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# the NADE

## ADVOCATE

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*Social Security Commissioner Astrue  
and Past President Tom Ward*

### **Social Security Administration Commissioner Michael Astrue Addresses Attendees**

*by Mark Bernskoetter, NADE Legislative Director*

MICHAEL ASTRUE, SOCIAL SECURITY ADMINISTRATION COMMISSIONER, whose term ends January, 2013, spoke at the NADE training conference. He told the audience, "This is my last trip to be with you as Commissioner - I start my farewells with you." He indicated he is grateful for NADE's support over the years.

The Commissioner indicated DDS is on pace for 4th straight year working over 3 million cases. He stressed that, under his term, SSA has tried to work with DDSs on the same playing field as SSA Field Offices, however, although FOs are three times the size of DDSs – SSA FOs received only 175 emergency hires whereas there were 300 for the DDSs last year. Commissioner Astrue stated, "When I speak of DDS, it is 'we', not 'they'."

Commissioner Astrue pointed out that we have several areas to celebrate success.

- Disability Claims Processing System (DCPS) is being built with input from the people who will be using it and SSA will be making significant changes based on that feedback, not trying to force a system on the DDS. Cases will be easier to share across DDS and ODAR. Idaho kick off is in a couple of weeks as of the time of this conference.

*Continued on page 3*

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### **Joe Rise      September 12, 1951 - November 25, 2012**

NADE mourns the loss of Pacific Regional Director, Joe Rise, who passed away November 25, 2012. Additional information is available at [www.nade.org](http://www.nade.org)



Associate Commissioner Linda Dorn speaks on the present and future agency goals.

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## President's Message

Hello, my name is Richard Todd Deshong. I am the current president of the National Association of Disability Examiners (NADE). I would like to begin by expressing my appreciation for the current past-President Tom Ward, and the Ohio conference planning committee. Our recent national training conference held in Columbus, Ohio, was a great success. I would like to also thank SSA, specifically Commissioner Astrue and Associate Commissioner Dorn for their time attending and participating in the training conference.



For those of you who do not know much about me, I started work at the Oklahoma DDS in June of 2000. I was introduced to NADE and become a member in July 2000. I have worked in the disability determination services for the past 12 years. I am not certain how many firsts I will achieve by my term of office, but one thing is certain and that is I am the first member of a Cooperative Disability Investigative Unit (CDIU) to be elected president of NADE.

I have held positions in three different state DDSs in three different regions and worked all types of disability claims from initial to my personal favorite - the Uneffectuated Medical Cessation. I learned different techniques for disability determination procedures in each of these areas and was able to pass on knowledge in each of these DDSs. My journeyman adjudicator experience has allowed me to hone skills such as participating in teams, coalition building, and mediating conflicts while I worked as a trainer, quality assurance, and a hearing officer.

More recently, I was the Chair of the NADE Constitution & Bylaws committee. In that capacity, I began to research the development of this organization. In Frank Giordano's history of NADE, he recalled a time in which the organization came to a crossroads. At that time, the organization went through deep divisions but overcame them by developing a sound financial structure and administrative accountability. As I review the history, constitution and bylaws, and current political/economic climate now facing the organization, I again believe the organization has found itself at a crossroads. NADE will need to address two essential issues in order for this organization to continue in the best health.

The organization is facing a question of appropriate tax status. Since early 2000, the IRS has made many changes in the arena of tax-exempt organizations. In addition, there have been numerous changes concerning governance and reporting requirements. Further, there are states that forbid, by law or custom, government employees to sit on boards of certain types of non-profit organizations.

At the recent Training Conference in Columbus, Ohio, the general membership voted to pursue a 501(c)3 tax status. Therefore, we must work hard over the next year to complete the necessary rule changes and documentation to ensure a smooth transition for not only the national organization but also the local chapters. Our very excellent Past President Tom Ward will be chair of an ad hoc committee charged with creating rules for not only the national organization but also the local chapters. I feel confident that in his capable hands the organization will be able to navigate the complicated tax requirements ahead of us.

The next issue, although separate from the organizational tax status, is clearly related to the nature of the organization. The organization must look at our current definition and types of membership. It is important to keep the organizational door open to those interested in joining; however, the organization must always remain vigilant as to who is coming in the door. The NADE organization has a certain amount of credibility with regard to Social Security disability policy. In order to bolster and even increase our credibility, we must ensure that competent, professional people remain members and go on to become leaders in the organization. Only in this way can NADE remain a leading voice for disability adjudicators, as well as speak to disability policy makers about the pros and cons of future policy adjustments. This will require new thinking about the definition of membership and types of membership.

Both of these issues will be complicated but not impossible. Our current Board, as well as the active members who have chosen to step up to committee assignments are wholly capable of accomplishing these tasks. Of course, there is always a place at the table for you, the member.

*R. Todd Deshong*  
R. Todd Deshong  
NADE President

NADE is an incorporated, nonprofit organization.

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**Letters to the Editor** are welcomed and may be selected for inclusion in future issues. Please forward ideas for future *Advocate* topics to the editor or your Regional Publications Representative.

The next issue will be **Winter 2013**.

All correspondence should be directed through your Regional Representative or the NADE Communications Director by **January 7, 2013**.

**Michael Astrue Addressed Attendees, from page 1**

- Electronic Case Analysis Tool (eCAT) ramp up in the DDS is usually accompanied by a short term hit on productivity that recovers and yields significantly greater quality for many states. With the use of eCAT, ODAR and the courts have a better understanding what DDS is thinking in the decision making process and those subsequent reviewers/decision makers hold these DDS determinations in greater regard.
- For training and consistency, sessions were held between SSA quality and policy personnel and DDS Medical Consultants. There have been training Video on Demand (VOD) sessions on mental issues, cardiomyopathy, and cancer; duration training VODs are forthcoming.
- Over 5,300 cases have gone through Request for Program Consultation (RPC), helping to focus attention on training needs, program consistency, and policy that needs clarification.
- Quality on Pre-Effectuation Review (PER) is up over the last 5 years and if this trend continues for a few more years, we may even see a shift in some of the emphasis currently on PER especially as health records become more electronic.
- Single Decision Maker (SDM) – Office of the Inspector General (OIG) will be reviewing statistics and the actuaries will be looking at the feasibility and cost effect of SDM. Nothing is planned at this time - the OIG report may lay the groundwork for changes that could lead to a further rollout of SDM.
- Expedients dealing with addressing steps 4 and 5 of sequential evaluation have saved an enormous amount of time, money, and effort on 312,000 cases since July 2011.
- 5.87% of cases are QDD/CAL which has benefited (and will continue to benefit) claimants.

**The long term future:**

- The Dictionary of Occupational Titles (DOT) is overdue for updating since its last significant revision was 1979, and even that revision was not very comprehensive. SSA is trying to move into implementation of a more streamlined tool with broader categories of jobs, including mental aspects of jobs. SSA has a memorandum of understanding with the Bureau of Labor Statistics to provide statistics to enhance ONET to create a state-of-the-art tool that helps DDS in making determinations. This will likely require 3 or more years of development to produce a usable tool.
- Health IT (HIT)- 13 organizations are set up to interface with SSA to provide us with medical records. SSA has an agreement with Kaiser Permanente, representing over 70,000 MER requests per year from the DDS. SSA is also hopeful this process will help with providing more complete records from sources.
- e827 may lead to some streamlining of HIPPA.

**In the near future:**

- The Senate has proposed a CDR budget of 650,000 cases for FY13, compared to 80,000 in the House proposal. SSA is concerned no budget decisions may be finalized until at least March 2013, so SSA is assuming 435,000 as goal for next year.
- SSA had to step out to work with states on the issue of state furloughs of DDS employees, in ways SSA has not interacted previously. It was important to obtain information early and NADE was very helpful in that regard. Almost every member of Congress has been willing to assist SSA in working with states, realizing we are all one team and furloughs hurt everyone.
- Having a more updated state of the art data center and having medical rules updated within the last 5 years should help us work on some of the problems we will be facing on the budget.
- more video and electronic interaction instead.

As Commissioner Astrue closed his remarks, the NADE audience gave him a standing ovation in recognition of the service and support he has provided during his term.

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.

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

## CDI Units Help Maintain SSA Program Integrity

by R. Todd Deshong, DDS Analyst, Cooperative Disability Investigations Unit, Seattle, WA

THE COOPERATIVE DISABILITY INVESTIGATIONS (CDI) PROGRAM continues to be one of our most successful initiatives, contributing to the integrity of SSA's disability programs.



*NADE President Todd Deshong with  
SSA Inspector General Patrick P. O'Carroll, Jr.,  
and Past President Tom Ward.*

At the 2012 NADE National Training Conference, SSA Inspector General Patrick P. O'Carroll, Jr., addressed attendees and provided information and an overview about the CDI process.

SSA and OIG jointly established the CDI Program in FY 1998, in conjunction with State Disability and Determination Services, and state or local law enforcement agencies, to effectively pool resources and expertise to prevent fraud in SSA's disability programs. The units investigate disability claims under SSA's Title II and Title XVI programs that state disability examiners believe are suspicious. The CDI program's primary mission is to obtain evidence that can resolve questions of fraud before benefits are ever paid. CDI units also provide reports to DDS examiners during continuing disability reviews (CDRs) that can be used to cease benefits of in-payment beneficiaries.

The CDI program was launched in 1998 with units in five states. The program currently consists of 25 units covering 22 states, with the most recent unit opening in Jackson, Mississippi, in November 2011. Each CDI Unit is comprised of an OIG Special Agent who serves as the Team Leader, as well as employees from that State's DDS and an SSA employee who act as programmatic experts, and state or local law enforcement officers. Tapping into the skills of each member, the CDI units receive benefit applications identified as suspicious by the DDS and, where appropriate, investigate these claims.

The CDI investigative process typically begins with a fraud referral from the DDS or SSA to the CDI unit. CDI units also receive fraud referrals from SSA's Office of Disability Adjudication and Review, private citizens, anonymous sources, and other law enforcement agencies. Disability fraud can involve malingering, filing multiple applications, concealing work or other activities, and exaggerating or being untruthful about disabilities. The CDI unit Team Leader screens the referral, and if it's accepted as a case, the Team Leader will work with the state or local law enforcement members of the team to investigate the allegation, either by interviewing the applicant and third parties and/or conducting surveillance of the applicant. Upon completion of the investigation, a report detailing the investigation is sent to the DDS, where DDS staff serves as the ultimate decision-making entity in determining whether a person is eligible to receive a monthly disability benefit payment. If the claimant is already receiving benefits, DDS and/or SSA will determine whether the person's benefits should be continued or terminated. There is even, in some cases, the possibility of criminal prosecution or the imposition of civil monetary penalties or administrative sanctions.

In FY 2011, the CDI program reported \$281.2 million in estimated savings to SSA's disability programs—the program's greatest single-year savings total—for a return on investment of \$14 to \$1. Since the program was established through December 2011, the CDI efforts have resulted in \$1.9 billion in estimated savings to SSA's disability programs and \$1.2 billion in estimated savings to non-SSA programs.

We know there are individuals who may purposely withhold or fabricate information to collect government benefits that they are not entitled to receive. Our agents investigate those who aim to defraud SSA and the Federal government. In FY 2011, our investigators reported more than \$410 million in investigative accomplishments, including about \$82 million in SSA recoveries and restitutions and about \$329 million in projected savings from programs such as the Cooperative Disability Investigations (CDI) initiative. CDI detects potential fraud and limits improper SSA disability payments. In addition, OIG agents opened and closed nearly 7,200 cases in FY 2011, leading to 1,374 criminal prosecutions. OIG received more than 103,000 allegations of fraud, waste, or abuse in FY 2011, and while the majority of those allegations are related to SSA's disability programs, 43 percent of all allegations were specifically related to the DI program.

To give you an example of the types of DI fraud cases CDI agents pursue, an investigation by our Seattle agents recently led to prison sentences for a Washington couple that defrauded SSA and other State and Federal assistance programs out of almost \$300,000.

*Continued on next page*



Anthony George, 37, of Washington, reportedly obtained a second Social Security Number under a fictitious name in 1982, and, in 1993, he used the fake identity to apply for disability benefits, claiming he could not work. During multiple medical interviews over the years, George, using the fake identity, pretended he was profoundly disabled and unable to work. George's wife, Roxanne, 35, accompanied her husband at an interview and pretended to be his neighbor, claiming George never worked and could not work. However, an OIG investigation revealed Anthony George bought and sold used cars, lived in a \$430,000 house, and had more than \$10,000 in his bank account. Roxanne George reportedly further defrauded state and Federal assistance programs by failing to report that she lived with her husband and claiming to be a single mother with three children. During in-home visits and written statements, Anthony and Roxanne George pretended to be brother and sister, rather than husband and wife.

Both Anthony and Roxanne George pled guilty to Social Security fraud in September 2011. Earlier this month, Anthony George was sentenced to 27 months in prison and ordered to pay full restitution of \$198,148 to state and Federal disability programs. Roxanne George was sentenced to six months in prison, six months in a halfway house and has agreed to pay \$91,527 for her fraudulent use of state and Federal assistance programs. According to reports, when he addressed the court, Anthony George said, "I am a liar. It's all there in black and white."



*Linda Dorn*

### **Linda Dorn, Associate Commissioner, Office of Disability Determinations Speaks On The Present And Future Agency Goals**

LINDA DORN, ASSOCIATE COMMISSIONER, OFFICE of Disability Determinations started as a DDS examiner in 1975 and worked her way up through the ranks in the DDS. She provided a blend of statistics, information, and encouragement to the NADE conference attendees.

- DDSs have decreased the average number of days to process claims over the past year by about 1-2 days.
- Accuracy rates rose slightly this year, demonstrating that DDS pays attention to making the right decision and obtaining the necessary information as early as possible in the process.
- DE Authority for QDD/CAL saves our precious medical resources for the difficult cases on which they are needed, however, this provision for QDD/CAL sunsets next year.
- Associate Commissioner Dorn challenged the DDS to ascertain what are some things already in our

legacy systems that could increase efficiency. She said it is surprising how often things fall by the way side and are forgotten that may help to expedite the process.

- SSA websites currently each look different and information is in different places from one site to another. There are changes coming to SSA websites as SSA will be working to create a common look and feel. Do not minimize or dismiss training. Don't let it go during times of high caseloads. Don't quit QA processes and PRO activities. Failure to keep up in these areas will result in rework and extra work.
- RPC is driving consistency across the nation, addressing the right decision to make in this particular set of circumstances. However, it's a long process to clear up confusion and clarify policy to make a more consistent program.
- SSA is trying to move the American public more to the internet.
- The DDSs have a difficult task as we are asked to balance new electronic initiatives while still working with paper processes. Once the electronic processes have been tested and implemented, they will pay off in time savings and efficiencies.
- Regarding Health IT, most of the medical community is not caught up to where SSA is today in the process.
- Extended Service Teams (EST) worked 154,000 cases last year to assist states with backlogs. Over 300,000 cases were worked by MCs across borders. Collaboration and supporting each other - sharing workloads is the way to get through some of the challenges today. DCPS should make it easier to share workloads and ease the burden of manual work and paper trails currently required to move cases from one location to another.
- We are watching pendings per examiner rise.
- We suggest each DDS begin the process to clean up vendor files as soon as possible to prepare for the national vendor file, currently in use in two states.

"I value the front line. When making a decision, I ask myself, 'What is the impact on the front line day to day?'" Much of my day is spent educating others on DDS - the next greatest amount of time is spent the \$2.4 billion budget.

## Donna Hilton Retires As NADE Communications Director After 20 Years Of Service



Donna Hilton  
NADE Communications Director  
1992-2012

My first impression of Donna was formed during my first time on the NADE Board. That impression never changed because Donna was always the model of consistency. My first impression was that she was remarkably level-headed. The NADE Board discussions could sometimes get quite passionate. Donna had the amazing ability to see both sides of an issue and to calmly point out the potential consequences for taking either side of a position. She also saw the best in people. She always gave everyone the benefit of any doubt that their intentions were good and that they were doing the best they knew how to do. Donna loved NADE and always spoke in a manner of “what is best for NADE” and “what is best for our membership”. She was a great mentor to me and I relied upon her insights and her experience as I navigated my year as the NADE President. She is a true friend and will be greatly missed on the Board. **Tom Ward, NADE President 2011-12**

My first impression of Donna was “that lady must love to dance” which was during the National conference in Kentucky back in the late 1990s. Every time I saw her, she was on the dance floor. I noticed she always had a camera with her and that is when I found out who she was. It was 1996, I had just joined NADE, and by the conference in South Dakota the following year, we were shopping like long lost girlfriends. During my 7 years on the Board, I could always count on Donna for guidance and input. The blood, sweat and tears that she has put into this organization will be sadly missed, but I am sure a shopping trip will be in our future! All the best to you Donna!

**Susan Smith, NADE President 2009-2010**

Donna has been a friend and a true professional. I cannot imagine the *NADE Advocate* without a Donna signature. The *Advocate* became a tremendously respected publication because of Donna Hilton. During my Tenure as NADE President I was honored by her outstanding dedication, commitment, loyalty, friendship, professionalism, support, leadership, enthusiasm, integrity, and creativity to NADE. Donna loved NADE, and it was demonstrated by the countless hours she devoted to NADE throughout the years as the NADE Publications Director/Chairperson. She did this selflessly – she simply did it for her love of NADE. In Donna I know that I have a friend. NADE has enjoyed a tremendous Leader and a dedicated friend. The gift and memories that Donna Hilton has given to NADE is invaluable and will never be forgotten. Donna, I only wish the BEST of everything to you as you retire from your the *NADE Advocate* role. I will never forget you.

**Georgina B. Huskey, NADE President 2007-09**

Smile! If I were asked to sum up Donna’s contributions to NADE in one word, that would be it – Smile! As Communications Director for 20 years, Donna was never without a camera in hand, taking photos and asking people to “Smile!” Over the years, it served NADE well. Our organization has been privileged to enjoy a great publication that was truly professional and full of photos of smiling people. Donna, herself, had a great smile that has served her well as she made friends with everyone she met in NADE. Twenty years is a long time to invest in putting together the *NADE Advocate*. Twenty years is a long time to do anything but I am very glad Donna was willing to give her time to NADE in this capacity. While NADE has been fortunate to have had leaders who have invested many years of service to the organization, a certain few will always stand out in my memory because of their longevity of service, their friendliness to others and their willingness to help anyone who asked. Donna is certainly in that group. I am proud to call Donna a friend, proud she was there during my two terms as NADE President to assist me and very proud she was as committed to NADE as she was. Few have traveled that path. Donna’s service to NADE contributed to the growth of NADE as a vibrant professional association. Thanks Donna! Smile! **Jeff Price, NADE President 1998-99, 2001-02**

It was not only a pleasure, but an honor, to work with Donna Hilton on “all things NADE.” The NADE Board could always trust that they were in good hands with Donna at the helm of the *Advocate*. Donna’s upbeat and bubbly personality is contagious and she made working on the NADE Board enjoyable. I consider Donna to not only be a co-worker and colleague, but a dear friend as well.

**Debi Gardiner, NADE President 1997-98**

Donna was one of the first NADE members I met soon after joining NADE and going to the conferences. I remember when she accepted the position of NADE Editor and I kept her busy sending all the latest news of our chapter JADE and from the Northeast. She encouraged me to publish the Northeast Flash, our Regional newsletter. With her guidance, our newsletter received many awards and commendations. When I was President, Donna was instrumental in helping establish the NADE President’s Pin with the assistance of Larry DeVantier, the Past President. She helped me design and send out the formal invitations inviting all the past presidents to the National Conference in Louisville, KY where at the President’s Reception we gave out the President’s Pins to all the Past Presidents in attendance. I was fortunate in the latter years on the Board to share a room for the Mid-Year Board Meetings, where I had the opportunity to really get to know Donna as the caring, compassionate and wonderful person that she is. We used to chat about family matters and her children and how proud she was of both her son and daughter and all that she did in her community. NADE was so fortunate to have Donna as the *Advocate* Editor. She is a dedicated, committed and knowledgeable person – a quiet champion for so many. She was such an asset to NADE, a true ambassador! I wish her all the best and will miss our Mid-Year Bd. Meeting reunions. **Susan LaMorte, NADE President 1996-97**



## Cognitive Testing and the Impact on Functioning

by Denise Rabold, Ph.D.

COGNITIVE TESTING CAN BE A vital tool for assessing disability, and is arguably one of only means by which we can obtain objective information regarding an applicant's mental functioning. Making effective use of these resources, however, requires an understanding of what, precisely, is being assessed by testing, and being able to make judicious conclusions regarding how test data might relate to or predict real-world behaviors, deficiencies, and aptitudes. Attendees at this year's national training conference were given a more in depth look at how these considerations may be reflected in two of our most commonly used tests, the WMS-IV and the WAIS-IV, courtesy of Denise Rabold, PhD.

The WAIS-IV is comprised of 5 indexes, each assessing a different aspect of intellectual capacity. The Verbal Comprehension Index addresses vocabulary, abstract understanding, and, to an extent, long term memory and recall; an optional comprehension subtest may be included, which addresses facets of all of the above. The ability to reproduce and anticipate patterns and other visual input is addressed in the Perceptual Reasoning Index. The Working Memory Index, which includes the familiar digits forward and backward test, also assesses the ability to mentally manipulate numbers. Dr. Rabold cautions that performance and scores on the WMI will be significantly impacted by attention and distractibility, and results should be viewed cautiously in consideration of this potential influence. She also notes that examiners can expect to see a correlation between scores on the Processing Speed Index and ADL performance, and should be on the alert for suggestions that completing tasks takes longer than would usually be expected.

Like the WAIS-IV, the WMS-IV uses a 5 index structure to provide an overall view into memory functioning. The Auditory Memory Index and Visual Memory Index, as their names suggest, assess how reliably information is retained when provided in a verbal format vs through visual data. Impairment in the latter, Dr. Rabold notes, will have very significant impact on functioning, but the immediate signs of this impact may be subtle. The Visual Working Memory Index, like the WMI in WAIS-IV testing, assesses how information is manipulated, and also like the WMI, is very heavily influenced by attention. Finally, the Immediate and Delayed Memory Indexes cover the same tests of logical memory, paired word associations, and visual recall, but address the test subject's ability to retain this information both immediately and after a period of 30 minutes.

Dr. Rabold provided several case examples demonstrating the patterns of WAIS-IV and WMIS-IV scores which might be produced by persons whose impairments could be attributed to specific injuries or illnesses, including a left CVA, an anoxic brain injury, a TBI, and a gunshot wound. A less credible set of scores were also presented, and the audience was immediately able to see the discrepancies that made the validity of the test results suspect, particularly when severely impaired memory testing scores were considered in light of the applicant's description of intact daily functioning. As a rule, scores in the 40's such as were produced in this case would be unlikely in anyone living outside of a full-time supervision situation such as a residential facility.

While discrepancies between intellect and memory were a concern for test validity in that instance, in other cases, even significant variation within different areas of memory functioning or between memory and intellect might be reasonably explained by the nature of the alleged medical impairment. Dr. Rabold advised that scores within 5 points' deviation in any direction can be reasonably considered consistent, and that more scattered patterns of scores are likely in instances where the impairment is of late onset, such as injuries or CVAs. In those instances, experience and education may be preserved while the ability to process or retain new information is not, producing highly variable scores in testing which nonetheless represent valid results.

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## From Membership Director Donnie Hayes

WE ARE BACK FROM ANOTHER very informative National Training Conference. I hope everyone that was able to attend had a nice time and learned a lot. As the National Membership Director, my challenge to each of you is to recruit at least one new member this year. I would like to congratulate all of the 2012 winners of our annual Membership contest. Cash prizes and certificates are awarded every year to the first and second place large, medium, and small chapters who have attained the highest membership increases over the past year. The third place winner receives a certificate. This year at the National Training conference in Columbus, Ohio, first place prizes were awarded to Chapter 44 Oklahoma (large), Chapter 21 Shreveport, Louisiana, (medium) and, Chapter 9 Connecticut (small). Second place prizes were awarded to Chapter 31 Mississippi (medium) and, Chapter 19 Kansas (small). The third place winners were Chapter 50 Tennessee (medium) and Chapter 47 Rhode Island (small).

Your membership in NADE is an investment in your career. As members, I hope you are proud of the achievements that NADE was able to accomplish this past year. These achievements were made possible only because NADE members chose to become involved. Your membership makes it possible for NADE to be able to afford to be represented at the policy-planning table with SSA and to present our issues before Congress. You made it possible for NADE to meet with the SSA executive leadership to convey your ideas and your opinions. You made it possible for NADE to publish the Advocate and to maintain a web site to keep you and others informed. Your membership made it possible for NADE to exist as a truly independent professional association. We can all be proud of the achievements earned by our professional association.

I hope that all of you will consider taking advantage of renewing your membership online. You can go to the NADE website and renew your membership; new members can join the organization using this easy method. You just fill in the necessary information and you will receive an email confirming the transaction.

Everyone should continue to work on increasing NADE's membership.

- Donnie Hayes, NADE Membership Director

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## Disability Case Processing System (DCPS) Update

**Presented by Tom Page, SC DDS Administrator and Doug Willman, NE DDS Administrator**  
by Michelle Higgins President, THADE

DCPS IS A JOINT SSA-DDS initiative to replace the five current legacy systems now used in DDS with one common system that all DDSs will use. The five different systems now used do not interface, or work together, which is costly and ineffective for multiple reasons. Problems include the cost of maintenance, the long delay in implementing nationwide changes, the inefficient collection of management information, difficulty in sharing work among Disability Determination components, and the frequency of transaction failures in moving data among the systems. The current systems are outdated.

DCPS is a modern system with a graphical user interface, much like an internet experience. Mr. Page compared it to the look and feel of Microsoft Office Outlook. It has a 3-panel screen concept and the user has multiple options to adapt the screen to fit his or her needs, but there is a consistent look and feel throughout the application. User workspace is maximized, and the application is very user friendly. DCPS utilizes a National Vendor File, allowing easier assistance between states.

The schedule for rollout is achievement driven to ensure a successful product. Idaho is the first state to start and (at the time of the conference) was projected to begin rollout 09/24/12, followed by Illinois in 03/2013, Missouri 07/2013, Nebraska 11/2013, and New York 03/2014. It is anticipated that 65% of all DDSs would be rolled out by 09/2015, and 100% rolled out by 09/2016.

The DCPS website is <http://co.ba.ssa.govodd/specialprojects/dcps/default.htm>. In addition, SSA publishes a quarterly DCPS newsletter at <http://co.ba.ssa.govodd/specialprojects/dcps/news/>.

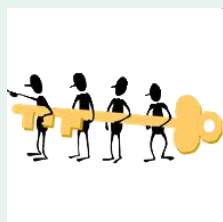
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## The Sport of Fencing as a Rehabilitation Tool

by Melissa Williamson, Birmingham DDS

THE OHIO NADE CHAPTER SUPPLIED a wonderful array of speakers for this year's national training conference. One such speaker was Julia Richey, a professional fencing instructor and athlete. Ms. Richey discussed the use of Fencing as a rehabilitation tool for those with injuries and those with emotional issues such as Autism.

Ms. Richey started fencing at the age of 14 in the USSR. She spent many years competing and training as a member of the Russian National Team, which represented the Soviet Union at the Olympics. She came to the United States in 1999 and eventually opened the Royal Arts Sport Fencing Academy in Columbus, Ohio. She also is the Chair of the Fencing Competition at the Arnold Sports Festival held each year in Columbus, which is the largest multi-sport competition held in the US; it was created by Arnold Schwarzenegger. The competition consists of over 45 sports including the sports of Weightlifting, Gymnastics, Fencing, Boxing, Table Tennis, Dancing, etc. Over 18,000 athletes compete each year in this festival.



Ms. Richey explained that Fencing is a sport that is available for all ages. Fencing teaches self-control, discipline, and confidence. For example, wheelchair fencing began in England in 1953 as a rehabilitation sport for war veterans. This helped to build their self-esteem after having a life altering injury and provided them with strength training/exercise to deal with those injuries.

One of the most interesting aspects of her presentation was how Fencing is a good sport for children and adults with issues such as ADHD, Asperger's, and Mild Spectrum Autism. Ms. Richey indicated that the discipline and self-control learned with Fencing begins to carry over into the athlete's everyday life at home and school. As a matter of fact, one of the winners in the 2012 Arnold Sports Festival was an 11 year old who had symptoms of severe ADHD when he began Fencing several years ago. Ms. Richey says that the child displays very few of these ADHD symptoms now.

Ms. Richey has benefited from the sport as well. She has sustained multiple injuries throughout the years in various accidents. According to her doctors, one of the injuries could have prevented her from ever walking again. However, due to her will to return to the sport and her physical conditioning from having fenced most of her life, she was able to overcome her injuries. She continues to compete from time to time, but mostly focuses on instructing her students and organizing the Fencing competition for the Arnold Sports Festival.

Fencing is seen as a sport and often times looked at as an art form. However, this presentation showed that sports can be used to help those of any age rehabilitate from life altering injuries and overcome emotional disabilities.

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## **NADE 2012 National Training Conference General Membership Meeting Summary**

*by Tonya Scott, NADE Secretary*

- N:** Notable – Remarkable, distinguished, prominent.  
**A:** Admirable – Deserving of the highest esteem.  
**D:** Distinguished – Marked by distinction or excellence.  
**E:** Eminent – Standing out so as to be readily perceived or noted.

WHEN I THINK OF NADE, The National Association of Disability Examiners, the adjectives noted above are just a few of the attributes that comes to mind for me. Over the last few years, NADE has faced obstacles due to funding, budgetary cuts, travel restrictions, etc., however, this has not deterred NADE; quite the opposite really. Although attendance may have been reduced, the dedication and passion for NADE was overwhelming. The attendance at the General Membership meeting was impressive.

The general membership meeting was called to order by NADE president, Tom Ward. Proxies were accepted. 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.

President Tom Ward provided detailed information to the general membership concerning the state of NADE, including our current tax status and the impact of new tax laws as it pertains to the NADE organization. President Ward also reiterated the importance of our members and the need for our organization to get back to its “Grassroots”. He also challenged members to mentor others for various positions within the NADE organization, both on the local and national levels.

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

- 1) Name change for the Rookie of the Year Award to “The Marty Blum Rookie of the Year Award,”
- 2) The elimination of the Corporate Member Committee as a standing Committee, and
- 3) Continued pursuance of information pertaining to NADE’s tax status. After a detailed discussion on each item, the general membership voted to approve all items presented.

The following contest winners were announced:

Publications: Newsletter Winners:

Large Chapter: First Place – North Carolina  
Second Place - Oklahoma

Medium Chapter: First Place – Oregon  
Second Place - Tennessee

The NADE Board elections were as follows:

President-Elect: Jennifer Nottingham  
Secretary: Tonya Scott  
Treasurer: Julie Kujath

This was the first conference held since the passing of longtime NADE pioneer/member, Marty Blum, but his spirit was alive within the conference, especially in the faces of so many new NADE members attending the conference.

The Ohio Chapter, especially the Conference Committee, is to be commended for the outstanding job in hosting the 2012 NADE Training Conference. The theme “*Exploring New Directions With Nade*” was very appropriate in light of our ever-changing climate at this time.

“Our greatest glory is not in never falling, but in rising every time we fall.” - *Confucius*



## Career Opportunity

### Service Line Director

Human Arc is seeking an experienced and dynamic individual to oversee the operations of one of its Health Plan Division business units which works with Medicaid Managed Care plans to efficiently identify and locate their disabled members and those with disabled dependents and assist them in getting the Supplemental Security Income (SSI) benefits to which they are entitled.

The primary responsibilities of the role include providing leadership to existing operations management and associate staff, managing the financial performance for the service, and ensuring that operational objectives are met.

Qualified candidate will have least five years of successful operations management experience preferably in the healthcare field and specifically with Social Security Disability claims administration and processing. An attorney with former disability claims adjudication, examination or adjudication experience is highly desirable. This person will be a true leader who knows how to get the job done and has demonstrated an ability to identify and implement process improvements and enhancements and is consistently pursuing excellence. Must have strong knowledge of Federal Social Security Administration disability determination rules and regulations, strong analytical abilities, extensive financial planning, budgeting and management experience, exceptional communication and interpersonal skills, and strong customer relations business acumen. Bachelor's degree in Business Management or related area required. MBA is a plus.

The specific responsibilities of this position include:

- Directs and coordinates, through subordinate supervisors, internal operations in business units
- Assists VP with development of Service Line related Operations policies, practices and attainment of operating and financial goals
- Reviews and analyzes reports, records, directives and confers with managers/supervisors to obtain data required for planning activities such as new commitments, status of work in progress and problems encountered.
- Assigns or delegates responsibility for specified work or functional activities and disseminates policy to supervisors
- Gives work direction, resolves problems, prepares schedules, and sets priorities and deadlines to ensure timely completion of work.
- Coordinates activities of department with related activities of other departments to ensure efficiency and economy.
- Evaluates current procedures and practices for accomplishing department objectives to develop and implement improved procedures and practices.
- Guides the service line to continuous improvements in process flows, process efficiencies and productivity
- Develops, adjusts and implements appropriate benchmarks and Key Performance Measures consistent with attaining the overall operations and financial goals of the service line.
- Establishes effective communications with government agencies necessary for successful disability claims outcomes
- Develops and submits Service Line budget and monitors and analyzes costs consistent with budget.
- Establishes sound and consistent programs to manage Associate performance and morale.
- Delivers on commitments made to client organizations to ensure client satisfaction and retention.

#### **About Human Arc**

We help hospitals and health plans improve their revenue and deliver community benefit. On their behalf, we help their patients and plan members with low or no income, and those who are aged or disabled, to enroll in government-funded assistance programs and realize quality-of-life improvements. Leveraging unmatched experience in program eligibility with the latest technologies, our dedicated, compassionate professionals yield results that exceed customer expectations. We have positively impacted the lives of millions of people and added billions of dollars to our nation's healthcare economy.

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## DSM-5 Changes Expected

by Trish Chaplin, Great Plains Regional Director, Missouri

TODD FINNERTY, PSYD, AND PSYCHOLOGICAL CONSULTANT with the Ohio DDS reported upcoming changes by the American Psychiatric Association (APA) with the DSM-5 on the way in May 2013. Dr. Finnerty is the President of PsychContinuingEd.com, LLC and is an APA Public Education Coordinator for Ohio. The diagnostic criteria have been posted online at [www.dsm5.org](http://www.dsm5.org). The criteria are subject to change. The ICD-10 Classification of Mental and Behavioral Disorders codes should be revealed in October 2014 in which we will see longer diagnostic codes.

There is proposal to change the definition of a mental disorder. It will read “a mental disorder is a health condition characterized by significant dysfunction in an individual’s cognitions, emotions or behaviors that reflects a disturbance in the psychological, biological or developmental processes underlying mental functioning. Some disorders may not be diagnosable until they have caused clinically significant distress or impairment of performance. A mental disorder is not merely an expectable or culturally sanctioned response to a specific event such as the death of a loved one. Neither culturally deviant behavior (e.g. political, religious or sexual) nor a conflict that is primarily between the individual and society is a mental disorder unless the deviance or conflict results from a dysfunction in the individual, as described above.”

Perhaps one of the biggest changes is that physicians will no longer use the multi-axial system, i.e. Axis I-V, and therefore, gone are the days of GAFs. The DMS-5 will be moving to WHODAS 2.0, which is the World Health Organization Disability Assessment Schedule. This will assess cognition (understanding and communication), mobility (moving and getting around), self-care (hygiene, dressing, eating and staying alone), getting along with others, life activities (domestic responsibilities, leisure, school and work), and participation (joining in community activities). The forms for patients to fill out will be different as well. The use of the PHQ-9 for depression and similar screeners will likely be endorsed.

The organizational structure will look like this: Neurodevelopmental disorders, Schizophrenia Spectrum and other Psychotic Disorders, Bipolar and related Disorders, Depressive Disorders, Anxiety Disorders, Obsessive-compulsive and related Disorders, Trauma-and Stressor related Disorders, Dissociative Disorders, Somatic Symptom Disorders, Feeding and Eating Disorders, Elimination Disorders, Sleep-Wake Disorders, Sexual Dysfunctions, Gender Dysphoria, Disruptive, Impulse Control and Conduct Disorders, Substance Use and Addiction Disorders, Neurocognitive Disorders, Personality Disorders, Paraphilic Disorders, and Other Disorders.

A new bill was signed into law to replace the term “mental retardation” with Intellectual Developmental Disorder. IQ scores may be removed from the criteria but kept in the text narrative. IQ-based severity cut-offs such as moderate and profound will likely be eliminated. More emphasis will be placed on adaptive functioning.

Autism Spectrum Disorder will be under the Neurodevelopmental Disorders. Pervasive Developmental Disorders such as Asperger’s will be included together under one diagnosis that has multiple specifiers to communicate severity and associated features. Another potential change is to move the onset cut off for ADHD from age 7 to age 12 and require fewer symptoms in an adult to make the ADHD diagnosis. Also, under Neurodevelopmental Disorders will be Specific Learning Disorder with specifiers in reading, written expression and mathematics.

Likely changes to Schizophrenia Spectrum and Other Psychotic disorders include deleting the classic Schizophrenia subtypes because these subtypes do not provide an accurate description of the enormous heterogeneity of this condition, have low diagnostic stability, and the only subtypes used with any frequency are the paranoid and undifferentiated schizophrenia.

*Continued on next page*



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There is a need to improve the diagnostic precision of Bipolar and related Disorders, as many people with Bipolar do not receive a “correct” diagnosis until later. Core symptoms of manic/hypomanic episodes will be increased energy/activity. One or two symptoms are not taken as sufficient for diagnosis of a hypomanic episode and may not indicate a bipolar diathesis. Proposed changes to Disruptive Mood Dysregulation Disorder (previously known as “Temper Dysregulation disorder with Dysphoria”) will reduce pediatric bipolar diagnoses in children without an episodic presentation by considering alternatives like mood components of ODD and ADHD.

Under Anxiety Disorders, panic and agoraphobia will likely be split into two separate diagnoses. Also, Skin-picking Disorder and Hoarding Disorder may be added separately from OCD. Somatic Symptom Disorders may include “Illness Anxiety Disorder” as opposed to being called hypochondriasis. Binge Eating Disorder could be brought in from the DMS-IV appendix. Substance use and Addictive Disorders will be possibly by amended with “Internet Use Disorder,” focusing heavily on internet gaming. The term dementia will likely no longer be used, replacing it with “Neurocognitive Disorder.”

There is also a potential change to the standard approach to the assessment of personality pathology in the DSM-5 model. Right now, the DSM-IV has 10 Personality disorders not counting Personality Disorder NOS and the ones in the appendix. DSM-5 proposal deletes the names of all but six of the disorders and describes them as personality “types.” Disorders/terms that will no longer be used include paranoid, schizoid, histrionic and dependent. The DSM-5 Personality “types” will include: Borderline Personality Disorder, Obsessive-Compulsive Personality Disorder, Avoidant Personality Disorder, Schizotypal Personality Disorder, Antisocial (Dyssocial) Personality Disorder, and Narcissistic Personality Disorder, with the names remaining the same but not the criteria. Personality Disorder Trait Specified will replace the Personality Disorder NOS. For additional information regarding these proposed changes, visit [www.dsm5.org](http://www.dsm5.org).



## *NADE Welcomes Our Newest Chapter: Kalamazoo, Michigan - Great Lakes Chapter 73*



**The new Kalamazoo NADE chapter was formally introduced to the membership in attendance at the NADE National Training Conference.**

**Tom Ward proudly accepted the new chapter's plaque at the on behalf of all the members of Kalamazoo chapter.**

## Understanding PTSD

**David Dietz, Ph.D. - Ohio DDS Medical Consultant**

*by Liz Livingston, Illinois DDS*

DR DIETZ JOINED THE ARMY in 1996 and severed an Internship at Walter Reed Medical Center. He was discharged 08/2001, shortly before the World Trade Center attack.

The symptoms of PTSD were recognized by the Ancient Greeks who talked about the Spartan military personnel “needing a rest” or having lost the will to fight. In 1860, Charles Dickens was in a train accident and chronicled the subsequent changes he noticed in himself and fellow passengers. In the Civil War it was referred to as “Nostalgia”. WWI soldiers called it “shell shock”. After WWII, the symptoms were called “combat fatigue” and later “battlefield neurosis”. The army produced an excellent movie in the 1940’s called “Let there be Light” showing the effects of combat on WWII veterans.

Victor Frankel, MD said that PTSD is “an abnormal response to an abnormal situation with normal behavior”.

The diagnosis as defined in 1980 requires: 1) exposure to trauma which either threatens or causes serious injury or threatens the integrity of self or others, 2) recurrent distressing dreams or reliving the event, 3) acting or feeling as if the event is recurring, 4) a persistent avoidance of stimuli associated with the trauma and numbing of responsiveness, 5) persistent symptoms of increased arousal or hyper vigilance, “On at all times,” 6) disturbance continues to occur more than one month after trauma, and 7) disturbances cause significant distress socially, occupationally and personally.

There are 7.7 million American adults with PTSD, and of these 185,000 are veterans. There are possibly many more, because victims often do not seek treatment. The median age at onset is 23 years. 70% of people experience at least one traumatic event in their lifetime. Of those, 10% of men will develop PTSD, 20% of women will develop PTSD, and 20% of Iraq/Afghan veterans will develop PTSD. 19/20 soldiers will meet criteria of trauma.

PTSD in military personnel is different from the general population. Veterans may have several traumatic events over a period of time and their combined impact can result in PTSD. Some wounded soldiers do not develop PTSD because they cannot remember the event. The average soldier serves 13 month deployments and carries around packs that weigh between 100-150 pounds all day long in extreme heat. Sources of PTSD in the veteran are: combat, training accidents, civilian accidents, sexual assault (2/3 of the military women who develop PTSD do so as a result of sexual assault). Problems facing the soldiers include: staying in contact with home, spousal expectations of returning soldiers with regard to assuming responsibility, sense of loss from leaving comrades behind, and guilt from being sent home before deployment has ended; their wounds are often not obvious. Adjustment is different for the active duty soldiers than the National Guard soldiers. Active duty has a support system in place, NG soldiers go back home and are often lost to follow-up. Dr. Dietz mentioned that one qualities that were an asset on the battlefield are not helpful in civilian life, like hyper-vigilance. Complicating factors for veterans with PTSD are DAA, other injuries, and suicide (about one per day currently).

The movie from the Pentagon Channel, “Recon” showed that everyone who has been exposed to trauma is changed. IED’s cause physical injuries that are obvious, but other injuries are less obvious: bad attitudes, anger, hostility, nightmares. Soldiers have a hard time returning from multiple deployments. People change during long separations. In the past there was no transition or readjustment period from combat to civilian life.

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Since September 2006 Fort Campbell, KY, has instituted a seven day transition progress named “re-integration” which includes a psychological screening and help readjusting or comedown from “Battle Mind” to ease return to base life. Veterans are rescreened 90 to 120 days after return because the full impact often doesn’t hit home immediately upon return and increases with time. Only 35% of them seek mental health counseling. Fortunately, there is more awareness and better services available now than ever before. There are problems yet: a 6-8 week waiting period to get an appointment at the VA, problems navigating the system because the wounds are not obvious, and the warrior mentality (don’t want to be seen as broken). The military has also developed a prevention plan which includes canine play, and deployed psychiatrists. Mental health clinics provide immediate treatment, rest, and education about symptoms while coping skills are taught. Chaplains are available to listen and help. The Department of Defense has a national hotline.

The most common type of therapy is cognitive behavioral. “Traumatic Incident Reduction” is a type of therapy also used to treat PTSD. It helps people put the incident in a healthier place within their minds. The wounds within can be as disfiguring as the outside wounds. The can heal, but still leave scars. Psychotherapy, psychotropic medication, and group therapy are also helpful. Conversion disorders are also common in veterans because it is much easier for a veteran to say he hurts physically than to say he is feeling bad mentally. No diagnosis can be made until they tell a doctor they have a problem.

When developing SSA Disability claims for PTSD, third party ADLs are very helpful. Military veterans may not be as open or candid about function. A broader picture is needed.

*Other Resources:* [www.ptsd.va.gov/public/where-to-get-help.asap](http://www.ptsd.va.gov/public/where-to-get-help.asap), call 911, go to the ER, or call 1-800-273-8255/Español 1-888-628-9454. Veterans can go to: [www.suicidepreventionlifeline.org/Veterans](http://www.suicidepreventionlifeline.org/Veterans) to chat with a crisis counselor.

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## **P is for President**

*by Marcia Shantz, President of Michigan DDS*

NADE PRESIDENT, TOM WARD, PRESENTED Perfectly to Participants, Proposing Points to Ponder.

President Ward opened with a heartfelt thanks to the Ohio Association Disability Examiners for hosting the NADE 2012 Training Conference. He also expressed his appreciation to Social Security Commissioner Michael Astrue, Chicago Regional Commissioner, Nancy Berryhill, Regional Chief Judge, Sherry D. Thompson, and Regional Communications Director, Carmen Moreno, for taking time out of their busy schedules to participate in and experience for themselves two of the hallmarks of NADE-training and professionalism.

President Ward provided conference trainees, made up of those on the front lines of service to America’s neediest people, with three key points, all beginning with the letter “P”. First, there is **Perspective**. Each of us, as individual members of NADE, needs to maintain proper perspective of the coming reality of the disability world to which we dedicate our professional lives. A dark and cloudy apocalypse is heading our way. President Ward’s thirty-one years of DDS experience and humanitarian missions to Haiti have lessons to teach. The coming storm of high case receipts, budget cuts, and hiring freezes, is not an unsolvable problem. The sky is not falling because, through all, we have repeatedly proven that we can endure and shine. No one can perform the disability casework as efficiently, compassionately, and as accurately as we do. We are up to the challenge.

NADE is about furthering **Professionalism** for the Disability Examiner. NADE has a long, rich history of excellence and professionalism. We must work together with SSA, ODAR, and NCDDD. Now more than ever, we cannot maintain barriers or build walls because of policy disagreements. The Congressional Budget Office wants our opinion because of our first-hand knowledge and professionalism. NADE’s opinion matters because we are **FULLY CREDIBLE**.

The final “P” is for **Preceptor**. To be a preceptor is to be an instructor, teacher, leader, or expert trainer. NADE has leaders and plenty of potential in our ranks. However, it is our job to empower others to accept their competencies so that potential will emerge. Be a preceptor in your chapter, your region. Work professionally with your DDS director to show the value of NADE and the organization. Then, step aside and let someone else steer the ship from his or her perspective.





## NADE Awards

### NADE Recognizes Exceptional Members

*by Anne Graham, Awards Chair*

THIS YEAR'S AWARDS COMMITTEE WAS challenged by 65 nominations for 9 awards. The toughest competition was for the Rookie of the Year Award with 12 nominations. I am pleased to report that for next year, this award has been renamed the Marty Blum Rookie of the Year Award. All the nominees were most worthy of recognition; however, there can only be one winner for each award. Thanks to the Awards Committee: Julie Kujath—Great Plains, Jennifer Maxson—Great Lakes, Norma Pritchard—Pacific, Deb Thomas—Northeast, Billie Thomas—Southwest, and Penny Dahl, Southeast; for their thoughtful evaluation of all the nominees. Below are the winners of the awards and their accomplishments.

#### President's Award for a Chapter OKADE

Service to the community has always been a hallmark of this group of volunteers. Activities in 2011 included: support of TV Channel 4's "warmth for winter" coat drive, which contributed over 60 coats that were distributed to needy citizens. Four cases of school supplies were collected by this group and presented to the DRS Schools for the Blind and Deaf in addition to the annual cash donations presented during the holiday season as part of their charitable outreach.

The group recently collected over 200 lbs of food that was donated to the regional food bank as part of the governor's campaign to end hunger in Oklahoma. Other community initiatives for the year were: the March of Dimes/March for Babies campaign, organ donation awareness, and project angel tree that benefits children of incarcerated parents at Christmas. The Jesus House, City Rescue Mission, Positive Tomorrow's Educational Program For Homeless Children, YWCA Passageways For Women And Children Of Domestic Abuse, and The Shriner's Hospital For Children and Homeless American Veterans are but a few of this group's charitable beneficiaries.

Through their exemplary efforts in community service, charitable causes and other outreach, this group of committed professionals and volunteers enhance the image of the division and NADE. Their contributions have recently been recognized by the parent agency to receive its 2011 "Award of Merit for Community Service," at its annual awards and recognition celebration.

#### Charles O. Blalock Award, A Service Award For The Advancement Of NADE Patricia (Trish) Chaplin

State Treasurer, 10/03 to present  
Chapter Secretary 2004-2007  
State President, 2007-2009  
Missouri Awards Chair 2008-2010  
Helped organize State Conference in 2003 and 2010  
Regional President 2009-2010  
Regional Director, 2010 - 2012  
CCP Chair 2008-2010

As evidenced by the above, this member exemplifies an individual who has made major contributions toward the advancement of NADE. This individual joined NADE shortly after beginning employment and has been a member since that time. She has served in a wide variety of leadership positions, including local and regional levels, as well as at the national level. This member enthusiastically attends conferences and readily shares information with others within the state. She values these training sessions as an opportunity to network, gain knowledge and to stay on the forefront of upcoming changes for the DDS. She readily volunteers for opportunities to make a difference in claimants' lives, as well as helping to enhance DDS business processes. She expresses interest and excitement when discussing the DCPS concept and was one of the first to volunteer to process cases in eCat. All anyone needs to do is mention NADE and this person is one of its strongest supporters and advocates.



*Tom Ward with Trish Chaplin*

*Continued on next page*

## **NADE Award for a Disability Professional Promoting Effective Working Relationships**

### **Elizabeth (Lisa) Hayes**

This individual has been employed at the DDS for 11 years, serving first as an initial examiner in a federal case processing unit and then, in 2006, moving to a specialized unit with primary responsibility to adjudicate Medicaid claims. She consistently demonstrates a passion for her vocation and displays a strong professional demeanor that has endeared her to the entire DDS staff. She has a warm and friendly smile for everyone and this positive attitude radiates over the phone when she is speaking to claimants. She is quick to respond to inquiries from her colleagues and very generous in offering her assistance to other examiners. Consequently, she is well regarded as a true professional who is well respected for her program knowledge, work ethic and people skills.

As a Disability Examiner with primary responsibility to adjudicate state Medicaid claims, this individual readily makes herself available to other disability examiners, supervisors, medical consultants, support staff and agency managers to discuss Medicaid issues. She patiently takes the time necessary to address these issues to ensure others fully comprehend their significance. She answers questions and provides the motivation and encouragement necessary for the staff to learn the Medicaid process better. Using her warm, friendly demeanor, she challenges our staff to grow professionally.

Our DDS operates under a federal court order with regard to the adjudication of Medicaid claims and it is critically important these claims are processed within the timeframes established by the Court. Any claim not processed within 70 days is subject to a significant financial penalty, levied against the DDS on a "per day" basis. Disability Examiners assigned to our Medicaid Unit are carefully selected based on their ability to process cases quickly and accurately. There is enormous pressure to avoid mistakes that add time to the adjudication process. Her attention to detail and willingness to assist others without sacrificing her own quality of work make her all the more deserving of this award. She provides insight and advice to her colleagues with regard to requisite case development actions and her own work is always very thorough and very professional. Her processing time and decisional accuracy consistently ranks at the top.

Her proficiencies as a Disability Examiner are exhibited on a daily basis. A very recent example occurred when it was recommended she close a case as a denial in order to close the case within the requisite legal timeframe. Expressing confidence in her actions, she chose to pursue the additional development required that could make a decisional difference. She hastened to make necessary phone calls and to pursue other development actions to gather the necessary information that did prove to make a decisional difference on the case. And she still managed to meet the legal timeframes! Her dedication to her professional craft and her acceptance of responsibility for her actions reveal an individual who is a worthy model for the NADE Award.

This person is very active in NADE in her local Chapter. Her involvement symbolizes her dedication as a professional and her commitment to NADE. After joining NADE in 2005, she became an active member of her local chapter. She has served as the Chairperson of their Library Committee continuously for the past five years. The chapter maintains a reference library within the DDS that houses medical journals, books, and other materials utilized by members of the DDS staff to research medical issues and disability adjudicative issues. The library also serves as a repository for the chapter's material possessions, including their banner, past awards, various supplies, etc. All items in the library have to be properly catalogued and organized. This she takes it upon herself to keep the library well maintained and up-to-date on its collections. The library is used for meetings and social gatherings and this she takes it upon herself to ensure the cleanliness of the facility before and after each event. She has served as the Chairperson for the Social Committee and currently serves as the Chairperson for the Program Committee, organizing monthly Lunch 'N Learn seminars on topics of interest to the DDS staff that have included a variety of medical topics such as schizophrenia to special interest topics such as bee-keeping, and the state symphony orchestra. She has paid for speaker gifts, snacks, and door prizes out of her own pocket and always arrives early to set up the meeting room and greet the speaker. She is an active member of the Chapter's Ways & Means Committee and organized the printing of a chapter cookbook that proved to be a local bestseller!

She served as Vice President of her Chapter in 2010-2012. She accepted responsibility to serve as Chairperson of a Regional committee in 2011-2012 and will serve in the same capacity for 2012-2013. She has demonstrated great leadership, skill, and judgment. As a dedicated member of NADE, she paid her own expenses to attend NADE training conferences in 2010 and 2011, consistently representing her chapter in a professional manner.

She is actively involved as a member of the chapter's community services committee and regularly volunteers her time to assist with the elderly and the disabled in the community. Her own compassion and genuine concern for others makes her a winner in life. She continually demonstrates a personal level of involvement in caring for others that most people usually only talk about.

*Continued on next page*

### **John Gordon Award for a Supervisor**

#### **Kyla Ressel**

This individual has been a DDS employee since 2006 and an active member of NADE since 2007. She previously held the position of chapter secretary, and has served on a multitude of committees. Throughout her years of service, she has given freely of her time and skills wherever they were needed. In fact, she even made a trip to California in 2008 as part of a concerted effort to reduce that state's workload. She served as a mentor to multiple groups of new DDS counselors and made a conscious effort to provide them with a solid foundation on which to build. She has a natural talent for training new counselors in such a way that they feel equipped with the right analytical tools and confidence in their ability to make good decisions. This individual was also one of the first counselors to volunteer for the ATE workgroup that tested a new case production software and provided feedback to those implementing the program. She continued as part of the workgroup until her well-deserved promotion to Assistant District Supervisor.

This person has a rare and wonderful combination of personal qualities that translate seamlessly into the skills needed to be not only a compassionate public service employee, but also a respected and admired leader. She is well known for her organizational skills, and is lightening fast at providing user-friendly policy reference. Counselors under her supervision continually sing her praises and report that she is always positive, proactive, and encouraging. When caseloads become overwhelming, or a counselor is having a difficult time reaching personal or agency goals, she does not hesitate to roll up her sleeves and dig into the heavy workload. Her supervisory approach to handling difficult situations is amicable, and any criticism she provides is always constructive, rather than condescending. She works with her counselors to identify problem areas and help implement solutions, all while providing them with positive feedback and suggestions for future success. This individual radiates a sense of dedication and professionalism that is unparalleled by her peers. She leads by example, and in doing so, encourages those around her to rise to each new challenge and continually strive to be the best they can possibly be. Words can hardly capture how valuable this person is to our local office, NADE, and especially our claimants.

### **Lewis Buckingham Award for a NADE Leader at the Regional or National Level**

#### **Rodney Paul Roth**

This individual has served as secretary and treasurer, became President Elect for the first time in 1998, and served as President of the Chapter 1999-2000. He was called again to serve as President from 2004-2005. He has also worked diligently for his favorite projects. He loves to cook sloppy Joe sandwiches for fundraisers two or three times a year. They are very popular and everyone wants his secret recipe. Another favorite project is the Casual Week Fundraiser which raises thousands of dollars for charities every year. He makes sure the sellers have the needed supplies, all necessary documentation is in order for the Attorney General's office, and counted and deposited the money for 20 weeks this year. He is also very involved in the annual food drive in the Fall and the Personal Items Collection for the shelters in the winter.

He was Regional President from 2005-2006. He has attended almost all regional and national training conferences from 1994 to the present. He has been the chairman of at least one regional training conference and has served as the audio visual chairman for several others. In 2008, he offered himself as a candidate for the office of regional director. This was an offer of a major time commitment on his part. He currently serves as Secretary.



*Tom Ward with Rodney Paul Roth*

After being an adjudicator II for eleven years, he was promoted to the position of Disability Claims Unit Supervisor in October, 2006. He is fiercely defensive of his charges. He sees only the best in people and expects people to give their best performance. In return he will go to bat for them in many ways. He sometimes even cooks for them, bringing in his special breakfast casserole. He is always cheerful and willing to help out. He is a dedicated, hard working NADE member who is deserving of special recognition for his contributions.

### **Director's Award for Outstanding Support Staff**

#### **Carla Young**

This individual has been an invaluable member of our support staff at DDS since 1980 and a member of NADE since 1992. During her years with NADE, she has contributed countless hours of time and has become our local chapter expert. Her expertise has been molded through her great involvement with the organization. She has served as the state conference coordinator on multiple occasions and has acted as the Chapter President form many years. She has been involved at the state level as a board member at large, President Elect, and President. This individual brings a smiling face, hard working attitude, and an amazing level of knowledge, skill and proficiency to her office. She

*Continued on next page*

is always willing to lend a helping hand to her fellow co-workers and does so on a regular basis. She maintains organization among support staff members in time of absences by ensuring that all necessary tasks are assigned and completed. She provides assistance and has filled in during absences in other offices. She has also provided training to other offices for her position. Additionally, when management staff is out of the office, she keeps the office running smoothly and acts as the contact person for any office issues. Her solid work ethic is harmoniously paired with her ability to boost the morale of coworkers. She retains a continuous position on her office's committee to boost office morale. She serves as the leader in organizing office functions and is the facilitator at the office events.

She takes on challenges with a can do attitude and seeks answers to make sure the job is done right. She has consistently demonstrated her ability and willingness to quickly and effectively adjust to the ever-changing procedures and policies of SSA and DDS. She takes great pride in the quality of her work and the pleasant interactions with her coworkers. She is efficient and organized, and does her work in such a seamless manner that many of the office staff are unaware of the great contributions that she makes on a daily basis. She approaches her work with a rare sense of dedication and commitment that is inspiring to those around her. This individual continuously displays admirable qualities that make her stand out as a natural leader and motivator of her peers. She is an incredibly valuable asset to her fellow support staff employees, management, the counselors, NADE, and most of all, to the countless citizens of her state she has served and will continue to serve.

### **Earl B. Thomas Award for an Administrator Supportive of NADE**

**Doug Willman**



*Tom Ward with Doug Willman*

This administrator is an active NADE member and supporter of NADE activities. He has been a speaker at NADE national conferences for the past several years. He has been involved with NADE since 1978. He has long been an advocate for any and all NADE activities in the local chapter. He encourages participation of staff in NADE activities and promotes the purpose of NADE. He works to improve the Disability Program by serving on the Steering Committee for DCPS. He is involved in NCDDD and is vocal in all arenas to educate and inform SSA of the needs of the DDS. He has worked with our parent agency explaining the importance of NADE activities and, in the past, has been able to send individuals to various conferences without cost to the individual due to the important training aspects of the conferences. He is able to provide a historical perspective to NADE members due to his longevity in NADE and the DDS. He is a strong advocate for his staff, as well as the disabled individuals we serve in our state. He has always gone above and beyond in his efforts. His approach consistently sends us the same message: Do a case well, in a timely manner and be kind to those we serve. He exemplifies the nature of this award.

### **Frank Barclay Award for Someone who Has Motivated and Challenged Personnel**

**Ellen Cook**

Past President (Twice) Treasurer (4 times) Board member - (at least 22 times that were found) This member serves on the audit committee with two other members that reviews the bank accounts once a year. She has served on the election committee off and on for the past 25 years. She has chaired two state conferences, and three chapter regional conferences. She co-chaired a bi-regional conference that was held 200 miles away, and was a committee person for a national conference. This person has chaired her chapter's newsletter, and can be found at every sloppy joe event serving up sloppy joes. She has shopped for the past 8 years for the chapter's annual Angel Tree Shopping. She is currently in charge of posting pictures to her chapter's Facebook page, attends all the board meetings, and has served as a mentor for new board members. She's part of a very active chapter with lots of activities, and she is always willing to volunteer to help, even for clean up.

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What really makes this person such a great asset for her chapter is she doesn't tell you what to do, but challenges you to come up with new ideas and provides support for our new members. Many times in organizations when you have some one who has been around FOREVER - they constantly remind everyone "this is how you do it, because this is what has been done every year". Instead, this person says - "great idea -let's sit down and plan this out." She really gets the new people involved, which is what her chapter needed when they lost so many to retirement over the years.



Tom Ward with **Ellen Cook**

She also serves the chapter as someone who knows why they do certain things. Example: The chapter has an annual audit of the treasurer. By implementing the yearly audit, it's all up front, it's done yearly, and no one feels offended when it's done; the books are always in order. She also serves her chapter as the protocol person. When they want to do an event, they know who to ask; when her chapter has elections, she serves as the new President's reminder for when awards submissions are due, or when meetings with the DDS director are needed. Her chapter prides itself on an excellent working relationship between the NADE organization and the DDS, and this can be attributed to this person.

She continues to encourage members to attend NADE and GLADE regional meetings and events, sharing her room and many times absorbing the costs, because many new members might not have the finances when they are new on the job. She has attended over 20 national conferences including Kansas City, St Louis, New Orleans, Chicago, Portland, Maine, several in South Dakota etc, many times paying her own way and using her own benefit time. Our agency may offer administrative leave for 3 people. She will give hers up, even if she is on the board, so a new member could also attend the National Conference.

Over the past 30 years she has attended over 24 regional meetings, chairing or co-chairing four. She has served the regional board many times as Awards Chair, Secretary, or other committee chairs. On many occasions she has been asked to serve as Regional President or Director, but stepped back when she knew someone was really interested. She doesn't need to be the one in charge but she is the one the Regional Board seeks for advice. This person has many times served as membership chair for the region. She sent reminder emails to chapter presidents reminding them to submit receipts if they ran a recruitment event, and insured they receive reimbursement for their chapter.

When you join NADE everyone receives a new member packet in the mail. Many perhaps never thought about where this packet comes from. Since 1998 this person has done this for NADE - a behind-the-scenes person, yet someone so instrumental and vital to our organization. She currently serves on the National Board as Chair for National Development (previously called Certification Chair) and has for many years. When NADE decided to make this a priority over 20 years ago, this person oversaw it for several years as it grew, establishing record keeping, working with others to revamp the criteria, and then as a good chairman should, she stepped back for others to chair. About 9 years ago, this program had really floundered. The documentation was getting lost on who had been certified, the certificates were not sent timely, so this member stepped back in, researched, and worked for months and months to find out who had been certified in the past, when they expired, when they needed to renew, and got the information out to the chapters. She has continued to keep accurate and updated records for NADE on who has been certified and when. If you look at the NADE website you will see that we now have criteria for all the different positions including medical, adjudicative, and clerical. She provides updates to NADE's newsletter listing who has been certified and recertified, which is great! Everyone likes to see their name in the newsletter!

She has also been asked by SSA to provide information to SSA over the years. As I stated before, she has attended over 20 National Conferences from as far east as Portland, Maine to west in South Dakota. (She wanted to go to California but hasn't made it - yet!) She served

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on the National Training conference committee for the Chicago National Conference, and has served as the elections chair many times for the CCP election. Her advice has been sought many times over the years by NADE Presidents, as well as Legislative Chairs, before giving testimony to congress. She was involved when NADE submitted a resolution after the Zebly class action suit. There were many children receiving SSI benefits, yet the ones who were truly disabled weren't receiving benefits. At the National NADE Conference in Springfield, this person helped draft the resolution which led to the change in the DC criteria on DC cases as well as reviewed draft proposals and recommended changes.

One of the most telling qualities of a leader is someone who does the work, showing others how to do it working side by side, then stepping back so that the next person can lead. She has worked for years on behalf of NADE behind the scenes. Probably one of the most important things she has done has been bringing back the certification program to the forefront. SSA has mentioned several times over the past years that they wanted to establish criteria similar to other professionals which require continuing educational requirements. She has made sure that the NADE program's standards are consistent with other professional organizations, and she makes sure our standards are not compromised. She has also made sure that everyone understands the Certification program by submitting articles to the quarterly Advocate. She includes why it is important, how to locate the criteria and how to submit information. She also tracks what NADE members have been certified, reminds them when they are due to be recertified, and posts those who become recertified. A position that requires organization!

### **Rookie of the Year Havered Hill**

The inspiration of this individual goes beyond expectations of servant leadership. He serves as Treasurer and as a member on the Historian Committee. As Treasurer of the organization, he diligently keeps organized records with a true accountability of the funds. He doesn't stop there; he comes up with creative ideas to help raise money for the Chapter. His hard work with discounting membership funds for the membership drive and mailing in and often completing the forms for each member takes time, effort, and patience, but he does it without a grumble.

As an excellent chef, he volunteers to grocery shop and cook lunches to serve to the Division as a way to raise money for the organization. He is notorious for spending hours after work grilling burgers for everyone to enjoy the following day for lunch. He is one who doesn't just give the idea, but steps up to the serving dish and sees it all the way through. When something needs to be done, he steps up and takes the responsibility to accomplish the task. He is able to do all of this while maintaining a full caseload as a Disability Examiner.

This nominee has a humble manner and his concern for fellow coworkers is immense to the DDD office. His optimistic attitude about NADE is a true asset to the local chapter. As a member of NADE since February 2011, he is the ideal choice for the 2012 NADE Rookie of the Year Award.



*Tom Ward with Havered Hill*

## **Are you Certified through NADE?**

Certification applications are available at [nade.org](http://nade.org), or you may contact

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## Understanding the Neurological Examination

*by J. Scott Prichard, D.O.*

DR. J. SCOTT PRITCHARD, DO, a Medical Consultant from Oregon DDS, gave a talk entitled "Understanding the Neurologic Examination".

He divided the talk into sections. First, he talked about the tools used by a neurologist. Then he talked about the symptoms a neurologist might observe. He described gait dysfunctions a neurologist or other doctor might observe. To apply the information he presented, he then discussed some common neurological MDIs adjudicators see in files.

The tools of a neurologist include pins and needles, a hammer, a tuning fork, a flashlight, a measuring tape, calipers, and monofilaments. These tools, along with the knowledge of the doctor, measure and interpret motor abilities, sensation, and coordination.

Symptoms described by a patient may include: 1. Numbness- deprived of the power to move or feel normally, 2. Tingling - a pricking or stinging sensation or feeling, 3. Paresthesia- skin sensation of burning, pricking or tingling with no apparent cause, and 4. Pain - an intense unpleasant feeling caused by damaging stimuli. Motor abilities include assessing strength, tone, atrophy and spasticity. Strength is measured per the MRC scale. 0/5 is no movement and 5/5 is normal strength. Tone means the continuous passive partial contraction of a muscle. Atrophy is loss of muscle mass over time due to disuse. Spasticity is altered tone with stiffness and involuntary muscle spasms. Neurologists measure spasticity using the Ashworth scale which ranks spasticity on a grade from 0 (normal) to 4 (affected part(s) rigid in flexion or extension).

Sensory abilities include a patient's response to temperature, touch, pinprick, proprioception, 2-point discrimination, and vibration. Normal 2-point discrimination is 0 to 4 mm. Sensory disturbance is present when 2-point discrimination is 5-7 mm. Ability is abnormal when 2-point discrimination is greater than 7 mm.

Coordination testing assesses cerebellar function. Normal coordination is the smooth combination of spatial direction and forceful movement. Functional abnormalities can be seen if the gait is altered, when there is truncal ataxia, dysmetria of the extremities or altered rapid alternating movements of the extremities. Ataxia is another word for impaired coordination.

One of the most interesting parts of Dr. Pritchard's presentation was when he demonstrated gait dysfunction. He demonstrated or talked about: Hemiparetic gait - The affected leg is stiff. The patient swings the leg in a semicircle while walking. The toe hits the ground before the heel, Paraparetic gait - Both legs are stiff and the patient looks as if he is wading in waist-deep water because the arms move much more than the legs, Sensory gait - There is loss of proprioceptive input. In an effort to know when and where the feet land, the patient slams the foot hard onto the ground in order to sense it, Steppage gait - Foot drop is involved. The patient flexes the hip so that the foot will clear the floor, Waddling gait - The patient throws their hips from side to side to shift their body weight, Festination - The patient takes short, shuffling steps that accelerate the further they walk, Retropulsion - The tendency of a person to lean backwards, an involuntary failure in muscle coordination to produce forward strides, and Astasia Abasia - An unstable, staggering manner of standing and walking. Generally, patients do not injure themselves from this condition. They only appear to fall when a person or soft object is within range to catch them.

Dr. Pritchard discussed the neurological findings in carpal tunnel syndrome, specifying that for carpal tunnel syndrome, the numbness and tingling occur in the thumb and first two digits of the affected hand. A sense of weakness or dropping things often is reported, with the sensation of pain being most intense at night, when the hand is at rest. A positive Phalen's test does not diagnose carpal tunnel syndrome. The diagnosis of carpal tunnel requires clinical symptoms, findings, and EMG evidence.

Cubital tunnel syndrome is a condition brought on by increased pressure on the ulnar nerve at the elbow. A patient with cubital tunnel syndrome will have pain and numbness at the elbow and tingling in the ring and 5<sup>th</sup> digit. There will be weakness in the 4<sup>th</sup> and 5<sup>th</sup> fingers and a decreased ability to pinch the thumb to the 5<sup>th</sup> digit. Overall handgrip decreases. Eventually, there is muscle wasting in the hand and a claw-like deformity of the hand can develop.

Complex regional pain syndrome is a neurological MDI that is a form of chronic pain. It usually affects an arm or leg and typically develops after an injury or surgery. There can be burning pain. A person can have allodynia, a painful response to a normally innocuous stimulus. The affected extremity may be cool to touch and appear mottled. Swelling can occur and eventually there can be development of osteoporosis, muscle atrophy, and contracture. There is extreme sensitivity of the skin to touch. Even clothing on the area can be intolerable.

The way a complex regional pain syndrome begins is due to an injury that initiates a pain impulse to the brain. The pain impulse triggers an impulse in the sympathetic nervous system. The sympathetic impulse triggers an inflammatory response, causing the vessels in the area to spasm. This leads to swelling and increased pain. The increased pain from the swelling triggers another response, establishing a cycle of pain and swelling. The swelling and pain leads to a burning sensation that can lead to red mottling of the skin. The cycle keeps going: pain impulse, swelling, increased pain, pain impulse, increased pain, swelling, etc.

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To diagnosis complex regional pain syndrome, obtain a history and physical exam. Thermography and sweat testing are tests that can show the presence of changes to the affected area due to chronic pain. EMG, bone scan, and x-rays can also show findings of nerve dysfunction and bone changes that can occur after the pain syndrome has been present for several months. Dr. Pritchard provided visuals of bone scans, where the uptake in the affected limb are much darker than the non-affected limb. There were pictures of actual swollen, mottled feet and hands.

To conclude the presentation, Dr. Pritchard talked about some tests or situations we see in the medical record that may seem a bit odd. He mentioned Waddell's signs, which may indicate a non-organic cause of chronic back pain. The Lasegue sign is what we know as the straight leg test. More recently, this test is known as the nerve stretch test. Hoffmann's sign signals that there is an injured nerve. The doctor flicks the 3<sup>rd</sup> finger of the patient. If positive, the 2<sup>nd</sup> finger and thumb reflex. Wartenburg's sign can occur after an episode of Bell's Palsy. The facial nerve regenerates incorrectly. Consequently, the eye involuntarily winks when the jaw opens. Pronator drift is a test for upper motor neuron disease. Gower's sign is positive when a person has to use his hands to walk up his own body in order to help himself up from a squatting position. This is due to lack of hip and thigh muscle strength. Meralgia paresthetica is numbness or pain in the outer thigh not caused by an injury to the thigh. This indicates an injury to the nerve that extends from the thigh to the spine. In double-crush syndrome, there are two points of the same nerve that are compressed. Surgery at both regions may optimize recovery.

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## Equaling the Listings

by Jennifer Nottingham, Columbus Ohio DDS

AT THE 2012 NADE TRAINING Conference in Columbus, Ohio, Jeff Vasiloff, MD, presented on equaling the listings. This is an area that many find intimidating and is sometimes a forgotten option. An impairment or combination of impairments is medically equivalent to a listed impairment only if it is at least equal in severity and duration to the criteria of any listed impairment. Medical determination can be established in three ways: 1. If the claimant has an impairment that is described in the listing, but the claimant's impairment does not exhibit one or more of the specified findings, or the claimant's impairment does exhibit all of the findings, but one or more of the findings is not as severe as specified, then the claimant's impairments are medically equivalent if other findings related to the impairment is of at least

*The claimant's symptoms, findings, and test results must be discussed...explain why the overall findings equal the intent of the listing.*

equal medical significance to the missing criteria. This is considered replacing a missing finding in listing equivalence. 2. If the claimant has an impairment that is not described in the listings, then the claimant's impairment and findings will be compared with those of a closely analogous listing. If the findings are of at least equal medical equivalence to those of a listed impairment, then the claimant's impairments is medically equivalent to the analogous listed impairment. This is considered using an analogous listing 3. If the claimant has a combination of impairments, but none of them meets a listing, then the claimant's findings from the combination of impairments will be compared to the findings of related listings. If the findings are of at least equal medical significance to the findings of a related listing, then the claimant's combination of impairments is considered medically equivalent to the selected related listing. This is considered an equals based upon the combination of impairments.

Dr. Vasiloff went on to discuss how to write up an assessment that equals a listing. The claimant's symptoms, findings, and test results must be discussed. To write up an equated decision based upon a missing finding from a listing, it is important to mention the findings of the relevant listing; mention the missing finding, indicate what is being considered to substitute the severity of the missing finding, and explain why the overall findings equal the intent of the listing. When there is an impairment that only an analogous listing exists the analysis should discuss the listing that the impairment most closely resembles; list the specific findings of the claimant's condition that are analogous to the listing requirements, and explain how the severity of the claimant's findings are equivalent to that of the referential listing. When using a combination of impairments to equal a listing one must mention the pertinent listing; discuss all the impairments and findings, explain how the effects of impairments, when added together, are equal in severity to the intent of the listing.

When considering the claimant's findings, it is important to remember that having to function with two impairments is more difficult than having to function with one impairment. The more impairments that an individual has, the more difficult functioning can become. Some impairment combinations are especially limiting. It is also important to consider the symptom of pain when it is reasonably consistent with the objective findings in medical evidence. Some examples of combinations of impairments that may cause serious limitations were noted to be obesity and weight bearing arthritis, obesity and lung disease, visual impairment and neuropathy, visual impairment and hearing impairment, heart and lung disease, and claudication and angina. Dr. Vasiloff then went over case examples and gave the audience the chance to determine what type of listing equivalence to use and what should be considered. The presentation provided a helpful breakdown and case examples on equaling the listing, making the process less intimidating.





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Check the appropriate  
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## NADE Membership Application

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

Name \_\_\_\_\_  
Prefix First Middle Last Suffix

Professional Designation \_\_\_\_\_

Address \_\_\_\_\_

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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**  
**(Make check payable to NADE)**

### CHANGES: (ONLY ENTER CHANGED DATA)

**Change Of Information Form For: (Name) \_\_\_\_\_**

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Other: \_\_\_\_\_

**Mail or email to: Membership Chair**

NATIONAL ASSOCIATION OF DISABILITY EXAMINERS



PO BOX 50006  
SPRINGFIELD MO 65805-0006

Address Service Requested

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## Combining Talents: Creating a Diverse Workforce

*by Angela Trauth, Vermont DDS*

Speaker: Margie Pizzuti, President & CEO of Goodwill Columbus

At the NADE National Training Conference in Columbus, Ohio, Margi Pizzuti shared her experience as President & CEO of Goodwill Columbus. She explained that Goodwill was founded in 1902 in Boston by Rev. Edgar J. Helms, a Methodist minister. His motto was “A hand up, not a hand out”. It started with the Reverend collecting used goods and clothing in the wealthier areas of the city and then hiring and training the poor to mend and repair the items for resale.

The early design of employment, training, and rehabilitation continues today in the many Goodwill Enterprises across the United States. Today, Goodwill Enterprises can be found in nearly every large city; it is now a \$4 billion nonprofit organization.

Goodwill Columbus has been in business since 1939. It is now the seventh largest nonprofit organization in central Ohio and is among the top 100 employers. The mission of Goodwill Columbus is “Building independence, quality of life, and work opportunities for individuals with disabilities and other barriers.” Their vision is “All individuals with disabilities and other barriers are embraced as valued and dignified members of our community.” Along those lines, the majority of programs at Goodwill Columbus work directly to support individuals with developmental disabilities to help them live independently, strengthen their social networks, work part-time in supported employment, and practice the expressive arts. In addition, Goodwill Columbus runs their retail operations, accepts donated vehicles and repairs them for resale, and provides janitorial and security services throughout Ohio.

Ms. Pizutti shared with the audience photographs and personal stories of individuals helped by the many fine programs at Goodwill Columbus. It was awe inspiring to see how the human spirit is enlivened by meaningful work, supportive social connections and self-expression. Rehabilitation works!



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.