
the NADE ADVOCATE



A Publication of the National Association of Disability Examiners

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NADE Charges Into The New Year With Re-Certification

“The (new) process is designed to place emphasis on NADE’s commitment to ensuring....that certified NADE members represent a highly skilled and extremely knowledgeable workforce....”



FOR YEARS, NADE HAS OFFERED professional certification to disability examiners, support staff and DDS medical and psychological consultants. The purpose of the certification program was to emphasize the Association’s commitment to professional growth and development. Many members, past and present, have taken advantage of this program and received professional certification, demonstrating their commitment to excellence. Now, more than ever, the Association is firmly behind this commitment. The increasing complexity of the disability program makes it even more critical that those who are responsible for making the disability decisions, including those who provide technical assistance to the decision-makers, should be committed to pursuing ongoing training as a means of fostering their ability to render quality decisions. Just as clearly, it also has become apparent that NADE should take the lead in assuring the American public that those who are responsible for disability decisions, and those who provide technical assistance to the decision-makers, are among the most knowledgeable and skilled workers in the industry. In an era of diminishing resources, NADE’s role is critical. To achieve the desired goal, it became apparent that our certification process needed to be improved and that a re-certification process was needed to enhance the value of professional certification.

In 1997, an ad hoc committee was appointed by the NADE President to examine this issue. This committee began the long process that has required four years of extensive study. Responsibility for pursuing how best to meet the need of assuring the professional growth and development of disability adjudicators was turned over to NADE’s Continuing Education Committee in 1998. This committee has researched the issues, developed proposals and received comment and direction from the NADE membership.

At about the same time that SSA began to consider the possibility of moving toward a national certification program, delegates attending NADE’s 2001 national training conference in Austin, Texas were presented the final proposals developed by the Continuing Education Committee for disability examiner certification. The proposals were designed to foster a spirit of ongoing professional training for all adjudicative

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

The next issue will be published in **March, 2021.**

All correspondence should be directed through your Regional Representative or directly to the *Advocate* editor **no later than February 15, 2002.**

You may e-mail articles in text format to drhilton@sofnet.com
Please also forward a hard copy.

President's Message

WE HAVE BEGUN ANOTHER NEW YEAR and there are many developments occurring that I hope all of you have been following. Of course, the most obvious one is that we have a new Commissioner of Social Security.



Ms. JoAnne Barnhart was sworn in as SSA's Commissioner in November and she brings to the job an in-depth knowledge of the disability program, having served for the past four years as a member of the Social Security Advisory Board. This Board has produced several extensive reports that chronicle the problems in the disability program. Despite knowing what the problems are, Ms. Barnhart took the job anyway! You have to admire her courage!

Among the many decisions Commissioner Barnhart made in her first few weeks on the job was the decision to extend prototype. This decision was not unexpected but NADE has urged SSA to make a decision on the future of this new claims process as soon as possible and move forward.

The "President's Commission on Strengthening Social Security" released its report in December. The content of the Commission's report probably was of little surprise to anyone. However, it does make it likely that a political battle will be fought in this year's congressional elections with Social Security as a primary issue. Much of the public debate will be directed at the solvency of Social Security trust funds and individual investment accounts, but it also seems likely that America's confidence in Social Security as a whole will be tested. NADE has previously cited this growing decline in confidence as perhaps the most critical issue facing Social Security.

This is the time of year that NADE chapters and NADE members should begin to think about membership. There are still a few months before the renewal period begins in May. I hope you will decide to renew your membership at that time. However, I would also like to encourage every member to urge their co-workers to join NADE today. You know they should! In their hearts, they know they should,

continued on page 3

NADE 2002 CALENDAR OF EVENTS:

| | | | |
|-----------------------|------------------|------------------|-------------|
| Southwest Regional | DoubleTree | Little Rock AR | April 3-5 |
| Great Plains Regional | Ramada Inn | Sioux Falls, SD | May 1-3 |
| Great Lakes Regional | Battle Creek Inn | Battle Creek, MI | May 9-10 |
| SE/NE/Mid-Atlantic | Hyatt Regency | Louisville, KY | May 7-10 |
| Pacific Regional | tba | Sacramento, CA | May 15-17 |
| National Conference | DoubleTree Hotel | Portland, OR | Sept. 21-27 |

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.

Advocate advertising rates are as follows:

| Size | Single Run | Multiple runs |
|-----------|------------|--------------------|
| 1/3 page | \$75.00 | \$50.00 per issue |
| 1/2 page | \$125.00 | \$100.00 per issue |
| Full page | \$200.00 | \$175.00 per issue |

Professional Opportunities: Brief 1-2 lines on related occupational information (\$25.00)

Chapter Networking/Fund Raising: "Chapter Bulletin Board" (\$10.00)

Membership Networking: Exchange or request for information, such as computer information (\$5.00)

Advertising: Contact Donna Hilton 417.888.4152 or Glenda Croom 512.437.8592

or they would if you told them about NADE! Urge them to visit NADE's web site at www.nade.org to learn more about NADE. Consider that their voice, when added to your own, increases the strength of our impact on your future and theirs.

NADE has its own version of "Who Wants to Be a Millionaire?" New members who join early can get up to 18 months membership for the price of 12. It is **YOUR** responsibility to tell your colleagues of this fantastic offer. And here's another piece of good news – NADE now has an online membership application/renewal process that allows new members and those members renewing their memberships to do so via use of their major credit card (Visa and MasterCard only). This online membership service is available at www.nade.org.

NADE has recently made two requests to SSA that reflect the power of how one person, working through their professional association, can effectuate change in national policy. This is one of the most important benefits of NADE membership – the ability to effectuate change!

NADE has asked SSA to consider creating a new exception to MIRS in Lost Folder Cases when the DDS is able to conclude that the current impairment is non-severe but the CPD claim folder is lost. Whereas, we previously had to continue these beneficiaries, we have asked SSA to allow for an exception to MIRS that would allow adjudicators to cease benefits in these cases.

NADE also has asked SSA to create a detailed Index to the Medical Listings. This seems to be an idea whose time is long overdue. Dr. Alan Cowles, a DDS Medical Consultant in Kansas, has prepared such an index in the past and he presented the idea to NADE that SSA should be doing this. It would make utilizing the listings much easier. Of course, Dr. Cowles is absolutely right!

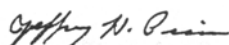
NADE's mid-year Board of Directors meeting is coming up much earlier than usual. The change from our customary March meeting to a February meeting should improve NADE's capacity to make a stronger impact on disability legislation in Congress and in policy development at SSA. This year's meeting will be held in Washington, D.C. at the L'Enfant Plaza Hotel. The dates are February 21-23. The meeting is open to all NADE members. Details of this meeting are listed at NADE's web site. If you can't attend, contact your chapter president or regional director for a report of what occurred at this meeting.

It is not too early to begin to make plans to attend one of NADE's regional training conferences. Several NADE chapters will also sponsor state training conferences this year. Of course, don't forget to start making plans to attend NADE's national training conference in Portland, Oregon. NADE's sponsorship of these State, Regional and National training conferences demonstrates our commitment to providing ongoing professional training and continuing education. Your attendance at these events serves to demonstrate your personal commitment to yourself and to your future as a professional. Our goal is to assist every DDS with their effort to maintain the level of professional expertise they require to render good public service. Your goal should be to expand your horizons and seize upon opportunities that enable you to do so. Details of these NADE conferences are available at NADE's web site.

Speaking of NADE's web site, if you haven't accessed it lately, you probably haven't noticed the changes. We are trying to make the web site more appealing and offer more information on the site. I encourage every member to access the web site frequently to check out "Late Breaking News," photographs of NADE members at conferences, new job opportunities, or new position papers and congressional testimonies. All this and other information is available at the click of your mouse! And, don't forget to let us know what you think! After all, this is your web site and we want it to be used!

NADE was very busy in 2001 and we expect to be equally busy in 2002! We will continue to be involved in new and ongoing policy discussions at SSA. We expect to have additional occasions to present expert testimony before Congress. We will improve our communications and we will train our leaders for tomorrow. We will move forward, following the design contained in our Long Range Plan. We will fulfill our commitment to strengthen our certification program and honor past and future commitments to raise awareness of certain issues and concerns. We will seek to strengthen our presence in those states where we have active chapters and we will seek to improve our standing in the few states where NADE is not actively organized.

In accepting the top leadership position at SSA, Commissioner Barnhart declared, "I do not seek to manage the status quo." Neither do I! And neither should you.



Jeff Price, President



NADE Correspondence



SOCIAL SECURITY
Office of the Deputy Commissioner

December 4, 2001

Mr. Jeffrey Price, President
National Association of Disability Examiners
P. O. Box 243
Raleigh, North Carolina 27602-0243

Dear Mr. Price:

Thank you for your recent letter conveying your kind words on my recent appointment as Deputy Commissioner for Communications at the Social Security administration.

I agree with your assessment that this is a time of both great challenge and opportunity for those of us associated with the Social Security program. I look forward to working with the SSA and DDS community in addressing those challenges and in seizing the communications opportunities that they will present.

Again, thank you for your letter and your offer of assistance.

Sincerely,

Terry Abbott
Deputy Commissioner
for Communications

SOCIAL SECURITY ADMINISTRATION BALTIMORE MD 21235-0001



SOCIAL SECURITY
Office of the Deputy Commissioner

December 20, 2001

Mr. Jeffrey H. Price, President
National Association of Disability Examiners
P.O. Box 243
Raleigh, North Carolina 27602-0243

Dear Mr. Price:

Thank you for your recent letter, as well as the copy of the latest issue of the *NADE Advocate*. I found the publication to be very interesting and informative. Your President's message was of particular interest because, as I'm sure it will come as no surprise, I share your view that communications is the fire that drives any organization. The articles about the NADE Training Conference in Austin and the presentation by Stan Ross also were helpful.

I look forward to working with you and the NADE organization in the months ahead.

Sincerely,

Terry Abbott
Deputy Commissioner
for Communications

SOCIAL SECURITY ADMINISTRATION BALTIMORE MD 21235-0001

Correction: In the last issue, the new Chapter in West Virginia should have read **Clarksburg**.



NADE Correspondence



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November 26, 2001

Mr. Kenneth D. Nibali, Associate Commissioner
Social Security Administration
Office of Disability
560 Altmeyer Building
6401 Security Boulevard
Baltimore, Maryland 21235

Dear Mr. Nibali:

The National Association of Disability Examiners (NADE) would like to bring an issue to your attention. Members attending our recently concluded national training conference endorsed a resolution that calls upon the Social Security Administration to create an additional exception to the medical improvement review standard (MIRS). NADE asks that this additional exception for MIRS be created to address those situations in which Lost Folder CDR claims are determined to have non-severe impairments based on current medical information.

The exceptions to MIRS, as listed in the Code of Federal Regulations (CFR), address specific situations where it was determined that the necessity of having to apply MIRS would place an undue burden upon SSA's need to accurately insure that only deserving beneficiaries continued to receive disability benefits. NADE applauds SSA's vision in creating these exceptions.

Currently, there is no exception to MIRS in the CFR that addresses the issue that NADE would like to have addressed. Title II and Title XVI disability beneficiaries, whose cases are pulled for a Continuing Disability Review (CDR), and who are subsequently determined to have physical or mental impairments that are non-severe, but whose prior disability claim folders cannot be located, must have their benefits continued. If the prior folder cannot be located, it cannot be determined how severe the impairment was at the time of the Comparison Point Decision (CPD). Therefore, a determination of medical improvement cannot be made. While this practice does protect the beneficiary from subsequent differences of opinion regarding impairment severity, it loses validity when a current determination is made that the beneficiary's impairment is non-severe. Since it seems unlikely that the original decision to award benefits would have been made if the impairment was non-severe, a current determination at the time of the CDR that the impairment is non-severe would indicate that medical improvement has occurred.

NADE contends that an exception to the medical improvement review standard is needed to permit a cessation of benefits in such cases. Failure to do so will require that the current practice of having to continue benefits remain in place. These beneficiaries will become permanent fixtures on the disability rolls. It will be impossible to cease benefits in the future for these beneficiaries since subsequent CDR decisions would have to use as their comparison point the decision that continued benefits even though the impairment was non-severe.

Considering SSA's fiduciary obligation to protect disability funds that are held in trust, favorable action upon our recommendation seems very appropriate. SSA should not continue to afford legal protections to disability beneficiaries who are truly no longer disabled.

NADE would welcome the opportunity to discuss this matter with you further and to assist SSA in drafting new language to be inserted into the CFR that would create this additional exception to the medical improvement review standard.

Thank you.

Sincerely,

Jeffrey H. Price, President

National Association of Disability Examiners

cc: NADE Board of Directors
Office of General Counsel, Social Security Administration



NADE Correspondence



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December 17, 2001

Mr. Kenneth D. Nibali, Associate Commissioner
Social Security Administration
Office of Disability
560 Altmeyer Building
6401 Security Boulevard
Baltimore, Maryland 21235

Dear Ken:

As you are already aware, the Office of Disability is in the midst of revising several of the medical listings. Some of these revisions are scheduled to be published soon. At our recent national conference, the National Association of Disability Examiners (NADE) adopted, by unanimous vote, a resolution calling upon SSA to prepare an Index to the Medical Listings. NADE believes that an Index to the Medical Listings would have enormous value to disability examiners, medical consultants and others who use these listings on even an occasional basis. It is a helpful tool that is long overdue in being made available.

One of our members, Dr. Alan L. Cowles, has prepared such an Index that SSA may wish to consider using as a guideline or even adopting as its own. I would urge your staff to contact Dr. Cowles for this information. Dr. Cowles is a medical consultant in the Kansas DDS and is also a representative on the Disability Training Steering Committee.

NADE is very willing to assist in this endeavor if our assistance would be needed.

Sincerely,

Jeffrey H. Price
President

cc: NADE Board of Directors

Conference Coverage

Leadership Development Training Offered to Conference Attendees

Presented by Ken Forbes, NADE President-Elect

THIS TRAINING WAS PRESENTED IN back to back sessions from 2:00 PM until 4:30 PM Monday afternoon. The program began with a review of the structure of NADE including history and a review of the organization chart showing the executive board, the full board and the relation to regional and chapter offices.

Most of the first session was devoted to the concept of running an effective meeting and carrying out the duties of chapter leaders. While most of the work is clearly the job of the president, the training proposed that the officers should all work as a team to make sure everything gets done.

In identifying what needs to get done, the presentation centered around a retrograde timeline established based on tasks that must be completed by each chapter for the National Training Con-

ference, Regional Training Conferences, National Disability Professionals Week and the Mid-year Board meeting. These tasks include putting together a status report to tell the Regional Director how the chapter is doing in membership, fundraising, dealing with challenges, etc. Other tasks include choosing people within the chapter to submit for any of the national or regional awards and finding volunteers who want to serve on national committees as well as identifying the people who will serve as chapter delegates to the national or regional conferences.

There was some discussion about the resolution process and how it allows any member to come up with a concept they believe would be good for the disability program or for NADE, pass it along through a number of different channels, and ultimately affect the actions of the entire organization.

The second session was a continuation of the first but focused in more depth in the areas of membership and fund raising. The theme was clearly that NADE needs to increase membership and each chapter needs to determine what people want in return from the chapter. Chapters were urged to identify the fund raising options that allow the chapter to raise the money needed, as well as, to meet the "what's in it for me" test the members have. A few best practices, found during the initial Leadership Development sessions at the Pacific Regional conferences, were discussed and there was some time for questions and audience participation.

Some sessions benefit from having more information than there is time to cover them, but this one needed more time or less information. Still, most of the attendees found something to take back to their chapters.



Ken Forbes led the Leadership Training offered at the 2001 National Conference in Austin, Texas.

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Conference Coverage

Texas Team Outlines Cooperative Disability Investigations

by Cynthia Mejia, Sacramento DDS

ONE OF THE BREAKOUT SESSIONS during the NADE Training Conference in Austin, Texas, was a presentation by the CDI (Cooperative Disability Investigation) Program. This program was initiated in response to ongoing complaints from SSA Field Office and DDS staff. SSA developed and implemented CDI Pilots in five states. This has been expanded to 13 states currently, and there are plans to expand this project to 20 sites by the year 2004.

This pilot uses staff from the Office of Inspector General (OIG), various DDS and SSA employees and members of local law-enforcement. In Texas, this program combines the talents of staff from OIG, SSA, the DDS and the Harris

County Sheriff's Department located in Houston.

Each member of the team provided a summary of his or her duties. The Team Leader is a Special Investigator from OIG and participates in actual investigations with the detectives. DDS and SSA team members are responsible for screening cases and being technical advisors on case issues for the group. The detectives from Harris County use "State of the Art" surveillance equipment and bring years of investigative experience to this effort. There are usually between 40-50 cases referred from the DDS pending review, with approximately 20 assigned to the investigative team.

After providing a general overview of the program, the investigators showed us a selection of videos taken during their investigations. We were amazed by what we saw and, not surprisingly, this generated many questions about this program, how it worked and how it was started. According to the team representatives, the Texas program was designed after the pilot that started in Louisiana.

Everyone involved in this program is very pleased with its result. We look forward to seeing additional sites implemented, making this important program available to more staff involved in the adjudication of cases for the SSA disability program.

When Does Workplace Stress Become A Problem?

by Nicholas Kalfas, Ph.D., New Hampshire DDS Chief Psychological Consultant

THE ISSUE OF STRESS, ESPECIALLY stress in the workplace, has been and continues to be an ongoing concern. Stress is a relative term, and each individual perceives situations and copes with possible stress-related situations differently. Stress can be a "good" thing...it motivates us to accomplish goals; but like anything else, too much of a "good" thing can have untoward results. Stress can also be a result of a traumatic event.

There are many forms of workplace stress. "Burn-out" is one area that is quite familiar to us. Another is traumatic stress, an occurrence that is unfortunately becoming more prevalent. This type of stress is usually produced by a traumatic incident (or by a series of incidents over a period of time). Such an incident is any situation that results in an unusually strong emotional reaction that has the potential to interfere with an

individual's function either in the workplace or outside the workplace. While there are degrees of stress produced by an incident, such incidents usually produce a characteristic set of psychological (and physiological) reactions. Some of these are restlessness, irritability, excessive fatigue, sleep disturbances, anxiety, startle reactions, depression, moodiness, muscle tremors, difficulties concentrating, nightmares, vomiting, suspiciousness, etc.

When such a traumatic incident does occur, some form of intervention is indicated. Not all incidents require a full, formal response and many are handled by co-workers using humor, listening, taking time away from the situation, relaxation, etc. The goals, however, of any type of intervention are the same... to provide support and a sense of safety to individuals and to minimize the development of abnormal stress responses

which may cause lost time and effectiveness at work and problems within an individual's family.

The most readily available and proximal resources are those individuals in the immediate area who are not part of "the incident." They are able to act as observers and, when noticing a strong emotional reaction, are able to provide support and encouragement to the affected individuals. The next level is one of defusing the effects of stress. Supervisory personnel can accomplish this by focussing on the involved individual's feelings and reactions to the incident (and not his or her performance. Serious incidents with potentially high levels of emotional reaction should lead to a more formal stress debriefing led by a qualified mental health practitioner. Individuals who continue to have symptoms should be referred to a mental health professional for intervention.

NADE in NH— Making This A Team Effort; Making Even Greater Strides!!

by Cheryl Fairney, NADE in NH Fund-Raising Coordinator

ONE OF THE GRANITE STATE'S chapters most significant, charitable annual fund-raisers is the October American Cancer Society's "MAKING STRIDES AGAINST BREAST CANCER, WALK/RUN."

This year NADE in NH raised money for the American Cancer Society in two different ways. On September 15th, we held a yard sale. We also received enormous amounts of money from fellow colleagues, from friends and from relatives who gave generously to the American Cancer Society and who specifically sponsored a NADE team walker or runner who completed the five-mile course.

This year, Cheryl Fairney, Fund-Raising Coordinator, served as our NADE TEAM Captain. Cheryl initiated a yard sale drive and collected such items as clothing, shoes, wall hangings, books, jewelry, tools and cosmetics. She catalogued and priced each item. Sandy Morse assisted Cheryl in putting together the yard sale and Sandy graciously allowed our chapter to host the yard sale at her home in Boscawen during foliage season when many tourists would be out and about. Sandy, Cheryl, Charlotte Matteau (Programs Chair), and Peggy Vieira all worked diligently at the yard sale and these four ladies raised over \$300.00! At noon, Sandy fed the yard sale crew, and from all reports, these

four gals had a great time working together, and meeting the crowds of people who stopped by to purchase NADE sale items.

On October 14th in Concord, NADE members and friends set forth on the five-mile walk/run to support the American Cancer Society and the Annual Breast Cancer Awareness Fund-Raising event. Our group of 19 walkers and runners arrived at Memorial Field at 11:00 AM in order to warm up, to stretch and to have photos taken. There were a total of 80 local corporate teams who also participated in the afternoon event. It was a damp, rainy day, but every NADE team member persevered. At different intervals along the course the crowds cheered us on, giving us support and encouragement to continue on and to finish the course.

The following NADE and non-NADE adults walked the five mile course: Anne Prehmo and her two children, Carolyn Guerdet, Sheila Lambert, Jean Hillier, Sandy Morse, Cheryl Fairney, Debbie Six, Debbie's husband and their daughter.

The following NADE and non-NADE adults ran the five mile course: Charlie Sawyer who "medalled" and came in second in his age category, Marilyn Metcalf, Scott Knowland and Paula Christofolletti.

Many survivors of breast cancer were also recognized before the event and these brave women also participated and completed the five-mile course! Those women who have lost the battle to this dreadful disease were also honored, and a beautiful memorial plot with floral arrangements was on display for all of us to see.

Next year, we hope more NADE and non-NADE members will participate in this worthy, charitable event. This activity promotes teamwork, camaraderie, and a healthy afternoon of exercise and fun. You do yourself a great service to get out there to be a spectator, to walk or to run for a great cause. After finishing the course, participants received free drinks, sandwiches provided by one of the local restaurants, gourmet coffee, sweets, cookies, apples and thermal cups all for the taking. Because we raised \$50.00 per team participant, each team member went away with a beautiful lavender and pink "2001 MAKING STRIDES" t-shirt with the NADE in NH logo printed on the back of the shirt!

The department of Vocational Rehabilitation played an even greater role in this year's chapter's annual fund-raiser. Sheila Lambert, VR Administrator, hopes that in 2002, VR and NADE in NH can join hands again and make this charitable effort even more inclusive and more successful. NADE in NH made even greater strides than we made last year. This year, we doubled the amount of money we raised in the year 2000, and this past October NADE in NH raised \$1030.00 for the American Cancer Society's Fall Breast Cancer Awareness national fund-raising event!

See you next year at Memorial Field in 2002!

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Re-Certification, from page 1

personnel. The process would require that certified NADE members would have to apply for re-certification every three years in order to maintain their professional certification. The process is designed to place emphasis on NADE's commitment to ensuring that members who are certified as having met the specific minimum standards for professional certification continue to remain current and up-to-date on the latest developments in their profession. NADE declared that, from henceforth, members who have been certified by this Association, and whose certification is current, will be the most skilled and the most knowledgeable adjudicators on any DDS staff. By ensuring that certified NADE members represent a highly skilled and extremely knowledgeable workforce, NADE has sought to establish a major role in assisting the DDSs with the task of replenishing an ever-increasing decline in experience and institutional knowledge. Beyond this immediate goal, NADE has made it clear that it intends to focus a major effort on ensuring that DDS staff personnel do not become dinosaurs in their own field. What NADE will provide to its members and to the DDSs is a guarantee that the level of professional service rendered to those who seek assistance from the DDSs is the best service possible.

What does this mean? Up until now, NADE's certification process provided lifetime certification. Once you were certified, you were certified for life. This will change! With the re-certification process that goes into effect on April 1, 2002, NADE members will have to demonstrate their commitment to ongoing professional training by show-

ing that they have accumulated a minimum of twenty-five (25) continuing education (CE) credits in a three year period. The requirements for initial professional certification remain unchanged.

Beginning in April 2002 NADE will grant continuing education, or CE, credits for all training directly related to one's ability to perform as part of the adjudicative team in the DDSs. CE credits may be earned, and will be issued by NADE, for training on medical, vocational, and administrative topics. Motivational training will also earn CE credits. The latter reflects an understanding by the Association that motivated employees are more likely to perform superior work and be listed among the most productive employees for any DDS.

NADE's Continuing Education committee will distribute evaluation forms. Members will earn one CE credit for each hour of training they attend. Training may be elective, such as the training offered at NADE's training conferences or sponsored by a NADE Chapter, or it may be required training such as SSA sponsored IVT training. Members who wish to receive CE credits must complete the proper form and have it signed by an officer of their NADE chapter or by their Regional Director. The completed form must then be sent to the Chairperson of NADE's Certification Committee.

The Certification and the Continuing Education Committees are working together to finalize the details of this new process. The re-certification process is currently available only to disability examiners. The Continuing Education

Committee is working to develop re-certification criteria for Support Professionals and DDS Medical and Psychological Consultants. The proposals outlining the re-certification requirements for these two groups are expected to gain a favorable recommendation from NADE's Board of Directors this year and will be presented to the 2002 national Delegate Assembly that will meet during the national conference in Portland, Oregon.

To become a Certified Disability Examiner, you must be a current member of NADE, have a minimum period of three years of successful practice as a Disability Examiner, defined as the performance of at least satisfactory work, and not be in a probationary or conditional status with the employing agency. Applicants for certification must have a minimum of a Baccalaureate degree unless their employing agency has a policy of permitting other education or work experience to be substituted as an equivalency. Additional requirements include completion of a minimum of thirty-six (36) hours of medical training, twenty-four (24) hours of vocational training and twelve (12) hours of technical training that must be completed under the instruction of the employing agency.

The certification requirements for Disability Support Professionals mandates that applicants have at least three years of successful practice as a Disability Support Professional and a minimum of a high school diploma. Additional requirements include a minimum of six (6) hours of medical training, twelve (12) hours of interpersonal communications training and thirty-six (36) hours of

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technical training. An applicant must also be a current NADE member.

Certification criteria for Medical Consultants were established at NADE's 2000 National training conference in Puerto Rico. The certification of Medical Consultants is limited to those employed by the Social Security Agencies only. Physicians who perform consultative examinations for the Social Security disability program are not included.

Applicants must have a minimum period of three years of successful practice as a Disability Medical Consultant and be currently licensed in the state in which they are in practice. Applicants must be current members of NADE.

The certification process is easy. Details and applications are available at NADE's web site at www.nade.org or can be obtained from the Chairperson of

NADE's Certification Committee. As further refinements of the re-certification process are developed, they will be promulgated to the membership. If you have any questions about the process, feel free to contact the Chairperson of NADE's Certification Committee or your regional certification representative.

Historical background provided by Jeff Price.

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NADE Thanks

Dr. Ward Jankus

Neuropsychological Associates of Southwest Missouri

Becker Law Office and L & S Associates Inc

for their continued corporate support.

Membership — A Vital Key

by Susan R. LaMorte, Membership Director

THE FUTURE OF OUR PROFESSIONAL organization hinges upon increases in membership. Increases in membership will provide the needed resources for our involvement in various programs, projects and activities that will expand NADE's overall growth. This expansion is the key to our future success as a viable professional organization. The bottom line of this success lies with you — THE MEMBERSHIP.

NADE Membership recruitment and retention continue to be a vital concern to all chapters. NADE's strength is our MEMBERS. Our presence will be stronger, our voice louder and our effectiveness enhanced with increased active membership. Now's the time to recruit a new member!

During the New Board meeting at the close of the national conference in Austin, Texas, NADE awarded a contract to Envision, Inc. to assume the responsibilities for the Association's membership processing duties. This is the same company that also manages the Association's web site. NADE looks forward to this new business arrangement as an opportunity for growth.

NADE would also like to take this opportunity to thank Data Wright, Inc. for its many years of dedicated service in handling the Association's membership processing duties. NADE enjoyed a rewarding relationship with Data Wright and is very appreciative of this Company's willingness over the years to adapt its responsibilities to accommodate new directional changes that were made necessary by NADE's growth and ever increasing expectations.

All new memberships received from January through June, 2002 will receive an expiration date of June 30th of the following year (2003). A new member is anyone who has not been a member in three years. Therefore, January begins our annual membership drive. I'm asking each member to recruit ONE NEW MEMBER into NADE. This will not

only increase our membership, but also strengthen our ability to pursue further development of the professionalism of disability evaluation. Remember, one voice speaks words, many voices speak volumes — with increased membership NADE's voice will be stronger and louder! We can double our membership.

To help our Chapters achieve this goal, NADE is offering Membership Grants of up to \$50.00 to be used for membership recruitment and/or retention activities. Chapters wishing to apply for a grant should submit a Membership Grant Request Form, which outlines how the money is to be used and the estimated costs. These forms will be distributed to each chapter by Chairperson of Council of Chapter Presidents (CCP) Jane Bradley in her next CCP mailing. Once the activity has been carried out, the Chapter will need to supply receipts or other appropriate verification to the Membership Director. Be as imaginative and creative as you wish in your activities. Apply early!!

NADE is also sponsoring a membership contest. For contest purposes Chapters will be divided into three (3) size categories:

- Small (25 or fewer),
- Medium (26-75) and
- Large (76 – or more).

The contest will run from 10/01 through 9/02. The winners will be determined with the 9/02 printout. Cash awards of \$50 and \$25 will be given to

the two Chapters in each category showing the largest numerical increase over the life of the contest. A certificate will also be presented. All Chapters meeting the annual membership growth of 10% will be recognized as well.

I'm compiling a new membership recruitment/retention package, which will be distributed to all Chapter Presidents and Regional Membership Committee members. We also have our NADE Membership Video available upon request.

Let's all work together in meeting our goal of each member recruiting ONE NEW MEMBER! I'm counting on YOU!

I would like to thank the following members for agreeing to serve as their region's membership contacts: Molly Williams (Great Lakes), Alden Peterson (Great Plains), Reginald Stepney (Mid-Atlantic), Russell Mojcher (Northeast), Natalie Elwood (Pacific), Karen Gunter (Southeast) and Tom Epperson (Southwest).

Please feel free to contact your regional representative or me if you have any questions, concerns or suggestions on how the Membership Committee can help serve the member's needs better. I look forward to hearing from you.

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Conference Coverage

NADE Recognizes Membership Growth

by Leola Meyer, 2000-2001 Membership Chair

MEMBERSHIP AWARDS WERE PRESENTED AT the 2001 NADE National Conference Awards Luncheon in Austin, Texas. Cash prizes and certificates were given in each of three categories for numerical growth during the year.

Winners in the Small chapter category (25 or fewer members) were:

- First Place: **Iowa**
- Second Place: **New Hampshire**
- Third Place: **CA/Sacramento**

Winners in the Medium Sized Chapter category (26-75 members) were:

- First Place: **Puerto Rico**
- Second Place: **Ohio**
- Third Place: **KY/Derby City**

Winners in the Large Sized Chapter category (76 or above members) were:

- First Place: **Missouri**

The winners were determined by using the July 2000 to 2001 printouts.

Corporate Appreciation Awards and Plates were presented to the NADE Corporate Members. NADE has two new corporate members that were recognized this year. They are:

- Becker Law Office and Neuropsychological Associates of Southwest Missouri.**

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Contact: Susan L. Marshall



The following Membership Awards were given:
 (From left): First Place, Small Chapter - Iowa. Accepting the award is Susan Hege;
 Third Place, Medium Chapter - Kentucky/Derby City. Accepting the award is Al Pelletier;
 First Place, Medium Chapter - Puerto Rico. Accepting the award is Victor Collazo.
 Second Place, Medium Chapter - Ohio. Accepting the award is Susan Smith.



Publication awards went to North Carolina (Large Chapter), accepted by Jeff Price.
 Oregon (Medium Chapter), accepted by Ken Forbes and J. Scott Pritchard.
 Texas (Large Chapter), accepted by Lisa Martin and Lauren Sebel.



Missouri received first place in Membership and Publication competition. Accepting the award is Sharon Belt.

Multiple Sclerosis: An Overview of Cause, Treatment and Effect on Potential Disability

by Scott A. Kale MD, JD, MS CIME of Arthritis and Internal Medicine Specialists, Ltd.
Chicago IL

MULTIPLE SCLEROSIS (MS) IS GENERALLY BELIEVED to be an auto-immune mediated disorder that occurs in genetically susceptible people exposed to an environmental "trigger" (e.g. pregnancy, viral infections, hepatitis B vaccine, fever, heat, "stress", herpes 6, Chlamydia pneumoniae) which cannot always be identified. The name of the disease derives from the presence of many (multiple) scars (sclerotic areas) in the white matter of the central nervous system whose physical presence disrupts normal neurological "traffic" within the nervous system creating a "jam" resulting in symptoms. The target of the immune reaction is the white colored myelin or fatty sheath that surrounds nerves, serving as a kind of insulator increasing nerve conduction velocity. The injury observed in the myelin is described as a "plaque" and represents the scar (or sclerotic region), the inciting reaction leading to multiple sclerosis. Symptoms are thought to result from this discrete injury to nerve tissue. Resolution to whatever extent it occurs is related to healing of the lesion via reduction of edema (swelling) around the nerve or by partial remyelination around the nerve, reestablishing efficient electrical conduction.

The process of inflammation resulting in MS has certain "favored" locations in the nervous system. These "preferred" sites may have similar receptor sites (suitable landing pads) on which pro-inflammatory molecular complexes settle and create damage. The sites may be "friendly" in physical, electrical, chemical, or anatomic ways that make it more likely that lesions will develop in their territory. Thus, the usual sites of pathology (abnormal anatomy) in MS include:

optic nerves,

the **periventricular** (areas surrounding the "ventricles" or cere-

brospinal fluid-like lakes within the brain) **white matter** (referred to in this way because these areas are covered in white colored myelin; "gray matter" reflects collections of cell bodies which stain and appear gray in nerve cells),

brain stem (the portion of the central nervous system that includes the medulla, pons, and midbrain physically connecting the spinal cord to the cerebral hemispheres),

cerebellum, and spinal cord.

Clinical Manifestations

MS is primarily a disease of young adults (20s-30s). There is a female predominance of 2:1 in the most prevalent form of the disease (80% of the cases), the so-called Relapsing-Remitting variant. In the "Primary Progressive" form, males equal females in prevalence. The disease course is variable and unpredictable especially in the Relapsing type, such that within 15 years of the onset of the disease 15% of patients require assistance in walking. Ten percent have a benign course over a 20 year period (thus called benign MS); 50% of persons with a Relapsing-Remitting form of the disease develop a secondary progressive form of MS. Fifteen years after developing secondary progressive MS, fifty percent of people require canes or other walking aides and 10% need a wheelchair. Seventy percent fall in the primary or secondary progressive type of pattern. There are between 250-350,000 patients in the United States.

Patients tend to present with sensory disturbances.

One half of all patients are disabled within 10 years.

Signs and symptoms may include:

Unilateral Optic Neuritis (one half of all patients who present with this symptom will develop MS)

Diplopia (double vision)

Lhermitte's sign (trunk and limb numbness produced by neck flexion)

Limb weakness

Intention tremor

Episodic clumsiness or dysarthria

Ataxia of gait (uncoordinated gait)

Neurogenic bladder

Bowel incontinence or constipation

Fatigue increasing at night or with increased body temperature

Paroxysmal pain or paresthesias, trigeminal neuralgia, deafness, seizures, transverse myelitis, tonic limb posturing

Signs of the disease originating from the cerebral cortex include: aphasia, apraxia (cannot carry out a desired act), recurrent seizures, visual field loss, and early dementia. Extrapyramidal (i.e., cerebellar and limbic system) abnormalities include chorea and rigidity. Eventually, cognitive impairment, depression, emotional lability, dysarthria, dysphagia, vertigo, progressive weakness and sensory loss, ataxic tremors, pain, sexual dysfunction and spasticity become prominent.

Diagnosis

The diagnosis is based on clinical and laboratory data. The Relapsing form becomes clinical definite when lesions are "disseminated in space and time" (i.e. create focal signs and symptoms in different places in the body such as eye and bladder for instance at intervals of time, such as over two years time). Cerebrospinal fluid and MRI data can be helpful and/or diagnostic. Electrophysiologic data such as auditory evoked potentials, visual evoked potentials, and somatosensory evoked potentials (AER, VER, SSEP) studies are useful adjuncts to the diagnosis.

Physical Diagnosis

The history of the illness may be supplemented by the physical diagnosis, which should reveal evidence of central nervous system dysfunction. Examination may display: cranial nerve dysfunction, pallor of the optic disc, nystagmus, disarthria, scanning speech, stuttering, unintelligible speech, lack of gag reflex, position sense abnormality (i.e. positive Romberg), positive Babinski (upgoing toes), cerebellar signs (past pointing, tandem gait, abnormal alternating motion, ataxia, heel to shin abnormalities), hyperreflexia, disappearance of abdominal reflexes, spasticity, motor weakness, sensory levels apraxia, aphasia, depression, abnormal mental status examination, disturbed gait (including tandem walk, walking on toes and heels, hopping, arising from a chair, getting on and off the exam table), tremor, weakness, need for assistive devices, atrophy, fati-

gability, and reduction in grip (fine and/or gross motor skills are abnormal).

Differential Diagnosis

Once this data is collected, one still has to "rule-out" diseases that cause signs and symptoms sufficiently like MS which warrant consideration. This is especially true since curable "look alikes" clearly alter diagnosis and prognosis. Diseases to rule out include:

1. Metabolic disorders : B12 deficiency
2. Autoimmune diseases: Sjogren's, SLE, Bechet's, sarcoidosis, antiphospholipid antibody syndrome
3. Infections: HIV, Lyme
4. Vascular disorders: vasculitis, multiinfarct states
5. Genetic syndromes (e.g. hereditary ataxia and paraplegia)
6. Lesions of the posterior fossa and cord: Chiari malformation, spinal stenosis
7. Psychiatric disorders: conversion, malingering
8. Neoplastic diseases: spinal cord tumors, lymphoma
9. MS variants: encephalitis, optic neuritis isolated brain stem syndromes

Treatment

MS patients face enormous prognostic uncertainty requiring considerable counseling and support. Depression is common; suicide is a relatively high risk in this population.

Intravenous cortisone is given for relapses (oral prednisone is now rarely used). Interferon beta-1b (betaserone) via subcutaneous injection every other day reduces the rate of clinical relapse, the development of new lesions per MRI, and also delays increase in the volume of established lesions. Good results are also obtained through Interferon beta-1A weekly injections. Copaxone is the best tolerated new drug and given daily makes similar claims of reducing relapses. The FDA has approved Novantrone injectable for treatment of relapsing-remitting MS, but not for the progressive MS.

The mechanism of action of these drugs is not known; neither is their long-term effect. They all have side effects which are themselves disabling: profound fatigue, nausea, vomiting and flu-like symptoms. Muscle relaxants are helpful, as is occupational therapy, physical therapy, and pain clinic treatments. The aim of the treatment is to prevent or delay disability, to improve function, to alleviate symptoms of spasticity, to prevent complications (contractures and pressure sores) and to optimize quality of life.



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NADE Budget 2001 - 2002

1. RECEIPTS

| | |
|-----------------------------------|---------------------|
| A. Projected Membership | |
| 1900 @ \$50 | \$ 95,000.00 |
| Corporate Membership | |
| 6 @ \$500 | \$ 3,000.00 |
| 10 @ \$200 | \$ 2,000.00 |
| B. Advertising & Non-dues Revenue | \$ 1,000.00 |
| C. Conference Profits | \$ 2,000.00 |
| D. Interest Income | \$ 1,000.00 |
| E. Miscellaneous Income | \$ 1,000.00 |
| TOTAL RECEIPTS | \$105,000.00 |

2. EXPENSES

| | |
|---|--------------|
| A. Office Expenses | |
| 1. Membership Processing, 625 times 12 months | \$ 7,500.00 |
| 2. NADE Website | \$ 4,000.00 |
| 3. Membership Supplies | \$ 500.00 |
| 4. Phone/Postage 12 months | \$ 2,500.00 |
| 5. Misc. (copying, PO Box) | \$ 500.00 |
| B. Publications (all expenses relating to the publication of the ADVOCATE except Publications Director travel.) | \$ 21,000.00 |
| C. Board Operating Expenses | |
| 1. Mid-year meeting | \$ 14,000.00 |
| 2. National conference | \$ 22,500.00 |
| 3. Executive Office Travel (Reg. conferences, etc.) | \$ 13,000.00 |
| 4. Pres., Past Pres., Pres.-Elect Phone, Postage, Misc. | \$ 300.00 |
| 5. Secretary-Phone/Postage | \$ 500.00 |
| 6. Treasurer-Phone/Postage/Misc | \$ 200.00 |
| 7. CCP-Phone/Postage/Misc. | \$ 600.00 |
| D. Regional Activities | |
| 1. Rebates (Zero in lieu of no increases in dues) | |

| | |
|---|-------------|
| 2. Regional Director-Phone, Postage, travel to Regional Conferences, etc. 7 at \$500.00 | \$ 3,500.00 |
|---|-------------|

E. Standing Committees

| | |
|---|-------------|
| 1. Membership (Inc incentives, preparation of new member certificates, postage, misc - all expenses except Membership Director travel and Membership processing; includes \$500.00 Membership grants. | \$ 4,000.00 |
| 2. Awards | \$ 1,500.00 |
| 3. Legislative (travel to testify excluding travel to Board meet.) | \$ 1,000.00 |
| 4. Constitution and By-Laws | \$ 25.00 |
| 5. Continuing Education | \$ 25.00 |
| 6. Certification | \$ 400.00 |
| 7. Resolutions | \$ 25.00 |
| 8. Elections and Credentials | \$ 25.00 |
| 9. Historian | \$ 800.00 |
| 10. Nominations | \$ 25.00 |
| 11. Hearings | \$ 250.00 |

F. Other Committees

| | |
|-----------------------------------|-----------|
| 1. Long Range Planning | \$ 25.00 |
| 2. Organ Donation/Transplantation | \$ 25.00 |
| 3. DDS Administrators/Liaison | \$ 400.00 |
| 4. Disability Professionals Week | \$ 200.00 |
| 5. Non-Dues Revenue | \$ 100.00 |
| 6. Litigation Monitoring | \$ 25.00 |
| 7. DDS/SSA Systems Liaison | \$ 50.00 |
| 8. Ad-Hoc Committee | \$ 200.00 |

| | |
|---|-------------|
| G. Printing (Board and committee supplies, envelopes, etc.) | \$ 1,000.00 |
|---|-------------|

| | |
|--|-----------|
| H. Financial Compilation and Review, Tax Preparation | \$ 800.00 |
|--|-----------|

| | |
|---------------------------|-------------|
| I. Misc. Contingency Fund | \$ 1,000.00 |
|---------------------------|-------------|

| | |
|------------------------------------|-------------|
| J. Non Dues Incentive Fund Account | \$ 1,000.00 |
|------------------------------------|-------------|

| | |
|--------------------------------------|-------------|
| K. 2001 National Conference Expenses | \$ 1,500.00 |
|--------------------------------------|-------------|

TOTAL EXPENSES \$105,000.00

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Check the appropriate box in each section.

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| <input type="checkbox"/> Associate | \$50.00 |
| <input type="checkbox"/> Full Support | \$25.00 |
| <input type="checkbox"/> Retiree | \$25.00 |
| <input type="checkbox"/> Corporate | \$200.00 |
| <input type="checkbox"/> Silver Corp. | \$350.00 |
| <input type="checkbox"/> Gold Corp. | \$500.00 |

NADE Membership Application

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

Name _____
Prefix First Middle Last Suffix

Professional Designation _____

Address _____

City _____ State _____ Zip _____

Local Chap # _____ Wk Phone (_____) _____ Email _____ @ssa.gov

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

Change Of Information Form For: (Name) _____

CHANGES: (ONLY ENTER CHANGED DATA)

Name _____

Professional Designation _____

Address _____

City _____ State _____ Zip _____

*Local Chapter # _____ Daytime Phone (_____) _____

Email Address _____ @ssa.gov

Other: _____

Mail or Fax To: Susan R. LaMorte 675 Joralemon Street Belleville, NJ 07109 Susan.Lamorte@ssa.gov Fax 973.648.2802

NADE Goes Hi-Tech in 2002

Join NADE By Credit Card Web-Based Officer Reports Reduce Expenses

NADE IS ENTERING 2002 WITH major changes in its membership processing procedure. We are now offering instant new membership applications On-Line by MasterCard or Visa, and we are giving current members the option of renewing their memberships using credit cards on a secure server at NADE's official website nade.org.

Those wishing to join/renew by check are encouraged to complete the membership application at nade.org, print the application and mail it with your check. This will save time and insure accuracy with your information, eliminating the need to interpret handwriting.

Many cost saving procedures are being implemented, beginning with weekly web-based New Member and Member Update Reports for NADE's Membership Director, Susan LaMorte, eliminating postage and paper expenses. These web-base reports also eliminate the time delay caused by mailing the reports, providing immediate information directly to the person who needs it.

We are discussing many possible improvements to the membership processing service in association with NADE's website, nade.org, including Certification Credit tracking and collecting all members email addresses to allow instant communication with members.

You can help NADE in this process by insuring that your personal information is correct, and by providing your email address for addition to NADE's database. Individuals in your Chapter will be assisting Susan LaMorte in gathering this information.

Chapter Promotions of National Disability Examiners Professionals Week Recognized at the Austin Texas Training Conference.



The First Place Award went to Oklahoma (accepted by Kathy Pierson, left) and Second Place Award went to South Dakota. (accepted by Brenda Tibbets).

NATIONAL ASSOCIATION OF DISABILITY EXAMINERS
PO BOX 4188
FRANKFORT KY 40603

Address Service Requested

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|---|
| PRSR STD US POSTAGE PAID SPRINGFIELD MO PERMIT #616 |
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