

**NADE****THE ADVOCATE**

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NADE would like to thank CADE for the Wonderful  
National Training Conference.

NADE Conference Aurora, CO Aug 15-17

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## Tonya Scott

### NADE PRESIDENT

Outstanding, Excellent, Awesome! These are just a few of the adjectives used to describe the 2016 NADE National Training Conference. The Colorado Chapter (CADE) did a fantastic job with the planning and execution of the conference. It was wonderful seeing familiar faces, but it

was equally as wonderful seeing so many new faces.

The conference was packed with enlightening and informative information. As always, the speakers from SSA presented us with information that was beneficial to the very complex jobs that we do. We were privileged to have Ms. Nancy Berryhill, SSA Deputy Commissioner for Operations, Ms. Ann Robert, SSA Associate Commissioner, Office of Disability Determinations, and Melissa Spencer, SSA Deputy Associate Commissioner for Disability Policy. Mr. Phil Gambino, SSA Senior Advisor to the Deputy Commissioner for Operations provided us with an excellent presentation on effective communication. Gale Stone, the new SSA Acting Inspector General was unable to join us; however Mr. Steven Schaffer, the Chief of Staff in the Immediate Office of the Inspector General did not disappoint us with his presentation.

Medical Speakers and other presenters were phenomenal! Ms. Joelle Brouner, Director of Community Access a Division of Vocational Rehabilitation was truly inspiring and unforgettable. Sara Sexton, PsyD, provided information regarding adverse childhood experiences test study, Richard Weir, PhD, presented information on the latest state of the art prosthetics and 3D technology, and Dr. Michael Canham discussed the pulmonary pitfalls and updates. One of my favorite presentations was given by Jane Boone, with Freedom Service Dogs of America. Along with assistance from her canine friend, she provided detailed information regarding the training of a service dog.

Vicki Johnson, Director of the Colorado DDS provided us with information from NCDDD and Noel Tyler, former Director of the Oklahoma DDS, now currently the Vocational Rehabilitation Commissioner, provided a wonderful and inspiring presentation on Leadership. We had the opportunity to recognize our members at the National Awards Luncheon. NADE truly has some outstanding members that are engaging and active at work, as well as in their local communities.

I was so very honored and humbled to assume the position as the NADE President at the end of the general membership meeting. I had the privilege of being in the company of five previous presidents: Georgina Huskey, R. Todd Deshong, Jennifer Nottingham, Jeff Price, and Sharon Summers; not to mention some old friends and so many new friends. As I stated at the conference, I challenge all of you to read or reread the NADE code of ethics. These are the fundamentals in which NADE was founded and it is our duty to make sure we are living up to these standards. We are charged with assisting some of the most dire needs citizens in our states: the disabled. And we owe them nothing less than our very best. I challenge all of you, myself included, to go the "Second Mile". According to Dr. A. Polk Jarrell, the "second mile" is the difference between what is required and what we are willing to give to our work; it implies that nothing of any enduring significance can be accomplished without total dedication.

NADE is a wonderful organization with outstanding members and I know that we will always go the second mile!



## **NANCY BERRYHILL**

### **SSA Deputy Commissioner for Operations**

By Jennifer Nottingham

NADE was honored to have Nancy Berryhill, the Deputy Commissioner for Operations, speak at the 2016 NADE National Training Conference. Nancy thanked NADE and the DDS's for everything we are doing, stating that we make a difference in the lives behind those claims. Nationally, the Disability Determination Services (DDS) are on target to meet our goals; however, she stressed the need to really focus on processing initial claims to ensure that this goal is met. In Federal Fiscal Year (FFY) 2016 the DDS has

processed the highest volume of Continuing Disability Reviews (CDR) since 2002 and we are on target to meet this goal. The agency's goal is to become current with the CDR workload by FFY 2019, if not earlier. It is also projected that 1 million CDRs will be processed next year.

Nancy addressed the forecast for FFY 2017. It is expected that federal government will be working under a Continuing Resolution (CR) for the beginning of FFY 2017. A CR means that the Social Security Administration (SSA) will receive the same level of funding as the previous year, but that does not address where costs increase, such as rent or wages. A CR effectively leaves us with fewer resources to do our work after we pay for growth in our fixed costs. SSA is planning on a hiring freeze and expects little to no overtime beginning October 1, 2016. While SSA is already in a hiring freeze, the DDSs were allowed to keep the hires for FFY 2016, which was at a level of 1 for 1 hiring plus 400 employees. It is unknown what the workload goals will be until there is a budget passed, which may result in changes in workload flow and expectations. Nancy expressed appreciation for patience and flexibility with this process.

2016 came with several major challenges, most notably the loss of Single Decision Maker (SDM). In 1996, ten operating sites were involved in Phase I SDM testing. In 1999, ten additional sites rolled out Phase II, which involved SDM as a stand-alone process. In 2010, a rule went into effect allowing Disability Examiners (DE) to make fully favorable determinations in certain QDD or CAL cases without the approval of a medical or psychological consultant. In November 2015, the Bipartisan Budget Act of 2015 (BBA) was passed and included Provision 832. This provision requires a medical doctor to sign off on all physical cases and a qualified psychiatrist or psychologist to sign off on all mental cases, to be implemented on November 2, 2016. This effectively eliminates the use of SDM and DE Authority. SSA has been closely evaluating the impact of Provision 832 to ensure that the impacted DDSs have sufficient staffing, system functionality, and other indirect needs to make this change successful. The Colorado DDS has been piloting the elimination of SDM. This pilot has been very helpful to identify the obvious and non-obvious impacts.

Work on the Disability Case processing System continues and is a top priority. In March 2016, a milestone was reached, which took a simple case through the system, following the simplest possible path. Staff continues to work hard to get working code to the early adopter sites of Delaware, Maine and Ohio by the end of December 2016.

Nancy highlighted several projects to help improve customer service. Social Security Express is an umbrella initiative with several eService options. These projects help to transition customers from traditional face-to-face service to self-service. The Social Security Express Desktop Icon allows for each access to online services and is currently located in over 750 partners in VAs, senior centers, libraries, tribal sites, and other government agencies. The SSA Express Customer Service Stations (CSS) is currently in the proof of concept phase. The CSS allows access to online services and to video conferencing with a live SSA agent in case there is a need for additional assistance. There are multiple security features such as a retractable printer so personally identifiable information is not left behind and a security mat that can shut down the screen if the customer is no longer standing on the mat. The CSS includes an ID scanner to verify the customer's identity. Some SSA offices have self-help computers to help the public utilize online services, which can prevent someone from waiting in line.

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SSA continues to expand and encourage the public to create My Social Security accounts. It is a way for individuals to access personal Social Security information. The public can now use My Social Security to replace a Social Security card. Having an online account with My Social Security is very secure due to the authentication process. Nancy reminded everyone that these initiatives do not prevent the need of field offices. However, it allows for better customer service by freeing up time for SSA employees to complete tasks that cannot be completed online and to assist those that choose to come into a field office or call SSA. Nancy was able to share other initiatives, such as “Click to Chat” allowing individuals an online way to receive support. SSA is working on building a “smart claim”, which will allow all applications (retirement or disability) to be filed at once rather than separate claims. It utilizes intelligent “*pathing*” to update information.

Nancy Berryhill was able to share a wealth of information at the 2016 NADE National Training Conference. It was a pleasure for all in attendance to hear the current status of the budget and to get insight into upcoming projects. Nancy closed with a request to treat every claim like someone you are related to and to treat these individuals how you would want to be treated.







## SSA Associate Commissioner of the Office of Disability Determinations

### ANN ROBERT

By: Melissa Williamson

NADE was honored to have Ann Robert, Associate Commissioner of the Office of Disability Determinations speak at the National Training Conference. She addressed many issues including case processing numbers, hiring/attrition rates, recent changes to the RPC program, and the purpose of SAWS.

Ann provided us with an update on case clearances for this fiscal year. As of week 45, we have cleared 83.7% of the targeted goal of 2,695,000 initial cases. We have cleared 80.3% of the 702,000 targeted goal for Recons and 91.2% of the 901,182 targeted goal for CDR's. As a whole, we will process over 4.7 million cases this fiscal year. Ann indicates that the current projection for CDR production; provided we continue to process CDRs at this year's level, will be the end of fiscal year 2019 at the latest.

As of week 45, SSA and the DDS's have made 1,659 hires. Unfortunately, as of week 45, there has been a loss of 1,015 disability examiners. Based on these numbers, there is a 15.0% attrition rate for disability examiners and an 11.5% attrition rate overall.

As for HSPD-12, Ann indicates that 38 states have completed the mandatory two site visits and 9,698 PIV cards have been issued. Currently, there eight states who have undergone one site visit, there is one state in the middle of their first site visit, and five states which have not completed any of the site visits. HSPD-12 must be completed by all states by the end of calendar year 2016.

Several changes were noted to be taking place in the area of Quality and Consistency. Ann indicates that a consistency review of clean and deficient cases is being conducted by OQR. They are also providing additional training to the regional DQB's so that returns are consistent across the nation. A change is also being made with the RPC process. A DDS who has submitted a claim to RPC can listen in on the actual staffing review of the claim and ask questions during the process.

Ann also clarified something that has personally always been a question for me, "What's the purpose of SAWS?" According to Ann, SAWS is a measure of the work being done in the DDS's which helps to make productivity projections. Good news, an automated SAWS system has been developed and is currently in the testing phase.

As always, NADE is grateful for the time that Ann is able to take from her busy schedule to speak with us. We have always considered Ann to be part of our NADE family, however she soon will become an official part of our family. As SSA has relaxed their position on employees joining, Ann will soon be an official NADE member. Welcome to the family!!



## **MELISSA SPENCER**

### **SSA Deputy Associate Commissioner for Office of Disability Policy**

By: Jennifer Pounds

Deputy Associate Commissioner for Disability Policy, Melissa Spencer, addressed NADE at the Denver National Conference on August 16, 2016. Jennifer Pounds introduced her and gave attendees a quick recap of Melissa's background in the disability program. Melissa spent 13 years in the Virginia Disability Determination Services as a disability examiner and manager after beginning her career as a vocational rehabilitation counselor. In 1996, she continued her disability career with SSA. Over the past 20 years, Melissa has served in a wide variety of disability program assignments that successfully prepared her for the SSA's Senior Executive Service (SES) Candidate Development and her current role as Deputy Associate Commissioner.

Melissa began her presentation with the Office of Disability Policy's Strategic Vision, "Stay in step with changes in medicine, healthcare, delivery, technology, and the workplace to improve the lives of individuals with a disability". She continued by sharing the goals of ODP (Office of Disability Policy) as being the following:

- \*Create and Maintain Responsive Medical and Vocational Policies
- \*Establish Effective and Efficient Policies
- \*Strengthen Program Responsiveness and Integrity
- \*Improve Policy and Training Continuously
- \*Innovate Using Technology and Management Information
- \*Empower and Develop Staff

She reminded us how important the work we do in the disability program is with several sobering statistics about disability in America. About one in ten Americans is severely disabled (38 million). Currently there are 14 million people who receive a Social Security disability benefit. She continued to say that 1 in 4 20- year- old individuals becomes disabled before retirement and that at the age of 55, within 5 years of the onset of their disabilities: 1 in 5 men die and 1 in 7 women die.

Deputy Associate Commissioner Spencer wanted the audience to get a clear picture of the ODP Team. Associate Commissioner, Gina Clemons, leads ODP with support from 2 senior advisors, administrative staff and Training and Policy Support staff. Offices under their umbrella are the Offices of Medical Policy, Vocational, Evaluation and Process Policy, Information Technology and Electronic Policy, Policy Consultation and Analysis, Medical Assistance and Disability Policy Management Information. All these components work together to write the policies we use on a daily basis in our jobs as disability adjudicators.

Melissa emphasized the importance of the work that goes into developing good policy and reminded us that the DDS community is a key stakeholder in disability policy development. DDS participation in policy development workgroups is requested and highly valued. ODP uses the well-established Disability Policy in Motion Process when assessing all policy. The process is evidence-based, data-driven, and stakeholder informed. There are seven steps to this process:

1. Detection: Constantly scanning internal and external environment for improvement opportunities and incoming claims and data for outliers. How this is accomplished is through research, industry, stakeholder input, front-line eyes on claims, case reviews, Medical Officers/Consultants and data tools.
2. Identify: Looking to research, our internal partners, and stakeholder input for best practices and to identify internal suspect areas. Examples, using data analytics with data sources like the Policy Feedback System (PFS), the Electronic Claims Analysis Tool (eCAT) and others to identify statistical variations.
3. Investigate: Working with our internal partners to dig deeper to assess the possibility of capitalizing on opportunity and to pinpoint the root cause of suspect areas. For example, they conduct research and targeted case reviews, involve Medical and Psychological Consultants, and involve other appropriate partners.

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4. Understand: Working with internal partners and stakeholders to develop a holistic understanding and determine if next steps are needed. Ways ODP accomplishes this step is by working with internal and external stakeholders including other agency components, federal and state agencies, industry and advocates.
5. Formulate Resolution: ODP works with internal partners to determine what is necessary to capitalize on the opportunity or resolve the issue. Possible actions may include policy change and /or clarification, training, development of systems tools, correction of behavior, referral to the Office of Inspector General or further research.
5. Implement Plan: ODP works with their partners to create and implement a plan for program optimization or problem resolutions. They write new policy, deliver training, address irregular behavior, make system enhancements, create new tools, refer to the Office of Inspector General, and embark on larger research efforts.
6. Monitor: ODP works with their partners and stakeholders to gain feedback and to conduct analysis to ensure desired change occurred. They conduct case probes and Post Implementation Listing Studies (PILS). They also use frontline eyes on claims, case reviews, Medical Officers/Consultants, data tools and stakeholder input.

Mrs. Spencer gave the group a short primer on the regulatory process. She described the current regulatory climate in Washington, D.C. this year with the pending change of Presidential Administrations.

She highlighted the following FY2016 Completed Policy Changes:

- Neurological Listings Final Rule (Effective 9/29)
- Respiratory Listing Final Rule (Effective 10/7)
- SSR 16-1p Fraud and Similar Fault Redeterminations
- SSR 16-2p Evaluation of Claims Involving the Issue of Similar Fault in the Providing of Evidence
- SSR 16-3p Evaluation of Symptoms in Disability Claims
- SSA16-4p Using Genetic Test Results to Evaluate Disability
- Borderline Age Policy POMS and HALLEX alignment

In closing, Melissa provided insight into what ODP is currently working to accomplish

#### Implementing

- Neurological and Respiratory Rules
- NEW RPC business process
- medical advisor rule for non-physician/psychologist medical staff

#### Finalizing

- Mental Listings
- Immune/HIV Listing
- Evidence from Statutorily Excluded Medical Sources regulation
- Failure to Cooperate Policy alignment and revision
- CDR policy POMS clarification
- Publishing the Medical Evidence NPRM (including some acceptable medical source expansion)

Melissa's presentation was well received. She encouraged the audience to provide feedback on what ODP could do better. She answered several audience questions and returned to Baltimore with a number of NADE member suggestions.



## OIG's Steve Schaeffer Discusses Disability Program Oversight

By: Todd Deshong

This year, at the NADE National Training Conference in Denver, many in the crowd were surprised that former SSA Inspector General Patrick O'Carroll was not the familiar face presenting OIG's information. However, the OIG's Steve Schaeffer did an excellent job in O'Carroll's place. He said that current Acting Inspector General Gale Stone was unable to attend, and he was happy to join NADE and present on her behalf.

When O'Carroll retired in May after more than 11 years as the Inspector General, Stone, his deputy, stepped into the role of Acting Inspector General. Schaeffer, who recently became Chief of Staff, previously served as the Assistant Inspector General for Audit. His current role brings new challenges, and he said he was pleased to help move the organization forward.

Commenting that O'Carroll always spoke highly of NADE and enjoyed coming to our training conferences, Schaeffer indicated that the OIG's relationship with NADE would not change. He and Acting Inspector General Stone remain committed to supporting NADE's mission.

As always, there were videos and reports of investigations of fraudulent activity within SSA's disability program. Schaeffer applauded the DDSs for being excellent partners to the OIG, as we screen applications at the front-end and refer appropriate cases to Cooperative Disability Investigations (CDI) units and the OIG. He began his presentation with some DDS-referred cases, which exemplified the cooperation between DDS and the OIG.

Highlighting results from recent significant investigations, Schaeffer talked about the April 2016 indictments of an attorney and former ALJ from West Virginia, which came after more than five years of investigation. This complex case involved several agencies, including the FBI, IRS, Health and Human Services (HHS) OIG, and the Justice Department. Schaeffer mentioned that O'Carroll was extremely proud to oversee these efforts, and for the arrests to occur just before he retired was a great ending to his OIG career.

Moving on, he discussed another complex case involving the FBI, HHS OIG, and Homeland Security. In this one, a Miami psychologist provided false information for false Social Security disability applications, Medicaid and Medicare claims, and immigration statements.

These cases highlight the partnership between the OIG and the DDSs, as well as other law enforcement agencies. "Cooperation is necessary to 'root out' bad actors who abuse the disability programs and the public's trust," Schaeffer stated, adding that these efforts secure monetary recoveries and savings for SSA and, through harsh criminal penalties, deter others from similar fraud schemes.

To further prevent and detect fraud, Schaeffer explained that SSA is developing a new Anti-Fraud Enterprise System to improve the agency's ability to review claims and analyze trends, and several other projects are underway to help better identify fraud allegations from the public.

He addressed the CDI program, saying CDI is extremely successful in flagging questionable claims for further review and preventing fraud and waste before benefits are paid.



In addition to new units, CDI has “a commitment to take on more in-pay disability fraud cases.” This is in light of Congress passing the *Bipartisan Budget Act of 2015*, which mandates CDI coverage for every state by 2022. Currently, there are 37 units covering 32 states, Puerto Rico, and Washington, D.C. The next scheduled unit is Sioux Falls, South Dakota, set to open in early 2017. Recent openings were in Des Moines, IA; Little Rock, AR; Miami, FL; St. Paul, MN; Charleston, SC; Raleigh, NC; Birmingham, AL; Milwaukee, WI; and Washington, D.C.



Since CDI's establishment about 20 years ago, the projected savings to SSA's disability programs is approximately \$3.5 billion. Schaeffer expressed his gratitude to Social Security Acting Commissioner Carolyn Colvin and all of the CDI unit members from SSA, DDS, and the law enforcement partners. With 37 CDI units, there are about 100 state and local investigators, along with SSA and DDS staff now added to the OIG workforce to investigate disability fraud. He said it is critical to make the most of the resources CDI has to pursue criminal disability fraud investigations, and noted that OIG could sponsor "federal deputation" for CDI local law enforcement partners, granting investigators the full authority of the federal government.

Before moving on, he reminded everyone without CDI access to send fraud allegations directly to local OIG agents via the e8551 form.

Following CDI, Schaeffer changed the subject to a project everyone at the conference was eager to hear about—the Disability Case Processing System, or DCPS. SSA continues to work toward implementing a single system so DDSs can evaluate disability claims and make determinations in a more consistent and efficient manner. SSA spent several hundred million dollars developing a system that, in the end, did not function as expected. Last year, SSA "reset" the project, and work is ongoing. According to Schaeffer, DCPS is a significant concern for all SSA stakeholders and remains a point of interest for Congress.

In fact, the OIG participated in a Social Security Subcommittee hearing in July 2016, focusing on SSA's plans to overhaul its IT infrastructure. DCPS was a discussion point during the hearing, especially because SSA asked for \$300 million to revamp its IT code, applications, and database. Schaeffer stated that SSA's CIO defended DCPS and said the first version of DCPS would be ready for release to some DDSs before the end of the year.

SSA's new approach to DCPS is to develop it in an "Agile" environment, which delivers software products incrementally. Schaeffer said the OIG has concerns about "Agile" development and oversight. He stated that SSA would identify oversight methods so OIG could track SSA's progress on this and other IT projects. DCPS audit reports are available on the OIG website, <https://oig.ssa.gov>.

Next up was an audit report published earlier this year on Compassionate Allowances and Quick Disability Determinations. OIG reviewed about 850 claimants involved in this expedited approval process about five years ago; SSA approved about 90 percent of these claims.

CDRs and redeterminations conducted on the cases revealed that some people, even though they had serious diseases, did medically improve and returned to work. Others, however, no longer met SSA's eligibility criteria. Schaeffer said, "Due to advancements in medicine and technology, many claimants once considered severely disabled are able to return to work and become self-supporting."

Based on these allowances, SSA still pays about \$214 million annually. Schaeffer pointed out that this expedited process allowed SSA to identify and promptly approve benefits for those in serious need.

Schaeffer also commented on the Department of Labor's Dictionary of Occupational Titles, or the DOT. The DOT is a necessary tool for adjudicators to make disability determinations; however, the last major revisions occurred in 1977, and minor edits were made in 1991. An update is at least a few years away. OIG will continue to watch closely and share information when available.

In closing, Schaeffer affirmed the OIG's commitment to fighting fraud, waste, and abuse in SSA's programs and operations. The OIG's commitment to work with the DDSs will continue. Finally, with a new president and administration arriving in the near future, Schaeffer said the OIG would continue to work with SSA leadership to ensure the disability programs are efficient and effective.





## ***Who's on First?***

### ***Philip Andrew Gambino***

#### ***Senior Advisor to the Deputy Commissioner for Operations***

By: Marcia Shantz

Philip (Phil) Andrew Gambino, Senior Advisor to the Deputy Commissioner for Operations for the Social Security Administration SSA provided the NADE Training Conference audience with an informative and entertaining presentation on how to be a better speaker.

Mr. Gambino exemplified two of the core principles of better speaking by entertaining his audience and being passionate about his presentation. Using various film clips from movies and famous speeches, Mr. Gambino was able to show how words do matter (think Abbot and Costello), how to make your point with repetition (John F. Kennedy) and how to use conversational tone (Ronald Reagan). He also shared clips of Huey P Long "Share the Wealth" speech and Martin Luther King Jr "I have a Dream" speech.

Conference attendees certainly learned how to be better speakers and communicators, how to tell their story, how to learn from others and learn by doing it. Mr. Gambino made a point to teach the attendees that if you become better at public speaking and communicating, you can change your life and succeed in whatever you do. He said it is important to entertain your audience and to be excited about what you are talking about.

Mr. Gambino serves as Senior Advisor to the Deputy Commissioner for Operations, providing a variety of high-level advisory, coordinative, analytical and consultative services to the Deputy Commissioner and other agency leadership relating to a wide range of sensitive and complex RSDI and SSI program operations and Disability Determination Services issues. This includes responsibility for overall planning and development of proposals for improvements in Agency claims processing operations, developing consistent and equitable management philosophies, and interpreting and clarifying Agency goals in light of the overarching Agency mission.

Prior to assuming this position, he served for 18 years as the Assistant Deputy Commissioner (ADC) for Communications, responsible for the Agency's national public affairs and public information programs. He provided executive leadership and direction to approximately 250 employees who are responsible for developing and implementing communication policies designed to keep the American public informed about both the Social Security benefit programs and SSA administrative policies.

The Office of Communications creates and produces both broadcast and print media materials and maintains liaison with national advocacy groups and organizations that have a strong interest in Social Security programs. The office responds to public inquiries about Social Security and evaluates public knowledge and understanding of the program. The Social Security programs provide financial protection to more than 160 million workers and their families, and more than 57 million Americans receive Social Security retirement, disability or survivors' benefits.

Prior to becoming the ADC for Communications, he served for 10 years as the National Press Officer for SSA. As the principle spokesperson for the agency, he was responsible for directing the overall national press activities and media relations for SSA, and for advising the Commissioner of Social Security and the agency's executive staff on all matters pertaining to the planning, coordinating and disseminating of information on Social Security and Supplemental Security Income programs to members of the national press corps—including both print and broadcast journalists. From 1983 to 1988, Mr. Gambino was Deputy Press Officer.

Before being recruited in 1981, Mr. Gambino served in increasingly responsible positions in SSA's field office structure, including 3 years as a Claims Representative, 1 year as a Field Representative, and 1 year as an Operations Supervisor.



## “Why we serve”

Joelle Brouner

By: Kerry Langholz

Ms. Joelle Brouner, Director of Community Access, Division of Vocational Rehabilitation, gave keynote speech. She titled her presentation “Why We Serve”. She has a bachelor’s degree in English and a Master’s Degree in Public Administration. She lives in Aurora, Colorado with her husband and pets. Joelle shared that she has spastic diplegia cerebral palsy. Her speech was heartfelt, humorous, and also powerful. She worked her way up through the vocational rehabilitation program into an administrative job. When she was 18 and in the program, she says she was incorrigible and didn’t

take to the program. She even got labeled “failure to cooperate,” “which I wore like a badge,” she said. She said to see yourself in the story and stay with DDS. She suggested that we consider the perspective of, “The worthy endeavor of examining dandelions”, stating that dandelions do not know they are weeds and think they are beautiful flowers. She said Disability examiners (DEs) must be accountable, balance speed and accuracy and need to know why they do the work. DE’s must stay fresh because the work is like conquering mountains.



Joelle has lived within two realities, one as disabled and one as well and healthy, stating the same person can appear differently depending what you view. She shared about *Mills versus Board of education in the 10<sup>th</sup> Circuit Court* case that allowed children with disabilities to have an education. She shared that employing people with disabilities is not about natural talent but seeing potential in people. She suggested all read “White Trash” a book about working-class families. She said as a disabled person there is value to Social Security. It increases stability, preserves the shred of confidence that disabled people have, it stops a

downslide of negative thoughts, it offers a degree of support when one is facing death and keeps oblivion at bay. Social Security is tool. **“May your choices reflect your hopes”-Nelson Mandela.** DEs are ambassadors of possibility for each client. DE work creates a path when life unfolds in unexpected ways. DEs should ask if a claimant will fall through the cracks or grow out of them. Dandelion are weeds, persistent, and grow despite the cracks. She closed stating that some people do get lost in the weeds while others discover resilience and thrive. The stress of Disability Examiner can be great, but remember, there is a person behind that claim.

### Disability Examiners Are All About the Details

- Disability examiner’s are accountable for details
- What are the pressures to consider when balancing speed and accuracy?
- Why do you do this work?
- What matters about what you do?







## Pulmonary Pitfalls and Updates

### Dr Michael Canham

By: Karen Ryther

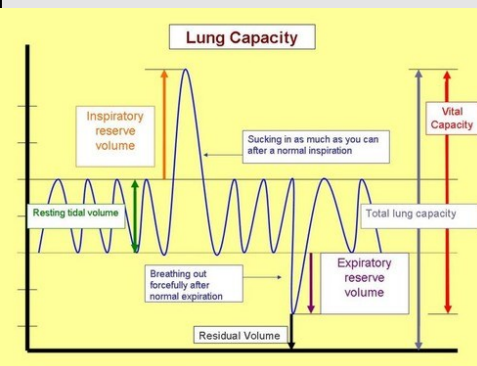
As a recent attendee at the 2016 NADE Conference in Denver, Colorado, I had the privilege to hear Dr Michael Canham, speak about pulmonary pitfalls on 8/17/16. He first addressed the attendees about the pitfalls with pulmonary impairments due to mistakes by doctors, law judges and adjudicators. There are many changes coming in the pulmonary listings. He explained that SSA will continue to allow Carbon Monoxide Diffusing Capacity of the lung, (DLCO's) and Pulmonary Function Spirometry (PFS) studies to be ordered but no longer Arterial Blood Gas (ABG) exercise test. He explained that while a claimant may not be allowance with DLCO and PFS the ABG's could have provided different information that would have resulted in allowance.

Spirometry is used for lung diseases such as-Para septal Emphysema, Combined Pulmonary Fibrosis Emphysema, Interstitial Lung Disease could have totally normal spirometry which could be a pitfall. It is important to not totally discount the severity of a lung condition just because the PFS is normal.

Advances to medical technology have resulted in better treatment of chronic lung conditions. New lung reduction surgeries being performed around the country for diseased lungs that are essentially "squeezing the heart" or causing the heart to work harder which increases the heart rate. In the surgery, a partial piece of the diseased lung is removed allowing the heart more space to perform. Some claimants who previously needed oxygen have been able to breath without it; which potentially could mean no longer the need for disability.

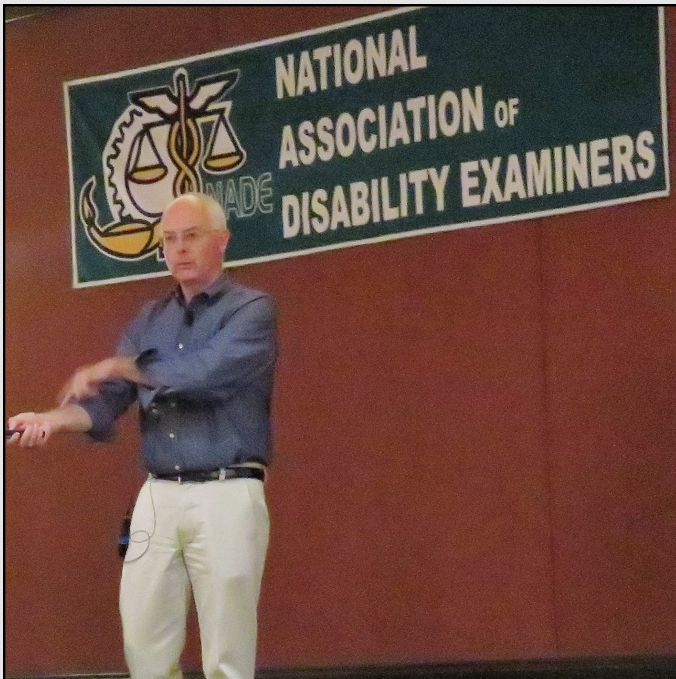
He mentioned many times it's hard to judge effort made when doing PFS's. It is important to measure arm span with finger tip to finger tip in persons with spine disorders. Often forgotten on reports. Ex- scoliosis in 64 inch person with arm span 68 inches. Difference in what would allow for height of 64 inches and 68 inches. The back impairment would need to be considered. He also posed a question as to whether altitude plays a role in respiratory impairments.

DLCO pitfalls-if claimant has anemia, increased CO Hgb in blood already (smokers), too small of breath (VI, IVC, IV) could all be pitfalls in reading report. Asthma-check eosinophils which can be measured in blood (CBC), sputum, or by exhaled nitric oxygen. Disappearance after a single dose of prednisone. Oximetry vs ABG's-Consider ABG testing if any questions, concerns or possible change in decision. Always check to see if this has been performed by the claimant's doctor.



**Tips-**Use of oxygen is not automatic allowance. Cystic Fibrosis targeted therapy is here, which means better treatment for this disease.

Dr Cantham's presentation provided tips that I will use when reviewing Pulmonary cases.



## Dr. Richard Weir

### Arm and Hand Prosthetics

By: Tara Colley

Recent statistics report that there are roughly 3,000,000 citizens in the USA with lower amputations and 40,000 with major upper-limb amputations, the latter mostly resulting from farm, industrial, motor, and war trauma. Of these upper-limb amputations, 30% are below-elbow.

The largest discrepancy among prosthetics is the ability to grasp and manipulate objects. Most prosthetics used by individuals

only allow grasping, a low dimensional task. These movements rely on torque, whereas manipulation is a dexterous activity, needing high speed and sensation, which require more refined, expensive processes.

Current, state of the art prosthetics include those using myoelectric control using electrodes linked to muscles in order to power a motor that triggers hand movement. Newly articulated hands offer multiple points of movement, where knuckles would naturally occur. These offer many more diverse ways of grasping and handling objects. With the rise in 3D printing technology, these types of articulation devices are becoming increasingly more available, useful for those needing only a few manufacture digits attached to a "glove".

Even more advance high-tech systems are being explored consisting of implanted myoelectric sensors at the base of the stump. These implanted electrodes act as amplifiers of neural commands, triggering the prosthesis controller to move the hand. However, these devices remain heavily expensive and mostly reserved for clinical trials.

In relation to our adjudicative process, keep in mind that the most popular prosthetic limbs only help the individual to retain the ability to grasp and hold large objects, not yet the ability to feel and finely maneuver. With the rapidly advancing field of biomechanics, these new technologies will offer individuals the ability to explore and experiencing movement in a natural way like never before.





## Presentation of Movement Disorders Migraines, Epilepsy, & Multiple Sclerosis

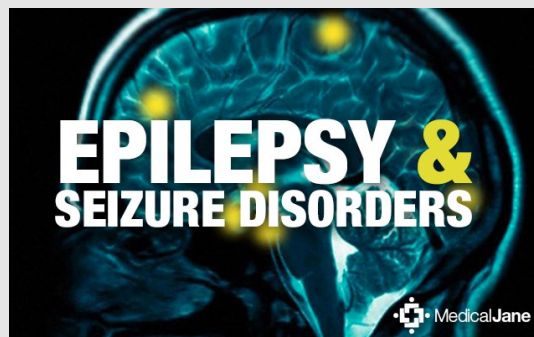
Dr. Barrett

By: Crystal Barela

Amelia Barrett MD delivered an interesting presentation covering migraines, MS and other movement disorders. Her experience with migraine patients brought to light the importance of also considering that they are four times more likely to have a diagnosis of anxiety, and many symptoms may be attributed to that versus the actual migraine. She described “intractable” migraines as occurring 15 times a month. She shed insight into the treatment of migraines and stated that most migraines are treatable with a multiple medication approach. It is important to get a full description of the symptoms, duration, and frequency of the headaches in order to adequately treat them. Symptoms range from being worse with exertion, nausea and vomiting, photophobia, and throbbing. The most telling symptom is dizziness because this indicates vasospasms in the brain.

Her reviews of MS and Epilepsy were also interesting, as she approached these illnesses as having individual, sometimes treatable conditions, instead of looking at these diseases as a whole. She defined epilepsy as an impairment that is episodic or has periods of remission, but is disabling when active. Most people with epilepsy are cognitively normal between seizures. She explained how psycho-seizures differ from seizures related to epilepsy. Some symptoms of aura cannot be feigned. People with epilepsy have limitations on the types of careers they can possess and also driving license requirements vary from state to state.

She explained the importance of neuro-psych testing in MS. Dr. Barrett’s time and expertise was very much appreciated. She gave interesting and helpful perspective on how to consider certain factors that we see associated with headaches and seizures and evaluating disability. Towards the end of the presentation, Dr. Barrett gave a genuine kudos to the difficult work that we do on a daily basis. It was a privilege to hear from a neurologist, and an even bigger privilege to be able to share a little of our world with her.





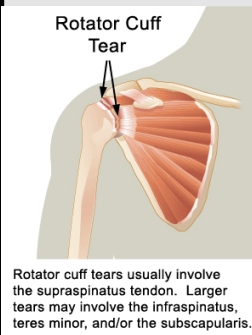


## Dr Virginia Thommen

### Arm Impairments and RFC Consideration

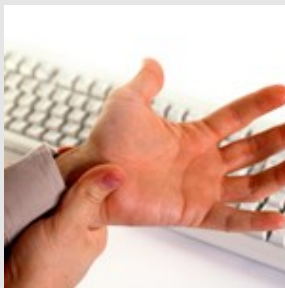
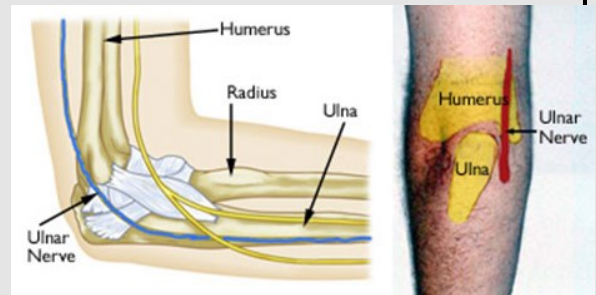
By: Jerry Bailey

Upper extremity impairments create issues for many adults and can result from traumatic injury, rapid/repetitive movement, and sometimes occur without explanation. We had the pleasure of hearing from Dr. Virginia Thommen on this topic during our stay in the Mile High City.



Let's start at the top. Many, if not all of us, have adjudicated a case in which the claimant is suffering from a traumatic upper extremity injury such as a rotator cuff tear or dislocation. Some conditions, such as rotator cuff tendonitis, are not traumatic but can result in the need for surgical repair if not treated in a timely manner. With this type of injury/condition, one would expect to see pain and weakness, difficulty lifting arms over head, issues getting dressed, and limitations with the ability to carry objects.

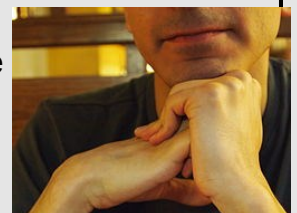
Cubital tunnel syndrome is a condition resulting from the compression of the ulnar nerve at the elbow. Decreased strength, coordination as well as pain are associated with this condition. Visible atrophy is not uncommon at later stages if left untreated. Radial tunnel syndrome (RTS) can result in aching in the lateral elbow and forearm. If left untreated, RTS can lead to weakness of the wrist and finger extensions. There is usually no numbness or tingling associated with compression of the posterior interosseous nerve as this is purely a motor nerve at the elbow level. Lift/carry and handling limits as well as possible reaching and fingering limitations should be considered when formulating decisions involving elbow related injuries/conditions.



A very common hand problem is carpal tunnel syndrome. This is caused by median nerve compression at the wrist/base of the palm and can result in pain, numbness/tingling and weak opposition of the thumb. If surgery is needed, the patient typically experiences a good result. When caught early, CTS can sometimes be treated with splint therapy, occupational therapy and injections.

Fun Fact: Much to the dismay of my coworkers and my Mother - It's ok to crack your knuckles! A study personally conducted by Donald Unger MD was published In the Arthritis/Rheumatology Journal in 1998. After cracking the knuckles of only his left hand daily for 50 years, there was no appreciable difference between the right and the left hand .

**Happy cracking!!**







## Cognitive Factors in Adjudicating Disability Claims

***Dr. Mark Berkowitz, Psy. D./Denver Regional Medical Advisor***

By Bruce Smith

During the NADE Conference in Denver, Dr. Berkowitz hosted an informative presentation regarding “Cognitive Factors in Adjudicating Disability Claims.” His 23 years as a Psychological Consultant in the Denver Region has given him some insights into the disability program that he was able to share with NADE conference attendees.

Dr. Berkowitz reminded the group that regardless of alleged or apparent functional limitations in a disability claim, to affect an MRFC or PRTF, the limitations must be traceable back to an MDI (medically determinable impairment) and must be established by an AMS (acceptable medical source).

What is Intelligence and how valuable is psychological testing in predicting future success? He pointed out that intelligence is not homogeneous – a person may have significant knowledge in one or more areas but little knowledge in others – for example Musical vs. Mathematical vs. Comic vs. Business Geniuses. Please remember that MENSA can also have some very Dysfunctional People.

An AMS (acceptable medical source) for SSA purposes is a Licensed Psychologist or Licensed Physician (some states require a Master's degree and some a Doctorate to obtain a License). School Psychologists are AMS for establishing a) BIF – borderline Intellectual functioning, a Learning Disability, or an Intellectual disability (formally called mental retardation).

Psychological testing should be used to answer questions within the limits of the test, raise questions for further investigation, and offer guidance for interventions. IQ testing is a benchmark – you should still ask yourself if the findings are consistent with longitudinal functioning and past test results. We should understand that IQ scores at/after age 16 are valid/stable, barring some factor that might suggest a change. Per POMS 24515.055A: IQ's obtained from tests having the desirable qualities described above *tend to* stabilize by the age of 16. Age 16 is not a hard cut-off and in a specific case, there may be reasons to use an earlier score – but it would require a strong rationale.

But we must realize that IQ scores do NOT tell us if someone demonstrates deficits in adaptive functioning initially manifested during the developmental period. See the June 2016 Disability Topics VOD.

For IQ tests, scores above 120 are considered superior, from 111 to 120 are considered high average, 90 to 110 are average, 80 to 89 are low average, 70 to 79 are borderline, and below 70 are classified as Mental retardation. Scaled Subtests range from 1-10. When considering subtest scores having all low subtest scores (3-6) might be an example of global problems where having only one subtest in that range might be an example of a specific learning problem. Also, please make note of Low IQ scores when you have a DIB Claim. Does this suggest a conflict; that the IQ scores imply lower functioning than demonstrated functioning? Do we need to investigate work to determine if special considerations existed? We also need to be aware that work doesn't have to be SGA to achieve Insured Status. This is seen frequently in people who have functioned despite having a low IQ. Concentration should always be on functioning.

Dr. Berkowitz gave an enlightening presentation, of which this is only a portion. The PowerPoint is available on the NADE Website and will add information and Examiner Tips.

# PTSD Awareness and Treatment

**JESSICA LaBUDDA, MSW, LSW**

By: Courtney Jordan



Guest speaker Jessica LaBudda, MSW, LSW is an Outreach Program Specialist at the Denver Vet Center, Department of Veteran Affairs. She holds a Bachelor's degree in Psychology along with a Masters in Social Work (MSW). She served in the United States Navy for seven and a half years as a Surface Warfare Officer. The following article is a summary of her presentation at the NADE conference.

Congress established the Vet Center Program in 1979 when the due to the need of returning Vietnam era veterans were continuing to experience maladjustment issues. Today, there are three eligibility criteria to qualify for services: served on active military duty in any combat or are of hostility; experienced a military sexual trauma; or family member of a combat military serviceperson. The later does include bereavement counseling for families who experience an active duty death.

There are approximately 300 Vet Centers across the nation with 80 mobile units for the rural areas. Vet Centers served a total of 219,509 veterans, service members, & military families in FY2015 and provided 1,663,011 no-cost visits for readjustment counseling. There is no insurance to file. All services are at no cost to the veteran.

She did focus this talk on PTSD and the impact it can have on combat vets; She reiterated the fact not all soldiers have PTSD. Please refer to the DSM-5 for the specific criterion required for a formal diagnosis. According to National Center for PTSD, the statistical data she provided indicated the prevalence of PTSD from the traumatic experience is an estimated 7-8% of the general population, 10% for women, 4% for men, and 11-20% combat veterans of the Iraq and Afghanistan eras.

The majority of the patients treated at the Vet Center are combat veterans. The primary focus is to reduce symptoms to a minimal. Most patients are seeking to balance the occupational, social, educational, and legal aspects of life. Most often recovery is learning to live with and cope with the diagnosis. It is very common for veterans to have overcompensated in one area or another for an extended amount of time in an attempt to deal with the symptoms of PTSD.

She provided many resources to view at our leisure that contain a wealth of information:

[www.PTSD.VA.gov](http://www.PTSD.VA.gov)  
[www.realwarriors.net](http://www.realwarriors.net)  
[www.Vetcenter.va.gov](http://www.Vetcenter.va.gov)  
[www.veterancrisisline.net](http://www.veterancrisisline.net)





## Adverse Childhood Experiences and their Relationship to Adult Health and Wellbeing, Turning gold into lead

**Dr Sally Sexton**

By: Alice Rich

"Sally Sexton, PsyD, is a clinical psychologist who has worked in a number of clinical settings over the past 25+ years, to include private practice, in-patient psychiatric hospitals, clinics which 'serve the un-deserved', and as an EAP specialist serving the employees in a large hospital setting. She has worked as a medical consultant for DDS for a total of 12 years, the last 9 of which have been in Denver. She has a special interest in the area of child abuse prevention, including exposing the expense to society of child maltreat-

ment." (NADE Advocate, Summer 2016)

As I watched the presentation of Dr. Sally Sexton, I marveled how similar the findings of her presentation of the Adverse Childhood Experience or ACE Studies by Vincent J. Felletti, MD and Robert F. Anda, MD corresponded with another one of my interests in maximizing health and wellness as written in the book, "The Biology of Belief" by Dr. Wayne Lipman. Basically, Dr. Lipman proved with molecular studies and theorized that many of our chronic physical and mental illnesses may not necessarily be correlated with genetic factors but instead with environmental factors.

The ACE Study and The ACE Study in connection with disability presented by Dr. Sexton in her presentation, Adverse Childhood Experiences and their Relationship to Adult Health and Wellbeing, Turning gold into lead, also found that chronic illnesses, disability and early deaths may be not necessarily correlated with a genetic source but with adverse environmental source and/or experiences which occurred during childhood.

The Categories of Adverse Childhood Experiences include:

Psychological abuse, Physical abuse, Sexual Abuse, Emotional neglect, Physical neglect, Alcoholism or drug use in family, Loss of a biological parent before the age of 18, Depression or mental illness in the home, Mother treated violently, and Imprisoned household member.

The sum of the adverse categories corresponds to an Ace (Adverse Childhood Experience) Score, which is then correlated to later adult risky behaviors, illnesses, disability and early deaths. It is also interesting to note that if one had one or more category of Adverse Childhood Experiences, the higher the likelihood that they would have other categories of Adverse Childhood Experiences. This would also increase the likelihood that they would experience as adults risky behaviors, illnesses, disability and early deaths.

In the study it was found that there were correlations between a high ACE (Adverse Childhood Experiences) Score and: smoking as an adult, adult alcoholism, Intravenous drug use, chronic depression, suicide attempts, rates of antidepressant prescriptions, being raped, hallucinations, antipsychotic prescriptions, having greater than 50 sexual partners, risk of perpetuating domestic violence and, impaired worker performance.

Adverse Childhood Experiences determine the likelihood of the ten most common causes of death in the United States.

The 10 Top Risk Factors Are: smoking, severe obesity, physical inactivity, depression, suicide attempt, alcoholism, illicit drug use, injected drug use, 50+ sexual partners, and history of STD.

Research has shown that experiences build brain architecture and that toxic stress derails healthy development. If healthy development is derailed, this can explain the correlation between Adverse Childhood Experiences and chronic illnesses, disability and early death.



## Patrick Gaines

### Executive Director of the Charles C. Gates Center for Regenerative Medicine and Stem Cell Biology

By: Sara Winn

**Mr. Gaines shared with NADE the advances that we are making as a nation with the use of stem cells. Stem cells are used to repair damaged heart tissue, regrow skin, bone and cartilage regeneration, and stopping cancer at its source. He helped us to understand why stem cells are important to cancer research. Stem**

**cells are unique because they have ability to become any cell in the body. He stated that a person's own T-cells play a large role in combating cancer. He was pleased to announce they have formulated a method that works with a person's DNA to turn off cancer cells. Trials have been successful, but the success depends on numerous factors. This research is being reviewed for ways to treat cancer effectively. He said that cancer research is a challenge because cancer cells mutate and evolve. So, treatment and technology has to stay one step ahead. The current focus is on developing a Universal "key" that does not rely on one's DNA that will infiltrate cancer cells and turn them off.**

**He stated that the US, along with two other countries are leading the way in advanced cancer treatment using stem cells. The constraints for developing effective treatments and cure are financial and regulatory. When stem cell research was limited, Mr. Gaines' organization had to continue with researching on a smaller scale. The cost of research and methods is very expensive. His agency receives grants to cover the costs of developing state of the art treatment. He opined that with the rapid advances being made, he was hopeful that cancer will be cured in his lifetime.**

**Mr. Gaines shared his enthusiasm for curing cancer and other diseases with stem cells. His power point was very descriptive and helped to break down the key points of his discussion. I know that I enjoyed the presentation and felt hopeful about where we are as a nation with cancer cure research after listening to Mr. Gaines.**





## **Vicki Johnson**

### **Director of Colorado DDS**

By: Maria Whiting



During the NADE 2016 conference in Aurora, Co Vicki Johnson, Colorado DDS Director graced us with her heartfelt presentation.

Vicki Johnson has been a NADE member since 1982, an employee of Wyoming DDS for 22 years and served as the Director of the Wyoming DDS from 1996-2002. She received a Disability Hearing Officer Certification from McGeorge School of Law. She has served as Past President of NCDDD and a member of the SSA DCPS Steering Committee. She has been on the faculty of the Colorado Bar Association, continuing Legal Education in Colorado. She has served as the Director of the Colorado DDS since 2005.

Her presentation was not only heartfelt but also insightful on the many opportunities that face the DDS agencies. She stated the importance of NCDDD as the liaison between the DDS agencies and the Social Security Administration. The organization stresses the critical aspects of new hires and the importance of maintaining at least previous fiscal year funding to have a somewhat sustainable fiscal year. NCDDD has been aggressive on the concerns of the DDS employees, which include but not limited to :DCPS implementation, new hires, and the SDM elimination. In fact, Colorado DDS Pilot Study is gathering data on the impact of SDM eliminations and early findings show an increase in processing time, increase Consultative exam costs, increase allowance rate and a slightly lesser accuracy rate. NCDDD has provided guidance in DDS workgroups representations that are developing and writing policy. A few examples of this representation include DDS involvement on mental listing changes, AMS rule, and RPC Business Processes and NCDDD has raise issues of DQB consistencies and ALJ accuracy. NCDDD has also been present on the DCPS work processes that involved regular systems demonstrations.

After Ms. Johnson spoke on the importance of NCDDD she then made her excited and yet tearful announcement that after 33 years, she would be retiring from the Colorado DDS at the end of this year. She stated it was time for a new chapter in her life and something we all in the room understood. However, she left us with these final words (The Cowboy Code of West) to take with us as we continue our career path as a DDS Employee

Live each day with courage Take pride in your work

Always finish what you start

Do what has to be done

Be tough but be fair

When you make a promise, keep it

Talk less and say more

Remember that some things aren't for sale and know where to draw the line.



## Leaders in the DDS

**There is a place for everyone!**

**Noel Ann Tyler**

**Director of the Oklahoma Dept. of Rehab**

By Trish Chaplain

One of the many great leaders of the DDS has had throughout the years and across the nation, is the talented, Noel Tyler, who has continued her career with the Oklahoma Vocational Rehabilitation Department. Noel was gracious enough to speak about her experiences with leadership. She commended us as the “champions of NADE” and believes in our organization.

She spoke to us about a recent study regarding the shape of our well-being which entails five aspects of one’s life: 1) Career: we must like what we do in order to be well rounded. 2) Social: we need to have strong relationships and include love in your life. 3) Financial: We need to effectively manage money in our life. 4) Physical: we must have good enough health to get things done on a daily basis and 5) Community: have a sense of engagement with your surroundings/where you live. If you can manage all these things in your life, then you will be a well rounded person.

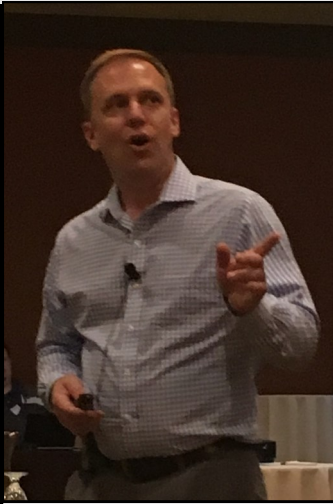
Noel’s message was clear-we should all be helping each other. The end goal is for everyone to be successful. There are many opportunities for new staff to move up in the DDS. Noel provided a great example of a staff member in the Oklahoma DDS, Billie Thomas. Ms. Thomas started in the OK DDS in 2006 as an examiner. She was steadfast in learning the program. She understood how processing time and accuracy affected the citizens. Her goal was to become a Professional Relations Officer (PRO). She had various community service connections. She had to achieve Examiner status to get the PRO position. She set her goal and was promoted to PRO in October 2015. She is just one of the many examples of how hard work and dedication in the DDS pays off and makes great leaders.

Noel reminded us to never disregard the public service we provide to our claimants. She stated that she hopes her tombstone reads: “*she did all she could.*” She reminded us that we are being interviewed every day. We need to move forward with integrity and to value and always respect others. Never be afraid to ask for help! Set a goal for excellence for yourself and strive to achieve it every single day. She believes in managing up and trusting your gut instincts. She closed with her most important message “always be humble and kind!”

## Tae Stamper

### Public Education Coordinator for Donor Alliance

Submitted by: Marjorie E Garcia



Mr. Stamper provided a very informative and engaging presentation related to the organ and tissue donation processes, and the need for donors. Even though he is the Public Education Coordinator for Colorado and Wyoming, much of the information he imparted was obtained from national statistics.

The Donor Alliance efforts to educate the public have been very successful, if the donor designation rates in Colorado and Wyoming are considered. Donor designation rate is currently higher than the national averages, at 68% and 60% for each state respectively; however, the gap between donors and need remains significant. Nationally, 120,000 people are on the transplant lists but only 20,000 of those will receive donations annually. In other words, only one fifth of people on the transplant list will become recipients. This is due to only 3-4% of potential donors either being qualified to donate at the time of their demise, or approved for donation by family members.

Mr. Stamper went on to explain the donation process in 8 key steps: 1) Diagnosis/prognosis (criteria for donation); 2) Referral (family approached); 3) Attaining the family consensus; 4) Medical evaluation of donor; 5) Donor list matching; 6) Surgical recovery of organs/tissue; 7) Transplant transportation; and, 8) Transplant. Donor Alliance's role in the Donation process begins with patient care, then continues through the contact of the Organ Procurement Organization (OPO) at the donor's passing or when clinical triggers are met (cardio or brain death), finalizing with the exchange of data with the United Network of Sharing (UNOS). The OPO compares the donor/recipient blood typing, height, distance between donor and recipient, severity of the recipient's illness and time on the waiting list, as well as tissue typing to insure the greatest chances of success.

Mr. Stamper concluded by dispelling some myths about the donor process. For example, there is no age limit for donation, and medical care is a top priority. The oldest donor is over the age of 100! There are even several ways to register as a donor. Private registration (i.e. Department of Motor Vehicles), through donor applications (which can use data for other purposes) or with the national Donate Life registration which is a secure, confidential, and first party legal consent organization. Furthermore, Donate Life is centralized, established by law, non-profit organization incorporated in 2006. If you are interested in becoming a donor, please visit <https://www.donatelifenw.org/register-now> for more information.



## Dogs helping people with disabilities

**Jane Boone**

By: Trish Chaplin

We had the pleasure of meeting Jane Boone, MSW, Director of Clinical Relations at Freedom Service Dogs of America who brought with her **Oak**, a dog in training. Their Mission at Freedom Service Dogs of America is to rescue dogs and train them for people with disabilities. They work with all people, including veterans with PTSD and TBIs as well as children over the age of twelve with developmental disabilities and autism. They rescue dogs from shelters that are between one and two years of age and weigh over forty-five pounds. When going into shelters to find their rescue dogs, they ask question like “how does the dog react when their paws are touched” and “how does the dog react to loud noises?” Once the dog passes a screening at the shelter and then a physical examination including XRs, the training can begin which usually lasts 7-12 months. This organization gets a little over 100 dogs per year from shelters; however, they only place about 25-35 of these dogs as services dogs. The rest of the dogs are placed for adoption. Adoption costs are between \$250-500. The service dog is of NO cost to the person who has applied for the dog. To apply for a service dog; first, you must have a mental or physical disability and you must desire a service dog. Second, you must be financially secure to take care of the service dog because all expenses fall to the owner once a dog is placed with its owner (after training is complete). [freedom servicedogs.org](http://freedom servicedogs.org) accepts the application with a \$25 fee. Then an interview takes place either in the office or via Skype. Current wait list for these dogs is about 12-18 months, and up to 2 ½ years for a bigger dog.



Training these dogs begins with positive reinforcement with the use of “click and treat” training. Treats, such as dog cookies, are very useful for positive reinforcement to let a dog know when he/she is doing what a trainer wants him/her to do. Once an application process is underway, there is a two-week placement class with the dog then another week with the trainer with the new owner’s home. Then a lifetime of assistance from the organization with yearly recertification’s for these dogs. If a dog can no longer perform his/her duties as a service dog, the agency will ask the owner if they want to keep the dog at their expense and will put them at the top of the list for a new service dog. If they choose not to keep the dog, Freedom Services will bring the dog back to their facility and adopt the dog out or the dog will stay there with staff and volunteers who will care for the dog.

This organization serves disabled citizens proudly as well as gives rescued dogs a purpose. All money for the dogs training and expenses are from private donations and grants. The services provided appear to be successful and appreciated by many who they serve as reflected by acclamations made on their website; which can be found at <http://freedom servicedogs.org>.





## **Charles O Blalock Award** **Julie Kujath, Missouri DDS**

This outstanding disability professional began with DDS in 2006 and has been a member of NADE since March 2008. This person works as a disability examiner adjudicating all levels of cases including QDDs, CAL cases, Military Casualty Cases, CDRs, PHs, as well as working cases provided by other states. This person effectively manages their caseload despite the demands of rising caseloads and has shown considerable compassion for the claimants involved.

This nominee has been very active and a leader of their local chapter for the past 4 years. While under this person's leadership, membership has grown yearly. This person conducts membership drives yearly with fun activities for all. National Donor Month is also celebrated yearly, and this person has organized speakers from bone marrow, organ, and plasma donation organizations. This person coordinates activities for Disability Examiner's Week to support all staff and celebrate the valuable work we provide. This person has also solicited turkeys for a local food pantry, coordinated the adoption of families and veterans in need for the holidays, and school supply drives for schools in need. This past year this person coordinated a Halloween Party for a local shelter and volunteered their time to conduct the party with games and treats. Not only does this person coordinate activities for the office to improve morale such as BBQs and socials, but this person is constantly finding fundraising opportunities in order to raise money for members of the chapter to attend the national conference. This person has made it their priority to ensure that everyone who wants to attend is able to go. This person has demonstrated exceptional leadership skills in all aspects of the job and the Association.

This nominee has also attended state, regional, and national conferences at their own expense. This nominee has served as regional awards chair and helped with national awards as well. The nominee recently served as Regional President and has been the NADE Treasurer since 2011. This individual has been vital in helping NADE with budget goals. This nominee also served as the Legislative Director in the past and has had the opportunity to go to Washington DC for a week to advocate for NADE.

This nominee never misses an opportunity to promote NADE in the activities performed and is the first to volunteer for the opportunity to do so. This person is an enormous asset to NADE and has shown achievement in all efforts of the Social Security disability process. You will be hard pressed to find a more hardworking public servant than this nominee. It is with great honor to nominate this deserving NADE member for the 2016 Charles O. Blalock Award as no one is more truly deserving than this nominee.





## **President's Award- Michigan MADE chapter**

This Chapter has gone over and beyond the call of duty to collaborate with several other workgroups in the area office, such as Diversity and Inclusion Workgroup, The Blissful Workgroup and various other workgroups. In addition the chapter is decentralized so, each office have invited speakers out to talk about disability related topics. The Chapter also started a Newsletter with all 4 of the area offices presented in the Newsletter. The Chapter just recently had a State Conference, in which 98 people attended, including vendors. The speakers, consisted of Cooperative Disability Investigative Unit Team

Leader, completion of Risk Functioning Capacity (RFC), Vascular Venous Systems of Lower Extremity Edema, Suicide Prevention, and Autism Awareness, Conference Planner Speaker. The vendors consist of Breast Cancer Awareness, Essential Oils, Mary Kay, Davenport University, Ocha-Tea Company, Gift of Life (MOTTEP), and Social Security Administration.

The chapter also hosted learning opportunities within the office for those who could not take the opportunity to attend our State Training conference:

We had two Brown bag lunches :

1. "What is the Bayley Test and how it is used in DC Claims?"
2. "What is involved in the work of a Hearings Officer?"

We also had CPR Training for Staff. We had a Fire and Ice Team Event which successfully raised the funds to purchase an AED Machine. (Automated External Defibrillator) for the office. The Safety Committee along with other members of the office, including members had a friendly competition with Management . Labor was Fire and Management was Ice.

We donated \$100 to the American Cancer Society. We donated \$50 to Children Heart Foundation. We donated two beautiful baskets to Homeless Angels Auction – one filled with University items and the other filled with another team spirit items. We gave Christmas gifts to women at the "Above the Water House Inc." We had another penny drive where the proceeds went to the Heart Association. We also had a silent auction where we raised over \$1300 for various local charities. We donated items to an Animal Shelter. We had a "Soup"er Bowl party to celebrate the Super Bowl as a fundraiser with some of the funds going to a Food Bank. We enlisted the office staff to donate to our annual Thanksgiving Basket food drive. We provided Thanksgiving Baskets to 2 local families who could use some help for Thanksgiving.

## Michigan President's award ctd....

We enlisted the office staff to help with our annual Christmas gift project. The staff donated a variety of Christmas gifts that were then given to Cass Community Social Services for their annual Christmas Store. Cass Community Social Services is a local social services agency that services the homeless and low income.

We had a tailgate for football game – served cider, cake and treats. Members dressed in their favorite team t-shirts. We had a Baseball Season Opener Fundraiser. We had several different kinds of hot dogs and fixings to create your own hot dog, with chips, drink and a cookie. We have had a Sub luncheon for all members to sign up for various committees and plan activities for the upcoming year.

We gave each of the veterans in the DDS office a \$5.00 gift card to Subway for Veteran's Day, as well as sending out an e-mail to the entire staff reminding them of Veteran's Day and the DDS veterans.

We participated with the Diversity and Inclusion Group and the Blissful Committee to sponsor several Halloween activities, including our annual cider and donuts for the office staff. We had a Cinco De Mayo Event, where we shared literature with staff.

We sponsored a hot chocolate bar fundraiser and a membership recruitment tea. We co-sponsored a chili cook-off with the Diversity & Inclusion Committee. We also provided coffee, juice & donuts to the office for Employee Appreciation Week.

We worked hard as a team to help plan and make our State Conference 2016 successful.

We held a Holiday bake sale and silent auction as a fundraiser for the chapter.

We held several ice cream sales (rootbeer floats, brownie sundaes and banana splits), to raise money for the National Conference that we will be hosting. We also arranged for a book sale in the showroom of our building for 2 days in 2016 as a National Conference fundraiser

We held an impromptu bake sale, with the proceeds going towards our NADE National Training Conference fund commitment. Congrats to this deserving chapter and President!

## Frank Barclay Award- Billie Thomas, OK DDS

This recipient has notable accomplishments in the area of human/public resource development that is consistent with policies and objectives of the NADE organization.

This mother of three, grandmother of three and graduate of Southern Nazarene University with a degree in Organizational Leadership, was a teacher for 10 years and a disability examiner for 9 years at the DDD. Most recently, she became a Public Relations Officer.

She was a founding board member of the Western Village Center School, President of the Western Village Neighborhood Associations (over 500 homes), a member of her Neighborhood Steering Committee and the East Zion District Youth Committee.

She is a liaison for the DDD news articles presented to the DRS Breaking Barriers Newsletter, aided in Planning and Organizing of the National Conference for the National Association of Disability Examiners in our home state, as well as prepared a program for National Conference, additionally, assisted with fund raisers for the local disability division. She is a Lead on Interview Panel at Department of Rehabilitation Services.

As a Professional Relations Officer, and long-standing member of NADE, she serves as a liaison with the medical profession and organizations that may facilitate performing the disability determination function. She helps resolve complaints our Disability Examiners and Medical consultants may have with the medical community, such as obtaining adequate reports and timely reports. She recruits medical providers to perform services for our division as a provider for our claimants and medical consultants to work within our office as a part of our disability determination team of doctors. This individual makes sure the medical community is aware of the disability program's medical evidence requirements. In office, part of her role in the PR unit is communications keeping updates on the electronic signage; make PowerPoints, and training presentations. She is also largely responsible for getting vendors to join and support NADE at our local level.

This individual has shown exceptional ability to motivate and challenge others toward personal and professional growth and development. She always has a smile and is ready to volunteer to meet any challenge that arises.





## Lewis Buckingham Award Cynthia Thompson, OK DDS

Cynthia has been a DDS Employee since 07/01/2002. She is a CE Tech III in the Oklahoma DDS. She has contributed very much to NADE on the local, regional, and national levels.

OKADE President: 2009/2010 and 2015/2016, OKADE President Elect: 2014/2015, OKADE Treasure: 2003/2004

Regional Activities (include regional elected and appointed positions held with dates and other participation and service to region)

SWADE Treasures 2007-2015, SWADE President Elect: 2015/2016, SWADE Advocate Staff 2015/2016

Assisted on the Regional Conference held in Oklahoma City

National Activities : NADE Non-Dues Revenue Co-Chair 2015/2016 , NADE Organ Donor Committee Chairperson: 2010-2013, NADE Newsletter Committee: 2008-2010, NADE Awards Committee: 2004. Assisted on the National Conference held in Oklahoma City

Leadership: Award of Merit: 2013, Angel Award: 2012, March of Dimes Chairperson: 2011-2016, Angel Tree Chairperson: 2011-2016 Provide gifts to incarcerated parent's children

Has been a member of the Picnic Committee, the Awards Committee, Speakers Committee and the OKADE Fund Raising Committees



## ALABAMA DDS SHOWED UP!!!!



**NADE Directors Award-Essie Sanders, Alabama DDS**

**Earl Thomas Award-James Methvin, Alabama DDS**

**James Gordon-Dave King, Alabama DDS**

**Marty Blum Rookie of the Year Award-Jennifer Haddock, Alabama DDS**

**NADE Award-Van Hayne, MD, Alabama DDS**



## NADE DIRECTORS AWARD

### Essie Sanders, Alabama DDS



Our deserving nominee has been a NADE member for many years and has served her chapter tirelessly from the start. She has served on the chapter's board, chairing committees, and being a member of numerous committees throughout the years. She is extremely versed in the workings of our chapter. Our nominee possesses excellent leadership skills. She feels in order to be a good leader one must first be a servant. An effective leader takes action with their team to get things done to accomplish a common goal. She is willing to listen to the members of the committees and works together to resolve issues and accomplish goals. An example of some of the tasks she has successfully assisted with are as follows: Breast Cancer Research Fundraising, Donate Life Awareness, National Disability Professionals Week Celebrations, Bake Sales, and Member Holiday Luncheon.

Our deserving nominee currently is a member of our Medical Relations Department. Some of her duties include the credentialing of the doctors on our consultative examination panel as well as our state agency medical staff. She assists the Medical Relations Officers with many tasks and is often assigned special projects, as well as assists with many other projects in the agency. Because of her expertise, she was selected to participate in the support staff hiring process. Our nominee is called upon frequently due to her "can do" attitude and leadership qualities.

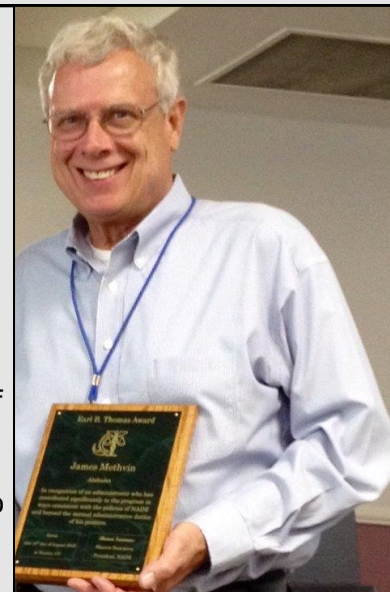
On a personal note, our nominee is actively involved in her church. She is the chairperson of the Women's Ministry, utilizing her leadership skills. Each year she coordinates a program to honor Breast Cancer Survivors and promote Breast Cancer Awareness in her community along with other churches in the area. She works with the Youth Department and demonstrates leadership by listening to their needs and helping them to achieve their needs and goals. She provides suggestions of how and what they can do to make good decision and choices in their lives.

This nominee for the NADE Director's Award is most deserving because she has the unique quality of remaining calm and collective in the midst of agency changes. We are truly honored to nominate this deserving individual for The NADE Director's Award and we anticipate her continued leadership to our chapter and the NADE Organization.



## Earl Thomas Award- James Methvin, Alabama DDS

This employee has endured a 39+-year career at DDS. He has performed the duties of a Disability Examiner, Disability Assistant Supervisor, Disability Determination Supervisor, Training Coordinator/Personnel Director, Chief of Medical Services Staff and Disability Administrator. He has demonstrated exceptional leadership in multiple areas. Examples include being a key member for the development and implementation of the business process and procedures to comply with Homeland Security Presidential Directive Number 12 (HSPD-12). He has developed and implemented a strategic plan to increase percentages of school systems' responses for school records requests. He has developed DDS computer system queries that identified system response rates for all types of records, including the teacher questionnaires. He has drafted letters to the State School Superintendent requesting cooperation and prepared a brochure and articles providing basic information on the roles the teachers and school systems play with providing basic information on the Social Security disability program. He has served in the office of the Office of Adjudication and Review (ODAR) liaison acting as the intermediary between the Administrative Judge level and the DDS. He handles sensitive cases, developing and giving expert advice on how to resolve difficult situations. He manages any public and media relations controversies and subpoenas. He works diligently with SSI/SSDI Outreach, Access and Recovery (SOAR) project designed to train case managers, social workers and entitlement benefits specialist with methods to expedite SSI/SSDI application for adults who are homeless. He is a valuable team player in the DDS.



He is active outside of the DDS agency as well as he served as a member of the local City Board of Education for two years (1993-1995), Vice President for two years (1995-1997) and President for five years (1997-2002). As the President, he led the meetings, helped set the agenda for the meetings and met with the school superintendent on various issues. He was a member of the local School of Fine Arts School Board for four years (2003-2007), Vice President for one year (2007-2008) and President for two years (2008-2010). He has served as a delegate to the National School Board Association, a member of the NSBA Resolutions Committee, Chair of the NSBA Resolutions Committee, and Vice Chair of the Region. He also served as a District V Representative for the local Association of School Boards for two years (1998-2001), 2nd Vice President for one year (2002-2003), 1st Vice President for one year (2003-2004), President Elect for one year (2004-2005), President for two years (2005-2007), and immediate Past President for two years (2007-2009). From 2005-2010 he served as the Director for the local University Board of Education Alumni, served as President-Elect from 2010 to 2012, and as President from 2012 to 2014.

He has been involved with leadership roles in so many aspects of the DDS they are all too numerous to name. In any project or issue he is involved with, he has demonstrated the ability and leadership to devise workable solutions to address specific work processes and does so with competence and with a high level of professionalism. He is an asset to the DDS and gives superior service to the citizens of his state.

Currently his administrative position has afforded him the opportunity to boost morale of the agency. He has had several meetings with agency staff to inform them on the implementation of policy changes and his vision for the agency. He sends emails that call employees to remember their service to the citizens of their state. One example includes sending the agency the "Word of the Week" that describes the expectations needed to reach agency goals. He makes sure that effective and open communication is a daily goal of the agency.





## **James Gordon- Dave King, Alabama DDS**

James is a hard working member of NADE as well as a CDR unit supervisor. As a member of NADE his main goal is to introduce our chapter and NADE to new examiners. He provides assistance wherever he is needed; especially to the membership committee, and he is also readily available at other functions sponsored by NADE to provide support and assistance. He takes part in Breast Cancer Awareness Week, fundrais-

ing events supporting Kid One Transport, school supply drives, and canned food drives. He also assists with Heart Health Awareness Week and Organ Transplant Week. Most importantly, although this may seem of little significance, he regularly attends chapter meetings, board meetings, and social functions, where he offers input and suggestions to make the chapter more successful and get the word out to others about NADE. Through actions such as these, he has truly made a difference in the success of the organization.

Our current Chapter states that we can count on him to step up and take on any responsibility. He spent countless hours meeting and ensuring that we were compliant with all new rules and regulations. Our President notes that she personally, as well as our chapter, is indebted to our deserving recipient for his skills and leadership qualities. We don't know what we would do without his motivation and hard work.

As a past Disability Examiner in the unit under our recipient's supervision, I can personally say that he is a "leader" in all aspects of the word. I've been told that a true leader leads by example, and he truthfully fulfills this position. He provides assistance in all matters, both timely and efficiently, and he is always there to provide support and encouragement on those difficult days in the office. He is fair and understanding, and he knows how to empathize with the struggles of the job. He never hesitates to "go to bat" for his workers, and makes sure that he is there on the regular basis setting an example for how the job should be done. He emphasizes both production and quality, and provides his employees with an atmosphere in which they can provide both. In the past, his leadership skills have shown through, as he has received a DDS Quarterly Disability Examiner of the Quarter Award, Supervisor of the Quarter Award and Prize Special Act of Service Award.

Outside of DDS, our nominee actively supports all activities that involve children. He is family and friend oriented, and is always there for anyone who needs advice, assistance, or a helping hand.

Once you meet Dave, it is obvious that he truly cares about the future of the NADE organization as well as the employees who have the privilege of being under his supervision. He is not just a supervisor in name, but rather, a leader in action.



## Marty Blum Rookie of the Year Award- Jennifer Haddock, Alabama DDS

Our top notch Rookie of the Year joined NADE in January 2015 and immediately rose into the ranks of chapter service. She was mentored by several NADE members who she states, “Took me under their wings” as a new examiner and NADE member and shared their experiences and knowledge. She learned NADE is not your typical work associated organization, its members are mentors and truly care about NADE is a great resource and outlet to have as a less experienced examiner and was able to garner advice and encouragement from those who had been in her position before.

Since joining NADE our dynamic Rookie has volunteered to serve on our chapter’s Regional and National Awards Committees, helped with a New Member Recruitment Drive, taken part in Casual Day Fundraiser Sales, Chapter Food Drives, Bake Sales as well as numerous other fundraisers throughout the year. She served on the National Disability Professionals Week Committee for our chapter last year and has volunteered to serve on the NDPW Committee again this year.

When we asked one of her supervisors to say a few words about our deserving recipient, this is what we were told: “A” is for attitude and this deserving Rookie of the Year has a great attitude. She is an extremely hard worker and has consistently exceeded standards on all of her yearly evaluations. During the time that I served as her supervisor, she maintained the lowest caseload on the unit and was often asked to assist with claims in other examiner caseloads. Her work ethic is astounding and she always goes beyond the normal requirements to make the best possible decision on cases. This is also true for her commitment to her NADE organization.

She is extremely intelligent when it comes to the disability program. Although her training class was the largest class ever at our DDS, she stood out among the 81 trainees. She quickly grasped the concepts and information presented to her. She was able to easily apply what she had learned to the actual processing of claims once they reached that point in their training. She is one of those people that you can always count on to be the first to volunteer to take charge of a project or assist someone with an issue that she has the answer to or feels she can research for the answer. She consistently works hard and gives her all to everything that she takes on. Due to this, I have personally taken every opportunity that I have had to mentor this examiner.

She has a Bachelor’s Degree in Sociology and History and a Master’s Degree in History. She states she is very excited about being eligible to move up to Senior Disability Specialist so she can further her career making timely and accurate disability decision for the citizens of our State. NADE and our local chapter has helped her advance in her endeavors and for that, she is truly grateful.

Outside of the DDS and NADE, our nominee supports and contributes to the USO as well as the Toys For Tots organization founded by the U.S. Marines. In her spare time, she enjoys crocheting and reading as well as spending time in the great outdoors with her husband. She enjoys driving their rock crawling jeep with her husband, visiting off road parks and taking part in off road endurance races. They attend “*roading*” events where they trail ride and put their jeep to the test on some of the most demanding rock ledges and hill in the area. They also enjoy kayaking and spending time at the beach with friends and family.

NADE and our chapter has influenced this deserving Rookie of the Year Nominee to go beyond the call of duty and be the best disability specialist and NADE member she can be. Marty would be very proud of this one! We are honored to present this fine young woman’s nomination as Rookie of the Year!



## **NADE Award-**

### **Van Hayne, MD, Alabama DDS**

The recipient of the NADE award is the Chief State Agency Medical Consultant for the Disability Determination Services. Our nominee first started working for the DDS in 1997. He became a NADE member in 2002. Since becoming a NADE member, he has been very supportive of NADE meetings and activities. His local Chapter positions since 2003 include: 2003-2004 and 2013-2013 Chapter Treasurer, 2007-2008-Chapter Board Member, 2008-2009-Chapter President Elect, 2009-2010-Chapter President, Chapter Past President and Membership Chair 2010-2011; and Chapter Treasurer 2013-2014. He has served on Chapter Nominations Committee and NADE Awards Com-

mittee as well in recent years. As Chapter President, he implemented the continuation of Chapter Quarterly Meetings with Lunch and Learn Sessions, where a speaker presents a topic on specific issues about Disability, the Listings, and/or Adjudication to help our members perform more efficiently when dealing with their caseloads. In doing this, he has offered NADE Certification opportunities to our chapter members that they might otherwise not be able to obtain. Dr. Hayne has also worked with the local Chapter in planning and implementing regional conferences. He has assisted in securing speakers for the conferences and any other assigned tasks to help in our past conference's success. Under his leadership as Chapter President, our chapter increased membership by adding 24 new members! He continues to stress the importance of membership in NADE and our recruitment efforts have risen to a new high in our DDS and our satellite office. He utilized his leadership skills to appoint various committees, committee chairpersons, and members that included longtime members as well as new members; thus enhancing the new member's involvement and knowledge in NADE National, Regional, and Chapter activities. Through this deserving nominee's leadership, our chapter has been involved in donating funds to numerous community outreach programs.

This medical consultant spends his workday assisting the Disability Specialists, the Disability Claimants, Supervisors, and Administration and other fellow Medical Consultants with clarifying medical evidence. He answers questions based on case evidence as to its adequacy, allowing for completion of the rating, and reviewing complex cases. He is called upon routinely by specialists, supervisors, and consultants, who recognize his meticulous review of cases and ability to simplify complex cases for rating. Due to his detailed and meticulous review of case evidence, he is one of the consultants called upon when there is need for in depth analysis of the evidence in cases that are complex, are unusual regarding an uncommon MDI, or those with multiple severe MDIs. He is dedicated in using all available resources to obtain the medical evidence that will always lead to a fair review and the very best decision that is correct. In one case, from a few years ago, he helped the specialist and supervisor understand the importance of obtaining evidence prior to age 22 in a claimant, who was well in her 30's, which would support a favorable decision based on the presence of an MDI if obtained. Understanding the need for this old evidence and the supervisor concurring, allowed the specialist to work to get this almost 15 year old evidence, which indeed was obtained by the specialist and did establish an MDI prior to age 22 that was favorable to this claimant in her 30's! He is called upon daily to answer questions and interpret evidence due to his meticulous review of cases and the medical as well as SSA policy knowledge he has to allow consideration of all the evidence in the file to determine the rating that is fair to the claimant in that it considers all the evidence and follows SSA policies.

**Ctd.....**

## NADE AWARD Ctd.....

Dr Hayne is actively involved in the training of new DDS Disability Specialists and in training and mentoring new Medical Consultants. His training includes training on the Adult Physical Listings, RFC Severity, and Process Unification. He has served as the Medical Consultant speaker with MRO at some of the CE source sites to help those doing CEs understand the type and depth of information we need when they complete exams for the DDS as well as to answer their questions as to how the CE information they provide is used at the DDS. He has been involved with helping create and update CE documents based on DDS requirements for certain CE tests and medical exams for the CE sources. He has been the primary presenter of a number of RPC Training Sessions given to SAMCs, DDS Supervisors, and Specialists to assist them in understanding how to use and synthesize MER and non-MER in a file to arrive at the proper rating and decision that will withstand quality review.

Dr Hayne has an attitude of genuine concern about the job that he has. He is very detail oriented and meticulous in his review of cases and is motivated to be sure that the specialist fully understands the case they have and to address questions as they arise from the specialist or supervisor. He enjoys the process of rounds in our DDS, which gives him the opportunity to go out into the Units, interact with the specialists and Unit supervisors with their cases, questions, and problems and be an educator to help examiners become more independent and self-sufficient in their rating abilities of their cases.

His post graduate education includes his MD cum laude with membership in the National Medical Honor Society, AOA; an internship and residency followed by an extra year as Chief Medical Resident at his Internal Medicine Residency Training Program followed after being in private practice for 8 years, a Fellowship in Endocrinology and Metabolism. He is Board Certified in Internal Medicine as well as Endocrinology and Metabolism and maintains membership in the American Medical Association (AMA), American College of Physicians (ACP), and American Association of Clinical Endocrinology (AACE), being a Fellow in AACE.

Not only does Dr. Hayne use his expertise on the job, he also uses it to benefit the people of our community through his love of teaching. For six years, he volunteered as a teacher of the Endocrine portion of the Family Nurse Practitioner Post-Graduate Program at a local nursing school at a private university in our area and for 5 years, he has done volunteer teaching duties with on-line recorded teaching as part of the Nursing Pathophysiology Course at this same school of nursing. In the past, he has also been involved as a trainer of adults for literacy training in the community.

He is married and has 2 children. He is actively involved in his church. He and his wife have been the leaders of a Bible Study Group in their church. His hobbies are golf, reading, and travel.

Every aspect of Dr. Hayne's life reflects a total dedication to serving others, be that his fellow co-workers, NADE Chapter members, or the citizens of our state in the disability process. He teaches others, including new examiners just beginning or those starting their profession in nursing. He teaches by simply trying to make lives better by teaching them to read, that is uncommon to see in a single individual. His life revolves around others and what he can do to make their lives better.



## **LEFFLER AWARD**

### **Vicki Johnson, Colorado DDS**

This year NADE has a unique opportunity afforded to us by a loyal lifetime member, James L. Lefler, longtime director of the DDS in South Dakota. Unfortunately, Mr. Lefler passed away on December 13, 2015. To honor James Lefler's legacy with NADE, Mr. Lefler's family has made a generous donation to NADE in his honor. Along with that donation, the family also wanted to establish a one-time presentation of two plaques in Jim's name to honor the most recently appointed state DDS Director and the longest serving state DDS Director.

Mrs. Lefler spoke about Mr. Lefler's commitment to the DDS and his belief that NADE was a great organization. She stated that he was dedicated to his job and always saw the positive in people and situations. Mr. Lefler was in the military and also attended the University of South Dakota. He was as dedicated to his family as he was to his work. He is deeply missed and it was her honor to remember his dedication with an award and donation to NADE. The recipient of the James Lefler award was Vicki Johnson, Colorado DDS administrator. It was wonderful to have his family all present for the Awards ceremony. We appreciate the Lefler's family contribution to NADE.





## It Only Takes 1 to Spark the Flame

By: Dean Crawford

This is the story of the revival of a NADE Chapter and how it was able to rise from the ashes like a Phoenix. As Southwest Regional Director I have been concerned for a couple of years that NADE may have to shut down 2 of the chapters in my region because membership and interest had dwindled to zero. It was even discussed at the 2016 Midyear Board Meeting. We opted to table the discussion. Sometime in 2015 I facilitated a conference call between NADE Leadership, the President and/or contact person for 3 chapters in Louisiana, and myself. It was eventually decided that Baton Rouge (BRADE) and New Orleans( SLADE) would cease to exist as individual chapters and become subchapters of the Shreveport( LADE) chapter.

Fast forward to March 2016. After returning from the Midyear Board meeting I received the monthly membership report and was shocked and elated at what I saw. After months of seeing zero members on the BRADE and SLADE reports there was 1 member showing on the BRADE report. I took it upon myself to contact this new member and explain who I am and find out what I can do to help her revive her chapter. Courtney Olivia responded to my email and explained how she knew about NADE and why she joined. Courtney and I corresponded quite a bit in the next few months. I mentored her and gave her "homework" that would give her some familiarization with the NADE organization.

Again fast forward a month or so to June 2016. It is time for NADE to celebrate all DDS employees for the hard work they do with National Disability Professionals Week (NDPW). Courtney took it upon herself to apply for and obtain a NADE Membership grant and she celebrated NDPW and the DDS employees by herself. She passed out ice cream and information about NADE to name just a couple of things she did. She did this ALL on her own. I anxiously waited to see the membership report in July. When I received it I was absolutely dumbfounded. My jaw literally dropped. Wait for it.....BRADE had **EIGHT(8)** members. You have no idea how it felt to see that. I'm not going to lie, I did tear up a bit. I still get emotional about it to this day. I am so excited for and proud of Courtney and the hard work she did all on her own to recruit the new members of BRADE!

So what happened next you ask? Well within a month of these new members joining they organized themselves and began the election process. They had a nomination period and then held the elections. I am proud to say they have a full slate of officers and are ready to begin operating again. I know you are wondering who was elected President. So proud that Courtney Olivia is the new BRADE President!

We still have a lot of work to do as do all other chapters in the Southwest Region to retain the members we have and to **RECRUIT, RECRUIT, RECRUIT.**

***Remember...IT ONLY TAKES ONE!***



## Millennials in NADE

by Jacob Schwartz and Joseph Gaither

Throughout the entirety NADE conference, the same sentiment continued to be repeated: “There aren’t enough young people in NADE, and they’re not joining.” It is also was communicated by many when asked to join NADE, “are there no incentives to joining?” This latter statement is a great misconception. Here are some firsthand accounts from two new millennial NADE members detailing why we enjoyed the 2016 conference, and what NADE can do for fellow disability members.



**Joseph Gaither:** “When first arriving at President’s Reception, I immediately felt intimidated; there were so many new faces and connections in the room to make. After the initial tension wore off, I began to feel comfortable enough to network with many other NADE members and establish new relationships. The friendly and easy-going nature of the other members made a lasting impact on how the rest of the conference played out.

Many interesting topics and policies discussions were held that are vital to the continuing nature of disability examiners and I would encourage all NADE members to attend. Despite my preconceived notions regarding the impossibility of change, I began to see how easily my voice was heard. All of the board members were open and available to hear out any suggestions. As the week progressed, all the members began to open up and lots of meaningful discussion was had.

Again and again, I heard from many of the retired members that are still very active advocates in NADE and a question crossed my mind: ‘Where are all the young people?’ Besides a select few others, the majority of the NADE members, were indeed older individuals with lots of experience in the field of disability who are able to give much insight into the disability program. I began thinking: ‘Why are the new wave of disability examiners not represented?’ What I realized was that they either they have no idea of NADE’s existence or more likely do not understand the value it holds. Overall, the conference was a real revelation. It allows new members to establish intimate, deep connections with experienced members as well as discuss and advocate for upcoming issues that exist within the disability program. I would implore other NADE chapters to recruit the next generation of members, as our older members get ready to hand the off reigns. An explanation of the importance of NADE, ability to have your voice heard, and establishing valuable friendships; I believe will yield a new generation of Millennial NADE members.”

**Jacob Schwartz:** “When I showed up at the NADE conference of 2016, I was not exactly sure what to expect. I had heard from many of my coworkers throughout this last year that NADE was comprised mostly of peoples that were older and had been in NADE for years. It was especially disconcerting, given that I am an IT support employee and that these conferences are generally geared toward the adjudication units for DDS. However, I was pleasantly surprised by what occurred!

First, I was not shunned for my age. People were genuinely happy to see young faces entering the organization! I was able to meet with the IT unit in Colorado, and they were kind enough to give me a tour of their premises and were very willing to discuss the differences and similarities between our two states’ infrastructures. This experience, alone, made the trip worthwhile, BUT it did not end there!

The presentations also held a plethora of information that was either relevant to my section in the DDS, like the announcement of new features of DCPS, and some very interesting information on prosthetics and cancer research that I feel would have been interesting to anyone, regardless of their affiliation within the DDS.

I’d also like to point out that quite a few people in my generation have found themselves land-locked, working in jobs and confined to a single city or area. I count myself among them, and being a member of NADE allowed me the time and means to travel out of my state and into a completely new experience. It was great to see more of the world, and these opportunities don’t present themselves on a regular basis.”

In summary, it is a complete misconception that there is nothing to gain from NADE. Young and old members alike have an equal opportunity to succeed and contribute, and the entire group is fully accepting of all participants. NADE is a venue for provisional information for all its members, and strives to improve the quality of life for all DDS establishments across the country. Overall, joining NADE will do a lot more for you than put another line on your résumé; it allows you to give constructive input on the challenges that face the disability program in the future.





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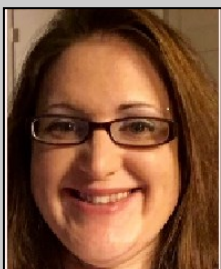
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