
the NADE ADVOCATE



A Publication of the National Association of Disability Examiners

Volume 24, Number 1

Winter 2008

National Conference Coverage

Updates, Networking and Communication Highlight Training Conference

by Donna Hilton, Publications Director

THE FALL NATIONAL TRAINING conference in Sioux Falls was well planned, most enjoyable and very informative, and for those who were unable to make the trek to South Dakota, you missed a very hospitable group of folks! The conference planners and “worker bees” did their best to make sure all attendees were well taken care of and that the speakers were high quality and interesting.

As usual, some of the exceptional speakers came from the Social Security Administration (SSA) and the Social Security Advisory Board to provide NADE members with insight to the changes that are being implemented, problems being faced, and the direction for the future. We were again fortunate to have Linda McMahon, Deputy Commissioner of Operations, with us to discuss recent changes in the SSA structure that put DDS under Operations. She asked the audience to be open to



Ruby Burrell updated attendees on the new structure of divisions within the Office of Disability Determinations.

new ways of working. Although the electronic style takes hard work to adjust, innovation is inevitable. Ms. McMahon is a strong proponent for open communication. She made the point that it doesn't matter if the news is good or bad, it should be shared. She recognizes the need to say there are problems and also noted that not everyone who is a messenger has to have a problem. Diversity is healthy and brings different perspectives, such as DDS vs. Field office perspectives of the program.

Ms. McMahon also wants to improve the budget process and provide equitable funding to all components. She brings a pragmatic approach to operations that if “the path is wrong, stop and change.” McMahon made the point that we should all foster teamwork and collaboration. The impact changes bring is a two-way street and it is better to be on the same page in dealing with those changes. Lastly, Ms. McMahon believes we all need to prepare for the future and stated that employees are the key -we can't rely solely on technology. The legacy changes needed could take 6-7 years before complete implementation is in place.

Ruby Burrell made the dry numbers of SSA take on a face with a personal story about her own brother Joey who has serious health problems and is disabled. She reminded attendees to “think about the difference you make” as you

handle not just cases but people's lives. She also gave special thanks to Pierre Mooney for 22 years of service as the NADE liaison in Central Office. Pierre has “worked behind the scenes making sure that DDS issues were on the table.”

In her position as Associate Commissioner of Office of Disability Determinations (ODD), Ms. Burrell speaks with authority and knowledge when she describes how ODD is representing DDS at the table and brings back SSA information to the DDSs. She shared the 2007 SSA goals and how DDSs were performing “year-to-date” in areas of pendings, medical CDRs, ODAR assist cases, PPWY, net accuracy, processing time, and ERE.

Ms. Burrell explained that ODD has reorganized into four divisions:

- DDS Budget,
- DDS Operations Support,
- DDS Performance Management,
- and DDS Systems Technologies.

Each of these divisions is focused on how to improve the process. Several

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President's Message

IT IS THE START of a new year and NADE wishes you all the best. We have been busy voicing our position on multiple topics via SSA and congressional channels. Hearing your concerns and opinions on the disability programs is truly a humbling experience. We all have unique experiences in making disability determinations and NADE continues to be enlightened with your input.



NADE knows that there are many inconsistencies in processes, procedures, and statistical outcomes from region to region within the nation. It is certainly challenging to get the message out for change in a fair and appropriate manner.

Our Mid-year board meeting is scheduled for February 28 through March 1 at the Madison Hotel in Washington D.C. We will be speaking to representatives from SSA to learn current status and future goals for the disability programs. Just like other NADE Board meetings, the Mid Year Board meeting is open to all NADE members. This is an excellent way for you

to learn how the NADE Board of Directors operates and conducts business for the association. Please mark your calendars and schedule a trip for this learning opportunity. If you have any ideas or concerns, please let us know through your local chapter, Regional Director, or contact me or any member of the Board of Directors. Pay a visit to our Web site for more information on NADE matters.

Please consider attending our upcoming regional and national conferences. This is a wonderful way to hear new perspectives and promote reasonable changes in the programs. Making friends from around the country is an enjoyable experience too.

As always, keep us *in the loop* with your struggles and challenges in disability adjudication. I wish that I could hear from more of you. My phone and Email is open to all. Otherwise, contact your local or regional representative and maintain your voice.

Sincerely,

Georgina B. Huskey
NADE President

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

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

All correspondence should be directed through your Regional representative or NADE editor by **March 15, 2008**.

NADE Member News

IDEA Says Goodbye

by J.T. Friel, IDEA President

IN AN AGENCY AND organization that is not used to our co-workers and friends leaving us, it is with very heavy hearts that we announce the passing of two of our dear friends, Nadza Filipovic and Maximo J. "Max" Callao, Ph.D.

Nadza Filipovic lost a long and brave battle with Non-Hodgkin's Lymphoma on October 14, 2007. Born on September 17, 1968 in Sarajevo, Yugoslavia, Nadza had a short but very interesting life. She was tapped as a "ballerina protégé" at a young age, as was customary in her socialist country (it wasn't communist, as she would often joke with us). She loved ballet and pursued it as a child. She was a member of the flag corps that opened the 1984 Olympic Winter Games in Sarajevo. After graduating high school, she attended Sarajevo University. She later became a TV reporter focusing on politics, religion and economics.

After the war broke out in 1994, Nadza and her husband Alek, along with her mother Jelica Radosavljevic immigrated to the United States, settling in Idaho. Shortly before joining IDDS as an Adjudicator in 1999, Nadza was diagnosed with Non-Hodgkin's Lymphoma. She underwent treatment for this condition while learning a very difficult job which she mastered quickly, promoting to Senior Adjudicator in 2001.

Nadza had a great personality and sense of humor. She lit up a room when she walked in. Her early jokes at DDS were usually

Recent Retirements Announced:

Al Kamnick – Illinois January 1
Ohio: Alan Knepper - Fall 2007
and Sue Fortunato December 2007

NADE extends its deepest sympathy to Karen Keller (NH) in the loss of her husband, and Bill Dunn (TX) in the loss of his mother.

"in my country, they shoot you for that..." referring to a minor offense like jaywalking or illegal parking. She became a US citizen in 2002. The entire office staff celebrated with her, many of whom attended the swearing-in ceremony. Nadza attended the Austin, TX NADE Conference in 2001 and was featured in the September/October 2002 NADE Advocate in an article encouraging organ donation, written by Gail Gore, 2002-2003 NADE Chairman for Organ Donation and fellow IDEA member.

Nadza fought a brave battle against a brutal disease. Her condition recurred twice. She received stem-cell transplants both times, the last time in 2006. She never lost her sense of humor or positive attitude and was an inspiration to us all.

A very special thanks goes out to Leslie Arnold, M.D. pediatric medical consultant with IDDS and IDEA. Leslie "adopted" Nadza and her family. She always kept in touch with them and the office, organizing office events to keep Nadza occupied and entertained when undergoing her most recent treatments and keeping us all informed of Nadza's condition.

Goodbye, continued on page 25



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

Contact the NADE Publications Director Donna Hilton to change your paper copy into a color electronic copy! To view the *Advocate* electronically, go to www.nade.org and click on Publications.

NADE CALENDAR OF EVENTS:

Mid Year Board Meeting	Madison Hotel	Washington DC	Feb 28 - Mar 1, 2008
Southwest/Great Plains Regional	Woodward Hotel	Austin TX	April 8-11, 2008
Pacific Regional	Wilshire Grand	Los Angeles CA	April 21-24, 2008
Southeast Regional	Hilton Birmingham	Birmingham AL	May 13-16, 2008
MidAtlantic/Northeast Regional	Doubletree Hotel	Annapolis MD	May 14-16, 2008

NADE Correspondence



Michael J. Astrue
Commissioner, Social Security Administration
P.O. Box 17703
Baltimore, Maryland 21235-7703

Dear Commissioner Astrue:

The National Association of Disability Examiners (NADE) welcomes the opportunity to offer comments on the Notice of Proposed Rulemaking (NPRM) entitled “Changes to the Role of the Medical and Vocational Expert System (MVES/OMVE)”.

NADE is a professional association whose mission is to advance the art and science of disability evaluation. Most of our members are employed in state Disability Determination Service (DDS) offices and are directly involved in processing claims for Social Security and Supplemental Security Income (SSI) disability benefits. However, our membership also includes personnel from Social Security’s Central, Regional, and Field Offices, attorneys, claimant advocates and physicians. We believe the diversity of our membership, combined with our “hands on” experience, provides us with a unique understanding of the challenges and opportunities facing the Social Security and SSI disability programs today.

SSA proposes to amend the regulations in 20 CFR, Part 405, to remove MVES/OMVE from the disability adjudication process for new claims and establish a national registry of experts, including MVES/OMVE. NADE fully supports removing the MVES/OMVE from the disability processing of new claims, however, we question the need for a national registry of experts. The majority of DDSs already have the medical and vocational expertise to resolve most case situations and a national registry would be under-utilized. Establishing such a registry would also be a complex and expensive process with only minimal potential for improvement in the adjudicative process. Experience indicates such a registry would be utilized even less by other components in the disability program. Therefore, we believe SSA has better options for allocating its resources to improve the disability program than to create and maintain a national registry of experts.

We also note the majority of DDSs are unable to maintain their staff at full strength. There are a variety of reasons for this problem, but leading the list is a lack of resources. The resources required to develop and maintain a national registry of experts would be better spent on additional training for existing staff and hiring of additional staff, including vocational and medical experts, in the DDSs. Better training will aid in retention of DDS employees. Customer service to claimants will also be enhanced because disability determinations will not be delayed while awaiting review by an expert from the national registry. On-site medical and vocational experts provide the best mechanism for ongoing training of staff to enhance their program knowledge, thereby allowing for better disability decisions earlier in the process.

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As the baby boomers continue to age, an increasing number of disability claims will be decided on the basis of both medical and vocational considerations. Therefore, it is critical for DDS adjudicators to have on-site experts available for consultation and training. While the majority of DDSs have experienced staff trained to interpret SSA vocational policy, the DDSs will need more specially trained staff as the number of claims requiring such expertise continues to rise. In addition, it is critical that experts be located onsite so they are easily accessible for consultation and training.

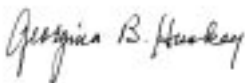
Finally, with continued reliance on a hopelessly outdated Dictionary of Occupational Titles (D.O.T.) and O*NET, an electronic vocational tool which has proven to be mostly unworkable, it will be even more important for SSA to invest in additional vocational training of staff in the DDSs and other components. This will ensure sufficient staff possesses the training and skills to provide the expert medical and vocational advice necessary to make accurate medical/vocational decisions.

Rather than investing scarce resources in the development and maintenance of what will surely be an under-utilized national registry of experts, NADE believes these funds would be better spent, and would promote faster, more accurate disability decisions, if they were used for hiring and training of additional staff in the DDSs and other components. A national registry would require the hiring of experts who have the requisite educational credentials, disability program knowledge, and experience necessary for disability adjudicators to recognize their value to the decision making process. NADE believes the expenditures needed to attract and train new staff, especially at the "expert" level, would divert scarce resources from other crucial segments of the program.

The intent of the proposed regulation is to improve the quality of the disability decisions rendered by the various components of the Social Security Administration's disability program. NADE agrees this is a worthy undertaking, however, we do not believe a federal register of experts would result in any substantial improvement in quality, accuracy or timeliness.

We appreciate this opportunity to comment on this NPRM. We look forward to further discussion about the vocational aspects of the Social Security disability program.

Sincerely,



Georgina Huskey, NADE President

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The Tennessee delegation hosted the hospitality room one evening to entice NADE members to come to Nashville next year for the national training conference. From left: Hope Saunders, Cindy Brooks, Tamra Smith, Gilbert Cameron, and Tom Fussell.

NADE Correspondence



December 12, 2007

Pierre Mooney
Social Security Administration
ODD/DFDO
3634 ANNEX
6401 Security Blvd.
Baltimore, MD 21235

Pierre,

I am delighted to take this opportunity to share our thoughts on how you have enriched the lives and professions of NADE members. As you approach a new journey in your life, please know that your time with us will be cherished.

Without you, Pierre, NADE would not have had such an icon teach us the intricacies of the SSA bureaucracy with such grace. NADE's conferences are truly a testament to how dedicated our members are, but our journeys have been made less complicated, thanks to your dedication as our liaison.

One of our members reminded me that while planning a national conference, she and other disability examiners who were doing this for the first time felt the pressure of such a daunting task. From scheduling the program, to obtaining popular speakers, and to running the conference in an effective manner, our members felt that you made the process less nerve-wracking with your follow-ups, suggestions, and personal reassurances that NADE was doing what was right and what was needed.

At a recent regional conference, a new member of NADE expressed to me that he was happy to meet such respectable professionals, especially you, Pierre. Our new member was just starting his own journey with NADE and was introduced to you, among many. He was especially delighted to get to know who you truly are, and your openness to share your life experiences with serving vulnerable populations, children with few emotional bonds, and families in need of guidance. This member has his own needs too: he needed to know if he was on the right professional journey, and your story and positive outlook gave him a picture of the type of professional he would like to emulate someday.

Many presidents of NADE, including myself, have always had pleasing experiences with you. You have always taken the steps to make sure that SSA was well represented in our Mid-year meetings in Washington DC, and we are especially pleased that you have made great efforts to ensure that NADE was included in SSA events as well. Thank you for approaching me when I was elected and sharing your optimism in me being able to manage the association well.

Please keep in mind that NADE would not be the organization it is today if we did not know you. We applaud your devotion to serve the public. You have blessed many people in peril, you have blessed many professionals, and Pierre, you have blessed NADE!

With much respect and good wishes on your retirement,

A handwritten signature in cursive script that reads "Georgina B. Huskey".

Georgina Huskey,
NADE President



December 24, 2007

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

Dear Commissioner Astrue:

The National Association of Disability Examiners (NADE) welcomes this opportunity to offer comments on the Notice of Proposed Rulemaking (NPRM) regarding amendments to the Administrative Law Judge, Appeals Council, and Decision Review Board appeals levels.

NADE is a professional association whose mission is to advance the art and science of disability evaluation. Our membership base is representative of the array of perspectives in the disability program and includes:

1. Employees of state Disability Determination Service (DDS), including disability examiners, medical and psychological consultants, administrative and support staff
2. Employees of Social Security's Central, Regional, and Field Offices
3. Attorneys and other claimant representatives
4. Claimant advocates
5. Consultative Examination (CE) physicians.

The majority of our members are directly involved in processing claims for Social Security and Supplemental Security Income (SSI) disability benefits. It is the diversity of our membership, combined with our "hands on" experience, which we believe provides NADE with a unique understanding of the challenges and opportunities facing the Social Security and SSI disability programs today.

In the Notice of Proposed Rulemaking (NPRM – docket No. SSA 2007-0044), SSA proposes to amend regulations in 20 CFR, Parts 404, 405 and 416, to expand, nationwide, many of the hearing level procedures now in place in the Boston region. These rule changes will apply to both disability and non-disability matters and are designed to make the hearings process more efficient, thereby leading to a reduction of the current backlog of claims and better management of future claims. Many of the proposed changes are revolutionary in their approach as they mean to move the appeals process to function in a manner more similar to Federal appellate courts than is the current practice. Increasing workloads at the hearing and appellate levels require action beyond the status quo if the agency is to continue to provide good customer service.

NADE fully endorses the proposed rule changes and notes that many of the changes were previously recommended by our Association in position papers issued in 2002 and 2004.

SSA's proposed rule changes include:

1. Renaming the Appeals Council (Decision Review Board) the "Review Board." While primarily a cosmetic change, NADE supports the new name and function for this body.
2. Submitting evidence to the ALJ: ODAR will give claimants 75 day notice of hearing and statement of issues to be decided. Claimants can make "time and place" objections up to 30 days after receipt of hearing notice; The claimant can make "issues" objections up to 5 days before hearing. These changes will more clearly define the scope of the hearing and limit the number of postponements and other delays. This will lead to improvements in the timely disposition of hearings. While evidence must be submitted 5 days prior to the hearing, the proposed rule does allow for exceptions in special circumstances which will insure the claimant's rights of appeal. NADE believes these changes are reasonable and will lead to increased efficiency, timeliness, and overall improved customer service in the hearing process. While many will oppose these new time limits, we believe they are necessary to reduce the waiting periods for decisions.

Continued on next page

3. Requesting an ALJ Hearing: Claimants must clearly state, in their Request For Hearing, which medically determinable impairments prevent them from working. NADE believes claimants should be required to clearly state which impairments, and not just allegations, keep them from working so that the hearing can limit its scope to specific issues that have been clearly defined.

4. Allow for pre-hearing statements and/or telephone conferences with “reasonable notice.” The change also permits dismissal of the Request For Hearing if the claimant and/or the representative do not take part. NADE believes this rule will provide improved customer service, identify issues that need to be addressed at the hearing and/or resolve many issues prior to the hearing, thereby leading to improvements in timeliness of the hearing process.

5. Appearing at the ALJ Hearing: The ALJ, when setting the time and place for the hearing, will determine if the claimant and/or witnesses will appear at the hearing in person or by video teleconference. Claimants will retain their right to insist on an in-person hearing but the change allows for improved hearing process efficiency. The changes allow for telephone-only hearings in exceptional cases (e.g., incarceration) and also continue to allow video hearings as noted. NADE believes these factors are necessary and provide excellent alternatives when face-to-face hearings are not feasible or practical.

6. Post-hearing Conferences: Allow for post-hearing telephone conference with reasonable notice. Decision will be based on the hearing record if claimant and/or representative fail to appear. A post-hearing telephone conference can provide improved customer service and lead to enhanced decision-making by the ALJ. This concept will allow claimants and ALJ’s to address issues which may have arisen during the hearing or address questions the claimant may have had about the hearing. It is good customer service.

7. Closing the Record: Close the record at the date of first ALJ hearing. NADE has long supported the closing of the record so that the individual making the hearing decision can be confident that the decision is based on all the evidence available. Closing the record will lead to improved decision-making and improved timeliness of the hearing decision. ALJs have the option of holding the record open for a defined period of time after the hearing if the claimant has indicated additional evidence will be submitted.

8. The ALJ Decision: Remove option for ALJ to make a “recommended” decision for review by Review Board (unless case is a remand and Review Board requires one). NADE supports this proposed change as it will improve timeliness of hearing decisions.

9. Time Period for Appellate Review: A subsequent appeal of ALJ decision will only consider the time period ending with the date of the first hearing on the case. NADE believes this rule change will lead to a more clearly defined appeals process that will be expedient and provide improved service.

10. The Review Board’s Role: Tighten rules for submitting evidence to Review Board but allow either party to request that the Review Board review an ALJ decision. The Review Board would focus resources on correcting significant errors that change the outcome of the case and would avoid proceedings that serve only to correct “harmless” errors in an otherwise appropriate denial of benefits. New evidence would be considered at this level only if there is a reasonable probability that it would change the outcome of the decision. NADE supports this rule change as it represents an expansion of the concept of closing the record at the hearing level. It allows for a complete review of the ALJ decision to determine if that decision was correct, based on the facts of the case and the law, but does not allow for the introduction of new evidence or other facts that make the appellate case significantly different from the case initially heard on appeal. NADE has long supported giving claimants a fair opportunity to submit evidence and other facts in support of their claim but we have opposed the current process by which claimants can continue alter the facts in the case at the next level of appeal, or even at the same level of appeal, in usually an unsuccessful attempt to change the decision in the case. The current process extends the time delays in the hearing and appeal process and usually has no direct benefit to the claimant. The Review Board will also have new authority to make recommendations for changes in policy or procedure that the Review Board believes may improve the efficiency and consistency of SSA’s disability adjudicative process.

11. Limiting the Period of Time Covered by the Review Board’s Adjudication and Adjudication Following Administrative or Court Remands: The Review Board will only look at the time period up to the date of the first ALJ hearing. This rule change will place the Review Board in an appellate role similar to that of Federal appellate courts. NADE strongly supports this action as we believe the current process, which allows for constant changes in the landscape of a disability case at each level of appeal, creates inefficiencies in the process that are difficult to overcome. These inefficiencies can lead to decreased quality in decision making and to decreased timeliness in the appellate decisions. It also leads to common misconceptions about disability decision making and allows statistical data to be skewed. Removing “new and material evidence,” except under special circumstances, as a basis for reopening of Administrative Law Judge (ALJ) or Review Board (RB) decisions should help prevent circumventing closing of record. Claimants always have the option of filing new claims if they, indeed, have new and material evidence to submit that became available AFTER the ALJ hearing.

12. Removal of Special Provision for Cases Remanded by a Court: Review Board can affirm ALJ decision, remand case to ALJ or make a new decision – it no longer will have the option to “decline request for review.” NADE supports this change as it will reduce the “back and forth” movement of these cases which often has led to unnecessary delays and supports the ALJ’s findings of fact decisions.

Although not part of the current NPRM, NADE welcomes this opportunity to initiate discussion of additional changes that we believe will make the disability adjudicative process more efficient in its operation. Among the factors we believe should be addressed are:

1. Social Security Court: NADE has long supported the creation of a specialized Social Security Court to handle appeals of Social Security and SSI disability claims. Once these claims are appealed into the Federal court system, they add a degree of complexity that most Federal judges are not trained to address. These claims also serve to add to the growing backlog of cases pending in the Federal court system. Because of the unique complexity of these cases and their relationship to medical/legal issues, we believe that a specialized court, with judges who are trained to address these types of cases, is needed.

2. Enhanced Role for the Disability Examiner: The Single Decision-Maker (SDM) has proven to be the most successful of all redesigned or re-engineered disability processes that have been proposed and/or tested. NADE fully supports the enhanced role for the disability examiner in disability adjudication and increased autonomy in decision making for experienced disability examiners in certain cases. Allowing experienced disability examiners the autonomy to work independently on most disability cases allows the medical and psychological consultants to use their time for the more complex cases and to give these cases the careful review necessary. We believe that, as SSA struggles to find new ways to manage the growing workload of disability cases, the SDM is a proven method that increases productivity while requiring only a limited investment of resources. These resources can be applied where they are urgently needed.

3. On-site Medical Expertise: NADE strongly supports the continuation of on-site medical and psychological expertise for those cases that require such expertise. Direct communication between the disability examiner and the medical/psychological consultant is essential for the efficient development of disability claims and appropriate decision-making. Medical and Psychological Consultants play a pivotal role in disability adjudication and keeping this level of expertise in the DDS is critical to improved customer service. We point out that the majority of disability claims involve more than a single impairment that impact on the claimant’s ability to function. The ability of disability examiners to discuss these cases in face-to-face meetings with the consultants not only serve to resolve the problems inherent in one case but serve to teach and mentor the disability examiner to resolve similar problems in future cases. For this reason, we also support making such medical and psychological expertise available to administrative law judges and/or to provide enhanced medical training for judges who, traditionally, find themselves in the uncomfortable position of having to hold hearings and evaluate critical medical evidence, often without the requisite training that would increase their understanding of the claimant’s medical record. It can be quite difficult to understand the many nuances that often appear in disability cases and, without the appropriate training or the availability of on-site medical and psychological expertise, the decision-making process can be negatively impacted.

4. Vocational Consultants: NADE recommends the expansion of the availability of specialized vocational consultants in the DDSs and at the hearing level. The percentage of disability cases in which the decision to allow or deny the claim is based on medical and vocational considerations has continued to increase in recent years and this is projected to continue. At the same time, the availability of expert guidance found in the Dictionary of Occupational Titles (DOT) has become hopelessly outdated. Other tools made available have not proven to provide the same level of expert guidance. We support the designation of on-site DDS vocational consultants to further promote and enhance a timely and quality decision-making process at the DDS level which will have additional benefits at the hearing level.

Continued on next page

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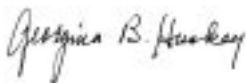
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5. **Enhanced Reconsideration/Expansion of Disability Hearing Officer Role:** NADE fully supports the concept of an interim step between the initial disability decision and the ALJ hearing. Traditionally, this interim step has been filled by the “reconsideration.” Claimants wishing to appeal an initial denial of benefits or a less than fully favorable allowance decision could request that the DDS re-examine the claim to determine if the initial decision was correct. Such claims were reviewed in the DDS by a different disability examiner and medical consultant to verify the adequacy of the initial case development and the accuracy of the initial decision. Traditionally, 15% of the claims for which reconsideration was requested were allowed at this level. We also note that SSA’s pilot projects that allowed for a direct appeal of initial decisions to an ALJ hearing created a tremendous backlog of pending hearings that resulted in poor customer service. We believe an enhanced role for the disability examiner adjudicating reconsideration claims, or the use of Disability Hearing Officers (DHO’s) in an expanded concept of reconsideration, would result in improved customer service at minimal cost. SSA’s recent exploration of the Federal Reviewing Official, of FedRo, proved to be an impractical concept for many reasons, most of which were highlighted by NADE early on when the concept was still being considered for implementation. However, we do believe that the FedRo concept did provide evidence that an interim step between the initial decision and the ALJ hearing, could provide a meaningful re-examination of each case for which a request for reconsideration was submitted. NADE believes that the establishment of uniform minimum qualifications, uniform training, and uniform structured decision writing procedures and formats will enhance the consistency and quality of disability decisions. Use of Disability Hearing Officers or an otherwise enhancement of the role of disability examiners adjudicating reconsideration cases, could serve to provide good customer service and would address the recommendation contained in a 2003 report issued by the Social Security Advisory Board that this interim step NOT be an attorney. Decisions made at all levels of adjudication in the disability process are medical/legal ones. For this reason, we believe that an enhanced reconsideration step, whether filled by a DHO or be an experienced disability examiner with expanded autonomy, will prove to be less costly than other methods but would address the need for greater credibility and acceptance by the Administrative Law Judges.

NADE is aware that many of the recommendations included in the NPRM, and the additional recommendations submitted by our Association, will generate opposition. However, we stress that the recommendations included in the NPRM address specific needs to increase the agency’s ability to manage its growing workload. Our recommendations are derived from an in-depth knowledge of the disability program, how it is currently administered, and how we believe that, with the incorporation of these recommendations, there is potential for improved customer service with more accurate and timely decisions. While we do not suggest that more accurate decisions would necessarily mean more allowance decisions, we do maintain that more accurate decisions would mean more decisions that are strongly supported by more complete case development and a more thorough analysis of the facts in each case. Such decisions, whether they result in allowances or denials, better serve the public and the purposes for which the disability programs exist.

In this regard, we believe the NPRM’s recommendations, and those we have submitted for discussion, should be supported as they are intended to reduce unnecessary delays, to make the process more efficient, and to increase the fairness of the process by which a claimant’s entitlement to benefits is determined. The race for quality has no finish line and we do not propose to suggest that these changes represent the finish line in redefining the disability adjudicative process. While NADE does not support change for the sake of change, we will continue to advocate for those changes that increase fairness and efficiency in the Social Security and Supplemental Security Income (SSI) disability programs.

Sincerely,



Georgina Huskey
NADE President


Gold Corporate Member

**National Association of
Disability Representatives, Inc.**

1615 L Street NW Suite 250
Washington Dc 20036
Contact: Julie@nadr.org
972.245.6898

a NADE Gold Corporate Member

Established in 1981



NATIONWIDE PROVIDER OF
DISABILITY EVALUATIONS

**350 S. Valley Vista Drive
Suite 101
Diamond Bar, CA 91765
800.260.1515**



January 7, 2008

TO: DDS Administrators

SUBJECT: DDS Administrators Newsletter #1

On behalf of NADE, I wish you and yours a Happy New Year. As we bring in this New Year, it is time for us to reflect on the accomplishments and the challenges of the past year. Fiscal year 2007 was a busy and challenging time for the disability program with limited resources, growing disability decisional delays, the rollout of the Disability Service Improvement (DSI) regulations in the Boston Region, the rollout of the Quick Disability Determinations nationwide, the return of the Informal Remands (IR), and the beginning of the discussion on Compassionate Allowances. We also welcomed the appointment and confirmation of the new Commissioner of Social Security Michael Astrue. NADE also experienced an unexpected change in its presidency, but we got through with a sound constitution and bylaws.

It appears that 2008 will continue to be just as challenging with more program and procedural changes and with continuing limited resources to process the ever-increasing workload. NADE continues to be prepared and committed to working with all of you to continue to provide "world class service" to the citizens of this nation.

NADE completed a very successful national training conference September 17-21 in Sioux Falls, SD. The Sioux Falls chapter worked very hard in planning the conference and their efforts certainly paid off. The conference offered quality training with a good mix of program and medical sessions as well as some time to network and share best practices among states. My thanks to all of those involved in planning and carrying out the national conference especially to the South Dakota DDS Director, David Tschetter, for his support. The national conference was well attended and many states were represented. Full coverage of the conference was featured in our fall 2007 issue of the Advocate.

On behalf of NADE, I want to thank all administrators for supporting NADE's regional and national training conferences this past year, and we look forward to your on-going support this year.

The General Membership meeting elected the following NADE officers for 2007-2008:

President - Georgina Huskey (California)

Secretary- Margaret Neal (Georgia)

Treasurer- Bill Dunn (Texas)

Thanks to your support, NADE continues to offer a voice for the front-line staff and all those involved first-hand in the disability evaluation which is critical for NADE's success.

NADE presents the Earl B. Thomas Award annually to the Administrator of a State Agency who far exceeds the responsibilities of the position and who actively supports the advancement of NADE. The 2007 award winner was Vicki Johnson of the Colorado chapter. Our congratulations and thanks go to Vicki for her many contributions to the disability program, NADE, and the National Council of Disability Determination Directors (NCDDD).

Since the national training conference, NADE has been off to a busy start for the upcoming year. NADE has been involved in the following activities:

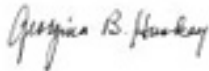
- NADE participated in the SSA budget stakeholder's effort that was successful in putting together a grass roots effort resulting in the signing of the budget by the President on 12/28/2007. Other participants were NCDDD, the National Council for Social Security Managers Association (NCSSMA), the Senate Finance Committee, the American Federation of Government Employees (AFGE) and the Association of Administrative Law Judges (AALJ).
- NADE participated in providing input to the General Accounting Office (GAO) concerning professional relations nationwide.
- NADE submitted NPRM responses regarding Compassionate Allowances, the Vocational and Medical Expert Registry, and most recently, ODAR procedures.

Continued on next page

- NADE submitted a statement for the record to the House Subcommittee on Health Insurance reflecting NADE's position on the 24 month Medicare waiting period.
- NADE was represented at the Disability Case Processing Systems Summit.
- NADE was represented at a National Association of Social Insurance (NASI) meeting in DC.
- NADE was represented in the first Social Security Commissioner's hearing regarding Compassionate Allowances and Rare Diseases.
- NADE sent congratulations to Pierre Mooney and Phil Landis on their retirements.
- NADE has congratulated Sheila Everett, a tremendous NADE supporter, on her new promotion as Senior Advisor in the Office of Disability Determinations.
- NADE's Mid Year Board of Directors meeting is scheduled for February 28-March 1, 2008, at the Madison Hotel in Washington DC. Further details will be forthcoming. All Administrators are welcome to attend.

Please feel free to contact me at (213) 736-7088 if NADE can be of service to you or answer any questions about NADE and our positions. As the new President of NADE, I look forward to working with you, and hope to meet as many of you as I can during my tenure.

Sincerely,



Georgina B. Huskey
NADE President



December 24, 2007

Sheila Everett
6401 Security Blvd.
Woodlawn, MD

Dear Sheila:

On behalf of the National Association of Disability Examiners (NADE) we wish to congratulate you on your recent promotion to Senior Advisor in the Office of Disability Determinations.

Your association with NADE during your tenure as Mississippi DDS Administrator and your work in Central Office reflect your professionalism and integrity. We appreciate your dedication and commitment to the disability program and the claimants we serve. You have been a continuous source of positive thinking, and NADE thanks you for your willingness to share your thoughts on issues of mutual concern.

The disability program is a better program as a result of all your hard work and efforts.

Congratulations on your well deserved promotion. NADE looks forward to continuing to work with you and the Office of Disability Determinations in the future.

Sincerely,

Shari Bratt
SSA/DDS Administrators Liaison

Georgina Huskey
NADE President



Disability Policy Meeting

Covered by Anne Graham

On December 3, 2007, I was NADE's representative at a meeting on disability policy given by the National Academy of Social Insurance (www.nasi.org), a non-partisan organization made up of the nation's leading experts on social insurance. The official title of the session was Creating Effective Public and Private Disability Policy: Thinking Outside the Box.

Ken Mitchell, a vice-president of Unum Insurance Company, expressed his desire to have both public and private disability insurance work together. Unum has both short term and long term disability (LTD) insurance. People may be impaired but not disabled. They need to know HOW to get back to work. The loss of medical coverage is a significant barrier for returning to work. While the person is out sick, it is important to stay in contact with the employer.

Richard Balkus, Acting Associate Commissioner for SSA's Office of Program Development and Research in the Office of Disability and Income Assistance Policy, indicated that there were almost eight million people receiving Social Security disability benefits. He admitted that 1.5 million individuals are still waiting for an SSA decision. Once a case becomes old, medical evidence must be updated. He spoke of the Quick Disability Decision procedure that will be going national from October 2007 to February 2008. He compared SSDI to private insurance's definition of disability which had no duration requirement. He indicated that public and private insurance should work together in consent based information systems for sharing medical evidence. SSA's administrative budget has not kept up with SSA's new responsibilities, such as Medicare Part D and identity/immigration issues. He reminded those attending that private LTD insurance covers only 30% of workers while SSDI covers 97% of all workers. The LTD claimant maintains contact with his employer while the SSDI claimant severs his, making return to work more challenging. There will be a regulation on SSA's Ticket to Work in the spring of 2008. He spoke of a demonstration project that provides health insurance to DI beneficiaries immediately and another for a nurse practitioner to work with those claimants with mental impairment. SSA is interested in learning what private LTD insurance companies do with the mentally ill, older workers and others with adverse vocational profiles. There is a need to keep open communication between public and private insurers.

Michael Sullivan, Professor of Psychology, Medicine and Neuroscience at McGill University in Montreal, explained the results of his study on the psychological factors of prolonged disability. Currently, musculoskeletal impairments are the most common disabling condition. Soon depression, including stress-related conditions, will be the second highest cause of disability. In musculoskeletal impairments, the symptom of pain accounts for only 10% of the reason for disability but we spend 80% of our efforts dealing with it. He sponsors a Progressive Goal Attainment Program (www.pdp-pgap.com), a two day training workshop followed by one hour sessions for 10 weeks. Telephone sessions can be used in remote areas. The focus is to help people return to work and increase their quality of life. Eight thousand patients have used this quite successfully in Canada. They are working with New Zealand to train service providers in this program. They are also doing a study for SSDI and the results should be finished in a year. With impairment, an individual may leave work for a time but can return to work while still having some symptoms.

James Prochaska, from the University of Rhode Island, is the "co-creator of a model that identifies stages of change and other features that predict treatment outcomes and allows many more people to enter cessation programs at earlier stages of readiness." He indicates that the stages of change are pre-contemplation, contemplation, preparation, action and maintenance. To cause behavior to change, one must tailor programs to the actual stage that individuals are in. We tend to focus everything on the action phase, which doesn't work because many don't make it to that point. Clearly, programs need to be tailored for the pre-contemplation phase for returning people to work. Studies have been done with regard to such things as smoking cessation and spousal abuse. Professional counseling is the best way for behavioral change; however, computer programs can also be very helpful and are less costly. Employers who use incentives for behavior modification get the highest participation for prevention and disease maintenance. Whether insurance is public or private makes no difference.

Also in attendance at the meeting and involved in the discussion after the speakers were Kate Thornton, Social Security Advisory Board; Pat Owens, Associate Commissioner for Disability in the eighties, now working for GAO; Ken Nibali, Associate Commissioner for Disability more recently; and Stanford G. Ross, former head of the SSA Advisory Board. How nice for NADE to be invited to attend this interesting session, focusing on public and private disability insurance working together.



NADE Responds to CBS Evening News (from NADE.org, Breaking News)

January 16, 2008

Members of the National Association of Disability Examiners (NADE) viewed with interest the news story broadcast by CBS Evening News on January 14 and 15. We commend CBS for highlighting some of the problems that have been previously known to exist within the disability program and hope that the story will build momentum for a positive examination of these issues/concerns, and for a true exploration of their potential solutions. However, we were disappointed that the news story sensationalized many of these problems and we were equally disappointed that the CBS story did not offer any of the pending solutions. We were saddened that the story misrepresented many concerns and seemed to report allegations as facts. We believe this story to be an unfair representation of how the disability program is operated. We are prepared to refute the allegations presented in the story as well as to offer a more definitive explanation of the disability process and how it serves the American public. Had we been invited to be interviewed for the CBS story, we would have presented our response on camera.

We are disappointed that CBS did not choose to offer an unbiased examination of the issues but chose to concentrate on sensational reporting. NADE has been working with SSA and with other stakeholders to address the problems highlighted in the CBS story for many years now, and we will continue to do so. Our efforts, however, will continue to be aimed at how best to arrive at reasonable solutions to these issues rather than focusing on the problems. We will continue to be professional in our approach and will continue to honor our commitment to provide world class customer service. This will always be our paramount objective.

Georgina Huskey
NADE President

NADE Members Respond to President Huskey's *Breaking News* Note

From: Willman, Doug (Nebraska)
Sent: Thursday, January 17, 2008 6:59 AM
To: Huskey, Georgina B.
Subject: NADE response to CBS broadcast

Georgina:
I just read NADE's (your) letter to CBS as shown below. I want there to be no delay in expressing to that I have never been as proud to be a NADE member and supporter as I am at this moment. The letter is RIGHT ON TARGET in its content, appropriately assertive and unequivocal in its tone, astonishing in its promptness. Please pass on to the Board my appreciation of NADE's efforts to set the record straight.

Doug Willman
NE DDS

From: Varner, Lisa (South Carolina)
Sent: Friday, January 18, 2008 7:44 AM
To: Huskey, Georgina B.
Subject: RE: Kudos

Georgina,
You did a fantastic job on that letter. It says so many great things and was concise and to the point. Thank you!

Lisa Varner, PhD
Psychological Consultant
SC DDS
Greenville, SC

From: Wirtanen, Mimi (Michigan)
Sent: Friday, January 18, 2008 7:48 AM
To: Huskey, Georgina B.
Subject: RE: Kudos

You had a great idea in putting it on the website for everyone to see. ... While people are there looking at the statement, they might poke around and look at other parts of our web page. It might be interesting to track the number of hits this week compared to "normal" weeks.

Good job, Madam President!

Mimi Wirtanen
NADE Legislative Chair



From: Grochowski, Michael W. (KC Reg. Commissioner)
Sent: Wednesday, January 23, 2008 4:54 PM
To: Huskey, Georgina B.
Subject: NADE Response to CBS

Georgina

I hope I have the correct address and the right Georgina! I am Michael, RC for the KC Region, and wanted to compliment you on your response to CBS. I could not agree with you more. Kudos to you and your organization taking a stance for what you know and believe. Well done and thanks. Michael

From: Layerle, Lyndell (Louisiana)
Sent: Friday, January 18, 2008 5:23 AM
To: Huskey, Georgina B.

Someone forwarded a copy of the organization's response to the CBS program and it was wonderful.... Once again, thanks for the positive strokes. Mr. Astrue was at the New Orleans Area Office and he told us he tried to support us but as you could see, the news media doesn't seem to want to spread that. I can't tell you how many times I have had people go to great lengths to tell me "no one" gets it the first time. The killer is when they ask, "How do you know people have been allowed the first time?" To which I respond, "Because I have allowed them the first time." They always get their unbiased opinion from someone who has had some kind of involvement with OHA. You should see their faces when I say, "Did it ever dawn on you that people who get what they applied for don't file appeals? How would OHA know unless the person files an appeal." Once again, you are doing a great job and the comments you made were right on target.

From: Catherman, Stan (Maryland)
Sent: Friday, January 18, 2008 6:33 AM
To: Huskey, Georgina B.
Subject: NADE response to CBS broadcast

President Huskey,

Thank you for NADE's prompt response to the CBS Evening news broadcast of this week. As a unit supervisor at the Maryland DDS and past president of NADE's Mid-Atlantic region, I feel compelled to further inform you of some background prior to the broadcast.

In December, a production crew from CBS visited the Maryland DDS. In the afternoon the crew spent at our agency, an extensive interview was conducted with Maryland DDS Chief Medical Consultant George Albright MD, a NADE member since 2000. In that interview, Dr. Albright provided an explanation of the Social Security Disability Program and some of the solutions implemented to reduce the backlog and improve overall service. A fellow unit supervisor as well as some examiners were interviewed as well. Footage was shot of another DDS medical consultant and NADE member, William Hakkarinen MD, training a new examiner class. It was this footage that was used as background in the Tuesday, January 15 portion of the "investigative report," which portrayed DDS workers as little more than workers in a call center.


I felt it was important to provide some background. As the frontline workers of this program, we did provide what was for lack of a better term, our side of the story. It was the decision of CBS not to produce what would have been a balanced report.

Thank you very much for your service to NADE and continuing to provide us with a voice.

Sincerely,
Stan Catherman, Past President, NADE Mid-Atlantic Region

2008
National Conference
Nashville, TN

TUNING IN TO
EXCELLENCE



NADE National Training Conference
NASHVILLE TENNESSEE
September 15-18, 2008

September 15-18, 2008

Mid Year Board Meeting

February 27-March 1, 2008
Washington DC

Madison Hotel

Contact Chuck Schimmels for information
on room cost and availability

NADE Correspondence



January 17, 2008

Mr. Michael M. Billingsley
DDS Director (Acting)
P.O. Box 37608
Washington DC 20013-7608

Dear Mr. Billingsley:

I would like to take this opportunity to congratulate you upon your recent appointment as the Acting-Director of the Washington, DC DDS. Your appointment to this position comes at a critical time. There are many issues and concerns that pose critical problems for the disability program and the operations of each DDS. These challenges, however, represent opportunities for strong leadership and a commitment to problem-solving and customer service. I am sure you bring these qualities to your new position and NADE shares in a commitment to these qualities.

The National Association of Disability Examiners (NADE) is a professional organization that represents everyone and every position within each DDS. I hope you will desire to join our association and that you will also support NADE within the DDS. Most of your fellow DDS Directors are members of NADE and we are proud to have their input. NADE is also proud to claim many members in the Washington DC DDS. Among the benefits we offer to our members are professional certification and ongoing training. Our annual regional and national training conferences provide unique opportunities for our members to network while taking advantage of training developed specifically to enhance their professional skills and knowledge of disability. We strongly believe the benefits we offer our members make them better employees in the DDS.

Enclosed, you will find a copy of our association's quarterly publication, the NADE Advocate. I also invite you to visit our Web site at www.nade.org to learn more about NADE. Our Board of Directors will meet at the Madison Hotel in Washington, DC February 28 – March 1. I invite you to visit and learn more about what our organization can offer to you and your staff. If we can provide additional assistance, or if you have any questions, please do not hesitate to contact me.

Sincerely,

Georgina Huskey
President

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

Rodney Baker, Vp
612 Sixth Avenue
Huntington WV 25701
304.525.4202

Rodney@Tsom.com

Gold Corporate Member
MEDEX
**100 North Euclid Avenue
Suite 900
St. Louis, MO 63108
314.367.6600**

Contact: Camille Greenwald

To: DDS Administrators
SUBJECT: DDS Administrator's newsletter No. #2
DATE: January 22, 2008

On behalf of NADE and NCDDD, we would like to wish everyone a prosperous new year. It appears 2008 will be another challenging year for those of us in the disability program. However, with these challenges come opportunities. This year, like others in the past, NADE will offer many opportunities for DDS employees to obtain specialized training that is unique and not available anywhere else. As you can see from the list below, there will be many opportunities for your staff to acquire this specialized training.

- NADE Mid Year Board Meeting in Washington, DC
The Madison Hotel, February 27– March 1, 2008
- NADE Southwest/Great Plains Bi-Regional Training Conference Woodward Hotel, Austin, TX, April 8 – 11, 2008
- NADE Pacific Regional Training Conference
Wilshire Grand Hotel, Los Angeles, CA, April 21 – 24, 2008
- NADE Great Lakes Regional Training Conference
Crown Plaza Hotel, Madison, WI, May 5 – 6, 2008
- NADE Southeast Regional Training Conference
Hilton Birmingham Hotel, Birmingham, AL, May 13 – 16, 2008
- NADE Mid-Atlantic/Northeast Bi-Regional Training Conference Doubletree Hotel, Annapolis, MD, May 14 – 16, 2008
- NADE National Training Conference, Millennium Maxwell House Hotel, Nashville, Tenn. September 15-18, 2008

We would like to thank each of you for your support of the NADE conferences in the past. This year's training is equally important, if not more so, as we begin preparations for the expected changes in the disability program. We hope you will encourage your staff to attend these training conferences and that you will support their efforts to do so. We understand there are budget issues, personnel issues and workloads to consider. However, we feel the benefits your employees and the DDSs gain from attending one of these conferences far outweighs other concerns. During times when we face many issues, allowing the employees the opportunity for professional development and training ensures knowledgeable DDS workforce that is committed to agency goals.

Therefore, we ask that you strongly consider sending your employees to one or more of these training experiences.

Sincerely,

Georgina B. Huskey
NADE President

Kay Hoffpauir
NCDDD President

A Message To All SSA And DDS Employees
Subject: Death of Robert M. Ball

I am saddened to report that former Social Security Commissioner Robert M. Ball died late last night after a brief illness. He was 93.

Bob Ball was the longest-serving Commissioner in Social Security history, having served in that position from 1962-1973. Prior to being named Commissioner, he held many management positions, starting his SSA career in a field office in 1939. He served as Commissioner under three different Presidents. After leaving the agency, Mr. Ball continued his involvement with the Social Security program, helping to found the National Academy of Social Insurance in 1986.

On a personal note, I want to say that Bob Ball left an indelible mark on the Social Security programs and the agency in that he played a critical role in the establishment of Medicare. His commitment to Social Security was unequaled, and he will be remembered as a great leader.

If you would like to know more about former Commissioner Ball's career, you can visit our History page at <http://www.socialsecurity.gov/history/bobball.html>.

Michael J. Astrue
Commissioner

NADE Correspondence



January 28, 2008

Georgina Huskey
NADE President

Dear Georgina,

One year ago, I convened an Office of Disability Determinations (ODD) sponsored workgroup on DDS Recruitment and Retention in the Electronic environment (R&R). Many DDSs identified recruitment and retention challenges as the top issue influencing their ability to meet workload goals.

Workgroup membership included seven DDS Administrators; seven Regional Office Center for Disability staff; two ODD staff, a NADE representative; and additional DDS, RO and ODD subject matter experts whose skill sets enhanced the final project. Each workgroup member contributed in various roles to research, identify the issues, provide analysis, and recommend solutions. Leadership support was also provided by Kathi Thompson, Linda Dorn, and Sheila Everett. I want to express my heartfelt thanks and appreciation to all who contributed to this extraordinary effort. I would like to specifically thank Theresa Klubertanz who represented NADE and contributed invaluable subject matter expertise, writing and editing.

This project report was shared with the SSA Operations management team on January 15, 2008. These SSA executives fully support ODD and the DDSs with this project and the ongoing and collective efforts for continuous improvement in our ability to recruit, train, and retain a qualified workforce. I look forward to our collective efforts addressing the recruitment and retention solutions.

I have enclosed a copy of the final report. An electronic version will be posted to the ODD website in the near future.

Ruby Burrell
Associate Commissioner,
Office of Disability Determinations

cc: Theresa Klubertanz

NADE Committees

Resolutions

by Peter D Fox, Resolutions Chair

RESOLUTIONS HELP TO DEFINE the identity an organization; they are a formal expression of an opinion or intent. All NADE members have the right as well as a responsibility to make recommendations to our board. Our membership is the strength and spirit of our organization and I want you to know your ideas are welcome.

Our tried and true format for resolutions:

WHEREAS, resolutions are a clear statement of action or intent; and

WHEREAS, our membership has a valuable voice that can be shared by making recommendations;

THEREFORE, BE IT RESOLVED that NADE members will be encouraged to submit their ideas to the resolutions committee for consideration.

Please send your ideas and resolutions to:

Peter D Fox, Resolutions Chair
3150 NE Lancaster Dr
Salem OR 97305
email: Peter.D.Fox@ssa.gov

or contact one of the regional members on the Resolutions committee.

**Medical Consultant Ad Hoc Committee:
Working to Assist NADE and Fellow NADE Medical
Consultants**

*by Lisa Varner, PhD
South Carolina DDS*

THE 2007-2008 NADE MEDICAL Consultant (MC) Ad Hoc Committee includes NADE members from a variety of backgrounds and geographical areas. This committee is comprised of the following individuals:

- Lisa Varner, PhD (South Carolina) – Chair
- Linda Highsmith, M.Ed., CCC-SLP (North Carolina)
- Dale Peterson, PhD (Maryland)
- Acisclo Marxuach, MD (Puerto Rico)
- Robert Stainback, PhD (Florida)
- Yvonne McDowell, MD (California)
- Greg Duran, MPA (New Mexico)
- Carolynn Parsons, MD (Kansas)

The NADE MC Ad Hoc Committee serves the NADE Board and NADE members by performing several important functions. The committee provides input to the NADE Board on proposed medical listing changes prior to Notice of Proposed Rule Making (NPRM) publication. The committee obtains input as requested by the NADE board regarding issues that are of concern to DDS (Disability Determination Service) MCs. In addition, the MC Ad Hoc Committee works with the NADE President to determine the most appropriate manner to address concerns and issues of DDS MCs.

Already this year, the NADE MC Ad Hoc Committee has assisted fellow DDS MCs who are NADE members. In November 2007, this committee was asked to obtain and provide information about existing MC contract/salary structures in various states. This request came in response to concerns from NADE members who work in a state that is currently considering changes to its MC contract/salary system. The Medical Consultant Ad Hoc Committee was able to efficiently collect and provide relevant information in response to this request. This information could prove beneficial in addressing the concerns of these fellow MCs who are facing possible changes in their work and salary status. It is anticipated that the Medical Consultant Ad Hoc Committee will also be very busy this year reviewing and commenting on a number of proposed changes to medical listings prior to NPRM publication. These committee comments will then be submitted to the NADE board, for use in drafting NADE's response to proposed listings changes.

NADE is the voice for those who work in the evaluation of Social Security program claims, and the MC Ad Hoc Committee is an important means by which DDS MCs can make their views known to NADE. NADE members are encouraged to contact this committee with their ideas, comments, and concerns pertaining to DDS MCs.

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mismanagement.**



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Fax 410.597.0118

e-mail oighotline@ssa.gov

Write: SSA Fraud Hotline

P.O. Box 17768

Baltimore, MD 21235

A Time for Giving

by Julie Mavis, Organ Donation/Transplant Chair

THIS FALL I WAS volunteering for my local organ donation organization at a corporate health fair. At these events I encourage people to sign up for Michigan's Organ and Tissue Donor Registry and answer questions about organ donation. Usually I have positive encounters with people enthusiastically signing up to be on the registry, however this time I ran into two individuals who were not positive about my message. How could they??? The first, a female, had difficulties with the concept due to the death, blood and the surgery aspect of it. She didn't want to think about it, "or else she was going to pass out". So I stopped there, recognized my limits and did not press the situation. She left with a squeamish look on her face.

Later, a gentleman came up and shuddered when I asked him if he was interested in signing up for the registry. He said, "I don't think that's something I want to do". After further questioning, explaining how an organ/tissue donor can save up to nine lives or enhance the lives of 50 others and finally mentioning I was a two time kidney recipient I saw his face light up and his opinion change. He signed up and even encouraged two others to come over to register. He appreciated the time I spent with him and I was thrilled to be the person to change his mind. I left the event with a sense of accomplishment and with the knowledge that I changed one man's opinion who in turn may educate others about what he learned that day.

Which brings me to the title of this article, every day is a time for giving the knowledge about organ donation and transplantation to others. It doesn't just have to be in April during NADE's National Donate Life Month contest (plug: Be on the look out for details and materials coming out in March-Start thinking of great ideas now!!). For example, my cousin educated her friends when she noticed they did not have the organ donor symbol on their license after they were "carded" one night.

In December, I was talking to a high school health class about kidney disease and distributed organ donor registrations and took that opportunity to educate them. People I volunteer with sent organ donation materials in their Christmas cards. If you are unsure about your State's process in becoming an organ donor, go to unos.org, click on newsroom, click on fact sheets, then click on Donor Designation Status by State and that list will appear.

So before you start planning your chapter's events for National Donate Life Month in April, take advantage of opportunities with your family or friends to talk about organ donation or transplantation. If questions arise that you aren't sure about, I recommend unos.org or organandonor.gov to assist with answers or feel free to email me, Julie.mavis@ssa.gov.

eCDR and the DHO


by William Reich, Hearing Officer Chair

THE NADE HEARING OFFICER Committee is a means for member Disability Hearing Officers to voice their opinions and concerns. Current updates to DMA continue in to '08. One of these updates will be the eCDR. How this will impact the DHO's current processing of hearings continues to be a concern. A recent inquiry to the NADE Regional DHO committee representatives showed some concerns with this update to be: possible need for additional DHO training on the eCDR process as it applies to the DHO's and possible change in the procedure for review of the disability folder by claimant prior to the hearing at both the DDS and SSA/DO. We are sure as each Region and State is updated with the eCDR additional concerns, questions and suggestions will arise. These concerns, questions and even suggestions are some possibilities of discussion during the DHO breakout session at the NADE National Conference in Nashville, TN.

If you have additional ideas, preference to topics of discussion to be included in the agenda during the DHO session at the NADE National Conference or additional concerns, issues, comments, questions; please contact your Regional Committee Representative or myself (William.reich@ssa.gov).

DHO Regional Committee Representatives:

Sharon Summers, TN
Lizz Salinas, TX
Marleen Nielson, WI
Craig Dailey, NH
Shari Bratt, GLADE
Kila Jill Timmin-Krueger, San Diego, CA
Brenda Frevik, SD



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NADE Membership – What can NADE do for me??? The perpetual question!!

by Micaela Jones, Membership Director

NADE, THE NATIONAL ASSOCIATION of Disability Examiners is the only professional association for those who are engaged in adjudicating disability claims for the Social Security Administration, as well as others employed and/or associated with the DDSs.

NADE represents you, as a professional, with SSA and in Congressional testimony. The leadership of NADE routinely meets with SSA officials, congressional officials as well as members of other government agencies such as Office of Budget & Management (OMB), Congressional Budget Office (CBO), Government Accountability Office (GAO) and the Social Security Advisory Board (SSAB). In short, these are the 'big wheels of government' that seek information and input from NADE regarding the disability process. This ability to share and provide information to individuals in government positions of power and authority is granted to you, every NADE member via your Board of Directors.

NADE also interfaces regularly with other organizations such as National Council of Disability Directors (NCDDD), the Association of Administrative Law Judges (AALJ) and the National Council of Social Security Management Association (NCSSMA). This communication between these organizations assists in identifying similar goals and areas of interest allowing for an increased voice for all members.

NADE sponsors training conferences that offer the best in medical training as well as administrative information from the Commissioner of SSA and other high ranking SSA and DDS officials. These conferences are a place where each and every NADE member can have the opportunity to speak directly with the policy makers of the SSA Disability program and many of the Administrators of the Disability Determination Services. As a member 'working the line' and making disability determinations every day, these conferences can be a valuable opportunity to communicate with peers throughout the nation and the 'powers that be' in our industry. Members can also use these conferences as an opportunity to 'see the Nation', as conference venues are held throughout the States.

The reasons to join NADE are individual as well as universal, and each member, as well as each Chapter, is encouraged to continue sharing the advantages of being a member.



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National Conference Coverage

Highlights, from page 1

work groups within the DDS Budget division are looking at dozens of issues ranging from budget and allocation to hiring flexibility and cost containment. Operations Support is pursuing functionality that “finishes” eDIB, such as the eCDR pilot Missouri is testing. The DDS Performance Management division has a Recruitment and Retention workgroup looking at position descriptions and skills for five DDS job classifications. They have also made some training recommendations and have promoted hiring strategies. The number one concern was backfilling slots. Ms. Burrell indicated a new “tool box” to inform about changes and new business practices was in final stages of completion. The Systems Technologies division has been tackling issues of functionality, service level agreements and working collaboratively with the different computer server systems being used by various states.

Another informative speaker on SSA issues was Katherine “Kate” Thornton, Staff Director for the Social Security Advisory Board (SSAB). She noted that the SSA attempt to return the disabled to work has not been successful despite their best efforts. The historic hearing backlogs (750,000) in the Offices of Hearing and Appeals were at 398,000 in 1998. Testimony by the SSAB chairman Sylvester J. Schieber in February 2007 noted that SSA had fallen into this backlog situation because underfunding of the agency over the past four years has created a one billion dollar shortfall and impeded SSA production. SSA’s inability to replace the shrink-

ing numbers of Administrative Law Judges compounded the problems. The SSAB previously noted in a 1998 report that SSA was being underfunded for the amount of work they had to do. Ms. Thornton stated that the Advisory Board was preparing letters to send to Congress explaining their position on the imperative need for appropriate funding.

The current Advisory Board is also looking at the unintended consequences of the SSA rules. Because of the SSA rules, the program has developed a disincentive for the disabled to return to work. The Board would prefer the focus to be on “what can you do and how can we make it happen?” The myriad of rules have impeded the intent of the agency. NADE looks forward to hearing more from the Advisory Board as they gather information, continue to study other disability programs, and make recommendations on the SSA program.

Another group of exceptional speakers were those representing the National Council of Disability Determination Directors or NCDDD. On the panel this year were Robbie Watts (VA), Vicki Johnson (CO), Tom Paige (SC), Dave Tschetter (SD), and Noel Tyler (OK) There are many work groups in place looking at a variety of topics such as quality, eCAT, systems, and recruitment and retention. This last work group is comprised of representatives from DDS, SSA, Regional offices, and SSA central office. Of the 100 top issues facing DDS, the Recruitment and Retention Workgroup has narrowed the list to nine (9) recommendations for change.

Noel Tyler discussed these:

1. Provide timely and relevant training
2. Strengthen Federal /State relationship regulations
3. Continue SDM
4. Undertake a compensation and market analysis to try and move staff salaries equal to federal examiners
5. Recommend and recognize generational differences to provide resources for retention (GAO has written a paper on a work plan for this issue)
6. Federal/state joint marketing of compensation package for each state and deliver the compensation message from all sides
7. Reassume DE certification analysis
8. Expand electronic workload management; look at transfer of workload – specifically at queues– expand electronic generated queues
9. Address the physical (facility and equipment) needs in the DDSs.

The work group has written job descriptions for the positions of examiner, support staff, and the professional relations/medical officer.

Tom Paige discussed systems issues and Service Level Agreements (SLA). The DDSs have a contract for service with SSA which “guarantees” what the states can expect from the SSA

Continued on next page

NADE wishes to thank the following corporate members:

Bertha Litwin & Associates, Sherman Oaks CA

Izzi Medical Associates - Los Angeles CA

Kevin Linder, Atty Springfield IL



"Overall, the RPC process has been a favorable change. It replaces the cumbersome and somewhat adversarial rebuttal process with DQB."

*- Vicki Johnson,
Colorado DDS Director*

computer systems. At the time of this meeting, SSA had not been able to meet the SLA five times over the past seven months. Currently, there are three legacy and two independent systems in the state agencies. A single system would make maintenance of the systems less costly and would standardize service across the country. NCDDD has written a letter which made the following points 1. finish changes to eDIB first, 2. stabilize the current computer system; no DDS should have to go backwards in functionality, and 3. DDSs want a system built external to SSA environment.

Vicki Johnson discussed the Denver experience on the Request for Policy Consultation (RPC) pilot. The RPC panel is a round table discussion group, located at SSA headquarters, which must reach a consensus on the case. Their comments are shared with internal QA staff and other states in the region. It enables everyone to be on the same

page. It has been a move towards consistency and fairness in review of cases. While some errors have been rescinded, the RPC review has noticed other items in the cases and raised other issues. Overall, the RPC process has been a favorable change. It replaces the cumbersome and somewhat adversarial rebuttal process with DQB. A total of 261 cases had been reviewed on appeal to RPC and 45.5% of the DQB errors had been rescinded.

The national conference proved once again that NADE has the highest quality speakers on Social Security disability and program issues. It is an opportunity and experience that is hard, if not impossible, to achieve at a local training meeting. Mark your calendars for the regional training conferences and the September national training conference – to paraphrase the words of a local car dealership’s ad – “Nobody beats our (NADE) deal!”

Positive Attitude

**Presenter: F. Richard Blue, Ph.D., ABPP
Licensed Psychologist**

*by Linda Trent Highsmith, M.Ed., CCC-SLP
North Carolina Disability Determination Services*

WOW- WHAT A TREAT to hear such a lively and eye opening speaker about the journey of life and how to get the most out of life. For those people who were lucky enough to sit in on Dr. Blue’s session on “Positive Attitude” at the recent NADE Southeast and Great Lakes Bi-Regional Training Conference in Atlanta, Georgia you were in for a wonderful ride. Dr. Blue frequently pointed out that when looking at events “it’s not the event but it’s the perception” that is the key. Dr. Blue explained that the mind is so powerful and that it impacts upon our immune system. He stressed the importance of having a strong social support system, good friends who accept you for who you are and to make it safe to talk in relationships. Dr. Blue stated that it was so important in relationships to get just connected. In dealing with relationships, he mentioned that “if you start right-you stay right”.

Furthermore, Dr. Blue spoke about optimism and longevity. He touched on how important laughter was to health. Dr. Blue asked the question “where is the joy?” And pointed out how you must ride the wave and be in the moment. You need to look at the big picture and the three C’s: “Commitment, Control, and Challenge”.

Dr. Blue also addressed the importance of being assertive but not rude. And to keep in mind that you are the boss of the journey. Practice forgiveness, and work toward forgiveness, and earn forgiveness.

Dr. Blue provided further information to his audience on Strategies to Fight Burnout and Achieve Balance. Here are just a few examples: Monitor your negative thoughts, find a way to dispute your negative thinking, practice assertiveness, get ride of anger, and to maintain a sense of humor.

Independent Study

Observations of Serum Albumin Levels in Disability Adjudication

*by William D. Hakkarinen, MD, Debra A. Masket, MSW
Maryland Disability Determination Services*

INTRODUCTION

CHRONIC MEDICAL CONDITIONS often provide a challenge to disability adjudicators. They may be present long periods of time, and only gradually worsen. It may be more difficult to assess the degree of functional limitation and debility in such medical cases, particularly in conditions with multiple impairments.

Musculoskeletal, oncologic, and neurologic cases may have clearly defined functional limitations that are based on specific physical findings. In oncologic listings, a specific pathologic report may provide the immediate decision. While there are some specific and easily recognized indicators in some medical cases, such as the presence of certain opportunistic infections in HIV, other medical cases may result in disability through frailty, debilitation, and the combined effects of multiple impairments. We questioned if there might be a marker, laboratory or otherwise, that could assist examiners in their objective evaluation of "debility?"

Albumin is the protein with highest concentration in plasma, and is important in keeping the fluid of blood within the vessels and not leaking out into the tissues. Serum albumin levels are known to decrease with age and levels <3.8 g/dL are associated with increased morbidity, mortality, and disability in the elderly. One study has suggested that decreases are associated with muscle loss. Serum albumin is recognized in Gastrointestinal (5.05B2a) and Renal (6.06A) listings as a marker to suggest listing severity. Albumin is made in the liver, and a level of 3.0 g/dL or less is recognized by hepatologists as indicative of loss of liver biosynthesis. In cases of HIV disease, greater decreases in albumin levels have been reported to be associated with more rapid disease pro-

gression to a CD4 of less than 200. Low albumin concentrations have also been reported to increase the risk of poor health outcomes, including functional decline. Thus, we wondered: "Is there a difference between the average serum albumin level in allowances vs. denials in medical cases?"

DATA COLLECTION

Each author recorded serum albumin, if available in the file, for medical allowances and denials until a total of fifty (50) of each were obtained. No serum albumin levels were purchased. Medical cases that did not have a level in file were not included. Only medical allowances that met or equaled a listing were recorded. The structure of the Maryland DDS is such that the examiner (DAM) and Medical Consultant (WDH) were not usually paired on the same case, and the data were recorded independently. Age, sex, and listing met or equaled were recorded for allowances. Age, sex, and primary allegation were recorded for denials. No personally-identifiable information was recorded. The average value of serum albumin was calculated for each group.

RESULTS

The average serum albumin level of fifty (50) allowances was 2.9 g/dL. Cases in allowances were distributed among the following medical listings:

- 5.00 six (6)
- 6.00 five (5)
- 9.00 two (2)
- 11.00 three (3)
- 13.00 three (3)
- 14.00 thirty-one (31)

The average serum albumin level of fifty (50) denials was 4.0 g/dL. Cases in denials were distributed by the following allegations:

- HIV thirty-one (31)
- HEPATITIS C ten (10)
- DIABETES five (5)
- CARCINOMA one (1)
- FIBROMYALGIA one (1)
- HYPERTENSION one (1)
- SYSTEMIC LUPUS one (1)

The number of HIV cases in both allowances and denials was equal, purely by happenstance. However, given that there had been reference to albumin as a marker for disease progression in HIV, the averages for this group were calculated as well.

The average serum albumin level in 31 HIV allowances was 2.6 g/dL.

The average serum albumin level in 31 HIV denials was 4.0 g/dL.

DISCUSSION

While there is certainly a great difference in the average values, being normal in denials and very low in allowances, significant caution is given to any premature conclusion about these results. There is a preponderance of HIV cases in those reviewed. This may reflect non-random case assignment, and thus the findings may not be applicable to all medical listings. In addition, by limiting the observations to cases that met or equaled a listing, only the most serious cases of possible allowances were likely reviewed. The study was observational by individuals involved in the adjudication of the case. These observers quickly became biased as the trends

appeared in the raw data. For example, a case was proposed for allowance under 14.08H1, for an individual with greater than 10% weight loss and chronic diarrhea. However, the serum albumin in that case was 4.0. The medical consultant (WDH) felt that the value was inconsistent with 10% weight loss, and further information was obtained. The initial claimant weight in excess of 200 lb. was near term in the claimant's pregnancy. The immediate post-partum weight of 166 lb was actually lower than the weight at time of adjudication, 170 lb. There had in fact been no significant weight loss. Further review also indicated the diarrhea was self-limited.

These factors could bias the study and render any statistical determinations

meaningless. Nevertheless, the data do appear to be consistent with that reported in the literature as noted in the references. Further blinded and more statistically accurate studies could be done by retrospective review. Such studies would in all likelihood be most appropriately done through the Social Security Administration.

POTENTIAL APPLICATIONS

Extremely low levels of serum albumin (<3.0 g/dL) could be a factor that examiners would consider on assigning presumptive disability on a Title 16 claim as they continue to develop the claim. It could be one of many factors to objectively facilitate such a decision.

Levels of serum albumin could also be one of multiple factors to consider as evaluation is made of claimants alleging multiple impairments. Our observations, and the cited literature, suggest that levels fall consistent with overall debility and loss of ability to do work-related activities.

In HIV cases, a very low serum albumin may provide objective verification of debility which may affect limitations described in 14.08N.

In summary, serum albumin levels may serve as one of many factors to be evaluated in the adjudication of medical cases of alleged disability.



Goodbye, continued from page 3

Max Callao, Ph.D. was Chief Psychological Consultant at IDDS. Born in San Jose, CA Max died very suddenly at the age of 66 on November 20, 2007. Max was the picture of physical fitness and attacked life with an unmatched zest. He earned a black belt in Kendo. He played the bagpipes with the Boise Highlanders. Max was a nationally ranked fencer with the USFA, representing the United States at the Veteran's World Championships in 2002 and 2005. He played a mean game of tennis in the former DDS Director's "mandatory" doubles matches, running circles around this almost 25-years-younger writer.

Max loved life, his family, his church, his friends and his country. In 1962, he answered President Kennedy's call to service and joined the Peace Corps, representing the US in the Philippines, the land his parents had immigrated from, serving until 1964. This was only the beginning of a lifetime of service. He went on to eventually serve on the Board of Directors of the San Francisco Theological Seminary, a position made more notable as his father was the first Philippine-born graduate of the Seminary. He also served as Moderator for the Synod of the Pacific, Presbyterian Church USA. In that position he helped shape church doctrine on a national scale. He and his wife Denise were charter members of their local congregation, Covenant Presbyterian Church, where he served as an ordained Elder.

Max understood balance in life and loved an occasional single-malt scotch or micro-brew, and he might include a fine cigar. He had a great sense of humor and was a very good friend to all who knew him. He never knew a stranger. If you attended the Boise, ID 2005 National Conference, he may very well have walked up to you, stuck his hand out to shake yours and struck up a conversation with his familiar "Hi I'm Max." From that point you had his complete attention, he wanted to get to know everything about you. He loved his gadgets. If you wanted to know anything about the latest cell-phone, IPOD, computer, etc. Max could fill you in.

Max was NADE Pacific Region Medical Consultant of the Year in 2000. He attended the San Juan, PR NADE National Conference. He helped organize the Boise, ID National Conference. He received, along with the entire IDDS Medical Consultant Staff, the 2007 SSA Associate Commissioner's Citation.

Max and Nadza shared a mutual love of music. At Nadza's memorial service, Max eulogized her, speaking of that common love and had a song played by the Cuban artist Compay Segundo, "The Flowers of Life."

Nadza and Max made a difference in all of our lives and have a special place in our hearts. They will always be missed.



Across NADE Today

California (Los Angeles) - The election process for new officers is on hold for now as Los Angeles awaits the announcement of the movement of staff to the new Covina location. The upcoming April 21-24, 2008 Pacific Regional Meeting will be held in Los Angeles. More information about the conference may be found on the NADE California website. www.NADECalifornia.org. Donations from a successful toy drive went to the very appreciative County of Los Angeles Department of Children and Family Services (Foster Care). Ms. Lyssa Brashier-March was our liaison person.

Colorado (CADE) - During the past Holiday Season, all CADE members took part in several charitable activities: U.S. Marine collection of Toys for Tots; several boxes of food items for Betsy's cupboard; and personal, baby items and clothing for the Gathering Place, a day shelter.

CADE also sponsored a drawing for a Christmas Turkey and Ham. CADE members enjoyed a Christmas party of pizza and desserts with gift exchanges (trades/steals), sometimes under duress. Be assured that no one was hurt. CADE also welcomed several new members.

Delaware - Prior to Christmas a bake sale in the office lobby raised funds for an Adopt-A-Family project. DADE adopted 4 people in Nursing homes over Christmas and showered them with all the items on their Wish Lists.

The most difficult part of 2007 was the death of Andy Marioni, Delaware Director. The new Director, Marc Young, agrees with Andy's philosophy and pays for all state employees to be a NADE member.

Illinois (IADE) is fortunate that the agency has so many generous people. The chapter held its annual Holiday Bazaar, coordinated by Jane Bradley. Proceeds were used to "Adopt" 12 Angels from the DHS Illinois School for the Deaf and Illinois School for the Visually

Impaired. A new event - Holiday Social - was held at the Crown Plaza with food provided by IADE. What a great opportunity to meet DDS folks from the "other floors".

Keep Our Kids Warm Campaign - IADE collected new and gently used coats, hats and gloves for local charities. Donations have been sent to Harvard Park School, Phoenix Center and Senior Service Center. Lisa Eden, Dave Charles, Dallas Vigonoe and Sarah Squires coordinated this collection.

Maryland - The Halloween bake sale raised over \$350 for international phone cards to be used by Maryland troops in Iraq to keep in touch with their families. During the Holidays, \$375 for the Heifer International Fund was also raised. MADE sponsored a holiday party for DDS staff in early December which was very well attended.

Missouri (MADE) - Missouri is so excited about Missouri's upcoming conference this summer! MADE 2008 Conference is in Cape Girardeau from July 23-25 at the Holiday Inn Express Hotel.

The subchapters have held fund raisers for breast cancer awareness, gathered Toys for Tots and a local Boys & Girls Club, held a canned food drive for a local food pantry, collected items for local nursing home residents and sent cards to recovering soldiers to the Walter Reed Medical Center. One subchapter, working through the Truman Medical Center Navigator Program, adopted a single father of 3 with terminal cancer and 2 other single adults with terminal cancer. Gifts were voluntarily purchased for each person by office employees and a collection of \$270 was raised within the office in order to purchase gift cards for the family and the individuals.

Montana - Membership remains steady.

Nevada - Chapter had the opportunity to meet with NADE President, Georgina Huskey, on January 2, 2008.

North Dakota (PGADE) - In November, the chapter had a bake sale and a portion of our proceeds were donated to the "Ruth Meier's Home", homeless shelter in our state. We also took this opportunity to have a tour of their facility. In December, the PGADE members who were fortunate to attend the National convention in Sioux Falls gave a presentation of the convention to the entire DDS. One of our members, Sandy Heck, put together a fun video slide show that we played during the presentation. Members drew tags off a Christmas tree in the Human Service Department and each contributed toward purchase of items on the tags for less fortunate families in Bismarck, ND. PGADE held a drawing from our DDS Christmas tree and awarded three fellow DDS staff members with Christmas baskets filled with "goodies".

Ohio - In November, OADE began their annual fundraising project for United Methodist Children's Home (UMCH). They held a two-day jewelry sale and a combined bake sale/gift basket auction to raise a total of \$1,093.93. The proceeds were used to buy gifts for the children in residential treatment, which were delivered December 7th. Currently plans for a recruitment drive for mid-January are underway. The focus will be on the many staff members that have been hired in the last few years.

Pennsylvania has gained a new member in Tracey McKee, of the Philadelphia CDP. Welcome, Tracey!

South Dakota (SoDADE) - After recovering from organizing and hosting the National conference, the chapter raised and donated money to School Backpack food program and to Sioux Falls Care, a program to help needy families to provide Christmas food and gifts. We have also put together a raffle to start Jan 3rd to help raise money in order for more SoDADE members to attend National and Regional Conference.

Virginia (VADE) - From November 1 to January 31, 2008 a State Professional Development Committee Examiner Certification Drive was held. December was designated for a Membership Drive and the Richmond Office held a Baked goods fundraiser, raising \$150.75. VADE held a State Meeting with informational training sessions on eCAT, RPC, CA, QDD and a presentation by Gene Jerry. Virginia Beach office conducted a drive headed by Deborah Sroufe to purchase Christmas Stockings.

Washington (WADE) - Washington Association of Disability Examiners Renton-Seattle (WADERS) collected donations to benefit the William Booth Center, a project of the Salvation Army that provides housing and support services to homeless men in Seattle. WADERS delivered several boxes of donated items to the William Booth Center just in time for the holidays.

EWADE (Spokane, WA) - Starting off the holiday season with a Thanksgiving basket drawing, these funds went to the annual DDS/EWADE Tree of Sharing. The Holiday baskets drawing in mid-December brought in more funds for this project. The office staff along with the funds from these drawings provided presents for 20 children from the YWCA Alternatives to Domestic Violence program.


The office staff was so generous this year they were also able to provide some needed items and monetary donation to Crosswalk, a teen program and shelter sponsored by VOA. This year those agencies had a drop in donations so they were truly grateful for our items. The past several years the DDS staff and consultants have opened their hearts and pocketbooks to provide some joy for needy children and teens in the Spokane, Washington area.

Washington (Olympia - OWADE) - Shannon Foley, used to be the Olympia (OWADE) president. She had the opportunity/and was accepted to the CDIU in Seattle. Congratulations on her new position.! The new president for the Olympia OWADE is Ramon Valdes-Rijos. This position took effect as of January 01, 2008.

Wisconsin (WADE) - WADE members have been extremely busy getting organized and raising funds for the GLADE regional conference, which will be held in Madison WI on May 5th and 6th. The agenda for the conference is nearly finalized and they've been very successful in getting speakers who will be covering a wide-range of medical and programmatic issues that we believe will be of interest to all attendees.

We're still mourning the loss of Terri's Klubertanz's active participation in WADE projects, but are happy to report that she remains a WADE member despite her new position with SSA!

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Native American, continued from page 28

Ms. Red Bull explained that Indians feel that they have to be perfect when asking for help. They feel that others are laughing at them and feel intimidated. She said that they feel they have to compete with media images of being so serious and stoic. Native Americans have had to make the best of a bad situation. She said that what they try to do is take a bad situation, make it into a good story and laugh about it.

The former Miss South Dakota looks to her 97 year old grandmother for guidance. Her grandmother says that "Indian people laugh to keep from crying". She said that we need to understand that they have a great sense of humor and that everybody has a story to tell. By realizing these things, interactions between Indians and government agencies, such as the DDS, would be more successful.

Southeast Regional Conference



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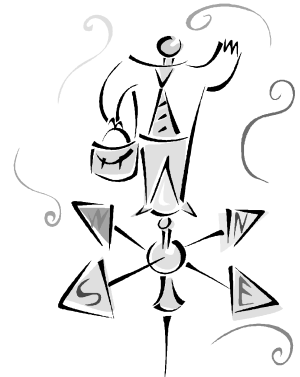
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National Conference Coverage

New Conservative Treatments for Spinal Disabilities

Presenter: Allen Unruh, D.C.

by Beth Matschullat, Nebraska DDS

DID YOU KNOW THE second most common reason people seek medical care is back pain (first is the common cold)? Did you know neuromuscular disorders are the leading cause of work place disability? According to Dr. Allen Unruh, chiropractors are ‘motion specialists’ and can help to reduce pain and restore motion in individuals with musculoskeletal conditions.

Chiropractors typically have earned a bachelors degree prior to their training at a chiropractic college. Chiropractors are not trained in surgery or authorized to prescribe medication. They do, however, specialize in treatment of the spine and nervous systems, which consist of 4,600 miles of nerves and 660 muscles connecting 206 bones.

The body is designed to heal itself in many ways and chiropractors can help the process by maintaining muscular strength, restoring flexibility and movement, and strengthening other connective tissues. Treatment is modified based on the patient’s needs. Chiropractors also teach ergonomics and proper lifting to reduce discomfort.

New technologies are available which can reduce health care costs, such as motion x-rays costing one-third of a typical MRI charge. Conservative approaches to back pain can also prevent costly and sometimes unsuccessful surgeries, such as fusions (typically \$112,000-\$169,000) and laminectomies (typically \$60,000-\$82,000).

Dr. Unruh views the role of a chiropractor as treating the whole person. “Treat the patient that has a disease, not the disease that has a patient”.

Understanding Native American Culture Using Humor

Speaker: Vanessa Short Bull

by Meredith Rogan, Ohio DDS



Vanessa Short Bull entertained NADE members as she explained what it was like growing up as a Native American.

VANESSA SHORT BULL IS A comedienne and former Miss South Dakota. She is also an Oglala Sioux Indian and direct descendant of Chief Red Cloud.

South Dakota receives a large amount of disability claims from the Indian reservations. Pine Ridge reservation in South Dakota is the poorest reservation in the nation. This is where Vanessa grew up. Ms. Red Bull explained that it can be difficult for Native Americans to ask for help and especially from government agencies. She said that there can be a great deal of misinterpretation of Native Americans based on stereotypes. She said that based on her experiences in beauty pageants she faces discrimination. She was told by the previous winner that she could not win because she was ugly and an Indian. She said that the fact that she was told this didn’t break her spirit, it empowered her.

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