the NADE ADVOCATE

A Publication of the National Association of Disability Examiners Volume 24, Number 2 Spring 2008

Organ Donation Becomes Personal

by Dave Tschetter, South Dakota DDS
Past NADE President

IT WAS OVER 20 YEARS ago in Jackson, Mississippi that I, on behalf of the NADE Board of Directors, introduced a resolution related to the promotion of organ donation. The measure was written by Publications Chair Maureen Halsey Wright. Maureen lost a daughter while she waited for a heart transplant. I had no idea at the time what impact organ donation would have on me years later.

To our family Halloween will never again be just a holiday for kids, costumes and parties. It will be a day so deep in emotions that as I sit and write this story I am brought to tears. Why so emotional? On Halloween of each year we will celebrate the gift of life commemorating the anniversary of my wife's (Patty) kidney transplant and myself as the donor. What makes that day truly amazing is the journey that each of us took to reach that important day.

Within a year of the Jackson conference, my wife was diagnosed with a hereditary disease called Polycystic Kidney Disease (PKD). PKD had taken the life of several of Patty's family including her grandmother, two uncles and a brother. Patty's problems first showed with the diagnosis of hypertension and remained well controlled for several years. About three years ago, Patty's kidney function began to deteriorate. As the percentage of kidney function begins to decrease, the rate of deterioration increases at a faster pace and the ability to reverse this process stops. In July 2006, Patty was worked up by the Avera McKennan Transplant Center and on August 1, 2006 she was accepted in the transplant program. Once you are accepted into a transplant program two things happen. The first is that you are placed on the United Network of Organ Sharing (UNOS) registry for a Cadaver donor and the second thing is that the transplant center works with you about potential living donors.

Up until this time, I did not consider myself a donor because I thought Patty and I had different blood types. There are two things important to compatibility with a living donor. The first is blood type and the second is blood antigens. A donor with A or O blood type can donate to someone with A blood type. If you have B or O blood type, you can donate to someone with B blood type. While O is universal as a donor, only someone with O blood can donate to a recipient with O blood. Patty's blood type was A and for some reason I was thinking that my blood type was B. One evening, I came across some old items and one of the things that I found was my dog tags from the late 60's. On the dog tag, my blood type was listed as A and therefore, I could be a potential donor. In order to

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PrIor to the NADE Mid Year Board meeting, Past President Chuck Schimmels, Commissioner of Social Security Michael Astrue, President Georgina Huskey, DDS Administrators/SSA Liaison Jeff Price, and Legislative Director Mimi Wirtanen met and discussed disability program issues.

IN THIS ISSUE:

President's Message

We have just completed another successful mid-year board meeting in Washington D.C. and I would like to thank you all for making NADE such a great association. NADE's Board of Directors voiced your concerns and ideas and there was much discussion on how we can make NADE a more effective force in representing you and promoting the betterment of disability evaluation.

I am continually amazed at the richness of our members' dedication to NADE. Many members from around the country find the time and resources to travel to our mid-year meetings, regional, and national conferences. Our retirees are exceptional in keeping us grounded in our pursuits by their level of historical experience and expertise! From the most recent, to the long-term members, your participation is a testament to the level of service that NADE is poised to deliver to our claimants.

Change is sometimes difficult to cope with, especially when it comes to changes in regulations, such as the recent update to the digestive listings. With perseverance and hard work we will learn the changes and achieve higher levels of confidence in our disability determinations. Other changes in the listings will be forthcoming. Let's continue to make tactful recommendations when our perspectives are sought, whether they be on proposed listing changes, program initiatives, new regulations or legislative changes. Your input in very much needed and appreciated.

Please keep in touch with our upcoming conference dates coming soon to your area and plan to attend. Each and every one of you keep NADE moving forward as a professional organization. Our regional directors are positioned to keep you in touch with NADE's needs and goals, but remember we are all volunteers and sometimes it is difficult to find the time to communicate as quickly or thoroughly as we should. If you feel that your voice is not being heard, drop me line!

As Winston Churchill stated: "We make a living by what we get, but we make a life by what we give." You create the life that NADE radiates!

Georgina B. Hunkey

Georgina
NADE President

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

NADE is an incorporated, nonprofit organization.

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Letters to the Editor are welcomed and may be selected for inclusion in future issues. Please forward ideas for future ***Advocate*** topics to the editor or your Regional Publications Representative.The next issue will be published in **Summer, 2008**.

All correspondence should be directed through your Regional representative or NADE editor by **June 15, 2008.**

NADE Member News

Good Luck Retirees!

Elizabeth Herring
North Carolina DDS

Elizabeth Herring joined the Tar Heel Association of Disability Examiners (THADE) in March of 2002; quickly became involved and served on numerous committees. She took on the roles of Chapter Vice-President, treasurer, and faithfully chaired the Community Service Committee for several years while reaching out to others in need. She attended several NADE conferences over the years and also served as Regional Secretary/ Treasurer in 2004-2005. The North Carolina chapter honored her commitment to the betterment of THADE and her guidance and leadership during her 23 year tenure in the North Carolina DDS.

Homer "Ron" Atchison
Florida DDS

Homer "Ron" Atchison (FL) has retired but is back working for the DDS as a contract worker.

Doug Savery
Nebraska

Doug Savery retired from state service on 2/15/08 after 30 plus years of service. He was involved with NADE for many of those, joining on 8/1/1980. Doug survived many changes at the DDS, including multiple moves and restructurings. He was a dedicated adjudicator with a wealth of knowledge about the program. He plans to spend his retirement pursuing his interests in photography, motorcycles, and travel.

NADE wishes to express its condolences to our Southwest Regional Director C.J. August on the recent and sudden passing of her husband, Larry.

Jo Ann Conrad
Springfield MO DDS

Jo Ann Conrad retired March 31 with 27+ years of service to Missouri DDS. She began with the DDS in July 1, 1980 as a counselor and has worked as a Senior Counselor, Assistant District Supervisor before being promoted to Hearing Officer in 1996. She worked a varied cseload in addition to hearing cases: EXRs, SDWs, reconsiderations, initial cases and most recently, Informal Remands from other states. Jo Ann was recognized for her work by earning the DESE Counselor of the Year Award 1986, Assistant Commissioner's Citation for accuracy 1986 and office efficinecy 1988. She attended McGeorge School of Law Hearing Officer Training in 1996 and was a NADE Certified Examiner. She has been a NADE member since 1985 and served as the state chapter treasurer.

Rose Mary Oxley
Cape Girardeau MO DDS

Rose Mary Oxley retired in December 2007 after 30 years of service to the Missouri DDS. Rosie's DDS career began in Miami Florida as a VR counselor for four years and then moved to DDS there and worked three years. She headed north to Missouri and began as a counselor in Cape Girardeau, was promoted to Appeals Counselor in the DHU and moved up to Hearings Officer in 1995. She served Missuri well with special assisgnments such as traveling the nation conducting PUT training which brought her a Regional Commissioner's Citation in May 1997 and a Deputy Commisssioner's Citation in May 1997 for her work on the PUT Training Team. She has received recognition for other endeavors, earning Assistant Commissioner's Citation in September 1986 for 100% decisional and documentation accuracy during the evaluation year.

Electronic notification of the *Advocate* offers the advantages of color photos and graphics, faster delivery, website links, etc. As mailing expenses continue to rise, this is an excellent way to help NADE save money.

Contact the NADE Publications Director Donna Hilton to change your paper copy into a color electronic copy! To view the *Advocate* electronically. go to www.nade.org and click on Publications.

NADE CALENDAR OF EVENTS:

Pacific Regional	**Wilshire Grand**	**Los Angeles CA**	**April 21-24, 2008**
Southeast Regional	**Hilton Birmingham**	**Birmingham AL**	**May 13-16, 2008**
MidAtlantic/Northeast Regional	**Doubletree Hotel**	**Annapolis MD**	**May 14-16, 2008**

2008 Mid-Year Meeting with Commissioner Astrue

A Report by NADE President Georgina Huskey

NADE'S EXECUTIVE OFFICERS MET SSA Commissioner Astrue on February 26, 2008. We were prepared with several issues to discuss and the Commissioner allowed us sufficient time to address all of our issues.

We discussed the overall success of the QDDs throughout the country, and some concern about the possibility of provider exhaustion expressed by some medical facilities in giving the requests for these records priority. However, the mean processing time on the QDDs is 8 days with at least 97% accuracy nationwide which shows the commitment of the DDSs to adjudicate these cases quickly and accurately. The Commissioner expressed some concerns, as NADE did, about the predictive model in selecting these cases. Among the case examples cited was the one that involved twins who were born premature and were alleged to meet the low birth weight criteria. One of the twins was selected as a QDD case and the other twin, with the exact same criteria, was not. After our discussions, it was agreed that SSA would revisit the issue of the predictive software and how it is used to select cases for QDD. In the near future, we will see a better selection of cases out of the QDD predictive model as the selective problems get resolved, and an increase in the percentage of cases that get selected for QDD from the 3% that is being currently selected.

NADE strongly recommended to the Commissioner that the Single Decision Maker (SDM) be rolled out nationally and extended to other types of cases at the initial level such as all psychiatric cases and DC cases, as well as to all CDR's. While NADE supports the cost saving that would be derived by rolling out the SDM nationally, and while we also noted the positive effects the SDM model had on DDS retention, which was mentioned in the recently published Recruitment and Retention workgroup report from ODD, the Commissioner expressed the view that, while his first year has been consumed with other priorities, he hopes to have time in the near future to examine the merits of the SDM model.

In the arena of the "Compassionate Allowances", NADE reassured Commissioner Astrue that all of the DDS allowances and case processing were "Compassionate". NADE supports the Commissioner's initiatives with the Rare Diseases and looks forward to Regulatory information on these. The next "Compassionate Allowance" Hearing was to be held in Boston at MIT on April 7, 2008. This hearing was to examine issues involving cancer impairments. (Note an ANPRM has been published and NADE will be submitting comments to this in writing).

NADE expressed to the Commissioner that we fully support the concept of a one WEBB based system throughout the country with the recommendation that the needs and legal requirements of each individual state be taken into consideration. We also recommended that e-Dib continue to be upgraded while this "System" is being considered.

In the area of electronic ERE and collection of evidence, the Commissioner assured all of us that SSA is working on improvements that will collect the correct data.

On the subject of the Informal Remands (IR) that are being sent to the DDS, NADE recommends that these continue to flow down to the DDSs as this is a win/win proposition for the claimants, SSA, and ODAR. The DDS employees that are working on these cases generally report that they like the IR, that it brings a lot of satisfaction when these can be reversed, and this caseload is being done at very little expense to SSA when one considers that each IR being done at the DDSs requires an average of only two hours of overtime, compared to the higher costs at ODAR. However, NADE strongly supported that these cases should continue to go to the DDSs with the allotted resources separate from regular caseload assignments. NADE also asked that the Commissioner look into the predictive model for selecting the cases out of ODAR since the DDSs have seen deterioration from clear reversals to cases that involve younger individuals with only minor impairments that had to be returned to ODAR for hearing. NADE believes it is critical that cases be released from ODAR that are more likely to be reversed than those that have to be returned to ODAR for a hearing. The Commissioner was in agreement with this recommendation and expressed that he will have SSA staff look into the selection criteria for these cases. We also expressed to the Commissioner that the DDSs are ready for electronic IR cases, and that in doing this SSA would be saving a lot of money by not having to mail the paper cases back and forth.

On the issue of procedures and business practice, NADE recommends that the business process should be uniform throughout the country . We pointed out that there are the original Prototype states that are doing SDM decisions and no Reconsiderations. Then, there are 10 other states where the SDM was rolled out and those cases are subject to Reconsiderations. Then there is the Boston Region with the left over DSI model. And finally, there is the rest of the country that does not utilize the SDM model but does utilize the Reconsideration step. NADE supports an enhanced Reconsideration step for all cases throughout the nation in an effort to alleviate cases going to ODAR. The Commissioner's responded that he is reviewing the Reconsideration issue, but he is not sure in what direction he will proceed.

Continued on next page

NADE supports all efforts to ensure that the correct decision is made at the earliest level of adjudication. We did note, however, that the DDSs make the correct decision in nearly 97% of cases (per SSA quality statistical data) and that, just because a claim is denied, does not necessarily mean that the decision was incorrect. We assured the Commissioner that DDS decisions are compliant with regulatory requirements.

The Commissioner did comment that he believes the adult and childhood listings should be reviewed for possible revision every three to five years and that many of SSA's problems resulted from lack of timely reviews of the listings which allowed many of these listings to become outdated.

NADE Correspondence

nade
National Association of Disability Examiners

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March 10, 2008

The Honorable John Spratt
Chairman
House Committee on the Budget
207 Cannon House Office Building
Washington, DC 20515-6025

Dear Chairman Spratt:

I am writing on behalf of the members of the National Association of Disability Examiners (NADE). The majority of our members work in the state Disability Determination Services (DDS) agencies adjudicating claims for Social Security and/or Supplemental Security Income (SSI) disability benefits. Although we are considered "state" agencies, the operation of the DDSs is totally funded from the Social Security Administration (SSA) budget.

As you know, there has been great concern in Congress, in the media and in the general public regarding the backlogs at the DDS and, particularly, at the Office of Disability Adjudication and Appeal (ODAR). These unacceptable backlogs are a direct result of years of under funding for SSA. In order to effectively address this crisis in public service, it is imperative that the FY 2009 budget include adequate funding for salaries, purchase of medical evidence, improvement and maintenance of our electronic system and administrative costs.

DDSs nationwide have seen a significant increase in workloads in the past few years due to the implementation of the electronic disability folder and the rise in the incidence of disability claims due to the aging of the baby boomer population. In addition, SSA is beginning to feel the impact of the aging of our own employees. There will be large numbers of employees retiring from all components of SSA in the next several years, taking with them years of experience, knowledge and institutional memory. These staffing issues must be addressed *now* in order to avert a further service delivery crisis in the very near future.

We appreciate your support for the funding necessary to ensure that the Social Security Administration is able to provide the service to the American public that they deserve. Thank you again for your ongoing efforts on behalf of our agency and the citizens we serve.

Sincerely,

Georgina B. Huskey

Georgina B. Huskey, President
National Association of Disability Examiners

NADE Correspondence

NADE Officers recently held a conference call with staff members of the Government Accountability Office. Dan Bertonini is overseeing a study on the "Collection of Evidence."

Dear Mr. Bertoni:

During a Conference call held between some NADE Officers and you and some of your staff, you indicated that you would like to have a list of items that NADE would like to see the GAO help us with. After polling the membership, here are a list of those items most important to us at this time:

1. **SDM** decisions - accuracy, timeliness and cost savings compared to traditional MC-signed decisions

2. **Effectiveness of the CDI** units in detecting and preventing fraud. Long term savings associated.

3. In 2004, GAO issued a report entitled "Strategic Workforce planning Needed to Address Human Capital Challenges Facing the Disability Determination Services". It may be time to update the **recruitment and retention** issues.

4. **Money wasted** as a direct result of SSA having insufficient budget to do CDRs or investigate overpayments.

5. A study of the **difference between** how the **DDS** applies the medical vocational rules **vs.** how the **ALJs** apply the rules. The examiners have noticed that the ALJs make decisions that the DDSs can't.

6. Study the **Reconsideration level** at length. It would be a shame to see the people that are reversed at the Reconsideration level fall through the cracks. Perhaps some of the clear reversals can be on the fast track like the QDDs.

7. Study the **inadequacy of the 3369**, for example insufficient spaces to describe all of the jobs performed in the last 15 years.

8. Possibility of involving **Vocational Rehabilitation** for certain claimants at the beginning of the disability process rather than after they have proven to be disabled.

9. **Security issues** with the e-filing process - there have been instances when the e-filing was made public.

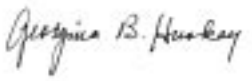
10. Study the **revised listings** effects on allowances/denials.

11. Study the **variation on decisions** based on the same case information by different reviewers throughout the country.

12. Study what would constitute a **reasonable workload** for the DDSs including amount of case receipts in the electronic environment so that the best decision can be made at the earliest possible level of the Disability Process.

I realize that our wish list is rather extensive, but it constitutes the many wishes of those that do the job at the DDSs.

NADE fully supports your current study on the "**Collection of Evidence**," and we look forward to the recommendations.
I thank you for your interest in hearing our concerns.



Georgina B. Huskey
NADE President

NADE Committee Reports

Calling For NADE Officer Nominations

by Vince Redlinger, Chair

THE NADE NATIONAL CONFERENCE is only a few short months away and it is time once again to give thought to running for a NADE national office. The call for nominations is now open for the positions of President Elect, Secretary, and Treasurer. The elections will take place during the General Membership Meeting at the 2008 National Training Conference to be held September 15-18, 2008 in beautiful Nashville, Tennessee.

The qualifications necessary to become a candidate are: 1) a member in good standing; 2) a desire to promote the ongoing positive impact of NADE on Social Security Disability; 3) a willingness to commit your time, energy, and ideas to the advancement of the National Association of Disability Examiners.

Will you be that committed NADE member that has the desire and expertise to advance NADE through your ideas and efforts? If so, please express your interest by submitting a recent photograph with a brief resume announcing your candidacy to a Nominations Committee member no later than June 15th, 2008. This will ensure that your candidacy nomination and photo will be announced in the summer edition of the NADE *Advocate*. While nominations will be accepted from the floor during the General Membership meeting at the National conference, the advantage of prior exposure in the *Advocate* goes to those who submit their nomination in advance!

Feel free to contact myself or any of the Nomination Committee members listed below.

Vince Redlinger, Chair
540-857-7735
Virginia DDS
Vincent.Redlinger@ssa.gov

Maureen Cooley TX DDS
304-624-2388
Maureen.Cooley@ssa.gov

Gail Mihaliak WV DDS
605-367-5499
Gail.Mihaliak@ssa.gov

Emmy Pastrano KY DDS
502-564-8050
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Paulette Warren ME DDS
512-437-5089
Paulette.Warren@ssa.gov

Brenda Tibbetts SD DDS
207-377-9508
Brenda.Tibbetts@ssa.gov

Candidates for Office

Susan Smith
Candidate for President

I would like to take this opportunity to formally announce my candidacy for the position of President-elect of NADE for the 2008-2009 year. I have had the privilege of serving as the Great Lakes Regional Director for the last 4 years and feel that my national Board experience and my many years of service to the NADE organization have helped to prepare me for the role of the NADE president.

I have worked in the Ohio DDS for over 23 years, beginning in the mailroom. Browsing over requests for medical evidence, I knew that helping those in the disability arena was in my future. I moved from the mailroom to the position of Administrative Assistant and then, after taking a couple of years off to complete my Bachelor's Degree, I returned to the DDS as a Disability Claims Adjudicator I. In the years since, I have steadily advanced to the level of Disability Claims Adjudicator III. I have been a NADE member since 1996 when I became part of the support staff, and have always been extremely active in our professional organization. One of my goals as a leader on this Association is to educate all DDS employees, regardless of their position within the DDS, as to the importance of being NADE members and to share information regarding the benefits of NADE.

My involvement in NADE led to my being elected President of the Ohio Chapter in 1999 and I served in this role continuously until January, 2008. I am proud to say that as President, our Chapter has grown both in size and in the opportunities we provide to our members. Although it was not sought, professional peer recognition has been earned by the Ohio chapter and myself as a result of these efforts.

I accepted an opportunity to serve as President of the Great Lakes Regional in 2003-2004 and I have served in national leadership positions, including Chairperson of NADE's Awards Committee in 2001-2002 and Chairperson of NADE's Non-Dues Revenue Committee in 2002-2004. While serving as Awards Chairperson, I developed a procedure to save money for the organization while enhancing the prestige of the awards presented. As Non-Dues Chairperson, I was able to double the amount of revenue received by NADE through means other than membership dues. This enhanced revenue allowed the organization to participate at an even greater level on a national basis in the issues in which it is involved.

Since 2004, I have had the privilege to serve as the Great Lakes Region's representative on NADE's Board of Directors. In serving in this position as Regional Director, I have sought to expand NADE's influence at the regional and national levels as being the voice of the people who do the work. With so much attention being focused on how we do our respective jobs within the disability program and how the program will evolve, it is critically important that the voice of those who must perform the work not only be heard, but also be respected if we are to insure that the disability program continues to provide the best possible service to the American public. In this regard, I have dedicated my service as a NADE leader to insuring that our voice is heard and understood. If elected, I will continue to make every attempt to be an effective voice for all and to represent the interest of all members.

For these reasons, I respectfully request your support of my candidacy for NADE President-elect. Thank you for your consideration.

NADE wishes to thank the following corporate members:

Bertha Litwin & Associates, Sherman Oaks CA

Izzi Medical Associates - Los Angeles CA

Kevin Linder, Atty Springfield IL

Sharon Belt
Candidate for Treasurer

I would like to take this opportunity to announce my candidacy for the office of NADE Treasurer for 2008-2009.

I have a Bachelor of Science in Accounting and worked for the Missouri Department of Mental Health as an Accountant for the seven years prior to my coming to the DDS.

I started with the Missouri DDS in October 1994 and joined NADE at that time. Since then, I have served as the Missouri Association of Disability Examiners (MADE) Treasurer, President and Conference Coordinator as well as the Regional Director for the Great Plains Region. I have also volunteered to serve on or been asked to chair various committees, including Awards, Nominations, and Strategic Planning. I have worked as a Counselor (disability examiner to the rest of you), Senior Counselor, Quality Assurance Specialist, Adjudication Officer (as part of the pilot project), and now as a Hearing Officer in the Jefferson City DDS.

I served as the Great Plains Regional Director from 2002 to 2006, when I chose to not run for re-election due to my deployment with the Missouri Army National Guard. Since my return in December 2007, I have been active in NADE on the national level, attending the mid-year Board meeting on my own time and at my own expense. I have accepted the challenge of writing a NADE position paper on an updated reconsideration process and am serving on the workgroup that is taking another look at certification and exploring the possibility of having NADE as the body for a National Disability Examiner Certification.

I believe that my education and accounting experience, along with my years of experience with NADE and on the NADE Board of Directors has prepared me to competently perform the duties of NADE Treasurer for 2008-2009.

I look forward to the opportunity to continue my pursuit of quality service to NADE and its constituents, as well as to our customers.

Thank you for your consideration and support.

NADE Committee Reports

2008 NADE AWARDS CRITERIA ANNOUNCED!

by Joe Wise, Awards Chair

DO YOU KNOW SOMEONE WHO goes above and beyond for NADE, someone who deserves some recognition? Well, here's your chance to shine some well-deserved spotlight on your superstar member and/or chapter! Why not submit a nomination for a NADE national award? The nominating procedures and criteria for each award are listed below. The Awards committee, composed of one representative from each chapter, and a Presidential-appointed chairperson, will closely review, consider, and select the best nomination in each category to win the awards below. Nominations close July 3, 2008, so don't wait until the last minute! Nominations received after the deadline will not qualify for consideration.

NOMINATING PROCEDURES

1) Each chapter is responsible for selecting and nominating its own members on the approved forms (available through your chapter president).
2) Nominations must be submitted no later than July 3, 2008 to the National Awards Chair.
3) The nomination form should be typed and should explain in detail how the nominee exemplifies the specific criteria for 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. If an award contains this information, it will be disqualified.
6) Each chapter is limited to one nomination per award. All nominations, as well as ballots for selecting winners, will be submitted to the Awards committee members (one from each region) by the Awards Chair. The results will be announced at the Awards Presentation at the 2008 NADE conference in Nashville, TN.

Nominations must be received by July 3, 2008.
***Please email nominations to:* joseph.wise@ssa.gov**

If you have any questions, you can contact Joe at 614-438-1415 or at the above email address.

2008 NADE AWARDS CRITERIA

The **PRESIDENT'S AWARD** is to be given annually and presented by the NADE President in recognition of an *outstanding Chapter*. The recipient will be any organized NADE Chapter which has enhanced interactions among its professional and community partnerships through…

(a) Outstanding achievement in innovation of programs, such as panel presentations, speeches, publication and distribution of literature, other efforts to improve the quality of medical reporting and vocational assessments, etc., to promote the factual and effective documentation of disability determinations, AND
(b) Exemplary outreach to community service and charitable organizations through activities such as promoting cause-awareness, volunteerism, charity benefits or fundraisers, donations, or any other philanthropic initiatives.

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. The recipient

(a) May be any professional member of the National Association of Disability Examiners who is employed either full or part-time.
(b) Shall have provided outstanding leadership in the development and substantial expansion of his/her State Chapter, Regional, and/or the National organization.
(c) Shall have shown consistent efforts over a period of at least three years toward the organizational advancement of NADE.
(d) 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 also 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. The recipient shall be:

(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. The recipient shall be:

(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** recognizes *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. The recipient shall:

(a) Be any clerical or paraprofessional employee who is employed either full or part-time and is a member of NADE.
(b) 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 actively supported NADE as an association of disability professionals. The recipient must:

(a) Be a member and active supporter of NADE.
(b) Be (i) the *administrator* of a State or Federal agency OR (ii) the top *administrator* of a Regional or Satellite DDS AND (iii) must have been so for three years.
(c) 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 personally, or through the development and promotion of programs, motivate and challenge personnel in (1) a disability program and/or (2) personal and professional growth. The recipient must:

(a) Be a member of NADE.
(b) 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) 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. The recipient must have:

(a) Been a member of NADE for less than two years, at the time of nomination, regardless of the number of years of service in a DDS.
(b) Made a significant contribution to his or her local, regional, and/or national level of NADE.

Remember the deadline is July 3, 2008!

NADE Committee Reports

National Donate Life Month Contest 2008

What: NADE's National Donate Life Month Contest held by the Organ Donation/Transplant Committee is a chance for the chapters to compete based on their efforts in to increase awareness of the need for more donors and educating members and the community about donation/transplantation through informational speakers, educational seminars or training activities.

Why: To raise awareness of organ, tissue, bone marrow, blood donation and transplantation in the chapters and communities. There are over 97,000 individuals on the National waiting list for an organ. That number continues to increase each year. There are several others who need bone marrow to potentially cure their illness. Therefore we need to continue to raise awareness and educate our members who can pass this knowledge onto their families, friends and their community.

When: Throughout the month of April when National Donate Life Month is celebrated nationally.

Reward: The committee will award first, second and third place winners in three categories, Small (1-15 members), Medium (16-40 members) and Large Chapters (41 or more members) **New this year**: First place winners will receive $25, Second $15 and Third $10 in each category. In the event of having too few submissions in each category, the entries will be judged together. Also, award certificates will be given to the winning chapters who submitted a narrative that caught the eye and interest of the committee members. The narrative should include the chapter size and a description of the events that occurred in April to raise awareness of donation/transplantation. Also past winners have been featured in NADE's own *Advocate*.

Result: An increase in the awareness of the need for more donors, educate local NADE chapter members about donation/ transplantation; provide local NADE chapters resources and tools to educate their members to effectively hold activities during National Donate Life Month, and to recognize local NADE chapters that have provided a variety of educational, informational and training activities to their members during National Donate Life Month.

FORMAT FOR SELECTION OF CHAPTER WINNERS

1. The individual chapters will submit their narratives to the Organ Donation/Transplant Committee Chair by June 15, 2008 via email attachment of a word document. **Please include your chapter size in the email!**

2. The narratives will be broken down into categories per size of individual chapters. Small chapter size numbering 1-15 members, medium chapter size of 16-40 members and large chapter numbering 41 + members. If there is not an adequate amount of entries for each chapter size, the entries will be grouped together.

3. Each narrative will be assigned a letter (A,B,C) and will be sent to the Organ Donation/Transplant Committee Members to rate their preference.

4. When each committee member submits their votes to the chair (with #1 being the most preferred, to a higher number being leased preferred), the committee chair will tabulate the votes and determine the winner in each category.

5. Three Award Certificates will be printed by the committee chair and will be presented at NADE's National Conference in Nashville, TN in September, 2008.

NATIONAL DONATE LIFE MONTH CONTEST 2008
GUIDELINES

The list of categories is only a guide to give you some direction on how to start planning events for National Donate Life Month. You may include as many or as few of the categories as you choose.

When National Donate Life Month is over, you will be asked to submit a written narrative of events that were held within your local NADE chapter during that week. You will need to explain how your chapter included activities in the listed categories. Please submit your narrative in an email or WORD DOCUMENT, to the committee chair – Julie Mavis at julie.mavis@ssa.gov . Your chapter's narrative will need to be submitted to the Organ Donor/Transplant Committee Chair by **June 15, 2008.**

One chapter from each category (i.e. small and medium to large) will be designated as the 2008 winners. These chapters will be presented Award Certificates and checks at the Board Meeting at the NADE National Conference in Nashville, TN in September.

If you have questions regarding the competition, please contact the Organ Donation/Transplant Committee Chair, Julie Mavis by calling 1-800-829-7763 ext. 73231, or emailing her at julie.mavis@ssa.gov.

The Organ Donation/Transplant Committee is very excited to receive your narratives!

SUGGESTIONS OF EVENTS FOR NATIONAL DONATE LIFE MONTH

1. **Advertising of National Donate Life Month:**
   -Within your DDS Agency
   -Press releases, Internet, TV, Radio, Governor's Proclamation, etc.

2. **Increase of Disability Professional Awareness of Organ Donation and Transplantation:**
   -Trivia quiz
   -Brochures
   -Factoid posters, internet information

3. **Educational, Informational and Training Activities:**
   -Professional speakers (i.e. physician, Transplant Center Coordinators/ Directors, representative from an organ and tissue recovery agency)
   -Past organ donor recipient

4. **Charities:**
   -Red Cross
   -National Bone Marrow Registry
   -National Kidney Foundation
   -Local individual awaiting a transplant
   -Organ/Tissue recovery agency

5. **Theme for the week: " You Can't Take it With You", "Second Chances", etc…**

6. **Community Outreach Activities:**
   -Blood donation or Bone Marrow Donation drive
   -Raffle for local individual awaiting a transplant

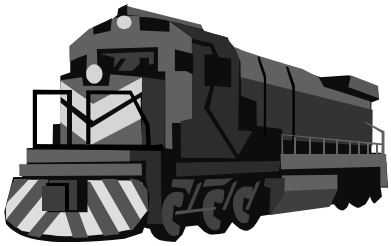
7. **Miscellaneous category:**
   -Any other creative ideas you have to make your National Donate Life Month activity unique to your chapter
   -Helpful websites include:
   - www.unos.org
   - www.donatelife.net
   - www.organdonor.gov ,
   - www.global-good.org
   - wwww.transplant-speakers.org

NADE Committee Reports

NATIONAL DISABILITY PROFESSIONALS WEEK
June 16 – 20, 2008

"Full Speed Ahead: Stay on Track with NADE"

A GUIDELINE FOR NDPW CELEBRATIONS



WITH ONLY A FEW months to plan your NDPW events, the NDPW Committee would like to share with you some ideas for hosting a fun and successful NDPW celebration. The categories listed below can be used as a helpful guide in making plans for successful NDPW activities. Remember, the list of categories is only a guide. You may include as many or as few categories as you choose for your chapter's size, budget and time constraints.

After the week's events are over, you will be asked to submit a narrative description of your chapter events to the committee chairperson, Margaret Yeats (Margaret.yeats@ssa.gov). Your narrative should be submitted via e-mail as a Word document attachment. You will need to explain how your chapter included the activities you chose from the list. Make sure that you highlight all of the categories of activities that you participated in during the week. Your chapter's narrative will need to be submitted to the NDPW chair by **Wednesday, July 23, 2008.** Please do not send photographs, memorabilia or other documentation of the event.

Two chapters from each chapter category size (small, medium and large), will be chosen as winners of the NDPW competition. There will be a first and second place winner in each category and there will be a cash prize of $50.00 for each first place winner and $25.00 for the second place winners. All six winning chapters will be announced at the general membership meeting at NADE's national conference which will be held September 15 – 18, 2008 in Nashville, Tennessee.

In addition, the chapter that submitted the winning theme for NDPW will also be presented with a certificate of recognition. The NDPW Committee is pleased to announce that the chapter who submitted the winning theme is THADE. Congratulations to the folks from North Carolina!

If you have any questions regarding NDPW- 2008 or the competition, please e-mail Margaret Yeats (Margaret.yeats@ssa.gov) or call (803)896-5662. The NDPW Committee hopes all chapters have a fun and successful National Disability Professionals Week.

Ideas for NDPW Week
Categories for Chapter Nominations

1. **Advertising for NDPW**
   DDS Agency
   Off site (Press Releases, Internet, TV, Radio, Governor's Proclamation, etc.)

2. **Recognition of Disability Professionals**
   Awards/Certification Ceremonies
   Employee Appreciation Activities

3. **Morale Building Events**
   Games, off site events, prizes, surprises, food, strengthening colleague rapport, stress reducing activities, etc.

4. **Educational, Informational and Training Activities**
   NADE related
   Medical, Vocational, SSA – related activities

5. **Recruitment and Promotional Efforts for NADE**
   Recruitment Drives (% of membership increase)
   New Members Events Recognitions

6. **Planned Activity for Each Day**

7. **Community Outreach Activities**

8. **Charities**

9. **Incorporation of the Theme in the Weeks Events**

10. **Miscellaneous Category**
    Any other creative ideas your chapter uses to celebrate the week.

Across NADE Today

NADE California – The California Chapters are busy planning for the 2008 Pacific Regional Conference to be held at the Wilshire Grand Hotel in downtown Los Angeles, April 21-24.

Colorado (CADE) – The chapter has been involved in several charitable activities: gathering food, baby items, clothing and presents for children over the holiday season. The chapter has welcomed several new members and enjoyed social events such as pizza and dessert Christmas party and gift exchange.

Delaware)DADE) – The Delaware chapter uses creative ideas for fundraising: raffling off minor league baseball (Blue Rocks) tickets and "guess the marbles in a jar" for a dollar a guess.

Georgia (GADE) – Efforts to increase membership have paid off with a "bring a co-worker/potential member to Lunch event". The chapter also stays active with charity projects and food drives.

Government Liaison (GLADE) – The Bi-Regional Training Conference will be in Annapolis MD, May 14-16. GLADE is the host of this year's conference.

Idaho - Idaho is actively planning their IDEA NADE State Conference for May 2008. This allows all members if the Idaho chapter to have the opportunity for training and updated information regarding the disability process. This is the 4th State Training Conference that IDEA has hosted and has a history of great success. Idaho has experience very tight travel restrictions over the past several years and most chapter members do not have the opportunity to attend Regional or National Conferences. This State Training Conference allows all IDEA members the opportunity to interface with peers along with a great training environment.

Illinois has a busy spring planned. They will be hosting a used book /DVD/$2 pizza slice sale with the proceeds going to help with expenses of a state training conference scheduled for May 29th. IADE is also hosting the DDS health fair this spring. Local health vendors cover fitness, blood pressure and cholesterol screening, gardening, Organ Donations, as well as students from the massage school give free massages. The chapter emphasizes Certification and provides new training classes with information on NADE.

Frankfort KY (KADE) – The chapter has begun plans for the 2009 NADE National Training Conference which will be in Covington.

Louisville KY (DCADE) – The chapter sent a "Senior Santa" to a local nursing home in December. A membership drive is in the works.

Maryland (MADE) –The chapter launched their membership drive using the incentive of extended membership from January to June.

Michigan (MADE) – Lansing will host the state training conference this year. Usually about 100 members attend. All four subchapters continue to be active with charity events and activities to raise office morale.

Minnesota (MADE) – recently hosted an open lunch meeting and invited all DDS staff. About 15 non members attended and highlights of the 2007 National Training conference were presented by Chapter President Bev Kontola and retired member Ione Klima.

Mississippi (MADE) donated $175 to a family to buy heaters for their house as a Community Service Project. The chapter plans to assist the family throughout the year. Lunch N'Learn programs continue to be well attended.

Missouri (MADE) – The chapter continues to be very busy planning our state conference in July. The five subchapters have been involved in various charity activities: raising money for Siteman

Continued on next page

Across NADE Today, continued

Cancer Center, collecting canned goods for a local food pantry, sending holiday cards to injured military at Walter Reed Medical Center. One subchapter raised money for an organization to assist underprivileged children with school supplies and new shoes ("Shoes That Fit") for school. Some of our chapters held successful membership drives. MADE membership is on the rise!

Nebraska (NeADE) - had a Holiday cookie/bake sale to raise money for our local chapter. We raised close to $80.We also incorporated a drawing effective in January 2008 for 4 $25 scholarships for a new membership. We gained 4 new NADE members! We have also started a few new local committees including Recycling, Awards/ Recognition, NDPW, and Newsletter. We held a "Soup-er Bowl" (soup luncheon) Party for the NFL Super Bowl. We had a popcorn/treat Valentine's Day sale that raised over $120. We are planning a baked potato luncheon, a pancake feed, and an organ donation lunch and learn session. We are staying active and getting lots of members involved.

New York (EWADE) – Plans are underway for the 2009 Regional Conference and the 2010 National Training Conference in Albany.

North Carolina (THADE) - The chapter continues to host Lunch N' Learn events and are publishing a quarterly newsletter. They worked with the NCDDS Christmas Project of adopting homeless children through the Salvation Army and senior citizen for Christmas.

North Dakota (PGADE) - We welcome a new member, Amanda Jensen! She has been with DDS for 5 months. Along with small projects in our chapter, we have recently collected canned goods for a homeless shelter and also supplies for the Humane Society in Bismarck. On Valentines Day, we provided a small treat for all DDS employees. For Random Acts of Kindness week, we displayed posters and presented certificate awards and a small treat to those we noticed going out of the natural realm of kindness. We are gearing up for organ donation week in April. Sandy Heck and Brenda Rouse have become Certified Disability Professionals and Dorie Meske has been re-certified.

2008
National Conference
Nashville, TN

TUNING IN TO EXCELLENCE

NADE National Training Conference
NASHVILLE TENNESSEE
September 15-18, 2008

September 15-18, 2008

Ohio (OADE) - We had a successful Recruitment Open House in January resulting in eight new members! In February, we had a donut sale benefiting the American Heart Association and a social outing to a Columbus Blue Jackets hockey game. This month, we are holding our annual "Easter Eggs for Easter Seals" fundraiser, and in April, we're having a lunch-and-learn session for Organ Donation Awareness Month. We also started planning our annual state training conference, which will be in August. And in addition to all that, we survived the "Snowstorm of 2008" – 20.5 inches of snow!

Oregon (OrADE) – The chapter is holding activities to raise donations for a local food bank and mission in Salem. OrADE is also in the process of planning the 2009 Pacific Regional Training Conference to be held in Salem.

South Dakota (SoDADE) - held a raffle from January 3rd to February 29th for a framed print and two $25.00 gift cards to help raise money to attend conferences. We will be sending two members to attend the 2008 SWADE conference in Austin Texas.

Tennesee (TADE) is planning a big Mother's Day project. They still have work to do before they host the National Conference in Nashville in September.

Virginia (VADE) – Recently launched a drive to expand certification of NADE members. The state constitution was changed to provide more equal representation among the state's offices.

Seattle, WA - WADERS sponsored an office wide blood drive in February to benefit the Puget Sound Blood Center. This was the Seattle DDS's first blood drive, and it was a complete success. Employees of the Seattle DDS, Department of Corrections, and outside participants filled beds in the large conference room to donate blood. The Puget Sound Blood Center and WADERS look forward to another blood drive in the future.

West Virginia (WVADE) – The Clarksburg chapter works with the office's Wellness Committee. They held a membership drive in February and gave a Valentine's basket as a door prize.

Wisconsin (WADE) – The chapter activities include the annual costume contest, sponsoring a Giving Tree, and holding many fundraisers with proceeds going to help with the GLADE Regional Training conference, May 5-6 in Madison at the Crowne Plaza Hotel.

Quality is Our Goal

To ensure quality photos for printing in the *Advocate* and on the NADE website, please submit digital photos in a jpeg format or submit printed photos.

Articles should be submitted in a Microsoft Word or a text document.

Your assistance is appreciated!

Consistency is the driving force

Workloads, *continued from page 17*

Future of the Workload

Policy & Quality Innovations

Predictive Model – pulls cases for QDD. System was built based on 2,000 cases that were allowances that had similar wording in the files over time. Buzz words trigger a case to go into the QDD pile but if they are found to be not really eligible for QDD, they can be removed form that workload and put back in the pile.

Compassionate Allowances

Commissioner Astrue is passionate about moving these cases quickly.

Rare Diseases

Testing is going on; phase I to educate people in DDS and medical community. Twelve diseases are on the list.

RPC

Consistency is the main driving concern. RPC can help with consistent quality in a state, a region and across the nation. RPC tries to make sure quality rules are consistently applied from one state to another.

Integrated Disability Process (IDP) – looking for ways to more uniformly apply policy across all levels.

Military Casualty Cases – high profile and sensitive workload. SSA is working with the Department of Defense and Veterans Affairs to get the cases received with records in the file. The BRAVE Act, being considered in committee, would require cases which have been designated as 100% VA medically approved cases to be approved for SSA DI. The bill raises an issue of problems in establishing past relevant work for military job classifications.

Automating Business Processes

Moving from eDIB to iDIB (intelligent use of technology)

A plan is in place trying to intelligently develop medical evidence. SSA is looking at the disability processing system to achieve an intelligent system that can assist examiner in screening issues to make the decision correct and uniform.

Finishing eDIB is really more stabilizing the system and eliminating virtually all exclusions. Finishing will require DDSs to get rid of the few cases left that are still done with paper. For the future, it also means getting more records by electronic means. eCAT III is working well as an electronic case analysis tool to help the examiner. By late fall SSA hopes to roll out eCAT IV. Online DIB filing system is trying to be made more user friendly. The goal is to complete as many cases on the front end.

Health IT pilot is in place to try and get more records from providers.

Investing in DDS human capital

DDS staffing – **retention & recruitment workgroup** has put together a package with ideas. **R&R early results –** one state has been able to use the package to help with raising salaries of DDS staffs. Used the PD (position description) of Federal examiner. More training is being planned because this was an area requested by the R & R workgroup.

History of the NADE Emblem

Several members have asked for the history and meaning of the design of our emblem. The emblem and masthead of the *Advocate* were designed and illustrated by Lucien J. Zadrozny, our first editor. In the NADE Advocate, Vol.I, NUmber 1, February, 1966 Editor Zadrozny said:

> "The medical and related aspects of a person's physical and/pr mental condition, including age, are signified by the emblem's caduceus, which is given central importance. Other key areas such as occupations, vocational assessment, and education are respectively designated by the gear and the burning lamp of knowledge. The scales serve as the balancing medium of judgment and justice imparted in considering all the factors that enter into sound, objective determination of disability and evaluation of potential."

Thanks to Carroll Moore, NADE 1980-81 Past President and retired NADE member of Tennessee for this explanation.

NADE – A Historical Perspective

by Frank Giordano, "Father of NADE", New York

"…We (NADE) go back to 1963, when a small group of DDS Administrators met in Philadelphia to form an organization dedicated specifically to the issues related to the disability program and to those who served in it. The name "National Association of Disability Examiners" was chosen as a generic name to bring in those whose primary mission was the adjudication of Social Security disability claims. From the beginning, this encompassed administrators and examiners, supervisors and line workers, medical consultants and support personnel, and everyone else who had a role in making the program work.

From the beginning, its mission was clear, and it is to this day stated in NADE's constitution: to foster, promote, and participate in activities designed to:

- increase the understanding of the disability program by the medical community and the general public
- develop high standards of professional and ethical service to the general public
- improve the documentation of applications for disability benefits and the evaluation of medical and vocational information obtained in connection with such applications
- provide a forum for the discussion of problems related to adjudication of disability claims
- develop professional standards and training opportunities for all individuals engaged in adjudication of disability claims

NADE was founded as a professional division of the National Rehabilitation Association (NRA), an umbrella group representing professional people such as physicians, disability examiners, rehabilitation counselors, nurses, therapists, and interested persons. Inherent in NADE's mission as stated above was and is the promotion and advancement of disability evaluation as a science …On September 26, 1978, in Salt Lake City, Utah, the NADE Delegate Assembly adopted an amended constitution …This action effect established NADE as an independent organization.

…NADE membership grew; bigger and better conferences focusing on program issues were organized with larger than ever participation; NADE'S visibility and ties to Congress were established and improved upon; NADE was taken seriously by SSA as a positive voice for improvement of the program; membership services were refined and expanded.

Today … NADE has counted among its achievements legislative language incorporated in the Disability Amendments of 1980 and 1984, ongoing input to Congress and SSA on prgram oversight and implementation, advancement of new ideas and initiatives, development of high quality training programs, expansion of the membership base, grass roots member involvement, ongoing publication of information to the members and to interested agencies, organizations, and individuals. Its potential for the future is unlimited.

NADE's strength derives from its consistency, from its roots as a fledgling division within a large umbrella organization to its emergence as a viable force providing positive influence on the disability program, from the strength and professionalism of its members, and most of all from its clearly stated mission to develop disability evaluation as a science for the public that we serve.

Donors must meet strict criteria

Personal, *continued from page 1*

initiate the donor process a potential donor must contact the transplant center voluntarily. Since I had recently been with Patty to all of her transplant evaluations, I was able to initiate the contact.

I had an initial screening interview with the center and was told prior to being able to donate I needed to lose enough weight so that my BMI was less than 30. Weight gain has been a problem all of my adult life and losing weight has never been easy. However, I believed that I had the right incentive and could shed those pounds without much problem. I soon found out that even with the type of incentive, losing weight was not an easy task and I struggled to get the pounds off. In October 2006, Patty's kidney function went to 11% and she was faced with the need to begin dialysis. Because she still had some kidney function, she was given the option of choosing either hemodialysis or peritoneal dialysis (PD). Patty decided to do PD for a couple of reasons and at the suggestion of her nephrologists. The reasons Patty chose PD was the even feeling vs. the good and bad feeling you have with hemodialysis, the flexibility and the lesser surgical procedure. PD patients have a indwelling catheter surgically placed in their Peritoneal cavity. This is about a 30 minute procedure done under general anesthesia with a recovery time of about 3 weeks. Patty started PD on November 13th. Since this article is about transplant, I do not want to get into a lot of information related to dialysis. What I will say is that PD requires patient responsibility and lots of supplies.

Around Christmas, Patty received a call from a co worker (Jim) who was wondering about how to check into being a donor. She had a couple of friends who had checked into donating but they were either the wrong blood type or had their own medical problems. Patty provided Jim with the number of the transplant center and stated that he would need to initiate the contact with the center.

We made it through the holiday season enjoying our time with family and friends. Patty was feeling better and was adjusting to PD. As part of her care she had a regular visit with her endocrinologist. During her December visit, the endocrinologist noticed a slight enlargement of the thyroid gland and ran some basic studies. He wanted to see Patty back in about three months.

In mid January Patty received a call from the transplant center that they had a compatible living donor (Jim). Surgery was scheduled for January 24, 2007. At first, I felt like I had let Patty down because I could have possibly been the donor. However, I came to the realization that perhaps my role was to assure that Patty received first class after care. I give the above date because up until that time things kind of ran along a normal course of action. I would have to describe what has happened since January 24th as both challenging and a test of perseverance. The week before surgery it was discovered that Patty had not had a mumps vaccination. This was necessary because transplant patients cannot receive live vaccine. There would be a three week waiting period after the shot and surgery was moved to February 8th. Individual's blood antigens can change and individuals who are on the United Network for Organ Sharing (UNOS) list submit blood studies every two weeks so UNOS has a current cross match. With a live donor you have your pre surgical workup between three and seven days before surgery. With surgery scheduled for Wednesday February 8th, Patty went in for her pre surgical workup on the Thursday before. Along with a full variety of tests a final cross match is drawn and submitted to the lab in Minneapolis. The final cross match is mixed with the donors sample to assure compatibility. Everything was a go for surgery on February 8th. Patty's son had made arrangements to be here from California and our other children had made plans to be at the surgery. This is when one of the real challenges happened. On Monday February 6th the results of the final cross match came back and Patty had what is called a "donor specific antibody". The surgery was postponed until all of the options could be explained and explored.

I decided it was time to more forcefully suggest myself as a potential donor. I contacted the transplant center and stated that while I knew they were not happy about my weight, I believed it was time that they explored donor alternatives. The coordinator agreed and asked that I come in for a blood typing and if my blood type was compatible they would proceed with further tests. Since our blood type was the same I had additional lab studies including a cross match. We met that Friday with the transplant surgeon and the following options were presented. The first option was to proceed with the transplant and treat rejections as they came up knowing that the life of the transplant organ would decrease each time a rejection was treated.

The second option was to undergo a treatment called IVIG, intravenous preparations of immune globulin. This treatment was expensive, involved six IVIG treatments with Plasma Paresis and the insertion of a portal catheter. Most of all it was not 100% assured that it would work.

The third option was to wait for another donor and that the studies to date indicated that I was a potential candidate. Because her donor was so young and there was not a 100% chance of success with the treatment, Patty elected to wait. I had lost a fair amount of weight and the plan was to look at a surgery date in about 2 months.

About this time, Patty was scheduled for her follow up visit to the Endocrinologist. He scanned her thyroid and found a nodule on the right side and 3 spots on the left. He did needle biopsy of all of the suspicious tissue areas that showed on the scan. He stated that 95% of the time these are benign and he would have the pathology results back next week. The next week the doctor called

Continued on next page

Thyroid Cancer was a setback

Personal, *continued from page 19*

and said "I never thought I would be making this call but the biopsy results show possible Papillary Cancer of the thyroid" and an appointment was set with a surgeon. On April 10th Patty had surgery to remove her thyroid. This was successful and the initial pathology results indicated that the cancer had not spread. However, she did need to have follow-up radioactive Iodine for further diagnostics and treatment. At this time she was informed that she would have to wait two years prior to having a transplant because of the cancer.

While the cancer was a setback, the good news was that Patty had not had the transplant. The medications used after transplant could have fed the cancer and it could have spread throughout her body. There was a six-week period between the surgery and the administration of the radioactive Iodine. As part of the preparation for the treatment, an individual needs to stop taking thyroid replacement medication and go on a low iodine diet. During this time Patty's potassium became elevated and she needed to be admitted to ICU for two days followed by 2 additional days in the hospital.

Good news — It was at this same time that Patty found out she would not have a waiting period for transplant. Her pathology reports were reviewed by a national board and it was their opinion that there was such a small chance of reoccurrence that the transplant would not have to be delayed. This caught us totally off guard but was welcomed. It had been a year since the initial transplant workup and Patty needed to update all of her annual tests. In late June I went into the center to get weighed and have a waist to hip ratio calculated. My weight was not quite where it needed to be and I expected the coordinator to tell me that I needed to loose a few more pounds. Instead, she asked if I could come back after 9:30 to see the transplant surgeon. I returned at the scheduled time and will always remember the surgeons saying to the coordinator, "go ahead and proceed with the donor workup".

My donor evaluation included, psychological evaluation, social worker evaluation, about 17 vials of blood, exam by the surgeon, nephrologists and a cat scan of the kidney with contrast. I passed and we were told to start considering possible dates for surgery. I completed my evaluation by the end of August but there was yet another curve in the road. Six months after thyroid surgery, a second radioactive iodine treatment is given to assure that all thyroid tissue has been destroyed. While this seems somewhat routine, it is not because you need to stop taking your thyroid medication, and go on a low iodine diet. This is hard on most people without medical problems and can be very taxing on someone with another medical problem. Since the combination of the thyroid cancer and the need for a kidney transplant is quite unusual, the medical specialist were not sure if they should wait for the transplant until after the six month treatment or do the transplant and do a follow up treatment a year after surgery.

We had adjusted to the fact that the transplant would not happen until after the six month checkup and scan. Once again we had a surprise and I can remember it like it was yesterday. I was getting something at Menards and my cell phone rang. It was the head transplant coordinator and he stated that the conclusion was to do the transplant and delay the follow up scan. IT WAS A "GO" AND OCTOBER 24TH WAS SET AS THE SURGERY DATE. On October 17th we had our blood work and our pre-surgical workups October 19th. The cross match was negative (which is good) and everything was a go for the 24th. Patty's son from California came again and arrangements were made for Patty's aunt from Montana to come on October 28th and stay with us for about 3 weeks. It was 8:23 on Monday October 22, when I received a call at work from the coordinator. One of the transplant surgeons was called to Florida on a family emergency and the surgery would need to be delayed until October 31st. After more than 18 months and about one year after Patty started dialysis, it was time for surgery.

On the day of surgery we had to be at the hospital at 6:00 am and once at the hospital we knew we would be going our separate ways. We had organized our family so that part of the family would go with me and the others would be with Patty. At admissions we had a rather emotional good bye and went our different ways. Patty went directly to the transplant floor because they needed to start her on medication even before the transplant. I was prepped for surgery and shortly before 8:00 the surgical nurse came for me. Patty's surgery was completed about 4:00 and at first the kidney was not producing urine. After some ultrasound treatments the transplanted kidney started to do its job and what seemed impossible, and seemed like it had taken forever, had finally taken place. Through the miracle of modern medicine and a pretty good kidney, Patty's creatinine level had gone from a high of 13 when she started dialysis to 1.1.

The day of surgery is somewhat cloudy except for two things. The first was the fact that our family had to wait through two major surgeries. By 6 PM they were exhausted and in need of a good night sleep. Patty and I will never be able to fully express how important our family's presence was in our willingness to face surgery and recovery. The second thing was that I was determined to go to Patty's room when she returned from surgery. With the help of my nurse I did manage to get to her room and share her joy. We kicked everybody out of the room to collect our thoughts but this was short lived as the medical professionals quickly flooded the room to go about their post surgical monitoring.

Since surgery, Patty has had some problems with her wound healing (this required another surgery), imbalance with her electrolytes, influenza A and fluid retention. What has worked well is her kidney function and her medical

Continued on next page

team is making progress with the other issues. My first few days were kind of rough but after the first couple of days, my recovery has gone well and I have a real sense of peace from the whole experience. I saw the transplant team two weeks after surgery and received a pin, a certificate and Tee shirt. On the certificate it says *"Love and kindness are never wasted. They always make a difference. They bless the one who receives them, and they bless you, the giver."* This is so very true as I truly feel blessed. There is yet another reason that Patty and I feel so blessed and that is the support from the national DDS community, our friends, relatives and the SD DDS staff who took it upon themselves to assure that during the first part of our recovery there would be prepared food in our freezer that kept us fed for over a month.

When I started this article I mentioned the NADE resolution supporting Organ Donation and how this was started by Maureen Halsey Wright in honor of her daughter Leah. I had not talked with Maureen for several years and the day before surgery I called just to let her know what was happening. When Patty and I got done telling her our journey, Maureen calmly told us that we would have a special angel watching over us on the day of our surgery because October 31st was her daughter Leah's birthday.

Organ donation is truly the gift of life.

Our thanks to Dave for sharing the story of his family's journey.

Patients Charts

(Actual Notes - Unedited)

1. Patient has chest pain if she lies on her left side for over a year.

2. On the 2nd day the knee was better and on the 3rd day it disappeared completely.

3. She has had no rigors or shaking chills, but her usband states she was hot in bed last night.

4. The patient has been depressed ever since she began seeing me in 1993.

5. The patient is tearful and crying constantly. She also appears to be depressed.

6. Discharge status: Alive but without permission.

7. Healthy appearing decrepit 69 year old male, alert but forgetful.

8. The patient refused an autopsy.

9. The patient has no past history of suicides.

10. Patient has left his white blood cells at another hospital.

Editor's comment: The above notes are from anonymous patients and were obtained from cyberspace."

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Independent Response

SSA Policy Clarification On Symptom Validity Testing: A Response

by Michael D. Chafetz, PhD, ABPP

A RECENT POLICY CLARIFICATION to a DDS questioner by the Social Security Administration on whether "tests of malingering" have any value for SSA evaluations will have a chilling effect on the scientific responsibility of psychology examiners to assess the validity of their findings. We believe this policy to be misguided, for it leads to inaccurate assessment in psychological consultative examinations (PCEs), and it can actually be harmful in permitting fraud, waste, and abuse of the system.

The policy statement claims that "malingering cannot be proven with tests," and "malingering is one aspect of the larger sphere of inaccurate self-report." The writer also said that the claimant who is likely to be malingering may have true impairment, and thus it is difficult to distinguish limiting effects of impairment from evidence that the impairment is fabricated or exaggerated. Echoing statements to the Administrative Law Judges (2005) by Dr. Terrence Dunlop, chief psychologist for DDS, the writer concludes that Symptom Validity Tests (SVT) are not "programmatically useful" in resolving the issue of credibility of claimants, and that there is no "gold standard" for establishing symptom validity.

This policy ignores the rigorous scientific development of symptom validity testing and malingering assessment over the last 10-15 years (Boone, 2007; Larrabee, 2007). Through specially designed and careful studies, psychologists can now formally state the diagnostic accuracy of various tests and indicators, and provide a probability of malingering, given a positive test result. The guidelines by Slick, Sherman, & Iverson (1999) elaborated in Larrabee (2007) give a comprehensive yet flexible roadmap for determining malingered cognitive dysfunction. Moreover, when the evidence warrants, the use of multiple tests and indicators within an exam can provide near certainty for a conclusion of malingering, while virtually eliminating the risk of mislabeling (false-positives).

Failure to give good effort may lower test scores more than severe traumatic brain injury (Green, 2007). While there is no one "gold-standard," the core of scientific inquiry is replication. One finding may be the product of error, but several researchers using different instruments in different parts of the country have found inordinately high failure of SVT's – over 50% - in the PCE (Chafetz, Abrahams, & Kohlmaier, 2007; Chafetz, 2008; Hammond, 2006, Miller, 2006).

Often we are not dealing with mere failure on these tests. When SVTs are failed at a level significantly below chance, it is likely that blindfolding the claimant would significantly increase the score! This level has been termed the "smoking gun of intent" (Pankratz and Erickson, 1990). If we take the number of Below-chance DDS claimants, and add them to the number of Chance-level claimants (for whom blindfolding would not reduce their scores), the combined base-rate in the Chafetz (2008) study would be 36.5% to 47.4%, depending upon the SVT used. As the entire Social Security Disability budget creeps toward the $Trillion mark, we note that this constitutes an extraordinary wastage on claimants with considerable evidence for malingering.

True, these are usually low functioning claimants, and so the policy writer is naturally concerned with difficult cases in which an impaired claimant might attempt to look even more impaired in an effort to secure Disability payments. Regarding this important concern, we note that the Chafetz et al (2007) study provides statistical regression methods for estimating the true IQ even when there is evidence of malingering. These methods, along with chained diagnostic statistics that show a low mislabeling rate, can provide confidence that the assessment is accurate, even in low functioning claimants.

Position papers from the major neuropsychological organizations – American Academy of Clinical Neuropsychology and National Academy of Neuropsychology – are clear that the assessment of effort and motivation are critical to the validity of the findings in any cognitive exam. In order to have valid PCE assessments, psychologists who conduct these exams must be properly trained. I am aware that efforts are underway to do so within the DDS organizations in some states, and it would be a shame to derail these efforts.

No one wants truly disabled people to be denied benefits, but does anyone really want people pretending to be disabled to receive benefits? In these times, this drain on the budget really matters.

Dr. Chafetz is a Board Certified Clinical Neuropsychologist currently in independent practice in the New Orleans area. This article was first sent in letter format to SSA Commissioner Astrue. The American Academy of Clinical Neuropsychology, and the National Academy of Neuropsychology are both writing their own response letters.

Continued on next page

The following well-respected psychologists and neuropsychologists also asked to have their names added to this letter:

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Kevin Bianchini
Laurence Binder
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John Bolter
Kyle B. Boone
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Robert L. Mapou
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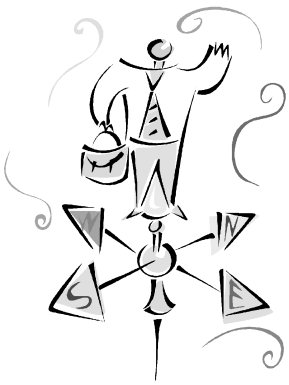

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Mid Year Board Meeting Coverage

Workloads and Changes Dominate Discussions With ODD

by Donna Hilton, Publications Director

THE NADE BOARD WELCOMED Deputy Commissioner of Operations Linda McMahon and Associate Commissioner Ruby Burrell from SSA's Office of Disability Determinations. Their emphasis at this meeting was to review the FY 08 workloads, "current landscape", and to discuss the future of the disability program.

The hearing backlogs are an issue of paramount importance to all corners of the program. Ms. McMahon reminded us that Congress did not make this a simple program. Commissioner Astrue recently testified before a closed House meeting on the issues facing the Social Security Administration. Congressman McNulty chaired the meeting and indicated his appreciation for the agency and its willingness to provide information to Congress. Budget needs are at the top of issues being discussed. OMB and the President Bush's budget proposed a 6% increase for SSA. Commissioner Astrue explained to the committee that, while he had asked for only what he thought he had a chance of getting, the agency could use more and would accept more! The Commissioner testified that QDD (Quick Disability Determination) cases have been averaging a turn around time of eight (8) days. The agency may adjust the cases designated as QDD cases to 5% of total intake.

Ms. McMahon explained there is a proposed regulation change that claimants would be given 75 days notice prior to Administrative hearings and medical records may be accepted until 5 days before the hearing. The issue of closing the record after the ALJ hearing has been taken off the table at this time. There is discussion going on regarding the focus of the RFC. Some have questioned if the emphasis should be reversed to match that of treating physicians. Doctors focus on what their patient can't do and maybe the agency should switch its focus to match.

The Inspector General is doing an audit of SSA and state DDSs in response to the CBS program which indicated there is a "climate of denial". The IG staff plan to speak with DDS examiners in several states and people have left the state DDS agencies.

Ruby Burrell presented the "current landscape" of the disability program. Despite public perception, DDS allows 75% of total applications. Of the remaining cases, Administrative Law Judges approve 24% and one percent are approved by the Appeals Council and the Federal Courts. The data noted 85% of DDS denials are upheld.

Ms. McMahon described the program as an interesting tapestry. For example, many program instructions are difficult to understand. We already have a program we can't afford. Ms. Burrell indicated that to date the completed Initial, Recon and CDR cases totaled 1.4 million cases, of which 334,459 cases were allowed.

Workloads

This year, for first time, there is a claims processed goal. The Medical CDR goal is 235,000 and DDSs had already completed 163,067. SSA had originally targeted 398,000 CDRs in the President's old budget. ODAR assistance by DDS have helped to pull 8,700 (out of 16,127) people out of the backlog and allow those cases. Partial allowances will stay at the front of the queue so a judge will look at the change of onset. McMahon stated she prefers to focus on quality and earlier allowances. Ms. Burrell noted that PPWY is no longer used as a performance measure.

Workloads, continued on page 17

Photo Highlights of Mid Year Board Meeting

Deputy Commissioner of Operations Linda McMahon, NADE President Georgina Huskey, Office of Disability Determinations Associate Commissioner Ruby Burrell, and NADE Past President Chuck Schimmels

Anne Graham, NADE President Georgina Huskey, and Office of Disability Programs Associate Commissioner Glen Sklar

NADE Board: Front row: Bill Dunn, Margaret Neal, Georgina Huskey, Micaela Jones, Chuck Schimmels. Second Row: Donna Hilton, Susan Smith, Tami McIntyre, C.J. August. Third row: Jeff Price, Donnie Hayes, Malcolm Stoughtenborough, Mimi Wirtanen. Last row: Susan LaMorte, Tom Ward, Mark Bernskoetter, Andrew Martinez.

Mid Year Board Meeting Coverage

Mid-Year Board meets with Kelly Croft, Chief Quality Officer for SSA OQP

by Micaela Jones, Idaho DDS

THE 2008 MID-YEAR BOARD MEETING included an opportunity to speak with Kelly Croft, Chief Quality Officer for SSA Office of Quality Performance (OQP). Mr. Croft took this opportunity to update NADE about the demands of his offices. While OQP is responsible for the post decision reviews conducted in the Regional Disability Quality Branches, there are many other responsibilities that fall to his staff. He reported that there is a 'Disability Forensic Analysis' currently being conducted to look at the difference in evidence (quality and quantity) used at later levels of decisions. Basically, this study is focusing on the difference in evidence used in the initial levels of decision making versus the evidence available at the ALJ Hearings level of decision making. This is study is prompted by concerns voiced by Congress and advocacy groups that SSA makes decisions with insufficient, inadequate information at the early levels of decisions.

Additional questions that fall to the Office of Quality Performance staff include 'how is it that DDSs are 97% correct in their decisions while ODAR (ALJs) allows 62% on appeal?' In short, applications fall off during each level of appeal, so those that have appealed to ODAR are a much smaller number of cases that those received at the initial level of application. ODAR receives approximately 15% of the total cases SSA's receives at initial application. In assessing accuracy OQP looks at a variety of samples.

The QA (quality assurance reviews) sample is a random, in depth review of all types of decisions. The PER (pre-effectuation reviews) sample is a weighted sample reviewing half of all allowances before the case goes into payment status. The PER review is a more streamlined process to determine decisional accuracy. About 350,000 cases are reviewed under the PER sample and these reviews reflect about a 3-4% error rate. The PER review is considered a stewardship review process and does not impact the quality standing of the state, the intention of this review is entirely monetary.

Currently OQP is also reviewing the SDW (single decision maker) process. This decision making process is still active in approximately 18 states and is a residual of a former SSA disability revision process called Prototype. The research data that was being tracked previously was discontinued in 1/2002 in anticipation of the most recent SSA disability revision process called DSI (Disability Service Improvement). Previous data gathered reveals the SDW process results in an administrative savings, and this data requires updating. Prior data also revealed that the SDW process resulted in a slightly higher number of allowances. While the executive ranks of SSA disability generally support the SDW process, it does require updated data and close review for program expense.

QDD (Quick Disability Decision) are still getting off the ground. OQP is reviewing these cases carefully and is generally finding a superb level of accuracy. The screening tool for QDD cases is being expanded to identify a few more types of cases.

OQP is also engaging in a 'recon denial study'. For this review a selection of states were identified based on their low recon denial accuracy. The results of this review are for learning purposes only and will not impact the state's accuracy rate. Mid-March should yield the first report under this study. This study will not be conducted by Regional quality offices, but rather a single reviewing structure in an effort to move toward improving national consistency.

Mr. Croft reported a variety of other studies and special review projects being completed by the Office of Quality Performance staff including the effect the Informal Remands are making on ODAR backlogs, SSA service satisfaction studies that monitor public opinion on SSA-FO service, new tools being created to assist with the accuracy of work history information provided by claimants and COQ (cost of quality) studies.

The NADE board appreciated the volume of information Mr. Croft was able to provide regarding the inner workings and job demands of his staff in the Office of Quality Performance.

NADE President Georgina Huskey, Rachel Emmons NCSSMA lobbyist, and Greg Heineman, President of NCSSMA

NCSSMA President Addresses NADE Board

by Jeff Price,
DDS Administrators/SSA Liaison

GREG HEINEMAN, President of the National Council of Social Security Management Associations (NCSSMA), and this Group's professional lobbyist, Ms. Rachel Emmons, were invited to address the mid-year meeting of NADE's Board of Directors and they both also willingly engaged in mutual discussions with NADE board members regarding how the two groups can assist each other in addressing budget and workload concerns.

NADE and NCSSMA described their particular interest in the ongoing budget battles on Capitol Hill and with SSA. Greg related that every Social Security Field Office was below strength in the number of personnel it needed and that Field Offices needed an average of 4 additional staff per office just to keep up with current workloads. He related that his own Field Office had a staff of 14 two years ago but was down to only 11 people currently but that SSA was saying that even that number was too many – that he should only have 10.5 employees. Yet, workloads have increased in the Field Offices and each office needs a staff greater than it had just a few years ago. Like the DDSs, one of his primary concerns as NCSSMA President is to convince SSA of this tremendous need.

In Fiscal Year 2007, the Social Security Field Offices saw 870,000 people per week enter their doors. This number does not include the high volume of phone calls each Field Office receives but it does explain why so many phone calls go unanswered and why the Field Offices are behind in their assistance requests with the DDSs. Greg reported that 50% of phone calls to the Field Offices go unanswered. The problem does not lie only with the Field Offices. SSA Call Centers describe a successful call as one where the wait time for the caller was less than 5 ½ minutes. How many citizens want to be placed on hold for longer than 5 minutes? Greg described this level of service as "deplorable."

Greg and Rachel reported that the recent media attention on SSA's backlogs and other problems had created a more favorable budget outlook as Congress was very interested in responding to pressure from their constituents to address Social Security's problems and that Congress had recently appropriated $430 million more for SSA than the President had requested. While these additional monies cannot, and will not, fix all the problems, the lack of additional money would have only aggravated an ongoing crisis.

Both NADE and NCSSMA discussed the likelihood of an increase in the number of new disability and retirement applications as a result of the declining economy. SSA appears to have committed itself to the belief that more people will file claims via the internet but NADE and NCSSMA acknowledged this is not a practical budget solution since many of the internet applicants still come into the Field Offices to finish filing their claims. Both NADE and NCSSMA agreed that the expectation that the internet would reduce the need for additional staff has not been supported, nor is it likely to be. In addition, an increase in security in the application process for SSNs now require most individuals to come into the Field Offices to apply for their SSN because so few people are willing to trust their original birth certificates and driver's licenses with the postal service.

The discussions between NADE and NCSSMA concluded with both sides agreeing to acknowledge that each is likely to see an increase in its workloads in the near future and to assist each other in convincing SSA and the Congress of the need for additional staff and additional resources to address these expectations so that the service each provides to the American public will continue to be the very best it can be.

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Predictive Model is only the precursor Systems, *continued from page 32*

A big change will be moving from eDIB to iDIB. Electronic health records are catching on in hospitals and doctor offices. Many patients have now taken yet another step in setting up personal health records that include all their medical records in one place. Google is preparing to offer this service as well as other providers. SSA is creating a gateway to auto request information at the time of application. It will be automated at both ends to both request information from the source, and send the evidence to the electronic folder (EF). This information will be downloaded to the EF in standard data format instead of as an image. This means the information will be searchable text. SSA system will review the MER for hints as to what to do with the case and what is included. The recent Quick Disability Decision (QDD) predictive model is only the precursor to this much broader system. First steps will be to obtain cooperation of facilities that treat highly likely quick allowance cases and to achieve intelligent reading of information scanned into the file such as dates of treatment. This is not to get the computer to make disability decisions, but to give advice to the examiner.

Preliminary screening of Continuing Disability Reviews (CDR) could be a quick review of the personal health records to determine if a full CDR is needed.

EDCS will be more convenient for 3rd parties to input data instead of creating a whole form.

Legislation is being developed to allow SSA to request health records without an actual release form. The legislation will offer the assurance that SSA has an Electronic signature on file. Legislation has also been proposed to require attorneys to use iAppeal, the internet appeal process.

Electronic services

The second focus is in electronic services. Soon there will be a new retirement application that is streamlined online. This will allow for auto adjudication of common retirement filings without involvement of personnel at the FO. Change of address is already being done in this process. Earning record submissions need to be reported and recorded much faster instead of waiting as much as 18 months for this information to show up.

Create dependable systems while protecting data

The third focus is to create dependable systems while protecting data. Backups are in place to be able to restore information in case of disaster. There will be two data centers within about 3 years that will be able to fully back up each other and all the electronic information in SSA. GX270 work station replacement is scheduled for this year, GX280 next year. New phone systems are to be installed in the FOs. Employee badges will contain personal information required to gain access to buildings and eventually to the system.

Windows XP will be replaced next fiscal year with Vista. The new office suite will be updated too. Implementation will occur over a 6 month system to simplify the platform transition.

Continuous availability of the system was at 99.74 percent two years ago. SSA is working to build in redundancy of machines and monitoring to fix problems before they fail.

SSA needs to modernize systems – queries and legacy systems may likely be moving to web based systems. SSA is exploring the possibility of creating one national case processing system, integrated with the EF and all other components of the electronic process. The system will be tailored to the needs of each state, likely with centralized printing. SSA currently runs 650 applications. As of April, flash drive data will have to be encrypted. Hearings CDs to attorneys will not be encrypted at this time.

Security problems that have appeared include DDS workstations with downloads of keylogger programs, phishing schemes that look like valid emails asking for secure information. It is important to note that 99% of PII is not electronic data that is lost, but paper information loss.

For the last 10-15 years, Congress gave SSA less than the president's proposed budget. SSA is 21st out of 23 agencies on technology spending per person.

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NADE Membership Application

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

Check the appropriate box in each section.

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NADE's membership year runs from July 1st through June 30th each year. Your membership will expire on the June 30th following your join date.

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

Mail to: National Association of Disability Examiners Whitaker Bank NADE Account PO Box 599 Frankfort KY 40602
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Mid Year Board Meeting

SSA Systems Continues Updates to Disability Process

by Mark Bernskoetter, Great Plains Regional Director

BILL GRAY, THE DEPUTY Commissioner for Systems for SSA spoke to the NADE board at the Midyear Board meeting. He indicated that technology is the foundation to achieve what we need to achieve over the next several years.

Update to the disability process

There are 3 directions the agency is focusing for technology development. First, SSA is continuing the update to the disability process. Ninety-eight percent of all new claims are now in electronic format or eDIB. SSA is the largest repository of records storage. Over 50 percent of incoming information is received in an electronic format. By the end of this year, SSA will embark upon a long term eCDR process with a new 454 form tailored to individual disabilities. This new 454 form will be a document which can be scanned.

Some of the next stages in system upgrades include handling electronic informal remands, keeping re-openings electronic, and the ability to copy documents from an old file to a new one. Less than one percent of cases will be exclusions after reactivations.

President Huskey and Bill Gray,

A User Needs Assessment meeting in March will discuss a national fiscal process for handling of MER and CE bill payments. The ERE website will have an internal tracking system in place in May so SSA components can follow the progression of record responses. Beginning in September, external providers will be able to track the status of requests.

The latest edition of eCAT, a proposed case documentation system for completion of assessment forms, has received lots of positive feedback in VA. Another release this year will bring additional changes that have been requested. SSA will then consider slowly rolling out the new tool.

SSA will pilot in June the ability to share the electronic folder blue and back yellow sections through the ERE website, giving attorneys access to the records of claimants they represent. This will have read only capability. National implementation may occur next year.

SSA is offering system training for Appeals Council so they can handle upcoming electronic cases. By end of this year, Hearings Office notices will be printed thru a centralized vendor.

Already being piloted in Hearing offices is video conferencing. Functionality is being added to allow attorney representatives who already have equipment to connect directly from their offices. Roll out is also being explored in the Field Offices.

Systems, continued on page 29

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