
the NADE ADVOCATE



A Publication of the National Association of Disability Examiners

Volume 22, Number 3

Summer 2006

Quad Conference Offers Outstanding Speakers and Training

by Vince Redlinger, Roanoke VA DDS

THE MID-ATLANTIC, NORTHEAST, SOUTHEAST, SOUTH-WEST Regions joined together for a Quad Regional Conference held May 17-19, 2006 in beautiful Virginia Beach, VA. The weather was sunny, warm and wonderful. This year's conference featured several outstanding speakers. Program and medical issues were discussed with attention to the impact DMA and the Electronic Folder (EF) have had on the disability adjudicative process.

Program consistency and customer service were the resounding messages heard throughout the NADE Quad-Regional Conference. Laurie Watkins, SSA Philadelphia Regional Commissioner, kicked off the conference. She first commended NADE's ability to highlight the importance of training, the development of a professional identity, and the organization's support of eDiB. Ms. Watkins emphasized the agency's commitment to customer service by outlining the year's goal for pending initial claims. By year's end, the magic number is 577,000. This time last year, the agency was 3% away from the goal. Now, we stand confident in the agency's ability to meet our goal through mutual assistance between DDS and other agencies.

Ms. Watkins also addressed upcoming budget changes, management issues, CDRs and operations, as well as the hiring and the overtime picture. She acknowledged all of the changes that our agency has witnessed over the past few years and commended all of SSA's employees in tackling those changes head on.

The next challenge on the horizon is Disability Service Improvement (DSI). The iterated goals are to shorten decision time overall, make the correct decision as early as possible, pay benefits earlier in the process, and improve consistency in decision-making.

Shari Bratt, NADE President, addressed the conference. Shari reviewed her busy year, highlighting NADE's activities and presence at a number of stakeholders' meeting.

Andy Marioni, NCDDD president, outlined some of the changes that will take place with DSI implementation. Andy discussed the new Quick Disability Determination (QDD) process. A QDD claim will be identified when the case is transferred from the FO to the DDS, using a predictive model software package that interfaces with EDCS. The

Continued on page 4

Massachusetts and Rhode Island DDSs Open Their Doors to NADE

by Paula Sawyer, Northeast Regional Director



Presenters Paula Sawyer, Jane Osgathorp, and Shari Bratt toured Massachusetts and Rhode Island DDSs to explain the value of NADE.

NADE PRESIDENT SHARI BRATT, and NADE Northeast Regional Director Paula Sawyer traveled to the Massachusetts and the Rhode Island DDSs on June 13th and 14th. The NADE team also included Jane Osgathorp, retired NADE member from Vermont, who is also one of the coordinators of the upcoming 5/07 GMADE (Green Mountain Association of Disability Examiners) Vermont training conference. The purpose of the visit was to promote the value of membership in NADE and to share how the organization functions on the local, regional and national levels.

This two-day swing through Boston, Worcester and Providence was carefully organized. Shari and Paula had meticulously laid the groundwork with NADE liaisons Edith Jacobs of Boston, Diane Blate

Continued on page 4

IN THIS ISSUE:

Candidates	pp. 8-10
Congenital Heart Disease	pp. 12-13
Across NADE Today	p. 14
Somatoform Disorders	pp. 20
Correspondence	pp. 22-24

President's Message

AS I WRITE THIS MESSAGE, I have been reflecting on NADE activities since the spring issue of the Advocate. I've had the pleasure of attending two NADE Regional training conferences, the first in Kalamazoo, MI in the Great Lakes Region, and the second (Quad-Regional) in Virginia Beach, VA. At the Quad-Regional conference, the Mid-Atlantic, Northeast, Southeast and Southwest Regions came together to host another great event. You will find coverage of the Quad-Regional conference in this issue. While there, I had the privilege of viewing an eCAT demonstration by Debi Gardiner. Work is continuing on getting this tool into our hands, and I think it will be a very useful one! I also think you'll see what I mean when I say that NADE training conferences are superior when it comes to the program agendas offered and the opportunities available to NADE members to meet others who do the same type of work for the disabled citizens we serve.



Speaking of conferences, I'm really excited about the National Training Conference in San Diego, CA this September. Hopefully, if you plan to attend you have made your hotel reservations or will be doing so very soon. Information about the conference as well as registration material is available on our website, www.nade.org. There is a great line-up of presenters, not to mention some very beautiful surroundings. It would be my great pleasure to see you all there. I know many of you have some type of special talent, and if you're willing to share that, please consider volunteering to be in the Talent Show at the conference. Many of you will recall last year's Talent Show and how enjoyable it was. This event is also benefiting NADE through our Non-Dues Revenue Committee, chaired by Micaela Jones.

NADE has recently completed a written statement in response to a hearing held May 11, 2006 on Disability Service Delivery Challenges. As we progress with DMA, ERE and eDib, NADE will continue to monitor those challenges and provide input as to how those challenges can be met. I expect to learn more about how that can be accomplished at the PRO/ERE conference in Baltimore in August.

I look forward to hearing about celebrations of National Disability Professionals Week which is June 19-23, 2006. That week is our opportunity to recognize the valuable work we all do in our day to day lives. I know that my chapter in Nebraska will be observing NDPW, complete with a proclamation from the Governor of Nebraska, AND we have the privilege of having the National Chair of that committee-Tara Ackerman- helping plan the activities we have in store for that week.

As I mentioned in the last issue of the Advocate, Paula Sawyer, Northeast Regional Director, and I will visit the DDSs in Boston and Worcester MA, as well as the Providence, Rhode Island DDS in mid-June. We will be talking to staff in those offices about the benefits of NADE membership. We look forward to meeting potential new members of NADE and previous members who would like to get involved in NADE again.

Continued on next page

Editor

Donna Hilton
1117 Sunshine Drive
Aurora, MO 65605
417.678.4001

Regional Representatives:

Great Lakes

Marcia Shantz
4709 Second St., Apt. 23
Detroit, MI 48202
(313) 456-1604
marcia.shantz@ssa.gov

**Great Plains
To Be Appointed**

Mid-Atlantic

Teresa Daniels
4541 Annex
6401 Security Blvd.
Baltimore, MD 21235
410.966.9006
Teresa.Daniels@ssa.gov

Northeast

Debi Chowdhury
4 Derby Ct
Loudonville, NY 12211
518.473.9038
Fax: 518.473.9017
debichowdhury@yahoo.com

Pacific

name removed by request
name removed by request
Los Angeles, CA
name removed by request
name removed by request

Southeast

Paula Ray
GA Disability Adudication Serv
P O Box 57
Stone Mountain, GA 30086
678.476.3815
Paula.Ray@ssa.gov

Southwest

Christy Wilks
Oklahoma DDS
PO Box 14400
Oklahoma City, OK 73124
405.419.2241
christy.wilks@ssa.gov

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

The next issue will be published in **Fall, 2006.**

All correspondence should be directed through your Regional Representative or directly to the

**Advocate Editor by
October 15, 2006**

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

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

Advocate advertising rates are as follows:

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

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

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

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

Advertising: Contact Donna Hilton 417.888.4152 or Susan Smith 614.438.1879.

National Conference Update Information

On a more personal note, I will be vacationing at the end of June and will be celebrating my 50th birthday on the 4th of July! Since summer is the time for vacations, I hope that if you have plans to travel, you are safe, and return home refreshed and relaxed.

Have a wonderful summer!

Shari Bratt

Shari Bratt
NADE President



THIS IS A CALL TO ALL OUR VETERANS AND OUR UNIFORMED FOLKS CURRENTLY IN SERVICE ETC.

WE INVITE YOU TO COME TO THE NATIONAL CONFERENCE IN SAN DIEGO AND BE PART OF OUR COLOR GUARD. This was started in Albany NY for NADE's silver anniversary and is an honor to continue this tradition.

So all you folks in uniform current or in the past are welcome to the color guard and are especially invited. Please come.

All information regarding the national conference is online at www.nade.org under **conference. Registration form is online. Please register as soon as possible.**

The spillover hotel is the DANA on Mission Bay.

800-DANA-INN. res@the.dana.net or the website is www.thedana.net/reservations. It is a beautiful hotel. Please check it out.

NADE Remembers Pat Rusche

Long time NADE members were saddened to learn of the recent passing of NADE Past President Pat Rusche. Ms. Rusche served as NADE President in 1986.

The following obituary was published in the Baltimore Sun on June 15, 2006:

Patricia E. RUSCHE passed away on June 13, 2006. She is the life partner of Jeannette Fanning; daughter of Mary Pratt, sister of John Rusche and his wife Kay, Joseph Rusche and his wife Joanne and James Rusche and his wife Patty and aunt of Heather, Caitlin, Kathryn, Susan, David, Jason and Maria. She was preceded in death by her father John Patrick and brothers Paul and Edward. In lieu of flowers memorial donations may be made to "Johns Hopkins Medicine", Dept of Otolaryngology - Head and Neck Surgery and sent to 100 N. Charles St., Suite 422A, Baltimore, MD, 21201. Please indicate that the Gift is in memory of Patricia E. Rusche to Support Otolaryngology.

NADE wishes to thank the following corporate sponsors:

Allspeak Interpreting Service, Glendale CA

Bertha Litwin & Associates, Sherman Oaks CA

Hillside Medical Evaluation Group, Inglewood CA

Lan DO & Associates - San Francisco CA

MSLA - A Medical Corporation, Pasadena CA

Psychological Specialists of Augusta, Martinez GA

S & L Medical Group, Van Nuys CA

Santa Ana Medical Specialists, Santa Ana, CA

South Atlantic Medical Group - Los Angeles CA



NADE Offers Members Credible Channel to Comment on SSA Changes

Recruitment, from page 7

of Worcester and Deborah Cannon of Providence. A one-hour presentation at each DDS had been planned and NADE contacts Edith, Diane and Deborah sent DDS colleagues additional information about NADE, which had been prepared by Jeff Price, Membership Director. The three DDS Administrators had all been contacted and had all approved Shari's and Paula's visits. Without the cooperation and the participation of the above-mentioned individuals in Massachusetts and in Rhode Island, our recruitment efforts would have failed. Special acknowledgement should also be given to Joseph Callaghan, MD, Rhode Island DDS MC, for having been instrumental in increasing Rhode Island's membership base by 40% in 2006! Dr. Callaghan hosted a recruitment drive earlier this year.

On Tuesday morning, approximately 50 Boston DDS employees gathered together to learn more about the many benefits of belonging to NADE. Later on Tuesday afternoon, in Worcester, there were 10-15 DDS-ers who attended the presentation. At the Providence DDS, all of the employees as well as Administrator John Microulis and the Rhode Island Vocational Rehabilitation Administrator, were present the following day when Shari shared her experiences on the national level including the many opportunities she has had to sit down with Commissioner Barnhart, with SSA officials, with congressional representatives, with leaders of government agencies such as the Government Accountability Office (GAO), the Office of Management and Budget (OMB), and the Social Security Advisory Board, (SSAB). NADE has a reputation as a credible organization with these various groups and has had a favorable response to many of its proposals.

Paula then described the value of membership in NADE at the local and regional levels and she provided a retrospective on how NADE in NH was launched in 1999. Paula promised to regularly keep in touch with all of the new members in Massachusetts and in Rhode Island and to ensure that they remain "in the loop" with regards to the latest news from the Board. She emphasized that with DSI (the Disability Service Improvement) Initiative being rolled out in the six New England State DDSs on August 1st, now is the time for employees in every New England DDS to give very serious consideration to belonging to NADE in order to provide necessary feedback through credible and appropriate channels through their Regional Director who will pass along their



NADE President Shari Bratt describes how NADE membership benefits those who work in the SSA disability field.

concerns to the NADE National President and to the Board of Directors. Jane shared an update regarding the 2007 Bi-Regional Conference which will be hosted in New England in Stowe, Vermont from May 20-May 23.

Since the June NADE recruitment drive in Boston, Worcester and Providence, many DDS employees from Massachusetts and Rhode Island have joined and two of those new members have become actively involved by reaching out to the organization inviting their fellow colleagues throughout the NADE network to give input regarding current Speech and Language concerns as well as consistency and fairness in the adjudication process.

We welcome our new NADE members in the Bay State and in the Ocean State and we look forward to meeting you in San Diego in September and in Stowe in May! We can't wait to hear about how your membership evolves in the coming months and to also hear what YOU have to say about how DSI is evolving in your respective DDSs. Thank you so much for having opened your doors to NADE!

New Initiatives Target Case Process and Quality

Quad Coverage, from page 1

expectation for a QDD case is a 20-day processing time. All Legacy systems will have a QDD indicator and QDD claims will have specific queues and "To Do" lists on the legacy systems.

Mr. Marioni also discussed the Electronic Records Express (ERE) website, which allows the DDS to send requests and receive information from MER/CE vendors through the website.

The federal reviewing officer (FedRO) position was also addressed in Mr. Marioni's presentation. This position will eliminate the need for reconsideration claims to be processed in the DDS. The FedRO will review initial cases if requested by the claimant.

Another new process in DSI includes the Medical-Vocational Expert Unit (MVEU). This unit of experts will initially be housed in the Federal DDS and will be used to augment and strengthen medical-vocational expertise.

Some quality initiatives involved in DSI include strengthening in-line and end-of-line reviews and a new sampling predictive model, which will sample error-prone cases. The DDS analyst will be aware of the claims that are error-prone while processing the claim. A new tool in place to assist the analyst in error-prone claims (as well as all other claims) is the Electronic Case Analysis Tool (eCAT).

eCAT, as explained by Debi Gardiner, Senior Policy Analyst in Office of Disability Evaluation Policy, is a web-based software program

that will assist the DDS analyst to be consistent with DSI regulations. The software program will be used through the life of a case and is policy proficient, which makes it more user-friendly and allows it to have more of a "real world usage" for a DDS analyst. Some data in the eCAT program will propagate from EDCS and the legacy systems. Some data will be entered through the use of "drop down" boxes. The analyst will also have the ability to type in important information regarding case issues. The program will be able to recognize claim specific policy issue and will direct questions to the analyst regarding these issues to improve the quality of the determination proposed by DDS.

Glenn Sklar, Associate Commissioner of the Office of Disability Programs, addressed some new quality procedures that will be instituted. First, he indicated that the Disability Online (DOL) webpage will now be known as Program Policy Online (PPO) and should be available nationwide by August 1, 2006. The new set-up of the PPO website will create a more user-friendly approach to policy issues and questions, by using a new search feature and simplifying the content of the policy guidelines provided. Mr. Sklar also indicated that medical listings and electronic processes will also be outlined in the website content. Mr. Sklar discussed a new quality procedure with DSI called the Request for Policy Clarification (RPC). When DDS receives a return from the federal QA, they will be able to send an RPC to the policy branch.

Laurence Desi, Sr. MD M.P.H., SSA Medical Consultant, spoke on chronic pain and issues involved in the evaluation of a disability claim. He noted there are several different types of pain such as: 1) acute pain, 2) malignant pain 3) chronic pain. He noted the chronic pain is the type most often seen in the disability process. According to Dr. Desi, chronic pain affects an average of 10% -15% of the American population and is characteristically undertreated in the United States. Chronic pain is seen as pain that continues beyond the point of healing. In other words, the patient has healed per objective studies, such as x-rays and physical exam, yet the pain persists. Simply stated, this type pain just wears a person down. The most problematic issue in considering pain in a disability claim is that the person may have a legitimate reason for the pain. However, this impairment has healed but yet the claimant still knows the symptomology of chronic pain, i.e., what to say to verify the pain.

To help evaluate this problem, Dr. Desi explained "Waddell signs". He pointed out the Dr. Waddell developed this test to better differentiate between "true" chronic pain and symptom exaggeration or malingering. The test consists of simple movements by the patient such as placing one's hands on their waist and twisting from left to right with their feet in a stationary position. This movement may logically allow a person to think it should cause back pain due to the twisting motion, when in fact, the spine never moves during this exercise. Therefore, if a person who alleges chronic back pain states this movement results in pain, chances are they are exaggerating. Dr. Desi noted that in case adjudication one should look for consistency of symptoms, decreased ADLS, and type of medication used, such as NSAIDs, narcotics, and SSRIs. He explained that there is a difference between malingering and symptom exaggeration. While malingering is seen as outright lying, symptom exaggeration is where the person has (or had) a legitimate impairment but, with symptoms out of proportion to the impairment. Dr. Desi also brought our attention to the fact that depression is common among claimants with chronic pain. Drug abuse is another common factor in that people tend to wear down as noted above after living with chronic pain for many years. He advised that when evaluating chronic pain examiners should make sure they have a severe medically determinable impairment based on sign, symptoms and lab findings, and the

EMG is the "gold standard" for verifying the physiology in these cases. While these cases do not often meet a listing, with proper documentation including ADLS, one can often support an RFC that would result in an allowance.

Robert Castle, M.D. Chief Medical Consultant of the Virginia DDS addressed the attendees on the issue of congenital heart disease primarily in children. However, he noted that with the improvements in medical science and technology of cardiac surgery we are now beginning to see adults who, as children, had coronary surgery to repair a life threatening condition. Just a few years ago, they would not have expected to survive into adulthood. Dr. Castle gave a brief overview of various lesions associated with long term disability, and classifications such as :

- 1) left to right shunts, such as ventricular septal defects, atrial septal defects,
- 2) obstructive lesions, such as Aortic stenosis, coarctation of Aorta, and pulmonary stenosis. He noted that the obstructive lesions are largely a manageable condition.
- 3) cyanotic lesions, such as Tetralogy of Fallot, Transposition of Great Vessels, Tricuspid Atresia, Transcatheter Arteriosus and Ebsteins Malformation,
- 4) Hypoplastic Left Heart syndrome, one born without a functional left ventricle. The procedure to correct this left ventricle defect is known as the Norwood procedure.

Open heart surgery is performed only when trans-catheter methods are not feasible, such a major anatomic revision, valve replacements or re-routing of vessels. Two procedures were discussed: Palliative and Curative. The former is expected to be associated with a shortened life expectancy as well as additional procedures in the future. Patients with Palliative procedures can be expected to have functional limitations. However, Curative procedures are not expected to diminish life expectancy. Dr. Castle pointed out that, programmatically, claimants with a history of a palliative procedure may have a severe impairment.

Adjudicators should be aware the claimants that have a history of Norwood or Fontan procedures may be allowed for benefits, and that late (adult) deterioration may occur in a number of coronary lesions such as tricuspid atresia and hypoplastic left heart syndrome.

The Honorable Hal Daub, Chairman of the SSA Advisory board spoke about the ALJ process and the issues involved. He noted that SSA is taking a closer look at the entire OHA process, from case assignment to the ALJs to the amount of time it takes to process a claim at the OHA level. He noted that there are some 750,000 cases, nationally, awaiting a hearing at the OHA level. He addressed issues ranging from personnel questions among the ALJs that may contribute to the apparent bottleneck at the OHA level to where Mr. Daub foresees the disability system in the next several years. Mr. Daub offered comments on how the new electronic world of case adjudication should (and he stressed, "should"), alleviate the OHA backlog and at the same time provide a much more consistent adjudication process.

There was a breakout session involving the DMA process. Steven Hanshoe, FL., MC; Debra Chatham, Mississippi, DDS Division Director; and Sheba Dunning, Examiner, Virginia Beach, discussed managing a caseload in an "electronic" world. They touched on various ways for examiners to better manage their time and caseload in an electronic folder. They pointed out ways the electronic system can actually aid the examiner in managing their caseload, such as proper documentation and

Continued on next page

Quad Coverage, from page 5

status of the case inquiry in the EF and many other great ideas, such as drafting an RFC in the beginning of the adjudication process since the majority of the claims result in RFCs.

William Hakkarinen, M.D., Medical Consultant, Maryland DDS spoke about pulmonary impairments and the adjudicative process. He points out that this body system in disability adjudication is related to the numerics of pulmonary testing i.e., PFS tracings and values of FVC, FEV1, lung volumes and the like. He discussed the necessity of PFS testing in disability adjudication and how to most accurately interpret these reports. "By the number" was the emphasis of his lecture. He discussed COPD by definition, its signs, symptoms and lab findings and what to look for in these cases and how claimants are likely affected by chronic and acute respiratory impairments. This impairment is characterized by airflow limitation that is not fully reversible and that is also usually a progressive disease. He noted how common COPD is in our general population some 5.9% or 10 million people in the US today suffer from diagnosed COPD. There are 14 million that go undiagnosed for various reasons. He surprisingly pointed out that some 70% of patients with COPD are under the age of 65. Risk factors involve tobacco abuse as well as environmental factors, inclusive of occupational dust and irritants and generalized air pollution. By 2020, Dr. Hakkarinen pointed out that COPD is projected to be the third leading cause of death in the U.S. One thought that clearly stood out to this writer was that smoking cessation is the single most important way to prevent not only the onset but the progression of this life threatening disease. He also addressed how this disease can both affect other body systems such as coronary function as well as how other physical problems such as obesity can affect ones respiratory function and this body system's response to treatment.

Donald Bruce, Ph.D., Chief Psychological Consultant, Virginia DDS, provided our conference with an informative discussion on the adjudication of disability claims involving psychological issues. His emphasis was on proper evaluation of pain and its psychological overlay in many physical impairments. Dr. Bruce challenged disability examiners to consider the mental and emotional aspects of all claims with special emphasis on those where chronic pain is alleged or documented in the MER. He stated that pain disorders are characterized by pain that is the predominate focus of a clinical examination as well as the claimant's life. Psychological factors are quite common in chronic pain cases and may play a definite roll regarding EOD, impairment severity and functional limitations. Careful assessment of adjudicating disability claims. He reviewed the seven factors considered in evaluating credibility with emphasis on consistency of the MER including thorough ADLS.

Cecilia Bamford, Foreign Program Policy Analyst, Office of International Programs (OIP) had a very informative slide presentation regarding the international aspect of SSA. She discussed the process of SSA claims outside the 50 States in our country, Puerto Rico, the District of Columbia, the Virgin Islands, Guam, American Samoa and the Northern Marianna Islands. The beneficiaries in the international program involve U.S. citizens, Aliens or individuals who are not citizens of the US, lawful immigrants to the U.S., and dual citizens to name a few. She discussed the various laws and pending legislation affecting SSA benefits abroad. The office of International Operations (OIO) houses a payment center, a FO, and its own DDS to better facilitate SSA programs. Ms. Bamford described many challenges in adjudicating foreign disability claims such as the ever changing political climate, unreliable foreign mail service, jurisdiction issues, as well as obvious language and cultural barriers that may exist.

GADE and GLADE welcome you to Spring in Atlanta!
Southeast/Great Lakes Bi-Regional Training Conference
May 7 - 10, 2007
Crowne Plaza Ravinia Hotel (2007 Fed. Gov. hotel rate)
www.crowneplaza.com
Atlanta, Georgia
Contact: margaret.a.neal@ssa.gov
678-639-2174
Look for more information on the NADE web page coming soon.

Gold Corporate Member
NATIONAL ASSOCIATION OF
DISABILITY REPRESENTATIVES

Visit www.NADR.org
For Membership Info

1901 Pennsylvania Avenue NW, Suite 607
Washington, DC 20006
Phone 202-822-2155; Fax 202-463-1257
Web Site: www.nadr.org

 **Gold Corporate Member**
INDUSTRIAL MEDICINE ASSOCIATES, P.C.

280 Dobbs Ferry Road
White Plains, NY 10607
(800) 245-4245 EXT 396
(914) 323-0300

Contact: Barbara J. Young
Director of Government Services
www.industrialmed.com



NDPW Contest Guidelines Announced

by Tara Ackerman, NDPW Chair

National Disability Professional's Week (NDPW) has been designated to be celebrated the week of June 19, 2006 to June 23, 2006. This should be a week of fun, excitement, celebration, recognition, education, awareness, and NADE membership recruitment! The theme this year is "E-volving with NADE."

We will have a NDPW contest again this year. This will be divided up into three first place prizes and three second place prizes in the small, medium, and large chapters. Small chapters will be defined as having 1-15 members, Medium chapters will have between 16-39 members, and Large chapters will have 40 or more members. The winning chapters will be presented with checks in the amounts of \$50 for first place and \$25 for second place at the 2006 San Diego National Conference. Our NDPW committee will vote on the winners based on the submitted narrative entries.

Guidelines for the NDPW Celebration is as follows.

Use the following provided categories to submit the chapter's narratives. Please make sure the theme and all of the categories are used in the week's events. Please submit the narratives to Tara Ackerman at Tara.Ackerman@ssa.gov. This should be written in a word document and submitted as an attachment. The chapters will need to explain how they included the activities on the list and be sure to include the chapter's full name, number of members, and a contact person for questions. The deadline for the narratives to be submitted will be July 24, 2006. No photographs, memorabilia, or other documentation of the event will be accepted.

Categories for NDPW Narratives:

1. ADVERTISING FOR NDPW - DDS Agency, Off-site (Press releases, Internet, TV, Radio, Governor's Proclamation, etc)
2. RECOGNITION OF DISABILITY PROFESSIONALS - Awards/Certification Ceremonies, Employee Appreciation Activities

Recent NADE Certifications and Recertifications

*from Barbara Styles,
Professional Development Chair*

Recertifications:

Mark Bernskoetter MO

Certifications:

Dr. Joseph Callaghan RI
Christine Coons-Torres OH
Charles Egger OH
Betty Feusner OH
E. Alan Knepper OH
Dr. Carolyn Mai HI
Lori Myer OH
Jeff Nowlin OH
Dr. Arthur Schiff GA
Karyn Speight WY
John Szabo OH
Tina Tompkins OH
Diane Watson OH

3. MORALE BUILDING EVENTS - Games, off-site events, prizes, surprises, food, strengthening colleague rapport, stress reducing activities, etc.

4. EDUCATIONAL, INFORMATIONAL, AND TRAINING ACTIVITIES - NADE related, Medical, Vocational, SSA-related activities, etc.

5. RECRUITMENT, RETAINMENT, AND PROMOTIONAL EFFORTS FOR NADE - Recruitment Drives (% of membership increase), New members event recognition, Membership retention efforts

6. PLANNED ACTIVITY FOR EACH DAY

7. COMMUNITY OUTREACH ACTIVITIES

8. CHARITIES

9. INCORPORATION OF THE THEME IN THE WEEK'S EVENTS

10. MISCELLANEOUS CATEGORY - Any other creative ideas the chapters use to celebrate the week.

Candidates for Office



Barbara Styles

Candidate for President-Elect

I would like to take this opportunity to announce my candidacy for the position of NADE President Elect for 2006-2007.

I have worked in the Alabama DDS for 16 years, first as an Examiner I, steadily advancing to the level of Senior Disability Specialist/Assistant Unit Supervisor. I have had experience as a CDR examiner, a Disability Claims Manager, a Case Consultant to trainees, and a Disability Hearings Officer. I currently am a Supervisor in Quality Assurance. Throughout the years, I have taken full advantage of all the training opportunities I have been afforded, both in-house and at NADE conferences. I first became a NADE member in 1995 and attended my first National conference that year in Portland, Maine. I have been fortunate enough to attend most NADE national conferences since 1995 and almost all of the regional conferences as well. I became certified through our organization in 1998 and have maintained that distinction through re-certification. I hold a Master of Arts degree in Educational Psychology from the University of Alabama.



Barbara Styles

At the local level of NADE, I have served as Chapter President in 1997-1998 and 2001-2002. I have also served our local AADE chapter as Membership Chair in 2004. I have served on many Regional committees throughout my years as a NADE member. In 2002, I was honored to receive the Southeastern Regional Service Award in Louisville, Kentucky.

In 2003, I assisted in preparing information for the "Leadership Survival Guide" that is currently included in the Council of Chapter Presidents Handbook. In 2004, I was asked by President Klubertanz to take over the duties of Hearings Officer Committee Chair after mid-year Board meeting. In 2004-05, President Marshall asked me to serve the National Board as the Professional Development Chair. I continue to serve in that position at this time. I have attended all Old Board meetings and New Board meetings from 2004-2006; and I recently attended the mid-year Board meeting in Washington, DC.

Throughout my years as a NADE member, I have been extremely proud of the leadership role our Association takes in presenting our members' opinions and viewpoints to SSA, Congress and other important stakeholders in the disability process. Although we continue to face many ongoing challenges, NADE's mission and purpose to advance the art and science of disability evaluation has never wavered. Our commitment to professional development and excellence in decision-making is an achievement that all NADE members can claim. It is only through the dedication of its members that NADE continues to be the forerunner in advocacy for the disabled.

I feel that it is vitally important that our membership continues to grow, that we continue to solicit and train new members to take on leadership roles, and that NADE remains the highly respected professional organization that it is today. I look forward to the opportunity to continue in my service to NADE and its constituents. Therefore, I respectfully ask for your consideration and support of my candidacy.

Thank you –
Barbara Styles

C. J. August

Candidate for Secretary

My name is Cassandra "C.J." August, and I am a member and chapter president of the New Mexico chapter of NADE (New MADE) I am pleased to announce my candidacy for secretary of the board of the National Association of Disability Examiners. I humbly request that you review my qualifications and consider casting your chapter's votes for me.

When I came to work for the New Mexico Disability Determination Services as a claims examiner in October 2003, I was excited to learn that there was a professional organization dedicated to the Art and Science of disability examination. I joined NADE a few months later in January 2004. Before working for the New Mexico DDS, I have worked primarily for the New Mexico Human



C. J. August

Services Department in various positions, since 1992. I am a graduate of the University of New Mexico, with a Bachelor of Arts Degree with a double major in Communicative Disorders and Psychology. My education and professional experience have given me a thorough knowledge of the citizens that we serve.

In September 2004 I was honored to be elected as President-elect of the New Mexico Association of Disability examiners, and until September 2006 I will serve as president of our chapter. During this time I have also acted as chairperson of the programs committee for our chapter, coordinating training events, including National Disability Professional's Week.

Since I have been a member of NADE, I have been honored with the Southwest Association of Disability Examiners Rookie of the Year award in 2005. During my term as president of New MADE, we were honored with the SWADE president's award. While I served as president elect in 2005, we were honored with the NADE President's AWARD. I am delighted to know that I contributed to the accomplishments of our chapter.

My interest in volunteering extends beyond my participation in NADE. I have been a board member of the New Mexico Motorcyclists Rights Organization since 2001. I have served as secretary of the board, and I presently serve as editor, taking responsibility for our newsletter and website. I served as secretary of the New Mexico Confederation of Motorcycle Clubs from 2004 to 2006.

I am a registered lobbyist with the state of New Mexico, lobbying for several Motorcyclists rights organizations, including the ones listed above. As such I have a thorough knowledge of the legislative process and am eager to contribute to NADE's efforts.

I have extensive experience working as a board member of organizations, including keeping records of board meetings. The membership of NADE can be assured that I am well qualified to serve as secretary of the NADE board. I thank you for taking the time to review my qualifications and ask for your support and vote for NADE Secretary at the NADE national training conference in San Diego.

Michele Namenek **Candidate for Secretary**

I would like to take the opportunity to announce my candidacy for the office of NADE Secretary for 2006-2007.

I have been a member of NADE for approximately 10 years and am currently a NADE Certified Disability Professional. In 1998 I worked to establish a local chapter in a new DDS in Upstate New York. I have held several positions in local chapters in New York including President, Secretary and Membership Chair. I was recently elected Secretary of NADE's Northeast region. In the past, I enjoyed co-chairing and presenting at a Bi-regional conference as well as assisting in planning a National conference.



Michele Namenek

In 2001, in my role as chair of the NADE Certification Committee, I was proud to propose a NADE recertification process at the Mid-year Board meeting and to the membership at the National Conference after working with the committee on recertification criteria.

I currently work as a supervisor in the DDS in Buffalo New York where I am an active member in our local chapter (WNYADE). I also have experience in Management and was a Training Coordinator for several years.

I believe my experience and commitment to NADE make me a viable candidate for National office. If elected, I look forward to fulfilling the responsibilities of NADE Secretary and pledge to continue to promote NADE's goals and mission and advocate for the advancement of NADE.

I respectfully request your support.

Thank you,
Michele Namenek

Candidates for Office continued

Debi Chowdhury

Candidate for Chairperson of Council of Chapter Presidents

I would like to announce my candidacy for Council of Chapter Presidents. I have been a member of NADE since I first started working for the NYDDS almost fourteen years ago.

I have served NADE in local, regional and National level in many capacities. I was appointed by past president Debi Gardiner and Jeff Price as NDPW chairperson. I was appointed Elections and Credentials Chair by President Terri Klubertanz.

I was the first elected president after ESADE was resurrected in 1994 and have served in every capacity including chapter president eleven times in the last fourteen years. It was my goal to pursue rebuilding my home chapter ESADE in hosting a regional and later a National Conference celebrating NADE's silver anniversary in Albany, NY. It has been my pleasure to serve as the Northeast regional vice-president for two years and then to serve as the NE Regional president for the last three years. On the National level I have served as a member of the Long Range Committee for two years and have been the NE regional rep for the Advocate for the last nine years.

It has been an honor to represent my chapter at many of the regional and National conferences. Through NADE I have been fortunate to make friends in almost every state that NADE exists in.

Communication is the most important key in developing relationships, strengthening friendships and forging new strategies to surviving the disability game.

It has been a pleasure to serve NADE, an honor to be appointed and a greater challenge to be elected in my many positions over the last twelve years on all levels. I would like your vote for CCP chair. I will continue to serve NADE always.



Debi Chowdhury

Sharon Stone-McGlade

Candidate for Chairperson Council of Chapter Presidents

I would like to take this opportunity to announce my candidacy for Chairperson of NADE's Council of Chapter Presidents (CCP) for the 2006-2007 membership year.

My conviction is based upon my deeply rooted belief that the work of NADE and my local chapter, as outlined in the NADE mission statement, is meaningful and of significance in our world today. My goal as chairperson of the CCP would be to empower every NADE member through communication and participation. As a believer of the "You reap what you sow" philosophy, I believe that regardless of our endeavors, we can, together, only be successful. Through communication we can share ideas and experiences to meet our goals on both a national and local level.

My career in the world of disability began in 1997 in the Georgia DDS. I was introduced to NADE by my local chapter members during a presentation in my new adjudicator basic training course. They had me at "Hello". The information presented and the personal accounts of how the organization had made employees of the agency feel that they *could* and did make a difference sold me on my membership. That first year as adjudicator was quite challenging for me, and as I was unable to devote as much time and energy to the organization as I would have liked, thus, I did not renew my membership. At the encouragement of several co-workers (who were members of NADE), I again joined in 2000. Since that time, I have experienced one of the most rewarding aspects of my career. I started out slowly, being only an active member at large. Then, within a year or so, I was serving as chair of various committees; primarily, the social and ways & means committees. These positive experiences left me wanting more. I successfully ran for secretary of my local chapter in 2004 and currently am serving as president-elect on our board. As a staff development and training coordinator in our agency, I feel that early recruitment and participation are the two greatest factors influencing our retention. In other words, join early, stay active and leave us with a sense of fulfillment. My local chapter's current greatest loss is from retirements. This fact makes me proud to belong to a group so committed to its causes.



Sharon Stone-McGlade

As Chair of the CCP, I would encourage chapters to be resources to one another. Use the lines of communication to brainstorm, express concerns, and finally, form a strong, single voice that can be heard by all people involved in the disability process. Whether we use that voice to recruit new members, perform altruistic deeds, raise funds for future endeavors, provide feedback to SSA or testify before Congress, OUR voice should be strong and ring clear throughout the land.

NCDDD Offers Insight of DSI Impact on DDSs

by Michele Namenek, New York DDS

ANDY MARIONI, current president of NCDDD, delivered an informative and insightful presentation at the NADE Quad-Regional Training Conference held in Virginia Beach in May, 2006 on how DSI (Disability Service Improvement) will impact the DDS offices when it is implemented nation-wide. SSA is implementing DSI in an effort to improve the disability process by (1)shortening the time it takes to render determinations; (2) enabling adjudicators to make the right decision as early in the process as possible;(3) pay benefits earlier in the process to applicants who are obviously disabled; and (4) improve consistency in decision making through quality initiatives.

Mr. Marioni, discussed each component of DSI with regard to purpose, how it will operate, changes involved in the legacy system; its benefits as well as its challenges.

QDD (Quick Disability Determination) will utilize a model/software package that examines EDCS data on a case and identifies a QDD case based on a predictive scoring program. It will alert the ECDS user of a claim that has been identified by a pop-up window at the time of transfer. Assigned cases will appear on the system's "To DO List". It is expected that the DDS will process these cases within 20 days of transfer to the DDS. Examiners who are assigned these cases will have to balance sensitivity with aggressive and assertive case development. According to Mr. Marioni, the success of QDD depends on the reliability and accuracy of the model as well as the comprehensiveness of ECDS data.

The **ERE** (Electronic Records Express) Website will include outbound fax capability as well as capability to transmit and receive MER/CE requests/reports. Capability will be dependent, Mr. Marioni says, on provider capability and interest to access internet. Mr. Marioni also noted this process may place substantial burden on already over extended MRO resources due to increased need for accessing sites and monitoring transactions.

FedRO (Federal Reviewing Official) eliminates the state agency reconsideration step and terminates the disability prototype. FedRO, staffed by federal regional officers/attorneys, will review state agency initial case determinations if requested by the claimant. One challenge, according to Mr. Marioni, is posed by the fact that additional evidence can be requested by FedRO from the DDS. The DDS will need to establish a process of responding to these requests. In addition Mr. Marioni raised the issue of whether FedRO feedback will be consistent with Federal quality and PER review.

MVES (Medical Vocational Expert System) will be created to "augment and strengthen medical vocational expertise for disability adjudicators at all levels of the disability determination process". Initially, however, it will be in the federal DDS "augmented by a handful of outside consultants". According to Mr. Marioni, questions still remain as to whether this will ultimately result in a loss of MCs for many DDSs; whether there will be a mandate for certain cases to be referred to specific specialties; if there will be opportunity for dialogue between the examiner and outside specialties; and if a potentially higher federal CE fee schedule will adversely affect DDS CE panel recruitment.

...implementation of these quality initiatives is the "thread that will make everything work".

Quality Initiatives designed to improve consistency in decision making and strengthen in-line and end of line quality are also scheduled to be implemented nation-wide. Some or all of these initiatives may be implemented even prior to DSI rollout. Mr. Marioni asserted that implementation of these quality initiatives is the "thread that will make everything work".

The current DQB process will be replaced with a system that will be managed by the Office of Quality Performance. It will perform Sample reviews, PER reviews and provide for an In-line quality process. A QA Module, a new sampling



Andy Marioni

predictive model, will be developed to output case data from NDDSS at the time of clearance and select cases for review.

eCAT, an Electronic Claims Analysis Tool, which is being developed to gather case data throughout the claims process, will guide analysts through the steps of the sequential evaluation process and serve as a decision documentation tool.

QPMS (Quality Performance Measurement System) is being developed as a tool to aid QA activities

RPC (Request for Policy Clarification) is a new rebuttal process which will allow for immediate rebuttal of QA returns. Rebuttals will go to a Policy section rather than to DQB. Mr. Marioni reminded us "we have been asking for this for years."

These quality initiatives raise many consistency-related issues especially regarding feedback from QA and FedRO. Mr. Marioni rather poignantly asks "Who will check the checkers?"

Finally, Mr. Marioni informs us, that as with all new programs, DSI will require training at all levels to ensure "we are all on the same policy page."

We have received word that NADE member and NCDDD President Andy Marioni is seriously ill. Andy has been undergoing chemo/radiation treatments at Johns Hopkins Hospital.

*Cards can reach him at:
200 W. Monroe Avenue
Newcastle DE 19720*

Quad Conference Coverage

CONGENITAL HEART DISEASE Childhood and Adult Considerations

by Marcia Whittle, Buffalo New York DDS

ROBERT CASTLE MD, CHIEF medical consultant for Virginia DDS, gave an informative presentation on Thursday May 18, 2006 at the Quad Regional Training conference held in Virginia Beach, Virginia, on the topic of Congenital Heart Disease.

Congenital heart defects affect approximately 8 out of every 1,000 infants, according to Dr. Castle, and they include a wide variety of conditions ranging from the trivial to the life threatening. He presented three main classifications of defects, which are: Left to Right Shunts, Obstructive Lesions, and Cyanotic Lesions.

Left to Right Shunts include atrial septal defects, ventricular septal defects, and patent ductus arteriosus. The atrial septal defects, if small, may close spontaneously. Others need transcatheter techniques, or open heart surgery. A certain type of this defect is common in Down's syndrome.

The ventricular septal defects are common, usually small; however children with larger defects may develop congestive heart failure and impaired growth. Many of these defects close spontaneously, however when closure is not spontaneous, open heart surgery is usually required. Transcatheter devices are currently being developed for the ventricular septal defects as well.

The patent ductus arteriosus is the failure of a normal fetal vessel to close, the ductus will divert blood away from the lungs, and if the vessel remains open, congestive heart failure may result. In neonates a patent ductus can be closed with a drug (indomethacin), in older infants and children it is closed with a transcatheter technique.

Obstructive Lesions include aortic stenosis, coarctation of the aorta, and pulmonary stenosis. Aortic stenosis usually affects the aortic valve itself, and if severe it is usually amenable to balloon

dilatation. The valve itself will remain abnormal and periodic monitoring is necessary; in some cases aortic insufficiency may occur.

Coarctation of the aorta involves an obstruction in the proximal descending aorta. It may cause congestive failure in infants and may require surgery (not open heart), or transcatheter dilation for treatment.

Pulmonary Stenosis is usually valvular, and in most cases it is amenable to transcatheter dilatation.

Cyanotic Lesions include Tetralogy of Fallot, Transposition of the Great Vessels, Tricuspid Atresia, Truncus Arteriosus and Hypoplastic Left Heart Syndrome. Tetralogy of fallot involves a large ventricular defect along with pulmonary stenosis, and the severity of the stenosis may vary considerably. In most cases surgical results are good, except in cases where the pulmonary arteries are very small. In these cases grafts may need to be implanted in the pulmonary arteries.

Transposition of the great arteries is associated with hypoxia and congestive heart failure. It is usually treated surgically by switching the aorta and pulmonary arteries to their normal locations.

Tricuspid atresia results in a very small right ventricle. This causes congestive failure and hypoxemia. This condition is treated with the Fontan procedure which creates a channel from the vena cava to the pulmonary artery bypassing the obstructed pulmonary valve area.

Truncus arteriosus involves a single vessel arising from the heart. A large ventricular septal defect is also present. Treatment involves surgery which detaches the pulmonary arteries and attaches them to a graft which connects to the right ventricle. The septal defect must also be closed. Graft replacements are required in growing children.

Hypoplastic left heart syndrome is associated with a very small, nonfunctional left ventricle. Until recent medical advances, this condition was associated with severe fatal congestive failure in the first week of life. This condition can now be amenable to a complex three stage procedure which when completed results in the right ventricle becoming the functional left ventricle. The lungs are perfused by a Fontan type of procedure as described earlier. The three stage procedure for the hypoplastic left heart syndrome is termed the Norwood Procedure.

Medical advances have allowed a vast majority of the serious cardiac defects to be detected early in pregnancy by means of fetal ultrasound. This is vitally important since plans can be made for appropriate and timely referral to cardiac centers at birth in infants with critical defects. Some infants however do present without a pre-natal diagnosis of a cardiac lesion, but failure to oxygenate (persisting cyanosis) may be a presenting sign. Depending on the type of the lesion, cyanosis may be noted right away or it may appear later. Congestive heart failure may develop in infants with large left to right shunts, critical valvular lesions and a number of the cyanotic lesions, but not the tetralogy of fallot. In symptomatic infants growth impairment is frequently present.

Other diagnostic techniques for heart defects include heart sounds such as murmurs, or abnormal heart sounds. Often a diagnosis can be made based on auscultatory findings; cardiac murmurs are prevalent in infants and children, with the vast majority of these murmurs being innocent and reflective of no cardiac abnormality. Other diagnostic techniques include pulses and blood pressures in all extremities, chest x-rays, electrocardiograms, and in some complex cases a cardiac catheterization may be used, and can be invaluable in determining treatment options.

continued on next page

Policy and Listing Revisions Update

by Suzanne Scott, Arkansas DDS

According to Dr. Castle in a majority of patients no treatment or activity limitations are needed, except for advising use of antibiotics for dental and surgical procedures. Other treatment methods such as Tran catheter or surgical interventions will most likely result in a good result.

Dr. Castle commented on how congenital heart disease diagnoses affects DDS determinations. He stated that only a relatively few children or adults with congenital heart disease will meet or equal listing criteria. The claimants who may be most significantly limited are those most likely to have a history of one of the cyanotic lesions described above, including the hypoplastic left heart syndrome. In some patients, particularly the hypoplastic left heart syndrome, late deterioration (10 to 20 years post surgery) is a concern. The treatment is relatively new and at this time there is insufficient data to project the incidence of progressive disability in these patients, but late and serious complications are a concern. DDS's may be seeing some of these claimants in the future. Also noted that when a patient has had "palliative surgery", these patients may have congestive heart failure and/or impaired oxygenation. Dr. Castle also pointed out that claimants on stimulant medications for ADHD treatment can develop heart abnormalities which should be monitored.

The 2006 NADE Quad Regional Training Conference was held May 17-19th in Virginia Beach, VA. During the conference, Glenn Sklar, Associate Commissioner, Office of Disability Programs, discussed Policy and Listing Revisions.

Disability Online has been renamed to Program Policy Online (PPO) "PPO" to reflect increased coverage for non-disability issues as well. It will serve as a DDS/SSA "google-like site" and has a task-based format.

PPO provides a tool that is quick, clear and relevant. It has been created using simple steps with a logical flow. Prioritization has been very important. Information will be viewed in order of relevance. PPO will allow users to search by Listings with an Index and will lead them through RFC and Vocational information.

PPO will be available in August, 2006. At that time, there will be in depth training on DSI for the Boston Region, including SSA/DDS employees.. Adding information to the PPO will be an ongoing process.

The Boston Region will also be the first to begin utilizing the new Request for Policy Clarification process. This system will replace the formal "rebuttal" process in that region. This new process allows for a focus on policy, as opposed to dispute resolution of particular contested cases.

\
Regarding the status of listings, the cardiovascular listings have been finalized and are in use. Look for significant activity in upcoming months on the vision, immune, and digestive listings. There will be 9 listing changes in 2007, with an overarching goal of having every major body system updated by the close of 2007.

"It's All In The Numbers" - NOT!

by Stan Catherman, Maryland DDS

Although the presentation was entitled "It's All in the Numbers! A brief look at SOME critical numbers in disability adjudication," it didn't take long for Maryland DDS Medical Consultant William Hakkarinen, MD to amend his statement. "It's almost never *all* in the numbers," Hakkarinen said at the 2006 NADE quad-regional training conference in Virginia Beach. "If it were, a computer could do what we do."

Respiratory impairments are the seventh-most diagnosed impairments among Social Security and Supplemental Security Income disability recipients. While many other causes of death across the nation are on the decline, the death rate of COPD (chronic obstructive pulmonary disease) continues to climb, and COPD is projected to be the third-leading cause of death in the United States by 2020.

Hakkarinen gave a brief overview of the respiratory system, and described how COPD affects proper functioning. He encouraged conference participants to look beyond the actual numbers of pulmonary function study (PFS) results, and showed examples of how the tracings can show COPD when the actual results may not be of listing level.

In addition to obstructive pulmonary disorders, Hakkarinen also discussed the signs and symptoms of restrictive and infiltrative respiratory impairments and how other factors such as obesity can play a role in adjudicating claims within this body system. Hakkarinen stressed that, while age and education certainly play a role in the adjudication of all disability claims, respiratory impairments have no age limit.



Across NADE Today

California – Los Angeles (Cal-LA)

The 3580 Wilshire Bureau of the Los Angeles Chapter, has been working well together. Historically, this site has only had two members and not very active. However, we have been able to enlist some of the younger staff and new employees to NADE, who has lots of energy and are excited about NADE.

California – Sacramento (Cal-SAC)

Sacramento is actively helping with the National NADE Conference. Registration should be sent to Kay Schegel. See www.nade.org for details.

Idaho (IDEA)

IDEA has enjoyed several months of peace and quiet after hosting the 2005 NADE National Conference last fall.

IDEA is hosting a one day State Conference during NDPW. Our key speaker will be Judy Fredericks who provided an excellent presentation for the National Conference entitled 'Compassion Fatigue'.

Louisiana – Shreveport (LADE)

LADE-Shreveport is proud of our family atmosphere. The Medical Consults initiated and funded a membership scholarship to allow 1 person from each unit of DDS to join the chapter with a one year membership. It was such a success that we gained 12 new members, who immediately became active in the events taking place.

Massachusetts

President Shari Bratt and Northeast Director Paula Sawyer were enthusiastically received at the Boston DDS on June 13th. The gathering was hosted by Edith Jacobs, the sole, longtime Boston NADE member.

Shari's and Paula's excellent presentation to 40 staff has rekindled interest in NADE in Boston.

New Hampshire (NADE in NH)

During NDPW, members "De-StressorLize" in preparation for 8/1/06 DSI Rollout with "Wild 'N' Crazy Hat Day," competition/photo-op, with group walks, with healthy snacks, with awards ceremony/ Pot Luck Lunch, and with educational workshop entitled "Managing Stress in the Workplace."

North Dakota (PGADE)

Mary Jo McCarthy is the lone NADE member and is the DDS coordinator for the American Red Cross Blood drives in her office. There are a few staff members who regularly give blood in order to save lives. This is very important to Mary Jo as she is a kidney transplant recipient. The ND DDS office was recognized by the Regional Chapter of the American Red Cross. Mary Jo stated, "It was an honor to accept the award on behalf of the office and others, who take the time out of their busy daily lives to donate blood."

Oklahoma (OKADE)

OKADE members spent the week of June 19th promoting NADE and its causes during National Disability Professionals Week. The theme of the week was "Surf's Up, The Evolution Continues..." Activities included popcorn and a movie, trivia games, a guest speaker, beach song karaoke, and breakfast provided by the Oklahoma DDD administrator. Members also provided lunch for the entire staff twice during the week, along with ice cream sundaes and donuts. A basket loaded with beach-themed items was also given away.

New Mexico (NewMADE)

The New Mexico Association of Disability Examiners has been busy with fundraising activities for the upcoming SWADE conference in 2007. About once a month we sell something for lunch which is always appreciated by our staff members. This also gives us a chance to sit down together and chat with colleagues.

Vermont (GMADE)

The Green Mountain Association of Disability Examiners is busy making plans for the 2007 Bi-Regional Training Conference to be held in beautiful Stowe, Vermont from May 20-23, 2007, the height of springtime in Vermont. The Stoweflake Resort and Spa, a four-diamond resort, nestled in Vermont's Green Mountains, offers quality accommodations, fine dining and a world-class spa.

Washington – Spokane (EWADE)

EWADE (Spokane, WA) chapter had a "Thank You Staff" pizza, soda, and desert lunch for National Disability Professionals Week. All food items vanished quickly and were appreciated by all.

Southwest Region (SWADE)

Regional officers were elected at the recent Quad Conference:
President - Tracie Hill, NewMADE (New Mexico)
President-elect - Dean Crawford, TADE (Texas)
Secretary - Mary Dumars, LADE (Louisiana-Shreveport)

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

Contact the NADE Publications Director Donna Hilton to change your paper copy into a color electronic copy!

AWARDS PRESENTED AT THE NADE QUAD REGIONAL CONFERENCE

by
Leola Meyer, Mississippi DDS

The following awards were presented at the NADE Quad Regional Conference in Virginia Beach, Virginia during the Awards Luncheon on Thursday, May 18, 2006:

MID-ATLANTIC REGIONAL AWARDS (presented by Linda K. Welch)

- Professional of the Year Zathray Beard-Scott, Delaware
- Support Staff Stella Stankowski, Maryland
- Supervisor Stan Catherman, Maryland
- Administrator Robbie Watts, Virginia
- Chapter Virginia Association of Disability Examiners
- Special Recognition Bob Perry, Government Liaison of Disability Examiners (Headquarters)

NORTHEAST REGIONAL AWARDS (presented by Paula Sawyer)

- Support Staff Professional Connie Comire, New Hampshire
- Disability Professional Maria De Los Flores, Puerto Rico
- Chapter of the Year NADE in New Hampshire
- Chapter Membership Award Puerto Rico Association of Disability Examiners
- Membership Award
(annual membership Rhode Island
increased by 40%)

SOUTHEAST REGIONAL AWARDS (presented by Leola Meyer)

- Staff Person of the Year Margaret Neal, Georgia
- Regional Service Award Tamra Smith, Tennessee
- Jackie Lupoe-Griggs
Support Professional Award Linda Kilgore, Alabama
- Elizabeth Ann Biddy Award Jaime Schneble, Kentucky (KADE)
- Supervisor of the Year Award Blake Monson, South Carolina

SOUTHWEST REGIONAL AWARDS (presented by Tracie Hill)

- President's Award (Chapter) New Mexico Association of Disability Examiners (NewMADE)
- SWADE Award Tracie Hill, New Mexico
(Disability Professional)
- Charles O. Blalock Award Bill Dunn, Texas
- Director's Award (Support Staff) Lynda Seymour, Oklahoma
- Rookie of the Year Award Linda Middleton, Oklahoma
- Membership Award Louisiana Association of Disability Examiners (Shreveport)
(annual membership increased by
over 100%)



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

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

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

**Are you Certified through
NADE?**

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

**Or You May Contact The
Professional Development
Committee Chair**

**Barbara Styles
639 Crosscreek Trail
Pelham AL 35124**



NADE.org is the official website for the National Association of Disability Examiners. There has been some confusion recently with a similar website (www.nade.net), which focuses on Developmental Education.

Somatoform Disorders: Where Psyche Meets Soma

Presentation by Donald Bruce, Ph.D.

by Barbara Styles, Alabama DDS

AT THE RECENT QUAD-REGIONAL Conference in Virginia Beach, attendees were privileged to hear an interesting presentation by Donald Bruce, Ph.D., chief psychological consultant at the Virginia DDS.

Dr. Bruce introduced his topic by revealing the full description of Somatoform Disorders from the Diagnostic and Statistical Manual, 4th Edition. These disorders are “those in which the presence of physical symptoms suggests a general medical condition and these symptoms are not fully explained by a general medical condition, by the direct effects of a substance, or by another mental disorder.”

Somatoform Disorders, according to Dr. Bruce are the least well know of all mental disorders. These problems are generally under-diagnosed in most patients. The problems are difficult to treat, and the patients are usually somewhat resistant to psychological avenues of treatment, since they may believe that their problems are physical in nature, rather than mental.

Somatoform Disorders may include:

- Somatization Disorder
- Undifferentiated Somatoform Disorder
- Pain Disorder
- Hypochondriasis
- Body Dysmorphic Disorder
- Somatoform Disorder, NOS

Many of these disorders include diagnostic criteria that establish that symptoms have been present for a number of months to years, or that symptoms began before the age of 30. Dr. Bruce also more fully explained Conversion Disorders, such as hysterical blindness or deafness. Although rarely found, the best diagnosis for a true Conversion Disorder would be the use of the MMPI, as it shows a specific scale pattern when those with these unexplained sensory or neurological symptoms.

Dr. Bruce discussed at length the issue of pain in Somatoform Disorders. Specifically, a Pain Disorder is one in which:

- Pain is the predominant focus of the presentation and is severe enough to warrant clinical attention
- Pain causes significant distress or impairment in social or occupational functioning
- Psychological factors play a significant role in the onset, severity, exacerbation or maintenance of the pain
- Pain is not intentionally produced or feigned (such as in Factitious Disorders or Malingering)

A Pain Disorder is not an appropriate diagnosis if the pain is better accounted for by a Mood, Anxiety or Psychotic Disorder. Pain Disorders may be classified as those (1) Associated with Psychological Factors; (2) Associated with Both Psychological Factors and a General Medical Condition; and (3) Associated with a General Medical Condition. Pain symptoms associated with a medical condition only is a not a psychological impairment.

Finally, Dr. Bruce touched on some aspects of disability evaluation and Somatoform Disorders. The DE/Medical Consultant team should be aware of terms in the MER such as “psychological overlay” or “functional component” to the claimant’s presentation, especially when the treating source expresses puzzlement in diagnosing the etiology of the symptoms. Factitious disorders, such as Munchausen’s or Munchausen’s by Proxy are those in which the symptoms are intentionally produced or feigned in order to get attention for being “sick”. Malingering is the intentional production of false or grossly exaggerated physical or psychological symptoms, motivated by external incentives. Malingering and Factitious Disorders are a question of motivation and credibility, but are not considered to be Somatoform Disorders.

As discussed by Dr. Bruce, the seven factors for evaluating credibility are:

1. Daily activities (provided by both the claimant and third parties)
2. Location, duration, frequency and intensity of symptoms
3. Precipitating and aggravating factors
4. Type, dosage, effectiveness, and side effects of medication
5. Any treatment other than medication
6. Other measures of relief
7. Other factors (work history, educational history, earnings record, etc.)

Examiners were encouraged by Dr. Bruce to fully evaluate and explain their credibility decisions by looking at the consistency of the individual’s statements along with other findings in the file, such as objective medical evidence; statements provided by treating or examining sources; and any other relevant evidence in the case record.

Thank you, Dr. Bruce, for a very informative and enlightening presentation!





**NADE National Conference.
Here.
September 18-21, 2006.
Really.**



The Bahia Hotel - San Diego, California

2006 NADE NATIONAL TRAINING CONFERENCE PROGRAM

September 15 – Friday

12:00 – 5:00 Temecula Wine Tour

September 16 – Saturday

4:00 NADE Old Board Meeting
 5:30p–12:00a Tour: Viejas Casino & Outlets
 6:30 – 11:00 HOSPITALITY SUITE

September 17 – Sunday

8:30 NADE Old Board Meeting, if needed
 7:30 – 5:30 Day Tour: Rosarito Beach, Mexico
 5:00 – 11:00 HOSPITALITY SUITE

September 18 – Monday

8:00 – 9:15 GENERAL SESSION
OPENING CEREMONIES
 9:15 – 9:45 **COMMISSIONER’S MESSAGE**
 Introduced by **Glenn Sklar**
 9:45 – 10:00 NETWORKING BREAK
 10:00 – 11:00 **Glenn Sklar, Associate Commissioner for Disability Programs**
 11:00 – 12:00 **Ruby Burrell, Associate Commissioner for Disability Determinations**
 12:00 – 1:30 **LUNCH** – on your own
CCP LUNCH (bring your own)
 1:30 – 2:30 **KEYNOTE SPEAKER**
Anthony Principi, Former Secretary of Veterans Affairs
 2:30 – 2:45 NETWORKING BREAK
 2:45 – 4:15 GENERAL SESSION
Jay Martin, C.P., L.P., and Roderick Green,
Medical/Inspirational Speakers
 4:15 – 4:30 **MEET THE CANDIDATES** –
 Presentation of Nominees
 4:30 – 5:30 **REGIONAL CAUCUS MEETINGS**
 7:00 – 9:00 **PRESIDENT’S RECEPTION**
 Aboard the *William D. Evans* sternwheeler
 5:00 – 11:00 HOSPITALITY SUITE

September 19 – Tuesday

8:00 – 9:00 GENERAL SESSION
 SSA SPEAKER: **Hal Daub, Chairman, Social Security Advisory Board**
 9:00 – 10:00 **Reg Green, The Nicholas Green Foundation**
 “The Boy Who Saved Thousands of Lives”
 10:00 – 10:15 NETWORKING BREAK
 10:15 – 11:30 GENERAL SESSION
Dr. Linda Wasserman, Avon,
Breast Cancer Awareness
 11:30 – 1:00 LUNCH – on your own,
NADE Board & DDS Administrators Luncheon Aboard the *Bahia Belle*
BREAK-OUT SESSIONS
 1. PRO FORUM – “ERE”
Bob Hastings, Facilitator
 2. Electronic CEs
Dr. David Pulver
 3. PANEL – Disabled Children
Dr. John Stephenson;
Leala Stephenson, MA;
Karen Garland, MA
 4. PANEL – “SSI & Third Party Advocacy”
Patti Thrailkill, Domenica May

2:00 – 2:15 NETWORKING BREAK
 2:15 – 3:15 BREAK-OUT SESSIONS
 1. “Disability Evaluation – A Doctor’s Perspective”
Dr. Sahniah Siciarz-Lambert,
 2. “E-CAT” - **Debi Gardiner, Matt White**
 3. FORUM: “HIPAA and Evolving Health Information Standards”
Bob Hastings, Facilitator
 4. “Advances in HIV Treatment”
Dr. Steven Fuentes
 3:15 – 3:30 NETWORKING BREAK
 3:30 – 5:00 GENERAL MEMBERSHIP SESSION
 7:30 – 10:30 **BARBECUE BEACH PARTY**
 5:00 – 11:00 HOSPITALITY SUITE

September 20 – Wednesday

8:30 – 9:00 **Andrew Martinez** – “Title XIX Cases”
 9:00 – 10:00 **Collette Valette, Ph.D.,** “Detecting and Evaluating Malingering”
 10:00 – 10:15 NETWORKING BREAK
 10:15 – 11:15 SSA SPEAKER: **Patrick O’Carroll, Inspector General for the Social Security Administration**
 11:15 – 1:15 LUNCH – on your own, or
 11:30 – 1:00 **AWARDS LUNCHEON**
 Aboard the *William D. Evans* sternwheeler
 1:15 – 2:15 BREAK-OUT SESSIONS
 1. FORUM: “Coping with the eFolder”
Steve Cox, Susan LaMorte, Thomas Paige
 2. “Alternative Medicine”
Dr. Russ Jaffe
 3. ODP PRESENTATION: “What’s Happening in Voc Policy”
Shirleen Roth and Bill Randall
 2:15 – 2:30 NETWORKING BREAK
 2:30 – 3:30 BREAK-OUT SESSIONS
 1. ODP Presentation: “Difficult Vocational Issues”
Shirleen Roth and Bill Randall
 2. Conference Planning
Marjorie Risinger, CMP, Rosenberg & Risinger
 3. “HIV/AIDS Neuro Research”
Dr. Tom Marcotte
 4. MEDICAL PANEL
Herb Hurwitz, MD
 3:30 – 3:45 NETWORKING BREAK
 3:45 – 5:00 GENERAL MEMBERSHIP SESSION
 5:00 – 11:00 HOSPITALITY SUITE – Sponsored by the South Dakota Chapter
 7:30 – 9:30 **NADE FUND-RAISING EVENT: Talent Show**

September 21 – Thursday

8:30 – 9:30 GENERAL SESSION
Dr. Vincent Felitti, “Adverse Childhood Experiences and their Effect on Later Job Performance”
 9:30 – 10:30 **Kelly Croft, Chief Quality Officer**
Office of Quality Performance
 10:30 – 10:45 NETWORKING BREAK
 10:45 – 11:30 **Kay Hoffpauir,** Incoming President, NCDDD
Robert E. Robertson, Director,
Education, Workforce and Income Security Government Accountability Office
 12:30 – 1:00 **CLOSING REMARKS and PASSING THE GAVEL**
 12:30 – 1:30 LUNCH – on your own
 1:30 **New NADE Board Meeting**

CONFERENCE REGISTRATION FORM

September 18-21, 2006

NAME

First _____ M.I. _____ Last _____

NADE Position _____
NADE Chapter _____

Sponsored by NADE-LA, Fed Tax ID 16-1736832

ADDRESS _____

E-mail Address _____ Telephone Number (____) ____-- _____ EXT _____

Please indicate the number of people in each category **Sub-totals**

All Days NADE Members @ \$135 x _____ person(s)

Non-Members @ \$200 x _____ person(s)

Early registration ends 7/31/06. On or after 8/1/06, fees will be \$185/member, \$235/non-member

\$ _____

Daily Rate NADE Members @ \$60/day x _____ person(s) x _____ days

Please check days attending: Mon Tue Wed Thu

Non-members @ \$100/day x _____ person(s) x _____ days

Please check days attending: Mon Tue Wed Thu

Early registration ends 7/31/06. On or after 8/1/06, daily fees will be \$75/member, \$125/non-member

\$ _____

Fees for these excursions include transportation

Friday, Sept. 15th – Temecula Wine Tour** @ \$25* x _____ person(s)

Saturday, Sept 16th – Casino/Outlets Trip** @ \$20* x _____ person(s)

Sunday, Sept. 17th – Rosarito Beach, Mexico @ \$25* x _____ person(s)

*Fees quoted are for early registration (if included in conference registration). Fees for registration on the day of the event TBA. **No children, please.

\$ _____

Monday, Sept. 18th CCP Brown Bag Lunch _____ person(s)

President's Reception (no charge) _____ person(s)

Tuesday, Sept. 19th NADE Board/

DDS Administrators Luncheon _____ person(s)

Barbecue Beach Party (no charge) _____ person(s)

Wednesday, Sept 20th Awards Luncheon (first 150 free) _____ person(s)

Non-members \$35 each _____ person(s)

NADE Talent Show Fundraiser _____ person(s)

(tickets at the door)

\$ _____

Pre-paid conference T-shirts will be delivered at conference check-in.

Navy Blue - \$15 each White - \$12 each

Medium x _____ Medium x _____

Large x _____ Large x _____

X-Large x _____ X-Large x _____

XX-Large x _____ XX-Large x _____

\$ _____

TOTAL CONFERENCE FEES (including Excursions and T-Shirts) \$ _____

Please make checks payable to: NADE. Send registration form and payment to: KAYSCHLEGEL, CABG



2006 NADE National Conference
September 18-21, 2006
Bahia Resort Hotel
998 W. Mission Bay Drive
San Diego, CA Tel. (800)576-4229

Hotel Information

Secluded on its own private 14-acre peninsula, the Bahia Resort Hotel surrounds you with sun-drenched luxury in a year-round Mediterranean climate. Because our scenic location is in the heart of San Diego's famous Mission Bay, spectacular views of the Pacific Ocean can be enjoyed. Discover our lush tropical gardens, winding walkways, gentle ocean breezes and warm, sandy beaches. You'll be close to all the major attractions, adventure, recreation, culture and excitement of bustling downtown San Diego. Standard amenities in every studio, room, and suite include: HBO, AM/FM radio, coffeemaker, ironing board and iron, hairdryer, signature bath supplies, and complimentary high-speed Internet access. Enjoy all of the fine attention to detail and service that you've come to expect from a premier resort. Suites that are equipped with a kitchenette supplied with refrigerator. Studios are appointed with a full kitchenette including cooking utensils, dining area for four, and one king bed, or two double beds. Bay Front and Garden Rooms offer one king or queen bed, or two double beds, and a generous workspace and sitting area. The special conference rate is sold out and no longer available at this time.

Additional rooms are available at the nearby Dana Hotel. The Dana's rooms are beautifully appointed with California waterfront décor, granite countertops, teak and mahogany furniture, plantation shutters and imported artwork. There are two pools, two spas, a seasonal pool bar and tropical recreation area, a private marina, watersports and bicycle rentals, full service concierge, gift and sundry shop, valet services and guest laundry facility, ample free parking, complimentary shuttle services to San Diego Airport, Amtrak station, SeaWorld and Belmont Park. Shuttle service will also be available to/from the Bahia. Special conference rate is \$125 until August 3rd or when sold out, whichever is sooner.

Pre-Conference and Other Activities

Guided Wine Tour: Chartered by San Diego Charter, this 5 hour tour will guide you through the Temecula Wine Country of Southern California. 12pm - 5pm: Pick-up at the Bahia lobby. **Cost: \$20 per adult if pre-registered, no children will be accepted on the tour bus.**

Outlets and Casino Trip: A luxury tour bus, provided by San Diego Charter, will bring conference guests to the Viejas Casino and Outlet Shopping Center. 7pm to 11pm. Children Not Advised. Return to the hotel around 1:30am. **Cost: \$20 per person if pre-registered.**

Rosarito Beach, Baja California, Mexico: Located just across the US-Mexico border in the Mexican State of Baja California, guests will spend the day at the beach. This trip includes transportation to the Rosarito Beach Hotel & Spa. 7:30am-5:30pm (return to the hotel around 8:30pm). ***Be advised that this trip takes you to Mexico. Re-entry to the United States will require a non-expired state photo I.D., state driver's license, or US Passport.*** Cost: \$25 per person if pre-registered.

What To Do In San Diego

Plenty. Check out the San Diego Convention and Visitors Bureau at www.sandiego.org

Visit the NADE-LA website: www.nadelosangeles.org

Managing a Caseload in an Electronic Environment

Coverage by Liz Jameson & Diane Richardson, Supervisors, Maine DDS

Breakout session Quad-Regional Conference May 18, 2006

Laquita Brown, Supervisor, Mississippi DDS was the group facilitator for this breakout session. She stated that Mississippi DDS was the first to roll out the new DMA process in January, 2005. "The staff found it tough initially to grasp the new changes in their daily work."

Steven Handshu, Medical Examiner, Florida spoke of the transformation of the electronic processes from the old to the new. He appreciates the ability to get needed information expeditiously! He stated "the future is just about in his face....Electronics, faxes, digital, are all overwhelming." The time it takes to process is slower, so be patient. Their agency uses a fax machine when requesting MER, so processing receipt time is quicker.

Debra Chatham, Division Director, Mississippi (Versa state) provided a handout for E-Dib, a booklet for easy reference, which was considered to be user friendly. She stated "we have come a long way in this new process." "Moral has improved, case loads are less than 100." She expressed hope that reduced caseloads *would* happen. She had found initially there was staff turn over and despair. They have established now *quick keys*, which provide quick access to the different computer screens. Some of the other work efficiencies include working directly from your "To-Do lists," when ordering CE's and case diaries. Categorizing MER has been a problem at times. She suggests you save your work often to prevent any work being lost. MER still has to be copied for the DMA cases. Additional MER however, has to be faxed in to appear on the rationales. Case examiners proof their work before they finalize. . Quick access to E-forms is a plus!

Sheba Dunning, Mid Atlantic Region, Louisiana (Levy state) finds the dual monitors helpful. She works from her "To-Do list," starting her E-forms immediately. Overall, she finds the new system keeps your cases more organized and she is able to help others. The process was slower at first but notes that processing time will improve. She feels that it is longer to receive the completed cases back from the doctors and that consulting back and forth with the doctors is difficult.

Olivia Fralish, Alabama (Versa state) finds the new DMA process has its PRO's and CON's. They are a Versa state and find the "To-Do list" an invaluable work tool. You are able to prioritize your work, eliminate lost cases and you do not have to reproduce MER. It is convenient to be able to view a case the same time as the doctor when discussing needed issues. "Dual Monitors" are the way to go! There are however, some witches and bugs to be worked out. The system gets s-l-o-w at peak times which can be frustrating! The DDSs need to have a good front to finish business process, as its guide. It is *not* as easy as being able to pick up a stack of cases on your desk, and error messages on viewer, dropped letter listener and other system problems are challenging, however, the system allows us to provide better services to our claimants.

Glenda McMichael-South Carolina (Versa state) sees positive things with the new process. She indicates that the process in actually good in managing your case load and processing time has improved. Some problems areas are that MER which is large can take along time to download. There are occasional system problems which lock you out of your computer and scanning issue of lost records in Kentucky. Dual monitors are great and allow for you to open multiple, viewable documents at once. This process helps to eliminate lost folders and allows for multiple doctors to view evidence at the same times. New materials being faxed into the DDS's can be viewed electronically the same day. DMA recons reduce the need for prior folders and merge with the initial folder information. Their DDS finds that the part-time help can easily access the system when helping others with ADL's and pre-development. Do use the "To-Do list" to manage your case loads! Start from the beginning and train and learn in steps and share what you know at the national level.

Gail Ellingson, Tennessee (Versa state) likes the full electronic environments. A form no longer needs wet signatures and finds the whole process-FASTER! You are able to send cases to the physical and mental queues at the same time and are able to discuss the cases electronically. Their agency is glad that they do not have to match up DMA folders with the E-cases because this was time consuming. Scanned MER has been showing up in the cases within 24 hours of scanning and electronically shows the date of receipt. There are no bottlenecks of filing from the clerks and their work loads flow better. When electronically opening E-MER, you are able to see the number of pages within the MER. You are able to move through the thumbnails quickly and the process becomes familiar after awhile. You are also able to change page locations, enlarge and can copy and paste from the MER. They also find the book marking process to be easy and helpful.

Debi Chowdhury of New York indicated that they will be the "last state" to change to the new SSA E-process. "We are not a Versa or Levy state but rather use an ACP (Analyst Case Processing) system presently." Electronic MER has been received in the New York regions for some time, with a turn around time of 2-15 days for receipt of records. All forms have already been electronic so this process will not be new to them. The IT Dept. is getting prepared for what will be needed and the Albany DDS (2 units) rolled out this month and N.Y. City to follow. Buffalo will be rolling out shortly after, in August. Binghamton is now scanning their records and things are flowing well. Prioritizing our work in very important and this process should help keep our priorities organized. "We are creative and will go with the flow."

NADE Correspondence



P.O. Box 82530
Lincoln, NE 68501-2530
402-471-2663

May 23, 2006

The Honorable Jerry Lewis
Chairman
House Appropriations Committee
H-218, The Capitol
Washington, DC 20515

Dear Chairman Lewis:

I am writing on behalf of the members of the National Association of Disability Examiners (NADE). NADE is a professional association whose mission is to promote the art and science of disability evaluation. The majority of our members work in the state Disability Determination Services (DDS) agencies and are the state employees with whom many of your caseworkers work to resolve problems and issues for your constituents who apply for Social Security or SSI disability benefits.

As you know, the Senate included an amendment to the Fiscal Year 2006 War-Hurricane Supplemental Appropriations Bill appropriating \$38 million dollars for the Social Security Administration to cover the cost of necessary expenses related to the consequences of Hurricane Katrina and other hurricanes of the 2005 season. I am asking for your support of this funding for SSA.

I realize the many funding challenges that Congress is faced with this year and I am respectfully asking that you recede to the Senate's position on the \$38 million for SSA during the conference. While the appropriation references Hurricane relief, the funding will have a positive effect on our members' ability to provide services across the nation. DDSs nationwide have seen a significant increase in workloads this year due to the implementation of the electronic disability folder and the rise in the incidence of disability claims due to the aging of the baby boomer population. We are dealing with this increased workload with limited staff and overtime. Any assistance we receive will be a positive investment in the service we can provide to the nation's disabled citizens.

Thank you for any assistance and support you can provide regarding this important funding. I look forward to your response, please do not hesitate to contact me if I can provide you or your staff with any additional information.

Sincerely,

Shari Bratt

Shari Bratt, President

Gold Corporate Member

**Med Plus Med Val
Claude Earl Fox, MD MPH
41 Fort Royal Isle
Ft. Lauderdale FL 33308
800.293.1304**



P.O. Box 82530
Lincoln, NE 68501-2530
402-471-2663

May 23, 2006

The Honorable Ralph Regula, Chairman
Subcommittee on Labor, Health and Human Services, and Education
House Committee on Appropriations
2358 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Regula:

I am writing on behalf of the members of the National Association of Disability Examiners (NADE). NADE is a professional association whose mission is to promote the art and science of disability evaluation. The majority of our members work in the state Disability Determination Services (DDS) agencies and are the state employees with whom many of your caseworkers work to resolve problems and issues for your constituents who apply for Social Security or SSI disability benefits. You have been a tireless champion on behalf of SSA's administrative resources for many years, and I am requesting your assistance related to emergency funding for the Social Security Administration (SSA).

As you know, the Senate included an amendment to the Fiscal Year 2006 War-Hurricane Supplemental Appropriations Bill appropriating \$38 million dollars for the Social Security Administration to cover the cost of necessary expenses related to the consequences of Hurricane Katrina and other hurricanes of the 2005 season. I am asking for your support of this funding for SSA.

I realize the many funding challenges that Congress is faced with this year and I am respectfully asking that you recede to the Senate's position on the \$38 million for SSA during the conference. While the appropriation references Hurricane relief, the funding will have a positive effect on our members' ability to provide services across the nation. DDSs nationwide have seen a significant increase in workloads this year due to the implementation of the electronic disability folder and the rise in the incidence of disability claims due to the aging of the baby boomer population. We are dealing with this increased workload with limited staff and overtime. Any assistance we receive will be a positive investment in the service we can provide to the nation's disabled citizens.

Thank you for any assistance and support you can provide regarding this important funding. I look forward to your response, please do not hesitate to contact me if I can provide you or your staff with any additional information.

Sincerely,

Shari Bratt

Shari Bratt, President



PO Box 82530
Lincoln, NE 68501-2530
Phone: 402-471-2663
E-mail: shari.bratt@ssa.gov
7/14/06

The Honorable Arlen Specter
Chairman
Labor, Health and Human Services, Education and Related Agencies Subcommittee
Senate Committee on Appropriations
184 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Specter:

I am writing on behalf of the members of the National Association of Disability Examiners (NADE). NADE is a professional association whose mission is to promote the art and science of disability evaluation. The majority of our members work in the state Disability Determination Service (DDS) agencies and are the state employees with whom many of your staff work to resolve problems and issues for your constituents who apply for Social Security or SSI disability benefits.

I respectfully ask for your support for adequate funding of the Social Security Administration (SSA) Limitation on Administrative Expenses (LAE) account in the fiscal year (FY) 2007 Labor-HHS-Education Appropriations bill. **I urge you to adopt no less than the President's budget request of \$9.494 billion in total LAE funding for SSA's FY 2007 budget.** The Commissioner of SSA prepared her own budget request as required by law and that budget stated \$10.23 billion would be necessary for SSA's administrative expenses. The \$9.494 billion requested by the President minimally ensures that SSA is able to maintain service to the public in the face of growing workloads. Even with funding of \$9.494 billion, SSA will face a loss of 2,000 positions next year and over 2,500 since 2005. The House Appropriations Committee has recommended a \$201.0 million reduction in the \$9.494 billion level of funding recommended by the President. If passed, this level of funding may result on the loss of 1,900 positions in addition to the reduction in positions already included as part of the President's budget request. These reductions in staffing levels will have an immediate impact on the ability of SSA's field offices and teleservice centers to deliver services.

For the past several years, SSA's final appropriation has been significantly less than the President's budget request for SSA's administrative needs. In FY 2006, SSA was funded at approximately \$300 million less than what the President had requested. Reduced funding for SSA's LAE has an immediate impact on the constituents we serve. In past years, shortfalls in funding for SSA's administrative budget have resulted in the following for your constituents:

- * Fewer annual reviews of eligibility for SSI benefits
- * Curtailment of reviews to determine medical eligibility for disability benefits
- * Increased waiting times for those whose disability claims are being processed

In the coming years, SSA faces the challenges of handling the Social Security claims of the baby boom generation. Additionally, many members of the baby boom generation will file for disability benefits before they even reach retirement age. We are already seeing increased claims volume which has resulted in delays, especially at the hearings level. Pending hearings are up 133% since 1999 and the average wait time for a hearing continues to rise. The Disability Determinations Services (DDS) agencies have seen their pending disability claims workloads go up 18% this year from last year. This is due to the implementation of the electronic disability folder and the rise in incidence of disability claims due to the aging of the baby boomer population. DDSs are dealing with this increased workload with limited staff and overtime.

Nationally, SSA is reducing the processing of Continuing Disability Reviews (CDRs) by 390,000 this year. The Agency is reducing the processing of SSI redeterminations by 808,000. Both of these difficult decisions by the Commissioner are due to budget shortfalls. For every one dollar of administrative funding that is spent for CDRs, there is a program savings of ten dollars. For every one dollar of administrative funding that is spent for SSI redeterminations, there is a program savings of seven dollars.

As a citizen and one of your many constituents, I respectfully ask that you actively support at least the \$9.494 billion level of funding recommended by the President, and consider funding the Commissioner's request for \$10.23 billion, which is the actual amount needed to support the Commissioner's Service Delivery plan. Without additional funding for these workloads, the Agency will have to delay processing various existing workloads, leading to even more backlogs and delays. Any assistance we receive will be a positive investment in the service we can provide to the nation's disabled citizens.

Thank you for any assistance and support you can provide regarding this important funding. I look forward to your response. Please do not hesitate to contact me if I can provide you or your staff with any additional information.

Sincerely,

Shari Bratt

Shari Bratt
President, NADE
National Association of Disability Examiners



NADE Testimony to the House Ways and Means Subcommittee on Social Security

Service Delivery Challenges from page 36

Disability Service Improvement (DSI) Regulation

In July 2005, the Social Security Administration published a Notice of Proposed Rule Making to improve the disability determination process. NADE believes that one of the most important challenges facing SSA is the need for an effective and affordable disability claims process. We have some ongoing concerns about the DSI as it has been proposed in the final regulation.

NADE agrees that changes in the disability determination process are needed to reduce processing time, particularly at certain steps in the process. The processing delays of greatest concern currently occur in association with the appeals process at the Administrative Law Judge (ALJ) level. It currently takes approximately 1,100 days to process an average claim for any individual who goes through every stage of the process. This is unconscionable and

certainly needs reform. However, we would like to point out that only about 150 days of the current processing time take place in the DDS, yet the regulation appears to make the most changes at this step, by introducing quick decision units and eliminating the reconsideration step. It is our belief that this regulation, as written, will do little to change the extensively long delays that occur when an individual submits a request for an administrative law judge hearing. In fact, NADE believes that the insertion of two new federal bureaucracies - the Medical Vocational Expert Unit and the Reviewing Official - have the potential to significantly increase the amount of time it takes to arrive at a disability decision, especially at the first appeal step.

For the past decade, SSA has attempted to redesign the disability claims process in an effort to create a new process that will result in more timely and accurate disability decisions. Results of numerous tests undertaken by SSA to improve

the disability process have not produced the results expected.

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

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

Continued on next page

Service Delivery Challenges from page 25

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

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

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

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

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

If the RO component will be responsible for obtaining additional medical evidence, an extensive administrative sup-

port structure will need to be developed to obtain medical evidence of record and to implement, maintain and monitor a separate consultative examination process in addition to the system already in place at the DDS.

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

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

NADE feels that a review at this interim step should be conducted by a medically and programmatically trained individual such as a disability hearing officer (DHO). The DHO has received additional training in conducting administrative and evidentiary hearings, decision writing, and making findings of fact, along with detailed case analysis and program information. The DHO cur-



The Shaw Group
A Division of Shaw Management Corporation
"SOCIAL SECURITY & RAILROAD DISABILITY SPECIALISTS"

Gold Corporate Member

(618) 235-9822
(800) 755-1979
(618) 235-8022 FAX

521 WEST MAIN STREET, SUITE 200
P.O. BOX 8468
BELLEVILLE, IL 62220

rently makes complex medical-vocational-legal decisions using the Medical Improvement Review Standard (MIRS). There is currently a training program in place for DHOs through a contract that SSA has with McGeorge School of Law. The DHO training program could be easily adapted to train experienced disability professionals who already have extensive medical and vocational expertise and disability program knowledge, to perform RO duties. Since a DHO infrastructure is already in place, national implementation of the DHO alternative could occur quickly and effectively. Using an already established structure will prevent costly and less claimant-friendly federal bureaucracy. There will be extreme cost considerations if attorneys are to fill these positions as is currently suggested

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

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

Adjudication of cases that have more than a single impairment require assess-

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

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

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

Currently, all DDSs have a contingent of state agency medical consultants. In some states, they

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

Electronic Disability Process (eDib)

In initial comments about a new disability approach, the Commissioner indicated the foundation for the approach was the successful implementation of an electronic folder system. NADE fully agrees with the Commissioner on this fact. NADE remains very supportive of these new technologies as a means for more efficient service to the public. The proposed disability process improvements are predicated on the new electronic folder system. For eDib to be successful, it is critically important that adequate infrastructure support and proper equipment is in place to make the process work effectively and efficiently. Until eDib is *fully* implemented nationwide, it is impossible to determine critical service delivery issues that impact on daily case processing. NADE supports continued rollout of an electronic disability folder for the obvious reasons of

Continued on next page

Gold Corporate Member

MEDEX

100 North Euclid Avenue

Suite 900

St. Louis, MO 63108

314.367.6600

Contact: Camille Greenwald

Service Delivery Challenges from page 27

administrative cost savings in terms of postage and folder storage, as well as time savings from mailing and retrieving paper folders. At the same time, it must be recognized that an electronic disability case process may have a negative impact on case production capacities at the DDS level.

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

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

In addition, some upgrades and improvements to the system require that the adjudicator relearn basic functionality which again impacts on the ability of the DDSs to process the large volume of cases they receive in a year. Upgrades to

the system are essential to insure that the system operates as efficiently as possible, but it must be recognized that there is a resource impact every time a change is made.

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

Continuing Disability Reviews (CDR)

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

SSI Pre-Effectuation Reviews

The Deficit Reduction Act of 2005 includes the following requirement:

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

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

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

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

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

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

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

Five month Waiting Period and 24 month Medicare Waiting Period

It is important to note that in Title II claims, those persons found disabled

under the Social Security Disability program must complete a five month waiting period to receive benefits. *A disability allowance decision, no matter how quickly it is processed, will not solve the problem of having to wait five full calendar months before being able to receive any cash benefits.* NADE believes that requiring some individuals to serve a waiting period before becoming eligible to receive disability cash benefits while not requiring others to serve the same (or any type of a) waiting period is a gross inequity to American citizens with disabilities and a disservice to the American public.

In addition, members of the National Association of Disability Examiners are deeply concerned about the hardship the 24 month Medicare waiting period creates for these disabled individuals, and their families, at one of the most vulnerable periods of their lives. Most Social Security disability beneficiaries have serious health problems, low incomes and limited access to health insurance. Many cannot afford private health insurance due to the high cost secondary to their pre-existing health conditions.

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

Summary

- Any national rollout of DSI must be closely monitored and the process must be adjusted to accommodate the “real world” application of the regulation.
- Single Decision Maker authority should be continued, at least for QDD cases.
- The Disability Hearing Officer should be utilized in the current infrastructure as an interim appeals step. It is not necessary that this position be filled by an attorney.
- Qualification standards for inclusion in the MVEU should not exclude the knowledgeable state agency medical or vocational consultants. Board certification is not a practical standard and, if required for State Agency Medical Consultants, could significantly reduce the effectiveness and efficiency of the DDS medical review.

- Necessary programmatic training and ongoing administrative support for the ROs and MVEUs will result in significant expense.
- Resources should not be diverted from eDib until the system is fully operational in all DDS locations. It is critical that necessary refinements be made to the system in order for it to produce the anticipated and desired efficiencies.
- Dedicated funding is necessary in order to avoid the costly possibility of again having a backlog of overdue CDRs.
- There must be recognition that the implementation of SSI Pre-effectuation reviews will have an impact on the DDS budget and processing time.
- The five month cash benefit and 24 month Medicare waiting periods for Social Security disability beneficiaries should be eliminated or reduced.

Shari Bratt
 Shari Bratt
 NADE President



Notice to Photographers and Editors!!

The deadline for entries in the annual photography contest and the annual newsletter contest will be August 15th.

Send your entries to:

Donna Hilton
 1117 Sunshine Drive
 Aurora MO 65605

1st place winner receives \$50 and 2nd place is awarded \$25.

Photos should be of NADE chapter and member activities that promote the professional organization.

You hold the key.....



To report fraud, waste, abuse or mismanagement.

Call: 1.800.269.0271

Fax 410.597.0118

e-mail oighotline@ssa.gov

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

NADE President Addresses Quad Conference

by Bill Dunn, Texas DDS

THE PRESIDENT OF NADE, SHARI BRATT of Nebraska, spoke to the attendees on 5/17/06 to start the NADE Quad-Regional Conference in Virginia Beach. She began her presentation by recognizing first time conference attendees (and there were quite a few). She then talked about the merits of attending such conferences. She included such things as learning about medical topics and SSA disability policy plus gaining new insight into case processing through the opportunity to network and share best business practices with other attendees.

Then Shari briefed us on NADE's activities over the first 8 months of her presidency. She gave a lot of focus to the Disability Service Initiative (DSI) which used to be called the Disability Process Initiative (DPI) and before that was just referred to as the Commissioner's New Approach. She outlined NADE's response to this.

NADE feels the QDD (quick decisions) should not be done by the most experienced DEs because they are the easiest cases. But if SSA does require the most experienced DEs to do these as proposed by DSI, then MC sign off should not be required. There should be no punitive actions against DDSs as proposed if 98% of QDD cases are not processed within 20 days. And it won't matter how quickly we get these QDD Title II decisions done because the claimant will still have the 5 month waiting period anyway. NADE has advocated that the 5 month waiting period be abolished for Title II recipients

The DSI calls for the Reviewing Official, now called the FedRO, to be an attorney. NADE argues against this because there is little to support that there is any benefit to this position being an attorney, having attorneys do this will require extensive training and monitoring, and the cost will be much higher with attorneys as the FedRO. NADE felt these problems could be minimized by having this position filled by Disability Hearing Officers from the DDSs.

NADE stated the Federal Expert Unit, now called the Medical Vocational Expert Unit or MVES, should have qualification requirements that would not exclude current SAMCs who are already trained in programmatic requirements and experienced in evaluating the effects of multiple impairments. Having specialists review each impairment separately would be both costly and time consuming and would not fully assess the combined effects of multiple impairments. NADE noted there is a very real difference between clinical and regulatory medicine and being certified as a specialist in one may not help in the other. DDS medical consultants are already SSA program specialists.

NADE also supported the need for on line and end of line reviews at all levels of adjudication from the FO to OHA, supported the de novo ALJ hearing with a requirement that ALJs have to explain why they do or don't agree with the FedRO rationale, and supports a gradual elimination of the Appeals Council in regions where DSI has been rolled out. NADE also supported fully integrating the Single Decision Maker into any new process.

Shari then spoke of some of the places where NADE's leadership has gone to spread NADE's view. This included an AALJ Roundtable in Washington in October as well as meetings with the SSA Advisory Board, with the Office of Management and Budget, the Institute of Medicine, the Congressional Budget Office, the Senate Finance Committee, the House Ways and Means Subcommittee on Social Security and the House Ways and Means Subcommittee on Human Resources. NADE's leadership has also met with numerous members of SSA's leadership beginning at the top with Commissioner Barnhart and including Martin Gerry, Ruby Burrell, Glen Sklar, Bill Gray, and Myrtle Habersham.

Shari outlined the highlights of NADE's responses to the ANPRMs and NPRMs on medical listings and other issues. NADE has responded to NPRMs on the Vision listings, Endocrine listings, Growth Impairments in Children, the Age 12-18 Childhood Activity Report, Age as a Factor in Evaluating Disability, Failure to Cooperate in CDRs, and the SSA 454 form and POMS instructions. Regarding the Vision Listings, NADE opposed establishing Statutory Blindness in Title 16 cases without having to document the cause of the blindness and added that if this is carried out anyway for Title 16 cases, it should also apply to Title 2 claims. Similarly, since Title 16 claimants do not have to meet duration requirements in statutory Blindness cases, neither should Title 2 claimants. Those who have paid into the system should not have more stringent requirements than those who have not. For the Growth Impairment Listings, NADE called for definitions of terms and better descriptions of processes.

Regarding the NPRM on Age As a Factor in Evaluating Disability, NADE stated that the NPRM did not include conclusive data relating specific ages to specific physiologically based vocational limitations for performing jobs. NADE noted that the vocational grid exists to analyze the effects various vocational limitations have on the employability of those who have NOT stayed healthy. And NADE noted the NPRM does not address the changes in the educational requirements of today's workplace, an area NADE feels should get attention.

NADE suggested that the new 454 form should have a better explanatory statement about the importance of the information being supplied, called for the form to be sent with a call in letter, asked for the CPD to be clearly identified, asked for a third party contact to be listed, and suggested consideration for different forms for children and adults. On the issue of Failure to Cooperate CDRs, NADE concurred with the proposed changes which basically called for Title 2 and 16 recipients to be treated the same way. NADE also urged caution in protecting the mentally ill disabled population who may not completely understand the process.

Shari talked about meeting with the Commissioner during the Mid-Year Board Meeting. Some of the highlights of this included telling the

Commissioner that Board Certification of Medical Consultants would be unrealistic, expensive and inefficient because the SAMCs possess a great deal of program skill and knowledge that cannot be replaced by Board Certification. Further, there is a big difference between clinical and regulatory medicine and in the latter a generalist is usually going to be preferred over a specialist. NADE did note that a medical/vocational expert unit could be a valuable tool to the DE/SAMC team in a limited number of cases. NADE told the Commissioner that eDib requires ongoing upgrades and enhancements to ensure optimal functioning and maximize efficiency and that the jobs of DDS staff are increasingly complex and salaries are not commensurate with the complexity of the jobs. NADE also advocated for dedicated funding for CDRs to keep current with the workload and for expanding the CDI Units to include every state, since these two programs more than pay for themselves in the long run.

NADE learned from the Commissioner that the MVES's major function at first will be to work with the FedROs and ALJs. The FedROs and ALJs will have their own budget for CEs and the DDS will not be scheduling these. There is still work to be done on setting the qualifications of the vocational experts in the MVES. The new DSI quality initiatives could be rolled out early and the in-line quality process should not be seen as a "gotcha review." And EME is now going to be called ERE-Electronics Records Express.

NADE learned from the Senate Finance Committee (SFC) that Congress will not make any changes to the definition of disability to allow for the concept of partial disability as this is viewed as too costly. Also the SFC feels there is a need to revisit the medical improvement review standard considering ADA (Americans with Disabilities Act).

Shari spoke of a great many other activities that she and other leaders of NADE have been engaged in over the last 8 months. It is very clear that she and the other leaders of NADE have been very busy advocating for DEs, DDSs, and the Disability Process during this time.

Personally, I feel very fortunate and appreciative of the job President Bratt and the NADE leadership have done.



Illinois Chapter Training Conference Celebrates Anniversary as Certified Electronic State

The Illinois Chapter held their one day State Training Conference in Springfield, IL on May 24, 2006. The conference theme "Soup for the Soul" was well suited to our agency as we take time to congratulate ourselves as we celebrate our one year anniversary as a certified electronic state. We were pleased to host Elaine Tocco from Central Office and Jerry Kayser from Great Lakes Regional office at the conference.



Ellen Cook, chapter president; Susan Reichart, board member; Liz Livingston, treasurer and Nancy Tucker, president-elect serve hot dogs.



Conference chair Nancy Tucker (right) presents a speaker's gift to the Illinois DDS Director, Ann Robert, (left).

The Illinois Chapter celebrated NDPW this year by serving a free hot dog lunch to all employees of the Illinois DDS on Thursday June 22, 2006. With smiling faces, hot dogs, potato chips, lemonade and various flavors of iced tea were served in our conference rooms. About 300 people attended the event.

Update On Advisory Board Activities

by Olivia Fralish, Alabama DDS

THE HONORABLE HAL DAUB, Chairman of the Social Security Advisory Board, addressed the Quad-Regional Training Conference in Virginia Beach, Virginia.

The focus of Mr. Daub's presentation was the history of the Social Security Advisory Board and its current activities. When Congress acted in 1994 to make the Social Security Administration an independent agency, it also set up a separate independent and bi-partisan advisory board to continually review the Social Security programs and provide advice to the President, to the Congress, and to the Commissioner of Social Security on how those programs can better meet their objectives of helping to assure economic security for America's elderly and disabled citizens. The members of the Board are appointed on a bi-partisan basis by the President and by the Democratic and Republican leadership of the House and the Senate.

The Board has been very active since its inception. The Board has looked at broad policy issues and at administrative issues affecting the ability of the Social Security Administration to provide prompt and accurate service to the public. This service includes meeting responsibilities to beneficiaries and taxpayers with a high level of stewardship.

In the last year, the Board issued a report on the need for policymakers to look at various elements of retirement security including not only Social Security but also health, pensions and savings and continuing labor force participation. A report was also issued on the future financial situation of the Social Security program which urged Congress to address that situation sooner rather than later.

The Board is keenly aware of the need for adequate administration resources for the program. This has been addressed in many reports of the Board. The Board's concern over the need for more adequate levels of administrative funding was communicated this year to the Appropriations Committee and the Finance and Ways and Means Committees.

Currently, the Advisory Board is concentrating on two major projects. The first project focuses on the Social Security hearings process. Over the past year or so, the Board has been talking with many of those affected by and involved in that process to see if the Board can help distill some suggestions for ways to make it more efficient and consistent. Some study is required before the Board will be ready to formulate their conclusions, but it is recognized this is part of the disability program that clearly needs attention. Pending caseloads and the average waiting time have been growing rapidly. About three-quarters of a million Americans now have disability claims awaiting a hearing decision and, on average, they can expect it to take well over a year to get through that process. No one views that as an acceptable situation.

The second project involves taking a closer look at our Nation's disability programs. The Social Security Advisory Board questions if the programs, as currently defined, are well aligned with national disability policy? For example, are they consistent with the goals of the Americans with Disabilities Act? In 2003, the Advisory Board expressed these concerns in a report on the Social Security Definition of Disability and looked at the history of the Social Security disability programs. Questions were raised about how they meshed or failed to mesh with changing concepts of dis-



Chairman Daub

ability and rehabilitation, advances in medical technology, and the aspirations of people with disabilities to achieve the maximum feasible level of independence and self-sufficiency.

In April of 2004, a public forum was convened to determine whether our current programs appropriately support disability policies this nation seeks and what changes of direction might be needed. The Board continues to examine this issue. Experts and interested parties have been invited on several occasions to meet with the Board and give their views and expertise. The Board has convened a panel of experts representing diverse specialties from advocacy organizations to rehabilitation specialists to academics to representatives of private disability insurance. This panel has been meeting with staff and Board members over the past few months. A public hearing was devoted to this issue during the Board's visit to Dallas last November. A round-table discussion to get a variety of perspectives will be held when the Board visits Kansas City in June 2006. The Board plans to talk with many other interested parties at their offices in July.

Mr. Daub indicated that the Social Security Advisory Board continues to spend so much time and effort on this question of whether we need major changes in our approach to disability

because it is deeply important to the future of our Social Security system and to the hopes and aspirations of disabled Americans. Mr. Daub acknowledged NADE's long-standing interest in this issue as evidenced by the highlight of this issue in the winter edition of the NADE Advocate.

The Social Security Advisory Board hopes to issue their report towards the end of this year, perhaps in September or October. Mr. Daub believes they have learned a great deal and are beginning to hone in on some general findings. Social Security disability programs play a vital income support role for millions of Americans who suffer from impairments that are so severe as to preclude self support. However, Mr. Daub stated we need to find ways to assure that individuals with impairments are given the necessary incentives and support to see independence and self-sufficiency as a primary and realistic goal with the Social Security programs as a backup if that goal is not achievable.

Many excellent programs serving the disabled and helping them to attain or retain employability exist. Many DDSs have parent agencies of state vocational

rehabilitation agencies. Important work is being done in the private sector to increase employment opportunities and supports for the disabled. A way has not been found to give those efforts sufficient visibility and coordination. We have to do a better job reaching those who have the capacity and desire for independence sooner. Too many of them wind up unnecessarily dependent. This is a disservice to the nation. In the coming labor-short economy, we cannot afford to waste any of our potential productive capacity. It is a disservice to those who do need to depend on the Social Security programs. Those programs are facing real fiscal difficulties in the future. But most of all, it is a disservice to those impaired individuals whose aspirations for independence and self-sufficiency could be, but are not, realized under the existing system.

Mr. Daub congratulated the State Disability Determination Services on the enthusiasm and success in transitioning from the paper world to the electronic world. He acknowledged the bumps and glitches and the down times that have been experienced. It was a change that had to come and has been successful. But, Mr. Daub stated, like everything

else in Social Security, it will be a success primarily because the DDSs make it work.

He stated that a new chapter is beginning with the new regulations and the Disability Service Improvement initiative. As the Advisory Board did with eDib, they will be monitoring the DSI rollout very carefully. The Advisory Board will plan to make a field visit near the end of the year to get reactions as to how well it is working and seek suggestions for improving it.

In conclusion, Mr. Daub stated that the DDSs are what make the Social Security disability system work. As the Social Security Advisory Board travels throughout the country and visits DDSs, they are always strongly impressed by the professionalism and dedication of the workforce. He praised NADE for its efforts to improve the knowledge and skills of its members through conferences like Virginia Beach and through its excellent publication. The officers do a splendid job of keeping the Board informed and of bringing our very important real world perspective both to the Board and to the agency's leadership.



Gold Corporate Member
**Tri State Occupational
 Medicine Inc**

Rodney Baker, Vp
 612 Sixth Avenue
 Huntington WV 25701
 304.525.4202

Rodney@Tsom.com

Gold Corporate Member
MEDASSIST

Corporate Headquarters
 1661 Lyndon Farm Court
 Louisville, Kentucky 40223
 The Department of Governmental
 Affairs
 Office 843.215.5103
 E-mail:
pthraillkill@medassistgroup.com
www.medassistgroup.com

Patient Services | Eligibility Services | Receivables Management | Healthcare Collections

NADE Board Members 2005-2006

OFFICERS

PRESIDENT

Shari Bratt
PO Box 82530
Lincoln, Nebraska 68501-2530
402-471-2663
Fax: 402-471-2969
shari.bratt@ssa.gov
Disability Hearing Officer

PRESIDENT-ELECT

Chuck Schimmels
P O Box 24400
Oklahoma City, OK 73124-0040
405.419.2254
Fax 405.419.2786
charles.schimmels@ssa.gov
Unit Case Consultant

PAST PRESIDENT

Martha Marshall
2704 Frank Street
Lansing, MI 48911
517.882.8073
mamarshall2704@aol.com

SECRETARY

Juanita Boston
PO Box 243
Raleigh, NC 27602-0243
888.422.4394 ext. 4630
Fax 800.887.7596
juanita.boston@ssa.gov
Unit Supervisor

TREASURER

Chuck Schimmels, Acting Treasurer

REGIONAL DIRECTORS

GREAT LAKES

Susan Smith
5781 Coldcreek Dr
Hilliard, OH 43026
614.438.1879
Fax 614.438.1305
susan.x.smith@ssa.gov
Disability Adjudicator III

GREAT PLAINS

Sharon Belt
1500B Southridge Drive
Jefferson City, MO 65109
573.526.2204
Fax 573.522.1535
sharon.belt@ssa.gov
Hearing Officer

MID-ATLANTIC

L. Kay Welch
1414 Tarragon Court
Belcamp, MD 21007
410.965.0783
Fax 410.966.0627
linda.welch@ssa.gov
Social Insurance Specialist

NORTHEAST

Paula Sawyer
607 Alton Woods Drive
Concord, NH 03301-7814
603.271.3341 x322
paula.sawyer@ssa.gov
Initial & CDR Adjudicator

PACIFIC

Georgina Huskey
3435 Wilshire Blvd
Suite 1600
Los Angeles, CA 90010
213.736.7088
Fax 213.736.7117
georgina.b.huskey@ssa.gov
Unit Supervisor

SOUTHEAST

Donnie Hayes
3301 Terminal Drive
Raleigh, NC 27604-3896
919.212.3222
Fax: 1.888.222.5763
donnie.hayes@ssa.gov
Hearing Unit Supervisor

SOUTHWEST

Dean Crawford
2336 Douglas St., Apt. #723
Austin, TX 78741
512.437.8585
dean.crawford@txdds.state.tx.us
Claims Adjudicator

CHAIRPERSON-COUNCIL OF CHAPTER PRESIDENTS

Debi Chowdhury
4 Derby Ct
Loudonville NY 12211
518.473.3536
Fax 866.667.3743
debichowdhury@Yahoo.com
Disability Analyst

APPOINTED DIRECTORS

LEGISLATIVE

Mimi Wirtanen
1512 Lamont St
Lansing, MI 48915
517.373.4398
Fax 517.373.4347
mimi.wirtanen@ssa.gov
Professional Relations Officer

MEMBERSHIP

Jeff Price
P. O. Box 243
Raleigh, NC 27602-0243
800.443.9359 X 4056
Fax: 919.212.3155
jeff.price@ssa.gov
Quality Assurance Analyst

PUBLICATIONS

Donna Hilton
1117 Sunshine Drive
Aurora, MO 65605
417.678.4001
Fax 417.678.4538
drhilton@cox.net

Gold Corporate Member

ATTN: RETIREES - Interested in a new career path that uses your DDS experience and knowledge?

Contact Tim Lacy @ 1.800.880.6274 ext 426.

Fax: 817.924.1681 www.mashinc.com

Gold Corporate Member



Delivering Quality Disability Evaluations on a Timely Basis

1701 W 2450 S
Ogden, Utah 84401

Call: 1.800.548.9092
Contact: Mike Powell

www.mdsiphysicians.com

NADE Committee Chairpersons

AWARDS

Ruth Trent
P. O. Box 1000
 Frankfort, KY 40602
 502.564.8050 X 4176
 Fax: 800.252.7025
 ruth.trent@ssa.gov

CONSTITUTION & BYLAWS

Bill Dunn
 185 Alum Creek
 Cedar Creek, TX 78612
 512.437.8427
 Bill.Dunn@txdds.state.tx.us
 wildbill@austin.rr.com

**DDS ADMINISTRATORS/
 SSA LIAISON**

Terri Klubertanz
 P. O. Box 7886
 Madison, WI 53707
 608.266.7604
 Fax: 608.266.8297
 theresa.klubertanz@ssa.gov

ELECTIONS & CREDENTIALS

Karen Gunter
 2551 Executive Center Circle West
 Tallahassee, FL
 850.487.0625
 karen.gunter@ssa.gov

HEARINGS OFFICER

Gabe Barajas
 821 W. Pershing Rd.
 Cheyenne, WY 82001
 307.777.6582
 gabriel.barajas@ssa.gov

HISTORIAN

L. Kay Welch
 387 Oxford
 Aberdeen, MD 21001
 410.308.4366
 Fax 410.308.4300
 linda.welch@ssa.gov

LITIGATION MONITORING

Mark Pratt
 1504 Eleanor Ave
 St Paul MN 55116
 651.296.4571
 mark.pratt@ssa.gov

**NATIONAL DISABILITY
 PROFESSIONALS WEEK**

Tara Ackerman
 P. O. Box 82530
 Lincoln, NE 68501-2530
 402.471.2961
 tara.ackerman@ssa.gov

NOMINATIONS

Rebecca Calvert
 PO Box 4588
 Albuquerque NM 87196
 505.842.5711
 rebecca.calvert@ssa.gov

NON-DUES REVENUE

Micaela Jones
 1505 McKinney St.
 Boise, ID 83704
 208.327.7333 X 321
 micaela.jones@ssa.gov

**ORGAN DONATION/
 TRANSPLANT**

Julie Mavis
 151 S. Rose St.
 Kalamazoo, MI 49007
 269.337.3231
 julie.mavis@ssa.gov

**PROFESSIONAL
 DEVELOPMENT
 COMMITTEE**

Barbara Styles
 639 Crosscreek Trail
 Pelham AL 35124
 1.800.292.8106 ext 386
 barbara.styles@ssa.gov

**PROFESSIONAL RELATIONS
 AD HOC COMMITTEE**

Edie Peters Liguori
 35 Van Ryper Place
 Belleville, NJ 07109
 973.648.6971
 fax 973.648.3886
 edie.peters-liguori@ssa.gov

**MEDICAL CONSULTANTS
 AD HOC COMMITTEE**

Richard Dann, MD
 4432 Paul Court
 Auburn, CA 96502
 530.878.0682
 c.richard.dann.md@ssa.gov

RESOLUTIONS

Raye Beard-Scott
 920 W. Basin Rd Ste 300
 Creekwood Office Complex
 Newcastle, DE 19720
 302.324.7695
 zathray.beard-scott@ssa.gov

STRATEGIC PLAN

Greg Robinson
 5211 W. Broad St.
 Richmond, VA 23230
 804.662.9273
 gregory.a.robinson@ssa.gov

SYSTEMS REPRESENTATIVES

Dale Foot
 2295 North Fairview Lane
 Rochester Hills, MI 48306-3931
 517.241.3688
 Fax 517.335.1933
 dale.foot@ssa.gov
 District Manager

Kayle Lawrence

3640 SW Topeka Blvd.
 Topeka, KS 66611-2367
 785.221.5002 ext. 209
 kayle.lawrence@ssa.gov

Check the appropriate box in each section.

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

NADE Membership Application

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

Name _____
 Prefix First Middle Last Suffix

Professional Designation _____

Address _____

City _____ State _____ Zip _____

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

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

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

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

Change Of Information Form For: (Name) _____

CHANGES: (ONLY ENTER CHANGED DATA)

Name _____ Professional Designation _____

Address _____ City _____ State _____ Zip _____

*Local Chapter # _____ Daytime Phone (_____) _____ Email Address _____ @ssa.gov

Other: _____

Mail or Fax To: Debi Gardiner 4213 Wynfield Dr Owings Mills, MD 21117 410-965-9681 Fax: 410-966-3372 debi.gardiner@ssa.gov

NADE Testimony

**STATEMENT
Of The
NATIONAL ASSOCIATION OF DISABILITY EXAMINERS**

**Prepared For The
Committee on Ways and Means
Subcommittee on Social Security
United States House of Representatives
Hearing On**

Social Security Service Delivery Challenges

May 11, 2006

Chairman McCrery and members of the Committee, thank you for providing this opportunity for the National Association of Disability Examiners (NADE) to present our views on Social Security Service Delivery Challenges.

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

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

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

Service Delivery Challenges continued on page 25

NATIONAL ASSOCIATION OF DISABILITY EXAMINERS
PO BOX 50006
SPRINGFIELD MO 65805-0006

Address Service Requested

PRSR STD U S POSTAGE PAID SPRINGFIELD MO PERMIT # 616
