospects for the upcoming year.

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Stanley W. Wallace MD

PO Box 2059

Suwanee GA 30024

Internist/Cardiologist

View From The Top, continued from page 28.

Ms. Colvin touched on additional challenges for the New Year. Given the political climate and fiscal outlook, the hiring freeze is expected to continue into FY2012. SSA also expects to operate under a Continuing Resolution for an extended period. Ms. Colvin discussed the imminent release of the workload goals and noted the CDR workload is increasing for FY 2012. States will need to stay focused to find the balance between initial and CDR workloads. The reality is, given the current budget forecast, SSA may not be able to meet its performance goals resulting in deterioration of the services provided the American public.



**NADE wishes to thank
the following basic corporate members:**

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Ralph Lazzara	Lake Orion, MI
Kevin Linder	Springfield, IL



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Career Opportunities



Allsup Seeking Knowledgeable Experts

Allsup, the nation's premier provider of Social Security Disability Insurance (SSDI) representation services, is recruiting knowledgeable experts in Social Security Disability for a number of in-house and contract positions. We represent claimants in all 50 states, the District of Columbia, Puerto Rico and Guam. Allsup is interested in hearing from individuals interested in these positions:

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- Has a thorough knowledge of the SSDI eligibility criteria, SSA claims process, medical records examination and/or disability claim development.
- Is thorough and detail oriented.
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- Has excellent presentation skills.
- Has a Bachelor's degree.
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About Allsup

Allsup was founded by Jim Allsup, a former SSA field agent, in 1984. The company employs more than 750 people and is headquartered in Belleville, IL. We've helped more than 170,000 individuals receive their SSDI and Medicare benefits and enjoy a 98 percent claimant satisfaction level. In addition, the company supports those with disabilities by providing an affordable Medicare plan selection service and a disability life planning service.

Submit resumes to: Careers@Allsup.com

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Career Opportunities

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We are a small Social Security disability firm in Philadelphia which is growing rapidly. Our website is www.ssihelp.us. We are energetic and there is a bright future here. Our office is fun and has a great workplace dynamic. We are looking for a case manager to add to our staff.

WHAT WE WOULD LIKE

- someone with BDD or DDS experience. You will be developing disability cases for hearings, including obtaining all medical records and necessary opinion forms.
- college education
- Spanish speaker
- take direction and correction well. If you have attitude when people correct you, this job is not for you
- persistent, self-reliant, organized, patient, and good with people
- have your own car (once in a while you need to be a gopher and get medical records, office supplies, etc)
- very comfortable with computers (Outlook, internet, basic word processing)
- we would like someone who has experience using the case management software Prevail
- we want someone who wants to HUSTLE and get things done
- door to door canvassing or sales background is something we would love

EVERY SUBMISSION MUST CLEARLY STATE AT THE VERY TOP YOUR LANGUAGE ABILITIES.

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References available upon request

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Chapter & Member Activities

Tonya Scott Completes the Atlanta 2-Day Walk for Breast Cancer

We are all called upon to utilize our time and treasures for the benefit of others. This comes in various forms for various people. Tonya Scott, NADE Secretary and GADE President utilizes her time/talent to walk in support of others who have battled and those who are still battling breast cancer.

On September 24-25, 2011 along a beautiful rolling, 30-mile Atlanta course in perfect fall weather, Tonya Scott and nearly 700 walkers, completed the ninth Atlanta 2-Day Walk for Breast Cancer, raising more than \$650,000 in individual donations for breast cancer organizations dedicated to serving Georgia communities. Walkers and volunteers at this event included men and women from 137 cities and towns in Georgia and 20 states. The Atlanta 2-Day Walk is the only walking event in Georgia where all funds raised stay in state and support Georgia-based breast-cancer organizations.

The Atlanta 2-Day Walk for Breast Cancer is a 30-mile walking event that raises funds to support organizations working with Georgia's breast cancer community. Each year walkers individually raise funds before striding through a 20-mile walk on Saturday and a 10-mile walk on Sunday. Since 2003, the 2-Day Walk has raised more than \$7.5 million and awarded 146 grants to breast cancer organizations in Georgia. These local organizations provide awareness, education, diagnosis, treatment, wellness and more to their communities.

So if you think you don't have any time or talents, think again! Sometimes it is as easy as lacing up your walking shoes. "We cannot do everything, but we can all do something!"




Wisconsin

The Wisconsin DD Family gathered for a "Kodak" photo taken during NDPW.



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THADE Blazes into Action....

by Marcia Golden, THADE Community Service Chair



What would you do if, while at work, you answer your phone to hear from a neighbor that your home is on fire? What is your first response? Whom do you call? A NADE/THADE member faced these questions on Monday, August 29, 2011. She left the office to find that her home was a total loss. The only consolation was that her son was in day care and her mother was at work, so no human life was lost.

NCDDS in conjunction with THADE jumped into action to help our friend, co-worker and THADE member. We launched a fundraiser on Tuesday morning to collect funds to help her start anew. Money began pouring in as soon as the agency received the initial email. We collected monetary donations from Tuesday until Friday. In just that short time, NCDDS and THADE were able to raise over \$2400.00 to help this family.

It is in the worst of times that we see the best in those around us. While the family has a long way to go, the rebuilding of their lives has begun.



A Message To All SSA And DDS Employees

October 22, 2011

Subject: The Passing of Dr. Susan Daniels

I am saddened to report that Dr. Susan Daniels, who served the American people as our Deputy Commissioner for Disability and Income Security Programs from 1998 to 2000 and as Associate Commissioner for Disability from 1994 to 1998, passed away yesterday.

Susan was a nationally recognized leader on disability policy, working throughout her life in academia, government, and the private sector as a tireless advocate for people with disabilities. One of her proudest accomplishments, for which she will be remembered, is the work she did at our agency on disability and employment reform activities, which ultimately led to the Ticket to Work program.

I think those of you who had the opportunity to work with Susan will agree that we can best honor her memory by continuing our outstanding service to persons with disabilities. Our thoughts and prayers are with Susan's family and friends.

Michael J. Astrue
Commissioner

NADE also wishes to extend its condolences to the family of Dr. Susan Daniels. She was an advocate for change in the disability program and worked with NADE on numerous issues during her time at SSA.

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Sheila Jones

OAR Division President



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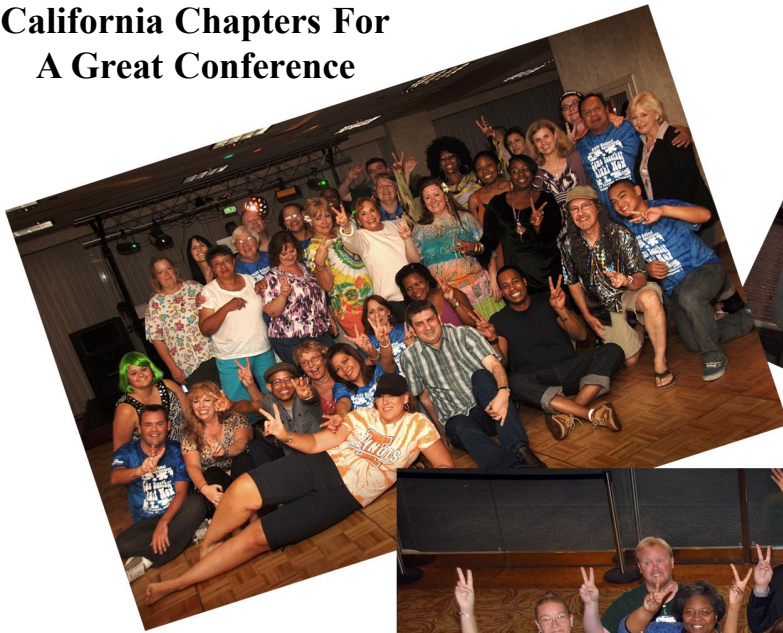
New Mexico

**NEWMade Mud Volleyball Team
before the action.**



NEW Made, New Mexico DDS chapter, started off their National Disability Professionals Week on Saturday by participating in New Mexico's biggest non-profit charity event for Carrie Tingley Children's Hospital 17th Annual Mud Volleyball Tournament.

Thanks To The California Chapters For A Great Conference



DVDs of the National Conference are now available.

The disk contains over 900 printable images taken at the Conference. The DVDs are \$25 each, plus \$2.50 shipping and handling. All proceeds go to non-dues revenue.

Please send your check payable to NADE to the Communications Director, Donna Hilton, 1117 Sunshine Drive, Aurora, Mo 65605

NADE Board Members 2011-2012

OFFICERS



PRESIDENT

Tom A Ward
9841 S 6th Street
Schoolcraft, MI 49087
269.337.3246
Fax: 269.337.3090
tom.a.ward@ssa.gov
District Supervisor



PRESIDENT ELECT

Richard Todd Deshong
701 Pike St, #1000
Seattle, WA 98101
888.737.1762 ext 18475
Fax: 206.553.0013
richard.deshong@ssa.gov
CDI/DDS Analyst



PAST PRESIDENT

Andrew Martinez
1599 Green Street #303
San Francisco, CA 94123
510.622.3385
Fax: 510.622.3385
andrew.martinez@dss.ca.gov
Team Manager



SECRETARY

Tonya Scott
PO Box 870243
Stone Mountain, GA 30284
678.639.2411
Fax: 678.639.2450
tonya.scott@ssa.gov
Unit Supervisor



TREASURER

Julie Kujath
1500 Southridge Drive Suite 100
Jefferson City, MO 65109
573.526.2250
Fax 573.526.3788
julie.kujath@ssa.gov
Counselor II



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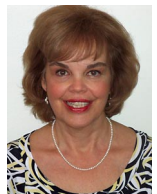
GREAT LAKES

Jennifer Nottingham
781 Ficus DR
Worthington, OH 43085
614.438.1777
Fax 614.785.5049
jennifer.nottingham@ssa.gov
Disability Claims Supervisor



GREAT PLAINS

Patricia Chaplin
7545 South Lindbergh, Suite 220
St. Louis, MO 63125
314.416.2805
Fax: 314.416.2846
patricia.chaplin@ssa.gov
Disability Counselor II



MID-ATLANTIC

Leesa Chalmers
754 East Shannon Road
Bridgeport, WV 26330
304.624.0268
Fax 304.624.0235
leesa.chalmers@ssa.gov
Quality Assurance Specialist



NORTHEAST

Debi Chowdhury
4 Derby Court
Loudonville, NY 12211
518.408.4673
Debi.chowdhury@ssa.gov
Disability Analyst II



PACIFIC

Joe Rise
23601 112th Ave SE
Apt A103
Kent WA, 98031-5400
206.654.7206
joe.rise@ssa.gov
Supervisor



SOUTHEAST

Sharon Summers
200 Athens Way
Plaza Tower II
Nashville, TN 37228
615.743.7618
Fax: 615.253.0015
sharon.summers@ssa.gov
Hearing Officer



SOUTHWEST

Mary Dumars
2920 Knight Street Ste 232
Shreveport, LA 71105
318.869.6497
Fax: 318.869.6406
mary.dumars@ssa.gov
Unit Specialist

CHAIRPERSON-COUNCIL OF CHAPTER PRESIDENTS



Jennifer Pounds

1004 Shae Court
Garner, NC 27529
800.662.1852 ext 6295
Fax: 800.851.3065
jennifer.pounds@ssa.gov
Supervisor II

APPOINTED DIRECTORS



LEGISLATIVE

Mark Bernskoetter
4837 S Tujunga
Springfield, MO 65810
417.888.4264
Fax: 417.888.4069
mark.bernskoetter@ssa.gov
Regional Manager



MEMBERSHIP

Donnie Hayes
3301 Terminal Dr
Raleigh, NC 27604-3896
919-212-3222 ext. 4371
Fax: 888-222-5763
donnie.hayes@ssa.gov
DHU Manager



PUBLICATIONS

Donna Hilton
1117 Sunshine Drive
Aurora, MO 65605
417.678.4001
Fax: 417.678.4538
drhilton@suddenlink.net
Disability Consultant

NADE Ad Hoc Committee

Support Staff Ad Hoc Committee

Tena Fleming
156 Rocky Ridge Drive
Helena, AL 35080
205.989.2100
Fax: 205.989.2295
Tena.Fleming@ssa.gov

NADE Committee Chairpersons

AWARDS

Anne Graham
1316 Glenmont Rd.
Baltimore, MD 21239
bluwindow@verizon.net

ELECTIONS AND NOMINATIONS

TBA

NON-DUES REVENUE

Charles Schimmels
21821 Pioneer Circle
Edmond, OK 73012
405.419.2254
Fax:
Charles.Schimmels@ssa.gov

RESOLUTIONS

Ella E. Timm
811 E 10th Street, Dept 24
Sioux Falls, SD 57103-1650
605.367.5492 ext 108
Fax 605.357.5485
ella.timm@ssa.gov

CONSTITUTION & BYLAWS

701 Pike St, #1000
Seattle, WA 98101
888.737.1762 ext 18475
Fax: 206.553.0013
richard.deshong@ssa.gov

HEARING OFFICER

TBA

ORGAN DONATION/TRANSPLANT

Cynthia A. Henderson
9801 N Kelly Ave.
Oklahoma City, OK 73131-2433
405.419.2532
Fax 405.419.2757
cynthia.henderson@ssa

RETIREES

Marty Marshall
2704 Frank Street
Lansing, MI 48911
517.882.8073
mamwhm@aol.com

CORPORATE MEMBER AD HOC

Barbara Young
The IMA Group
660 White Plains Road
Tarryton, NY 10591
800.245.4245 ext. 319
Cell: 518.527.8487
Vice President of Business Development

MEDICAL CONSULTANT

J. Scott Pritchard D.O.
3150 Lancaster Dr. NE
Salem, OR 97305-1350
503.986.4962
Fax: 503.373.7202
scott.pritchard@ssa.gov

PROFESSIONAL DEVELOPMENT

Ellen Cook
4805 Greenbriar Drive
Springfield, IL 62711
217.741.8151
Fax: 217.782.2266
ellen.cook@ssa.gov

STRATEGIC PLAN

Jerry Prior
3691 Bogota Drive
Westerville, OH 43081
614.438.1871
jerry.prior@ssa.gov

DDS ADMINISTRATORS/SSA LIAISON

Malcolm Stoughtenborough
11129 Springhollow Rd. Unit 126
Oklahoma City, OK 73120
405-419-2573
Fax: 405.419.2573
malcolm.stoughtenborough@ssa.gov

NATIONAL DISABILITY PROFESSIONALS WEEK

David Kramer
5008 Old Forge Circle
Raleigh, NC 27609
919.212.3222
david.a.kramer@ssa.gov

PROFESSIONAL RELATIONS OFFICERS

Marcia Shantz
1134 Claremont St
Dearborn, MI 48124
313-456-1604
Fax:
Marcia.shantz@ssa.gov

SYSTEMS

Dale Foot
2295 N Fairview Lane
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(Please print name, title & designation as desired
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NADE's membership year runs from July 1st through June 30th each year. Your membership will expire on the June 30th following your join date.

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

Mail to: National Association of Disability Examiners Whitaker Bank NADE Account PO Box 599 Frankfort KY 40602
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View From The Top

Carolyn Colvin **Deputy Commissioner of Social Security Administration**

DEPUTY COMMISSIONER CAROLYN COLVIN spoke on behalf of the Social Security Administration and provided information regarding the current state of the program and its future goals. As stated by Ms. Colvin, SSA strives to provide the “right payment, to the right person, at the right time.” In reviewing SSA’s accomplishments for FY2011, Ms. Colvin noted that despite the economic downturn, the DDSs had processed over 4.5 million cases, which is 400,000 more than last fiscal year. Furthermore, the average processing time improved and the initial pending workload decreased by more than 70,000 cases.

SSA has proactively worked to have the DDSs exempted for state furloughs and pay reductions. SSA has reached out to governors and legislators emphasizing the importance of maintaining DDS staff and noting that furloughs and pay reductions for DDS employees will not benefit state budgets as DDSs are 100% federally funded.

Ms. Colvin explained that as a cost-cutting measure, funding for IT projects has been reduced. However, SSA will continue to fund critical IT projects and other initiatives that are important to SSA and the DDSs including the Disability Case Processing System (DCPS), Health Information Technology (Health IT), the Occupational Information System (OIS), and the Cooperative Disability Investigative Units (CDIU). These projects have great promise. The DCPS will help lead to a more unified business process and health IT will help expedite case development by increasing the use of electronic medical records and expediting the receipt of medical evidence. The OIS, which is currently under development to replace the Dictionary of Occupational Titles, (DOT), will assist the DDS in making more defensible vocational decisions. The CDIU is a key component to deterring fraud and reducing improper payments. The CDIU will continue to receive funding. Since CDIU’s inception, SSA has saved \$1.7 billion dollars.

Looking forward, Ms. Colvin shared the President’s and the Administration’s priorities for FY2012. Areas of focus for FY2012 include productivity, performance management, transparency, program integrity, “people first” and security. Ms. Colvin has firsthand knowledge of the constraints placed on the disability program. The DDS community is facing an increasing workload with shrinking resources. SSA in collaboration with the DDS community continues to develop innovative ways to streamline the disability process to increase efficiency and enhance our services to the public. The recent elimination of Step 4 development is a denial will result at Step 5 and the expansion of QDD/CAL medical conditions are examples of streamlined processes.



*Communications Director
Donna Hilton greets SSA Deputy
Commissioner Carolyn Colvin.*

View From The Top, continued to page 19