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# *the* NADE ADVOCATE

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A Publication of the National Association of Disability Examiners

Volume 26, Number 3

Summer 2010

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## NADE On The Hill

*by Jeff Price, Legislative Director*

IN ADDITION TO MEETINGS with SSA Commissioner Michael Astrue, the Social Security Advisory Board, and others, NADE President Susan Smith, President-elect Andrew Martinez and Legislative Director (and Past President) Jeff Price recently traveled to Washington, DC for a series of meetings with key Members of Congress and congressional staff personnel. These meetings were arranged for the week of April 19-24.

Meetings were held with all of the congressional committees and subcommittees that, in some way, share in the oversight of the Social Security and/or SSI disability programs. The NADE leaders met with the majority and minority staffs from the Social Security Subcommittee and the Income Security & Family Support Subcommittee (House Ways & Means Committee) and with the majority and minority staffs of the Senate Finance Committee. There were also meetings with the House and Senate Budget Committees, House and Senate Appropriations Committees, Senate Health, Education, Labor, & Pensions Committee and staff from each member of the House Social Security Subcom-

mittee and from the Speaker of the House of Representatives. The NADE leaders also met with Senator Sherrod Brown of Ohio and Congressman Mike McIntyre of North Carolina for discussion of specific legislation they have introduced which, if passed, will have significant impact on how we will continue to do our jobs.

The NADE leaders carried forth the Association's message outlined in our Top Issues of 2010 (refer to *NADE Advocate*, Winter, 2010 issue, page 10). The NADE leadership engaged in lengthy discussions regarding the future of the disability program and met with more than 50 members of Congress and their staff. The NADE leaders urged Congress to appropriate sufficient funds for SSA's administrative budget and warned the Members the increased number of initial applications forecasted a trend that was likely to continue during this period of economic instability. The NADE leadership found strong support on the Hill for switching Step 4 and Step 5 of Sequential Evaluation and also found strong support for the elimination of the use of the medical release form (SSA-827) in processing disability ap-



*Senator Sherrod Brown of Ohio meets with NADE President Susan Smith, President-elect Andrew Martinez, and Legislative Director Jeff Price.*

plications. NADE made clear both of these concepts will lead to savings in both processing time and administrative costs with no risk for the claimant.

The NADE leadership continued to canvass Congress for support for pending legislation that mirrors our long

*The Hill, continued on page 3*



## Go Green with NADE!!

**Contact Publications Director Donna Hilton to receive notification when the Advocate is posted online. Faster than postal delivery, photos in color, and save NADE some green!**

### In this Issue:

Candidates	p. 8
"Navigating the Tides..."	p. 10
Happy 75th Birthday SSA	p. 11
NADE correspondence	p. 18
GP/SWADE Conference	p. 20

## President's Message

HAPPY ANNIVERSARY! RIGHT NOW SOME of you may be thinking that you forgot a personal event, perhaps a wedding anniversary or birthday. But, rest assured, you are not in the doghouse. This year, specifically July 26<sup>th</sup>, marks the 20<sup>th</sup> anniversary of the signing of the Americans with Disabilities Act (ADA). The ADA prohibits discrimination on the basis of disability in employment, state and local government, public accommodations, commercial facilities, transportation, and telecommunications. That means an employer cannot refuse to hire you or a retail store prevent you from coming inside because of your disability. To be protected by the ADA, one must have a disability or be associated with someone with a disability.



The ADA defines a disability as a condition or conditions that limits a major life function, such as seeing, breathing, walking or remembering instructions. It also protects people who have a history of or are seen as having disability/disabilities.

While celebrating the ADA and its powerful impact on millions of people, let us remember our mission: To advance the art and science of disability evaluation. And do not forget about the people we serve who rely on us for accurate decisions and outstanding customer service.

Hopefully many of you were able to attend one of the regional training conferences that were held around the country the past couple of months. I had the privilege to attend most of them and the information that was shared was priceless. In Arkansas I was able to see various prosthetics for hip and knee replacements. In South Carolina I learned how to take my job and love it, and in Ohio I found out about psychological testing in the deaf community. Of course, one of the most important parts of any conference is the people. New friendships were formed and old ones were renewed. While we are speaking of conferences, it is time to start gearing up for our National Training Conference, September 11<sup>th</sup> to the 16<sup>th</sup>. Make plans to join us this year in Albany, New York. In this issue, you will find an agenda packed full of opportunities for learning about program matters and a variety of medical impairments as well as networking with old and new friends with trips to New York City and Saratoga.

Finally, please do not forget to renew your membership. NADE's strength is our membership. The more members we have, the more powerful our voice. Some reasons I have heard for people joining are "NADE makes me feel like a professional", "NADE understands, recognizes and rewards hard work", and "NADE is our strongest advocate who supports us in our endeavors to provide the best service to our clients and to provide access to the greatest resources which are available to us as disability professionals". The list goes on and on. Whatever your reason for being a part of this Association, I am proud to be your leader and I thank you for everything you do for us and the people we serve.

*Susan A. Smith*

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

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**Letters to the Editor** are welcomed and may be selected for inclusion in future issues. Please forward ideas for future *Advocate* topics to the editor or your Regional Publications Representative. The next issue will be published in **Fall, 2010**.

All correspondence should be directed through your Regional representative or NADE editor by **September 16, 2010**.

**NADE on the Hill**  
*continued from page 1*

standing position for the elimination of the 5-month waiting period for Social Security disability benefits and the 24-month waiting period for Medicare eligibility. We also continued our campaign for nationwide roll-out of the Single Decision-Maker (SDM) model which would allow faster processing of initial claims and allow DDS Medical Consultants to devote their time and expertise to cases for which their input is truly needed.

NADE continues to advocate for a significant reduction in the 15 year vocationally relevant period and we were greeted with wide enthusiasm for this proposal by advocacy groups and Congress. With SSA finally voicing limited support, NADE is hopeful positive action may occur on this issue.

Is there a future for reconsideration? This was a topic for which everyone in Washington had an opinion and few offered support for this appeal step. NADE is on record supporting an enhanced reconsideration appeal step but a recent (2008) poll of our membership found varying support for different recon models. As a result, the NADE leadership has signaled there will be further discussions on this issue to determine if NADE needs to change its position. NADE found nearly universal support that

reconsideration, in its current form, is a dinosaur that either needs to be brought into the 21<sup>st</sup> century or buried. The true value and effectiveness of an intermediate appeal step should be subjected to serious study to determine if it is necessary and, if so, how it can be made more efficient. Among the options to consider are allowing reconsideration to be an option for claimants, i.e., claimants who are unlikely to be allowed by the DDS can "opt out" of reconsideration and appeal an initial denial directly to ODAR, and letting DDSs review claims pending at the ALJ level that were denied on the basis of duration, or if the claimant has since aged into another vocational age category while their appeal has been pending. Other options are also on the table for discussion. There was a great deal of discussion about SSA's intent to re-implement reconsideration in the ten Prototype states where reconsideration was eliminated over a decade ago.

The week spent by the NADE leadership traversing the Halls of Congress was a very productive week for the Association. NADE will continue to pursue its legislative agenda in the months ahead and NADE members are urged to review NADE's Top Issues for 2010 and encourage their congressional representatives to be supportive.

*(Due to the February blizzard, the Board's midyear meeting was cancelled and this year's annual meetings on the Hill were rescheduled to April.)*



## NADE MENTORING PROGRAM

**IT IS TIME TO GET INVOLVED:  
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 OR  
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 UP TODAY TO BE A MENTOR OR  
 TO BE MENTORED.**

**PLEASE CONTACT CCP CHAIR TO JOIN!!**

### **NADE CALENDAR OF EVENTS:**

**2010 National Training Conference**  
**Crown Plaza Albany City Ctr**  
**Albany, NY                      Sept. 11-16, 2010**

**NADE Candidates**

## **Jennifer Pounds**

### **Candidate for Council of Chapter Presidents Chair**

Dear Chapter Presidents

I would like to announce my candidacy for the position of Chairperson of the Council of Chapter Presidents (CCP). The new CCP Chairperson will be elected at the CCP meeting during the NADE National Training Conference in Albany, September 11-16. I hope to see many of you there and have an opportunity to talk to you about the future of our professional association and why I have decided to seek this position.

There are challenging times ahead for the Social Security disability program. These challenges will impact on all of us and will have a profound impact on our professional Association. Our leaders must continue the tradition of being willing and able to take the lead on these issues and search for practical solutions. The CCP is the active voice of the local leadership in the NADE Chapters. The CCP Chair is your voice on the NADE Board of Directors and it is imperative our voice continue to be heard and the tradition of strong leaders serving in this position be preserved. It is for this reason that I am seeking to serve as CCP Chairperson in 2010-2011.

I have been an employee of the North Carolina DDS since 1999 and a NADE Member since 2004. I am currently the supervisor of a case processing unit in the DDS and have just begun serving a second term as President of THADE (Tar Heel Association of Disability Examiners). I previously served as President of our Chapter in 2008-2009 and our Chapter won the NADE President's Award as the most outstanding NADE Chapter in 2009. I was also honored to receive the John Gordon Award from NADE in 2009 as Supervisor of the Year. In addition to my active involvement in THADE, my experience in NADE includes service as Chairperson of the Southeast Region's Awards Committee in 2007-2008 and the Southeast Region's Membership Committee in 2009-2010. I am currently the Chair of NADE's National Awards Committee.

Since joining NADE, I have served actively at the Chapter, Region and National levels and believe I can be an effective voice for Chapter Presidents and provide effective leadership while serving as CCP Chair. I ask for your support.

Sincerely,

*Jennifer Pounds*

Jennifer Pounds

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*Jennifer Pounds*

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## **Sharon Belt**

### **Candidate for Treasurer**

As your current Treasurer for NADE, I have enjoyed the opportunity to serve the national association. I wish to announce my decision to run for re-election.

Since assuming the duties of Treasurer in October 2008, I have converted our banking and bill payments to an electronic format and have worked to maximize points accumulated on the NADE credit card as well as the use those points to defray travel expenses for the Board. I have performed the duties of Treasurer as directed by the President and I look forward to continuing in this position, with the support of the membership. Thank you.



## NADE Candidates

### Julie Kujath Candidate for Council of Chapter Presidents Chair

I would like to take this opportunity to announce my candidacy for election to Chairperson for Council of Chapter Presidents for 2010-2011. I have been very involved with my local chapter since joining NADE in March of 2008. I currently serve as the Jefferson City Chapter President and have served in this capacity for two years now. Also, I currently am the Missouri State Chapter Treasurer. I was coordinator of the 2009 Missouri State Training Conference at the beautiful Lake of the Ozarks. I believe in the benefit that NADE brings to our profession.

I understand the vital role of Chairperson for CCP to facilitate communication between the Board and chapter presidents. It is through connection of local, state and national levels that allows NADE to grow. I have enjoyed working on the local and state level to help build this connection, and would love to have the opportunity to serve on a national level. I would greatly appreciate your vote for CCP chairperson. Thank you for your consideration.



*Julie Kujath*



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## Colorado Association of Disability Examiners Get Moving in April for National Organ Donation Awareness Month

by Jean Leif, CADE President

COLORADO, A MEDIUM CHAPTER with 37 members, went into action in March, contacted the Health Resources and Services Administration, Division of Transplantation and requested promotional posters, flyers, pill dispensers, puzzles, educational brochures, luggage tags and lapel pins. Project leaders, Iris Salladay, Bill Lee and Jean Leif made a "Did You Know" display board which was colorful and educational re: organ donation facts. We contacted the State of Colorado and printed organ donation cards and "how to" information for those who needed to opt to have their driver's license noted that they were an organ donor.

On April 1<sup>st</sup> the Donate Life flyers and posters were hung, the Did You Know board was put up and three display tables were stocked with the educational and promotional items. Some members talked to strangers in retail stores, check out lines inquiring if their driver's license had a heart "just checking to see if you were an organ donor?" Very interesting and animated discussions, no doubt. There were sparks and conversations internally at the Colorado DDS, as well. CADE considers it a privilege to have received the following testimonies from our staff members:

**#1. My name is Fran Montano.** I have been an employee at the Colorado DDS since 1997. I first began as a Disability Examiner, then went on to processing consultative exams for the Office of Hearings and Appeals, and now am in the Developmental Unit.

When I was 16 I was diagnosed with Polycystic Kidney Disease with a prediction of dialysis in my thirties. In 1999 I started dialysis, 3 ½ hours, three days a week and this continued for 4 years. In 2002 a co-worker at the DDS asked, "What can I do to donate a kidney to you?" He talked it over with his family and went for testing. I was so moved by his compassion. However, to our disappointment, he was not a match. It was okay, the waiting list was long, and I found myself more fatigued and my body was getting weak. I worked full time and did the dialysis in the evenings.

In April of 2003, I received my second chance at life; a kidney came in from California, what a wonderful gift! I had my transplant and after waiting 4 years I was again able to live life as I knew it before my illness. My medical challenges were not over. In 8/06 I developed a blood infection and it entered my liver and for 3 years my life was a roller coaster. I needed a liver. I received so much support from coworkers, the Director of the DDS and an advocate of the Office of Hearings and Appeals, a Judge, what a heartfelt honor this was for me. My body was weak, my spirit was not, and I continued to work. In 2007 my only son got tested, potential donor? However, that wasn't meant to be. I continued to give the good fight and hold on to my Faith. On November 20, 2009 I received a donor liver and transplant. Yes, I was given yet another Gift of Life. It has been 7 years since my kidney



transplant, and 7 months since my liver transplant. If sharing my story will change one person's mind about donating organs, it is well worth my time with this story. I am a voice for so many who still await their miracle of a second chance at life. I am so deeply honored and thankful to the Colorado DDS, and I want to thank everyone for reading this article and pray you will give the gift.

**#2. Submitted by Monique Serna,** Disability Examiner/ CADE member: When I was 19 years old, my best friend's sister, who was 15 years old, was involved in a terrible car accident, along with 3 of her friends. Unfortunately, 2 of the 4 were severely injured, one of which was my friend's sister. The trauma that she suffered was so severe that she remained on life support for only 1 day before her short life came to an end. Her family agreed to donate any organs possible, and she was able to save the lives of 3 people, heart-liver-kidney. One of the recipients was an 18 year old girl in Utah who received the heart. The donor recipient immediately contacted the donor family, and ever since, the families have become one. To this day, the heart recipient has become a "new" sister to my best friend, and was even a bridesmaid at her wedding. It is amazing how one family's tragedy can create another's triumph!

CADE concluded the Organ Donation Awareness month activities on April 30. Literally the next day, Mike Leif, the brother of Jean Leif, CADE President, received his Gift of Life in Kansas City, MO., a donor liver. "You'll be fishing by July", he was told at his last office visit. Coincidence???

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### Contest Information



*Monique Serna, Fran Montano  
and Jean Leif of CADE.*

### Organ Donation/Transplant Committee Announces National Donate Life Contest

*by Patrick Didas, Organ Donation/Transplant Chairman*

We received a number of submissions for the Donate Life Contest in April 2010 and as of this writing more continue to arrive from around the country.

The ideas and creativeness of some chapters are truly amazing. I wanted to share a few of them with you.

We have seen blood and registry drives with donors receiving gift cards and in one chapter, a free barbecue. Many chapters have had speakers address their members on the importance of organ donation. Some chapters have set up informational displays, given flowers to transplant to their gardens, some have held raffles and others have held weekly events for the whole month.

Most importantly was the theme noted throughout each of the most successful chapters. This was the message to educate as many people as possible. Whether it be through websites, flyers, information sessions or speakers, the NADE Donate Life Contest helps share the message that "You've been given life, Give it back"



**NADE wishes to thank  
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## Contest Information

### NADE Annual Membership Contest

by Michele Namenek, NADE Membership Director

Most NADE chapters recruit new members and remind current members to renew during NDPW. We hope you did a lot of celebrating and a lot of recruiting. But please don't stop recruiting. The National Conference is just around the corner. During the conference cash awards are given for first and second place chapters in each size category: large, medium and small chapters based on percentage increases in membership over the past year.

Please take advantage of recruitment materials on NADE's website. In addition, every chapter is eligible for a NADE Membership recruitment grant once a year.

Don't forget to inform potential members the top 5 reasons to join NADE :

- (1) Educational opportunities such as Training Conferences and access to the NADE Advocate,
- (2) Advocacy for disability professionals through NADE's regular meetings with congressional officials and SSA leaders and policymakers,
- (3) Networking opportunities to meet and share best practices with disability professionals across the country,
- (4) Professional Recognition and Certification, and
- (5) Opportunities to make a difference by participating to whatever degree you wish on a local or national level to effectuate positive changes through NADE.

Even though membership is not mandatory, NADE is the only professional organization that is designed specifically for Disability employees. All individuals involved in processing and adjudicating disability claims are welcome to join.

NADE's strength is in its membership. For a cost of less than one cup of coffee a week, you can support and be a part of the professional organization that has been advocating on your behalf for over 30 years. As an added bonus, your membership fee is tax deductible.



### Newsletter and Photo Contest Deadline Approaches

by Donna Hilton, Publications Director

Entries for NADE's annual chapter newsletter contest should be submitted to Donna Hilton, NADE Publication Director, by **August 1, 2010**. If your newsletter is published in a word.doc format, just email a copy of each issue published since September 2009. If your chapter uses Publisher or another program, please submit eight (8) hard copies by mail.

Newsletters entries are judged on their format, content and graphic eye appeal by the Advocate staff. For more detailed information on the judging criteria, contact Donna Hilton or your regional Publication representative. The list of representatives is on page 2 of each Advocate issue.

Photo entries should also be sent by **August 1, 2010** to Donna Hilton: drhilton@suddenlink.net. They should reflect NADE's mission and professionalism.

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## GLADE Regional Conference

### "Navigating the Tides of Change"

by Claire Cowley, Ohio DDS

INFORMATION WAS flowing at this year's Great Lakes Association of Disability Examiners (GLADE) regional training conference "Navigating the Tides of Change," held May 5<sup>th</sup> -7<sup>th</sup> in Columbus, Ohio.

Tom Paige from the South Carolina DDS entertained the audience with the progress of a unified case processing system. He declared that the needs of the people who handle the claims are very important in this process. The final product may be fully available in October 2014.



Tom Paige

Other policy discussions included a disability workloads update from Mark Moskup, the Director for the Chicago Regional Office's Center for Disability, and SSA's chief ALJ Frank Cristaudo.

Veteran oncologist Eli Perencevich, M.D., from the Ohio DDS, talked about the changes in diagnosing and treating cancer as well as how the listings have been adjusted. For example, he noted that there used to be just a few types of lymphoma, but now there are 85. And he walked us through the 28 different sections of the cancer listings as well as other listings that can be applied when evaluating cancer.



Gary Hinzman, M.D

Gary Hinzman, M.D. discussed the impact of the obesity epidemic in this country, referring to the multitude of complications that being severely overweight can cause as well as how the secondary diseases can be assessed under the different body systems.

Attendees also learned about Sickle Cell anemia, diabetic complications and ways to control and prevent it through behavior, and treatment of developmental delays. Topics about psychological issues included effectively clarifying function, testing in the deaf community, and the use of horses as part of mental and physical therapy for the disabled.

for her presentation on what happens to veterans when they return home. While pictures relating to war and veterans flashed on the screen, Ohio DDS employee Bob Watts provided background music, written just for the presentation. Bill Shoemaker, M.Ed., discussed the many problems facing veterans and treatment available for them. Joe Seyford received two purple hearts while he served in Iraq and he brought everything into perspective as he described life during and after his tour of duty.

Dr. Cindy Lou Matyi masterfully combined the talents of a musician, a counselor, and an army veteran



Joe

Cindy

Bob

Bill

Dr. Douglas Kniss of the Ohio State University guided us on the promises and realities of stem cell research, clarifying many issues and how future treatment of many previously untreatable conditions could be affected.



The Snyders

Sharon and Brent Snyder brought tears to many eyes as they described the abuse their adopted daughter suffered as a baby that left her teenage body with a mind that will never advance beyond two months. That is when she was violently shaken and left with irreversible brain damage. Their daughter, Charlotte, also attended. She spends most of her time strapped into a wheelchair, staring upward. But she bursts into a delighted smile when a hand covers her eyes and then is removed.

Further information about the conference can be found at OADE's website: [www.ohioade.org](http://www.ohioade.org).

Attendees from several states were among the 145 attendees at this year's conference. One person from Michigan commented on how much she enjoyed the conference and how she couldn't wait for 2012.

What happens in 2012? Columbus hosts the National NADE conference that year!

## Happy 75<sup>th</sup> Birthday Social Security!

by Donna Hilton, Publications Director

### The Social Security Act (Act of August 14, 1935) [H. R. 7260]

#### PREAMBLE

*An act to provide for the general welfare by establishing a system of Federal old-age benefits, and by enabling the several States to make more adequate provision for aged persons, blind persons, dependent and crippled children, maternal and child welfare, public health, and the administration of their unemployment compensation laws; to establish a Social Security Board; to raise revenue; and for other purposes.*

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled...*

This August marks the 75<sup>th</sup> anniversary of the signing of the Social Security Act drafted in President Franklin Roosevelt's first term as part of his New Deal recovery program. Enacted during the midst of the Great Depression, the Social Security Act was a momentous legislation in American history. Thus, the groundwork was laid for a federal program that would become a thread throughout the lives of American workers, their dependents and the physically handicapped. On August 14, 1935, the Social Security Act established a system of old-age benefits for workers, benefits for victims of industrial accidents, unemployment insurance, aid for dependent mothers and children, the blind, and the physically/mentally impaired.

#### HISTORY BEHIND THE ACT

The Social Security Act signaled a change from the traditional "pulling oneself up by the bootstraps" and voluntarism to alleviate social ills to one of a government run program which developed into a pension plan. Prior to 1929, the federal government did not provide programs such as old-age pensions, public assistance, unemployment compensation, or health insurance — except for war veterans.

Historically, care of the aged and infirmed was left to the local level. The colonial laws on care of the destitute and infirmed were patterned after the Elizabethan Poor Law of 1601. Support for the impoverished and all relief was a local obligation covered by local taxation. Town elders determined who was eligible for assistance (or subject to punishment for laziness) and how it would be handed out. Prevailing American attitudes toward poverty relief were usually not clear-cut and governmental involvement was insignificant.

One significant predecessor, a social security program evolved in the aftermath of the Civil War. With hundreds of thousands of disabled veterans as well as widows and orphans, their needs led to the development of a pension plan with similarities to later developments in Social Security.

Several significant social trends occurred in 19th century America that made conventional ways of securing economic survival increasingly obsolete:

- The Industrial Revolution came of age;
- a population shift from the countryside to cities;
- longer life expectancy; and
- the fading of the extended family.

Americans became increasingly industrialized, citified, and older, and fewer people lived with various near relatives.

#### THE ACT AND ITS SUBSEQUENT AMENDMENTS

The depression of the early 1930s created nationwide misery, and sparked a popular crusade for old-age pensions coordinated by a retired California doctor, Francis Townsend. The Roosevelt administration responded by securing the Social Security Act in 1935 that would basically be funded by payroll taxes.

According to [www.ourdocuments.gov](http://www.ourdocuments.gov):

"Before the 1930s, support for the elderly was a matter of local, state and family rather than a Federal concern (except for veterans' pensions). However, the widespread suffering caused by the Great Depression brought support for numerous proposals for a national old-age insurance system. On January 17, 1935, President Franklin D. Roosevelt sent a message to Congress asking for "social security" legislation. The same day, Senator Robert Wagner of New York and Representative David Lewis of Maryland introduced bills reflecting

*Continued on next page*

### ***Happy Birthday, from page 11***

the administration's views. The resulting Senate and House bills encountered opposition from those who considered it a governmental invasion of the private sphere and from those who sought exemption from payroll taxes for employers who adopted government-approved pension plans. Eventually the bill passed both houses, and on August 15, 1935, President Roosevelt signed the Social Security Act into law.

The act created a uniquely American solution to the problem of old-age pensions. Unlike many European nations, U.S. social security "insurance" was supported from "contributions" in the form of taxes on individuals' wages and employers' payrolls rather than directly from Government funds. The act also provided funds to assist children, the blind, and the unemployed; to institute vocational training programs; and provide family health programs. As a result, enactment of Social Security brought into existence a milieu of complex administrative challenges. The Social Security Act authorized the Social Security Board to register citizens for benefits, to administer the contributions received by the Federal Government, and to send payments to recipients. Prior to Social Security, the elderly routinely faced the prospect of poverty upon retirement. For the most part, that fear has now dissipated."

Even in 1935, there was controversy surrounding this program. One point of opposition proclaimed that the act would actually cause a loss of jobs!

### **SOCIAL SECURITY BENEFIT TIMELINE**

1935 – Passage of the Social Security Act provides a worker's pension

1939 - Surviving spouses and minor children included as beneficiaries. Payroll taxes grew to pay for it.

1950s - More people added to Social Security's beneficiary pool; the benefit was increased, including the first cost-of-living allowance (COLA) since 1940.

1956 - Disability insurance was instituted during the administration of President Dwight D. Eisenhower and augmented over subsequent years. Early retirement for women at age 62 was permitted. Payroll taxes hovered at four (4) percent.

1961 - Early retirement for men at age 62 was allowed. Payroll taxes rose to six (6) percent.

1965 - A major advance occurred when the Social Security Administration was charged with providing health care to beneficiaries aged 65 or older, under the new Medicare Act signed into law by President Lyndon B. Johnson on July 30, 1965. The Health Care Financing Administration (HCFA) now maintains Medicare.

1972 – Under President Richard Nixon, the law was modified to provide a yearly COLA, keyed to the annual increase in consumer prices, to begin in 1975.

2000 - President Bill Clinton signed into law H.R. 5, "The Senior Citizens' Freedom to Work Act of 2000," which allowed approximately 900,000 officially retired but employed beneficiaries to keep their benefits without reductions.

The main part of the program today is OASDI (Old Age, Survivors, and Disability Insurance) or RSDI (Retirement, Survivors, and Disability Insurance). Initially it covered unemployment insurance as well. These days it refers only to the benefits for retirement, disability, survivorship, and death, which are the four main benefits provided by traditional private-sector pension plans. (Supplemental Security Income (SSI) is paid out of general tax revenues and not Social Security Payroll taxes. SSI was created in 1974 to replace federal-state adult assistance programs that served the same purpose. The restructuring of these programs was intended to standardize the eligibility requirements and level of benefits. The new federal program was incorporated into Title XVI (Title 16) of the Social Security Act.)

At a historic White House bill-signing ceremony on August 15, 1994, Public Law 103-296 - Social Security Independence and Program Improvements Act of 1994 - was signed into law. President Bill Clinton symbolically used one of the pens President Franklin Roosevelt had used when he signed the original Social Security Act on August 14, 1935. The new legislation officially separated the Social Security Administration (SSA) from the Department of Health and Human Services (HHS), effective March 31, 1995, and restored the SSA to its original status as an independent Federal agency. (SSA operated under the direction of a "parent" agency from 1939 until 1995.) A single administrator now leads the agency with a seven-member bipartisan advisory board.

### **FINANCIAL CONCERNS**

Debate still rings in the halls of Congress about how the Social Security system will meet the swelling demands of the retiring "Baby Boom" generation (those born between 1946 and 1964). Privatization has been a major political issue for over thirty years from the administration under Gerald Ford to that of George W. Bush. At the beginning of his second term, President George W. Bush campaigned to permit younger workers to invest a part of their Social Security contributions in the stock market. However, given the recent economic downturn, the push for privatization appears to be on the back burner for now.

*Continued on page 17*



# 2010 NADE National Training Conference

## *“Riding The Tide Of Change To Program Excellence”*



**Crown Plaza Albany City Center**  
**State & Lodge Streets, Albany, NY 12207**  
**518-462-6611**

**<http://www.cpalbany.com>**

**Reservation Code is ARX - \$139 per night****HOTEL INFORMATION:**

This hotel is a smoke-free, green facility with free parking

**TRANSPORTATION INFORMATION:** The hotel has free shuttle to Amtrak, airport, and bus station.

**Contact: Debi Chowdhury**  
**518.473.2231**

**[debi.chowdhury@ssa.gov](mailto:debi.chowdhury@ssa.gov)**

## 2010 NADE NATIONAL TRAINING CONFERENCE “RIDING THE TIDE OF CHANGE TO PROGRAM EXCELLENCE”

### Saturday, September 11, 2010

9:00 am- 10:00 pm Old Board Meeting  
6:00 am - 7:00 pm 1<sup>ST</sup> Time Attendees  
(meet and greet in the  
Hospitality Room)

7:00 pm - 9:00 pm **President’s Reception - Ballroom**  
9:00 pm - Hospitality

### Sunday, September 12, 2010

9:00 am - 4:00 pm Old Board Meeting (if needed)  
7:00 am - 10:00 pm Trip To New York City  
8:00 am - 5:00 pm Trip To Saratoga

### Tuesday, September 14, 2010

7:00 am - 9:00 am Continental Breakfast  
8:00 am - 4:00 pm Registration  
8:00 am - 9:00 am TBI/PTSD – On Returning Vets  
9:00 am -10:00 am Reflex Sympathetic Dystrophy  
– Dr. Frank Rice  
10:00 am -10:30 am *Networking*  
10:30 am -11:30 am Cleft Palate – Shriner’s Hospital

### Monday, September 13, 2010

8:00 am - 4:00 pm Registration  
7:00 am - 9:00 am Continental Breakfast  
  
8:00 am - 8:45 am Opening Ceremonies  
Gloria Toal, Deputy Commissioner-DDD, New York  
Beatrice Disman, SSA Regional Commissioner

11:30 am - 1:00 pm **NADE Board & Administrator’s  
Luncheon**  
(*On Your Own For All Others*)

8:45 am - 9:15 am NADE President Susan Smith  
9:15am - 10:15 am SSA Commissioner  
The Honorable Michael J. Astrue

1:00 pm - 2:00 pm SSA Office Of Disability Program  
(ODP), Art Spencer, Associate  
Commissioner  
2:00 pm - 2:45 pm SSA Office Of Systems, Kelly Croft,  
Deputy Commissioner  
2:45 pm - 3:15 pm Disability Case Processing System  
(DCPS) - Tom Paige/Doug Wilman

10:15am - 10:30 am *Networking*  
10:30 am - 11:30 am SSA Office of Disability Determinations  
(ODD), Ruby Burrell, Associate Commissioner  
11:30 am - 12:00 pm The History Of NADE  
- Marty Blum, NADE Past President

12:00 pm - 1:15 pm Lunch – On Your Own  
**Council of Chapter Presidents Luncheon**

3:15 pm - 3:30 pm *Networking*  
3:30 pm - 5:00 pm NADE Business Meeting  
  
5:45 pm - 10:30 pm Bus Trip To Saratoga  
6:30 pm - Hospitality Suite –Sponsored By KY

1:15 pm - 2:15 pm Children & Burns, Shriner’s Hospital,  
Boston, MA  
2:15 pm - 3:00 pm Pain Management  
3:00 pm - 3:10 pm Meet The Candidates  
  
3:10 pm - 3:30 pm *Networking*

### Wednesday, September 15, 2010

8:00 am - 4:00pm Registration  
7:00 am - 9:00 am Continental Breakfast  
8:00 am - 9:00 am SSA Office Of Quality Performance,  
Ron Raborg, Deputy Commissioner  
9:00 am - 10:00 am Discogenic Disease

3:30 pm - 4:15 pm Breakout Sessions:  
1. Medical Relations Officers  
2. 1<sup>st</sup> Time Attendees – Martin Blum  
3. Disability Hearing Officers  
4. Corporate Members  
4:15 pm - 5:15 pm Regional Caucuses

## TOURS AND TRIPS SPONSORED BY THE CONFERENCE:

### *Agenda, continued*

- 10:00 am - 10:30 am *Networking*
- 10:30 am - 11:30 am Organ Donation
- 11:30 am - 1:30 pm **Awards Luncheon**
- 1:30 pm - 2:30 pm DDS Administrators Panel
- Tom Paige (SC) Moderator,  
Stephen Jones (KY)  
Gloria Toal (NY)  
Vickie Johnson (CO)
- 2:30 pm - 3:30 pm Breakout Sessions:
1. Conflict Resolutions  
2. Motivation Speaker  
3. Support Staff
- 3:30 pm - 3:45 pm *Networking*
- 3:45 pm - 5:00 pm NADE Business Meeting
- 6:00 pm - 11:30 pm Hospitality Suite – Sponsored By  
California

### **Thursday, September 16, 2010**

- 7:00 am - 9:00 am Continental Breakfast
- 8:00 am - 9:00 am Registration
- 8:30 am - 9:30 am SSA Office Of Disability Adjudication  
and Review (ODAR), Frank Cristaudo,  
Chief Administrative Law Judge
- 9:30 am - 10:15 am SSA Policy Net
- 10:30 am- 10:45 am *Networking*
- 10:45 am - 11:45 am Medical Session - TBA
- 11:45 am - 12:00 pm Closing Remarks
- Passing of the Gavel
- 1:30 pm **New Board Meeting**

### **Saturday September 11, 2010 (Lunch included)**

**Culinary Institute of America** - A trip to The Culinary Institute of America's Hyde Park campus offers the chance visit the premier culinary college in the United States. With a wide variety of programs and attractions, the CIA is a must-see destination for food-lovers., who will enjoy lunch prepared by student chefs. [www.ciachef.edu](http://www.ciachef.edu)

**Vanderbilt Mansion** – National Registrar of Historic Homes. President Franklin D. Roosevelt designated the grounds set aside as an arboretum for public enjoyment, later designated as a national park. [www.nps.gov/vama/historyculture/hrs.htm](http://www.nps.gov/vama/historyculture/hrs.htm)

**Millbrook Winery** – Called Hudson Valley's flagship winery by the New York Times. A guided tour of the vineyards and wine tasting. [www.millbrookwine.com](http://www.millbrookwine.com)

### **Sunday September 12, 2010**

**Tour 1. NEW YORK CITY with optional Boat Tour** - Hop on board one of our many New York City Harbor Cruises. Stare up at the awesome skyscrapers that make our fabulous skyline come alive. See the majestic Statue of Liberty, and Ellis Island. Circumnavigate Manhattan Island and see it all - rivers, major bridges, and our boroughs (boat tour is additional cost to the \$55 bus cost).

**Tour 2. Saratoga Tour** – From the battlefields to the oldest racetrack (1863) in the country part of the Triple Crown, home of the potato chip, home of 22+ natural springs. [www.saratoga.com](http://www.saratoga.com) ;  
<http://saratogawalkingtours.com>

### **Tuesday September 14, 2010**

**SARATOGA RACINO** - billed as one of the hottest spots in the Capital Region, The Saratoga Gaming and Raceway became the first gaming facility to open in New York State when it unlocked the doors to its newly renovated racino on January 28, 2004. The racino has over 1,700 video gaming machines, two eateries, three full-service bars, a food court, a gift shop, a nightclub called Vapor and a buffet restaurant.

### **Wednesday September 15, 2010 6 pm**

**UNDERGROUND RAILROAD WALKING TOUR** – Walking the abolitionist's trail - offered by Underground Railroad History Project of the Capital Region. This walking tour of downtown Albany sites connected to anti-slavery movement focuses on an important portion of the Capital District's History. The tour assists in discovering and celebrating Albany's role in the Underground Railroad, the network that helped fugitive slaves make their way to freedom in Canada. [www.ugrworkshop.com](http://www.ugrworkshop.com)

### **CONFERENCE QUESTIONS**

Please contact:

Debi Chowdhury 518-473-2231 [debi.chowdhury@ssa.gov](mailto:debi.chowdhury@ssa.gov)



# 2010 NADE National Training Conference

September 11-16, 2010



## CONFERENCE REGISTRATION FORM

### REGISTRANT INFORMATION:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_

State/Territory: \_\_\_\_\_ Zip Code: \_\_\_\_\_

NADE Chapter/Region: \_\_\_\_\_

Job Title: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Special needs \_\_\_\_\_

Check as applicable:

☐ Speaker

☐ Exhibitor

☐ Non-Exhibitor Sponsor

☐ SSA Employee

☐ DDS Employee

☐ NADE Board Member

☐ DDS Administrator

☐ Guest

### Conference Fees:

**ATTENDANCE FEE** (payment *must* be received by **August 31, 2010**):

Entire Conference: ☐ \$165 NADE Member ☐ \$215 non-NADE member

**PRESIDENT'S RECEPTION** (Monday - 9/13/2010 - 7pm-9pm - included in registration; Guests. \$10/pp)

**AWARDS LUNCHEON** (included in registration; additional/guest tickets \$25/pp)

### TRIPS:

9/11 VANDERBILT/CIA (includes lunch)/MILLBROOK WINERY \$75

9/12 NEW YORK CITY (transportation only). . . . . \$55

9/12 SARATOGA . . . . . \$40

9/14 SARATOGA RACINO . . . . . \$30

9/15 UNDERGROUND RAILROAD TOUR \$10

TOTAL AMOUNT ENCLOSED

Please pay by check – made payable to: **ESADE Conference 2010.** *NO vouchers accepted*

Mail to: Ann L. Rymski, Registrar NADE Conference 2010  
PO Box 71.  
Slingerlands, NY 12159-0071

**HOTEL INFORMATION:** Crowne Plaza Albany, State & Lodge Streets, Albany, NY 12207 USA 518-462-6611  
[www.cpalbany.com](http://www.cpalbany.com) Reservation code ARX This hotel is a smoke-free, green facility with free parking

**\*\*\* ALL Room Reservations Must Be Made By August 15, 2010 \*\*\***

**TRANSPORTATION INFORMATION:**

The hotel has free shuttle to Amtrak, airport, and bus station.





## NADE - The POWER of Belonging

by Marcia Shantz, NDPW Chair

NATIONAL DISABILITY PROFESSIONALS WEEK, fondly known as NDPW, is NADE's most POWERful celebration of the year. I sincerely hope all Chapters used this opportunity to promote disability professionals and celebrate accomplishments.

The NDPW committee hopes that each Chapter was able to use this year's theme, "NADE-The POWER of Belonging," to unleash purposeful energy in the workplace to bring positive power to everyone.

Now that celebration efforts have concluded, the committee will be busy deliberating over the submissions for the prize awards. Each Chapter's narrative will need to be submitted to the committee chair, Marcia Shantz, at [Marcia.Shantz@ssa.gov](mailto:Marcia.Shantz@ssa.gov) by Friday, July 9<sup>th</sup>. So far, there have been many creative, educational, and fun filled events that occurred across the country. It is no easy task to determine just who will have had the "best celebration efforts."

The committee will be using criteria such as best use of the theme and encompassing the most varied activities from the list of award criteria. A prize of \$50 for first place and \$25 for second place will be awarded in each chapter size category: large, medium and small. That is six prizes in all! The winners will be announced and the prizes will be awarded at the general membership meeting at the NADE National Training Conference. It will be held in Albany, New York this September 11<sup>th</sup> through 16<sup>th</sup>.

For questions regarding the NDPW contest, please contact any of the following committee members (e-mail in SSA global list):

Marcia Shantz	Janet Geeslin
Leola Meyer	Heidi Defreese Burns
Ellen Berg	Cynthia Wilson

### SSA Birthday, continued from page 12

Concerns about the Social Security system's financial health surfaced in the 1980s and led to legislation in 1983 when President Ronald Reagan signed into law, for the first time, the taxation of Social Security benefits. In addition, coverage was extended to federal employees, the retirement age was raised, to begin in 2000, and the reserves in the Social Security Trust Funds were increased.

The Social Security Trust Funds were moved out of the federal budget in 1985, so that funds set aside for the Social Security system could be tracked separately from the rest of the budget. By then, payroll taxes were pegged at 11.4 percent.

More changes were made in 1993; the amount of taxable benefits for upper income retirees was increased to 85 percent and payroll taxes rose to 12.4 percent. Concern over the soundness fiducially of the Retirement Funds has been raised repeatedly by the Social Security Trustees in their annual reports and discussion of private sector investment was raised yet again. Trustee Reports throughout the 1990s questioned how Social Security could keep the Trust Fund solvent with the anticipated volume of benefits payments.

While wiser economic minds ponder the problems and the solutions, the rest of us may gather on August 14 to cut a piece of cake, wish Social Security a happy 75<sup>th</sup> birthday, and continue to help those who are eligible for assistance under OASDI, RSDI, and SSI.



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**NADE Correspondence**

June 11, 2010

The Honorable David R. Obey  
Chairman  
United States House of Representatives  
Committee on Appropriations  
The Capitol, H-218  
Washington, DC 20515

The Honorable Jerry Lewis  
Ranking Member  
United States House of Representatives  
Committee on Appropriations  
1016 Longworth House Office Building  
Washington, DC 20515

Dear Chairman Obey and Ranking Member Lewis,

The undersigned organizations represent many of the stakeholders interested in the efficient and effective operation of the Social Security Administration (SSA), including older Americans, people with disabilities, workers of all ages, and survivors of workers.

We greatly appreciate the ongoing support you have expressed for SSA. We respectfully request that the Labor-HHS-Education Appropriations Subcommittee provides funding of no less than the President's Budget Request of \$12.528 billion for the Social Security Administration for FY 2011. This figure includes \$12.379 billion for SSA's Limitation on Administrative Expenses (LAE) account in the FY 2011 Labor-HHS-Education Appropriations Bill.

If approved by Congress, the \$12.528 billion level of funding would allow SSA to:

- Process 236,000 more disability claims than in FY 2010
- Complete 74,000 additional hearings
- Reduce the number of pending hearings to 657,000
- Reduce the average hearing decision time
- Work 31,000 more medical Continuing Disability Reviews (CDRs)
- Clear the same number of SSI Non-Disability Redeterminations cases (2,411,000) as FY 2010
- Reduce the 800 Number Agent busy rate from 8% to 7%

This recommended funding level would be a significant positive step towards improving SSA's services to the American public. However, it is important to note that SSA needs a minimum administrative budget increase of \$750 million in FY 2011 to cover inflationary costs alone. SSA desperately needs funding above that level to keep pace with growing workloads, address existing backlogs, and meet service expectations. Even if the President's FY 2011 Budget Request is approved for SSA, the agency will still have a workload backlog growth of approximately 3,100 work years related to services in support of the public.

SSA workloads continue to grow at a much greater rate than expected, due in part to the recession. For example, through April 2010, these SSA workloads for FY 2010 have seen the following significant increases:

- Disability claims sent to the Disability Determination Services (DDSs) are projected to be up about 570,000 cases over FY 2008 (22%) and 150,000 over FY 2009 (5%).
- The DDSs' initial claims pending workloads have grown to 826,000 as of the end of May 2010. This is up 46% from the end of Fiscal Year 2008 and 6% from the end of Fiscal Year 2009.
- Hearing requests received in the Hearing Offices are projected to be up nearly 75,000 (13%) in FY 2010 compared to FY 2009.

Baby boomers are retiring at a rate of 10,000 per day, increasing the agency's retirement claims workloads and inundating SSA Field Offices with a rising number of customers. This year over 45 million visitors are expected to visit SSA Field Offices. In many offices, customers are experiencing waiting times in excess of one hour. It is projected that about 2.6 million SSA visitors will wait over one hour for service this fiscal year. For those who try to reach their local SSA Field Office by telephone, busy rates remain at an unacceptable rate, well above 50 percent in many locations. This is due in large part to the fact that Field Offices receive nearly 60 million business-related phone calls each year and do not have sufficient staff to answer the telephones.

Even eliminating the hearings backlog by 2013 is at risk given the marked increase of new applications. The Hearing Offices continue to have massive pending workloads, which are now nearly 695,000 cases. Although SSA continues to make progress on the disability hearings backlog, the agency does not expect the backlog to be eliminated until 2013 unless the necessary resources are provided. While waiting for decisions, an untold number of individuals with disabilities are suffering severe financial hardships. Many do not have health care, resulting

in a further deterioration of their condition, potential loss of home, and bankruptcies. Sadly, many claimants die before they receive the benefits to which they are entitled.

The President's FY 2011 Budget Request for the Social Security Administration proposes an overall LAE appropriation of \$12.379 billion for the agency. This includes a special funding mechanism that will provide \$513 million, in addition to the \$283 million already included in the base request, specifically for program integrity workloads including Continuing Disability Reviews (CDRs) and SSI Non-Disability Redeterminations. It is important to consider the following relative to these workloads:

- SSA has a backlog of 1.5 million full medical CDRs. Even if SSA is fully funded, the President's Budget Request would only provide resources for SSA to complete 360,000 CDRs in FY 2011. There is an estimated saving of \$15.8 billion if SSA had the resources available to conduct all 1.5 million CDRs.
- As noted above, the proposed FY 2011 SSA Budget Authority calls for SSA Field Offices to conduct the same number of SSI Non-Disability Redeterminations as FY 2010. This is an increase of almost 700,000 above FY 2009 levels about 1.2 million above FY 2008 levels.

For all of the reasons stated, we respectfully request that the Labor-HHS-Education Appropriations Subcommittee provides funding of no less than the President's FY 2011 Budget Request of \$12.528 billion for SSA. We realize the difficult decisions you must make regarding FY 2011 funding levels for many programs, but we are confident that this increased investment in SSA will benefit our entire nation. On behalf of our thousands of members throughout the country we appreciate your consideration of this request and your ongoing support for adequate funding for the Social Security Administration.

Sincerely,

AARP

American Association of People with Disabilities  
 American Association of Social Security Disability Consultants  
 American Federation of Government Employees  
 American Federation of Teachers Program on Retirement and Retirees  
 American Network of Community Options and Resources  
 Association of Administrative Law Judges  
 Association of University Centers on Disabilities  
 Autism National Committee  
 Bazelon Center for Mental Health Law  
 Children and Adults with Attention Deficit/Hyperactivity Disorder  
 Council of State Administrators of Vocational Rehabilitation  
 Dialysis Patient Citizens  
 Easter Seals  
 Epilepsy Foundation  
 Federal Managers Association  
 National Alliance on Mental Illness  
 National Association of Area Agencies on Aging  
 National Association of Disability Examiners  
 National Association of Disability Representatives  
 National Association of State Head Injury Administrators

National Council of Disability Determination Directors  
 National Council of Social Security Management Associations  
 National Disability Rights Network  
 National Multiple Sclerosis Society  
 National Organization of Social Security Claimants' Representatives  
 National Respite Coalition  
 National Senior Corps Association  
 National Spinal Cord Injury Association  
 National Treasury Employees Union  
 Paralyzed Veterans of America  
 Social Security Disability Coalition  
 Social Security Section of the Federal Bar Association  
 The Advocacy Institute  
 The Arc of the United States  
 The National Center for Learning Disabilities  
 Title II Community AIDS National Network  
 United Cerebral Palsy  
 United Spinal Association  
 VOR-Speaking out for People with Mental Retardation  
 World Institute on Disability

*This same letter was also sent to the:*

*United States Senate Committee on Appropriations (The Honorable Daniel K. Inouye, Chairman and The Honorable Thad Cochran, Ranking Member)*

*United State Senate Committee on Appropriations, Subcommittee on Labor, Health, and Human Services, Education and Related Agencies (The Honorable Tom Harkin, Chairman and The Honorable Thad Cochran, Ranking Member)*

*United States House of Representatives Committee on Appropriations, Subcommittee on Labor, Health, and Human Services, Education and Related Agencies (The Honorable David R. Obey, Chairman and The Honorable Todd Tiahrt, Ranking Member)*

**Great Plains/SW Regional Conference**

## **Arkansas Hosts BiRegional Meeting; Provides Wealth of Training**

*by Trish Chaplin, Missouri DDS, CCP Chair*

RUTH LACEY, SSA DEPUTY Associate Commissioner of ODD, spoke about the growth of initial SSA Disability applications. She reported there was an astounding 16.1% growth in FY09 compared to FY08. There is a projected 10.5% growth for FY10 with current growth already at 9.3% (as of FY10 week 28).

The DDS Capacity Plan is a project headed by ODD with key components of the plan to increase staffing in the DDS & federal processing components; improve efficiency through automation; expediting already planned information technology infrastructure investments to optimize systems performance; redefine policies and business processes to expedite case processing. More information is available about the DDS Capacity Plan at <http://sharepoint.ba.ssa.gov/dco/ODD/projects/buldge/default.aspx>

The Extended Service Teams (EST) are designed to help process the influx of cases being receipted. EST just started in Arkansas in March 2010 giving assistance to Maryland; Mississippi began in April, assisting Georgia; and Virginia was scheduled to start in May and Oklahoma in June. DDS Systems upgrades are scheduled for FY10 to include workstation & serve refreshment, backup iSeries, Microsoft Office 2007, VISSA operating system.

Mrs. Lacey gave information about QDD/CAL statistics. QDD/CAL cases were a successful component of the DSI plan. She reported 41,694 QDD allowances have been processed thus far with an average processing time of 9.5 days. Another 4,842 CAL allowances have been processed with an average processing time of 14.4 days. The Single Decision Maker (SDM) authority should be published as a final rule in the Federal Register by the end of FY10. She reports that SDM nationwide is still being worked out.

The Disability Case Processing System (DCPS) is the process of unifying the DDSs into one common system. Phase 1 and Phase 2, determining feasibility to pursue building & visioning the common system, are complete. Phase 3 is under way focusing on requirements, construction and implementation. DCPS has a quarterly newsletter with its first issue published in 11/09 and second in 3/10. More information about DCPS is available at <http://co.ba.ssa.gov/odd/specialProjects.dcps/>

She also gave updates about our infamous Cooperative Disability Investigation (CDI) units which are located throughout the country. The Dallas, Denver and Kansas City Field Offices and DDSs have referred 1,462 claims during FY09. The six CDI units in these three regions opened 922 and closed 850 investigations. The unit handled 719 fraud or similar fault actions. The estimated savings to SSA was \$59,374,212; there was also non SSA savings of \$30,047,691. More information can be found at the DDS Fraud Referral Video On Demand (VOD).

Mrs. Lacey also reported about Integrated Disability Process (IDP) which is a process trying to unify the way business is done at the DDS level. New medical source statements (MSS) have been drafted for both mental and physical with usability testing set for Spring 2010. The unified disability training pilot began with detailees reporting to SSA headquarters in January and drafting training on SGA related to PRW. This unified training is for the ALJ, FO and DDS all to have the same "core training." SSA continues to discuss streamlining Steps 4 and 5, ODP has drafted POMS language and a final draft for IRD is out, comments by 04/15/10. At this time, SSA is not able to move forward with reducing PRW from 15 yrs down to 10 yrs.

She reported about the new rules regarding vision cases, as a lawsuit was brought up by the American Council of the Blind. We must now offer Special Notice Option (SNO) to receive notices in Braille and Microsoft Word CD to those with allegations of blind impairments. DDS IVT Training in 4/10.

Electronic Case Analysis Tool (eCAT) has now rolled out in 16 sites with over 1,500 eCAT users to date. At this time, over 200,000 claims have been processed using eCAT, with over 180,000 of these being initial & almost 30,000 being recon claims. Experienced eCAT sites will assist with testing and training. An overview of eCAT is now available on the VOD library at <http://learning.ba.ssa.gov/OL/vod/VODdesc.asp?CID=00408709111707084944>. Overall, eCAT users are satisfied with this great tool.

Mrs. Lacey briefly reported about Health Information Technology (HIT) stating that through March 2010, more than 4,100 Health IT MER documents received. She also reported on the American Recovery & Reinvestment Act (ARRA) which is providing funding to 15 medical providers & networks involving 12 new states in 6 regions with all contracts being completed by the end of fiscal year 2011.

For any additional information about ODD, visit their website at <http://co.ba.ssa.gov/odd/>



NADE President Susan Smith provided attendees with information about NADE's Top Issues for 2010, these including:

- \*Continued support for appropriate level of funding for SSA & DDS.
- \*Continued support for improvement in customer services, including improvements in processing time and significant reductions in pending backlogs at all levels.
- \*Continued support for a national roll-out of the Single Decision Maker model.
- \*Continued support for efforts to develop a professional certification process for Disability Examiners, DDS Medical Consultants & DDS Support Staff personnel.
- \*Continued support for reduction in the 15 year relevant vocational period.
- \*Continued support for Disability Program Integrity initiatives.
- \*Ongoing support for the elimination or reduction of the 5 month waiting period for Title II claimants and for the elimination or reduction of the 24 month waiting period for eligibility for Medicare benefits. Ms. Smith expressed NADE has a strong relationship with SSA and continues to have open communication with the SSA Commissioner who is very supportive of our association.

Susan Schaefer, PhD is a medical consultant at the AR DDS whose specialty and presentation at the conference was about Anxiety Disorders. Dr. Schaefer pointed out that there are different types of anxiety disorders, such as panic, specific phobia, social phobia, OCD, PTSD and GAD. Anxiety=worry or fear. Panic Disorder is characterized by recurrent unexpected panic attacks, with or without agoraphobia (which involved avoidance of being alone outside the home or being in a crowd of people). To be classified as a panic attack, the episode must involve at least 4 of these symptoms: palpitations/tachycardia; sweating; trembling or shaking; sensations of SOB or smothering; feeling of choking; chest pain or discomfort; nausea or abdominal distress; feeling dizzy, unsteady, lightheaded or faint; derealization (feelings of unreality) or depersonalization (being detached from oneself); fear of losing control or going crazy; fear of dying; paresthesias and chills or hot flashes. One can have anticipatory anxiety in which they anticipate having a panic attack. The combination of medication and therapy is always the best treatment for an anxiety disorder. Unfortunately, many do not recognize their anxiety and chose to self medicate with drugs and/or alcohol.

Another type of anxiety is a specific phobia which is an excessive or unreasonable fear of a specific object or situation. Many common fears are flying, heights, animals, going to Dr, seeing blood, etc. People with specific phobias know this is an irrational fear but are unable to control their fear. These fears are generally a cover for 2 more major fears...the fear of losing control and of dying. Treatment for specific phobia is

*Continued on next page*



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**GP/SW BiRegional Highlights, from page 17**

the "baby step" approach. Social anxiety has become a very common type of anxiety which is fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others. This is also known as stage fright and affects millions on people around the world.

Again, many people who suffer from anxiety do not seek professional health for their anxieties for many reasons, some do not recognize their symptoms as anxiety, others have no access to mental health professionals while others feel there is a stigma with having such disorder. Another very common type of anxiety is Obsessive-Compulsive Disorder (OCD) which involved obsessions, compulsions or both. OCD is really a habit with obsessions being recurrent & persistent thoughts, impulses or images that are experienced as intrusive & inappropriate and compulsions repetitive behaviors (like hand washing, checking) or mental acts (counting, repeating words, etc.). Treatment for OCD is to try to oppose the client to the thing they are obsessed with.

Post Traumatic Stress Disorder (PTSD) has become a common mental health impairment, especially at times of war. PTSD must involve the person being exposed to a traumatic event, such as war, abuse, etc. This trauma could be repetitive or a one-time event. The hallmark of symptoms for PTSD sufferers are flashbacks and/or nightmares about the event. Additional symptoms include efforts to avoid thoughts, activities, places or people associated with the trauma. People also have feeling of

detachment from others, difficulty with sleep, irritability, outbursts of anger, hypervigilance, exaggerated startle response. PTSD is best treated with a combination of medication and psychotherapy.

Lastly, Dr. Schaefer discussed the most common form of anxiety known as Generalized Anxiety Disorder (GAD) which is characterized as excessive anxiety and worry. It is probably safe to say that almost everyone has some form of GAD from which they silently suffer from sxs of restlessness, feeling keyed up or on edge, being easily fatigued, difficulty concentrating, irritability, muscle tension and sleep disturbance. GAD is usually treated with medication and/or therapy.

Ms. Toionna Jenkins is a research associate at the Robert Wood Johnson Foundation (RWJF) Center to Prevent Childhood Obesity, briefly speaking about the strides of this foundation and many others trying to combat childhood obesity. Ms. Jenkins noted that childhood obesity has significantly increased in the past several years and this has become a national crisis as children are much less active and eat more than ever before. The RWJF is the leading voice in the national movement to reverse childhood obesity by 2015. The center uses policy analysis, leadership development and communication with a vast number of interest groups. In order to prevent childhood obesity, we must learn how to sustain health lifestyles with regards to foods we eat and physical activity. Many school boards are onboard and have cut the high fat, like pizza and burgers, out

of the school menu, now offering more fruits and vegetables. For more information on the goal to eliminate childhood obesity, visit the RWJF Center website at [www.reversechildhoodobesity.org](http://www.reversechildhoodobesity.org).

Psychologist Dr Kevin Reeder works with veterans at the Central Arkansas Veterans Healthcare System dealing with military deployment and PTSD. In a time of conflict or war, military deployment for many is inevitable as well is the memory of the events that follow. He reports the effects of deployment include fear, trauma, family disruption, moral/ethical challenges, guilt, grief, challenges to belief system and loss of abilities/function. Dr. Reeder reports military personnel face many challenges in treatment upon returning home including: facilitating the transition from combat to civilian life, stigma, PTSD, function/environmental challenges, emotional states of post deployment and behavior challenges. There are three levels of readjustment stress: being away from home for an extended period of time, being in a war zone, being exposed to intense events. When veterans return home from a war zone, they must abide by new rules of society with new expectations, demands, adversity. They lose their "powerful warrior" mind set and this is very traumatic for many.

According to the Veterans Health Administration, Office of Public Health and Environmental Hazards published in 2008, the second most common health problem for veterans are mental disorders (40%) with the first being muscu-



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loskeletal disorders (46%). Of these mental disorders, more than 59,000 suffer from PTSD; 48,000 with nondependent abuse of drugs; 39,000 with depressive disorders; 9,000 with alcohol dependence and 4,000 with drug dependence. In order to protect our military personnel, we must help our veterans to preserve their sense of honor, to make sure they receive the correct treatment for their impairments. Dr. Reeder discussed PTSD symptoms of arousal, re-experiencing and avoidance which are often misdiagnosed as depression, bipolar, borderline personality disorder, antisocial personality disorder and ADHD. Upon return from deployment, many veterans experience numerous functional/environmental challenges, emotional and behavioral challenges that are best dealt with by seeking treatment. 80% of veterans treated for PTSD also have some type of substance use which also needs to be treated. When all is said and done, the availability and accessibility of treatment for our veterans is paramount as we move on as a nation in maintaining our mental and medical health. Websites available for military: [www.nmfa.org](http://www.nmfa.org); [www.militaryonesource.com](http://www.militaryonesource.com); [www.sofarusa.org](http://www.sofarusa.org); [www.vba.va.gov/benefit\\_facts/index.htm](http://www.vba.va.gov/benefit_facts/index.htm).

Bruce Smith is one of Oklahoma's Professional Relations Officer who is helping with the Initiative called SOAR (SSI/SSDI Outreach Access and Recovery). Mr. Smith briefly presented information about the OK FO and DDS outreach program for homeless applicants. This program was developed by Yvonne Perret in Baltimore MD primarily to

assist case managers of homeless individuals with mental health issues. This program is now being used in numerous states, including Missouri. SOAR cases in Oklahoma have increased by double in approvals, decreased by almost half with processing time and by half with consultative examinations. This program focuses on the importance of engaging the applicant in order to expedite the benefits. More information can be found at [www.prainc.com/SOAR](http://www.prainc.com/SOAR).

Mr. Keith Lasey presented about Organ and Tissue Donation with myth and facts. Mr. Lasey is with the Arkansas Regional Organ Recovery Agency (ARORA). Arkansas has a statewide donor registry that is a confidential data bank, those who are donors on their drivers license are already in this data bank. The most important step to take if you want to be an organ or tissue donor is to discuss your decision with your family and make sure they understand your wishes about donation. Organs that can be do-

nated include the heart, pancreas, kidneys, liver, lungs and intestine. Tissue includes corneas, heart valves, tendons, skin, bones, veins and arteries. All potential recipients are registered with UNOS (United Network for Organ Sharing). Information about donors are confidential, although ARORA can arrange correspondence between the donor families and recipients if they so choose. There is NO cost to being an organ/tissue donor and it does not affect the level of health care a potential donor receives. Remember, one donor can save the lives of more than 100 people. Sadly, 12-15 people die each day waiting to receive an organ transplant and every 16 minutes, a new name is added to the organ transplant waiting list. The number of those waiting for transplants far exceeds the number of donors in this country. Additional information about organ donation can be found at [www.arora.org](http://www.arora.org).

*Continued on next page*



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**GP/SW BiRegional Highlights, from page 19**

Mr. Doug Willman, Lincoln NE DDS Administrator, discussed the role of IT in the DDS, mainly talking about the highly anticipated Disability Case Processing System (DCPS). This system is to replace the current 5 Legacy systems with one common system at the DDS level. This process began back in September 2007 with great strides accomplished and possible rollout in 2013. There are many complexities of the DCPS that will require many adjustments to life as we know it now with our own legacy systems but is geared to unifying disability case processing throughout our nation. Further information is available at <http://co.ba.ssa.gov/odd/specialprojects/dcps/>.

A very interesting and interactive presentation by Bob Thomas, of Smith & Nephew Prosthetics, involved Missouri's Julie Kujath who was delighted to assist in a total hip arthroplasty. During this presentation, Mr. Thomas showed us the tools required to perform procedures involving prosthetics as well as some actual prosthetics. He reported that the United States is the number one producer of prosthetics hardware. Additional information about prosthetics can be found at their website at <http://global.smith-nephew.com/master/6600.htm>.

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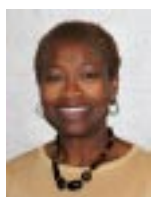
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**"Buck" was himself a Past President of NADE in 1975-1976. He is no longer with us but his legacy lives on through this gift from the heart to NADE.**