the NADE ADVOCATE

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NADE President Shari Bratt introduces Associate Commissioner Ruby Burrell.

Communication Tops Priorities to Build Electronic Process

Ruby Burrell, Associate Commissioner, Office of Disability Determinations

by Terri Klubertanz, SSA/DDS Liaison Chair

RUBY BURRELL STARTED with the Social Security Administration (SSA) in a field office. She was promoted up through several positions within SSA and her most recent position prior to becoming Associate Commissioner for the Office of Disability Determinations (ODD) was Deputy Associate Commissioner for the Office of Public Service and Operations Support where she was the lead executive for the agency for the electronic folder "Independence Day" assessment (IDA) project. Ms. Burrell continues to be responsible for IDA in her current position as Associate Commissioner for the Office of Disability Determinations.

As of March 25,2006, thirty-one DDSs have been IDA certified and more states are being added every day. Once all states have been IDA certified, the next step in the electronic process is to look beyond eDIB and get optimal efficiency operating in an electronic environment. Ms. Burrell stated that she has seen first hand that DDS staffs are hard working and all value customer service. She wants to help DDSs to thrive in the electronic environment. Open and honest communication is one of her top priorities. She is developing a communications plan and has put up a calendar on the ODD website showing disability issues and meetings that she and her staff will be attending.

Ms. Burrell emphasized that she wants to hear what NADE members are thinking in a respectful and direct manner. That is her management style and she doesn't want to hear that everything is working well when it isn't. She stated this is a good time to place disability issues on the front burner because improving the disability process is a top priority for SSA. She is passionate about her role as advocate for the DDSs and the disabled public that we serve. Obviously with limited resources, all issues may not get top priority due to the need to incorporate balance into goals and responsibilities set.

She stated that the FY06 (fiscal year 2006) DDS budget was one of the most protected in of all of SSA. In response to feedback from the DDSs, she made a change to allow DDS recruitment and replacement staffing to be managed at the regional rather than national level. In each region, overall DDS replacement rate will be 3 for every 4 employees lost. In contrast, the SSA Field offices will only be able to replace at a 1 for 3 rate while some of the other components within SSA will replace at a rate of 1 for every 5 employees lost. Though the DDS funding was cut by $96 million, the work year numbers for the DDSs are not very different from what was requested. SSA's overall budget was cut by $300 million.

The priority for FY06 (fiscal year 2006) workload is to keep the initial pending at 577,000 cases. Most states are already on track or below what is currently needed to meet the initial case pending goal for this fiscal year. However, there are 4-5 large states that are just recovering from the "dual process" mode of case processing so the nation as a whole is behind on meeting the goal. In order to accomplish the initial pending goal and keep the focus on service, the number of CDR (Continuing Disability Review) case production was reduced to 360,000 and the PPWY was set for 241. The DDS budget funds 14,769 work years and processing of 3.6 million cases in FY06. Processing time goals were set for 93 days and net accuracy goal remains at 97%. Intangible goals for FY06 are eDIB "Ramp-up" and IDA certification. The goal is to have all states IDA certified by the end of CY06 (calendar year 2006).

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President's Message

IT'S HARD TO BELIEVE IT is spring already, and that the Mid-Year Board meeting is behind us. This is a time of much continued activity for NADE and its members, particularly with the recent release of the final regulation on Disability Service Improvement (DSI).

The annual business meeting of the NADE Board was held in late February and early March in Washington, DC. It is customary for the NADE President, President-Elect, Past President, Legislative Chair and SSA/DDS Administrators Liaison to visit members of the House and Senate, the Social Security Advisory Board, the Commissioner, the Office of Management and Budget, the Congressional Budget Office, and the Institute of Medicine prior to the rest of the Board's arrival. We had very informative and interesting meetings with the parties listed above and were able to learn more about the Disability Service Improvement Initiative. Guest speakers at our Board meeting included Bob Robertson and Joy Gambino from the Government Accountability Office, Ruby Burrell-Associate Commissioner for the Office of Disability Determinations, Glenn Sklar-Associate Commissioner for the Office of Disability Programs, Bill Gray-Deputy Commissioner for the Office of Systems, Rick Warsinskey-President of the National Council of Social Security Managers' Association, Myrtle Habersham-Chief Strategic Officer, Andy Marioni-President of the National Council of Disability Determinations Directors, and Kathy Johnson-Treasurer of the National Council of Disability Directors. These guests spoke to the Board about SSA policy changes and other topics relevant to disability adjudication and eDib.

Also at the Mid-Year Board meeting, we talked about the Retiree Chapter of NADE, NADE membership renewals, NADE Training conference updates, the definition of disability, member certification and a survey that was sent to all DDS Administrators regarding their thoughts on conference dates and attendance. We discussed NADE awards criteria, constitution and by-laws changes, and a NADE membership recruitment video. I am happy to report that Chuck Schimmels, NADE President-Elect, has selected the Madison Hotel for the 2007 Mid-Year Board meeting. The dates of that meeting will be posted on the NADE website, and are March 1-3, 2007.

Shortly after the Mid-Year meeting, Chuck and I were invited to attend the SSA/DDS Management Forum in Kansas City, Missouri. Since the DSI regulation had just been published, that was the main topic of discussion there. I had the opportunity to see many DDS employees who are NADE members win Associate Commissioner and Commissioner Citations. Congratulations to all those who were recognized for their hard work and dedication to doing the best job possible, despite all the changes occurring in the disability program right now.

At the end of March, the NADE Board accepted the resignaiton of Steve Segall as Treasurer. The Board approved the appointment of Chuck Schimmels to serve as Acting Treasurer until new elections are held at the national conference in San Diego in September.

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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 **Summer, 2006**.

All correspondence should be directed through your Regional Representative or directly to the **Advocate Editor** by **June 15, 2006**

You may e-mail articles in text format to **drhilton@cox.net** Please also forward a hard copy.

NADE submitted a position paper in early April to the Institute of Medicine on medical listings changes, and that paper can also be found on the NADE website. The Great Lakes Regional conference was held in Kalamazoo, Michigan April 26-28th, and there was a superb agenda. The theme of the conference was "Mind, Body and Spirit Connection." There were sessions on pain management, treatment modalities for seizures, treatment of cancer patients from a psychologist's perspective, grief and loss, patient education and spiritual care, integrative approaches to rehabilitation, and sleep disorders. Thanks to KMADE in Kalamazoo, Michigan NADE members and the Great Lakes Region for hosting such an informative training conference!

The Quad-Regional Conference in Virginia Beach will be held May 16-19, 2006. This will be my second trip to Virginia Beach, and I am delighted to visit the area again and speak to the conference about NADE's activities and accomplishments this year. I hope to see as many of you there as possible!

With the Board's approval, Paula Sawyer (Northeast Regional Director) and I will be visiting the Boston and Worcester, Massachusetts DDSs as well as the DDS in Rhode Island for the purpose of recruiting members and reactivating NADE chapters. I look forward to these visits in June, because I am always delighted to talk about NADE membership and what we have accomplished on behalf of our members. The next time someone asks you, "What has NADE done for me lately?" please refer them to the NADE website or a recent issue of the *Advocate*!

I hope you are making plans to celebrate National Disability Professionals Week in June, and that you observed in some way "National Donate Life Month." Activities such as these are a great way to learn and interact with co-workers and other NADE members. And remember, there are contests for both these events recognizing how you observed and celebrated them.

Best Regards,

Shari Bratt

Shari Bratt
NADE President

Communication, from page 1

"...the Commissioner has released $4.8 million to fund dual monitors for case production staff in the DDSs."

There was a lot of discussion and open exchange between the NADE Board and Ms. Burrell on DMA issues occurring in the states. Ms. Burrell shared the good news that the Commissioner has released $4.8 million to fund dual monitors for case production staff in the DDSs. Unfortunately, there was not sufficient money to fund dual monitors for all DDS staff; however, as workstations in the DDS get "refreshed", the old CRT monitors will also be replaced with 19" flat panel monitors.

The DDS Administrator's Forum was held in Kansas City April 4-6, 2006, and with the theme this year "Possibilities/Opportunities/Challenges". There is still a lot of work to be done particularly in the electronic medical evidence area. SSA is working with some large copy services and vendors to try to get them to receive and submit records electronically. And of course, everyone is anxiously awaiting the final regulations on the Commissioner's new disability service initiative. It is recognized that the SSI PER legislation will also impact on processing time and resources.

NADE CALENDAR OF EVENTS:

Great Plains Regional	**Ramada Inn**	**Jefferson City MO**	**Sept. 11-13, 2006**
National Training Conference	**Bahia Resort & Hotel**	**San Diego CA**	**Sept. 16-21, 2006**

Highlights of the Mid Year Board Meeting

by Juanita G. Boston, NADE Secretary

THE NADE MID YEAR BOARD Meeting, held at the Madison Hotel in Washington, DC officially opened with the call to order by President Shari Bratt.

The Executive Officers, Regional Directors, CCP(Council of Chapter Presidents) Chair, Appointed Directors, Appointed Representatives and Committees Chairs presented their Mid Year Reports to the Board.

The following are brief highlights from the Old and New Business Meeting:

Constitution and By-Laws

Because of the expense involved in a yearly audit by a CPA, the duties of the Treasurer were changed to providing an annual Financial Report with the necessary documentation for independent review by NADE's President, President Elect and Past President prior to the Mid Year Meeting. The annual Financial Report would be entered into the Minutes from the Mid Year Meeting and entered into the financial records.

Website Changes

For consistency in all NADE membership documents, the website will now designate members as*:*

Disability Professional,
Disability Medical Professional and
Disability Support Professional.

Anyone having difficulty using the website or other problems, should contact Shari Bratt or Chuck Schimmels.

Conference Date Survey

To maximize attendance and assist with future conference planning, the NADE Board is asking for member input on dates for future National and Regional Training Conferences. The survey will be sent electronically to members and by mail to DDS Administrators.

Organ Donation/Transplant Name Change

The Board voted to change the name of NADE's recognition of National Organ Donor Awareness Week to National Donate Life Month to be consistent with the national recognition title as designated by President Bush.

Awards Criteria

The Board recommended the Awards Chair review the criteria for National Awards to make the criteria more reflective of the active participation in NADE activities rather than participation in the local DDS. This will be discussed more at the Old Board meeting in San Diego.

National Disability Professionals Week

NDPW will be celebrated the week of June 19 - June 23, 2006. The theme for this year will be **"E-volving with NADE."**

Speakers to MidYear Meetings

The following were Guest Speakers for the Mid Year Meeting:

Bob Robertson and
Joy Gambino from GAO,

Ruby Burrell,
Associate Commissioner
Office of Disability Determinations,

Glen Sklar,
Associate Commissioner
Office of Disability Programs,

Myrtle Habersham,
SSA Chief Strategic Officer,

Bill Gray,
Deputy Commissioner
Systems,

Rick Warsinskey,
President NCSSMA,
Greg Heineman,
Vice President NCSSMA,
and **Rachel Emmons**,
Government Relations Consultant

and **Andy Marioni**,
President of NCDDD and
Kathy Johnson,
Secretary of NCDDD.

The interactive sessions gave speakers the opportunity to present updates and information about future initiatives of interests to all DDS employees and provided the Board the opportunity to ask questions, offer feedback and suggestions on issues of importance to the membership. All of the speakers applauded the professionalism of NADE and the feedback NADE has consistently offered in the ever changing disability program.

Upcoming NADE National Training Conferences

San Diego, California
September 16-21, 2006

Sioux Falls, South Dakota
September 15-20, 2007

Nashville, Tennessee
2008

Covington, Kentucky
2009

Office of Disability Programs: The Face of Change

by Terri Klubertanz, SSA/DDS Liaison Chair

Associate Commissioner Glenn Sklar visits with President Shari Bratt

ASSOCIATE COMMISSIONER Glenn Sklar visited with the NADE Board at the March MidYear Board meeting. He was accompanied by Barbara Levering, Senior Advisor to the Commissioner, and Dan Hanrahan, a claims representative on detail to SSA in Baltimore.

Disability Policy:

A new method for accessing SSA policy was shared with the NADE Board. "Disability Online" (DOL) is a new software application being developed that will be a much more efficient and effective way to address policy questions. As of March 2006, the current SSA policy site, PolicyNet, has had 1.2 million site visits averaging 90,500 visitors a month (65,000 who use it frequently) and 1.5 million pages have been accessed.

The new disability policy application will improve search capability and present content in a more focused manner, integrating all of the various references into one easy application. Policy information will be categorized, structured and presented in a task oriented basis depending on the locationfrom which the search is queried (i.e. FO, DDS, OHA, etc.). The search will highlight important information and alert the user to the critical policy elements and be component specific. An example was shared with the NADE Board demonstrating accessing a policy question on relevant past work by a hypothetical DDS disability examiner using the PolicyNet and using DOL. Searching via PolicyNet brought up a number of results that were not relevant specifically to the disability examiner, potentially introducing some confusion for the user. In contrast, the search in Disability Online produced more relevant results because the user's location filtering focused on the DDS examiner's tasks and question.

Obvious benefits to the front-line users of the new policy format will be that it will be quick, clear and relevant to their position. All of the information is written in "short chunks" - the user can get as little information as he/she needs or as much information as he/she likes by "drilling down" using the index and links provided to other sections. Likewise, program managers will benefit from DOL as it will improve efficiency, allow for re-purposing (re-use), present information in a standardized format and will help manage the "brain-drain" at SSA and the DDSs.

At the present time, virtually all new disability instructions (with the exception of regulations) are being drafted in this new format. However, there are approximately 20,000 pages of older disability POMS that also need to be put into this new format. The electronic policy (eDG) has already been changed and written in this new format. The next sections they hope to work on are vocational policy, Medicare Part B, and the Listings of Impairments. Most SSA disability policy drafters have been trained on writing policy in this new format. However, the mammoth conversion task for older POMS will be managed as a detailee driven process - large numbers of individuals from the field (including DDSs) will be brought in on a flow basis to help with this work. Currently there are 10 individuals on detail to ODP from the Field Offices, DDS and OHAto work on this project.

It is anticipated that this new software package will be on everyone's desktop in August 2006, but it will not be fully loaded with all 20,000 pages of the POMS for some time. The NADE Board was asked what sections of the POMS NADE members would like to see rewritten in the new format first, and to submit a consolidated list to Mr. Sklar. That information will help them prioritize which policy to rewrite in the new format and get out to users first.

Listings of Impairments:

Mr. Sklar then talked about the changes to the Listings of Impairments. They have been using a new process to gather feedback earlier in the process by doing more outreach and consultation up-front before starting to rewrite the listings. All listings will be updated by the end of FY2007. After the listings are revised, they will be seeking follow-up feedback on the new listings as to how they are working and whether additional training and/or clarification is needed.

The final rule for medical equivalence was published in early March 2006. Feedback is being sought on the proposed rule to use optometrists to establish a medically determinable impairment (MDI). Soon to be released will be the final rules on vision and digestive listings. Additional NPRMs coming out are immune, mental, and possibly a new speech and language listing.

Training Initiatives:

As SSA moves towards finalizing the disability service initiative changes, new ways of strategizing and presenting uniform and consistent training will be required. As training initiatives were researched, it became obvious that there's a lot of training being done on disability policy but not all of it was being presented in a uniform and consistent manner. The Office of Disability Programs has been working on coming up with a core disability training package so that all trainers are working off the same script. They started with the core Disability Examiner basic training package and the Administrative Law Judge training package and have brought them together into one training package that all adjudicators will follow. They hope to have this on-line so a site can easily and directly access the training materials when needed. Again, they have used detailees from the DDSs and OHA to work on developing this training pack-

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age. They have developed one major training package and now they are in the process of "chunking" the material down into lesson plans. It looks that there will be possibly 40 different lesson plans. The Office of Training has been coordinating with the Office of Disability Programs so that they will be putting their information into this same format.

Mr. Sklar wanted to make sure that all NADE members were aware that the "medical minutes" and "vocational tips" presented in the bi-monthly Disability Hour presentations are now available for viewing on-line at your desktop.

The website address is: http://co.ba.ssa.gov/disability/odp/training.html.

Electronic Medical Evidence (EME):

SSA is aware that a significant amount of work still needs to be done to get as many medical records as possible into an electronic format for submission to SSA. They have developed software in conjunction with the Veterans Administration to consolidate and present the VA electronic records into a more user friendly, standard format. The software goes up against the VA record and pulls out the most pertinent and useful information for disability adjudication. This software has already been implemented in several states and is in the process of being rolled out to all states. Feedback so far has been positive; users have found that the information is presented in a much more structured and easier to read format and instead of 500-1,000 page reports, the information is able to be presented in 40-60 pages.

SSA is also working with some large medical copy providers like SMART, Chart One and Source Corps to develop processes for obtaining electronic medical records from their health care providers. Work will continue in this area as well as continuing to enhance and improve SSA's EME website. Mr. Sklar stressed that it is critical that as these new processes are rolled out that ODP hear from NADE on how they are working.

SSA Vision, continued from page 38

Myrtle Habersham
Chief Strategic Officer

Concepts for in-line quality reviews are to answer the following questions:

- How can case management be improved?
- What can be done to improve case development?
- What management information is required to improve the determination process?
- What key points in a case should be reviewed to improve quality?

Data was gathered by the contractors in the following areas:

- Desired functionality of DDS case processing systems
- What data is needed to support DDS management decision-making
- Capability of current systems and technology
- Case processing best practices techniques
- DDS management best practices

Current quality reviews in the state DDS consist mostly of end-of-line QA (Quality Assurance) review and supervisory review during case development and processing. Questions that the contractor asked the NADE Board:

- What kind of information would the disability examiner like and how best should that be presented?
- What kind of analysis would provide the manager with information needed to improve quality and performance?
- Would it be most useful to consolidate performance data from across the disability program into a single report?
- What kinds of reports are useful for various users?

New methods and tools for accessing data are anticipated to provide DDS managers and staff more useful information to assess the five dimensions of quality. We are hopeful that more information about these new quality tools and about how they may be implemented will be forthcoming soon.

MidYear Meeting Offers Many Agencies and Groups a Chance to Share Issues of Interest with the NADE Board

by Donna Hilton, Publications Director

THE ANNUAL NADE MID Year Board meeting once again offered NADE Board members a chance to meet with SSA executives, and representatives from different agencies and groups who have a mutual interest in improving the Social Security Disability program. In addition to SSA officials Ruby Burrell (Associate Commissioner Office of Disability Determinations), Glen Sklar (Associate Commissioner Office of Disability Programs), and Myrtle Habersham (Chief Strategic Officer)*, NADE was proud to host Bill Gray, SSA Deputy Commissioner of Systems; Joy Gambino and Bob Robertson from the Government Accountability Office (GAO); Rick Warsinkey, Greg Heineman, and Rachel Emmons from the National Council of Social Security Managers Association (NCSSMA); and officers from the National Council of Disability Determinations Directors (NCDDD) President Andy Marioni (DE), and Secretary Kathy Johnson (OH).

Mr. Gray indicated this was a good time to meet with NADE as changes to the systems process are proceeding on schedule. New York was the last state to come up on the SSA electronic system in January 2006. As of the mid year meeting, SSA had taken 400,000 internet applications and 12 1/2 million claims had been taken through the EDCS (electronic disability collect system). All 50 states are now receiving medical evidence of record (MER) in electronic format. EMER (electronic medical evidence) will allow a disability case's evidence to be easily transferred on to other locations either for review or appeal. Additionally, the new electronic system allows for easy work coverage in other parts of the country. Teleconferencing is available almost everywhere, as an example: this allows Administrative Law Judges in San Diego to assist with hearing cases from Wisconsin. The system continues to undergo adjustments and improvements as various groups and workgroups make recommendations. The Mr. Gray reported that SSA Commissioner JoAnne B. Barnhart has approved the expenditures for dual monitors for all adjudicative components.

Mr. Gray also described the latest system changes - implementing robotics. This work station will navigate screens and alternately send large and small documents through the system. Robotics will identify bottlenecks before work performance slows down and becomes noticeable on site. SSA hopes to have all sites installed by the end of 2006. The biggest challenge in the next two years for the systems section will be developing a process to include electronic handling of CDRs (Continuing Disability Reviews).

Bob Robertson and Joy Gambino describe results of GAO studies.

NADE's GAO visitors Joy Gambino and Bob Robertson discussed three items: the high risk list, recent reports GAO has done, and future work iniatives. In 1990 the GAO began identifying and designating areas of fraud, waste, and abuse in government programs. SSA and SSI disability programs were added to the high risk list in 2003 because of the amount of money spent on the programs and the number of people affected. In addition, the program design had undergone little change over the years and was using outdated systems to process which heightened the potential for fraud, waste and abuse.

A recent report covered the SSA efforts to implement the Ticket to Work legislation. SSA has expanded its employer network, bringing on more service providers. Another recently released report dealt with disability cases involving Inflammatory Bowel Disease (IBD). GAO found lower allowance rates and longer processing times at the DDS level for this type of case. They felt that the low allowance rate was significant, especially compared to allowances for other impairments. The GAO statistics showed that SSA's evaluation of IBD cases is not in step with current medical criteria for IBD. However, Ms. Gambino and Mr. Robertson noted that SSA is making efforts to update the IBD listings.

The GAO is also studying Vocational Rehabilitation (VR) programs. Disability beneficiaries comprise one-fourth of the total VR clients served. The focus of this study deals with services offered, monitoring of clients, VR expenditures, and determining what is working in the VR program and what needs to be changed for the future.

The GAO representatives had some questions for NADE board members. They asked the Board to identify what issues or areas of change NADE would like to see that would require Congressional action. Some of the issues raised by the NADE board included: disparity of decisions at various levels; how the government can help people who can work with some support; application of the Medical Improvement Review Standard for cases that were medically non-severe at CPD (comparison point decision); the two year wait for Medicare; work vs. health insurance issues; and the DDS workload and PPWY expectations in the current and future electronic system.

NCSSMA is the professional organization of SSA managers and NADE

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Rachel Emmons, Richard Warsinkey, and Greg Heineman

welcomed the attendance of their President. Richard Warsinkey, Vice President Greg Heineman, and Rachel Emmons, the NCSSMA Government Relations Consultant. Recent procedural changes for documentation to obtain a Social Security card have made this year exceptionally challenging for the Field Office (FO) staff. One third of individuals applying fro Social Security cards have been required to come back to the FO with additional documentation. This additional workload is an unfunded mandate for the FOs. The SSA budget was already tight and required cessation of SSI Redetermination cases and CDRs. This was unfortunate because for every one dollar spent in processing a CDR, ten dollars is saved in ceasing those cases in which the individual is no longer eligible for benefits. NCSSMA would also like to see a "set aside" budget for CDRs as was used in the 1990s.

The Field Offices are seeing an increase in all types of claims from the "Baby Boomers." This comes at the same time that the FOs are facing 2,000 job cuts in the next fiscal year. There is a hiring freeze so retirements and departures are having a significant impact on each field office. In spite of the large number of applications taken over the internet, the field offices are seeing more walk-in traffic. Retirement claims are easy and efficient to process. However, disability cases are the primary type of claim being workedand are much more time-consuming now with EDCS.

NCSSMA has also found that visits with Congressional leaders, especially from your home district, have been productive. They have found that these types of contacts must be ongoing from year to year to be most effective. They stressed it is important to remain apolitical and professional in your contacts but to point out how the budget deficits have personally impacted you on your job.

Representing the NCDDD, our last visitors were Andy Marioni , director of the Delaware DDS and Kathy Johnson, director of the Ohio DDS. Salaries and training have been a focus of the NCDDD this year. A salary survey was sent out to the state DDS directors and 75% responded. The results of the salary survey were shared with SSA Commissioner Barnhart and Ruby Burrell (Associate Commissioner of Disability Determinations) at a recent NDIG (National Disability Issues Group) meeting. NCDDD officers have also shared the results of the salary survey with the SSA Advisory Board and Congressional committees. NCDDD has discussed with the SSA Commissioner a minimum education and/or training requirement for Disability Examiners. Mr. Marioni noted that education is the primary factor in personnel placement in state systems. The recent survey verified what is widely known - that most DDSs have a significantly inexperienced staff with less than five years of service. He indicated that he had urged the Commissioner to allow the DDSs to hire as needed to cope with the current attrition in state staffing, noting that it takes at least two years for an examiner to become somewhat independent.

Mr. Marioni also stated that he has pushed for a federal requirement of a college degree for disability examiners to raise salaries in the DDSs. He explained that Delaware had used a previous NADE position paper and description of the duties of the Disability Examiner (DE) as the basis for getting Delaware disaboility examiners reclassified. Their state personnel determined that the skill requirements cited in the previous NADE disability examiner position paper were deemed equivalent to having a master's degree. He recommended NADE consider building on the previous position paper and offered use of the results from the NCDDD salary survey. Mr. Marioni commended NADE and noted he felt the DE paper was NADE's finest work.

Another area of concern to the NCDDD is SSA's emphasis on board certification for medical consultants. NCDDD is not in favor of the recommendation because the medical expertise for many states resides with physicians who have SSA disability program and regulatory experience but do not have board certification. Still, results of a recent survey of the state DDS directors (with 75% response rate) indicated that 49% of the state DDS MCs were board certified.

As Social Security moves into the DSI (Disability Service Improvement) era, the DDSs should expect more changes. Quick Decisions (QDD) will stay with the DDS and are expected to be processed in 20 days. Cases improperly identified as QDD cases will be able to be redirected to other units. Kathy Johnson reported that Ohio has a fast track initiative to identify obviously disabled claimants and early allowances. They found that 93% of the identified cases could be processed in 10 days. However, she noted that she had informed the Commissioner that the growing number of uncooperative medical sources were a problem and accounted for some of the increased CE cost problems. The Commissioner has agreed that examiners assigned to work on Quick Decision cases can also carry other types of cases as well, recognizing that DDS workloads and staffing requirements vary from state-to-state..

The NADE Board was extremely pleased to have meetings with these various groups. The exchange of ideas and suggestions has always been and continues to be beneficial. NADE Board meetings are always open to all NADE members.

* *Articles on the meetings with Ms. Burrell, Mr. Sklar and Ms. Habersham are in this issue as separate coverage.*

"E-volving with NADE": A Time To Celebrate

by Tara Ackerman, NDPW Chair

NATIONAL DISABILITY PROFESSIONALS WEEK (NDPW) has been designated as the week of June 19-23, 2006. NDPW is expected to be a week of fun, excitement, celebration, recognition, education, awareness and NADE membership recruitment!

As we enter our 42nd year, NDPW should prove spectacular as it showcases the great diversity in our NADE membership and our organization's strength of the preceding years. The NDPW committee members have selected a theme this year which reflects the ongoing changes within the SSA Disability Program. This year's celebration should prove to be very interesting as local chapters explore their creativity with "E-volving with NADE." The theme should be an excellent way to put some "E-nergy" and "E-xcitement" into our professional organization. We are sure to see some "E-volving" developments with E-Dib this year and chapters are encouraged to incorporate the theme into their NDPW Week celebrations.

There will be an NDPW contest again this year, which we hope will generate great interest and bring out some competitive creativity. The results of the NDPW celebration contest winners will be announced at the 2006 National NADE conference in San Diego, California. The contest entries will be judged on chapters' efforts to:

- recognize disability professionals,
- build morale,
- advertise NDPW,
- provide training opportunities,
- provide education,
- recruit and retain members,
- reach out to local communities,
- donate to charities, and
- be creative with our theme.

Here's to the hardworking, dedicated disability professionals – US!

Non-Dues Revenue 2006 Upcoming Events

by Micaela Jones, Non-Dues Revenue Chair

HEAR YE! HEAR YE!

The Non-Dues Revenue Committee is proud to announce that there will be a 2nd Annual Talent Show to be held in San Diego at the 2006 NADE National Conference. All those interested in singing, dancing, telling tall tales, weaving faerie tales or heckling for that matter are invited to join in this fun-for-all event. For those of you who were able to laugh your way through the 1st Annual Talent Show held in Boise at the 2005 Conference, plan to giggle an evening away again……for those of you planning to attend this event for the first time – prepare to be fully entertained!

Full details (date, time, cost) will be forthcoming, however any group or indivdual who is already planning to provide an "act" for this event should e-mail Micaela Jones at mjones@dds.state.id.us to insure your spot on the talent show agenda.

Also, do NOT forget the Non-Dues Revenue silent auction to be held during the Conference in San Diego. The silent auction relies on the generosity of the NADE chapters throughout the nation for the success of this event. Please plan to participate by providing an auction item from your chapter. NADE Members may also donate items for auction.

The Non-Dues Revenue Committee will also have NADE merchandise for sale throughout the duration of the conference.

The proceeds of these events held during the conference will go to the NADE national treasury.

You hold the key.....

To report fraud, waste, abuse or mismanagement.

Call: 1.800.269.0271

Write: SSA Fraud Hotline
P.O. Box 17768
Baltimore, MD 21235

Fax 410.597.0118
e-mail oighotline@ssa.gov

Virginia Chapter Springs to Life!

by Vince Redlinger, Interim President, VADE

OUR STATE WIDE VADE membership drive that started 11/14/05 and ended 11/30/05. If I remember correctly, we started out with somewhere around 8 members in the entire state. As a result of the hard work of just a few members during the drive, I'm proud to announce that we now have 51 members from the four DDS offices!! Including AO we have around 55 members total.

In light of the fact that we were told at the national conference last September that any new members would be a successful drive, I think we blew it out of the water! Our membership is distributed as follows: Richmond DDS has 14 members; Roanoke DDS has 19; NOVA DDS has 4; and Tidewater DDS has 14. The total membership will fluctuate often due to new members joining at any given time. However, to go from 8 members to 51 is something that our agency can be quite proud of. I know I am!

First I'd like to thank the other interim officers of our chapter: Greg Robinson, Susan England, Mary Landreth as well as the regional representatives from each office: Valerie Block, Candice Cook, Sheba Dunning, and David Moore for their tireless effort in this endeavor. Their ideas and creativity resulted in the success of our membership drive. I'm sure their effort and expertise will continue for the year to come. Our chapter is only as good as the people it consists of. That being said, I think we already have one of the best chapters in the entire nation.

Secondly, I'd like to thank the Regional Directors and DDS Director Robbie Watts as well as the entire management team for their support and especially for allowing staff the time and resources to make this drive as successful as it is. We could not have accomplished nearly what we did without their support.

Finally, our chapter is only as good as the people it consists of. That being said, I think the success of this membership drive shows that we already have one of the best chapters in the entire nation.

Letters to the Editor can be sent to:
Donna Hilton
Publications Director
1117 Sunshine Drive
Aurora, MO 65605

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

For information on Membership Grants, contact Jeff Price, Membership Director

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Are you Certified through NADE?

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

Or You May Contact The Professional Development Committee Chair

Barbara Styles
639 Crosscreek Trail
Pelham AL 35124

Great Lakes Training Conference Provides Insight to Body, Mind and Spirit

by Tom Ward, Michigan Chapter President

THE GREAT LAKES REGION held their annual training conference in Kalamazoo, Michigan this year. MADE was the host chapter and the K-MADE sub-chapter did a great job of planning this event for the 85 people that attended. The conference theme was The Body, Mind, and Spirit Connection, and each of the presentations wove together how each of these elements is connected to the other.

We had experts in the fields of pain management, integrative therapies used in rehabilitation, grief, the emotional aspects of being diagnosed with cancer, and how our spirituality is the most misunderstood part of our humanness.

- Dr. Thomas Basch from Michigan Pain Consultants spoke on how we cannot go through our professional lives assuming that everyone is out to deceive us when it comes to reporting their pain.

- Rebecca Clanton, RN from St Mary's Hospital in Grand Rapids shared the latest information on diagnosing and treating seizure disorders in a new program modeled after the Cleveland Clinic program.

- John Ritch, the Executive Director of the Wege Institution explained the current science of what was formally referred to as "holistic health". The current term used is an "integrative approach" to rehabilitation that includes acupuncture, music therapy, movement therapy, herbology and many different forms of massage therapy.

- Kristopher Zygowiec, MSC, MDiv, a professor and chaplain and the current Patient Education and Spiritual Care Coordinator of a large oncology practice shared a program he put together just for the GLADE participants entitled: "Spirit/ Spirituality, the Most Misunderstood Dimension of our Humanness." He also shared some very valuable dynamics on communications.

- Michael DeSanctis, PhD from the Minnesota DDS provided the most recent information on Common Sleep Disorders. Dr. DeSanctis also received a Regional award as a medical consultant that has served and been supportive of NADE for many years.

- Mr. Pat Anderson, Vice President of Strategy and Communications of the Stryker Corporation shared information on the history of the many healthcare products Stryker has developed to help people overcome many different types of injuries.

- NADE President Shari Bratt provided an update of the many political and governmental fronts NADE has given testimony and advice.

- Morrey Edwards PhD shared his experiences with helping people cope with all of the emotions that surface after being diagnosed with cancer.

- Layla Jabboori. MA, LLP shared many insights into The Journey of Grief, including the grief we all feel losing our paper folders and paper processes.

- Chicago Regional Office Center for Disability Director Jerry Kayser. Michigan DPA Anita Sherrod, and Program Team Leader Eileen Sutter shared a wealth of information on DSI and the many changes that will bring with it.

The training was not only helpful in our professional development but was also extremely beneficial to our personal development as well. We were fortunate to have President Shari Bratt share NADE's recent activities on the political front. We were also fortunate have Past Presidents Theresa Klubertanz and Martha Marshall in attendance as well.

NADE training conferences continue to provide some of the most enlightening and useful training we will ever receive in our professional lives.

This conference was certainly no exception to that rule.

Recent NADE Certifications and Recertifications

from Barbara Styles, Professional Development Chair

Recertifications:

Alden Peterson - Nebraska
Bill Walters - Wyoming

Certification:

Dr. Charles R. Meader - New Hampshire

Looking for Tools to Build Membership? What Can A Chapter Do?

By Jeff Price, Membership Director

HERE ARE SOME IDEAS:

- Request extra copies of the NADE *Advocate* and share them with potential members or otherwise find other ways to use them in recruitment efforts. The *Advocate* makes a good selling tool and you can obtain extra copies from Donna Hilton, Publications Director.

- Publicize the NADE website within your agency and encourage people to refer to it for information. Past issues of the *Advocate* are available on the website as well as position papers, Congressional testimony, and a whole lot of other information that reveals the national scope of what NADE does for its members.

- Encourage members to attend regional and national training conferences whenever possible (attendance at these conferences builds enthusiasm and opens the eyes of members to the opportunities in NADE like nothing else can). Remind members that, if they have to pay their own travel expenses to such conferences, they are usually tax deductible so it actually becomes a great way to tour the USA.

- Bring in outside speakers for training/motivational seminars in your agency. Use these opportunities to explain that these seminars are sponsored by the local NADE Chapter and invite people to join. Take time to describe any upcoming events that are being sponsored by your Chapter or NADE. Remember, NADE is a professional association so anything your chapter can do locally to enhance this aspect of NADE membership builds credibility for the national association and the local chapter and also makes the member feel that they do receive a very tangible benefit from their membership.

- Social events are also a great way to build support and enthusiasm for the local chapter and the national organization at the same time. Most members usually join because they want to belong to a group and especially if the local group is active socially. It's the same reason we join clubs in high school and college as students and community civic groups as adults. People desire to be where other people are and if a group is a fun group, the more they want to belong! At the local level, NADE offers fun and friends, two things people want most out of life. Sponsoring social events is a great way to build interest and enthusiasm among current members and make non-members want to join. Take a group to see a holiday play, another group to a professional sports game. Hold "meet & greet" socials at local bars and restaurants (make sure non-drinkers are accommodated) and hold social events at work during breaks and lunch. Try to organize a fun event for chapter members as often as possible but least on an every other month basis. Don't expect that everyone will want to attend every event but plan for a variety of events so that most members will have an opportunity to attend at least one event.

- Training seminars should also vary in style and content. Mix professional education with something motivational or topics unrelated to work. Bring in personal safety speakers, educational and motivational speakers, personal and professional interest speakers, e.g., directors of community theatre or symphony groups, etc.

Any activity that brings NADE members together is usually a good thing. Working at DDS can be a lot like attending college. You can choose to go to class and bury yourself in your textbooks and let that be your entire college experience, or, you can go to class, hang out with friends, go to the football game, attend a student music or drama performance and serve as an officer in student government or in a student organization, etc. At the DDS, you can choose to simply show up and bury yourself in cases, and let that be your entire work experience, or, you can take time to have fun, meet your co-workers and make friends and this can be your work experience. Which of these models offer workers the best opportunity to enjoy their work and to be more productive?

NADE Officer Nominations Needed Now!

Call for Nominations

by Rebecca Calvert, Nominations Chair

THE NATIONAL TRAINING CONFERENCE IS JUST a few months away! It is time once again to give serious thought and consideration to running for a NADE national office. The call for nominations is currently open for the positions of NADE President Elect, Secretary and Treasurer. The election will take place during the General Membership Meeting at the 2006 National Training Conference to be held September 16-21, 2006 in San Diego, California.

The qualifications necessary to be a candidate are to be a member in good standing, a desire to promote the continuing positive impact of NADE on Social Security Disability and a willingness to commit your time, energy and ideas to the advancement of the National Association of Disability Examiners.

Are you that committed man or woman with a desire to advance NADE through your ideas and efforts? If so, express your interest by submitting a recent photograph and a brief resume announcing your candidacy to a Nominations Committee Member no later than June 15, 2006. By doing so, you will insure that your candidacy will be announced in the summer edition of the NADE Advocate. Past practice dictates that nominations be accepted from the floor during the General Membership Meeting at the NADE conference, but the advantage of exposure goes to those that submit their interest in candidacy in advance!

Feel free to contact me or any of the Nominations Committee Members listed below. We eagerly await your responses!

Rebecca Calvert, Chair
P. O. Box 4588
Albuquerque, New Mexico 87196
Phone: 505-841-5711
Fax: 505-841-5724
Rebecca.Calvert@ssa.gov

Great Lakes Region
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Northeast Region
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Pacific Region
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3038 Somerset Drive
Los Angeles, CA 90016
213-736-7097
Gwen.j.kincy@ssa.gov

Please note that resumes and photos not submitted prior to June 15, 2006 will not be included in the Summer issue of the *NADE Advocate*.

NADE Award Criteria Announced

Deadline is July 1

by Ruth Trent, AwardsChair

NOW IS THE TIME FOR NADE members to acknowledge the accomplishments of other NADE members through the NADE Awards. The nominating procedures and descriptions of Awards for 2006 are outlined below. The Awards Committee is looking forward to your nominations.

NOMINATING PROCEDURES

1) Each chapter is responsible for selecting and nominating their own members on the approved forms (available through your chapter president).

2) Nominations must be submitted by July 1, 2006 to the National Awards Chair.

3) The nomination form should be typed and should explain in detail how the nominee exemplifies the specific criteria of each award.

4) A one page typed attachment is permissible if needed.

5) Please do not refer to the member or chapter by name in the nomination.

6) Each chapter is limited to one nomination per award.

All nominations, as well as ballots, will be submitted to the Awards committee members (one from each region) by the Awards Chair. The results will be announced at the Awards Luncheon at the NADE conference in San Diego, CA.

Nominations must be received by July 1, 2006. Please send nominations to:

Ruth.Trent@ssa.gov

If you have questions, you can contact Ruthie at (800) 928-8050, ext 4176.

NADE AWARDS CRITERIA

The **PRESIDENT'S AWARD** is to be given annually and presented by the NADE President in recognition of an outstanding Chapter.

(a) Any organized NADE Chapter which has demonstrated outstanding achievement by innovation of programs for improving medical and other professional community relationships. Such activities as panel presentations, speeches, publication of bulletins, newsletters, circulars or other efforts to improve the quality of medical reporting or reporting of vocational assessments or the use of other professional information which can be utilized for the factual and effective documentation of disability determinations. **(b)** Any chapter activities which have enhanced working relationships among its professional communities.

The **CHARLES O. BLALOCK AWARD** is a service award to be presented annually and on a continuing basis in the name of the founder of NADE. It is made in recognition of an individual who has made extended efforts and major contributions toward the organizational advancement of NADE.

(a) The recipient may be any professional member of the National Association of Disability Examiners who is employed either full or part-time. **(b)** The recipient shall have provided outstanding leadership in the development and substantial expansion of his/her State Chapter, Regional, and/or the National organization. **(c)** The recipient shall have shown consistent efforts over a period of at least three years toward the organizational advancement of NADE. **(d)** The recipient may be a Committee Chairperson, a National Board Member, a Chapter President or any Member who has promoted the advancement of NADE to an outstanding degree.

The **NADE AWARD** is to honor and recognize the disability professional of the year who has made outstanding contributions not only to the service of the claimant in accordance with his/her expertise but has contributed substantially of his/her time and talent to

promote harmonious and more effective working relationships among his/her immediate professional community. The award shall be presented annually at the National Conference.

(a) Anyone who is professionally identified as a disability professional, employed full or part-time. **(b)** Any NADE member engaged as a professional in any capacity, i.e., Medical Consultant, Adjudicator, Vocational Evaluation Consultant, Supervisor, etc. **(c)** Anyone who has consistently shown outstanding achievement by the use of initiative and humanitarian efforts and ability to effectively assist in the Social Security disability process.

The **JOHN GORDON AWARD** is presented in the name of John R. Gordon to a supervisor in the disability program and is designed to honor and recognize superior performance in a supervisory capacity.

(a) Any supervisor who is professionally identified as a NADE member. **(b)** Any supervisor who by his/her initiative and resourcefulness promotes cohesiveness in his/her work group. **(c)** Any supervisor who provides further incentive for personal growth and professionalism among the individuals he/she supervises. **(d)** Any supervisor who acts in his/her executive capacity in the promotion and maintenance of morale. **(e)** Any supervisor who exceeds the requirements of his/her role in facilitating the workloads of his/her Agency.

The **LEWIS BUCKINGHAM AWARD** is a professional award to honor and recognize a leader of the National Association of Disability Examiners at either the Regional or National level.

(a) This person must consistently have shown outstanding achievement by the use of initiative and humanitarian efforts to further advance the professionalism and goals of the National Association of Disability Examiners. **(b)** The recipient must have contributed at least ten (10) years of continuous service to the organization. **(c)** The recipient should have served on the National Board of Directors.

The **DIRECTOR'S AWARD** is to honor and recognize an outstanding member of the support staff who demonstrates work performance efficiency and characteristics which contribute to the efficient operation of the unit and the morale of coworkers.

(a) Any clerical or paraprofessional employee who is employed either full or part-time and is a member of NADE. **(b)** The recipient must have shown outstanding leadership and work performance among his/her peer group.

The **EARL B. THOMAS AWARD** is to be presented annually in the name of a charter member of NADE who was actively supportive of NADE as an association of disability professionals.

(a) The recipient must be a member and active supporter of NADE. **(b)** The recipient must be the administrator of a State or Federal agency or be the top administrator of a Regional or Satellite DDS and have been so for three years.**(c)** The recipient must have contributed significantly to the program in ways consistent with the policies of NADE, beyond the normal administrative duties of his/her position.

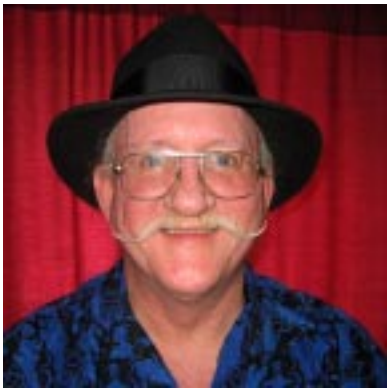
The **FRANK BARCLAY AWARD** is presented annually in recognition of an individual who has demonstrated exceptional ability to motivate and challenge or to develop or promote programs which motivate and challenge personnel in a disability program and/or develop programs designed to motivate/challenge such personnel in personal and professional growth through human resource development.

(a) The recipient must be a member of NADE. **(b)** The recipient must be assigned to job duties on a full or part-time basis. Examples of potential nominees include, but are not limited to, training officers, civil rights office employees, human resource management personnel, etc. **(c)** The recipient must have notable accomplishments in the area of human resource development, consistent with policies and objectives of our professional organization.

The **ROOKIE OF THE YEAR AWARD** is to be given annually to honor and recognize a disability professional who has made a significant contribution on a local, regional, and/or national level to the National Association of Disability Examiners.

(a) The recipient must have been a member of NADE for less than two years, at the time of nomination (July1), regardless of the number of years of service in a DDS. **(b)** The recipient must have made a significant contribution to their local, regional, and/or national level of NADE.

Bill Dunn
Candidate for Treasurer



My name is Bill Dunn and I would like to announce my candidacy for NADE Treasurer in 2006. Many of you already know me but for those of you who don't, I first joined NADE in 1989. I have attended many national conferences since my first one in New Orleans in 1993 and I believe strongly in the goals and purpose of NADE. I have worked at the Texas DDS since 1983, currently in the position of Operations Unit Manager. NADE has twice awarded me the John Gordon Award as the Supervisor of the Year. I am currently on the NADE Board as the Bylaws Chair and Parliamentarian and have served on the Strategic Planning and Legislative Committees in the past. I am also active on the Regional level and am currently the regional Bylaws Chair and Parliamentarian as well. I have also served as the Regional Secretary and on numerous committees. On the Chapter level, I have served as President twice and Secretary twice as well as serving as the chair of numerous committees. I am currently the Past President of TADE.

I am experienced with financial record keeping as I kept the books for five years of a successful company co-owned with my wife, filing all required financial records and tax returns without problem during that time. If elected, I pledge to ensure that the financial obligations of NADE are met in a frugal and timely manner and that NADE's financial records will be kept in a timely and accurate format. I will do all that I can to advocate for keeping dues at a realistic level and will advocate for rebates to the Regions and Chapters whenever possible.

I am asking for your support for my candidacy and I pledge to be worthy of it.

So remember, get your BILLS DONE BY BILL DUNN.

The 2005-2006 NADE Board met in Washington DC for the Mid Year Board Meeting.

From left, row 1: Marty Marshall (Past President), Juanita Boston (Secretary), Shari Bratt (President), Debi Chowdhury (Chairman Council of Chapter Presidents); row 2: Donna Hilton (Publications Director), Steven Segall (Tresurer), Kay Welch (MidAtlantic Director), Chuck Schimmels (President-Elect); Row 3: Mimi Wirtanen (Legislative Director), Sharon Belt (Great Plains Director);row 4: Donnie Hayes (Southeast Director), Susan Smith(Great LakesDirector), Paula Sawyer (Northeast Director); row 5: Bill Dunn (Constitution & ByLaws Chair), Terri Klubertanz (SSA/DDS Liaison), Georgina Huskey (Pacific Director), and Dean Crawford (Southwest Director).

NADE Correspondence

PO Box 82530
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Phone:402-471-2663
E-mail: shari.bratt@ssa.gov

April 24, 2006

JoAnne B. Barnhart
Commissioner of Social Security
PO Box 17703
Baltimore, MD 21235-7703

Dear Commissioner Barnhart:

The National Association of Disability Examiners (NADE) has reviewed the proposed rule on *Optometrists as Acceptable Medical Sources* to Establish a Medically Determinable Impairment. We appreciate this opportunity to provide comments.

NADE is a professional association whose mission includes fostering, promoting and participating in activities designed to: "Improve the documentation of applications for disability benefits and the evaluation of medical and vocational information obtained in connection with such applications." The majority of our members work in the state Disability Determination Service (DDS) agencies adjudicating claims for Social Security and/or Supplemental Security Income (SSI) disability benefits. However, our membership also includes SSA Central Office and Regional Office personnel, attorneys, consulting physicians and psychologists, claimant advocates and others interested in disability evaluation. We welcome the opportunity to provide comments on this, and other changes in the disability process or revisions to the Listings of Impairments. We believe the diversity of our membership, combined with our "hands on" experience provides a unique and realistic perspective on issues affecting the disability programs.

Based on SSA's review of the education, qualifications and state scope- of- practice laws related to optometrists, NADE supports the proposed revisions to Sec. 404.1513 (a) (3) and 416.913 (a) (3) to expand the situations in which licensed optometrists are considered to be acceptable medical sources. We agree that, with the exception of the U.S. Virgin Islands, licensed optometrists should be considered as acceptable medical sources for purposes of establishing a medically determinable impairment for visual disorders.

The majority of disability applicants are treated by optometrists, rather than ophthalmologists. While evidence from these treating sources might be sufficient to make a decision, currently it is necessary to purchase a consultative examination, generally from an ophthalmologist, simply to document the presence of a medically determinable impairment. Revising the regulations to consider licensed optometrists to be acceptable medical sources for purposes of establishing a medically determinable impairment for visual disorders would reduce the need for consultative examinations and expedite the decision making process without compromising its integrity.

While NADE supports expanding the situations in which licensed optometrists are considered to be acceptable medical sources, we continue to be concerned that statutory blindness can be established for Title XVI claimants (adults or children) based on a loss of visual acuity *without need to document the cause of the blindness.* However, if that provision is based on statute, rather than regulation, and cannot be changed for Title XVI claimants, we believe it should be applicable to Title II claimants as well. Similarly we believe that the 12 month durational requirement, mandated for Title II claimants with visual disorders, but not for Title XVI claimants, should be eliminated for Title II claimants. Those who have paid into the system, often for many years, should not face a more stringent eligibility process when applying for disability benefits than those who have not. Not only is this inherently unfair, it fosters the perception that the individual who has worked and contributed to the nation's workforce and economy is penalized for having done so.

Thank you for your consideration of our comments.

Sincerely,

Shari Bratt

Shari Bratt
NADE President

Malignant Neoplastic Diseases Listing
One Year Input and Feedback
February 23, 2006

Your component: **NADE**
Your Position (if not part of a consolidated response): **NADE President**

We welcome your comments and input on the following areas:

Were any problems encountered understanding or implementing the new criteria? If so, please explain:

The new listings were presented without formal training for MCs or adjudicators. This not only required more time and energy on the part of the messengers (i.e. local training staff and Chief MCs) but may have resulted in a less uniform interpretation and implementation of the listings. Some of the listings are written in a way that permits multiple interpretations; the questions at the Q&A illustrate some, but not all of the dilemmas.

- The time between publication of the final listings and their effective date was rather brief. There was no training or additional policy guidance prior to the listing's effective date.
- The technicalities of the listings are such that only the most medically conversant of non-physician staff is able to accurately apply the criteria.

How were these problems overcome?

- A great deal of effort was expended by trainers and MCs-in particular, clarifications were sought from Regional Offices by the Chief MC. These details were passed on to the MC group in site-specific training sessions and through written materials, all of which were essential to implementation of the listings.
- The new cancer listings were quickly realized to be the realm of the MCs, such that adjudicators and supervisors were, and are referred to consult with MCs before the conclusion can be made that a particular case does or does not meet or equal a 13.00 listing. As medical care and case data become more complicated, this is not inappropriate, but this reality might be more clearly communicated before training.
- The SSA "Q&A" for the cancer listings was very helpful. The materials prepared in-house by some staff have become invaluable, as has the experience of using these listings now for the past year.

Was the training associated with the implementation of the Malignant Neoplastic Diseases listing sufficient?

- As Above - training materials offered by SSA, that NADE is aware of, appear to have been lacking in the ability to get staff up to speed.
- The training handouts ARE usually helpful and side by side charts are excellent. Local training would be much more difficult without one.

Are there currently any unresolved problems associated with the Malignant Neoplastic Diseases listing?

- Throughout the listing, there is some inconsistency with language regarding onset, vs. Diary. Some are noted to meet a listing from diagnosis, and others are noted as "…at least until…" etc. Uniformity here could be optimized.
- Criteria for "recurrent disease" vs. "new" disease with regard to 12 month periods can still be interpreted a couple of different ways for the lymphomas. Sometimes it is unclear as to whether an allowance should be permitted from the initial onset of disease, even if remission was initially achieved.

- The mention of internal mammary nodes with regard to breast cancer spread is not optimally useful as these nodes are seldom sampled at surgery and are only rarely involved at PET scanning. If supraclavicular nodes in fact equal the mammary nodes for severity, the listing could specify that.
- Listings 13.11 (skeletal) and 13.19 (liver) are reportedly for disease *primary* to that organ, but the listing does not specify this.
- 13.13A2 refers to "any CNS neoplasm" yet in practice this is applied only to *malignancies*.
- The disposition of GI malignancies with mesenteric or peri-colic fat invasion could be clarified.
- "Progressive or recurrent" with regard to prostate cancer could be better defined, including reference to SSA decisions with regard to PSA results.

What changes could be made to improve the Malignant Neoplastic Diseases listing in <u>future</u> revisions?

- See above.

Would additional training for the Malignant Neoplastic Diseases listing be helpful now (if so please specify the areas in which training is needed)?

- Readily available material on the web (for reference) of published policies that affect the listings (such as in reference to PSA comment above), and the Q&A documents.
- Permitting state agency MCs to do additional training for staff on at least the general medical aspects of these listings, to improve speed and accuracy of disability determinations.

What can the Office of Medical Policy do to be more helpful regarding future implementation of listings?

- Provide the IVT training before the listings go into effect.
- Continue to provide training handouts.
- Include more policy guidance in the IVT.
- Allow more time for additional training before the listings go into effect.
- If a Q&A discussion is published, it should be concise, posted on a training web page, and searchable under keywords.

Other thoughts related to this or other listings?

- It is helpful to have the key definitions within one section of the introductory text.
- Changing the preamble language of SSA listings to directly address our claimants is not unreasonable, but thus far it may have led to some dilution of the precise medical guidelines we need to know and apply as decision makers. Perhaps the preambles can be divided into two parts-one with public discussions and glossaries at the beginning, and more details medical criteria and definitions reserved for the remainder.

Submitted by Shari Bratt, NADE President
P. O. Box 82530
Lincoln, NE 68501-2530

NADE Testimony

STATEMENT
Of The
NATIONAL ASSOCIATION OF DISABILITY EXAMINERS

Prepared For The
FINANCE COMMITTEE
UNITED STATES SENATE

Hearing On

ADMINISTRATIVE CHALLENGES FACING THE SOCIAL SECURITY ADMINISTRATION

March 14, 2006

Chairman Grassley, Senator Baucus, and members of the Committee, thank you for providing this opportunity for the National Association of Disability Examiners (NADE) to present our views on the Administrative Challenges Facing the Social Security Administration.

NADE is a professional association whose purpose is to promote the art and science of disability evaluation. The majority of our members work in the state Disability Determination Service (DDS) agencies and thus are on the "front-line" of the disability evaluation process. However, our membership also includes SSA Central Office personnel, attorneys, physicians, and claimant advocates. It is the diversity of our membership, combined with our extensive program knowledge and "hands on" experience, which enables NADE to offer a perspective on disability issues that is both unique and which reflects a programmatic realism.

NADE members, whether in the state DDSs, the SSA Regional Office, SSA Headquarters, OHA offices or in the private sector, are deeply concerned about the integrity and efficiency of both the Social Security and the SSI disability programs. Simply stated, we believe that those who are entitled to disability benefits under the law should receive them; those who are not, should not. We also believe decisions should be reached in a timely, efficient and equitable manner.

The challenges facing the Social Security Administration involve all of the various programs administered by the agency. Significant challenges facing SSA in the disability program include the proposed Disability Service Improvement regulation (DSI), the implementation of the electronic disability process (eDib), management of the Continuing Disability Review (CDR) program, the impact of the Supplemental Security Income (SSI) Pre-effectuation Reviews required under the Deficit Reduction Act of 2005 and the continuing hardships imposed by the Five Month Waiting Period and the 24 month Medicare Waiting Period.

Disability Service Improvement (DSI) Regulation

In July 2005, the Social Security Administration published a Notice of Proposed Rule Making to improve the disability determination process. NADE believes that one of the most important challenges facing SSA is the need for an effective and affordable disability claims process. Although the final regulation has not yet been published, we have some ongoing concerns about the DSI as it was proposed in the NPRM.

NADE agrees that changes in the disability determination process are needed to reduce processing time, particularly at certain steps in the process. The processing delays of greatest concern currently occur in association with the appeals process at the Administrative Law Judge (ALJ) level. It currently takes approximately 1,100 days to process an average claim for any individual who goes through every stage of the process. This is unconscionable and certainly needs reform. However, we would like to point out that only about 150 days of the current processing time take place in the DDS, yet the proposal appears to make the most changes at this step, by introducing quick decision units and eliminating the reconsideration step. It is our belief that this proposal, as written, will do little to change the extensively long delays that occur when an individual submits a request for an Administrative Law Judge hearing. In fact, NADE believes that the insertion of two new federal bureaucracies - the Federal Expert Unit and the Reviewing Official - have the potential to significantly increase the amount of time it takes to arrive at a disability decision, especially at the first appeal step.

For the past decade, SSA has attempted to redesign the disability claims process in an effort to create a new process that will result in more timely and accurate disability decisions. Results of numerous tests undertaken by SSA to improve the disability process have not produced the results expected.

There is a pervasive public perception that "almost everyone" is denied disability benefits at the initial and reconsideration levels, and that claimants are found disabled only when they reach the Administrative Law Judge level of appeal. This perception is totally inaccurate as SSA statistics show that 75-80 out of 100 disability beneficiaries were allowed benefits by the DDS. Numerous references are made in the NPRM about "making the right decision as early in the process as possible." NADE certainly supports that goal, but we wish to point out that sometimes the right decision is a denial of benefits.

Quick Decision Determination (QDD) claims - In the proposed rules, appropriate QDD claims would be identified and referred to special units within the DDSs for expedited action with a goal of processing the claim within 20 days.

In our considerable practical experience with such cases, we have found that the complexity of these cases is minimal and we believe that the expertise of the more experienced disability adjudicators is best allocated to process more complex cases. If the decision is made to require the most experienced disability adjudicators to process QDD cases, then NADE believes that it is not necessary to require a medical consultant's signature on fully favorable allowances. A Single Decision Maker (SDM) pilot is in place in 20 states and is effective in reducing program costs, increasing efficiency and decreasing processing time. At the very least, the SDM authority should be continued for the QDD cases.

It is imperative that predictive software used to identify QDD cases be manageable and that it accurately identify the appropriate cases for quick determinations. Selection criteria should include issues other than diagnosis, including involvement in current treatment, current insured status and a specifically identifiable impairment proven most likely to result in a totally favorable allowance decision.

It is important to note that in Title II claims, those persons found disabled under the Social Security Disability program must complete a five month waiting period to receive benefits. A disability allowance decision, no matter how quickly it is processed, will not solve the problem of having to wait five full calendar months before being able to receive any cash benefits.

Specialists and Training (Reviewing Official and Federal Expert Units) - NADE is concerned that the Disability Process Improvement Initiative, with its increased reliance on medical specialists and attorneys, and its elimination of the triage approach currently being used in 20 DDSs, could increase both administrative and program costs. If the first level of appeal following a denial by the DDS is handled by a Reviewing Official (RO) who is an attorney, rather than by a trained disability adjudicator, such as a disability hearing officer, and if medical specialists replace programmatically trained DDS medical consultants, the disability program's administrative costs will almost certainly increase. We also suspect program costs will increase as more claims are allowed on appeal by individuals who lack the requisite medical and vocational training to view such claims from the perspective of SSA's definition of disability.

Adjudicators evaluating Social Security and SSI disability claims must appropriately and interchangeably, during the course of adjudication, apply the "logic" of a doctor, a lawyer, or rehabilitation counselor, following SSA's complex regulations and policies to arrive at a disability decision. Training in all of these areas is critical to effectively adjudicate these cases accurately and in a timely manner. Failure to do so carries enormous consequences for the Social Security Administration and the huge number of citizens who call upon the Agency for assistance. NADE places a high value on initial and on-going continuing education training to maintain and enhance disability expertise in the Social Security disability program.

The Disability Service Improvement Initiative is unclear as to the method the RO would use to gather any necessary medical evidence to adjudicate a claim. If additional evidence is needed, it appears likely that increased costs at the DDS level may result for obtaining additional medical evidence or to purchase consultative examinations. If the RO component will be responsible for obtaining additional medical evidence, an extensive administrative support structure will need to be developed to obtain medical evidence of record and to implement, maintain and monitor a separate consultative examination process in addition to the system already in place at the DDS.

Reviewing Official - The proposed rules recommend establishing a federal Reviewing Official (RO) as an interim step between the DDS decision and the Office of Hearings and Appeals (OHA). An interim step outlining the facts of the case and requiring resolution of issues involved could help improve the quality and consistency of decisions between the DDS and OHA components. NADE supports an interim step because of the structure it imposes, the potential for improving consistency of decisions, reducing processing time on appeals, and correcting obvious decisional errors at the initial level.

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Administrative Challenges continued

There is little, if any data to support a conclusion that the interim step between the DDS decision and OHA must be handled by an attorney. Assessment of eligibility under the Social Security Disability program requires that the adjudicator at every level possess a great deal of program, medical and legal knowledge. As currently proposed, the only qualification indicated for a Reviewing Official is that he/she be an attorney. Individuals who are hired into this new position without previous experience in the disability program will require extensive training and mentoring for a period of a least one year. It is also unclear in the proposal who would be responsible for training and supervision of the RO.

NADE feels that a review at this interim step should be conducted by a medically and programmatically trained individual such as a disability hearing officer (DHO). The DHO has received additional training in conducting administrative and evidentiary hearings, decision writing, and making findings of fact, along with detailed case analysis and program information. The DHO currently makes complex medical-vocational-legal decisions using the Medical Improvement Review Standard (MIRS). There is currently a training program in place for DHOs through a contract that SSA has with McGeorge School of Law. The DHO training program could be easily adapted to train experienced disability professionals who already have extensive medical and vocational expertise and disability program knowledge, to perform RO duties. Since a DHO infrastructure is already in place, national implementation of the DHO alternative could occur quickly and effectively. Using an already established structure will prevent costly and less claimant-friendly federal bureaucracy. There would be extreme cost considerations if attorneys were to fill these positions as is currently suggested

SSA previously piloted a disability redesign project called the Adjudicative Officer. These pilots proved that non-attorneys could produce a high quality product and a well documented and well reasoned case for the Office of Hearings and Appeals Administrative Law Judge.

Federal Expert Unit - NADE believes the Federal Expert Unit (FEU) can provide DDSs with additional access to medical and vocational expertise. Qualification standards for inclusion in the FEU should not exclude the knowledgeable state agency medical consultant. DDS medical consultants are trained in program requirements and the majority of cases they review include multiple impairments. Having specialists review impairments individually is a time consuming, costly proposal. Specialty consultants with limited scope and experience cannot fully assess the combined effects of multiple impairments on the claimant's functioning. DDS medical consultants are not only medical specialists—physicians, psychologists, and speech/language pathologists—they are also SSA program specialists.

Adjudication of cases that have more than a single impairment require assessment of how all impairments, alone or in combination affect an individual's ability to function. The use of specialists alone would result in numerous hand-offs, adding significantly to processing time. This would also decrease the quality of decisions if there were no method in place to pull all of the specialty conditions together into an overall, global assessment of their impact on functioning.

Although members of the FEU will surely be qualified to treat patients in their respective fields of specialty, they will also require extensive training in the area of determining disability. Evaluating disability for Social Security purposes is a far different area of expertise than treating patients. There is a very real difference between clinical and regulatory medicine, and it takes at least a year to become proficient in Social Security disability rules and regulations. Again, the responsibility for training, mentoring, and supervising these experts is not established in the proposed rules. While NADE supports the concept of the FEU being used to supplement the expertise of the medical consultant at the DDS, we feel that most cases at the initial level of adjudication should continue to be reviewed and evaluated by state agency medical consultants.

NADE recognizes that the qualification standards for medical experts have not yet been determined, but we are concerned that primary care medical consultants will be excluded from the FEU. At risk of exclusion also appear to be administrative or semi-retired physicians who may not choose to keep up their clinical board certification.

Currently, all DDSs have a contingent of state agency medical consultants. In some states, they are state employees, and in other states, they are under contract. These consultants possess a wealth of knowledge and experience, not only in the medical field and in specialty areas, but in the SSA disability program, as well as important knowledge of state health care systems. They are an extremely valuable resource to the DDSs and the Social Security disability program as a whole. It is difficult for the DDS to recruit and retain good medical consultants, and it is NADE's hope that any established new qualification standards do not make it even more difficult to do so.

Electronic Disability Process (eDib)

In initial comments about a new disability approach, the Commissioner indicated the foundation for the approach was the successful

implementation of an electronic folder system. NADE fully agrees with the Commissioner on this fact. NADE remains very supportive of these new technologies as a means for more efficient service to the public. The proposed disability process improvements are predicated on the new electronic folder system. For eDib to be successful, it is critically important that adequate infrastructure support and proper equipment is in place to make the process work effectively and efficiently. Until eDib is fully implemented nationwide, it is impossible to determine critical service delivery issues that impact on daily case processing. NADE supports continued rollout of an electronic disability folder for the obvious reasons of administrative cost savings in terms of postage and folder storage, as well as time savings from mailing and retrieving paper folders. At the same time, it must be recognized that an electronic disability case process may have a negative impact on case production capacities at the DDS level.

While eDib may be rolled out nationally, it is not in use by all adjudicators in all components, and it remains to be seen how the system will handle the increased volume of work and number of users when it is implemented completely in all components of disability case processing. Until eDib is fully operational, (including predictive software to identify Quick Disability Decisions) we do not believe it is appropriate to make widespread changes in the adjudicative process. The full implementation of eDib in itself may result in a significant reduction in processing time at all levels of adjudication without additional sweeping changes to the adjudicative process.

Because eDib is still a work in progress, refinements, upgrades and improvements are frequently necessary. The impact on the system as a whole when these refinements are accomplished is unpredictable, but presently they frequently result in a slowing or shutting down of the system, or parts thereof. Since DDSs process over 2.5 million cases on an annual basis, any shut down of the system equates to a significant loss of production capacity. Even a shut-down of only 5 minutes a day equates to over 1,250 work hours lost on a daily basis due to system instability. Currently, many DDSs experience far more than 5 minutes per day of system instability problems.

In addition, some upgrades and improvements to the system require that the adjudicator relearn basic functionality which again impacts in the ability of the DDSs to process the large volume of cases they receive in a year. Upgrades to the system are essential to insure that the system operates as efficiently as possible, but it must be recognized that there is a resource impact every time a change is made.

While NADE recognizes the need for, and supports, SSA's commitment to move to an electronic disability claims process, this tool will not replace the highly skilled and trained disability adjudicator who evaluates the claim and determines an individual's eligibility for disability benefits in accordance with SSA's rules and regulations.

Continuing Disability Reviews (CDR)

Limited resources have forced SSA to reduce the number of CDRs performed this year. There is a past history of the agency falling behind in these critical reviews. It took a great deal of effort by all components of SSA to reach a point where these reviews were being conducted as scheduled. There is now a real danger that we will again find ourselves in the position of having backlogs of overdue CDRs. While there are increased program costs (including overtime, additional purchase of medical evidence, claimant transportation costs and increased utilization of contract medical consultants), there is a potential significant savings in program costs with the elimination of benefits paid to claimants who are found to be no longer eligible under the SSA Disability program requirements. The estimate is that for every $1 spent on conducting CDRs, $10 of program funds is saved. While necessary given the current budget situation, the decision to reduce the number of CDRs has been described as "penny-wise and pound-foolish". We agree. It is essential to program integrity that these reviews be conducted in a timely manner. Experience has shown that dedicated funding for CDRs is the best means of getting "current" with the CDR backlog.

SSI Pre-Effectuation Reviews

The Deficit Reduction Act of 2005 includes the following requirement:

'(e)(1) The Commissioner of Social Security shall review determinations, made by State agencies pursuant to subsection (a) in connection with applications for benefits under this title on the basis of blindness or disability, that individuals who have attained 18 years of age are blind or disabled as of a specified onset date. The Commissioner of Social Security shall review such a determination before any action is taken to implement the determination.

'(2)(A) In carrying out paragraph (1), the Commissioner of Social Security shall review—

'(i) at least 20 percent of all determinations referred to in paragraph (1) that are made in fiscal year 2006;

'(ii) at least 40 percent of all such determinations that are made in fiscal year 2007; and

'(iii) at least 50 percent of all such determinations that are made in fiscal year 2008 or thereafter.

'(B) In carrying out subparagraph (A), the Commissioner of Social Security shall, to the extent feasible, select for review the determinations which the Commissioner of Social Security identifies as being the most likely to be incorrect.'.

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Administrative Challenges continued

The implementation of SSI Pre-Effectuation Reviews will have an impact on program costs, utilization of resources and processing time. Budgets and agency goals must be adjusted to reflect this impact.

Five month Waiting Period and 24 month Medicare Waiting Period

It is important to note that in Title II claims, those persons found disabled under the Social Security Disability program must complete a five month waiting period to receive benefits. A disability allowance decision, no matter how quickly it is processed, will not solve the problem of having to wait five full calendar months before being able to receive any cash benefits. NADE believes that requiring some individuals to serve a waiting period before becoming eligible to receive disability cash benefits while not requiring others to serve the same (or any type of a) waiting period is a gross inequity to American citizens with disabilities and a disservice to the American public.
In addition, members of the National Association of Disability Examiners are deeply concerned about the hardship the 24 month Medicare waiting period creates for these disabled individuals, and their families, at one of the most vulnerable periods of their lives. Most Social Security disability beneficiaries have serious health problems, low incomes and limited access to health insurance. Many cannot afford private health insurance due to the high cost secondary to their pre-existing health conditions.

NADE supports the elimination or, at the very least a reduction, of the Five Month and 24 Month (Title II) Medicare Waiting Periods.

Summary

- Although we have not seen the final regulation, NADE has concerns regarding the Disability Service Improvement regulation as outlined in the NPRM.
- Any national rollout of DSI must be closely monitored and the process must be adjusted to accommodate the "real world" application of the regulation.
- Single Decision Maker authority should be continued, at least for QDD cases. .
- The Disability Hearing Officer should be utilized in the current infrastructure as an interim appeals step. It is not necessary that this position be filled by an attorney.
- Qualification standards for inclusion in the FEU should not exclude the knowledgeable state agency medical or vocational consultants. Board certification is not a practical standard and, if required for State Agency Medical Consultants, could significantly reduce the effectiveness and efficiency of the DDS medical review.
- Necessary programmatic training and ongoing administrative support for the ROs and FEUs will result in significant expense.
- Resources should not be diverted from eDib until the system is fully operational in all DDS locations. It is critical that necessary refinements be made to the system in order for it to produce the anticipated and desired efficiencies.
- Dedicated funding is necessary in order to avoid the costly possibility of again having a backlog of overdue CDRs.
- There must be recognition that the implementation of SSI Pre-effectuation reviews will have an impact on the DDSs budget and processing time.
- The five month cash benefit and 24 month Medicare waiting periods for Social Security disability beneficiaries should be eliminated or reduced.

NADE appreciates this opportunity to present our views on the Challenges Facing the Social Security Administration and we look forward to working with SSA and Congress as we face these challenges.

Shari Bratt
NADE President

IMPROVING THE DISABILITY DECISION PROCESS
SSA's Listing of Impairments

The National Association of Disability Examiners (NADE) offers the following input to the Institute of Medicine (IOM) *Committee on Improving the Disability Decision Process.*

NADE is a professional association whose purpose is to promote the art and science of disability evaluation. Although our membership includes treating sources and consultants who perform independent medical examinations, attorneys, claimant advocates and others interested in the Social Security and Supplemental Security Income (SSI) disability programs, the majority of our members work in the state Disability Determination Service (DDS) agencies, on the "front-line" of the Social Security Administration's disability evaluation process. The diversity of NADE's membership, combined with our extensive program knowledge and "hands on" experience, enables us to offer a perspective that reflects a pragmatic realism.

The IOM Committee on Improving the Disability Decision Process has been charged to, " . . . provide recommendations to the Social Security Administration (SSA) on how to (1) improve the Listing of Impairments (Listings), a screening tool SSA uses as part of its process of determining eligibility for disability payments under the Social Security Disability Insurance and Supplemental Security Income programs (tasks 1-7). "

NADE believes that the SSA Listings have been a highly successful tool for sorting various categories of medical conditions and should be retained in much the same format as it currently exists. Organization by body system is a logical approach. The Listings provide a fairly concise reference for disability adjudicators, claimants, treating sources and legal representatives, defining medical conditions so severe that, in the absence of substantial gainful work activity, benefits are awarded. However, the Listings are far more than a screening tool; they quantify parameters of disease severity considered to be totally disabling to more effectively and efficiently process disability claims. The Listings also assist adjudicators in the development of the necessary medical evidence required to establish disability under the Social Security and SSI disability programs' rules and regulations and in the analysis of that medical evidence once it is received. However, having said that, it must also be pointed out that as the listings become increasingly more complex, fewer claims can be allowed at the "Meets/Equals the Listing" step of the Social Security disability program's sequential evaluation process.

The Listings are formulated by panels of medical specialists in the appropriate fields of medicine, and they are periodically reviewed and revised. In NADE's opinion, the current process for updating the listings of outreach and obtaining public input before starting to write changes to the listings is working extremely well. NADE has attended several of these outreach sessions and provided input and feedback on many of the Advance Notice of Proposed rule-making as listings language is being developed. This methodology offers the opportunity to make suggestions, improvements and changes to the listings before the rules become finalized in the NPRM. NADE appreciates being asked by SSA to attend and provide input and welcomes those opportunities to provide feedback from the perspective of the "front line" workers who are responsible for the implementation of listing changes in their daily work.

NADE believes that the period for review of the Listings should not be so short that the Listings are not a practical reference for ease of adjudication, nor should it be so long as to make the listings less relevant in the field of medicine. NADE would suggest that the Listings be revised every two- to- four years. The fluid nature of the Listings is critical in the ever changing art and science of human medicine, but some constancy is required and necessary for them to be practical for all users. It must be recognized that if the listings change too frequently those who are responsible for learning and implementing the changes can become overwhelmed with the sheer volume of changes. A potential result will be that accuracy and consistency of decisions, as well as productivity, will suffer.

Because of the significant administrative and program costs of integrating functional assessment into the Listings, NADE will continue to assess the advisability of doing so. The listings would be more useful if they contained criteria that specifies how functional capacity, pain and/or fatigue should be measured. This could be similar to examples given in some listings, such as: "3 visits to the emergency room in a 3 month period, at least 3 episodes of diarrhea, or in HIV cases, weight loss of 10%, etc." We do not object to integrating functionality into the Listings. However, the resource impact must be carefully considered in light of rising workloads, decreases in funding and a fixed or shrinking adjudicative work force.

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Improving The Disability Decision Process continued

Disability evaluation under Social Security rules and regulations has become increasingly complex. Increased emphasis on intangible factors such as fatigue, pain and affordability/availability of care places a tremendous burden on resources and injects a significant amount of subjectivity into the evaluation of disability claims. At this time, NADE supports less dependence on intangible areas such as pain, fatigue, tenderness, etc. in the physical Listings, an increased attention to the cumulative effects of combined mental and physical impairments, and continued careful consideration of the functional areas in the mental Listings. Obviously, functional areas are a major component of the "B" parts of the mental impairment Listings and must remain so, due to the very nature of psychological illness and the subjectivity of symptoms. Functionality also plays a major role in the assessment of combined physical and mental impairments but is not an area very amenable to rigid codification in the Listings. Such assessments are best left to the flexibility of the Residual Functional Capacity Assessment (RFCA) or Mental Residual Functional Capacity Assessment (MRFCA) and the Psychiatric Review Technique Form (PRTF) and the medical/vocational analysis.

NADE is impressed both by the scope of the Institute of Medicine's study and by the credentials and experience of the Committee members. It is NADE's opinion that this type of expertise lends support and credibility to the efforts to improve the incredibly complex Social Security disability determination process. Because any change in the SSA disability program or in the adjudication process must be implemented in a real world environment, NADE will continue to provide input and feedback as the IOM study progresses.

Approved by the NADE Board of Directors April 2006

NADE wishes to thank our Corporate Sponsors:

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THE NADE VIEW

ON

INSTITUTE OF MEDICINE'S INTERIM REPORT

IMPROVING THE SOCIAL SECURITY DISABILITY DECISION PROCESS

After carefully reviewing the Institute of Medicine's (IOM) Interim Report on Improving the Social Security Disability Decision Process, the National Association of Disability Examiners (NADE) offers the following comments on the committee's early recommendations in this report.

NADE is a professional association whose purpose is to promote the art and science of disability evaluation. The majority of our members are employed by state Disability Determination Service (DDS) agencies and thus are on the "front-line" of the disability evaluation process. However, our membership also includes SSA personnel, attorneys, physicians and claimant advocates. It is the diversity of our membership, combined with our extensive program knowledge and "hands on" experience, which enables NADE to offer a perspective on disability issues which is both unique and pragmatic.

NADE members, whether in state DDSs, in SSA, or in the private sector, are deeply concerned about the integrity and efficiency of both the Social Security and Supplemental Security Income (SSI) disability programs. Any change in the use of medical expertise in the disability decision process must promote viability and stability in the program as well as maintain the integrity of the disability trust fund by providing good customer service. At the same time, the trust fund must be protected against abuse. Quality claimant service and lowered administrative costs should play key roles in any changes to the use of medical expertise in the disability decision process. Any changes made must be practical and affordable. NADE is not convinced that all the recommendations of the IOM's interim report will achieve that end. *We are, in fact, concerned that some of the recommendations will increase both administrative and programmatic costs.*

Constraints on the Disability Decision Process:

NADE concurs with the IOM regarding the constraints on the disability decision process. Disability decision makers in the DDSs are definitely subject to strong pressures from SSA to decide cases quickly and to reduce administrative costs (including medical costs) per case. In addition, increased workloads, constant changing of complex rules, limitations in funding, reduced staffing and an electronic case processing environment impinge on the ability of the DDS to accurately, thoroughly and timely process all of its work.

The IOM correctly points out that the "contrasting set of incentives for DDSs and administrative law judges…has the effect of pushing decision outcomes in different directions at different levels of adjudication". *The recently passed legislation requiring pre-effectuation reviews of DDS SSI allowance decisions will compound this problem.*

Both the Social Security and SSI disability programs provide a vital safety net for an extremely vulnerable population. The accountability to SSA rules, regulations and procedures, should be reasonably and consistently applied at each level of the process. NADE strongly endorses the need for consistency and accuracy of decisions at all levels of the adjudicative process and supports increasing decisional accuracy and consistency in the program and accountability for the quality of disability decisions made by all adjudicators at every step in the process. However, as long as judicial review of disability appeals continue to occur in multiple district courts across the country, a bifurcated disability process will continue to exist as different DDSs and ALJs operate under different court rulings and regulations depending upon what part of the country the claimant lives in. For this reason, NADE has long advocated establishment of a Social Security Court.

NADE also concurs with the IOM that "fundamental change is needed in the SSA quality review process to place equal emphasis on allowances and denials". To that effect, in 2004, NADE prepared a position paper addressing proposed quality initiatives. A copy of that position paper is available on NADE's web site at: www.nade.org or upon request from the NADE President, Shari Bratt.

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NADE View on IOM Continued

NADE strongly supports increasing accuracy and consistency in the program and insuring that the right determination is made as early as possible in the process. Nationally uniform decisions with consistent application of policy at all adjudicative levels require a consistent and inclusive quality assurance (QA) review process. A well-defined and implemented QA process provides an effective deterrent to mismanagement, fraud and abuse in the Social Security disability program. There is a need for in-line and end-of-line quality review at all levels of adjudication. A centralized quality review process of all components involved in disability adjudication would eliminate regional differences in the application of Social Security Administration policies from state to state and component to component. We believe that an improved quality assurance process will promote national consistency, and in turn, will build credibility into the process.

However, as long as quality reviews of disability decisions are based on different evidentiary standards, it will be difficult, if not impossible, to achieve consistency in decision-making across all components. Although SSA's proposed NPRM stipulates that all components are to use a preponderance of evidence standard to adjudicate claims and arrive at a disability decision, only the DDSs and RO disability decisions will be reviewed using that standard. The ALJ decisions will be reviewed using the substantial evidence standard. Unless this is changed, consistency of decisions between the various components will be difficult to achieve.

Task 9 - Organization of medical expertise

Throughout the nearly 50 year history of the Social Security Administration's disability programs, the medical consultants in the state Disability Determination Service (DDS) agencies have played a crucial role in the development and adjudication of claims. An adjudicative team, generally composed of a Disability Examiner and a DDS Medical Consultant, makes the initial disability determination in accordance with an ever-changing complex set of federal rules and regulations. This team also evaluates reconsideration and continuing disability review cases using other complex and ever-changing rules and regulations.

The DDS Medical Consultant interacts with Disability Examiners on a daily basis in difficult claims and offers advice on complex case development or decision-making issues. He/she maintains liaison with the local medical community and has knowledge of local care patterns and the availability of diagnostic studies and state regulations to facilitate the adjudication process within the complex Social Security system. There are many critical consultative examination issues that require combined medical knowledge and program experience to ensure that risks to applicants are minimized in any diagnostic tests needed for adjudication. In fact, many local state laws require a medical doctor licensed within that state to authorize these tests before the applicant can participate.

NADE strongly supports on-site medical expertise. Examiner/medical consultant communication is essential for efficient development and decision-making. DDS examiners now have face-to-face interaction with Medical Consultants. In addition to resulting in extremely efficient case development and decision-making, this process adds value in that it provides important medical training of less experienced examiners and ongoing mentoring of all examiners as medical practice evolves.

The ability of an examiner to have face-to-face, ongoing access to an in-agency doctor with whom the examiner is familiar and who is familiar with the details of practice in the area, leads to better accuracy, processing time, productivity, costs and customer service.

Specialization of Medical Consultants - Recommendation #1-1:
NADE concurs with the need for SSA to ensure that state DDS and ALJs have ready access to the full range of physician specialties and other health professionals needed to evaluate cases. Currently, the majority of DDSs lack easy access to the full range of medical specialists. While the vast majority of SSA and SSI disability claims do not require review by a medical specialist, NADE does agree that adjudicators at all levels need access to such specialists. While NADE supports this concept being used to supplement the expertise of the medical consultant at the DDS, we feel that most cases at the initial level of adjudication can continue to be reviewed and evaluated by current state agency medical consultants.

Using direct patient care and current medical staffing models, it is important to note that the most effective utilization of medical specialists is to have well trained generalists (internists, general practitioners, family practitioners, etc.) screen patients first, treat the ones they can, and refer to specialists the ones who do not respond to treatment or whose medical conditions are so complex or severe as to require specialty care.

Adjudication of cases that have more than a single impairment require assessment of how all impairments, alone or in combination affect an individual's ability to function. The use of specialists alone would result in numerous hand-offs, adding significantly to costs and processing time. This would also decrease the quality of decisions if there were no method in place to pull all of the specialty conditions together into an overall, global assessment of their impact on functioning.

NADE is concerned that the insertion of a new federal bureaucracy - the Federal Expert Unit - has the potential to significantly increase

the amount of time it takes to arrive at a disability decision. Having specialists review impairments individually is a time consuming, costly proposal. Specialty consultants with limited scope and experience cannot fully assess the combined effects of multiple impairments on the claimant's functioning. DDS medical consultants are not only medical specialists—physicians, psychologists, and speech/language pathologists—they are also SSA program specialists.

There is a wealth of specialty Medical Consultant expertise employed in or under contract with DDS offices throughout the country. In addition, there is also a substantial number of specialty Medical Consultants employed in or under contract with SSA's Regional Offices who do medical reviews for the Disability Quality Branch (DQB) offices; there are Medical Consultants in the Federal DDS who perform case reviews and in SSA's Central Office who address policy issues and second-level rebuttals when the need arises. These medical specialists have experience with the Social Security and SSI disability programs and, with the accessibility provided by the electronic disability folder, could form a cadre of Federal medical experts to consult with DDS Medical Consultants, Disability Examiners and Administrative Law Judges (ALJs). Fostering a collegial, educational and cooperative relationship between all SSA components would be vastly superior to what currently seems like an adversarial and counterproductive relationship.

Utilizing the existing expertise of current medical DDS, Regional Office, and Central Office specialists already trained in SSA disability rules and regulations is a low cost and immediate way to provide consultation across all components of the disability program, DDSs, DQBs, OHAs and the Appeals Council.

Qualifications of Medical Consultants - Recommendation 1-2:

NADE does not concur with the recommendation that SSA mandate that all physicians and psychologists be board certified. NADE does not feel this is a very cost effective or reasonable requirement. It is difficult for the DDS to recruit and retain good medical consultants, and requiring mandatory Board certification will not only make it even more difficult to do so. but will also pose significant costs to the program and inappropriately eliminate many currently well trained, experienced and qualified DDS medical and psychological consultants from serving in that capacity.

The majority of disability claims do not have one single discrete impairment but multiple conditions that can impact on functioning. Adjudication requires the evaluation and assessment of how all of these conditions, alone or in combination, impact on an individual's functioning. The use of Board certified specialists alone could result in too many handoffs, adding significantly to processing time, as well as decrease quality of decisions, if there were no method in place to pull all of the specialty conditions together into an overall global assessment of their impact on functioning.

Neither SSA nor IOM has presented any evidence which shows, or even suggests, that Board Certification would improve disability case adjudication by Medical Consultants. *Prior to implementing this requirement, NADE believes that SSA should be required to review the accuracy and quality of disability decisions currently done by DDS Board Certified MCs vs. DDS non-Board Certified MCs.* If there is no qualitative difference, then there is no basis for making this change and lots of cost reasons for not doing so.

Board Certification may ensure a higher level of knowledge in treating a certain range of impairments but would offer no particular value in assessing the residual capacity of these individuals. A good generalist, knowledgeable in all aspects of disability adjudication, provides a much more cost effective and reasonable approach following direct patient care practices. Further, since many of our claims involve multiple body systems, having a series of specialists look at a case will exponentially increase the cost of the program and the case will probably still need to have the integration of all the opinions by a good generalist.

Continued on next page

NADE View on IOM Continued

Most disability applicants have multiple impairments involving more than one body system and require a comprehensive view of the combined limitations and resultant impact on function. Board certified specialty consultants with limited scope and experience cannot fully assess the combined effects of multiple impairments on an applicant's functioning. The SSA programmatically trained DDS Medical Consultant has the education, clinical experience and decision-making skills, along with expertise in evaluating medical records and disease conditions and making prognosis predictions regarding a claimant's function and future condition, to more accurately assess the case as a whole.

Evaluating Social Security disability cases requires a unique knowledge of:

- SSA's complex rules and regulations and regional variants of those regulations
- the ability to read and understand the claimant's records
- medical expertise in many fields
- knowledge of local medical sources and individual state health care systems
- familiarity with DDS examiner staff, quality specialists and supervisors, and
- the ability to derive relevant information and to apply the law.

Board certification training does not provide this background or specific knowledge and therefore, is not necessary for this process.

The Social Security Administration's disability programs are unique among disability programs. The decision regarding an applicant's eligibility to receive Social Security or SSI disability benefits is not solely a medical decision, nor is it solely a legal decision. It is an administrative decision. An impairment is disabling only if it prevents an adult from working or a child from functioning in normal age-appropriate activities. While other disability programs may accept a treating source or a consultant's opinion that an individual is disabled, this is not true in the SSDI or SSI disability programs. Based on all information in the file the DDS Medical Consultant must independently determine if a medical impairment is present, assess the severity of that impairment (or impairments) and, if the applicant is an adult, assess his or her remaining ability to perform work related activities (standing, walking, reaching, bending, talking, listening, following directions, relating to supervisors and co-workers, etc.).

Because the Social Security and SSI disability programs themselves are unique, the individuals who evaluate these claims, including the DDS Medical Consultant, whether he or she is a physician, a psychologist or a speech/language pathologist, must also possess a unique combination of knowledge and skills and must be specially trained to assess functional capacity based on exam, laboratory and diagnostic test findings. The program knowledge required to adjudicate Social Security and Supplemental Security Income disability claims is not acquired in medical school or as part of an individual's professional training. Rather, it is learned through formal SSA training, case reviews and on-going interaction with other members of the adjudicative team.

There is a very real difference between clinical and regulatory medicine and it takes at least a year to become proficient in Social Security disability rules and regulations. The DDS Medical Consultant must be able to translate the medical concept of clinical severity into the legal concepts of the Social Security program. He or she must evaluate the impact of the impairment and treatment on the applicant's ability to function and place that assessment within the framework of SSA rules and regulations. The DDS Medical Consultant must recognize the disabling aspects of the alleged disorders and their treatments, the typical clinical course and prognosis, and the resultant impact upon function both psychiatrically and physically. In addition, he or she must be able to recognize the impact of multiple impairments, and be aware of related additional impairments that the applicant may not have alleged that could factor in the individual's residual functional capacity for work activities.

Regional SSA court cases and acquiescence rulings impact individual DDSs differently. The DDS Medical Consultant is aware of the impact of those decisions on local case development and adjudication. Based on knowledge of the SSA disability program's evidentiary requirements, local medical practices, and court decisions and acquiescence rulings affecting that specific DDS, the DDS Medical Consultant helps to assess whether additional development is needed to accurately adjudicate the case, and determine whether the additional development would change the decision of disability or simply satisfy the clinical desire to make a diagnosis. The DDS Medical Consultant is pivotal in cost containment of DDS expenditures for consultative examinations (CEs) by reviewing the medical evidence in file and contacting treating sources when appropriate.

Only through experience with the Social Security disability program is the DDS Medical Consultant able to ascertain what evidence is needed or, conversely, what evidence is not needed, to make a correct decision while preventing costs and processing time from becoming prohibitive. It normally takes a year to become proficient in this process.

Because medical consultants determine the functional capacities of individual claimants only, the clinical course, prognosis and functional abilities of other persons with the same diagnosis (as described in textbooks or learned from clinical experience) is of little importance to the disability determination process, even though it may be of academic interest. The individual claimant's ability to sustain work activities is the proper focus of the adjudication process, not the textbook case. DDS and SSA medical consultants do not recommend treatment or become involved in the care management of claimants. In fact, a substantial part of training in Social Security disability adjudication focuses on redirecting medical and psychological consultants from their traditional clinical modes of thinking about patients to thinking in terms of substantial evidence, laws, regulations, Social Security disability procedures and issues such as equal protection under the law.

For physicians, board certification normally consists of three to five years (9,000 to 15,000 hours) of residency training and the passing of examinations. Residency training focuses intensely on patient management and particularly on diagnostic techniques, pharmacologic management, special non-surgical procedures (such as tracheal intubation, cardiopulmonary resuscitation, etc.), indications for surgery, specialized surgical procedures (cataract extraction, gastric bypass, etc.) and post-surgical management. Board certification tests candidates in these areas. Most physicians who become board certified do so without any knowledge of Social Security disability laws, regulations, procedures or the evaluation of residual functional capacity. Many may not even be aware of the existence of the Social Security disability program. *The evaluation of impairment according to AMA guidelines, which some learn, has almost no relevance to the disability determination process.*

For psychologists, board certification normally consists of two or more years (4,000 or more hours) of supervised training and the passing of examinations. Training focuses intensely on patient management and particularly on diagnostic techniques, psychological testing, psychotherapy and, to some extent, pharmacologic management. The requirements vary considerably, according to the specific Board. Board certification tests the competency of candidates in these areas. Only about 5% of psychologists become board certified. Most individuals who become board certified do so without any knowledge of Social Security disability laws, regulations, procedures or the evaluation of residual functional capacity. Many may not even be aware of the existence of the Social Security disability program.

Current training programs for the board certification of physicians and psychologists include no significant training in or testing of Social Security disability case evaluation. Because the skills which board certified physicians and psychologists obtain beyond medical school and graduate school in psychology are directed at patient management, board certification provides little or no additional benefit in the adjudication of disability cases.

A board certification requirement would increase the cost of disability adjudication at a time when efforts to control costs are stressed. Since only about 5% of psychologists are board certified, it would eliminate most current State disability determination service psychologists and greatly reduce the pool of psychologists who can be recruited for disability work. It would also significantly reduce the pool of available medical consultants. There is no substantial evidence that any board is superior to any other in clinical practice, much less in disability adjudication. Any requirement favoring one board over another should be based on substantial evidence that the favored board is superior to the others for the intended purpose and currently no such evidence exists.

Because board certification was much less common for physicians entering practice during or before the 1960's, a board certification requirement would have a much greater impact upon older consultants than upon younger consultants. For older physicians board certification would require closing their practices, leaving their current residences, moving to new locations, engaging in from 3 to 5 years (about 9,000 to 15,000 hours) of strenuous residency training, and passing board certification tests. For psychologists, board certification would have comparable requirements (see above).

The interest in Board certification appears to be based on an assumption that Board certified medical and psychological

Continued on next page

NADE View on IOM Continued

specialists are somehow more able to evaluate disability, particularly in "complex cases." To make this possible, the individuals would have to have some special training and specific tools to use. There is currently no such training nor evidence that such tools exist.

Of disability claims, the difficult ones are those in which the claimant is neither extremely disabled nor fully-functional (or nearly so). The extreme cases are the easiest to adjudicate and are currently adjudicated quickly and with a high degree of accuracy. They commonly meet the requirements of listings or have no significant work-related impairment. The difficult cases are usually those of persons with common, physical and mental impairments which are neither extremely mild nor extremely severe. Because of the lack of any demonstrated correlation between allegations, examination findings, laboratory tests, radiological studies and other tests, and because of the lack of any scientific way to combine any of these findings to determine a claimant's ability to sustain work activities eight hours a day and five days a week, Board certified specialists would have no advantage over the generalist in the adjudication of disability claims.

The majority of disability claims include multiple allegations. Sometimes there are dozens of allegations. If the Social Security Administration required that claims be reviewed by board certified specialists in all the related areas, most cases would have to be reviewed by multiple specialists. In addition, the specialists would have to hold conferences before adjudicating cases. The cost of such a process would far exceed the cost of case adjudication today, with no documentation or guarantee that the outcome will be improved.

*NADE recommends that Board certification not be a requirement for DDS medical and psychological consultants. NADE recommends that if Board Certification is adopted as a mandatory requirement, then all current DDS medical and psychological consultants be excluded from this requirement and be grandfathered in. In addition, if it is felt critical that Board certification is necessary, NADE recommends that SSA pursue developing and establishing independent B*oard certification in Social Security disability adjudication.

Training of Medical Consultants - Recommendation 1-3:
NADE agrees that SSA should develop and implement a mandatory national training program for all MCs, both within and outside the DDS, as well as for all adjudicators, including administrative law judges. As already stated previously, adjudication of Social Security disability claims requires a specialized knowledge not readily available elsewhere. For that reason, there should be an established training program to ensure consistency and uniformity of the training presented. The fact that specialized knowledge is required for Social Security disability adjudication supports NADE's stand that Board Certification is not a requirement for medical and psychological consultants.

NADE places a high value on initial and on-going continuing education training to maintain and enhance disability expertise in the Social Security disability program. Just as physicians, psychologists and speech/language pathologists must participate in ongoing medical education in order to keep their clinical skills and knowledge current, it is through ongoing SSA case reviews and SSA-sponsored training that DDS Medical Consultants maintain their program knowledge and skills. While SSA's Program Operations Manual and other regulations provide some structure for addressing various allegations, the accuracy of the decision is a function of the knowledge of the requirements of the SSA and SSI disability program. Assisting Disability Examiners in sorting out and weighing of evidence of varying quality and credibility provided by treating physician opinions or evaluations by nurses and other medical sources requires a SSA programmatically trained physician.

NADE holds annual regional and national training conferences for its members, offering the most up-to-date information in medical treatment and advances in medicine and SSA program changes. These conferences serve to enhance our members' knowledge base, develop their professional expertise and further the enhancement of the disability profession.

NADE is committed to furthering the art and science of disability evaluation and the professionalism of its members. To that end, NADE is proud of its certification program which has been in existence since 1971. NADE's certification program recognizes Social Security disability experience, continuing education and training efforts of its members involved in the disability program.

Specific criteria for NADE certification are required in three different categories: as a disability professional, disability support professional or disability medical consultant. Minimum standards must be met to be eligible for consideration for NADE certification. Education, training and experience in the disability program are considered. NADE certified medical consultants are required to obtain 25 hours of continuing education credits every three years in order to continue their certification status. NADE's unique training opportunities supplement training provided by SSA, cover medical and policy issues related to disability determinations and provide a forum for which to exchange ideas and best practices among the various states.

Better Use of Medical Expertise - Recommendation 1-4:
NADE does not agree with this recommendation. ***NADE does not support the addition of a nurse consultant or other health care professionals to the process.*** This adds an unnecessary step to the process between the disability examiner and the medical consultant which does not currently exist. NADE believes that the addition of this hand-off in the process adds no value and increases the potential for errors in communication.

Extensive training in the adjudicative process would be required in order for the nurse to effectively communicate with medical consultants and examiners. There is nothing in the training that these professionals have to go through that would make them superior to an experienced DE to serve in an adjudicative triage or advisor function. These professions are taught how to treat medical issues, not how to relate them to disability. There is a critical difference between the clinical perspective that a nurse would be expected to have and the disability assessment perspective required by the program. ***The ability of the disability examiner to access face-to-face medical consultations and develop rapport and familiarity between team members should not be altered or breached.***

SSA does not even recognize these professions as acceptable medical sources. One of the reasons is the lack of a national standard set of requirements for these professions. This should be a reason for not using them in the role discussed here as well. A standard, uniform training program for all adjudicators will be a much more effective, efficient and cost effective process than adding other more costly health professionals to the process.

Other Sources of Medical Expertise - Recommendation 1-5:
NADE supports the recommendation that SSA develop "formal working relationships with specialized clinical research centers". However, these centers should not be used to assist in the adjudicating of individual cases but rather to assist with reviewing the listings, evaluating the disability process, and researching and exploring the definition of disability itself. These centers could also advise SSA in how to improve the training given to disability examiners, medical consultants, administrative law judges and all other levels of adjudicators.

Involvement of Treating Physicians and Other Treating Sources - Recommendation 1-6: NADE supports this recommendation. However, though this sounds like a good idea in theory, in practice, it will disastrous to try to implement without adequate funding. To date, there is little evidence to show that such funding would be forthcoming. Whenever funding is limited (which in practical application is every fiscal year), the emphasis on DDS has been to cut and curtail medical costs. In fact, in the interests of cost containment and time savings, SSA is working with several national copy services to standardize the submission of electronic records to SSA. Implementation of a standard VA/DDS summary extract of medical records has already occurred in a number of DDSs. In addition, individual states may have limits on what they are allowed to pay for retrieval of vendor records.

Qualifications of OHA Medical Experts - Recommendation 1-7:
See NADE's comments under recommendations #1-2 and 1-3. NADE supports national uniform training for all medical consultants. NADE also supports adequate compensation for services performed. However, again, unless such funding is forthcoming, this is not a practical option.

Task 10 - Training and certification of consultative examiners:

Training and Certification Requirements for Consultative Examiners - Recommendation 2-1:
NADE supports this recommendation but it will be disastrous to try to implement it without adequately funding it. Implementation without adequate funding will make a currently bad situation even worse. Also, see NADE comments under recommendation 1-6.

Continued on next page

NADE View on IOM Continued

Adequate Reimbursement for CE Providers - Recommendation 2-2:
NADE supports this recommendation. However, if the price per CE goes up sharply without an increase in funds to pay for CEs, it will simply make them much harder to get. In addition, individual states may have limits on how much can be paid for CEs.

Requests for CEs Focused on What is Needed in Each Case - Recommendation 2-3:
NADE supports this recommendation. Clearly, it should improve our product. However, it will also take more time for examiners who have already had way too much added to their job. There must be some recognition that added duties per individual claim simply means that fewer claims can be processed. The practical reality is that though workloads are increasing and there are proposals to more thoroughly document individual case records, the funding is not being provided to handle these tasks.

Task 8 - Presumptive disability categories:

Revising the Presumptive Disability Categories with Explicit Criteria - Recommendation 3-1:
NADE agrees with this recommendation but would also add that input from the people who actually process the claims should be sought.
Increasing Consistency in Presumptive Disability Decision Making - Recommendation 3-2:
NADE does not believe that mandates should be developed in this area. However, NADE does believe that SSA should set parameters they want DDSs to achieve. SSA should establish targets with rewards for the states that achieve them.

Learning from Terminal Illness (TERI) Procedures - Recommendation 3-3:
NADE supports the concept of quick decisions for those individuals who are obviously disabled. NADE believes that DDSs are best equipped in terms of adjudicative expertise, medical community outreach, and systems support to fast track claims and gather evidence to make a decision timely, accurately, and cost effectively. DDS disability examiners are well versed in the evaluation of disability onset issues, unsuccessful work attempts and work despite a severe impairment provisions to quickly and efficiently determine the correct onset for quick decision conditions.
NADE certainly supports looking at TERI procedures in an effort to improve them, but not necessarily for use in quick decision cases. We would point out that some Field Offices already struggle with the concept of recognizing presumptive disabilities and TERI cases. The experienced disability examiner is the most effective weapon SSA has at its disposal to combat fraud as proposed in previous reports and testimony from the Social Security Advisory Board and SSA's Office of Inspector General.

It is imperative that any changes in this area accurately identify the appropriate cases for TERI processing. Selection criteria should include issues other than diagnosis, including involvement in current treatment, current insured status and a specifically identifiable impairment proven most likely to result in death. SSA field office performance will also be critical for success of identifying TERI cases. NADE suggests that more extensive in-line quality assurance and end-of-line quality control be applied if any such changes to TERI criteria are implemented.

NADE thanks IOM for the opportunity to provide comments on the interim report and we look forward to working with the IOM as the committee works on Tasks 1-7.

Shari Bratt
NADE President

Approved by the NADE Board, March 2006

TOP 5 REASONS TO JOIN NADE

1. EDUCATION

a. NADE training conferences
b. NADE Advocate
c. Regular communication from NADE leadership to keep members informed
d. NADE website – **www.nade.org**

2. ADVOCACY FOR FRONT LINE PERSPECTIVE

a. If not NADE, who else will serve as an advocate for disability employees serving on the front line?
b. Regular meetings between NADE and congressional officials to communicate this perspective
c. NADE is invited as an expert witness for congressional hearings on disability issues
d. Regular meetings between NADE and SSA's political leadership and policy makers, and between NADE and other governmental agencies (GAO, OMB, etc.) to publicize the real issues of those who do the work of adjudicating disability claims and serving the public

3. NETWORKING

a. Friends!
b. Sharing best practices and common concerns with others who do the same work as you
c. Opportunities to make a difference by working with others from across the country
d. Respect from your peers

4. PROFESSIONAL RECOGNITION

a. Who else do you see giving you a well deserved pat on the back?
b. Local, Regional, and National recognition for outstanding leadership
c. Local, Regional, and National recognition for outstanding work and dedicated service
d. Professional certification

5. MAKE A DIFFERENCE

a. Your work is more than a job – it is a career
b. Through NADE, you can effectuate positive changes that determine how you will do your work
c. Through NADE, you can effectuate positive changes in yourself as a person and as a professional
d. Opportunities for leadership and active participation allow you, as a member, to explore the limits of your interest in involvement

A NADE delegation visited with the SSA Commissioner at her office prior to the MidYear Board meeting.

From left: Chuck Schimmels (NADE President-Elect), Mimi Wirtanen (Legislative Director), Shari Bratt (NADE President), SSA Commissioner JoAnne B. Barnhart, Terri Klubertanz (SSA/DDS Liaison) and Martin Gerry (SSA Deputy Commissioner, Disability and Income Security Programs.

Apologies to Terri whose name was omitted in the Winter issue of the Advocate.

The Top 10 Vocational Errors

as presented by Tom Johns, Senior Vocational Policy Analyst, Office of Disability Evaluation Policy, Social Security Administration at the 2005 NADE Quad-Regional conference in Raleigh, NC

10. Adjudicator went directly to Step 5 without addressing Step 4. ***You can never skip Step 4!*** If you cannot obtain the documentation, deny for insufficient evidence or failure to cooperate.

9. Ignoring the vocational aspects of a case until the RFC and/or MRFC are completed. The entire case should be developed based on vocational factors.65.75% of cases are decided at Step 4 and 5.

8. A technical entitlement requirement such as DLI or PP is in the past applies but only current work activity is documented.

7. A job that started outside the relevant time period overlaps into the relevant time period but is disregarded.

6. The claimant is denied for the ability to do work that does not meet one or more of the three criteria for past relevant work. To be relevant it must be work within the last 15 years and average performance.

5. Failing to explain critical vocational choices such as borderline age or transferability of skills. The explanation can be brief, just put something in the file stating why you're doing what you're doing.

4. PRW as described by the claimant or as generally performed in the national economy is not compared to RFC on a function-by-function basis.

3. Completing the vocational analysis based on job title, not duties.

2. There are inconsistencies in the file that have not been resolved (the past employer can be contacted with the claimant's permission).

1. No 3369 or an incomplete 3369 and claimant has had multiple jobs in the past 15 years.

Apologies to Tom Johns for the error in the previous version of his Top Ten Vocational Errors! Nomber 10 should have read "You can never skip step 4!"

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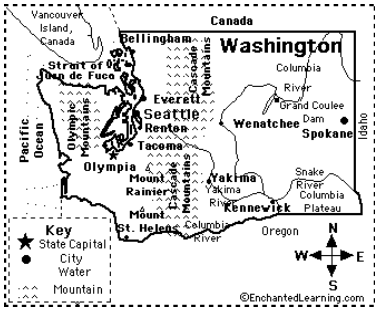

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SSA Vision Looks Toward High Quality

Presentation by Myrtle S. Habersham

Chief Strategic Officer

by Terri Klubertanz, SSA/DDS Liaison Chair

MS. MYRTLE HABERSHAM, SSA'S CHIEF STRATEGIC Officer, spoke with the NADE Board at the Mid Year Board meeting. Ms. Habersham was joined by Mike Brennan and Karen Reiter from SSA, as well as several individuals from Booz Allen Hamilton, the contractor who is working with SSA to improve quality of the disability program. Booz Allen Hamilton presenters were: Abe Zwaney, Chris Johnson and Erich Schiffgens.

The major focus of this presentation was to obtain input around points in the decision process that are critical to quality and what kind of management information would be most useful to identify trends and perform analysis. As background information, Booz Allen Hamilton (BAH) informed NADE they had conducted hundreds of personal interviews and thousands of surveys across all components in SSA and the DDSs. BAH reviewed external and internal documents and quality requirements, and did multiple stakeholder presentations to gather information. One thing that came across loud and clear in all of the research was that SSA and DDS employees care about quality decisions and service to the public.

Key features that should be included in an integrated quality program are:

- To develop and focus on multidimensional and integrated quality information
- To include both in-line and end-of-line quality reviews
- That quality is the responsibility of all operating components
- That there is a central quality assurance function
- That in-line reviews be handled decentralized fashion.

The Agency has adopted a multidimensional approach to quality that balances five key performance indicators - productivity, accuracy, timeliness, cost and service. (Refer to Quality Matters website http://co.ba.ssa.gov/qualitymatters/). In addition, the disability service improvements announced in the NPRM in July 2005 indicate the Agency is moving towards a high level quality vision that consists of the following components - in-line quality, continuous improvement and data driven approaches to facilitate quality improvement. During site visits to fourteen different DDSs, the contractor identified points in the case development and determination process that are critical to quality. They asked for our feedback on the following decision points:

- Is the case completed when received?
- Can the case bypass standard development process?
- Can the case be assigned to a disability examiner to work?
- Is the case ready for analysis?
- Are case development methods appropriate and conducted within recommended time frames?
- Are appropriate MER/CEs ordered?
- Does the CE meet requirements?
- For allowances, is evidence sufficient to support the decision; for denials, have all of the allegations been addressed?
- Is the case likely to be selected for quality review?
- Does the case pass internal DDS QA screening?

SSA Vision, continued on page 6

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