
the NADE ADVOCATE



A Publication of the National Association of Disability Examiners

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Donate Life Month Recognizing Organ Donor Awareness in April

by Julie Mavis, Organ Donation/Transplant Committee Chair

LAST YEAR I FOUND MYSELF on the National Organ Waiting list which, according to today's statistics, is now composed of over 90,000 individuals. I was notified via a letter from my Transplant Center and it almost read like a "Congratulations, you made the list and here's what you've won" type of correspondence. What I got was a reality check that my transplanted kidney which had functioned so well after 18 years was going downhill. My family had known this, but until then the severity of the failure had not reached "waiting list" status. My sister was preparing to become the chosen living donor. It was recommended that I also get myself "on the list" in case a more compatible cadaver donor could be found, but unfortunately, for most, the typical wait time for an organ can last years.

When my kidney function lab studies starting showing signs of failure, I called my sister and had to ask her for a kidney. She is a very healthy, wife and mother of two young children and I was asking her to have voluntary surgery and to have an organ removed. Her husband (a physician) got on the phone and asked me questions concerning the risks involved, why I couldn't wait for a cadaver donor, etc. I understood his concern; he

was protecting his wife and mother of his children. I felt selfish and horrible for asking and I went through a moral dilemma. My sister graciously accepted the request and we are now in our final stages of testing prior to the transplant.

Unfortunately there are many myths out there about organ donation and what we see in the media is not always positive. The truth is that even though we educate the public on organ donation, the waiting list continues to grow. It is composed of people like me or the individuals I visit each week in the dialysis unit. But there are also those who are waiting for a heart, liver, lung, or pancreas-those organs whose function can't be replaced by a machine. They are people like you and me, who have families and just want to feel better and continue living.

What can we do to help? We can spread the word by telling our family and friends about wanting to be an organ donor; we can sign organ donor cards, or indicate our intent to be an organ and tissue donor on our driver's license.

NADE will again be recognizing Organ Donor Awareness in April. The Organ Donation/Transplant committee will also be conducting a contest during that month by challenging each chapter to increase awareness of the need for more donors, to educate chapter mem-

bers about donation/transplantation or to organize educational activities during this month. The committee will be forwarding more details about this event to each chapter. Winners will be recognized during the Awards Luncheon during the National Conference in September. Stay tuned for more information on Organ Donor Awareness in April. You can find more information on organ donation or transplants on the government's website:

www.organdonor.gov or
United Network for Organ Sharing
(www.unos.org) or
you can email me at
julie.mavis@ssa.gov.

FACTS About Organ Donation

One of the biggest challenges in educating the public about organ and tissue donation is dispelling myths and misconceptions often present in movies, television and tabloid magazines. Misinformation may lead to individuals choosing not to donate and lives may be lost. Educating yourself will lead to an informed decision.

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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, 2006.**

All correspondence should be directed through your Regional Representative or directly to the **Advocate Editor by April 1, 2006**

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

President's Message

A lot has happened since the last President's message I wrote for the Fall 2005 issue of the *Advocate!*



Immediately after the conference in Boise, Idaho concluded, NADE was called upon to provide a formal response to the Disability Process Improvement Initiative (DPI). Thank you to all who responded to the call for suggestions on writing that response. It appears on the NADE website (www.nade.org) under the link "Position Papers." I hope by now, you have had a chance to read it and share your thoughts about it with other NADE members.

After finishing the DPI response, Terri Klubertanz and I attended an SSA Policy Conference on speech and language listings. It was extremely informative and was well-attended by experts in the field. It is always interesting to get a different perspective on the medical listings from those types of experts, as well as claimant advocates and others not directly involved in disability adjudication.

Later that same week, we met with members of the NCDDD Executive Board and the Social Security Advisory Board to further discuss the impact of the disability service improvement plan. It was a lively discussion, and points that were outlined in the formal response were again stressed. These points included concerns about the role of the Medical Consultant in both state agencies and Federal Expert Units (FEU), the well-qualified workforce of disability hearing officers who could step into the role of a reviewing official (RO), and the importance of eDib and DMA success in the entire process of adjudicating disability claims.

In October, NADE submitted comments on the vision and endocrine listing Advanced Notice of Proposed Rulemaking (ANPRMs). As a representative of NADE, I was invited to attend both an Association of Administrative Law Judges (AALJ) Roundtable discussion and the AALJ conference, both of which were held in October. These meetings provided opportunities to discuss proposed changes in the disability program, and talk with others involved in the adjudication of disability claims. While NADE and other associations may have different viewpoints on specific areas of the disability service improvement initiative, I feel it is important to continue to share ideas and opinions on how we can best serve the disabled population with the resources available and time constraints with which we must work.

In early November, NADE provided feedback on the growth listing ANPRM, the childhood function form, and the genitourinary listing IVT script. NADE also provided comments on the definition of age categories Notice of Proposed Rulemaking (NPRM). I attended an SSA Policy Conference on Special Senses and Labyrinthine Disorders at Gallaudet University in DC, where I was fortunate to learn from experts more about these disorders and how they impact functional abilities. In mid-November, my first-ever trip to the Commonwealth of Virginia took place for a membership drive which the newly activated VADE chapter was hosting. I am pleased to report a substantial increase in membership has occurred, thanks to the efforts of the VADE officers and their DDS Director, Robbie Watts. It was great to see such enthusiasm and support for NADE!

On January 13th, I attended a memorial service for Lenore Carlson at SSA headquarters. It was a very special ceremony in honor of Lenore, and gave people the opportunity to share their memories of her with

Continued on next page

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Advertising: Contact Donna Hilton 417.888.4152 or Susan Smith 614.438.1879.		

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her co-workers and family. My remarks there included a statement of gratitude for the time Lenore spent with us at NADE functions, and her exemplary knowledge of the disability program. She will be sorely missed. I had the pleasure of meeting Ruby Burrell, Associate Commissioner for Disability Determinations there as well, and look forward to working with her in the coming year.

As you can see, there has been a lot of activity for NADE since last fall. We had a very productive Mid-Year Board meeting. Detailed information on these meetings will be in the next issue of the Advocate. Our guests at the meeting included Ruby Burrell, Associate Commissioner for Disability Determinations, Glenn Sklar, Associate Commissioner-Office of Disability Programs, Myrtle Habersham, Chief Strategic Officer, Bill Gray, Deputy Commissioner-Office of Systems, Bob Robertson, Director-GAO, and executive officers of NCSSMA and NCDDD. Chuck Schimmels, Terri Klubertanz, Mimi Wirtanen and I visited others prior to the meeting as well, including Commissioner Barnhart, Mike McGeary at the Institute of Medicine, and the Social Security Advisory Board.

I want to take a moment to thank each and every one of you who provided comments on Notices of Proposed Rulemaking (NPRMs), IVT scripts, position papers, and at other times when NADE's opinion has been solicited. I am very fortunate to be able to work with all of you. Your NADE Board is doing an excellent job in communicating member concerns and ideas, and your input is vitally important to the organization. I have also had the opportunity to field individual member's questions, and always welcome the chance to communicate with you and hopefully provide answers to your questions. I look forward to attending the Quad-Regional NADE Training Conference in Virginia Beach and the Great Lakes Regional NADE Training Conference in Kalamazoo, Michigan. Hope to see you there!

Shari Bratt
 Shari Bratt
 NADE President

NADE Statement at the Lenore Carlson Memorial January 13, 2006

"My remembrance of Lenore is gratitude for the time she took out of her busy schedule to attend NADE conferences and speak to us about disability issues. She was always willing to answer questions and impart her unparalleled knowledge of the disability program.

Lenore was also dedicated to listening to everyone's opinion with respect and courtesy, and then made decisions that had been considered with care and concern. She will be sorely missed by her friends in NADE and in the DDSs."

Shari Bratt
NADE President

NADE CALENDAR OF EVENTS:			
Mid Year Board Meeting	Madison Hotel	Washington DC	March 1-4, 2006
Great Lakes Regional	M TEC Center	Kalamazoo MI	April 26-28, 2006
Quad Regional Conference <i>(Mid-Atlantic/Northeast/Southeast/Southwest)</i>	Sheraton Ocenfront	Virginia Beach VA	May 16-19, 2006
Great Plains Regional	Ramada Inn	Jefferson City MO	Sept. 11-13, 2006
National Training Conference	Bahia Resort & Hotel	San Diego CA	Sept. 16-21, 2006

Continued Donation Truth Facts:

True or False:

People with money and status get transplanted first.

FALSE. When you are on the transplant list waiting for a donor organ, what really counts is the severity of your illness, time spent waiting, blood type and other important information.

If my driver's license reveals my consent to donate, paramedics will not try as hard to save my life.

FALSE. If you are sick or injured and admitted to the hospital, the number one priority is to save your life. Organ donation can only be considered if you die and after your family has been consulted.

My family will be charged to donate my loved one's organs and tissues.

FALSE. Families are not responsible for charges directly related to the donation process.

Quick Facts:

- Currently, over 88,000 people are on the U.S. organ transplant registry. Every day 13 new patients are added to the list.
- About one to two percent of all deaths meet the stringent medical criteria for organ donation. Of that small number, only 50 percent actually become donors.
- People of all ages and medical histories are considered potential donors. Although a majority of donors are a result of a tragic accident, many others are eligible. The age limit for donors has been raised so that people over 80 can now give a variety of organs as well as corneas and tissue.
- Your medical condition at the time of death will determine what organs and tissue can be donated.
- One donor can save or enhance the lives of more than 50 people. For example, donated kidneys can free two people from dialysis treatments; corneas can give sight to two people and bones can help repair injured bones and joints.
- Signing a driver's license or signing your name on a state's donor registry isn't enough. Let your wishes be known, tell your family.

Facts provided by the Midwest Transplant Network. Organ donation specifics may vary in Canada and other countries.

Certification & Recertification

by Barbara Styles, Professional Development Chair

Do you know what it means to be a Certified NADE Professional? The final part of NADE's purpose statement reads "To further professional recognition for disability evaluation practitioners". In order to achieve that goal, the NADE Board developed certification requirements for examiners in 1971. Additional certification requirements were later developed for support professionals and medical consultants.

Now, here's the good news . . . it costs you nothing extra to be certified!! All of the basic requirements for certification are available for your review on our website www.nade.org. Basically, you must be a member of NADE and have been in your respective position for a minimum of three years. You provide documentation (see the form on the website) to the Certification and Professional Development Chair, and you can be certified. It's that easy!

In the interest of keeping our members training and development current, the NADE Board approved **recertification** guidelines in 2001. Certified members can be recertified every 3 years by providing documentation of 15-25 additional hours of credit, depending on your occupation. Again, being recertified is free to the member!

So, spread the news!! Think about having a "certification drive" or appointing a certification chairperson in your chapter. Strive to get every eligible member in your chapter certified or recertified. As a professional organization, we want to be the front-runners in keeping our training and professional development current.

Information and/or questions regarding certification and professional development can be directed to the committee chair by e-mailing barbara.styles@ssa.gov or by calling 1-800-292-8106 x 386.

NADE Correspondence



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

November 29, 2005

Tom Finigan
Deputy Associate Commissioner
Office of Disability Determinations
6401 Security Boulevard
Baltimore, MD 21235-6401

OCT 21 2005

Dear Tom:

On behalf of the National Association of Disability Examiners, I would like to extend our congratulations to you on your appointment as Deputy Associate Commissioner of the Office of Disability Determinations. As you know, the disability program is experiencing many challenges, with on-going limited resources and many new proposed program and business process changes.

Your leadership over the past years as the Director of the Division of Field Disability Operations and your knowledge of the DDS business processes has been a continuous source of positive thinking for NADE. Your assistance and support have helped strengthened our spirit and commitment to NADE's philosophy of maintaining the public's trust in our integrity and judgment by providing the best possible service to the American public.

We look forward to continuing to work together as we strive to implement the proposed program and business process changes for the disability program and move closer to our mutual goal of providing the best possible service to all the disabled citizens in need. We wish you success in the implementation of your goals and would like to offer our expertise and assistance in meeting this great challenge.

Again, congratulations on your appointment and we look forward to meeting with you in the near future.

Sincerely,

Shari Bratt

Shari Bratt, President

Cc: Chuck Schimmels, President-Elect



December 15, 2005

Ms. Shari Bratt, President
National Association of
Disability Examiners
P.O. Box 82530
Lincoln, Nebraska 68501-2530

Dear Ms. Bratt:

Thank you for your letter of congratulations on my appointment as Deputy Associate Commissioner for Disability Determinations. I appreciate the opportunity to continue to work with the National Association of Disability Examiners (NADE) on the important issues facing the disability program. Over the past few years I have grown to depend on NADE's positive and helpful input as we deal with the many challenges in managing the disability program.

I look forward to your attendance at the DDS Management Forum and SSA's participation in NADE activities in 2006. As you know, next year will see the continuation of the roll out e-Dib and more developments in the proposed new disability process. It is important that NADE and SSA preserve our long standing relationship based on positive and mutually respectful communications. In working together in this collaborative manner, we can continue to provide the kind of service the American public expects from the disability program.

Thanks again for your kind letter and I hope to see you soon.

Sincerely,

/s/

Thomas Finigan,
Deputy Associate Commissioner
for Disability Determinations



A NADE delegation visited with the SSA Commissioner at her office prior to the MidYear Board meeting.

From left: Chuck Schimmels (NADE President-Elect), Mimi Wirtanen (Legislative Director), Shari Bratt (NADE President), SSA Commissioner JoAnne B. Barnhart, and Martin Gerry (SSA Deputy Commissioner, Disability and Income Security Programs).



December 13, 2005

Ms. Shari Bratt
President, National Association
of Disability Examiners
P.O. Box 82530
Lincoln, Nebraska 68501-2530

Dear Ms. Bratt:

Thank you for your letter of congratulations on my becoming the Associate Commissioner for Disability Determinations. I agree that this appointment comes at a very exciting and challenging time. I look forward to working with you and the National Association of Disability Examiners (NADE) to meet the challenge of providing the best possible service to the disabled population of our country as efficiently as possible.

I am no stranger to the accomplishments of DDS examiners. As an Area Director in the Philadelphia Region, I worked closely with the DDSs and witnessed first hand the achievements and dedication of disability examiners. My recent leadership of the eDib IDA project has only confirmed my high opinion of disability examiners and underlined for me the need for a fruitful relationship with NADE.

I believe the input NADE has provided SSA in the past on a myriad of issues has been extremely helpful and I can assure you I will continue to value your input. I know we are both working toward the same goal of serving the disabled population at the very highest levels.

I hope to be visiting many DDSs in the coming months and meeting NADE members personally. Disability examiners are the very backbone of our disability determination process and we greatly appreciate the difficult job that you do.

Again, I want to thank you for your gracious letter and hope to meet you personally soon.

Sincerely,

/s/

Ruby Burrell
Acting Associate Commissioner
for Disability Determinations

cc:
Theresa Klubertanz
Charles Schimmels

NADE President Shari Bratt and President-Elect Chuck Schimmels met with Steve Robinson, the Chief Social Security Analyst on the majority staff of the Senate Finance Committee.



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January 30, 2006

Commissioner of Social Security
P. O. Box 17703
Baltimore, MD 21235-7703

Dear Commissioner Barnhart:

RE: NPRM on FTC CDRs

On behalf of the National Association of Disability Examiners (NADE), I am writing to offer our comments and suggestions on the Notice of Proposed Rulemaking on failure to cooperate issues on Continuing Disability Reviews.

As you know, NADE is a professional organization whose purpose is to promote the art and science of disability evaluation. Our membership includes medical providers and consultants, attorneys, claimant advocates and others interested in the Social Security and SSI disability programs. However, the majority of our members work in state Disability Determination Service (DDS) agencies, on the "front-line" of the disability evaluation process. It is our extensive program knowledge and "hands-on" experience which enables NADE to offer a perspective on disability evaluation that is both realistic and pragmatic.

Our comments on the NPRM for failure to cooperate issues on Continuing Disability Reviews are described below.

NADE concurs with the proposal to handle Title II cases in the same manner that Title XVI cases are handled when there is a failure to cooperate issue involved. When there is non-compliance with requests for necessary information from the claimant, it certainly appears reasonable to suspend disability benefits before making a CDR determination. It also appears reasonable to terminate benefits for non-compliance after benefits have been suspended for a period of one year. As stated in the NPRM, the proposal serves to make consistent the rules for beneficiaries under both Title II and Title XVI in the CDR process. It also serves to make the rules for Title II and Title XVI beneficiaries more consistent.

NADE believes that the proposed rules will make the CDR process more efficient and less burdensome. While it is our hope that compliance will increase under the proposed rule, NADE also believes we should be cautious of protecting the mentally disabled who may not completely understand the process.

Thank you for the opportunity to comment on this Notice of Proposed Rulemaking.

Sincerely,

Shari Bratt
Shari Bratt
NADE President

Cc: Linda McMahon
Mary Glenn-Croft
Ruby Burrell
Glenn Sklar
NADE Board

You hold the key.....



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Contact: Camille Greenwald

**Recent NADE Certifications and
Recertifications**

from Barbara Styles, Professional Development Chair

Recertifications:

Heather Styer - Missouri
Megan Marchi - Missouri

Certifications:

Wandal Winn, MD - Alaska
Nell Bailey - NC
Juanita Boston - NC
Patricia Spearman - Richmond, VA
Bibi Shamoon Alli - Olympia, WA



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

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Membership Grants,
contact Jeff Price,
Membership Director**

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NADE?**

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

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

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



NADE Responses to SSA Changes

**National Association of Disability Examiners (NADE)
Comments on Draft of Age 12-18 Child Activity Report**

November 10, 2005

On behalf of the National Association of Disability Examiners (NADE), I am writing to offer our comments and suggestions for revision of the Child Activity Report (Age 12-18).

NADE is a professional association whose purpose is to advance the art and science of disability evaluation. Although our membership includes treating sources and consultants, attorneys, claimant advocates and others interested in the Social Security and SSI disability programs, the majority of our members work in the state Disability Determinations Service (DDS) agencies, on the "front-line" of the disability evaluation process. Our extensive program knowledge and "hands on" experience enables NADE to offer a perspective on disability evaluation that is both realistic and pragmatic.

NADE feels the 1-5 rating scale may be an improvement over "yes/no" questions, however, it is suggested that an explanation of the "severity" of the middle numbers (2-4) be made to further clarify responses. In addition, NADE feels the answer "don't know or does not apply" should be two separate responses in different columns. There is a difference between the two that NADE feels should not be grouped under the same category.

The space to describe responses in narrative is extremely important to include for more complete responses. Circling a number to rate some of the items on the form may not give a complete picture of the child's functioning without this additional information. After the rating scale section, NADE suggests stating "Please describe in detail the items selected that your child has difficulty in performing, either physically, mentally, or for his/her age group" rather than the current statement shown on the draft.

There has been some concern about the length of the form and the time estimated to complete it. However, the information received may outweigh the negatives of a longer form. A statement that not all children will necessarily have experienced or be expected to have experienced the listed activities may avoid unusual and misleading responses.

NADE also suggests that room is left on the front page to attach local legacy bar codes, and that the claimant's name be shown on the right hand side of the form.

NADE further suggests including a question for older claimants in this age category of 12-18 years of age regarding any type of work experience, either through a school vocational program or real world experience.

Other suggestions by section are outlined below:

SECTION I. Question #10 - These language abilities may not be present without special prompting of the child. Responses to this question may not help rate the severity of communication impairments.

SECTION I. Question #2 - (currently incorrectly numbered as a second #1) should read "Follow written instructions."

SECTION II. Question #1 - NADE suggests the wording "Start and finish homework without being reminded."

SECTION III. Questions #7-10 - These questions could be collapsed into one question such as, "How well does the child carry on a conversation?"

SECTION IV. Questions #3-5 - Motor functioning can be assessed without knowing how well the child swims, dances, or jumps rope.

SECTION V. Questions 5 and 13 - These two questions could be combined to read "Asks for help when needed, such as when the child is sick."

SECTION VI. Question #13 should state "stomach ache" instead of nausea.

Thank you for your consideration of these comments. If NADE can be of further assistance, please do not hesitate to contact me.

Shari Bratt

Shari Bratt, NADE President

Shari.bratt@ssa.gov



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E-mail: shari.bratt@ssa.gov
January 23, 2006

The following is NADE's response to a request for comments on the SSA 454 paper form and POMS instructions:

FO Instructions-In Section 13005.040 B7, the second sentence appears to have a word missing, perhaps the word "as" between "information" and "is".

All of the sections are important to the DDS, so NADE questions why these sections are singled out with specific explanatory language. It may be more critical to place an explanatory statement at the beginning of the completion instructions in Section A for the FO regarding the importance of the information for the DDS in evaluating for medical improvement, clear-cut cessations or exceptions to medical improvement, and whether they apply in determining whether the individual's disability continues or not. NADE would therefore recommend eliminating these statements (Section 13005.040-the last statements in B7, B8, and B10).

DDS Changes-The Review Notice (Exhibit 1) in the "What Should You Do Now" section currently states "...return to us as soon as possible." It might be best to have a deadline of 10 days from the receipt of the letter. There should be close-out language in the letter so the consequences of non-participation can be fully understood by the claimant.

In the Review Notice (Exhibit 2) in the "What Should You Do Now" section, there should also be consideration of a deadline date and close-out language.

In the Review Notice (Exhibit 3), the current procedure is to send this call-in letter and then get information over the phone if the claimant calls in. The forms would then be sent to the claimant to sign. This appears to be an extra step in the process. To expedite this process, NADE suggests the DDS send the forms with the letter and rework the letter to add language asking the claimant to complete the form and send it in by mail within 15 days, or if the claimant prefers, they could call in within 10 days of receiving the letter and complete the form over the phone. This language should appear in the "What Should You Do Now" section along with a deadline date and close-out language.

If the above suggestion is *not* adopted, in the "What Should You Do Now" section, it appears that 5 days is not sufficient time to return the information. NADE suggests the time frame be extended to 10 days and that there be some close-out language.

If the above suggestion *is* adopted, in the "What Will Happen When You Call" section, the title of that section could be "If You Choose to Call Instead of Send In Written Forms, What Will Happen When You Call."

In Exhibit C, Item 7, NADE fails to see to significance of the second sentence. The DDS knows this and there is nothing in the other sections as to why they are important. Therefore, NADE would suggest elimination of that sentence.

In regard to the SSA 454, has there been consideration of two separate forms—one for children and one for adults? Whether or not this occurs, it is very important to have the CPD clearly identified and defined on the first page. A third party contact should be listed. The medical sources section should be revised to mirror the format used in the electronic 3368 and 3820. The first page should also indicate whether or not the claimant speaks English. On 454 forms for child cases, it might be helpful to include a section to identify any social service agency involved in working with the child.

NADE appreciates the opportunity to comment on this important project.

Sincerely,
Shari Bratt
Shari Bratt
NADE President



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January 3, 2006

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

Dear Commissioner:

The National Association of Disability Examiners (NADE) has reviewed the proposed rule on Age as a Factor in Evaluating Disability. We appreciate this opportunity to provide comments.

NADE is a professional association whose mission is to advance the art and science of disability evaluation. The majority of our members work in the state Disability Determination Service (DDS) agencies adjudicating claims for Social Security and/or Supplemental Security Income (SSI) disability benefits. In addition, our membership includes SSA Central Office and Regional Office personnel, attorneys, consulting physicians and psychologists, claimant advocates and others interested in disability evaluation. It is the diversity of our membership, combined with our "hands on" experience which provides a unique and realistic perspective on the issues facing the Social Security and SSI disability programs today.

The proposed revisions to the definitions of the age categories would not affect the rules under part 404 of the Regulations for individuals age 55 or older who have statutory blindness. The changes are being proposed because of advances in medical treatment and health care, significant changes in the workforce, adjudicative experience, and increases in full retirement age. The proposed changes would revise current age categories by two years.

The NPRM states that advances in medical treatment and health care have provided longer life expectancies and that life expectancy can be expected to continue to increase so that a child born in 2010 could be expected to live to be over 78 years of age. The NPRM also points to evidence that the average health of the elderly population is improving. "...there is no conclusive data that relate specific chronological ages to specific vocational limitations for performing and adapting to new jobs." It is also noted that "chronic disability is a sensitive measure of age-related changes in the health and biological fitness of individuals."

Mention is also made that recent studies have concluded adults over age 65 are reporting continuing and significant improvements in their ability to perform activities of daily living, and improvements in their functional limitations. Among adults over age 50, significant and consistent improvements have been reported with respect to functional limitations. Increased opportunities to work for those with disabilities have resulted from economic and social changes. "...the economy has shifted toward service and knowledge-based jobs that may allow for greater participation for some persons with physical limitations."

The studies referenced in the supplemental information in the NPRM do not include conclusive data relating varying specific chronological ages to specific physiologically-based vocational limitations for performing jobs. The vocational grid exists to analyze the effects various vocational factors have on employability of those who have not stayed healthy. The grid also serves to address the effects of various vocational factors on those who have not been able to remain employed.

Although more people are staying healthier longer, the changes proposed in the NPRM do not address the advantages individuals have based on their education. The percentage of American high school students who continue their education at the college level has

Continued on next page

increased substantially in the past 50 years. This is an area of change that NADE feels should receive additional attention. The country's workforce has reached a point where anything less than a college degree gives an individual a marked vocational handicap. Labor statistics have shown that those persons with less than an Associate Degree from a college are much more likely to be underemployed or unemployed than someone with such a degree. Changes made to the vocational grid should also address education factors such as this. Any changes made should also address employment practices in the workplace.

Thank you for your consideration of our comments.

Sincerely,

Shari Bratt

Shari Bratt
NADE President

Cc: Linda McMahon, Deputy Commissioner for Operations
Glenn Sklar, Associate Commissioner, Office of Disability Programs
NADE Board

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February 10, 2006

Dear Ms. DiGirolamo:

NADE is a professional association whose mission is to advance the art and science of disability evaluation. Our membership includes personnel in SSA's Central Office, claimant advocates, physicians, attorneys and others. However, the majority of our members work in the state Disability Determination Service (DDS) offices and are directly involved in the adjudication of claims for Social Security and Supplemental Security Income (SSI) disability benefits. It is the diversity of our membership, combined with our "hands-on" experience that enables our Association to offer a perspective that is both unique and reflective of a pragmatic realism. We invite you to visit our website at www.nade.org.

In regard to the Cardiovascular IVT script, NADE finds the planned format to be succinct and well-organized. It points out the highlights of the listing changes, where things stayed the same, and refers individuals to the appropriate references to find the new information. We especially appreciate the reminder at the end of the script that states "it is still important for examiners to consult with a doctor on cardiovascular cases because the evidence is so technical and requires medial expertise to interpret." NADE heartily endorses and agrees with this statement.

We believe the individuals attending this IVT will be able to follow the new guidelines after attending the session. In addition, we appreciate all of the planned hand-outs, in particular the summary of changes and the side-by-side comparison charts, as well as the fact that there will be a follow-up question and answer session a couple of months after the IVT. That will give individuals an opportunity to use the listings and submit their questions based on their experience as they start working with the new listings.

Thank you for the opportunity to comment on the script for this important IVT.

Sincerely,

Shari Bratt

Shari Bratt
NADE President

<p>Gold Corporate Member</p> <p>Tri State Occupational Medicine Inc</p> <p>Rodney Baker, Vp 612 Sixth Avenue Huntington WV 25701 304.525.4202</p> <p>Rodney@Tsom.com</p>
--

NADE Retiree's Committee (aka RADE)

by Marty Marshall, Retiree Chair

For the past couple years the NADE Board has been looking at ways to retain members once they retire from active involvement with the disability program. A number of options were considered, including establishing a separate Division or an entity similar to the Council of Chapter Presidents (CCP); creating a retirees' Chapter; or establishing a Standing Committee, similar to the Hearing Officers Committee. Responses to a survey of retired members last year were pretty much equally divided between the separate entity similar to CCP and a Standing Committee. No one favored establishing RADE (Retirees' Association of Disability Examiners) as a separate Chapter (although everyone liked the acronym, so we're keeping that!).

At the Board Meetings in Boise the Board decided that at least initially RADE should be established as an Ad Hoc Committee. I volunteered to serve as Chair for 2005-06 and Shari, with Board approval, established the following charges:

1. Shall communicate with other retirees on a frequent basis to obtain input regarding issues that are of a concern to retirees and shall share this information with the NADE President
2. Shall prepare an article for the Advocate for the winter edition that outlines the function of the committee and encourages retiree input.
3. Shall work with other retirees and the NADE President to determine the most appropriate manner to address concerns and issues of retirees.
4. Shall report to the mid-year and annual Board meetings and the annual General Membership meeting.

I know that some of you reading this are no longer members, or if you are retiring soon did not plan to renew your membership. However I hope that you will re-join or renew your membership in June. It's a HUGE bargain for \$25. NADE is an effective advocate for a fair and equitable disability program and, unlike other worthwhile organizations, you will not be continually asked for additional donations, nor will your name be sold to other organizations who will then also solicit donations to their worthy causes.

Among the many benefits of NADE membership two of the most important for retirees, I believe, are opportunity and fellowship. NADE membership offers an opportunity to continue to learn and develop new skills. NADE conferences offer the opportunity to meet new people and develop and maintain friendships with individuals from across the country, as well as the opportunity to travel to interesting places at great rates (something we retirees need to consider!).

In addition, even for people not directly involved in processing claims, changes in the disability program continue to affect us and others we know. As a retiree you can add yet another dimension to the diversity of NADE's membership and its unique perspective on the issues facing the disability program today. It is this diversity and unique perspective which lend credence to NADE's Position Papers and testimony.

Unlike most NADE committees RADE does not have Regional Representatives. Information can be sent electronically so every retiree can be a member of the committee. If you are interested in being part of this committee please e-mail me at: MAMarshall2704@aol.com. Also, please share information about the Retirees Committee with other retirees and former NADE members — and keep me apprised of any changes in your e-mail address.

Findings of Fact...

by Gabriel Barajas, Hearing Officer Chair

The NADE Hearing Officer Committee is a vehicle to provide member Disability Hearing Officers a voice in the NADE community. An inquiry was sent to the NADE Regional DHO committee representatives requesting a response on how work is impacted by processes and technology. The response has noted possibilities of discussion during the DHO break-out session at the NADE National Conference in San Diego. The session may discuss the use of SSA-888, the time taken writing-up the decision, use of teleconference video systems, processing quota requirements, and the future of DHO's work process when DMA arrives in the office.

If you have ideas, preference to topics of discussion to be included in the agenda during the DHO session at NADE National, or additional concerns, issues, comments, questions; please contact me at: Gabriel.Barajas@ssa.gov.

2006 Call for Resolutions

by Raye Scott, Resolutions Chair

THE RESOLUTIONS COMMITTEE is seeking resolutions. Resolutions are used to create change for NADE and the Disability Program as a whole. A basic resolution follows this format:

WHEREAS, NADE members are a great asset to the disability program due to their knowledge; and

WHEREAS, NADE members have the right and responsibility to make recommendations to the NADE Board and other members concerning recommended policies and positions for the disability program;

THEREFORE, BE IT RESOLVED that NADE members send their ideas as resolutions to the Resolution's Chair for consideration.

Send your resolutions and ideas to:

Raye Scott, Resolutions Chair
920 West Basin Road Ste 300
Creekwood Office Complex
Newcastle, DE 19720
302.324.7695

<mailto:zathray.beard-scott@ssa.gov>

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Contact: Trisha Cardillo
800.747.6131



NADE Photo Contest Guidelines Announced

by Donna Hilton, Publications Director



NADE's Annual photo contest picked up considerable speed last year. Please keep it in mind as you document your chapter's activities this year and take more photos!

Deadline for photos will be August 15, 2006. Entries should be sent to Donna Hilton (drhilton@cox.net) or your regional representative. (Names are listed on page 2 of each issue of the Advocate.)

Photo contest guidelines:

1. Image highlights achievements of NADE members and local chapters.
2. Image captures events sponsored by NADE, either at national or local level.
3. Image is of good quality, allowing easy reproduction in electronic format; preferably submitted in electronic format.
4. The photos should come with a summary of the picture: names of people in the picture, date of the photo, a brief description of the photo or event involved.
5. Photos should be from the current NADE year (October to following September).
6. Photos should be in good taste and further the mission of NADE.

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Meet Us at the Beach!

For the last decade, the SSA disability program has been awash in a sea of change. NADE has served as navigator and guiding light for SSA, Congress and other interested parties, and as barometer for members through the often turbulent waters.

In May, 2006, the Northeast, Mid-Atlantic, Southeast and Southwest NADE regions will come ashore at Virginia Beach, VA to celebrate the past, present and future of the disability programs and the disability professionals, who pilot the great ship that is SSA Disability. The training Conference, Beacons of Change; Signals of Success, will be held May 17-19, 2006 at the beautiful Virginia Beach Sheraton Oceanfront Hotel, a destination in itself.

The resort hotel boasts 198 beautifully decorated rooms, an outdoor pool, heated indoor pool, hot tubs and a fitness room. After meetings spend a lazy afternoon in the sun, stretch out on a lounge chair by the sun-washed outdoor pool or relax on the beach and watch the waves roll in. Enjoy a sumptuous meal overlooking the water in the elegant Four Bays dining room. When you're ready to enjoy the excitement of nearby attractions, hop on a bike and cruise down the boardwalk where such pleasures as shopping, sight-seeing, miniature golf and more are a sunny ride away.

The conference room rate of \$115 (tax included) per night is available May 13-21, so come early or stay late and take full advantage of all that the area has to offer. The Virginia Beach Sheraton Oceanfront is located at 3501 Atlantic Avenue, Virginia Beach, VA and can be reached at 800-521-5635. Visit their website at www.sheraton.com.

The impressive conference agenda includes presentations by Glen Sklar, Associate Commissioner for the Office of Disability Programs; Hal Daub, Chairman, Social Security Advisory Board; Myrtle Habersham, Chief Strategic Officer; and Art Spencer, Director, Office of Disability Evaluation Policy. Medical topics include chronic pain, congenital heart disease, and the effects of multiple impairments. In addition, there will be sessions on the impact of working in an electronic environment including caseload management and performance assessments, understanding the international aspects of SSA, and opportunities to network with disability professionals from across the country.

Please check www.nade.org for additional information including registration materials.

Conference contacts are: Georgia Myers and Gene Jerry - Mid-Atlantic;
Paula Sawyer and Debi Chowdhury -Northeast;
Leola Myer and Laquita Brown -Southeast;
Dean Crawford -Southwest.

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Make checks payable to MARADE. Mail completed registration with payment to: Anne Graham, 1316 Glenmont Rd., Baltimore, MD 21239-1232

Should the Definition of Disability be Changed?

Is there a disconnect between the Social Security Administration's (SSA's) definition of disability and the Americans with Disabilities Act? Should SSA's definition be changed? If so, how? These questions are increasingly being asked by Congress, the Social Security Advisory Board and a number of other groups and individuals. NADE needs to be part of this dialogue and we can't do that without your input.

What do you consider to be the pros and cons of the current definition? Should we consider partial disability? Short term or time limited benefits? Or should we retain the current definition and change the Listings and/or the Sequential Evaluation process? Are there other options to promote return to work while providing a safety net for those unable to do so?

Nothing is going to happen immediately but this issue is receiving increased attention from a variety of groups. NADE members will be on the front line of implementing any changes, and we are in a unique position to assess the issues which would be involved in administering these changes. Please share your ideas, comments and concerns with the NADE President (and with me (as soon as possible so that NADE's comments in any future discussions will accurately reflect the views of the members.

A stop was also made at the office of the minority Senate Finance committee. Shown left: staff member David Schwartz, NADE President Shari Bratt, senior Budget Advisor Alan Cohen, Terri Klubertanz (DDS Administrator/SSA Liaison Chair), President-Elect Chuck Schimmels, and NADE Legislative Director Mimi Wirtanen. Others visited but not present for this picture were: Margaret Hathaway (Legislative fellow), professional staff member Tom Klouda, and Richard Litsey (Congressional Fellow).



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The Top 10 Vocational Errors

*as presented by Tom Johns, Senior Vocational Policy Analyst,
Office of Disability Evaluation Policy, Social Security Administration
at the 2005 NADE Quad-Regional conference in Raleigh, NC*

10. Adjudicator went directly to Step 5 without addressing Step 4. You can never skip Step 3! If you cannot obtain the documentation, deny for insufficient evidence or failure to cooperate.
9. Ignoring the vocational aspects of a case until the RFC and/or MRFC are completed. The entire case should be developed based on vocational factors. 65.75% of cases are decided at Step 4 and 5.
8. A technical entitlement requirement such as DLI or PP is in the past applies but only current work activity is documented.
7. A job that started outside the relevant time period overlaps into the relevant time period but is disregarded.
6. The claimant is denied for the ability to do work that does not meet one or more of the three criteria for past relevant work. To be relevant it must be work within the last 15 years and average performance.
5. Failing to explain critical vocational choices such as borderline age or transferability of skills. The explanation can be brief, just put something in the file stating why you're doing what you're doing.
4. PRW as described by the claimant or as generally performed in the national economy is not compared to RFC on a function-by-function basis.
3. Completing the vocational analysis based on job title, not duties.
2. There are inconsistencies in the file that have not been resolved (the past employer can be contacted with the claimant's permission).
1. No 3369 or an incomplete 3369 and claimant has had multiple jobs in the past 15 years.



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Spotlighting Mental Health

By Linda Middleton, Oklahoma DDS

Mental illness is the number one disabling disorder in the world. So says Oklahoma Department of Mental Health and Substance Abuse Services Commissioner Dr. Terry Cline. Dr. Cline was a guest speaker at the most recent bi-regional SWADE/PADE conference held in Oklahoma City.

On a worldwide scale of established market economies, mental health disorders rank higher than heart disease, cancer and accidents when it comes to causes of disability. For U.S. men, depression and suicide rank second only to heart disease. The picture is the same for U.S. women.

In our country, the latest statistics available show the federal government spent \$104 billion on mental health and substance abuse services in one year. That represents only 7.6% of the entire health care budget that year, down from 8.8% four years earlier. This is a trend Dr. Cline would like to see reversed.

Dr. Cline quotes one study which shows mental health prescription drug expenditures grew by 17% annually in ten years. During the same period prescription medicine jumped from representing 1 of every 14 dollars spent on mental health to 1 of every 5 dollars spent.

All in all, he says, mental health issues don't get the attention they deserve. He believes part of that lack of recognition is due to the stigma attached to mental problems that gets perpetuated by certain forms of entertainment and a lack of public awareness. Dr. Cline says fighting that stigma is a constant battle.

A little closer to home, Dr. Cline promotes "Think globally, act locally" as his motto. Living in a state with the highest prevalence of mental illness in our country, he thinks we have a lot of room for improvement when it comes to focusing on mental health in Oklahoma. He says we can start by developing recovery support group networks; increasing collaboration between state agencies; integrating behavioral health as a staple of overall health; and offering a greater continuum of mental health services throughout the state. These things, Dr. Cline says, could make a huge difference in the overall health and well-being of all Oklahomans, not just those suffering from mental health problems.

Dr. Cline is a native Oklahoman. He has served as a clinical instructor in the Department of Psychiatry at Harvard Medical School in Boston, and he serves on the board of directors for the National Association of State Mental Health Program Directors. He also currently sits on Oklahoma Governor Brad Henry's cabinet as Secretary of Health.

The NADE delegation stopped to visit the majority House Ways and Means Subcommittee staff and tour one of the hearing rooms. From left: Joanne Sadler Butler (staff member), Mimi Wirtanen (Legislative Director), NADE President Shari Bratt, President-Elect Chuck Schimmels, Terri Klubertanz (DDS Administrators/SSA Liaison Chair) and Kim Hildred (Staff Director of the House Ways and Means Social Security Subcommittee).



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NADE Membership Application

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

Name _____
Prefix First Middle Last Suffix

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

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

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

**Mail to: National Association of Disability Examiners Whitaker Bank NADE Account P.O. Box 599 Frankfort KY 40602
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Change Of Information Form For: (Name) _____

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TOP 5 REASONS TO JOIN NADE



1. EDUCATION

- a. NADE training conferences
- b. NADE Advocate
- c. Regular communication from NADE leadership to keep members informed
- d. NADE website – www.nade.org

2. ADVOCACY FOR FRONT LINE PERSPECTIVE

- a. If not NADE, who else will serve as an advocate for disability employees serving on the front line?
- b. Regular meetings between NADE and congressional officials to communicate this perspective
- c. NADE is invited as an expert witness for congressional hearings on disability issues
- d. Regular meetings between NADE and SSA's political leadership and policy makers, and between NADE and other governmental agencies (GAO, OMB, etc.) to publicize the real issues of those who do the work of adjudicating disability claims and serving the public

3. NETWORKING

- a. Friends!
- b. Sharing best practices and common concerns with others who do the same work as you
- c. Opportunities to make a difference by working with others from across the country
- d. Respect from your peers

4. PROFESSIONAL RECOGNITION

- a. Who else do you see giving you a well deserved pat on the back?
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- c. Local, Regional, and National recognition for outstanding work and dedicated service
- d. Professional certification

5. MAKE A DIFFERENCE

- a. Your work is more than a job – it is a career
- b. Through NADE, you can effectuate positive changes that determine how you will do your work
- c. Through NADE, you can effectuate positive changes in yourself as a person and as a professional
- d. Opportunities for leadership and active participation allow you, as a member, to explore the limits of your interest in involvement

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