

the
NADE
ADVOCATE



A Publication of the National Association of Disability Examiners Volume 30, Number 2 Spring 2014

“NADE: Forward with Vision and Integrity”

The **2014 NADE National Training Conference**

will be held in Springfield, Illinois from August 24 to August 27, 2014

Mark your calendars and save the date!

Check nade.org - **Conference Updates Tab** for Current Conference information

**SSA Inspector General Patrick O’Carroll Discusses Fraud, SDM,
and Increasing CDRs During NADE’s Mid Year Board Meeting**

The NADE Executive Board was pleased to welcome SSA Inspector General Patrick O’Carroll to its 2014 midyear meeting in Baltimore in February. The Inspector General took time out of his busy schedule to discuss some of the OIG’s ongoing disability fraud investigations, policy proposals related to improper payments, the Single Decisionmaker (SDM) pilot, and the increased number of CDRs the DDSs will face in the coming years.

The Inspector General first described the extensive investigative efforts that went into the New York disability fraud case. He described working with other federal agencies on parts of investigation, so as to not tip-off potential co-conspirators within the New York Police Department. He noted that the investigation required sophisticated undercover work; he reported this was key to uncovering the conspiracy. He also noted similarities between the New York and Puerto Rico cases; because both of these cases had ongoing criminal investigations, trials, etc., the Inspector General was only able to share a broad overview of both operations. He expressed his appreciation of not only his special agents in the field, but also of the DDS adjudicators who assisted in identifying cases associated with these large-scale fraud conspiracies.

The Inspector General reported that his Disability Fraud Pilot, which began in July 2013, was starting to make some progress. This pilot is intended to investigate third parties responsible for facilitating disability fraud.

He also discussed the expansion of the Cooperative Disability Investigations (CDI) program. There are seven proposed sites for new CDI units. They will be slowly rolled out over the next couple years. The new site locations include Detroit, Michigan; St. Paul, Minnesota; Charleston, West Virginia; Providence, Rhode Island; Baltimore, Maryland; Birmingham, Alabama; and Washington, D.C.

The Inspector General also noted his continued support of the SDM pilot. He added, however, that the continuation of this pilot might rest in the hands of SSA’s actuaries. The Agency will need sufficient data (decision approval rates, program costs, etc.) to support whatever policy decision SSA implements in the future.

For more information about OIG investigations and audit reports, please visit the SSA OIG website at <http://oig.ssa.gov>.

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National Conference

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President's Message

PROGRAM INTEGRITY IS THE THEME that keeps coming up about the Social Security disability program. Fighting fraud, increasing CDRs and having quality decisions are a focus in the media and in Congress. Program integrity, along with a unified process, are the key points in NADE's top issues. The NADE president-elect, legislative director and I pushed these concerns in our Hill visits in March. We stressed that the biggest weapon in the fight against fraud is a well-trained examiner. Having staff with appropriate caseloads is critical to insure that accurate decisions are made. We reminded stakeholders of the need to maintain adequate staffing levels and to invest in training.



For years, one of NADE's top issues has been the need to have funding to complete more CDRs. With hiring freezes and increases in the number of people filing, initial and reconsideration claims were understandably prioritized over CDRs. This led to a backlog of 1.3 million overdue CDR diaries. With a savings of \$9 to the trust fund for every dollar spent on CDRs, getting rid of the backlog of CDRs is a new goal. We have all seen a dramatic increase in the number of CDRs being sent for review. During our visits we also reminded policymakers that we need to have consistent staffing in order to handle the CDR workload increase, as these are claim types are usually handled by experienced examiners.

NADE members have voiced complaints about the Medical Improvement Review Standard (MIRS) that is used to evaluate CDRs. Now others are starting to question MIRS and how CDRs are reviewed.

I recently testified before the U.S. House Committee on Oversight and Government Reform, Subcommittee on Energy Policy, Health Care, and Entitlements. The hearing looked at the CDR process. I shared the challenges we face in completing these reviews and how medical improvement is not established in most CDRs. I addressed how the exceptions to MIRS can rarely be utilized and the problems with lost folders.

The NADE board met for the mid-year board meeting in Baltimore. It was a productive meeting and we made updates to the proposed bylaws. We continue to push along in our efforts to change NADE's tax status and recognize that it is a daunting challenge. The NADE board will work with the local chapters through the process. At the board meeting, we had several speakers from SSA, as well as the Inspector General.

It seems that there is desire for change in the disability program. People are turning to NADE to get the perspective of the frontline worker. It is great to be a part of an organization that will be heard during such a time of change.

Sincerely,
Jennifer Nottingham
Jennifer Nottingham
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.

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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 **Summer 2014.**

All correspondence should be directed through your Regional Representative or the NADE Communications Director by **June 15, 2014.**

"NADE: Forward with Vision and Integrity"

The Illinois Association of Disability Examiners (IADE) Chapter is excited to be hosting the 2014 NADE National Training Conference will be held August 24-27, 2014 at the Northfield Inn, Suites, and Conference Center in Springfield, IL. IADE members are very excited to have the opportunity to host this conference! We are working hard on planning a fun and educational training conference and cannot wait to share it with everyone!

The conference theme this year is "NADE: Forward with Vision and Integrity." Some of the topics that will be presented include treating veterans with PTSD and other mental impairments, and combating childhood obesity and other related problems. We also have some great night time activities planned including visiting the many Abraham Lincoln Sites in Springfield, shopping, and a Hawaiian Luau Dinner Party! The conference registration form and hotel information are posted on the NADE website, and early registration is now open! We are looking forward to showing everyone a great time here in the Land of Lincoln!

Erin P. Vincent
2014 IADE President

The Conference Registration form begins on page 11.

**NADE IS A PROFESSIONAL
ASSOCIATION WHOSE MISSION IS TO
ADVANCE THE ART AND SCIENCE OF
DISABILITY EVALUATION.**

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

New Procedure For Advocate Email Notifications:

In the past, an email notification was sent out to let you know when the new edition of the Advocate was available on the official NADE website, www.nade.org. Due to some issues, this service was suspended. If you would like to be notified when a new edition of the Advocate is online and ready for viewing, please send an email to nade.communications@gmail.com. In your email please include your information, including the email address at which you would like to receive Advocate notifications. The notification can be sent to any email address of your choosing.

Thank you,
Megan Rolloos
NADE Communications Director

NADE Visits the Hill – 2014

by Julie Kujath – MO DDS

Three members of the NADE executive board traveled to Washington, D.C. in March to meet with Senators, Representatives, committee staff members, and government agency staff. NADE President Jennifer Nottingham, NADE President-Elect Jeff Price, and Legislative Director Julie Kujath, made the venture to our nation's capital. It seems everyone with whom we met with was very open to discuss needed changes and how to make the Social Security program consistent and unified.

Last year, those we met with in DC showed interest about the possibility of reforming the Social Security Disability program. This year the conversations of program reform and cleaning up of waste became a central topic. NADE's top issues for 2014 of "program integrity and a single unified process" fit perfectly into discussions on finding the right fix. It is an exciting time for the Social Security Disability program, as policy makers look to enhance this program and harness advances in technology. The purpose of the new technology is not to automate the system but to increase efficiency and effectiveness of the adjudicator's time and skills.

We had great reciprocal talks with the Social Security Advisory Board and the Office of Management and Budget. The issues that were stressed last year at these meetings appeared to be serious considerations for changes during this year's talks. The discussions were not as much about what would we change, but how could the needed changes be implemented into the program.

We met with the House Oversight Committee, the committee that hosted the hearing on CDRs and the Medical Improvement Review Standard (MIRS) in April. This committee asked NADE to testify at this upcoming hearing. The three of us worked to help the committee understand the disability review process and the constraints of MIRS.



We were able to meet with Emily Stern, the new Principal Analyst in the Budget Analysis Division of the Congressional Budget Office. We also visited with members of the Senate Finance Committee and the House Subcommittee on Social Security. We were able to speak with staff members of Senator Patty Murray's office; Senator Murray is the Chairman of the Senate Budget Committee. We also were able to meet again with Sirat Attapit with Representative Xavier Becerra's office. Representative Becerra is not only the Ranking Member of the House Subcommittee on Social Security, but also the Congressman who introduced HR 4090. This bill looks to amend title II of the Social Security Act to improve the Social Security Administration's ability to fight fraud, prevent errors, protect the Social Security Trust Fund, and for other purposes. This bill also provides language for funding the expansion of the CDI units!

Policy makers and those who help influence policy are eager to hear from NADE's membership about program reform. Thank you for supporting NADE! The dues you pay help to fund these vital trips to make NADE's voice heard. Please, continue to share your ideas with NADE by emailing nade.legislatedirector@gmail.com.



Staff Director Claire Green, NADE President Jennifer Nottingham, Legislative Director Julie Kujath, and President-Elect Jeff Price.



"Greetings From Acting Commissioner Colvin!"

by Jeff Price, NADE President-Elect

With this initial greeting, Ms. Kate Thornton, the Acting Commissioner's Deputy Chief of Staff, began her remarks to the NADE Board of Directors. Ms. Thornton explained the Commissioner had expected to visit with the NADE Board in person and convey her greetings in person but she had been unable to attend at the last minute.

Ms. Thornton outlined Acting Commissioner Colvin's message that included a strong focus on relationship building. Government works best when relationships across agencies, within agencies, and with our stakeholders are healthy. Acting Commissioner Colvin has devoted much of her time doing just this – meeting with Congress, advocates, and outside organizations to tell our story and gain support for our programs. She was especially appreciative to NADE and its membership for all they do for the program and their collective commitment to providing excellent customer service. She noted NADE's commitment to continuing to host its annual training conferences, "carried SSA through some bleak times" when the Agency's budget did not allow a strong commitment to training issues. Fortunately, SSA's 2014 fiscal year budget is better than in previous years and this allowed the Agency to re-emphasize training and make it a priority. One consequence of this was SSA's early commitment to fund at least one person from each DDS to attend NADE's 2014 national training conference in Springfield, Illinois in August.

NADE's partnership with SSA was evident in the Association's efforts to educate Members of Congress and their respective staff personnel on the critical need for SSA to receive increased funding. SSA has authorized 2600 new hires for the DDSs in FY 2014, a step in the right direction toward filling some very large holes created by massive waves of attrition in recent years. SSA would renew its commitment to reducing the CDR backlog by asking the DDSs to process nearly 549,000 CDRs in FY 2014 (including EXR's) and nearly 900,000 CDRs in FY 2015. Ms. Thornton explained the urgency behind this need was to fulfill the Agency's commitment to provide proper stewardship of the Trust Fund and to ensure the public's trust in the disability program.

SSA is focusing more resources on anti-fraud activities and launching a public campaign to educate the public about the disability program. SSA is committed to the roll-out of DCPS, the ongoing process to keep the listings updated, and to continually ensure the congressional appropriators and the general public that SSA has been and still is a good investment.

Crime Busters: Chicago

by Korin Gary, Salem, Oregon DDS

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Chicago CDI Unit investigated a 43-year-old man who was receiving Title II benefits due to a back disorder. The case was referred to the unit after the receipt of an anonymous letter alleging the man owned and operated a farm, and did not appear to be disabled.

During an interview with the man, he initially denied owning or operating a farm, even though CDI investigators informed him that a business was registered in his name and reported \$61,000 in annual sales. He continued to report that he was still disabled, but eventually admitted that he served as the town's highway commissioner.

CDI investigators interviewed the chief deputy clerk of the town, who had known the man for more than 25 years and identified him as the highway commissioner, tasked with all the road grading and snow removal for the town. Investigators were informed that the man had purchased a \$200,000 road grader without approval from the town's trustees. It was discovered after a town resident spotted the road grader on the man's farm. This matter was referred to the State's Attorney's Office and the case is still pending.

SSA terminated the man's Title II benefits, resulting in a savings of \$121,000, and fraud recovery of \$24,500 in overpaid disability benefits. The case was declined for prosecution by the US Attorney's Office and the State's Attorney's Office, but was accepted for civil prosecution. It was accepted by the Office of the Counsel to the Inspector General for Civil Monetary Penalty action.

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Let's Hear It For Our Boys In Blue!

Oregon's Cooperative Disability Investigations Unit (CDIU) is number one in the nation for revenues saved through their work for the second year in a row. This year, they saved nearly \$50 million, compared to Washington's \$30M and California's combined \$31M from Los Angeles and Oakland units. Recently, I asked Oregon's unit, "What makes you so good?"

Kent, the lead agent, said, "Well, first of all, not every state has a fraud investigations unit. It's important to note that we're not comparing our program to 49 other programs. There are only 26 fraud investigation units across the nation."

He went on to explain that CDI units require a partnership between the federal Social Security Administration and Office of the Inspector General, the state's Disability Determination Services, and a fourth agency, like a city police department or a county sheriff's office. In Oregon, the fourth agency is the state's Department of Justice. Without involvement from that fourth agency, a CDI unit can't exist, because the fourth agency dedicates the investigators. This cooperation can be tricky to arrange and maintain, Kent said. "Four different agencies need to agree on a contract before a CDI unit can be established."

"Ours was one of the original CDI units," he said. "And that's part of the reason for our success: we're well-known. We attract talented analysts and investigators. Our investigators have an average of 35 years' experience; that's a lot of wisdom."

"Another big factor in our success is Oregon analysts. Oregon analysts have been very responsive to our trainings, have given us good feedback. There's a good core of veterans at the Disability Determination office, and here." Kent gestured to Stan and Gus, the two analysts DDS has dedicated to the CDI unit. "Thanks to well-trained analysts, instead of looking at 80 cases and finding that 40 of them are viable, we get 80 referrals and 60 of them are viable. More cases to investigate means more potential money saved."

"And," said Stan, "The Quality Assurance department at DDS has a lot to do with our high numbers. Once we've finished our investigation, it's QA analysts who adjudicate the claim. They're quick, thorough and efficient, and that translates to big savings for the taxpayer."

"Okay," I said. "I get that it takes a well-oiled machine with high quality parts to make it to the show. But how could Oregon, with its population of only 4 million spread out over thousands of square miles and only three investigators – THREE! – rack up bigger savings than New York, or Texas?"

Kent's demeanor went from casual to passionate. He poked the table in front of him for emphasis. "We are constantly looking to innovate, looking for ways to improve productivity. Just one percent here and two percent there, and our numbers have continued to climb. We conduct trainings for other CDI units that focus on those innovations: best practices, new surveillance equipment, new investigative techniques."

CDIU doesn't just thwart Social Security fraud, either. Whenever they find evidence of other fraud, CDIU alerts the appropriate agency. "We've reported food stamp fraud, housing fraud, tax fraud, child abuse. That's another reason for our success: our reciprocal relationship with other agencies. If they detect Social Security Fraud, they'll call us."

"So, you get some referrals from other agencies. How else are you alerted to fraud?" I asked.

"Well," said Stan. "We get some through the 800-number, the fraud hotline."

"We get referrals from the field offices, from parole officers and hearings officers," said Gus.

"But most of our referrals by far come from DDS," said Kent. "Really, we couldn't do our job without them."



YOU HOLD THE KEY.....

To report fraud,
waste,
abuse
or mismanagement.



Call: 1.800.269.0271

Write: SSA Fraud Hotline
P.O. Box 17768
Baltimore, MD 21235
Fax 410.597.0118

e-mail oighotline@ssa.gov

From SSA.gov

March 31, 2014 - Social Security Announces New Fraud Prevention Unit In New York -- Specialized Unit Will Identify Trends To Prevent Fraud Nationwide

Today, Carolyn W. Colvin, Acting Commissioner of Social Security, announced the establishment of a centralized fraud prevention unit in New York City to identify potential fraud and detect fraud trends that can be applied to disability cases nationwide. This unit consists of experienced disability examiners who are currently involved in the re-review of disability medical decisions resulting from recent indictments in Puerto Rico and New York City. Using their specialized experience, they will collaborate with Social Security systems personnel to help build data analytics to detect and prevent fraud at the earliest possible point in the disability decision-making process.

"Social Security strives to preserve the public's trust in our programs and we have no tolerance for fraud. We are aggressive in our efforts to detect and prevent fraud," said Acting Commissioner Colvin, noting that Social Security's anti-fraud approach has resulted in a fraud incidence rate that is a fraction of one percent. "The employees in our anti-fraud unit will be our national experts, and we plan to compile data from their work to help us develop further analytical tools to find potential fraud."

This first-of-its-kind unit will start with 20 disability examiners at the Addabbo Federal Building in Jamaica, New York. Based on the trends found in the Puerto Rico and New York cases, along with further analysis of doctors' reports, the unit will use their findings to help create the systems and data analytics that Social Security will use for disability applications nationwide. As these systems develop and begin to identify new cases of potential fraud, the New York fraud prevention unit will analyze those cases to prevent fraud from happening before the agency makes a disability decision and authorizes payments.

Acting Commissioner Colvin added, "To those who would try to cheat us: We will find you; we will prosecute you; we will seek the maximum punishment allowable under the law; and we will fight to recover any money you've stolen from the American people."

If a member of the public suspects fraud, they should contact the Social Security Office of the Inspector General at 1-800-269-0271, or visit <http://oig.ssa.gov> and click on "Report Fraud, Waste, or Abuse."

<http://oig.ssa.gov>

YOU HOLD THE KEY.....





The 2014 National Awards Nomination Form Is Online

The **2014 National Nomination Form** is available in the Publications Section at nade.org
The following information is requested via the form.

Please type nomination and email as attachment to Kimberly.Underwood@ssa.gov.

DO NOT refer to the nominee's name or chapter in the narrative! Please only include identifying information on the **first page**. When the Awards Committee votes to select award recipients, this identifying information will be omitted.

If additional space is needed, please use the second page section for free-form narrative. When the Awards Committee votes to select award recipients, the identifying information will be omitted.

Award Name:

Nominee Name:

NADE Member since:

Disability Professional since:

Current Job Title:

Chapter Activities (include office(s) and committee chair(s) held with dates, other participation and/or service to local chapter).

Regional Activities (include regional office(s) and committee chair(s) held with dates, other participation and/or service to the Region).

National Activities (include national office(s) and committee chair(s) held with dates, other participation and/or service to the National level).

Leadership (include specific examples of how the nominee's efforts have contributed to the advancement of NADE over at least a three (3) year period, or less than two (2) years if nominating for "Rookie of the Year").



Please use the expanded form, available online.

nade.org

[publications link](#)

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Silver Corporate Member

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

From SSA.gov

March 18, 2014 - Social Security Launches New Expedited Disability Process for Veterans -- Fast-tracking Disability Decisions for Vets with 100% Permanent and Total Rating

Carolyn W. Colvin, Acting Commissioner of Social Security, today announced the launch of a new disability process to expedite disability claims filed by veterans with a Department of Veterans Affairs (VA) disability compensation rating of 100% Permanent & Total (P&T). Under the new process, Social Security will treat these veterans' applications as high priority and issue expedited decisions, similar to the way the agency currently handles disability claims from Wounded Warriors.

Read more...

"We have reached another milestone for those who have sacrificed so much for our country and this process ensures they will get the benefits they need quickly," said Acting Commissioner Colvin. "While we can never fully repay them for their sacrifices, we can be sure we provide them with the quality of service that they deserve. This initiative is truly a lifeline for those who need it most."

"No one wants to put America's veterans through a bureaucratic runaround," said Maryland Congressman John Sarbanes, a leading proponent for increasing assistance to veterans. "As the baby boomer generation ages and more veterans of the wars in Iraq and Afghanistan need care, this common sense change will help reduce backlogs and cut through unnecessary red tape so that our most disabled veterans receive the benefits they've earned."

In order to receive the expedited service, veterans must tell Social Security they have a VA disability compensation rating of 100% P&T and show proof of their disability rating with their VA Notification Letter.

The VA rating only expedites Social Security disability claims processing and does not guarantee an approval for Social Security disability benefits. These veterans must still meet the strict eligibility requirements for a disability allowance.

For information about this service, please visit www.socialsecurity.gov/pgm/disability-pt.htm.

For more about Social Security's handling of Wounded Warrior's disability claims, please visit www.socialsecurity.gov/woundedwarriors.

Gold Corporate Member	
<p>Attention, Retirees: Interested in a new career path that uses your DDS experience and knowledge? Please contact us!</p>	<p>Tim Lacy, Director Human Resources 800.880.MASH (6274) ext. 2426 Fax: 817.924-1681 tlacy@mashinc.com www.mashinc.com</p>

<p>Med Plus Med Val Claude Earl Fox, MD MPH 41 Fort Royal Isle Ft. Lauderdale FL 33308 800.293.1304</p>
<p>Gold Corporate Member</p>

Certification Updates

New Certifications:

Michigan:

Virlyn F Allen-Poe
 Jerry Bayer
 Jeaneen Donald-Pedraza
 Sonia Fuentes
 Brenda Hairston
 Janice Hewson
 Sarah Iverson

Heather Kay
 Rom Kriauciuanas
 Jennifer Rottier
 Sonya Sanford-Quinney
 Richard Spanke
 Shaunetta Stokes
 Rebecca Taraska

Missouri:

Bethany Kiel
 Rebecca LaMar

Recertifications:

Missouri
 Sheila Biggs

Attention Florida Physicians

The Florida Department of Health, Division of Medical Quality Assurance will now verify a practitioner’s continuing education record in the electronic tracking system at the time of renewal. This program is part of our commitment to expeditiously license health care professionals who meet statutorily mandated standards of competency

The CE/CME@Renewal program is being implemented in two phases to provide a smooth transition for all licensees and CE providers. During this phase, the Department encourages licensees to start learning about the Continuing Education Electronic Tracking System and reporting course completion. Licensees will be prompted, but not required, to self-report missing CE hours when they renew their license.

In Phase 2, the mandatory phase, all required CE hours must be reported to the Continuing Education Electronic Tracking System to renew a license. Once Phase 2 has begun, you must have reported course completion before your license can be renewed. The Department encourages licensees to login to the tracking system before applying for renewal to ensure their information is complete and accurate. Verifying compliance before renewal is key to a seamless renewal experience.

Please see the chart below for the Optional and Mandatory reporting cycles for your Profession.

PROFESSION	OPTIONAL REPORTING CYCLE	MANDATORY REPORTING CYCLE
Medical Doctors expiring even years	2/1/12 – 1/31/14	2/1/14 – 1/31/16
Medical Doctors expiring odd years	2/1/13 – 1/31/15	2/1/15 – 1/31/17

CE Broker is the official CE Electronic Tracking System for Florida’s healthcare professionals and the Florida Department of Health. There is no cost for you to create a basic account, although additional subscription options are available to best meet your needs. The CE Electronic Tracking System is designed to simplify CE reporting for you. This easy and convenient system will help you gain peace of mind by tracking your CE history and digitally storing your hours and certificates. After your CE hours have been reported and verified, the licensure renewal process is quick and easy.

To learn more about CE/CME@Renewal, please visit www.FLHealthSource.com

Registration Form

2014 NADE National Training Conference August 24-27, 2014

"NADE: Forward with Vision and Integrity"

Hotel Information:

Northfield Inn, Suites & Conference Center

(\$79/night + tax)

3280 Northfield Drive

Springfield, IL 62702

217-523-7900

ROOM RESERVATIONS MUST BE MADE BY 8/1/14 - MUST CALL and REFER TO NADE

Last Name: _____ First Name: _____

Address: _____ Phone: _____

City _____ State: _____ Zip _____

NADE Chapter/Region: _____ Job Title: _____ NADE Position _____

Is this your FIRST NADE Conference? Yes No

Check if Applicable: Speaker Donor SSA employee Exhibitor
 DDS Employee NADE Board Member DDS Administrator

Special accommodations needed for any registered activities, events, or meals:

(attach extra page if more space is needed)

Registration Fees

All Days NADE Members - \$ 180

Non-Members - \$ 250

Early registration ends 7/25/14. After 7/25/14, fees will be \$195/member, \$265/non-member

Daily NADE Members - per day Mon (\$60) Tues (\$70) Wed (\$50)

Non-Members - per day Mon (\$85) Tues (\$95) Wed (\$70)

Early registration ends 7/25/14. After 7/25/14, daily fees will be increased by \$5 per day

Guest Fees: President's Reception - \$25.00 per guest/ NADE Awards Luncheon - \$35.00 per guest

Total Guests: Reception Luncheon

How were you funded to attend this conference? Personal DDS SSA Chapter

Total Conference Registration Fees: \$ _____

Make Checks payable to:

IADE 2014 NADE National Conference

(please indicate "registration" on the memo line)

Mail Registration Form to:

IADE

Attn: Ellen Cook, Treasurer

PO Box 5383

Springfield, IL 62705-5383

CONTINUING EDUCATION CREDITS: NADE recognizes the value of ongoing training for its members. Each session at this conference has been uniquely planned to provide special skills and/or knowledge. We are happy to award continuing education credits for anyone attending the conference. **Cancellation Policy.** If you registered, we require cancellation notice no later than 8/1/14. If you do not attend and have not cancelled, you will be responsible for any registration fees.

Conference Food Selections:

NADE President's Reception - Sunday August 24, 6-9pm

This reception is included in a full conference registration. Business attire- no children please. Reception will include hors d'oeuvres and a cash bar. Guests are welcome to attend for a cost of \$25 each.

of Attendees w/ paid registrations: _____

of Guests (\$25/person) - \$_____

NADE Board and DDS Administrators Luncheon - Monday August 25, 11:30-1pm

This luncheon is a private luncheon for the NADE Board members and DDS Administrators. There is no charge for this luncheon, but registration is required. Luncheon selections include choice of main dish of Pasta Primavera with grilled vegetables; or Grilled Chicken with basil cream sauce. Both lunch selections will be served with salad, rolls, vegetable mix, iced tea, coffee, water, and dessert.

I will attend and would like Pasta Primavera w/ grilled vegetables (vegetarian): _____

I will attend and would like Grilled Chicken w/ basil cream sauce: _____

NADE Awards Luncheon - Tuesday August 26, 12:00-1:30pm

This event honors all of the NADE award winners. Cost is included with a full conference registration or Tuesday Day Registration. Guests may attend the luncheon for a cost of \$35/person. Registration for this luncheon is required in advance. Lunch selections all include: salad, rolls, vegetable mix, iced tea, coffee, water, and dessert.

Vegetable Lasagna in White Sauce _____

6oz Turkey Tender wrapped in bacon w/ red skin garlic mashed potatoes _____

Total of Attendees w/ paid registrations - _____

Total Guests Attending (\$35/each) - \$_____

Conference T-Shirts:

Prepaid conference T-shirts will be available at Conference Registration desk on Sunday, August 24. Deadline for Orders for pick up at Conference is: 8/9/14. Orders after that day can be made, including during conference (until 11am on Monday 8/25/14), for delivery on Wednesday 8/27/14, with an additional fee of \$3 per shirt.

T-Shirts are a 50/50 blend. T-Shirt brand is Gildan. Shirts will be unisex adult sizes.

Sizes include: (please indicate quantity)

XS-XL- \$12/each _____

2XL- \$13.50/each _____

3XL- \$14/each _____

4XL- \$14.50/each _____

5XL- \$15/each _____

TOTAL: \$_____

Chapter Banners:

Chapters who wish to have their banner hung in the main conference room must drop off the banner at Conference registration desk on Sunday August 24th in order to guarantee banner being displayed by opening ceremonies on Monday. Banners that are turned in after this date will be hung, but cannot be guaranteed to be displayed by the opening ceremony of the conference. There is no charge for banners being hung this year. If there are any special requirements for hanging of your chapter's banner, please notify Conference chair at least 1 week in advance of conference.

Weekend and Night-Time Activities:

Sunday August 24, 2014- Springfield's Abraham Lincoln Sites, Dana Thomas House, and Abraham Lincoln Presidential Museum Tours

MORNING ACTIVITY OPTION #1- 9am-11am - Includes Transportation and Admission - \$25 (leaves hotel at 8:45am)

Abraham Lincoln Tomb

The Lincoln Tomb State Historic Site is the final resting place of Abraham Lincoln, his wife Mary, and three of their four sons, Edward, William, and Thomas (known as "Tad"). Their eldest son, Robert T. Lincoln, is buried in Arlington National Cemetery. Also on the site is the public receiving vault. Constructed ca. 1860 and the scene of funeral services for Abraham Lincoln on May 4, 1865, the vault is located at the base of a hill north of the Tomb. In 1960 the Tomb was designated a National Historic Landmark; it was placed on the National Register of Historic Places in 1966.

AND

Abraham Lincoln Home

It does not impress like George Washington's plantation on the Potomac or Thomas Jefferson's mountain retreat, but Lincoln's home in downtown Springfield has proved irresistible to visitors since it opened to the public. Beautifully restored to its 1860 appearance, the Greek Revival house was Abraham and Mary Lincoln's home for 17 years. In 1844 they bought it for \$1,200 and some land from the Rev. Charles Dresser, who performed their marriage ceremony in 1842. When Lincoln became a presidential candidate the house became a magnet for visitors, parades, rallies and other political festivities.

Attending Morning Activity #1 @ \$25/person= \$_____

MORNING ACTIVITY OPTION #2- 9am-11am - Includes Transportation and Admission - \$30 (leaves hotel at 8:45am)

Dana Thomas House

The Dana-Thomas House was designed by Frank Lloyd Wright in 1902 for Susan Lawrence Dana, a forward-thinking socialite living in Springfield, Illinois. The home, the 72nd building designed by Wright, contains the largest collection of site-specific, original Wright art glass and furniture. Wright's first "blank check" commission, the home has 35 rooms in the 12,000 square feet of living space which includes 3 main levels and 16 varying levels in all. Beyond the essence of an architectural masterpiece of international significance, the house is a brilliant showcase of craftsmanship in glass doors, windows and light fixtures; terra cotta sculpture and an exquisite mural; it is the best preserved and most complete of Frank Lloyd Wright's early "Prairie" houses.

Attending Morning Activity #2 @ \$25/person= \$_____

AFTERNOON ACTIVITY- 11:30am- 5pm- Includes Transportation, Admission, and a Box Lunch - \$45 (leaves hotel at 11:15am)

Abraham Lincoln Presidential Museum

After opening in 2005 The Abraham Lincoln Presidential Library rapidly became the best attended of all the Presidential libraries and one of the most studied new museum in the world. The 200,000 square foot complex, which includes an Archive, Library and Museum, features public experiences, galleries and theater presentations that are more than 50% larger than any other presidential library. The Abraham Lincoln Presidential Museum is considered to be the first major Experience Museum. Designed, created and produced by BRC Imagination Arts, the museum combines priceless historical artifacts with BRC's innovative, contemporary storytelling technologies. Visitors are offered an engaging, emotional and educational experience through immersive, "you-are-there" exhibits.

Attending Afternoon Tour @ \$45/each = \$_____

ENTIRE DAY TOUR PACKAGE- \$65 (save \$5)

Includes choice of either Morning Activity #1 or #2, and Afternoon Activity. Includes all admissions, transportation, and box lunch/refreshments at the Presidential Museum.

of Entire Day Tours @ \$65/each = \$_____

Please indicate # of Morning Activity #1-_____

Please indicate # of Morning Activity #2-_____

Monday August 25, 2014- Hawaiian Luau Party-

Hawaiian Luau –Party at the tiki hut with NADE’s celebrity bartenders. Dinner includes choice of steak or chicken cooked on the grill, baked potato, salad, vegetable, roll, and soda. Cash bar available. Prizes for best “Hawaiian outfit” and games for all! So start practicing your “limbo” and join us on Monday, August 25th as we “hula” at The Curve Inn.

This bar is known for great drink prices and fun times! \$25
Price includes dinner, prizes and round trip transportation to and from the hotel.

Attending x \$25/each = \$_____

Tuesday August 26, 2014- Shopping Shuttle-

Shopping Shuttle – to Scheels and White Oaks Mall \$10.00/person

Round trip shuttle to Scheels, featuring over 200,000 square foot of retail shopping, showcases Illinois largest selection of sport, sportswear, and footwear under one roof. Also located next to local eating establishments including Engrained Brewery, Quaker State and Lube, and III Tomasso Italian Bistro. And White Oaks Mall – a two story indoor regional shopping center with a large food court and a variety of stores.

Go to www.simon.com/mall/white-oaks-mall for more information.

Leave hotel 5:30 & 6:30 and return to hotel 8:30 & 9:30.

Attending x \$10/each = \$_____

Total Activities/Tshirt Fees - \$_____

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Statement

Presented by
The National Association of Disability Examiners
Jennifer Nottingham, President

Presented to the
Committee on Oversight and Government Reform
Subcommittee on Energy Policy, Health Care and Entitlements
United States House of Representatives

April 9, 2014

Mr. Chairman, Members of the Subcommittee on Energy Policy, Health Care and Entitlements, Committee on Oversight and Government Reform. My name is Jennifer Nottingham and I am the current President of NADE, the National Association of Disability Examiners. I am also a Supervisor in the Ohio Disability Determination Service, or DDS. The members of NADE thank you for this opportunity to offer our comment and insight regarding the Social Security Administration's management of the federal disability programs. This hearing will examine the effectiveness of SSA's current process to medically review beneficiaries to determine if they should continue to receive federal disability benefits.

Who We Are

NADE is a professional association whose purpose is to promote the art and science of disability evaluation. The majority of our members work in the state Disability Determination Service (DDS) agencies where 15,000+ employees adjudicate claims for Social Security and/or Supplemental Security Income (SSI) disability benefits. As such, our members constitute the "front lines" of disability evaluation. Our membership also includes many SSA Central and Regional Office personnel, attorneys, physicians, non-attorney claimant representatives, and claimant advocates. The diversity of our membership, combined with our extensive program knowledge and "hands on" experience, enables NADE to offer a perspective on disability issues that is unique and which reflects a programmatic realism, which we believe, is a critical factor for Members of this Subcommittee to consider.

NADE members are deeply concerned about the integrity and efficiency of the Social Security and the SSI disability programs. Simply stated, we believe those who are entitled to disability benefits under the law should receive them; those who are not, should not.

The CDR Claims Process and Impact of MIRS

When a claim is approved for disability benefits, a diary is established for that claim to be reviewed again after a certain period, usually three (3) to seven (7) years, to determine if the disabling condition continues. After the diary expires, the claim is sent to the DDS for a Continuing Disability Review (CDR). The Medical Improvement Review Standard (MIRS) is used to evaluate CDR claims. MIRS was established in 1984 after a mandate from Congress. The MIRS policy dictates that benefits continue unless the beneficiary's disabling condition has shown medical improvement and the medical improvement is related to the ability to work. In effect, MIRS turns the tables on the federal disability program. During the initial application process, the burden is on the claimant to prove they are disabled. For initial and reconsideration claims, SSA defines disability as the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death, or has lasted for a continuous period of not less than 12 months. At the CDR level, the necessity to apply MIRS shifts the burden to SSA and the Disability Determination Service (DDS) to prove there has been significant medical improvement related to the ability to work. The MIRS standard is very stringent and, as a result, few claims are actually ceased. It must be noted, when the DDS proposes a cessation of benefits for CDRs or Age 18 redeterminations, the decision is not always upheld on subsequent appeal by Disability Hearing Officers (DHO) or Administrative Law Judges (ALJ). The majority of cessations processed by the DDSs are the age 18 redeterminations. These are claims processed for adults who have recently attained the age of 18 and were allowed benefits as children. These claims are re-examined by the DDS using adult criteria to determine if disability continues. MIRS does not apply to age 18 redeterminations. Instead, the DDS makes a new initial determination whether the claimant has an impairment that continues to be disabling based on adult criteria.

To process a CDR claim, the disability examiners are required to compare a beneficiary's current condition to the beneficiary's condition at the time of the most recent medical decision, whether that is the initial allowance decision or the most recent CDR continuance decision. This most recent favorable decision is called the Comparison Point Decision (CPD). Because of MIRS, the DDS can only fix a mistake on a prior allowance decision if there is a clear objective error on the previous decision, as the DDS is not allowed to substitute judgment. It is not unusual to find a CDR claim where the disability examiner would not currently find the beneficiary disabled, but must continue benefits because significant medical improvement cannot be shown. If an individual is allowed and had minimal abnormal findings at the CPD, as long as the findings are similar, the beneficiary will remain on the disability rolls.

Fraud or Similar Fault

A finding of fraud or similar fault would be an exception to the use of the MIRS. When fraud or similar fault is suspected on a claim, it can be referred to the Cooperative Disability Investigation Unit (CDIU), if it is available in the state. After screening by CDIU, the claim can then be sent to the Office of Inspector General (OIG). Once a Report of Investigation (ROI) is completed, the DDS is able to make a decision with additional information to address the concerns with fraud or similar fault. Unfortunately, not all DDSs have access to a CDIU. In those states, a screening process involves multiple levels of management reviewing the claims where fraud is suspected to make a decision whether to refer the claim to OIG. Significantly fewer claims are referred to OIG from states without a CDIU. The majority of CDIU referrals are for initial or reconsideration claims. Only a small number of CDR claims are referred to OIG.

NADE believes it would be beneficial to the disability trust fund if there were an increased emphasis on referring CDR claims where fraud or similar fault is suspected, to CDIU. NADE supports the continued expansion of CDIUs and recommends each state have access to a CDIU. There are currently only 25 CDIUs in 22 states. To help with fraud detection, DDS employees should have access to more current employment information for claimants. NADE also supports a revision of the policies regarding fraud and similar fault. The current policies contain limited detail and direction on handling complex fraud or similar fault cases. NADE believes additional training in detecting and handling claims with suspicions of fraud or similar fault cases is always beneficial.

While any amount of fraud or similar fault is too much, fraud and similar fault is only involved in a small portion of the claims processed. Most claims where an individual may be inappropriately receiving disability benefits are due to judgments not supported by the evidence at the previous decision. In these cases, the CDR review of the CPD file shows too much weight was given to an unsupported medical source statement or the claimant's statements were found fully credible even though the statement was inconsistent with other evidence. It is important to distinguish these claims that seemingly are "mistakes" with judgments that are not supported by the evidence from claims where there was fraud or similar fault or a clear objective error made. In claims where judgments are not supported by the evidence, neither the fraud and similar fault nor the error exceptions to MIRS would apply and the examiner would need to make a determination if there was significant medical improvement related to the ability to work.

Exceptions to MIRS

There are exceptions to MIRS; the exceptions policy explains the limited situations where disability may be ceased without consideration of whether there is medical improvement. The intent of the exceptions policy is only to address situations where an individual clearly should never have been found disabled at CPD. There are two types of exceptions, Group I and Group II. These are defined for the DDSs in POMS DI 28020.001 through DI 28020.900. The Group II exceptions are fraud or similar fault, failure to cooperate, whereabouts unknown and failure to follow prescribed treatment. The Group II exceptions are commonly used in the DDS, particularly failure to cooperate. The Group I exceptions include vocational therapy; new or improved diagnostic or evaluative techniques; and error exceptions. The Group I exceptions are not generally well understood and, as a result, are rarely utilized in the DDS. Most disability examiners receive minimal, if any, training on the Group I exceptions to MIRS. It is important to note, the policy regarding the exceptions to MIRS is explicit that the exceptions should not be used to substitute judgment. Disability Examiners aware of the policy on exceptions are often reluctant to utilize it due to an expectation of additional scrutiny by quality assurance reviewers either in the DDS or in the federal reviewing components. If the rationale for using an exception is not well documented, any attempt to apply an exception will be reversed on appeal.

The error exception is appropriate when the CPD evidence shows there was a clear error based upon the record. The only evidence that can be considered to determine if this exception applies is evidence on record at the time of the CPD decision. An error would have to be a clear objective finding that was incorrect. Examples would be the use of a vocational rule that did not apply or using medical records for the wrong patient. It would not be appropriate to use the error exception because the CDR decision maker came to a different conclusion than the CPD decision maker. Generally, disability allowances that are considered "inappropriate" or "in error" are actually not errors but rather, differences in the subjective findings of credibility and weighing of medical source statements. Indicating there was an error on a subjective finding would be substituting judgment, which is not allowed by the policy. While there would be some benefit to increased training on the exceptions to MIRS, using these exceptions would be rare as the policy applies to a limited number of claims.

Subjective Conclusions

The high allowance rates of some Administrative Law Judges (ALJs) have received significant attention. While fraud and error may be assumed to be the reason for high allowance rates, it is possible that fraud or error is not the cause in most claims. The higher allowance rate is more likely due to a difference in subjective judgments or decisions based on limited information. Subjective judgments are completed in the assessment of credibility and the weighing of medical source statements. In reviewing disability claims, there is the assumption that the claimant's statements are fully credible. Even so, the totality of the evidence needs to be considered to determine if the statements are consistent with

the rest of the evidence in file, functioning and the claimant's medically determinable impairment. Similarly, if a treating source give a medical source opinion, it should be given controlling weight, but only if the statements are supported, consistent with other findings and would reasonably result from the impairment. If not, then the medical statements should be given less weight. The assessment of credibility and weighing of medical source opinions can have a large impact on the outcome of a claim. It would not be appropriate to use the error exception to MIRS on a claim just because the findings were not supported.

Case Scenarios

It may be best to illustrate the difference in fraud or similar fault, errors and a subjective conclusion through examples. Below are three examples of a claim being considered for an intellectual disability. When evaluating for this condition, a critical aspect is the adaptive functioning. While the IQ score is required, the individual's adaptive functioning should be consistent.

In one scenario, school records were not available and a consultative examination was completed. The claimant knowingly provided inaccurate answers so that the test scores underestimated their true intellectual abilities. The individual gave statements to the examiner, indicating they had many challenges completing activities of daily living independently. The claimant was awarded benefits because the IQ scores were in the mental retardation range and the claimant's report of functioning was consistent with a diagnosis of mental retardation. At CDR, if evidence was found that proved the individual knowingly provided inaccurate information, a finding of fraud or similar fault can be found. The MIRS exception for fraud or similar fault would apply.

In a second scenario, an individual provides information about their activities of daily living and reports that he attended special education classes in school. The examiner contacts the school and receives records with IQ testing in the mental retardation range; however, the records were for a different student. The examiner approved disability benefits based mainly upon the IQ scores. At CDR, the error exception would apply because the decision was clearly made based upon incorrect evidence. This would not be a case of fraud or similar fault because the individual did not provide inaccurate information.

In a third scenario, the individual received special education services while in school. The school records included an abbreviated intelligence test, which cannot be accepted by SSA for a measure of intelligence. The school testing indicated the student performed in the Borderline Intellectual Functioning range. The claimant attended a consultative exam and completed IQ testing, with scores that ranged from the Borderline Intellectual Functioning range to the Mental Retardation range. The CE examiner gave a diagnosis of Mental Retardation. Activities of daily living showed the claimant was able to drive and shop independently, complete household chores but had problems reading and needed help completing applications and forms. The examiner allowed the claim. On CDR, the current examiner finds that the school records and high level of functioning established in the activities of daily living are more consistent with a diagnosis of Borderline Intellectual Functioning rather than Mental Retardation and felt the initial decision should have been a denial. The MIRS exception would not apply as no clear error is shown at the initial decision. Instead, the difference is due to a difference in subjective conclusions. The initial examiner gave great weight to the diagnosis of the CE examiner, while the CDR examiner considered the diagnosis not consistent with the school records and the high level of functioning. It would be a substitution of judgment to conclude that the initial decision was wrong. MIRS would apply and disability benefits would continue if the beneficiary's activities of daily living were similar to the time of the initial decision.

Increased Efforts for Consistency Between DDSs and ALJs

NADE applauds SSA's recent efforts to bring consistency between the DDS and ALJ determinations. There has been improvement in documentation of rationales at the DDS level with the eCAT tool. SSA has recently focused on providing additional policy and medical training for ALJs. The result has been a decrease in the overall allowance rates by ALJs. While the focus of this hearing is CDRs and MIRS, the ultimate goal is to have only the appropriate people receiving disability benefits. When the initial decision is correctly documented with a well-supported rationale, there is no "mis-take" to address in the CDR.

When a claimant appeals a denial decision to the ALJ, they have the right to be represented at the hearing. NADE concurs with the right of claimants to be represented, as this is a privilege granted under our country's system of justice. However, that system of justice is also predicated on the concept that both parties to a dispute are represented at a hearing before an impartial third party. Such is not the case in disability hearing. Once the DDS makes its decision, it is left to stand on its own and can be interpreted by the ALJ in whatever manner they wish to interpret that decision. While a claimant is usually represented by counsel at a hearing, there is no one present to explain the DDS decision to the ALJ. The ALJ must review the claim file without benefit of talking to the decision maker or the DDS who can explain the basis for the decision. NADE believes it would be beneficial to have the DDS represented at the ALJ level.

Likewise, NADE believes there should be equal quality review for decisions made at all levels in the adjudicative process. Currently, 50% of DDS initial and reconsideration allowance decisions are subject to quality reviews by the

federal reviewing component (DQBs). There are limited quality reviews for denial and CDR decisions and even fewer quality reviews of decisions made by Disability Hearing Officers and Administrative Law Judges. For the DDS examiners, because of the higher likelihood of initial allowance claims to be reviewed for quality assurance, there is a tendency to better document and rationalize allowance claims. An ALJ decision is typically only reviewed and questioned if there is an appeal of a denial decision. Consequently, it is more often found that ALJ denial decisions have more detailed rationales than allowance decisions. NADE believes it is critical for consistency of decision-making that more of the decisions made by DHOs and ALJs are subject to some type of quality review that will provide feedback to the decision maker.

Impact of Reductions in Workforce

In recent years, Congress has significantly reduced the budget for most federal agencies. SSA was not immune to these cutbacks, but the impact may have been particularly acute for SSA because the budget reductions coincided with heavy attrition due to massive retirements. The DDSs experienced attrition rates as high as 15% annually prior to the downturn in the economy and 10% after the downturn.

With a high attrition rate and hiring freezes, many states have experienced significant challenges in maintaining sufficient staff to process their workload. Unfortunately, the reduction in workforce coincided with an increase in initial claim filings of 15% annually following the economic downturn. SSA and the DDSs prioritized the initial claim workload and delayed the processing of CDRs until a time when adequate staff and resources were available. This delay in processing CDRs resulted in 1.3 million CDRs with overdue diaries.

SSA is attempting to correct this problem with the new budget funds. DDSs have been authorized to hire 2600 new personnel. New staff will help fill many of the positions in the DDSs that have been vacant, but it is necessary to stress that these 2600 new hires will not replace all vacant positions. In addition, while the new hiring authorization is welcome in the DDS community, obtaining clearance from state governments and other required personnel actions will make it challenging, if not impossible, for all new hires to be in place before the end of the fiscal year. In effect, some DDSs will not be able to hire for all positions they are authorized to hire for, as they will not be able to act as quickly as needed to fill all positions before funding authorization expires.

NADE wants to point out that SSA has done an excellent job sending age 18 redeterminations to the DDSs in a timely manner. There is a much higher likelihood of benefits ceasing with an age 18 redetermination since MIRS is not used. While the redeterminations were prioritized to be sent for review, other types of CDRs have been significantly delayed. Many childhood disabilities can improve during the developmental years or with appropriate intervention. There is a higher likelihood to find medical improvement in a childhood claim as opposed to adult CDRs. Many childhood CDRs continue to be sent to the DDSs years past their scheduled diary date. The delays in reviewing a childhood CDR may mean benefits are ceased much later than necessary.

Having well trained, experienced staff with a manageable workload is the best way to prevent incorrect decisions. NADE believes that additional training of new examiners, as well as experienced staff, should be a priority. In recent years, many DDSs elected to reduce the training opportunities available for their limited staff to allow their personnel to devote as much time as possible to the processing of disability claims. With recent approval to hire a large number of employees at the DDSs, some states may provide inadequate training for these new hires to learn the basics of this complicated program. There should be increased efforts to provide training opportunities for all staff as policies change, may be misinterpreted or forgotten. NADE reminds Members of this Committee that the Inspector General has commented on numerous occasions that SSA's best defense against fraud is the well-trained disability examiner. NADE would add the caveat that the well-trained disability examiner must also have a manageable caseload. The Inspector General has previously pointed out that the majority of fraud in the disability program, to date, has been detected by the front line disability examiner in the DDS.

While inadequate staffing levels plague nearly every DDS, some states continue to assign every new claim receipted into the agency to a disability examiner. Other DDSs "stage" new case receipts. The impact of the former practice is that disability examiners are often overwhelmed by the number of claims they have pending at any given time, while the latter practice can result in delays in processing new claims. Work pressures for disability examiners to produce a high number of decisions can create opportunities for mistakes that can be critical in making the correct determination or making judgment that are not fully supported by the evidence. The impact of a high caseload may affect the quality at the initial, reconsideration and CDR level. If an examiner misses details or does not take the time to take additional steps to clarify an issue, an initial claim may be inappropriately allowed or denied. In the case of an allowance, the claim will likely become a continuance on CDR because MIRS will preclude the DDS from ceasing benefits. CDR workload pressures may affect the thoroughness of review of the CPD evidence. If there is an oversight in the review of CPD evidence, an incorrect determination that a medical condition has not improved may be made. Remember, there is a higher burden of proof for processing CDR claims and the disability examiner must show significant medical improvement has occurred. Because of this, more documentation and rationalization may be needed to prove a cessation is appropriate. When a disability examiner with a high caseload is processing a CDR, the extra effort needed for a cessation may be replaced by the need to spend the available time processing other CDR claims.

Lost Folders

Initial and reconsideration claims completed in the past six to eight years are usually in an electronic format. When the CPD claim file is electronic, the evidence is readily available for review on CDR. Older decisions are likely to be paper cases. If the CPD paper folder is lost, the CDR decision is likely to be a continuance. For a lost folder, the examiner starts by developing the beneficiary's condition to see if they are a current allowance. If the claimant cannot be found disabled currently, then the disability examiner must attempt to recreate the CPD file. This is often a challenging and time-consuming process as it can be difficult to obtain older records. Many medical records are destroyed after seven years. The disability examiner must often rely upon the memory of the beneficiary to provide information about their condition and treatment at the last decision. The beneficiary has no incentive to provide this information. If the CPD claim file cannot be reconstructed, then the DDS must process a continuance decision (POMS DI 28035.001ff). It is rare when a lost folder can be reconstructed fully and the DDS can make a decision that significant medical improvement has occurred. Due to the difficulty and time that it takes to reconstruct a file and the fact that a continuance is usually the result, some examiners will not put forth the effort to attempt the reconstruction, instead utilizing their time to process other claims.

Lost folder decisions are a small percentage of CDRs. However, this still results in great cost to the trust fund. DDS examiners are expected to assign a specific list code for CDR claims that involve a lost CPD claim folder. Unfortunately, not every DDS personnel ensure this list code is properly used. Consequently, there are likely more lost folder continuance decisions than SSA is aware.

The policy regarding exceptions to MIRS does not apply with a lost folder. This becomes difficult in a case where there is clear fraud or similar fault found only at CDR, and not at CPD. If the DDS and CDIU are unable to reconstruct the CPD file, then the claim is treated as a lost folder and benefits would continue, regardless of the current finding of fraud or similar fault. This is very concerning because the current CDR decision will be the CPD for the next CDR, since the CDR evaluates only if medical improvement from the last decision can be established. To cease benefits at a future CDR in these types of claims, medical improvement would need to be established from the current decision where fraud or similar fault was found.

There are multiple reasons for lost folders. For example, there was a flood at one storage facility, which destroyed some folders. Since the majority of claims are now processed electronically, the business process for handling paper folders may be forgotten or overlooked. Because of this, folders may not be appropriately documented when transferred to the appropriate storage facility.

As mentioned above, the transition to electronic files significantly reduced the number of lost folders for subsequent CDRs. Even so, there are still system limitations that require a claim to be processed as a paper file. SSA has been reluctant to scan in paper files due to cost. It may be worth studying the possibility of scanning in prior allowances that are scheduled to be reviewed for CDR prior to retirement. Additionally, there may be benefit to reviewing the business processes for handling paper claims.

Impact of Lack of Current Treatment

When there is a lack of current medical evidence from a qualified treating source in CDR claims, the DDS must purchase a consultative examination (CE). This "one-shot" exam, for better or worse, becomes the primary evidence used by the DDS in making a decision on the CDR. That decision can be based on how well, or how poorly, the claimant was feeling on the day of their CE. This scenario can lead to an incorrect decision. For conditions that rely upon more subjective information, longitudinal evidence increases the likelihood of making the appropriate decision. Many beneficiaries do not have current or ongoing medical treatment for the impairment for which they were allowed. The majority of disability beneficiaries have access to medical care, although many do not take advantage of this access. Some beneficiaries only seek treatment when they receive notice of the CDR. This behavior may lead a disability examiner to question the motivation for seeking medical treatment only when their benefits are up for review. NADE continues to advocate for the removal of the two-year waiting period for Medicare. This would allow all disability beneficiaries to have access to treatment. NADE would also recommend a study regarding the possibility of requiring treatment for certain conditions that may improve.

Summary

The current CDR backlog of 1.3 million is the result of an agency with inadequate staff and resources to address all needs. SSA and DDSs had a high attrition rate and were not able to replace all staff. The decreased workforce combined with an increase in initial claim filings, resulted in the prioritization of initial claims. SSA has announced its intention of addressing the backlog by increasing the number of CDRs sent to the DDSs for processing in the next few years. Additional personnel and funding will be needed from Congress if this effort is to be successful and sustained.

Due to the MIRS policy, few claims are actually ceased at CDR. An examiner is not able to fix a seeming "mistake" in a previous decision with this policy if there is no clear, objective error. Distinctions must be made between objective errors versus subjective conclusions in considering the error exception. They are called "exceptions" for a reason and their utilization in the DDSs will be infrequent as they are appropriate for a small percentage of claims. Additional training and emphasis on this policy may improve its utilization but the exceptions will not save the trust fund. There will not be a dramatic increase in the rate of cessations through the proper use of the exceptions rule. Perhaps it is time to explore options to MIRS.

New hires in the DDS are welcome but it takes an average of two to four years for a disability examiner to become proficient at their job. It is critical that SSA and the DDSs be allowed to replace personnel lost to attrition. An increase in training opportunities to ensure the success of new personnel, as well as the continued success of current staff, is necessary.

Even though claims are processed electronically now, on CDR there are many claims where the CPD was a paper file. Lost folders continue to be a problem.

CDIUs are an effective tool in the campaign against fraud or similar fault in the disability program. CDIUs have been shown to be very cost effective with savings of \$16 for every \$1 spent.

Training at all levels of adjudication is important to ensure that the decision maker is current on program policies.

Recommendations

- NADE supports the continued expansion of CDIU.
 - Revisions to the fraud or similar fault policy are needed.
 - Revision of the MIRS process for CDRs should be considered. NADE would support a de novo review on CDR.
 - Additional training and clarification on the exceptions to MIRS policy would be beneficial.
 - Quality review at all levels of adjudication is needed.
 - Electronic claim exceptions should be eliminated to prevent any future claims being processed in paper format.
 - Improved documentation of the location of paper files is needed to prevent additional lost folders.
 - The lost folder policy should not apply to cases of fraud or similar fault.
-
- Eliminating the two-year waiting period for Medicare, to allow increased access to medical coverage.
 - There should be consideration of the possibility of requiring treatment for conditions that may improve.
-
- Continued training opportunities are needed at all levels of adjudication, with an emphasis on policy.
 - Appropriate funding for staffing is needed to ensure there are well-trained, experienced examiners with manageable caseloads.
 - To ensure policy compliance, the DDS should be represented at the ALJ review.

SSA defines disability as the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death, or has lasted for a continuous period of not less than 12 months. To be found disabled, the individual must prove that they meet the strict definition of disability; however at CDR, the definition is removed. When completing CDR claims, MIRS is used to determine if beneficiaries still meet the requirements for disability. The change in definitions from the initial to CDR level is important because a decision can rarely be "fixed" at the CDR level. However, if a "mistake" does occur and a decision is not clearly an error, MIRS precludes the DDS from correcting the "mistake" at CDR. Consequently, many beneficiaries who no longer meet SSA's definition of disability are continued at the CDR level. Perhaps it is time to reconsider the options.

NADE appreciates this opportunity to present our views on the effectiveness of SSA's current process to medically review beneficiaries to determine if they should continue to receive federal disability benefits.

Jennifer Nottingham is the president of the National Association of Disability examiners (NADE). NADE is a professional association whose purpose is to promote the art and science of disability evaluation. The majority of members work in the state Disability Determination Service (DDS) agencies and are on the "front-line" of the disability evaluation process. Jennifer has her Master of Arts in Public Administration from The Ohio State University. She has worked for the past fifteen years at the Ohio DDS. She was a disability claims examiner for eight years and for the past five years has been a disability claims supervisor, managing a staff of eight disability claims examiners. She has been an active member of NADE for twelve years. She previously served as her local chapter secretary and president. She has been on the NADE board for the past four years, having served as a regional director and now as president.



Getting To Know You

by Korin Gary, Salem, Oregon DDS

Meet Jeff Price, Our New and Former President!

Jeff Price is currently our President-Elect, and will begin his presidency in August. He previously served as NADE's president in 1998 and 2001, and has also served as Membership Director and Legislative Director. He's been a member of NADE since 1984.

Why did you join NADE?

I have been a member of NADE since 1984. I joined NADE for the very reason I encourage others to do so – NADE offers the only way to make a difference in our profession. It also offers opportunity for friendships, for travel, and for training.

What did you do before you came to work for DDS? What do you do now?

I am currently the Senior Quality Assurance Analyst. I started my career with the DDS after graduating from graduate school in 1979 and have been here ever since.

Have you traveled? Favorite locale?

I have traveled throughout the country extensively and traveled some outside the country. I plan to do a lot more of both when I retire. I have many favorite places but I highly recommend North Carolina's Outer Banks, New York City, the Niagara Wine Peninsula, the City of Asheville, NC, and the Pacific Northwest.

Hobbies?

I really enjoy the performing arts. I also enjoy gardening, fine wines and watching movies. I enjoy traveling and seeing interesting places. Through my association in the Knights of the Vine, I was invited to attend private wine dinners held in 2011 at Mount Vernon and in 2012 at Monticello. I have had the extreme pleasure of dining at Mount Vernon with George Washington and dining at Monticello with Thomas Jefferson! These dinners were conducted in the style as they would have been in the days when Washington and Jefferson lived at these estates. Professional actors renowned for their in-character portrayals of Washington and Jefferson were the hosts and they were absolutely fabulous in their respective roles. By mid-evening, one could truly forget this was the 21st century. Guests were allowed full access to the estates, including the portions of the estates that are closed to the public. It was a great experience!

Favorite food? Ice cream! I can't resist it. I prefer mint chocolate chip but just about any flavor will do! Beyond that, I'll take a good filet mignon and a great bottle of wine!

Q) Favorite color? **Carolina blue!**

Getting To Know You is a new feature article that will appear in future issues. If you would like to feature a fellow NADE member in GTKY, please send the completed article to nade.communications@gmail.com so your feature can be included in an upcoming issue of the Advocate!

Articles should be 300-500 words and include a high quality color photo (2-3 meg) of the individual being highlighted.



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For additional information on Disability Analyst 2 positions, please contact Jay Minten at 503-986-4803, jay.minten@ssa.gov.

For more information on Medical Consultant positions, please contact Heather Emberson at 503-986-4941, heather.emberson@ssa.gov.

Are you Certified through NADE?

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A Day in the Life of a Disability Attorney

by Cheryl Coon

Social Security Disability Attorney

Swanson, Thomas, Coon & Newton

Portland, Oregon

Edited and submitted by Korin GarySalem, Oregon DDS

Nearly two years ago, in August 2012, Mary Gabriel of Oregon Disability Determination Services (DDS) and I embarked on a journey together. We recognized that although our work takes place in different venues and we are subject to different mandates, we share in common a commitment to ensuring that disabled folks have access to a process that results in good decision-making as to whether they meet the eligibility (and other) standards for disability benefits. With that in mind, we agreed to meet quarterly to talk about issues and concerns.

Oregon DDS staff, including Mary, and I, along with a congressional staffer, an employee of a nonprofit that serves refugees, and a non-attorney representative have now met for two years. Among the highlights of our meetings was a presentation by a DDS analyst that she called "A Day in the Life of a Disability Analyst." It was so interesting that we followed it with "A Day in the Life of a Congressional Caseworker" and then, my own presentation of what a typical day is like for me, as someone who represents disability benefit applicants.

Here then, is my "Day in the Life of a Disability Attorney":

8:30am: My typical day begins with a quick meeting with my staff. (In my law firm, we have two disability attorneys and a staff of three legal assistants.) Staff updates me on Mr. Avis¹, whose hearing was eight months ago, with no decision yet issued. We discuss medical record updates that are still needed for an upcoming hearing for Ms. Brown and why it is taking so long to obtain them from her medical providers.

8:45am: A call comes in from "a potential", Mr. Crescent. Staff talks to him about his potential case. It turns out that he was denied at reconsideration three months ago, which means he missed his appeal deadline. Staff asks me whether he has good cause to request a hearing. Mr. Crescent had a traumatic brain injury several years ago, lives alone and is quite isolated, so there wasn't anyone in his life to remind him about the appeal deadline. I conclude that it's worth trying to preserve his original filing date and that we should file a good cause petition, and add it to my "to do" list.

9:00am: It's time to meet with a scheduled client "intake", Mr. Davis. (In our office, we first talk to "potential" clients on the phone, asking detailed questions about their medical issues, their work history, any problems with drugs or alcohol, and finding out the procedural status of the case. If it sounds like a person whom we might be able to help, we schedule an intake, which means he comes into our office.) Mr. Davis is a 35 year-old man and he sounded eligible when he spoke to us on the phone. But in person, it's clear to me that he misunderstands the standard for social security disability. He tells me that he cannot do his past work as a day laborer, because of an orthopedic problem that limits him to light work. But he probably could do other past work, such as at a call center. He doesn't understand that it's not enough that he cannot do day labor. So, I encourage him to contact Oregon Vocational Rehabilitation to explore his vocational options rather than pursue disability benefits.

9:30am: I'm off to the Immigrant and Refugee Community Organization in SE Portland. Every other month, I spend a few hours meeting with refugees who may already have a disability case underway or who are wondering if they qualify. Some will not; they don't, of course, understand the rules since they are coming from war-torn countries where disability benefits don't exist at all. Others are confused by documents they've received, sometimes overreacting to standard notices and sometimes failing to respond to important questions. In Oregon, with about 1000 new refugees each year, less than ten percent will apply for disability. Those who do apply are generally quite disabled, often mentally as well as physically. Their stories are haunting.

11:30am: For my hearing at 2pm, I review my hearing notes. About a week ago I submitted a pre-hearing brief to the judge, analyzing the key issues in the case. This hearing, for Ms. Trent, is a remand from the Appeals Council. At her first hearing, the judge found her disabled based on the opinion of her treating neurologist (she has multiple sclerosis) that she equaled a listing. The Appeals Council pulled the favorable decision and, after a wait of over a year, sent it back for a new hearing. Ms. Trent was upset and confused. Since there will be both a medical expert and a vocational expert at her remand hearing, I want to be sure that I've prepared my questions.

12:00pm: Go get a salad at Salad Bowl across the street!

12:15pm: Prepare for meeting tomorrow at a local nonprofit, where I'll be training staff on initial applications. Staff at this non-profit work with a lot of folks who are applying for disability benefits so I will share with them the eligibility standards, the process and what information is critical to obtain from clients.

Continued on next page

A Day in the Life of a Disability Attorney continues

1:00pm: Call disability analyst about consultative examination for Mr. Elliott. Mr. Elliott has received notice of the examination appointment and I want to make sure that the consulting doctor has seen the latest letter from Mr. Elliott's orthopedist, in which he notes that Mr. Elliott should not be lifting more than 10 pounds. One thing I've learned from our DDS meetings is that analysts welcome a call with helpful information; there's no brick wall up between us.

1:15pm: Walk over to the Oregon Disability and Adjudication Review (ODAR) hearings office. I will meet with Ms. Trent and her husband for a half hour before the hearing. I met with them two weeks ago for several hours but I know that clients need to talk with me on a regular basis, especially when they are about to have a hearing. Ms. Trent is anxious; her face is flushed and she's clearly been crying. She's worried because she has been receiving minimal benefits and if she loses, she will not only lose her chance at full disability benefits but she will also be responsible for repaying what she's been paid thus far. I reassure her that her case is strong.

2:00pm: Ms. Trent and I go into the hearing.

3:00pm: The hearing is over. Ms. Trent wants to "debrief" and we discuss my interpretation of what the judge said, the hypotheticals he presented to the Vocational Expert, and how the testimony of the Medical Expert is likely to affect the outcome.

3:15pm: I get a call from a lawyer whose client has a Workers' Compensation claim as well as a potential personal injury case. We talk about the relationship between each of these potential claims, as well as the possibility that the client also should apply for social security disability. I draft a quick email to summarize the key points.

3:45pm: Mr. Goldwin, a client with a hearing scheduled for seven weeks from now, is waiting for me for our "pre-hearing conference". The pre-hearing conference is when I meet with a client to prepare him in detail for what will happen in the hearing, including what it's like to be questioned by an administrative law judge. I will share with him the particular preferences of the judge assigned to his case and what I think are the strengths and weaknesses of his case. We talk about his doctors and I will decide whom to call.

4:45pm: I ask my staff to arrange a phone call with Mr. Goldwin's primary care doctor as soon as I've had a chance to review all of the doctor's chart notes. I don't send questionnaires to doctors and I do pay for their time speaking to me. I think that results in a better understanding for me and ultimately the assigned judge, of a case.

5:00pm: Staff wants feedback on a call they received from an individual whose story concerns them. He's an alcoholic who hasn't stopped drinking but his severe impairments are all orthopedic. I tell them to bring him in. I want to meet him face-to-face to assess his credibility and if the medical evidence about the orthopedic limitations checks out, I may represent him despite the alcohol. When staff and I are done, I sit down to prepare for an early hearing the next day and a pre-hearing conference for another client in the afternoon.

Sometimes other lawyers ask me why I love what I do. To paraphrase a saying², "there are a thousand stories" waiting out there. Every person who calls me or comes into my office has a unique story about the journey he's been on up to this moment when he decides that he's disabled. Not every story is believable or true or admirable. If I were a novelist, I could fill a book with their stories. Many folks demonstrate such courage and resilience in the face of hardship. They inspire me and they keep me fascinated by my work.

*Cheryl Coon is a social security disability lawyer with **Swanson, Thomas, Coon & Newton**, who represents clients at all stages of the process, from initial application to federal court appeals. For her blog, check out her website at www.stc-law.com.*

(Footnotes)

1 All names have been changed to protect privacy.

2 Jules Dassin's enigmatic police procedural *The Naked City* (1948) uses as its closing line--"There are eight million stories in the naked city; this has been one of them"

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Position Title: Bureau Chief - Disability Determination Services
Position Number(s): 69111001
Openings: 1
Location(s): Helena
Job Status: Full-Time Permanent
Shift: Daytime
Date Posted: 5/8/2014
Closing Date: 6/9/2014
Department: Public Health and Human Services
Division: Disability Employment and Transitions
Bureau: Disability Determination
Union: non
Band/Grade: 07
State Application Required: No
Salary: \$60,611.00 - \$75,753.00
Salary Unit: Yearly

**Applications must be received by
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Additional Salary Information: Depending on qualifications and internal equity.

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Do you have outstanding management skills? The Disability Determination Services Bureau Chief must be a versatile, resilient, results-oriented professional with the talent of leading and motivating people. The Department of Public Health and Human Services is seeking employees who can help us to provide services to promote healthy people, healthy communities. Consider joining our team and submit your professional resume and letter of interest today! In the letter, please:

Highlight your background relevant to leading the Disability Determination Services Bureau;
Describe your leadership/management philosophy and how you have applied that philosophy in previous positions;
and Outline your vision for the Disability Determination Services Bureau.

For this position, we offer yearly benefits which include:

A contribution of \$9,672/year towards health, life, dental, and optional vision insurance;
Choice between two defined retirement benefit plans and an optional 457(b) deferred compensation;
Fifteen days paid vacation, twelve days sick leave, and ten paid holidays.

This position works in a typical office environment. Regular crosstown travel with occasional in-state and out-of-state travel is required. The high production nature of the work involves deadlines and standards that may result in stressful conditions and working hours may exceed the 40-hour workweek.

Disability Determination Services (DDS) is a bureau within Disability Employment and Transitions (DET), governed by the Department and complies with the code of Federal Regulations Title II, Social Security Disability Insurance, and Supplemental Security Income programs, Title XVI of the Social Security Act (SSA) in making initial, subsequent appeal, and continuing disability review decisions. The bureau's mission is to balance protecting the SSA trust funds with issuing correct disability decisions for Montanans with disabilities.

No state application is required for this position.

Successful applicant(s) will be subject to:
Criminal History Background Check

Duties:

This position is responsible for the overall operation and structure of the Disability Determination Services Bureau including compliance with federal requirements and management of services within budget appropriation. Key responsibilities include:

Bureau Administration

Determines the bureau's organizational structure, work operations and work flow.

Develops and implements bureau policies and procedures in compliance with federal and state laws, regulations, and practices.

Builds positive working relationships with SSA Regional and National Commissioner staff members as well as other stakeholders such as consumers, providers, disability advocates, advisory councils and, other groups.

Conducts strategic planning for the bureau.

Develops and manages the bureau's budget in cooperation with federal and state authorities.

Provides assistance to Department attorneys in hearings, appeals, and other legal issues involving bureau programs.

Represents the bureau in interactions with SSA, Governor, Department, and Division.

Coordinates the operations of subordinate organizational units, establishes priorities and allocates available equipment, materials, funds and staffing.

Program Management

Develops and implements operational long and short-term goals for programs under the bureau.

Oversees program contracts.

Coordinates and participates with outreach services such as the Social Security Outreach Access and Recovery for the disability and advocate communities.

Assesses program operations and service delivery to identify problems, opportunities, and recommends resources and actions.

Reviews and responds to federal and state audit review recommendations.

Reports program outcomes to the public and federal and state authorities.

Personnel Management

Ensures staff complies with state and department personnel rules, regulations and policies, in addition to the federal regulations and policies.

Determines staffing needs, conducts interviews, and selects new hires.

Identifies need for corrective action and performance improvement.

Handles performance management; identifies training needs and assists staff in addressing those needs.

Ensures compliance with labor contract agreements and advises Division Administrator on labor management practices.

Competencies:

Required for the first day of work:

Knowledge of government systems in general such as regulations, policies, rules and laws.

Knowledge of the concepts and principles of public administration, budget oversight, and contract, program and human resource management practices.

Exceptional written and verbal communication skills including public speaking skills.

Interpersonal skills in engaging people and developing collaborative relationships.

Analytical and critical thinking skills.

Ability to develop strategies to address conflicts, problems, resource limitations, and achieve objectives.

Ability to provide effective mentoring and leadership to staff.

Ability to operate a personal computer and general office equipment as necessary to complete the essential functions.

Education/Experience:

Bachelor's degree in public administration, business administration, human or social services.

Five years professional experience in a progressively responsible government program environment.

Two years experience managing government programs and human and operational resources.

Preferred: Professional experience in disability determination or other claims determination processes; or a medical field such as nursing, physical therapy, occupational therapy or other health care occupation that provides experience with disability issues such as terminology, treatment, etc.

Supplemental Questions: None Required

Additional Materials Required:

1. Cover Letter
2. Resume

Looking to the Future! **National Disability Professionals Week – June 16-20, 2014**

by Ed Tyszka, NDPW chair

From time to time, we dismiss the work we do, often becoming caught up in the challenges and routines of everyday life. We make the lists in our heads of the objectives we need to accomplish and get lost among our thoughts and plans. It is important to realize, however, that we do so much more than just a job at the Disability Determination Services (DDS). We offer hope and a sense of security to the citizens we serve. This hope helps the people we assist to look to the future, and plan their next steps in recovering their lives. They rely on the service of DDS and the support of the National Association of Disability Examiners (NADE), which consists of you, to assist them in moving forward with timely and accurate decisions.

As last year's National Disability Professionals Week (NDPW) chair David Kramer stated in 2013, we "Shattered the Status Quo" and looked at activities to help members acknowledge and encourage excellence. "Disability Professionals are always looking toward and preparing for the future," as stated by Janet Geeslin, NDPW committee member. That statement rings truth with the introduction of the Disability Claims Processing System (DCPS), changes scheduled in the listings, and the addition of increased CDR workloads. The future horizons of Social Security Disability are changing.

As NADE members, we strive to excel in our duties as Disability Professionals by further developing the art and science of disability evaluation. We educate those around us to enhance public awareness about disability evaluation. In addition, we envision opportunities to further professional recognition for disability evaluation practices. In recognition of the many hats we wear, NDPW is our annual appreciation week, which provides all of us with a well-deserved acknowledgment of the countless efforts that the agencies employ for the innumerable citizens we serve. This year NDPW will be during the week of June 16-20, 2014, with the theme "Looking to the Future!" The NDPW committee would like to thank Cynthia Van Petten – DDS Tallahassee for her theme and logo suggestion.

The NDPW committee is challenging the local chapters to organize activities to help their membership to look ahead by educating, envisioning, and excelling in not only their work, but in their own lives and those of their co-workers and claimants. Look to the future to ensure a better tomorrow. Please take time to reconnect with your co-workers and to acknowledge the exceedingly great work and dedication that you continue to provide.

Continuing with the tradition of past years, upon submission of a brief summary about your local chapter activities, NADE will recognize the chapters with the best NDPW events. Submissions should be made and by the end of June to the National NDPW committee.

The NDPW committee members include: Valerie Block – DDS Boise, Terri Daniels – DDS Stone Mountain, Janet Geeslin – DDS Madison WI, Rachael Marler – DDS Jefferson City, Georgia Myers – Retired Mid-Atlantic Region, Sarah Norton – DDS Olympia, and NDPW Chair Ed Tyszka - DDS Hartford. Send entries to Ed Tyszka, 309 Wawarme Ave. Hartford, CT 06114-1509 or you can email them to edward.tyszka@ssa.gov



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NADE Membership Application

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

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.

Check the appropriate box in each section.

<input type="checkbox"/> New Member	
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Local Chap # _____ Wk Phone (_____) _____ Email _____ @ssa.gov

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Change Of Information Form For: (Name) _____

Name _____

Address _____

*Local Chapter # _____ Daytime Phone (_____) _____

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NATIONAL ASSOCIATION OF DISABILITY EXAMINERS
PO Box 105763
Jefferson City, MO 65110
Address Service Requested

*From the Archives:
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Dealing With Difficult People

by Meredith Mucci, Kentucky DDS

DR ANDREW SCHECHTERMAN ("SHECK-TUR-MIN") SPOKE to a very attentive group of Kentucky DDS employees, on January 24, 1997. We have all had to deal with some difficult people in our lives. Dr. Schechterman recommends we first listen to ourselves and determine what it is that is upsetting us about this person. He states this is more important than trying to psychoanalyze the difficult person.

Effective communication is the key. We need to do more listening and less talking. He stated that people who listen well tend to be promoted more often and make more money. They hear what the person has to say. He stated your tone of voice is very important. We should speak slowly and accurately in a smooth low tone. He also recommends that we be genuinely enthusiastic. We should not fake a smile.

The best way to learn a behavior is to watch someone else. This is called "modeling". People who grow up in hostile homes tend to be hostile. The good news is we can change. We can learn to do things differently. We need to maintain healthy control. The key is not controlling other people but to control ourselves. We need to appreciate that the person being difficult has something else going on behind them. They tend to crank up the volume. We need to keep our tone at a reasonable level. There is merit in the saying, "Stop screaming at me, I can't hear what you are saying." He recommends that we do this for ourselves and the secondary effect is soothing to others.

Many claimants feel they have never gotten a fair shake and they are probably right. A poor education and few chances to witness good models put them at a disadvantage. He stated we don't need to punish them; we need to model for them. On every playground there is a bully and for every bully there is a bully at home. (Mom and Dad having problems, an alcoholic environment, etc.) He stated that emotional violence is worse than physical violence. These types of people alienate us and we tend to move away from them. We are all social creatures. We need to have human contact even if we don't touch.

Knowing your "hot buttons" is very important. If you find yourself in a heated discussion and your hot button has been pushed, you may have to say: "I need to leave right now; I'll get back with you at (set a time)" and be sure to call them back. Hopefully, when you get back together the person and you will be calmer, but if not, you may again have to say: "I'll have to get back with you at (set a time)". Usually giving that person time to calm down and knowing that you will follow up with them helps to alleviate or soothe the volatile situation. Time is very valuable. We need to be consistently, constantly empathetic, always willing to listen and let them know that they are always invited to come back.

