
the NADE ADVOCATE



A Publication of the National Association of Disability Examiners

Volume 24, Number 3

Summer 2008

Regional Conference Coverage

The Disability Process: To Infinity and Beyond

2008 Bi-Regional NADE Conference April 8-11, 2008 Austin, TX

by Mark Bernskoetter, Great Plains Regional Director

BILL DUNN, ONE OF the SW/Great Plains conference organizers, mentioned that attendance at these conferences is a clear sign of the level of commitment to our work and interest in shaping the future.

Chuck Schimmels, NADE Past President, provided some statistics of interest, including:

- 85% of individuals on disability were allowed by the DDS.
- The special assistance DDS has provided to ODAR by working Informal Remand cases has assisted about 17,000 claimants receive faster benefits by the end of March, 2008.

Barbara Jones, PhD presented "The Effects of Treatment on Chronically Ill Children".

- She pointed out that often the child is not included in discussions about their condition or terms are used that they either misunderstand or just can't comprehend. Hiding information from children about their condition makes them more prone to silence and feelings of being alone and that they are causing pain to others. Possible implications for hearings are to involve the child in the hearing and ask what they think is going on in order to help them understand.
- For families, completing paperwork is often not a priority with all the pain, unknowns and life and death issues they are facing.
- Parents often have not recognized all of their child's pain. Ask parents if he/she has discomfort and what that looks like. Has there been a change in his/her energy or activity level since he/she became ill?
- There is an 80% survival rate for childhood cancers. Issues to consider for CDRs include after effects of their condition and treatment if they are in a state of remission or the diary has expired on the listing that was used at CPD.

- Few families exaggerate – most under report limitations, partially due to their own disbelief.
- Check out the site www.curesearch.org – under the "For Parents and Families" you can find information about functioning during and after treatment.

Abbey Lenz, a Professional Yoga Instructor, provided some great suggestions of quick, simple yoga exercises that you can use at your desk or on break to promote flexibility, better posture and health.

Patrick O'Carroll, Inspector General for SSA, shared information about a recent audit of ALJs. He also noted that the St. Louis CDI unit has closed 74 cases so far this year with a projected savings of \$3.5 million. Did you know that there are 50 million SSA beneficiaries, 9 million on disability, with 2.5 million disability applications per year?

Gary Rauch, eCAT Team Member, was on hand to demonstrate the latest version of eCAT. Release 4.1 is due out July 12 and will include functionality for recons, creating PDNs, and creation of multiple function forms. Earlier versions of eCAT had significant problems. Virginia DDS has been piloting the use of eCAT – Connecticut is to begin using it sometime this summer.

The Great Plains Region Business Meeting provided reminders about the upcoming national conference September 15-18 in Nashville, and the quad-regional next spring May 6-9, 2009 in Niagara Falls.

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President's Message

IT WAS A PLEASURE to see so many of you at the well organized regional training conferences this past spring. The state conferences have been going quite well too. Our members have continued the tradition at these events with good times and poignant discussions on our professional experiences.



Your generous comments on how NADE is making a difference for you are very humbling, indeed. I appreciate your encouraging, supportive, and positive attitudes on how well NADE is advocating for improvements in the disability programs. The Board of Directors could not move NADE business to the forefront without your input, so NADE thanks you for voicing your concerns and ideas in a timely and professional manner.


What will you do for NADE the remainder of the year? Whether you only renew your membership, or recruit new members, or attend a training conference, you are doing something substantial for NADE, and the Board of Directors

appreciates that, but I would also like to challenge you to assert your ideas and perspectives for potential improvements to specific policies and regulations of the disability programs. A simple Email with your thought-provoking ideas is all it takes.

The national training conference is quickly approaching. How exciting! I have seen some astounding work that the conference committee is putting into the event which will provide us the ongoing training we so look forward to. Mark your calendars and book your airfare...I will see you in Nashville!

Georgina Huskey, President

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



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.

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

All correspondence should be directed through your Regional representative or NADE editor by **October 1, 2008**.

NADE Correspondence

From: John Stephenson
Sent: Tuesday, June 03, 2008 11:36 AM
To: Huskey, Georgina B.
Subject: My Study of Effort Level

Hi Georgina,

I thought that you and your colleagues might be interested in the following:

I looked at 100 consecutive claimant scores on the Test of Memory Malingering (TOMM) from psychological evaluations that I conducted between 8/07 to 6/08 and found that 36% provided a suboptimal performance. In other words, **36% of the claimants did not provide a valid level of effort during testing**, for whatever reason. The age range was 8 to 66. This finding suggests to me the importance of including an effort level test, such as the TOMM, in most CE psychological test batteries.

Sincerely,

Jack Stephenson, Ph.D.
Torrance, CA 90505

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process.**

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Grants should
be submitted to
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**Margaret Yeats
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Columbia, SC 29205
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NADE CALENDAR OF EVENTS:			
Missouri State Conference	Holiday Inn Express	Cape Girardeau MO	July 23-25,2008
Michigan State Conference	Lansing Comm College West Campus	Lansing MI	August 22, 2008
National Training Conference	Millenium Maxwell Hotel	Nashville TN	September 15-18, 2008

NADE Correspondence



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May 16, 2008

Commissioner of Social Security
PO Box 17703
Baltimore, Maryland 21235-7703

Dear Commissioner Astrue:

The National Association of Disability Examiners (NADE) welcomes this opportunity to offer comments on the Notice of Proposed Rulemaking (NPRM) that outlined the proposed revisions in the Listing of Impairments with regard to the evaluation of immune system disorders.

NADE is a professional association whose mission is to advance the art and science of disability evaluation. Our membership base includes members that represent a broad perspective of interests regarding the Social Security and Supplemental Security Income (SSI) disability programs. While a majority of our members are employed in state Disability Determination Service (DDS) offices, and are directly involved in processing claims for Social Security and Supplemental Security Income (SSI) disability benefits, our membership also includes personnel from Social Security's Central, Regional, and Field Offices, attorneys, claimant advocates and physicians. We believe that the diversity of our membership, combined with our "hands on" experience, which we believe provides us with a unique understanding of the challenges and opportunities facing the Social Security and SSI disability programs today.

SSA proposes to amend the regulations in 20 CFR, Part 404 to revise the criteria we use to evaluate immune system disorders, found in sections 14.00 and 114.00 of the Listing of Impairments in appendix I to subpart P of part 404 of the regulations (the listings). NADE fully supports the proposed revisions and the need for such revisions, considering the amount of time that has elapsed since these listings were last updated.

With specific regard to the proposed expansion of the time frame in the HIV listings for the evaluation of episodic events that would demonstrate disease severity, NADE believes that consideration should also be given to a similar expansion of these time frames for other diseases that have similar episodic events, such as rheumatoid arthritis and lupus. The same concept of recurrent manifestations of a severe disease process is present in these impairments also and the evaluation of similar impairments would benefit from a similar expansion of these time frames. We believe further expansion of these time frames to other impairments would permit the DDSs to allow more severely ill claimants much faster in the process and would preclude the need for numerous appeals and/or subsequent applications. This would increase the quality and timeliness of our customer service.

NADE supports the use of clearer language in these revisions. We believe that language that is clear and precise improves the timeliness and accuracy of adjudicators in their ability to process these claims. Throughout the proposed revisions, we noted there were many cosmetic changes included that reflect updates in medical terminology and/or updates in the manner in which these claims are, and can be, adjudicated. Such proposed revisions include the elimination of the phrase, "must have lasted for 12 months," apparently because the use of such terminology is redundant and obviously unnecessary; and changing the term, "Arthritides," throughout the listing to the more commonly used term, "Arthritis." Other cosmetic changes include minor editorial changes. NADE supports these changes.

We support the addition of new listings for Sjogren's Syndrome in the adult listings and Raynaud's Phenomenon in the childhood listings. NADE also supports additional specific changes in the listings which we believe will greatly improve the ability of adjudicators to make accurate and timely decisions on disability claims.

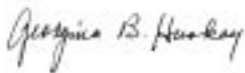
In listing 14.00F.3.b.(i) CHANGE: “Supportive evidence may include: fever, dyspnea, hypoxia, CD4 count below 200, and no evidence of bacterial pneumonia.” - TO - “Supportive evidence may include: fever, progressive exertional dyspnea, tachypnea, tachycardia, nonproductive cough, chest discomfort, weight loss, chills, hemoptysis, hypoxemia with an increased alveolar-arterial oxygen gradient, respiratory alkalosis, impaired diffusing capacity, increased serum LDH level, CD4 count below 200, and no evidence of bacterial or viral pneumonia.

In listing 14.08, Bacterial Infections, NADE supports the expansion of this list to include the following additional infections: Shigella bacteremia, recurrent or resistant to treatment; Bartonellosis, recurrent or resistant to treatment; Shigellosis (bacillary dysentery), recurrent or resistant to treatment; Salmonellosis, recurrent or resistant to treatment; Campylobacteriosis, recurrent or resistant to treatment; Legionellosis, recurrent or resistant to treatment; Listeriosis, at a site other than the GI tract or lymph nodes; Clostridium difficile colitis, recurrent or resistant to treatment; and Bacillary angiomatosis.

In listing 14.08 C, Protozoan or Helminthic Infections, this list can be expanded to include the following additional infections: Amebiasis, resistant to treatment; Giardiasis, resistant to treatment, Visceral, cutaneous or mucocutaneous leishmaniasis; Schistosomiasis; Opisthorchiasis; Ancylostomiasis, extra-intestinal (e.g., cutaneous larva migrans); Angiostrongyliasis, extra-intestinal (e.g., cerebral angiostrongyliasis); Echinococcosis; Cysticercosis, extra-intestinal, (e.g., visceral cysticercosis or neurocysticercosis); Trichinellosis, extra-intestinal (e.g., systemic trichinellosis or neurotrichinellosis); Toxocariasis, extra-intestinal (e.g., visceral larva migrans, or larva migrans; and Malaria, resistant to treatment.

We appreciate this opportunity to provide comments on this NPRM and look forward to further discussion involving the vocational aspects of the Social Security disability program.

Sincerely,



Georgina Huskey

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NADE Conferences Offer Networking Opportunities
SW/GP Highlights, continued from page 1

Regional Officers elected include President-elect Candy Byllesby, Secretary Jayme Frakes, Treasurer Ella Timm, and Regional Director Mark Bernskoetter.

Carla Emery-Culbertson, DPM spoke on “Diabetes and its Effects on Feet”. Some of the most common things that increase the likelihood of ulcers include lack of feeling, poor circulation, friction or pressure, trauma, duration of diabetes (especially 10 years or more), nerve damage (which may occur with or without pain), foot deformities, being overweight, alcohol consumption, smoking, elevations in blood sugars, and heat conditions.

She discussed the issue of when a foot is considered to have the Charcot deformity and that just walking and standing is a trauma to a Charcot foot.

Melissa Spencer, Director of Office of Quality Review for DIB initial cases talked about several initiatives her office has been working with.

- Reconsideration cases will be reviewed 5 states at a time for a 4 month period by a DQB outside the state’s region to study the effectiveness of the recon step.
- RPC – “rebuttals” of DQB returns – the error may be rescinded not only if the DDS decision is defensible, but also if it is determined that a different error should have been charged.
- By the end of 2008, it is likely that DQB reviews will be rotated around the entire country instead of just completed regionally.
- 75-80% of DQB reviews still get MC review.

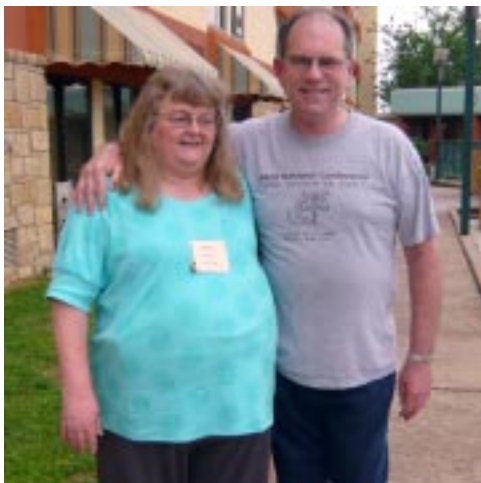
Art Spencer, Division Director, Office of Policy Consultation, gave suggestions to better support a decision: explain equate

decisions, obesity is being ignored in the DDS, RFCs should emphasize what they can sustain for an 8 hour day and 40 hour week, borderline age should be considered and explained, all MSOs (Medical Source Opinions) and claimant complaints of pain and other symptoms should be dealt with according to the regulations.

Art Flateau, a Leukemia and Bone Marrow Transplant survivor, spoke at the conference. He has a web site www.acor.org under construction with information about various cancers and treatments.

- The immune system is suppressed by transplants and drugs, bringing a high risk of secondary infections that may be more devastating to these individuals than the normal population.
- After treatment there will likely be cognitive and memory problems as well as fatigue. The individual will likely never return to normal, but will “get used to” a “new normal”.
- It will usually take at least a year to return to work after a bone marrow transplant, but this may be lessened if the host was a relative of the patient.
- Be aware that the individual may not know or admit whether they have been given any special considerations.

NADE conferences are a great opportunity to network with DDS folks from other states and regions, learning lots of tips. It is also a great chance to learn what is coming down the pike from SSA and systems, getting a sneak peek at new programs. Of course, there are always lots of training sessions on various body systems. The presentations made by SSA help us to see where we fit into the bigger picture of Social Security and this federal program of Disability.



Lyndell and Jim Layerle enjoy the Southwest/Great Plains Bi-Regional Conference.

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The Effects of Treatment on Chronically Ill Children

Presented by Barbara Jones PhD., M.S.W.,

President, Association of Pediatric Oncology Social Workers

by Kathy Wilson, New MADE

DR. BARBARA JONES GAVE a fascinating lecture on the effects of chronic and severe illness in children. The illness experience, from the moment of diagnosis, typically involves emotional reactions such as fear, disbelief, anger, anxiety, confusion, numbness, hope and depression in the child and in the family. The reactions are similar to any trauma response. Implications for the family include disruption of family equilibrium, role changes, and financial stressors.

In Dr Jones' experience, children need to know and should be included in conversation about their illness. Children can understand the concept of death

by age 10 or even younger. Since young children are very concrete in their thinking, it is important to communicate with developmentally appropriate language. As an example, Dr Jones told us about one child who was very worried about having a "cat" in her chest when she heard there would be a porta-cath placed in her chest.

Psychosocial reactions during treatment often involve a rollercoaster of hope and despair. Children should be supported in communicating their feelings. It is important that children be told the illness is not their fault. Sometimes, and especially if the parents are having difficulty coping, a social worker or another adult can be identified as a "safe"

person with whom a child can share feelings. Siblings may feel neglected and resentful of the time and attention being paid to an ill child. They may feel guilty and uncertain about parents' ability to meet their needs.

Parents may experience relationship difficulties as they experience a loss of normalcy and a loss of intimacy and connection. Dr Jones discussed interventions such as play therapy, role playing, family therapy, memory books and art/music therapies. In summary, Dr Jones feels the role of the medical team is to identify family fears and challenges, listen to and support children, empower the family to speak with children, and always to react with "heart".

Multiple Sclerosis: Evaluating Its Effects on Function

Edward Fox, MD Director, MS Clinic of Central Texas

by Bonnie Wilson, New Mexico DDS

DR. EDWARD FOX OF the MS Clinic of Central Texas gave a lecture on how MS can affect function. Statistics notes that there are approximately 450,000 people in the United States with the diagnosis of MS. Typically the diagnosis occurs between the ages of 20 and 40.

Two thirds of the people with MS are women. Symptoms of MS can include: weakness, numbness and/or pain, fatigue (extremely tired), vision problems, slurred speech, poor coordination, short term memory loss, depression, bladder and bowel dysfunction, and in severe cases partial or complete paralysis. Dr. Fox also notes that heat is not a good thing for individuals with MS as it heats up all their symptoms. Cold is actually better and does not aggravate their symptoms.

How does MS normally progress? Many individuals begin with a relapsing form of MS and convert to a progressive form over time. A small percent never have relapses. Thirty to 40% are relapsing to progressive over the course of the disease. Statistics indicate that within eight years the MS is usually considered to be a moderate disability as walking is usually limited by then, and after fifteen years or more the function progresses to a severe disability where 50% will be using a cane. Dr. Fox used a term called SAD which refers to Sustained Accumulation Disability. This is where if they don't improve in 30 days then the episode wasn't a true relapse. Dr. Fox ended his lecture with a discussion on the progress being made towards cures for this disease. He indicated that they were getting closer to resolution (within a few years).

It's Contest Time!!

Entries in the annual Newsletter and Photo contest are due by August 1, 2008. Cash prizes are awarded. Send photos in jpeg format or a hard copy. Newsletters may be submitted electronically. If your chapter chooses to send hard copies, please send 8 copies to:

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**2008 Southeast Regional Conference
Birmingham, AL**

Early Complications In Management Of The Amputee

Keneshia Kirksey, MD

Anthony C. Pitts, MD

**Department of Physical Medicine and Rehabilitation-Spain Rehab
University of Alabama at Birmingham**

by Rosa Gordon, Tennessee DDS

EVERY YEAR THERE ARE approximately 50,000 new amputations in the United States. Causes of amputation are vascular disease (PVD, PAD), diabetic complications, trauma, congenital birth defects, and malignancy. After the initial recovery from the trauma/illness that necessitated the amputation, the patient must begin an intense educational regimen so that he/she can begin the process of further recovery and regaining mobility. The patient learns about weight-bearing restrictions, how to monitor the condition of his/her skin, and learns to watch for the advance signs of diabetes, a disorder that is particularly damaging to amputees. There is also special instruction concerning the proper use of adaptive equipment, and how it can restore lost mobility. Due to their pivotal role in seeing to the recovery of the patient, training is also offered to members of the family so that they can more adequately address the special needs of the amputee.

The road to recovery is neither fast nor easy, and there are numerous difficulties and potential complications that must be traversed along the way. The wound may heal poorly, or the residual limb may become misshapen as it heals and this will greatly complicate the fitting of an artificial limb. Phantom pain

syndrome can be truly debilitating as the nerves continue to send pain messages to the brain, which registers the pain as coming from a part of the body that is no longer there. The amputee can lose his/her sense of balance even after prosthetics are in place.

Not only are the goals of rehabilitation numerous and varied, they also tend to be sequential; and success at each preceding step is very important in permitting progress to the ultimate goal. First, the patient must achieve medical stability after the trauma and/or disease process that brought about the amputation. After the wound has healed, the residual limb must contract and the skin must be prepared for the abrasiveness of an artificial limb. A period of conditioning and strengthening must then ensue so that the patient can begin to regain balance. Even in the most favorable outcomes, there will be additional edema and wounding of the area that must be controlled and mitigated. Many patients never progress beyond this point simply because their condition does not permit it. For those who can advance beyond this stage, prosthetic training follows with emphasis on alignment and proper fit, transfers, balance, ambulation, and for a growing number of recovering patients, vocational and avocational training rounds out the mix.

Of the 50,000 new amputations performed annually, the ratio of upper to lower amputations is 1 to 5, with the preponderance of new cases being at the transradial level in 57% of new cases. The average prosthetist sees only one or two upper extremity amputees a year. The causes of upper limb loss are generally trauma, cancers, tumors, and the vascular complications of various disease processes. About one-half of people with an upper extremity amputation lose their dominant hand, and this has more of a psychological impact than the loss of a foot. The loss of the dominant hand drastically reduces self care activities until relearning can occur.

In all cases where a patient has suffered the loss of a limb, there are some factors of the recovery process that are always important. The length of the residual limb will impose a host of factors on the recovery process, as will the age of the claimant and his/her overall state of health and access to prosthetic care. Perhaps most important of all is the motivation that the patient has to succeed. Some do a great deal with minimal function, while others do nearly nothing with only mildly impaired function. As with many other areas of endeavor, the individual choices of the patient are key to recovery.

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Posttraumatic Stress Disorder (PTSD) in U. S. Veterans

Presentation by Megan D. Keyes, Ph.D, Birmingham VAMC

Notes by Earnest (Randy) Phillips, GADE, Georgia DDS

DR. MEGAN KEYES ADDRESSED the Southeast Conference on the clinical issues and functional implications for our Veteran population and by implication to our larger claim base. She covered:

- War-zone stressors symptoms
- Co-morbid psychiatric/medical diagnoses
- Common occupational impairments;
- and Vocational rehabilitation.

PTSD is defined as a mental state where the person has been exposed to a traumatic event or events in which both of the following are/were present:

- The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity to self or others;
- The person's response involved intense fear, helplessness, or horror.

About 8% of the total population will experience PTSD with more women than men involved.

Even with improvements in preparedness for battle stress since World War II and Vietnam, war zone stressors continue to negatively affect our current Veterans serving in battle zones. Direct combat exposure, along with being witness to the aftermath of the damage caused by battle and armed conflict, creates in the minds of exposed individuals the perceived threat of similar results occurring to them. Adding to this stress level is the perceived threat of exposure to chemical and biological agents to the individual. Changes in our armed forces structure since Vietnam are also important contributors to stress level understanding. The average age for Vietnam combatants was 19 and casualty rate for death or injury was one in four. Today, there are more individuals in the Reserves who are serving in direct combat duties. They are an older population. There are more females in harms way. The casualty rate is now one in nine.

Interviews with returning Veterans include comments such as training for combat includes many "Mock drills and mass casualties exercises." This is better than no training but is not "Real World" with the noise and excitement of combat where it is kill, be killed, or watch those around you be killed or wounded. There is a feeling that the equipment and supplies are inadequate for the assigned task and there is a feeling of unrealistic expectations as to what they are to be expected to accomplish with what they have. There is a sense of helplessness and unpredictability that all add to an increase risk of PTSD.

Combat exposure in today's environment includes stereotypical exposure to warfare experiences (firing weapons and being fired upon) but also includes elements of: Urban combat with unidentified enemy; Terrorist tactics such as suicide bombs for persons to include children, and car and roadside bombs; and witnessing and/or participating in mass destructions of specified areas.

Even the aftermath of battle can contribute to PTSD by:

- exposure to suffering;
- devastated communities;
- homeless refugees and surviving children;
- handling bodies and remains of enemy combatants, civilians, and U.S. personnel.

In our current conflicts we have a high ratio of wounded to those killed. This ratio is much improved over past conflicts but bring with it a larger strain on limited national Veteran Administration resources. There are significant differences in combat statistics between the two current theatres of conflict.

	Iraq	Afghanistan
Receiving small arms fire	93%	66%
Being killed or ambushed	89%	58%
Killing enemy combatants	48%	12%
Handling dead bodies	50%	12%
Being injured/wounded	14%	5%

Upon returning from our current conflicts, about 300,000 (18.5%) have symptoms of PTSD. Also associated with these returning veterans, many of the symptoms of PTSD mimic Traumatic Brain Injury symptoms.

Those with PTSD have periods of re-experiencing the trauma through recurrent thoughts, images, and perceptions often with recurrent distressing dreams and acting or feeling as if the event were recurring in "now" time frame. Such individuals have persistent increased arousal through sleep disturbance, irritability and outburst of anger, difficulty concentrating, hyper vigilance surveillance of their immediate environment and an exaggerated startle response. A major method of avoidance and

continued on next page

Additional Psychiatric Disorders Are Common

PTSD, continued from page 7

numbing of the experience is to avoid thoughts, feelings, conversations, activities, places, people that arouse recollections of the trauma. There is markedly diminished interest or participation in significant activities. There is a feeling of detachment or estrangement from others along with a sense of foreshortened future.

Co-occurrence of PTSD with other psychiatric disorders among Vietnam veterans shows 88.3% of males had at least one other disorder:

Panic 79.6%

Major Depression 73.7%

Alcohol/Drug Abuse 32.6%

or Alcohol/Drug Dependence 56%.

Those with PTSD were also most likely to have physical problems, 66 to 81% having chronic pain conditions.

Those with PTSD are less likely to be employed with 22.6% out of work versus Veterans without PTSD at 4.3% (which is close to national unemployed rate). Occupational impairments for those with PTSD include:

- Reduced efficiency and productivity through frequent absenteeism,

- Decreased energy and motivation, memory and concentration problems,
- Low frustration tolerance,
- Difficulty adapting to change;
 - Reduced interpersonal functioning to include:
 - Difficulty regulating emotions,
 - Distrust of others,
 - Inability to accept supervision and instructions,
 - Insufficient anger management skills.

Attempts of a civilian career by those with PTSD requires a reassessment of vocational interest, aptitudes and retraining may be beneficial. There is limited research regarding outcome of work therapy for Veterans with chronic combat related PTSD and current research is investigating supported employment as alternative intervention. Currently, a Work Success psychotherapy group is being piloted on VA Centers on the West Coast.



Information NOTICE:

On June 20, 2008, The Christian Science Monitor published an article on a recent Supreme Court decision, which should be of interest to the field of disability professionals, consultants and advocates:

Court clarifies standards for denial of disability benefits

In a ruling Thursday, it guides federal judges to weigh conflicts of interest by insurance companies.

**By Warren Richey | Staff writer of The Christian Science Monitor
from the June 20, 2008 edition**

to read the article go to: <http://www.csmonitor.com/2008/0620/p25s16-usju.html>

Also of interest:

http://www.scotuswiki.com/index.php?title=MetLife_v._Glenn details the petitions, arguments and issues at stake in this Supreme Court case.

Are You Ready For A Change?

Presenter: Mr. David Kirkpatrick, May 15, 2008

by Glenda McMichael-Hawkins, South Carolina DDS

DAVID KIRKPATRICK IS THE Vice President of Organizational Development for ACHEV, a Birmingham Training and Coaching Firm. He has studied and lectured in various locations within the United States and also abroad. Mr. Kirkpatrick's presentation was based on the following five questions:

1. Are you ready for a change?
2. How do you react to change?
3. Can you deal with the stress of change?
4. Are you committed to being a learning individual or a learning organization?
5. Can you support the change process?

1. As we all know, whenever change occurs, if it is your idea, more often than not, you regard it as positive. However, if you have no input into the change, then you are more than likely to regard this as being negative. This happens all too often at work where there are such challenges as advancing technology, a diversified workforce (multi-generational), and population diversity. Some barriers that facilitate change in the workplace are money, budgets, and more work with less time to accomplish it. Due to the ever changing work environment, we must be able to adapt to changes in order to accomplish our everyday work tasks.

2. Some reactions that people have to change include fear and resistance, and only you can control your reactions to change. Whenever these emotions are present, we ask ourselves, 'Is there any benefit in it for me?' If there is some benefit, then 20% of people are accepting of the change; 50% are somewhat resistant and need additional information, and 30% are totally resistant towards change. The key to getting more positive reactions to change is to relay the benefit of the change to people—in other words, *GET BUY IN*.

3. Stress is our reaction to a changing situation. Stress is usually personal, situational, and born in the past. There are three major areas of stress:

- a. Psychological
- b. Physical – fatigue, decline in performance
- c. Behavioral – this is sometimes difficult to see in ourselves, but others pick up on it quickly.

A stress relieving process includes:

- a. Identify the problem
- b. Ask yourself what are the causes of the stress
- c. For every cause, come up with a solution
- d. Pick one of these solutions to overcome your stress

Some other solutions to relieving stress are exercise, having realistic expectations, and having a balance between work and home.

4. Commitment to being a learning individual or a learning organization is a key to survival. Our rate of learning must be equal or greater than the changes around us. For 21st century workers, the key is being able to learn, unlearn, and learn again.

5. Research has shown that 60% of change fails due to poor planning. Many companies need to ask themselves these following questions before implementing change:

- a. Who's going to be affected?
- b. How can you get everyone involved?
- c. What is your plan for success?

As demonstrated in this presentation, change is all around us and will continue throughout time. As individuals and as organizations, we must recognize this and work together to make any necessary transitions as smooth and efficient as possible.





Across NADE Today

Delaware (DADE) has been busy with NDPW, chaired by Beverly Wardyga. The week started off with a bang as DADE members participated by working for the Special Olympics. Members then got stress free as a Massage therapist presented the benefits of massage and provided chair massages for DADE members. Simultaneously we held one of our fabulous bake sale to raise money for the chapter. The week continued with the raffling of tickets to the local minor league baseball team, the Blue Rocks, a presentation on "Balancing Family Life and Work", and an ice cream social. DADE also received a proclamation from the office of the governor declaring this week as Delaware Disability Professionals Week.

Idaho (IDEA) has passed the gavel to the incoming chapter President, Micaela Jones, and has elected a new President-elect, Brian Stewart who will serve 2009/2010. IDEA conducted their annual State Training Conference on May 7, 2008 with great success. The day long training conference included presentations by D. Sanford, PhD; Debra Irish, Attorney at Law; and T. Coolidge, MD and others. IDEA is conducting a monthly fund-raiser in cooperation with the DDS management team celebrating all staff birthdays each month with a BBQ lunch. This has met great success with NADE members and all DDS staff.

Illinois (IADE) -Casual Weeks -This continues to be our biggest fundraiser and will be held June 1st to August 31. DDS Employees donate \$5.00 to wear shorts for the week or pay \$60 for a full ride - shorts all summer. Proceeds from the weeks go to local charities based on votes by the member, with a few weeks dedicated to IADE training. Average weekly sales are \$300.

Maryland had a very successful NDPW. Events included a presentation on "Traumatic Brain Injury, understanding the physical, behavioral and cognitive implications". David Scheid from DQB discussed vocational transferability and

onset issues and there was a presentation on "artificial Cervical Disk Replacement". We wrapped up NDPW week with an agency picnic at a local park and our annual dessert contest.

MADE also kicked off our 2008 fund drive for the Niemann-Pick Disease Foundation for Type C research. Niemann-Pick is a rare genetic disease that prevents the proper metabolism of cholesterol and other lipids, causing the material to accumulate in the liver, spleen and brain. As Type C progresses, brain function is increasingly affected. Trouble swallowing and speaking occur and over half of the affected children develop seizure disorders. About a quarter of the children experience sudden loss of muscle tone when excited or amused. Eventually the ability to retain information will be lost as well as the ability to recognize even their own parents. The disease course is much like Alzheimer's and is always fatal. The National Niemann-Pick Disease Foundation is an international, voluntary, non-profit organization comprised of parents, relatives and friends committed to finding a cure for the children.

New York - The **ESADE** chapter was very excited returning from the biregional training conference in Annapolis, Maryland with three awards and a monetary award. Thomas Martin, a newcomer and the secretary of the Chapter, won the professional support staff of the year. Debi Chowdhury, chapter president, and NADE ADVOCATE committee member won the NE regional professional of the year. The Chapter also won 2nd place with increase in membership.

Chapter has participated in many volunteer events in the community promoting organ donation, diabetes and breast cancer.

At this time **ESADE** is preparing to assist **WYNADE** with their QUAD regional conference in Niagara Falls, NY May 5-9, 2009 at the Crown Plaza in Niagara Falls. They are also preparing

for their own upcoming NADE national conference in Albany, NY September 11-16, 2010 at the Crown Plaza. At this time of going to press, the chapter is preparing for upcoming NDPW week.

WYNADE is getting ready for their Quad Regional and **STADE** is trying to build up their membership. All three chapters will come together to assist with the upcoming conferences at this time.

Ohio (OADE) - In April, OADE recognized Organ Donation Month with a Lunch and Learn session about organ and tissue donation. Also in April, we had a well-attended birthday lunch for members with April and May birthdays. In May, members and guests attended the "Pirates of Penzance" at a local community theater. We also had a productive quarterly business meeting where we made plans for NDPW and our state conference in August.

We geared up for NDPW! We filled one of the display cases in our front lobby with NADE memorabilia and called it the "OADE Depot" in honor of the NDPW theme. We also held a recruitment open house on Tuesday the 17th and a social outing to the Ohio Railway Museum on the 22nd for members and their families. In addition, we honored members who have won various awards during the last year with special recognition certificates.

Oregon (OrADE) elected officers for the 2008 - 2009 year: President Elect Brandon Olson, Treasurer Dawn Hurd, Secretary Erin Donnithorne, and Historian Peter Fox. Additional members serving in 2008 - 2009 as OrADE board members are President Aneesah Furqan, Past President Joe Lynne Rader, and honorary board member & Pacific Wave Publisher Matt Rieke. OrADE is honored to offer a subsidy or partial membership scholarship to all NADE members. The OrADE member pays \$25.00 toward their NADE dues, and OrADE subsidizes the other \$25.00 of their

NADE membership. Our success at fundraising allows us to continue this membership subsidy during our 2008 - 2009 Membership Drive.

OrADE continues to plan for the May 2009 Pacific Regional Training Conference, to be held in Salem Oregon, and look forward to seeing our NADE colleagues as we share spring in bloom, in the beautiful state of Oregon.

NORTH DAKOTA (PGADE) - We again welcome a new member, Becky Smith! She has been a member of DDS both as a temporary employee and now as a permanent employee for about 4 years.

On June 16th, we began acceptance testing for version 12.0 in VERSA, creating a busy time. Many of our members along with one non-member joined the "Presidents Fitness Challenge". PGADE presented awards for this challenge. In August, PGADE will be taking part in a fundraiser at one of the local grocery stores in working the chuckwagon selling brats and hot dogs. Congratulations to Brenda Rouse who is chairing the NADE Certification Workgroup!

Virginia (VADE) - The chapter has kicked off this year with a bang! Our chapter was able to send nine members to the Bi-Regional NADE conference. At this conference, six VADE members were presented with Regional Awards and three VADE members were elected to Regional Officer positions! We have started a new VADE newsletter called "VADE's Voice," to educate, inform, and entertain our members. We had activities planned in all of our offices for NDPW. We have held fundraising activities, to include a breakfast sale and DVD/VHS sale. We had a "lunch & learn" at the end of June and are working diligently to retain current members as well as recruit new members for next year. This year is shaping up to be a busy and exciting one for VADE!

Washington (WADE) -The Olympia – OWADE Chapter sponsored a Peeps-bake off contest (yes—Marshmallow Peeps) and a Mother's Day auction to raise funds for sponsoring NADE members conference attendance, guest speakers and office activities/functions. A total of \$850.00 was raised during these two events. DDDS Director, Dr. Tony Jones accepted a position at the Washington DC DDS office effective April 21, 2008. In the interim, Mary Gabriel was chosen as acting Director to fill in for Dr. Jones until a new director could be hired.



OWADE Chapter sponsored a Peeps-bake off contest (yes—Marshmallow Peeps) and a Mother's Day auction

Mr. Doug Porter, Assistant Secretary for the Health and Recovery Services Administration, appointed Mr. Duane French as the new Director effective June 16, 2008. Mr. French brings a wealth of experience and leadership to the DDS including having experienced adjudication early in his career in the state of Nebraska. Among many other accomplishments, Mr. French also was the Director of the Alaska Department of Vocational Rehabilitation (Alaska DDS parent agency). We are pleased to welcome Mr. French to the Washington DDDS. OWADE has 21 members, an increase of four members since January 2008.

West Virginia - Charleston -At this time the Charleston West Virginia chapter is inactive.

Wisconsin (WADE) - In early May WADE welcomed NADE and non-NADE members from the GLADE region to Madison for the 2008 regional conference. The conference featured many interesting speakers who spoke on medical and programmatic topics pertinent to our professional lives as well as our personal well-being. After the conference we have turned our attention to NDPW activities. The week acknowledged everyone's work at the WI DDS with many activities, included massages for WADE members, thank you gifts for all staff, an after work get together, and included presentation of awards to outstanding members of our DDS. We've also organized a food drive to help persons in the area who have suffered from the devastating storms and floods. In the coming months we'll be busy with fundraisers for our favorite charities and look forward to having several members attending the NADE Conference in Nashville.

Quality is Our Goal



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

Articles should be submitted in a Microsoft Word or a text document. Your assistance is appreciated!

TBI Cases Always A Challenge: Nearly 20% Of Deployed Military Have Been Affected

by Jason Driskell, KADE/Frankfort, Kentucky DDS

THE SOUTHEAST REGIONAL TRAINING conference held in Birmingham, Alabama May 13th-16th was exceptional. Dr Tom Novack, PhD from the University of Alabama gave a great presentation on Traumatic Brain Injury (TBI). Dr Novack's presentation included several facts and figures about TBI's in the American public and, of recent interest to many of us at the DDS, military personnel.

As many of us DDS employees can attest, Traumatic Brain Injury is an all too frequent occurrence with many claimants. Many TBI claims come to the DDS shortly after experiencing a severe accident and the resulting function of the claimant is severely impaired while others have only mild symptoms and less functional loss. Evaluation of these claims is always a challenge. Dr. Novack covered the wide ranging effects of a brain injury. Loss of consciousness, loss of memory, seizures and personality changes are all typical symptoms of TBI. Some 1.4 million Americans will sustain a TBI in a year while 50,000 people die and 70,000 live with an ongoing impairment secondary to TBI.

The Center for Disease Control (CDC) reports peak incidence of TBIs is between the ages of 3 to 5 years, 15 to 25 years and over age 65. Sixty percent of these individuals are employed at the time they sustain their injury. Direct medical costs and indirect costs, such as loss of productivity come with a hefty price of \$60 billion dollars. Even a mild TBI can cost up to \$32,000 in the first year alone. A moderate TBI can cost over \$400,000 the first year. These figures are staggering to say the least. For a claimant with a TBI, who is uninsured and unable to work, the situation can quickly turn into crisis. Dr. Novack demonstrated that 80% of those who had sustained a mild TBI and 55% of the individuals who had sustained a moderate TBI had returned to work 12 months post onset, while only 28% of those individuals who received a severe TBI had returned to work during the same period. This figure demonstrates the need for accuracy in DDS decisions and points to a very real impact for a claimant who is dealing with the stress of recovery as well as the cost of post-injury medical care. In order for the DDS to ensure that the right decisions are made, careful attention must be paid to tests such as neuropsychological assessments which are one of our most valuable tools in deciding if claimants meet the medical vocational rules of the program.

Dr. Novack also spoke on recent TBIs in the military. Of interest was the fact that 19.5% of U.S. troops who have been deployed to Afghanistan and Iraq since 2001 reported having experienced a TBI while deployed. Symptoms of PTSD was reported by 18.5% of those same military personnel. Of note, many of the symptoms of mild TBI overlap with PTSD. Blast injuries, the leading cause of TBIs in deployed military personnel cause brain injury at 3 levels. The primary trauma is from atmospheric pressure changes. Secondary trauma can be caused by shrapnel or other objects set in motion by the blast. Tertiary trauma can be caused when the person is set in motion and hitting something, such as a wall or the ground. Dr Novack noted that during a blast injury, organs and tissues of different densities are accelerated at different relative rates, resulting in stretching and shearing, particularly in the case of the brain. Of interest, 82% of soldiers who sustain a blast injury return to active duty within 30 days. The Department of Defense (DOD) is continuing to fund studies examing the effects of blast injury on the brain to better understand the potential human impact.

I enjoyed my time in Birmingham and I wanted to thank AADE and all its members for a great conference. I look forward to seeing you all again.

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NASHVILLE, TN



September 15-18, 2008



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**Rates available:
September 13-20, 2008**



Contacts:

Sharon Summers 800-972-0617 Ext 7360

Cindy Brooks 800-972-0617 Ext 6042



2008 NADE NATIONAL CONFERENCE AGENDA
NASHVILLE, TENNESSEE

**SATURDAY- Sept. 13th**

12:00 am - 6:00 pm *Registration*
4:00 - 12:00 pm *Opry Mills Shopping/Opryland Hotel/*
GRAND OLE OPRY
(Rotating schedule begins at 4:00 p.m. and the
Grand Ole Opry Show at 9:30 p.m.)
4:00 pm **Old NADE Board Meeting Convenes**

SUNDAY- Sept. 14th

8:30 am - ? **Old NADE Board Meeting (if needed)**
11:30am- 8:00 pm *Registration*
10:00am- 5:00 pm **Tour of Historic Tennessee Mansions**
(Belle Meade Plantation/southern-style lunch on the property
and the Hermitage, home of President Andrew Jackson)
7:00 - 9:00 pm **PRESIDENT'S RECEPTION**
9:00-11:00 pm *Hospitality Suite (Desserts)*

MONDAY- Sept. 15th

(6:15 Fitness Run-early morning runners-meet in Hospitality Suite for
6:30 am run-water & snacks provided.)
7:00 - 8:00 am *Continental Breakfast*
7:00 am-4:30 pm *Registration*
8:30 - 9:30 am **Opening Ceremonies**
Welcome - TADE President, Hope Saunders
Tennessee Historian - Tom Johns,
TADE Member Emeritus
Color Guard - Pledge of Allegiance
The National Anthem - Nanci and Sam Frey
America the Beautiful - Nanci and Sam Frey
Dignitaries:
Leon Rhodes-Atlanta Deputy Regional Commissioner
Esther Carpenter-TN State SSA Deputy Area Director
Virginia Lodge, TN DHS Commissioner
Andrea Cooper, TN DHS Deputy Commissioner
Tamra Smith, TN DDS Administrator
Georgina Huskey, NADE PRESIDENT

9:30-10:30 am **Disability Issues in Organ Transplant Recipients
and Living Donors - J. Michael Millis, M.D., Director,
University of Chicago Transplant Center;**

10:30-11:00am **NADE PRESIDENT-Georgina Huskey**

11:00-12:30pm **Lunch on your own**
-CCP Brown Bag Lunch
-RADE Brown Bag Lunch

12:30- 1:30pm **Global Health Issues and Diseases of Interna-
tional Importance Found in Tennessee**
Sten H. Vermund, M.D., Ph.D., Director,
Institute for Global Health,
Vanderbilt University Medical Center

1:30 -3:00 pm **SSA COMMISSIONER'S MESSAGE**
THE HONORABLE MICHAEL J. ASTRUE

3:00- 3:30 pm *Networking Break*

3:30 - 4:00 pm **Meet the Candidates**
4:00 - 5:00 pm **Regional Caucus Meetings**
6:00-10:00 pm Discover Nashville Tours (2 hr. rotating tour)
6:00-11:00 pm **Hospitality Suite hosted by Kentucky**

TUESDAY - Sept. 16th

7:00am- 8:00am *Continental Breakfast*
7:00am- 4:30pm *Registration*

8:00- 9:00am **Vicarious Secondary Post-Traumatic Stress -
Anna M. Whalley, LCSW, CVAS Clinical
Coordinator, Shelby County Government
Victims Assistance Center**

9:00-10:00am **SSA Speaker-Glen Sklar,
Associate Commissioner for Disability Programs**

10:00-10:45am *Networking Break*

10:45-11:30am **Merlin & the Court Jesters-a Professional Magi-
cian Show - Metro-Nashville Program for men-
tally challenged children & adults**

11:30am-1:00pm *Lunch on your own*
**-NADE EXECUTIVE BOARD & DDS
ADMINISTRATOR'S LUNCHEON**
-PolicyNet Focus Group-Brown Bag Lunch -Terry
Hynes, Director, Center for PolicyNet Postings
-Administrative Support Staff Focus Group-
Brown Bag Lunch - Gaynell Nicholas (GADE),
Facilitator

1:00- 2:00pm **SSA Speaker-Ruby Burrell, Associate
Commissioner for Disability Determinations**

2:00- 3:00pm **Break-Out Sessions-Special Interests**
1. **PRO Forum**
2. **Hearing Officer Ad Hoc Committee**
3. **The Role of Third Parties in the Disability
Claims Process** - Patti Thrailkill, MedAssist
4. **New Conference Attendees** - Marty Blum,
Anne Graham, Jane Osgatharp

3:00- 3:30pm *Networking Break*

3:30- 5:00 pm **NADE GENERAL MEMBERSHIP MEETING**
6:00- 9:30 pm *Tuesday Night at the Opry Trip*
6:00- 11:00 pm *Hospitality Suite*

WEDNESDAY- Sept. 17th

7:00 - 8:00 am *Continental Breakfast*
7:00am-4:30 pm *Registration*

8:00 - 9:00 am **Medical Panel-Assessment of Developmental
Outcomes for Low Birth Weight Infants**
UT Boling Center for Developmental Disabilities
-Bruce L. Keisling, Ph.D., Associate Director
(clinical psychologist)
-Dr. Toni Whitaker (developmental pediatrician)
-Ms. Karen Hudson (speech-language pathologist)

9:00 -10:00 am **Kelly Croft-SSA Chief Quality Officer**

10:00-10:30 am *Networking Break*

10:30 -11:00 am **NADE PRESIDENT-Georgina Huskey**
11:00 -11:30 am **NCDDD President-Elect - Robbie Watts,
Virginia DDS Administrator**



11:30am- 1:00pm **NADE AWARDS LUNCHEON**

3:30 - 5:00pm **NADE GENERAL MEMBERSHIP MEETING**
 6:00 -11:00pm **A NIGHT AT THE COUNTY FAIR** - An evening of entertainment with the multi-talented City Limit Band, dancing, contests, games, food.

- 1:00- 2:00pm **Break-Out Sessions-Educational**
1. **The Disability Process from a Claimant’s Perspective**
 - Andrea Cooper, TN DHS Deputy Commissioner
 2. **ParTNers Project-“One SSA”-Tennessee Style**
 - Collaborative Panel of FO/DDS/ODAR/DQB
 3. **Music Therapy and the Hospital Child** - Jennifer Plum,
 Music Therapist, Vanderbilt Children’s Hospital
 4. **New & Improved: Top 10 Vocational Errors**
 Tom Johns, SSA Branch Chief, Dallas DQB

THURSDAY- Sept. 18th

7:00 - 8:00am *Continental Breakfast*
 7:00 -11:30am *Registration*
 8:00 - 9:00am **Patrick O’Carroll-Inspector General**
 9:00- 10:00am **SSA Advisory Board Chair-Sylvester J. Schieber**

2:00- 2:30pm *Networking Break*

10:00-10:15am *Networking Break*

10:15-11:15am **GAO -Daniel Bertoni, Director Education, Workforce, and Income Security**

11:15am-12:15pm **Closing Remarks**
 -Tennessee Conference Committee
 -Georgina Huskey, NADE President

- 2:30- 3:30pm **Break-Out Sessions-Educational**
1. **The Disability Process from a Claimant’s Perspective**
 - Andrea Cooper, TN DHS Deputy Commissioner
 2. **ParTNers Project-“One SSA”-Tennessee Style**
 - Collaborative Panel of FO/DDS/ODAR/DQB
 3. **Music Therapy and the Hospital Child** - Jennifer Plum,
 Music Therapist, Vanderbilt Children’s Hospital
 4. **New & Improved: Top 10 Vocational Errors**
 Tom Johns, SSA Branch Chief, Dallas DQB

12:15 pm *Lunch on your own - Farewell Friends*
 1:30 pm **New NADE Board Meeting**

CONFERENCE REGISTRATION FORM

Conference Information:	<p>Early registration: (payment by August 1st, 2008) Full conference (includes awards luncheon) NADE Members \$165.00, non-members \$200.00</p> <p>Regular Registration: (payment after August 1st, 2008) NADE Members \$190.00, non-members \$225.00</p> <p>Single Day Registration: Please see below.</p>
Hotel Information:	<p>Millennium Maxwell House Hotel, Nashville, TN. Call 1-800-457-4460 for reservations. Rates only guaranteed through August 15th. Discounted room rates, available Sept. 12-20, 2008, using group code NADEC. Room rate, single or double, is federal per diem, \$107 per night, plus taxes.</p>

Name: _____
Address: _____

Employer and Job Title: _____

E-Mail Address: _____ **NADE Chapter/Reg:** _____
Phone (Hm/Wk/Cell): _____ **NADE Position:** _____
Anticipated Arrival Date/Time/Airline: _____

Please check if applicable: • Speaker • Donor •NADE Executive Board Member • DDS Administrator

SINGLE DAY Registration Rates

(Please circle the days required. Add fees on back.)

MONDAY, TUESDAY, OR THURSDAY:

Early (by August 1st)

Regular (after August 1st)

WEDNESDAY (includes luncheon and County Fair):

Early (by August 1st) Wednesday

Regular (after August 1st)

Regular (after August 1st)

NADE Members	Non-Member
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\$60.00

\$75.00

\$70.00

\$85.00

\$90.00

\$105.00

\$100.00

\$115.00

Optional Tours, Activities and Social Events:

(please check boxes indicating tour choices)

- **Opry Mills** shopping excursion, 2 shuttles running on the hour and half hour. First loads at 3:45 and leaves hotel at 4; second loads at 4:15, leaves at 4:30. Latest return trips are at 9:00 and 9:30. After that, you will be responsible for own return trip on the shopping excursion.

Day	Per Person Cost
Saturday	\$15.00 X _____ persons

- **Opry Mills** shopping excursion **PLUS** ticket to **Grand Ole Opry** (Limited number of guaranteed tickets) 2 shuttles running on hour and half hour, first loading at 3:45, leaving at 4; second loads at 4:15, leaves at 4:30. Show is at 9:30 at the Opry House. Pickup will be at 11:55 outside of Opry House, back to hotel at 12:30am.

Saturday	\$58.00 X _____ persons
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Historic Mansions tour, Belle Meade Plantation and the Hermitage, with southern style lunch included:

- Bus loads at 9:45, return to hotel at 4:30.

Sunday	\$68.00 X _____ persons
---------------	-----------------------------------

President's Reception, 7:00 to 9:00

- I plan on attending, and will bring ____ guests.

Sunday Free to Registrants
Additional
Guests \$10.00

Driving Tours of Nashville

- Bus loads at 5:30, return to hotel at 7:45.
- Bus loads at 7:45, return to hotel at 10:00.

Monday	\$15.00 X _____ persons
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Tuesday night Grand Old Opry
(limited number of guaranteed tickets)

- Bus loads at 5:45, return to hotel at 10:00.

Tuesday	\$56.00 X _____ persons
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Awards Luncheon, 11:30 to 1:00

- I plan on attending.

Wednesday Free to Registrants

A Night at the County Fair, 6:00 to 11:00 in the outdoor pavilion.

- I plan on attending, and will bring ____ guests.

Wednesday Free to Registrants
Additional Guests are \$5.00.

Conference T-Shirts: Embroidered Polo Shirts:

Sizes S-XL: \$13 Sizes S-XL: \$25
 Sizes 2XL-3XL: \$15 Sizes 2XL-3XL: \$30

T-Shirts

Size: _____
 Quantity: _____

Polo Shirts

Size: _____
 Quantity: _____



NADE National Conference 2008
Please mail registration form and payment to:

Daniel Carr, Treasurer
2008 NADE National Conference
P.O. Box 282218
Nashville, TN 37228-2218

<<Receipts will be in your registration package.>>
 Corporate tax ID: 41-2224537

Total Registration Fees: \$ _____
Total Activity Fees: \$ _____
Total Shirt Costs: \$ _____

Total Payment enclosed: \$ _____

Niemann-Pick Disease Targets Children

by Diana Stashik, MADE, Maryland DDS

EACH YEAR, THE MARYLAND Association of Disability Examiners chooses a charity to sponsor. We promote the charity and assist in fundraising efforts agency-wide. The proceeds from this years MADE charity drives will go to The National Niemann-Pick Disease Foundation for Type C research.

Niemann-Pick Disease (NPD) is a rare genetic disease that prevents the proper metabolism of cholesterol and other lipids, causing the material to accumulate in the liver, spleen and brain. As Type C progresses, brain function is increasingly affected. Children begin to develop difficulty swallowing which leads to the need for a feeding tube. As neurological involvement increases Niemann-Pick Type C (NP-C) children develop seizure disorders and gait and mobility impairments, ultimately requiring the need for walkers and wheelchairs. Eventually the ability to retain information will be lost as well as the ability to recognize even their own parents. The disease course is much like Alzheimer's in adults and is always fatal.



Dillon Papier

The National Niemann-Pick Disease Foundation (NNDPF) is an international, voluntary, non-profit organization comprised of a Scientific Advisory Board, parents, relatives and friends committed to finding a cure for the children. The foundation's goals are to promote research, raise awareness in both the medical and general community, encourage the exchange of research findings among scientists and support legislation that positively impacts patients and families affected by NPD.

There are only about 500 victims of NP-C worldwide, with only about 150 cases in the U.S. One of those affected children resides here in Maryland and his name is Dillon Papier. Dillon will be 6 years old in August. The average lifespan of a child with NP-C is 10 years, so time is not on Dillon's side. The slogan used by families of children affected by NP-C is "They only have their childhood to live a lifetime . . .". Each day is precious and the families try to help their children live normal, active lives. But during the short amount of time they have with their children, parents are forced to watch the disease take everything away until it eventually takes their lives.

There is no known effective treatment or cure and thus far, minimal research has been done. In Dillon's case, upon receiving the diagnosis (after a couple of years of testing), his family consulted one of the only doctors in the nation focused on NPD, who enrolled Dillon in a clinical study of Zavesca. This is a drug that researchers hoped would slow the progression of the disease. This is the first treatment to have any kind of effect on NP-C and is hoped to improve quality and duration of life. It is not a cure, is not effective in every case, and has significant side effects. Not to mention, it costs \$11,000 per month and may not be fully covered by insurance.

Through the efforts of Dillon's family and other families with children afflicted with NPD, National Institutes of Health began a study group of a handful of children with the disease, Dillon included. The research is hard on the children, as the doctors collect data through spinal taps, MRIs and blood draws. The children are basically used as guinea pigs, but they know they are doing this for the future. The family and friends of the children with NP-C participate in the efforts for research by generously donating their time and money. Since the disease is so rare, it's known as an orphan disease, and grant requests for research are often denied. The families consider grassroots fundraising as the only hope they have that a cure might be found in time to save their children's lives.

MADE has adopted this charity with hope of making a difference in the future of the children affected by NP-C. We hope to raise money that will contribute to helping find a cure or effective treatment for this devastating disease. We would also like to raise awareness of the disease, since it would be very rare that we would even see a NPD case come across our desks. These unusual cases could be evaluated under listing 110.07 because of the profound effects on many body systems. More information about the disease and the National Niemann-Pick Disease Foundation is available on their web site at www.nnpdf.org. If you would like to learn more about Dillon's story, go to www.dillonsfight.org.





NADE Is Everywhere!

The "NADE Brigade" traveled to Nebraska in April for the merging of DDS/SSA and NCDDD at the wedding of NADE Past President Shari Bratt and Virginia DDS Director Robbie Watts.

From left, Susan Smith, Ruth Trent, Sharon Belt, Debi Gardiner, and Mimi Wirtanen.

Photo provided by Susan Smith

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Outreach Meeting Report**Compassionate Allowance Outreach Hearing on Cancers**

By Donald J. MacArthur, President of GMADE, Vermont Chapter

THE “COMPASSIONATE ALLOWANCE OUTREACH Hearing on Cancers” was held on April 7, 2008 in Boston, MA and was attended by medical professionals, SSA and DDS representatives. Many others from around the country watched via webcast. This was the second hearing Social Security has held to reach out to professionals who work directly or indirectly with cancer patients to obtain opinions and evidence on proposed “Compassionate Allowances for Cancer”. Social Security assembled multiple professionals from the field of cancer research, treatment, care and advocacy, providing a well rounded pool of knowledge on the subject.

The hearing was heard by a board, which included Social Security Commissioner Michael Astrue, Julia H. Rowland Ph.D, Director of the Office of Cancer Survivorship & National Cancer Institute, David A. Rust, Deputy Commissioner for Retirement and Disability Policy for Social Security, Carol A. Sax, Boston Regional Chief Administrative Law Judge and Manuel J. Vaz, Boston Regional SSA Commissioner. The hearing was broken down into four main segments, including diagnosis and treatment, navigating the disability process, transfer of medical information and children with cancer. There were 13 presenters who provided a 10-minute presentation on their views, experience and opinions. A brief question and answer session with the board followed each presentation.

The presenters submitted substantial written testimony to the board. Doctor Edward J Benz, Jr., President of Dana-Farber Cancer Institute said that, “despite the improved survival rates for persons diagnosed with cancer, there are many patients who die within a year or two or who are disabled for extended periods of time.” “We believe there are objective, evidence-based medical criteria that can be developed, based on type of cancer, stage, co-morbidities and functional status that, in combination, would assist Social Security in making accelerated determinations.” He added that “due to the heterogeneity of cancer, a combination of one or more variables will be needed to be considered in making a determination for disability benefits.” “There are certain cancers where clinical oncologists can now predict with a high degree of probability that the disease will have a long term disabling consequence.” Dr. Benz believes that Social Security should consider the Karnofsky scale which has been used for many years to measure the function of cancer patients not undergoing active treatment.

Other presenters cited the most devastating forms of cancer for compassionate allowances such as lung, pancreas, esophageal, liver, metastatic cancer and myeloid leukemia where the survival rate of most patients is reported to be under a year. Doctor John D. Halamka, CIO of Harvard Medical School and CIO of Beth Israel Deaconess Hospital reported that he is currently working in conjunction with Social Security on a pilot to securely send a medical summary of a patient’s records electronically. This summary resembles the current summary SSA receives from the Veterans Administration. Denise Williams, a licensed social worker at St. Jude Children’s Research Hospital stressed the tremendous impact and burden on a family that has a child diagnosed with cancer. She said that usually one of the parents has to quit working, since taking care of a child with cancer is a full time job by itself.

Another topic brought to the attention of the board by presenters was whether the five-month waiting period for Title II benefits and the two- year waiting period for Medicare should be abolished. Some said that many claimants die waiting to receive benefits.

Although there are no simple answers or magic combination which would benefit all claimants alleging cancer, the presenters expressed their appreciation for Social Security’s attempts to expedite the approval of benefits of cancer patients. Many patients with cancer suffer from not only physical issues related to their cancer but also a combination of mental issues and pre-existing impairments. Although “compassionate allowances” may not benefit all claimants with cancer, an expedited allowance in the most severe cases would get benefits to a claimant who is in dire need of financial assistance.

There are plans to hold additional hearings on other impairments which could be considered under the “compassionate allowances” criteria.

NADE Testimony

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

**Georgina Huskey, President
3435 Wilshire Blvd.
Los Angeles, CA 90010**

Prepared For

House Committee on Ways and Means

Hearing on

***Clearing the Disability Backlog – Giving the Social Security Administration the Resources it
Needs to Provide the Benefits Workers Have Earned***

April 23, 2008

Chairman Rangel, Ranking Member McCrery and Members of the Committee, thank you for holding the April 23, 2008 hearing to consider the Social Security Administration's (SSA's) large backlog in disability claims and other declines in service to the public resulting from years of underfunding of the agency's administrative expenses. The National Association of Disability Examiners (NADE) is pleased to provide a written statement for consideration by the Committee and for inclusion in the printed record of the hearing.

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 adjudicating claims for Social Security and/or Supplemental Security Income (SSI) disability benefits. In addition, 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 – throughout the state DDSs, Regional Office(s), SSA Headquarters, OHA offices and 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. We believe this is part of the fundamental mission of SSA and the state DDSs – to provide the American public with compassionate and timely service. Unfortunately both SSA and the state DDSs are finding it increasingly more and more difficult to perform its mission given the significant funding reductions experienced by SSA and the DDSs over the past several years.

There has been a burgeoning growth of disability applications and growth in the number of individuals receiving disability benefits. The number of disabled workers drawing Social Security Disability Insurance has more than doubled since 1990 from 3 million to 6 ½ million, an increase of 117% and the number of disabled SSI beneficiaries has increased during this same time period by 66%. As baby-boomers age and more and more individuals retire or become disabled, there is a significant strain placed on already stressed resources. This poses significant challenges for both SSA and the DDSs as we try to manage this growing workload.

In addition, both SSA and state DDSs face a retirement wave of experienced staff and a tighter labor force that will make it more difficult and expensive to hire replacements – EVEN if full funding for replacing staff was available. The disability program has become increasingly more complex as new advances in medicine and treatment have allowed individuals with disabilities to live longer and more productive lives and it takes longer for new staff to learn all the complex rules and regulations to be able to process disability cases. The complexity of the program, the changing nature of the program and the sheer volume of claims, coupled with diminishing resources, has brought a significant amount of stress to an already over-burdened system.

Resources

There is no doubt that backlogs in the disability program have increased. This is a direct result of the hard choices that needed to be made by SSA over the past few years to deal with the realities of the budget situation. If SSA continues to be burdened with inadequate funding,

the problem will only exacerbate the already over-strained system. Backlogs are a direct result of inadequate funding and staffing. SSA's administrative budget is only 2% of its overall program, a bargain compared to private industry or other governmental programs. Continuing to under fund SSA's and state DDSs' administrative costs will only increase the disability backlogs and timely service to the public will continue to deteriorate.

For the past five years, the SSA budget has not been what the previous Commissioner of Social Security or the President requested from Congress. The prior Commissioner reported to Congress several times that if the President's proposed budgets for SSA this past five years had been granted, SSA would have been able to eliminate its disability backlogs. The results of years of under-funding has been at the cost of service to the American public who suffer severe disabilities and have to wait long periods of time before their disability case can be processed.

The complexity of the Social Security Disability Program, coupled with the need to produce a huge volume of work, justifies even more the need for adequate resources in order to provide the service that the American public has come to expect and deserves from SSA. It takes at least two years for a disability examiner to be fully trained and function independently to make timely and high quality disability decisions. It is critical the DDSs be provided with the resources needed to hire and train replacement staff immediately upon staff losses so that further delays in service do not result. Given the complexities of the program and the continuing changes in the nature of disease processes, new technologies and treatment, it is also critical that adequate resources be provided for on-going training to ensure that staffs maintain their highly developed disability evaluation skills to provide continuing quality service to the American public.

Unfortunately, low salaries, hiring restrictions and the stress of the job contribute to high turn-over in some DDSs, with a loss of approximately 400 DDS employees nationally in FY 2007 alone and an average 12 percent examiner attrition rate over the years. Given the hiring restrictions and inadequate resources placed on the SSA and DDSs, it is amazing that the disability backlogs are not even higher than they are currently and that the number of claims processed has continued to increase despite inadequate funding and resources. NADE believes this is a positive testament to the dedication of its members to the American public and their pride in providing high quality service despite these hardships.

"Medical costs" is an important budget item unique to the DDS. It includes both Medical Evidence of Record (MER), which consist of reports from the claimant's treating sources, and the cost of Consultative Examinations (CEs). The DDS arranges consultative examinations to obtain additional medical evidence required for adjudication. Medical costs can easily account for a quarter of a DDS's operating budget.

The payment for MER varies from state to state but averages about \$15 for each report, which is significantly less than the amount paid by insurance companies and others in the private sector for the same service. Given the limited budget in recent years, most state DDSs have been unable to increase the fees. While the majority of doctors, hospitals and clinics are cooperative in providing their records, there are a growing number of sources who refuse to send a response for the fee paid by the DDS. This can result in the DDS not having access to a critical piece of medical evidence and may require that they obtain a more costly consultative examination.

Consultative Examination fees are also considerably lower that the fees paid by other disability benefits programs including workers compensation programs and private disability insurers. While the DDSs currently obtain a good standard examination from our CE sources, the exams are sometimes not thorough enough to fully document a hidden or unusual medical condition. The DDS also arranges for CEs conducted by the treating physician, but most doctors decline the request because of the low fees paid by the DDS.

In the Institute of Medicine's December 2005 report entitled "Improving the Social Security Disability Process – Interim Report", it is recommended that "Reimbursement should be adequate to cover the full costs of consultative examination, which involves more than a

continued on next page

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Testimony, continued from page 23

standard examination, whether it is focused or comprehensive in scope. This will require a substantial increase in fees over the amounts currently paid in most states.” Higher fees would likely increase the pool of medical sources willing to conduct CEs and would provide incentive for more attending physicians to be willing to perform consultative examinations. These improvements in the CE process would be expensive and impossible to implement, even in a limited fashion, with the current DDS budget.

Backlogs

Addressing disability backlogs is a high priority for NADE. As baby boomers are increasingly filing for disability as they age, without sufficient funding and staff to process these workloads, backlogs will continue to increase. While there are a large number of cases pending at some DDSs, the most significant delays in the process still occur at the Office of Disability Adjudication and Review (ODAR) where an average claim takes over 500 days, compared to the 84 day average at the DDS. These backlogs create pressure to adjudicate claims quickly without being able to fully develop and give proper attention to analyzing and explaining the disability decisions due to the pressures of dealing with high caseloads and limited resources for processing them. This can often lead to less careful case adjudications. One incorrect allowance can represent a quarter of a million dollars in SSA/Medicare benefits. Delays in case processing make claims more expensive to process, as resources are devoted to dealing with the management of the backlogs instead of working the cases. This results in increased administrative costs over the long run as increasing numbers of staff will be required to manage larger and larger backlogs.

NADE agrees that many people suffer needlessly as a result of these types of backlogs and that individual conditions can worsen or lead to death during waiting time. It is critical that adequate resources be provided to all levels of SSA involved with disability case processing.

As a result of the reduced SSA budgets over the last few years, SSA mandated that initial level disability claims be given top priority. This necessitated other claims, such as reconsiderations and continuing disability reviews (CDRs), not receiving the attention they deserved and resulted in backlogs of these claims at the DDSs.

NADE strongly believes that the Single Decision Maker (SDM) process which currently exists in ten states can help to alleviate some of the backlogs at the initial level of case processing. This was the one successful piece of SSA’s redesign efforts and it has proven to be one of the most efficient and cost-effective ones. The SDM process has proven to be successful in producing high quality decisions and is a time-saver when processing claims. The cost savings are based on the fact that these decisions, usually the most clear cut decisions, do not require a “sign off” by a state agency physician, leaving them free to review and consult on the more complex cases. NADE believes that SSA should expand the SDM initiative to all states to not only reduce initial case backlogs, but to lower processing times and costs at the initial level.

Continuing Disability Reviews (CDRs)

Limited resources have forced SSA to reduce the number of CDRs performed. Of utmost concern to NADE is the past history of these types of actions and the resultant negative impact as the agency falls behind in these critical reviews. When we experienced a backlog of CDRs previously, it took a great deal of effort by all components of SSA to reach a point where CDR reviews were being conducted as scheduled. It took a significant number of years of dedicated funding solely for the purpose of conducting CDRs before SSA was current with CDR reviews. With decreasing the number of CDR reviews done in the past few years, there is now a real danger that we will once again find ourselves in the position of having backlogs of overdue CDRs.

While there are some increased administrative costs with the performance of CDRs, there is a potential for significant savings in program costs. If a beneficiary is found to no longer be eligible for disability benefits, the estimate is that over \$10 of program funds is saved for


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every \$1 spent in administrative costs on conducting CDRs. While NADE agrees that it may have been necessary to decrease the number of CDRs done over the last couple of years given the current budget situation, this decision has repeatedly been described by many, including the former SSA commissioner, as “penny-wise and pound-foolish”. We agree.

It is essential to program integrity that CDR reviews be conducted in a timely manner to ensure that only those who continue to be eligible are receiving disability benefits. NADE’s experience has been that the only way to ensure that this happens and that the necessary funds for CDRs don’t get transferred to process other SSA workloads is for Congress to provide “dedicated funding” for CDRs. Dedicated funding has shown to be the best means of staying current with the CDR workload. The projected cost savings from dedicated CDR funding from FY 2003 to FY 2006 would be \$1.8 billion over 10 years. NADE strongly supports dedicated funding for CDRs to ensure that this workload gets the attention it deserves.

Electronic Disability Process (eDib)

There have been many improvements since the implementation of eDib. SSA now has the largest repository of imaged medical records in the world with over 210 million documents in the system. The majority of cases no longer have to be shipped from one SSA component to the other. It is no longer necessary to find storage areas to accommodate millions paper cases, with the added bonus of fewer “lost” cases. Prior files can be accessed from your desktop computer, rather than waiting weeks for a paper file to arrive in the mail. We welcome these and other efficiencies that are a result of the new technology.

We are, however, well aware that the electronic disability process is far from all that it can be. eDib is still a work in progress and requires ongoing refinements, upgrades and improvements frequently in order to make the system work as efficiently and effectively as possible. The impact on the electronic system as a whole when these changes and updates are made is unpredictable, and currently results in case processing systems slowness or inability to work at all.

Since Disability Determination Services (DDSs) process over 2.5 million cases on an annual basis, any shut down or slow down of the case processing system equates to a significant loss of production capacity.

Continued attention to eDib is needed to insure that the proper financial support is given to make it successful. Careful and deliberate efforts to ensure the system is operating at full functionality and as efficiently as possible in addition to full funding for necessary changes is critical to ensuring that the anticipated savings in cost and time of a fully electronic case process are realized.

Summary

- Inadequate resources, along with increased workloads, have backlogs at all levels of SSA. New hiring and the additional funding for FY 2008 are steps in the right direction, but not enough to make significant progress in reducing the backlogs while retaining the quality of the decisions.
- Disability backlogs are affected by inadequate funding, inexperienced staff, hiring restrictions, and implementation of constant program changes
- Dedicated funding is necessary in order to avoid the costly possibility of having an even higher backlog of overdue CDRs.
- Although the initial expenditure is behind us, eDib requires continuing funding to provide for system maintenance and improvements. It is critical that necessary refinements be made to the system in order for it to produce the anticipated and desired efficiencies.

Conclusion

NADE believes that the American public wants and deserves to receive timely, compassionate, accurate and efficient service from SSA and the state DDSs. It will take hard work and adequate funding to begin the process of restoring the levels of service that the public deserves. Our members have proven time and time again that they are ready, willing and able to provide the hard work. We sincerely hope that the esteemed members of Congress will find the means to provide us with the adequate funding necessary to fulfill our mission.

On behalf of the NADE members, I thank you again for the opportunity to submit this statement to the committee.

Georgina B. Huskey
NADE President



Candidate For Office



Peter Fox Candidate for President-Elect

I have served with NADE for several years now and would like to announce my enthusiastic candidacy for the office of President-elect. This is a position of great responsibility and I look forward to completing the assigned duties with energy and passion. I will do my best to further the art of disability examination and represent all disability employees to help ensure our claimant's are well served.

I have served NADE in many capacities and in just the last three years I have been chapter President, regional secretary and chairman of both regional and national committees. These positions have allowed me to practice and enhance my leadership skills while learning about our organization and meeting so many of our great members. Additionally I have been vice-President of an arts and humanities charity, entertainment director for a Renaissance festival and prepared training or served on committees within the DDS. Never one to spend idle time I also volunteer as a medic/firefighter or direct plays for our local community theater group.



Peter Fox

NADE is growing and has the opportunity to present a strong voice to not just the individual states but to the national legislators. As President-elect I will strive to gather the best ideas from our members and affiliates in order to refine our agenda and improve disability science as a whole. I don't come to this position with preconceived notions about how best to perform many tasks; I look forward to further educating myself and keeping my mind open to new, great and innovative ideas as well as ways to refine and build on our present success. I look forward to working for NADE as your voice and advocate for disability professionals.



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NCDDD and NADE Leaders Meet in DC

by Jeff Price, DDS Administrators/SSA Liaison

LEADERS OF THE NATIONAL Council of Disability Determination Directors (NCDDD) traveled to Washington, DC to attend and meet with the Board of Directors of the National Association of Disability Examiners (NADE) to discuss issues of mutual interest and to express mutual concerns. Kay Hoffpauir (NCDDD President), Robbie Watts (NCDDD President-elect), Tommy Warren (NCDDD Immediate Past President), Kathy Johnson (NCDDD Treasurer) and Vicky Johnson, respectively, the Directors of the Louisiana, Virginia, Alabama, Ohio and Colorado DDSs, met with the NADE Board for two hours Saturday morning, March 1, to discuss a variety of topics.

The two organizations expressed their frustration with the recent CBS News story and NCDDD praised NADE for its quick online response to CBS. NCDDD President Kay Hoffpauir reported that she was confident that an investigation launched by SSA's Inspector General (IG) would reveal that the DDSs were doing a great job.

Like NADE, the leaders of NCDDD reported that they, too, were advocating for a single business process to be utilized across the country. NCDDD supported a robust appeals process and they also expressed their concern that the two organizations (NADE and NCDDD) should be part of the dialogue to determine how the disability program would move forward. NCDDD joined with NADE to support a national roll-out of the Single Decision Maker (SDM) and reported that this concept would produce significant savings to DDS budgets. Kay reported that the SDM provided for more efficient service without sacrificing quality and that the SDM provides a great incentive to DDS staff, an incentive that was much needed in the DDSs. Kay commented on the recent report showing the DDSs experiencing an 11% annual turnover rate. SDM could help reduce this percentage although it was certainly not the only answer.

DDS budgets were strained to the maximum and each DDS had to design how to fit CDRs into their case process. More often than not, without a special budget for CDRs, these cases were not getting done as DDSs rightly concluded their first priority was to process the initial and reconsideration workload. NCDDD was also advocating for enhancements that would lead to greater consistency between the DDSs throughout the nation and between DDS and ALJ decisions.

Robbie Watts reported that NCDDD is in discussions with SSA about the possibility of developing such a nationwide system. Neither NADE nor NCDDD expressed great confidence that SSA could develop such a system and it was recommended that SSA should look to experts in the industry to develop its systems process. State specific issues, such as a DDS's need to also process state Medicaid claims while using SSA's systems, would need to be considered in to the development of a single system. Robbie noted that, even though eDib had been fully in place for two years, the DDSs still had to employ work-arounds to resolve problems. SSA needs to finish e-Dib!

Robbie noted the system had degraded during the past year and the number of sites not meeting response time goals had nearly doubled in the past year and fully one-third of the sites were currently not meeting their goals for response time. It was reported that there had been significant increases in past year in the number of failed transactions and in overall systems availability.

NADE and NCDDD shared in discussions about the need for increased quality and the recent revision in the rebuttal process to the RPC format. Everyone agreed it was long overdue and that, for quality to improve, we need to move beyond the "gotcha" mentality but that DDSs also needed to move beyond the "we won one" mentality. SSA's failure to develop a vision of what quality actually means, or to even propose a definition of quality, left open to the DDSs the door to develop and implement their own definition. While the DDSs were concerned with quality, the potential for 50 different definitions of what quality should mean was, equally, a concern.

NADE and NCDDD remain committed to ensuring that those who are entitled to receive disability benefits should receive them as early in the process as possible. The leaders of the two organizations pledged to continue to work together to ensure this goal is never overlooked and that it remains paramount in the development and refinement of the disability adjudicative process.

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Associate Commissioner Glenn Sklar **The Office of Retirement and Disability Policy Update**

by Susan Smith, Great Lakes Regional Director

ASSOCIATE COMMISSIONER GLENN SKLAR met with the NADE Board at the mid-year meetings held in Washington DC. The vision of ORDP (formally known as ODISP) is “to work collaboratively with Agency components to create, streamline, simplify and evolve program policy that is responsive to SSA components and the public we serve”. Mr. Sklar identified nine major issues of this group:

1. **ODP Reorganization:** The Office of Disability Programs is now made up of OCALI (Office of Compassionate Allowances and Listings Improvement), OVP (Office of Vocational Policy), OPC (Office of Program Consultation), ODPMI (Office of Disability Policy Management Information) and OPP (Office of Process Policy).
2. **Updating SSA’s Medical Listings:** The goal is to continuously cycle to stay up to date on all the Listings at all times and perform routine maintenance. Updates have recently included the Digestive and Immune Disorders body systems.
3. **Streamlining Policy:** He indicated four areas of focus for policy – keep it simple, make it accessible, keep it data driven and to make it an all-inclusive process (to include the business process, systems, etc.).
4. **Streamlining Workflow:** Improvements in this area have included QDD (Quick Disability Decisions), and in the near future, Compassionate Allowances, and eCAT (electronic case analysis tool).
5. **Health Informatics:** SSA is participating in the development of National Health Information Technology (HIT) standards and in the development of the Nationwide Health Information Network (NHIN). In the future, this will allow SSA to streamline existing business processes. It will also allow us to collect information faster, more accurately and in consistent formats that can be analyzed automatically. Currently SSA is participating in two major HIT initiatives:
 - a. **MEGAHIT Prototype:** SSA is working with Beth Israel Deaconess Medical Center in Boston to develop a “computer to computer” transaction to request and receive medical evidence as data. They have developed software to analyze the data received from Beth Israel and will alert the adjudicator to consider specific medical listings codes related to those listings are received.
 - b. **NHIN Trial Implementations:** SSA will test a methodology to authorize medical providers to release records to SSA using the NHIN infrastructure. MedVirginia and The North Carolina Healthcare Information and Communications Alliance (NCHICA) will participate in the trial using test data.
6. **DIB Training:** This is integrated training that crosses all adjudicative levels. The Office of Training and ODP are focusing on “example-based” as opposed to “theory-based” training and anticipate having at least 30 examples on their website by the end of the fiscal year.
7. **Military Casualty Cases:** Early identification and flagging of all military casualties to ensure correct application of policy is essential.
8. **Request for Program Consultation:** RPC has proven to be a nationwide success, improving accuracy and consistency, and identifying difficult policy issues for clarification. As a result of RPC, Onset Policy is being rewritten.
9. **Public Outreach Meetings:** In December 2007, SSA held an outreach hearing regarding Compassionate Allowances, seeking comments from the public on rare diseases, in addition to a March 2008 meeting on various types of cancer.

Mr. Sklar thanked the DDSs for the incredible job they have done with the ODAR backlogs and pendings, and encouraged them to keep up the great work.

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As a member of the National Association of Disability Examiners, I accept the challenge to promote a better understanding in the field of disability evaluations. I will also strive with concerned professionals towards improved expertise in the documentations and evaluation process of impairments and their vocational implications. I am personally committed to continued professional growth in order to better serve the disabled individual. My professional service will be conducted at the highest possible level of integrity and all confidential information will be utilized in a responsible manner as to safeguard the rights and privacy of the individual.



What's That?

You may have seen this item displayed at NADE National Training Conferences. It is the NADE Seal, created for NADE and hand painted by Lewis Buckingham. He presented it to NADE during the presidency of Linda Hill Langele (1994-95).

"Buck" was himself a Past President of NADE in 1975-1976. He is no longer with us but his legacy lives on through this gift from the heart to NADE.

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