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Volume 23, Number 1

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STATEMENT FOR THE RECORD

Of The

NATIONAL ASSOCIATION OF DISABILITY EXAMINERS

Prepared For

Senate Finance Confirmation Hearing for Michael Astrue

January 24, 2007

CHAIRMAN AND MEMBERS OF THE Committee, as you move forward in confirming a new Commissioner for the Social Security Administration, the National Association of Disability Examiners (NADE) wishes to present our views on the challenges facing the new Commissioner.

NADE is a professional association whose purpose is to promote the art and science of disability evaluation. The majority of our members work in the state Disability Determination Service (DDS) agencies adjudicating claims for Social Security and/or Supplemental Security Income (SSI) disability benefits. In addition, our membership also includes SSA Central Office personnel, attorneys, physicians, and claimant advocates. It is the diversity of our membership, combined with our extensive program knowledge and "hands on" experience, which enables NADE to offer a perspective on disability issues that is both unique and which reflects a programmatic realism.

NADE members, whether in the state DDSs, the SSA Regional Office, SSA Headquarters, OHA offices or in the private sector, are deeply concerned about the integrity and efficiency of both the Social Security and the SSI disability programs. Simply stated, we believe that those who are entitled to disability benefits under the law should receive them; those who are not, should not. We also believe decisions should be reached in a timely, efficient and equitable manner.

The challenges facing the Social Security Administration involve all of the various programs administered by the agency. Our comments are focused strictly on those challenges as they relate to the disability program. Significant challenges facing SSA in the disability program include the management of the Continuing Disability Review (CDR) program, implementation of the Disability Service Improvement (DSI) regulations, on-going management of the implementation of the electronic disability process (eDib), expanding Cooperative Disability Investigation (CDI) Units, and the continuing hardships imposed on disability beneficiaries by the Five Month Waiting Period and the 24-month Medicare Waiting Period.

Continuing Disability Reviews (CDRs)

Limited resources have forced SSA to reduce the number of CDRs performed over the past couple of years. Of utmost concern to

NADE is the past history of these types of actions and the resultant impact as the agency falls behind in these critical reviews. When we experienced a backlog of CDRs previously, it took a great deal of effort by all components of SSA to reach a point where CDR reviews were being conducted as scheduled. It took a significant number of years of dedicated

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April is National Donate Life Month. Learn More About Organ /Tissue Donation!

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President's Message

To say that it has been busy would be stating the obvious. But, since I last wrote to you in the fall 2006

issue of the *Advocate*, I have been on what would be considered the merry-go-round of NADE.



As I mentioned in the last issue, I was heading off to the AALJ Conference in San Diego, where I was able to share with some front line Administrative Law Judges (ALJs) the points of view from the NADE/DDS perspective on DSI and the implementation process. While some of you may think that ALJs have a negative point of view of the DDS, but I didn't come away with that opinion. They were actually very appreciative of the work that we do and understand the pressures of heavy workloads, since they also deal with the same problems.

In the month of November I spent several days and weeks making calls to Senate and Congressional offices in hopes of gaining support for the increase in the SSA Budget. I was able to say that I represented constituents in their states and tell them

how many total DDS/SSA employees would be affected by the cuts. But, even more importantly, I could tell them how many services to their constituents would be affected if employees were furloughed.

As you can see, it has been a normal day at the office for the most part. But, that does not include the phone calls and emails that come in regularly asking for assistance in filing a claim, asking to help speed up the process or just to represent them in their disability claim. And while these are not exactly the mission of NADE, I take time to try and explain the disability process to each person and provide them with enough information that provides a feeling of accomplishment or satisfaction to them reaching their goal.

I'm sure most of you are back into a good work flow after the holidays and are already thinking about ways to try to reduce your stress and keep your work moving. I am trying to do the same thing. But, my down time from work duties has been scheduling our NADE Mid Year Board Meeting in Washington, DC on March 1-3, 2007. I know this may not sound like a way to relieve stress, but knowing that we have already confirmed with several SSA guest speakers gives me a chance to start preparing for other NADE responsibilities. If you have not attended a Mid Year Board meeting in the past, I would recommend to all NADE members to take the time to come and see what your NADE Board accomplishes in only a few days.

I know that a Mid Year Board Meeting does not sound like a way to relieve your stress, but it works for me. You might consider attending one of the Regional Training Conferences. The information received, knowledge gained and friendships made with peers from across the country is not something that you can get anywhere else. So, mark your calendars for one of the events being held in April or May in a city near you.

Lastly, I want to thank each and every one of you for your support of NADE. Please keep in touch with your local chapter President, Regional Director and the Board in general with your concerns and opinions of whatever is going on within the disability program. You are the voice of NADE and without your input, we can't be successful.

Chuck Schimmels

Chuck Schimmels 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, 2007.

All correspondence should be directed through your Regional Representative or directly to the

Advocate Editor by April 15, 2007.

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

Program Integrity Depends On Timely CDRs Confirmation Comments, continued from page 1

funding solely for the purpose of conducting CDRs before SSA was current with CDR reviews. With decreasing the number of CDR reviews of the past couple of years, there is now a real danger that we will once again find ourselves in the position of having backlogs of overdue CDRs.

While there are increased administrative costs (including the purchase of medical evidence, claimant transportation costs and increased utilization of contract medical consultants) with the performance of CDRs, there is a potential for significant savings in program costs with the elimination of benefits paid to beneficiaries who are found to be no longer eligible for disability benefits due to no longer meeting the SSA Disability program requirements. The estimate is that for every \$1 in administrative cost spent on conducting CDRs, \$10 of program funds is saved. While NADE agrees that it was necessary to decrease the number of CDRs done over the last couple of years given the current budget situation, this decision has repeatedly been described by many, including the former SSA commissioner and members of this committee, as "penny-wise and pound-foolish". We agree. It is essential to program integrity that CDR reviews be conducted in a timely manner to ensure that only those who continue to be eligible are receiving disability benefits. Experience has shown that with budget cuts, one of the first items to be cut is the CDR review. NADE's experience has been that the only way to ensure that necessary funds for CDRs don't get transferred to process other SSA workloads is for Congress to provide "dedicated funding" for CDRs. Dedicated funding has shown to be the best means of getting "current" with the CDR backlog and NADE encourages this committee to recommend appropriating dedicated funding for CDRs to ensure that this workload gets the attention it deserves.

Disability Service Improvement (DSI)

NADE believes that one of the most important challenges facing SSA is the need for an effective and affordable disability claims process. We have some ongoing concerns about DSI and how it is being implemented. SSA over the past decade has attempted to redesign the disability claims process in an effort to create a new process that will result in more timely and accurate disability decisions. Results of numerous tests undertaken by SSA to improve the disability process have not produced the results expected.

We feel that SSA should take heed of the lessons learned from a previous redesign effort, the Prototype experience. Elimination of the reconsideration step in Prototype states did not produce the necessary funds to fully implement this design initiative. It has also not been proven that the elimination of the reconsideration step in DSI will provide sufficient funding for all the elements of the DSI regulations.

However, one effective and efficient aspect of the Prototype initiative was the Single Decision Maker, in which well trained and experienced disability examiners make independent disability decisions utilizing the limited resources of the state agency Medical Consultants in those more complex and complicated cases where their input is needed. The Single Decision Maker (SDM) has shown that quality, efficiency and productivity are equal to, if not better than, the normal disability process. SDM is still being used in 10 states and NADE recommends that this process be put into the regulations to be used nationally.

NADE believes that the Quick Disability Determinations (QDD) process of DSI has proven to be successful, with earlier numbers showing the state DDSs making decision in an average processing time of less then 10 days with a 98.5 percent accuracy rate. We support national implementation of the QDD process.

Another cost associated with DSI that we feel can be substantially reduced is that incurred with the use of attorneys as Federal Reviewing Officials as the interim step between the DDS decision and the ALJ. NADE agrees with an interim review step between the DDS decision and the ALJ, but believes that a review at this interim step can be conducted by a medically and programmatically trained individual such as a disability hearing officer (DHO). The DHO has received additional training in conducting administrative and evidentiary hearings, decision writing, and making findings of fact, along with detailed case analysis and program information. The salary cost alone of not having to employ attorneys as Federal Reviewing Officials would seemingly provide a significant savings in the DSI implementation process.

Continued on next page

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 \$75.00
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Professional Opportunities: Brief 1-2 lines on related occupational information (\$25.00)

Chapter Networking/Fund Raising: "Chapter Bulletin Board" (\$10.00)

Membership Networking: Exchange or request for information, such as computer information (\$5.00)

Advertising: Contact Donna Hilton 417.678.4001 or Malcolm Stoughtenborough 405.419.2573 .

Full Implementation of eDib Should Precede DSI Confirmation Comments, continued from page 3

Electronic Disability Process (eDib)

eDib is still a work in progress and requires ongoing refinements, upgrades and improvements frequently needed to make the system work as efficiently and effectively as possible. The impact on the system as a whole when these changes are made is unpredictable, and currently results in a slowing or shutting down of the system, or parts thereof.

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

NADE does not believe it is appropriate to make widespread changes in the adjudicative process, such as DSI, until full implementation and necessary refinements of eDib have been made. Continued attention to eDib is needed to insure that the proper financial support is given to make it successful. eDib at its full implementation may result in a significant reduction in processing time at all levels of adjudication without the need for significant changes to the adjudicative process.

Cooperative Disability Investigation (CDI) Units

Members of the National Association of Disability Examiners strongly support expansion of the Social Security Administration Office of the Inspector General's (OIG) Cooperative Disability Investigation (CDI) Units.

While the vast majority of claimants for Social Security and/or Supplemental Security Income (SSI) disability benefits are not out to defraud the program, every individual who adjudicates these claims is aware of at least some level of questionable activity on the part of some claimants and/or their representatives. CDI Units utilize the combined skills and specialized knowledge of OIG special agents, personnel from SSA's Office of Operations, the state Disability Determination Service (DDS) agencies and state or local law enforcement agencies to:

- Provide the DDS with investigative evidence so it can make timely and accurate disability eligibility determinations;
- Seek criminal and/or civil prosecution of applicants and beneficiaries and refer cases for consideration of civil monetary penalties and administrative sanctions as appropriate; and
- Identify, investigate and seek prosecution of doctors, lawyers, interpreters, and other third parties who facilitate disability fraud.

CDI units are cost effective and provide a visible and effective front-line defense against fraud, waste and abuse in the SSA and SSI disability programs; they also provide valuable protection to the Social Security Trust Fund, to the American taxpayer and to the victims of those who are attempting to defraud the program.

5-Month Cash Benefit Waiting Period and 24-Month Medicare Waiting Period

It is important to note that in Title II disability claims, persons found disabled under the Social Security Disability program must complete a full five month waiting period before they can receive cash benefits. So, a disability allowance decision, no matter how quickly it is processed (such as QDD), will not solve the problem of having to wait five full calendar months before the claimant will be able to receive any cash benefits. NADE believes that requiring some individuals (Title II claimants) to serve a waiting period before becoming eligible to receive disability cash benefits while not requiring others (Title XVI claimants) to serve the same waiting period is a gross inequity to American citizens with disabilities.

We are also deeply concerned about the hardship the 24-Month Medicare Waiting Period creates for these disabled individuals, and their families at one of the most vulnerable periods of their lives. Most Social Security disability beneficiaries have serious health problems, low incomes and limited access to health insurance. Many cannot afford private health insurance due to the high cost secondary to their pre-existing health conditions.

It has been proven time and time again that earlier medical intervention could help disabled individuals return to the work force. Therefore, NADE supports the elimination, or at the very least a reduction, of the Five Month Cash Benefits and 24 -Month Medicare Waiting Periods.

Summary

- Dedicated funding is necessary in order to avoid the costly possibility of again having a backlog of overdue CDRs.
- Any national rollout of DSI must be closely monitored and the process must be adjusted to accommodate the "real world" application of the regulation.
- Single Decision Maker authority should be continued, at least for QDD cases.
- The Disability Hearing Officer should be utilized in the current infrastructure as an interim appeals step. It is not necessary that Federal Reviewing Official positions be filled by an attorney.
- Resources should not be diverted from eDib to implement disability service improvement changes until the eDib system is fully
 operational. It is critical that necessary refinements be made to the system in order for it to produce the anticipated and desired
 efficiencies.
- Cooperative Disability Investigation (CDI) Units should be expanded to deter fraud, waste and abuse in the disability program.
- The five-month cash benefit and 24-month Medicare waiting periods for Social Security disability beneficiaries should be eliminated or reduced.

NADE appreciated the openness and willingness of former Commissioners of Social Security, Jo Anne B. Barnhart and Kenneth S. Apfel, to meet with and discuss NADE's points of view on various issues relevant to disability adjudication. NADE looks forward to working cooperatively with and offering our assistance to the new Commissioner of Social Security once he is confirmed.

Chuck Schimmels

Chuck Schimmels NADE President

Quality is Our Goal

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

Articles should be submitted in a Microsoft Word or a text document.

Your assistance is appreciated!

Notice to Members:

NADE's Mid Year Board meeting is open to all NADE members. This year's meeting is March 1-3 at the Madison Hotel, Washington, DC.

If you are interested in attending this meeting and have any questions, contact Barbara Styles or Chuck Schimmels.

NADE CALENDAR OF EVENTS:

Southwest/Great Plains Regional Pacific Regional Southeast/Great Lakes Regional Mid-Atlantic/Northeast Regional Marriott Pyramid North Hotel Best Western Executive Inn Crowne Plaza Ravinia Hotel Stoweflake Resort Albuquerque NM Seattle WA Atlanta GA Stowe NH

April 18-20, 2007 May 2-4, 2007 May 7-10, 2007 May 20-23, 2007 **NADE Correspondence**



P.O. Box 24400 Oklahoma City, OK 73124-0040 www.nade.org

TO: DDS Administrators

SUBJECT: DDS Administrator's Newsletter No. #1

DATE: December 8, 2006

On behalf of NADE, I wish you and yours best wishes for a happy holiday season. As the new year approaches, it is time for us to reflect on the accomplishments of the year past and on the challenges of the year to come. 2006 was a busy and challenging year for the disability program with all of the states completing IDA certification and the rollout of the Disability Service Improvement regulations in the Boston region.

It appears that 2007 will continue to be just as challenging with more program and procedural changes and continuing limited resources to process the ever-increasing workload. As we await the confirmation of a new Commissioner of Social Security, NADE is prepared and committed to working with all of you to continue to provide "world class service" to the disabled citizens of this nation.

NADE completed a very successful national training conference September 18-22 in San Diego, CA. The California chapters 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 and especially to the California DDS Director, Joe Carlin, for his support. The national conference was well attended and represented by almost every state in the nation. Full coverage of our conference was featured in our fall 2006 issue of *The NADE Advocate*.

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

The General Membership meeting elected the following NADE officers for 2006-2007: President-Elect – Barbara Styles (Alabama)
Secretary – Cassandra (C.J.) August (New Mexico)

Treasurer – Bill Dunn (Texas)

Thanks to the administrators of the newly-elected officers and to all the administrators who support the involvement of their staff in leadership positions in NADE. NADE continues to offer a voice for the front-line staff and all those involved first-hand in disability evaluation and your support of your staff is critical for NADE to continue to be active and effective in making that voice heard.

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. This year's award winner is Andy Marioni of the Delaware Chapter of the Association. Our congratulations and thanks go out to Andy for his many contributions to the disability program and to NADE, and for his camaraderie and strong and effective leadership in NCDDD. We continue to wish him well as he struggles with his health issues.

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

- NADE participated in an SSA Budget Stakeholder's meeting in Washington, DC to put together a grass roots effort to help push for a budget resolution. Other participants were the National Council for Social Security Managers Association (NCSSMA), the Senate Finance, the National Council of Disability Determination Directors (NCDDD), the American Federation of Government Employees (AFGE) and the Association of Administrative Law Judges (AALJ). As you all know, we continue to operate under a continuing resolution which makes it difficult to plan and manage staffing, workload and resources.
- NADE participated in the Association of Administrative Law Judges conference in San Diego, CA. ALJs have many of the same issues and concerns that face the DDSs – resource and staffing issues, productivity expectations, quality issues and electrification of their process.
- NADE met with staff from the Congressional Budget Office to discuss the disability program in general and, more specifically, the new disability service improvement regulations.

NADE's Mid Year Board of Directors meeting is scheduled for March 1-3, 2007, at the Madison Hotel in Washington, D.C. Further details will be forthcoming after the first of the year. All Administrators are welcome to attend.

I have appointed Terri Klubertanz, past President of NADE, to continue to serve in the role as NADE's DDS Administrators/SSA Liaison position this year. Please feel free to contact me at 405-419-2254 or Terri at 608-266-7604 if NADE can ever be of service to you or answer any questions about NADE and our positions. As the newly elected President of NADE, I look forward to working with you this year and hope to meet as many of you as I can during my term.

Sincerely,

Chuck Schimmels

Chuck Schimmels NADE President

BRAND NEW NADE ITEMS!!!!

by Malcolm Stoughtenborough, Non-Dues Revenue Chair



NADE NON-DUES REVENUE is excited to announce brand new inventory:

Lapel pins in bronze w/NADE logo @ 5.00 ea.

Silk-screened golf visor in white w/green imprint @ 5.00 ea./2 for 9.00

Fluted stadium cup (22 0z.) In green w/white imprint @ 2.00 ea./2 for 3.00

Collapsible "koozie" can holder in green w/ white imprint @ 2.00 ea/2 for 3.00

Transparent vinyl green lanyard w/o-ring attachment in green w/white imprint @ 3.00 ea/2 for 5.00

Lead pencil in light green w/white imprint @ 3 for 1.00

Any of these items are a great way to acknowledge employees and to promote NADE in your organization. We also still have many of the items shown on our website.

TO ORDER OR FOR MORE INFORMATION:

CONTACT: Malcolm.Stoughtenborough@ssa.gov/ or Phone:405-419-2573 for details.

LOOK FOR UPDATES TO THE WEBSITE SOON!!!! THANKS.



P.O. Box 24400 Oklahoma City, OK 73124-0040 405-419-2254

January 22, 2007

Linda McMahon Acting Commissioner of Social Security 6401 Security Boulevard Baltimore, MD 21235-6401

Dear Ms. McMahon:

On behalf of the National Association of Disability Examiners I would like to extend our congratulations to you on your appointment as Acting Commissioner of Social Security. Your appointment comes at both an exciting and challenging time in the Social Security Administration and the Disability Program.

The National Association of Disability Examiners (NADE) is the professional association for Disability Determinations Services (DDS) employees and for all those involved in every aspect of the Disability Program. NADE is committed to promoting a high standard of professionalism with compassion and a continued development of expertise in the process of disability adjudication. We strive to maintain the public's trust in our integrity and judgment by providing the best possible service to the disabled citizens in our society.

We look forward to working together as we strive to 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,

Chuck Schimmels Chuck Schimmels NADE President

c: Barbara Styles, President-Elect

Recent NADE Certifications and Recertifications

by Raye Scott, Professional Development Chair

Certification: Cassandra J. August Crystal Bach

Patricia Chaplin

Recertification:

Brenda Frevik Susan Smith



P.O. Box 24400 Oklahoma City, OK 73124-0040 www.nade.org

TO: DDS Administrators

SUBJECT: DDS Administrator's Newsletter No. #2

DATE: January 22, 2007

On behalf of NADE and NCDDD, we would like to wish each of you a happy new year. It appears we are in for another challenging year within the disability program. As we approach the spring, it is time to start planning for those training experiences that help to further the knowledge and to rejuvenate employees for the coming year.

This year, like others in the past, has provided NADE with the opportunity to offer disability employees the chance to obtain training that they would not necessarily be able to get anywhere else. As you can see from the list below, we have several opportunities for training.

- * NADE Mid Year Board Meeting in Washington, DC The Madison Hotel, March 1 – 3, 2007
- * NADE Southwest/Great Plains Bi-Regional Training Conference April 18 – 20, 2007
- NADE Pacific Regional Training Conference May 2 – 4, 2007
- * NADE Southeast/Great Lakes Bi-Regional Training Conference May 5 – 9, 2007
- * NADE Mid-Atlantic/Northeast Bi-Regional Training Conference May 20 – 23, 2007
- * NADE National Training Conference in Sioux Falls, SD September 15 – 20, 2007

We would like to thank each of you for your support of the NADE conferences in the past. The year's training is even more important as we start to prepare for the rollout of DSI implementation. That is why we are asking for you to encourage attendance at these training conferences.

We understand that there are budget issues, personnel issues and workloads to consider. We feel that the benefit your employees and the DDSs gain from attending one of these conferences far outweighs these concerns. During times when we face these issues, allowing employees the opportunity for professional development and training ensures a committed and knowledgeable DDS workforce.

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

Sincerely,

Chuck Schimmels

Chuck Schimmels Kay Hoffpauir
NADE President NCDDD President



P.O. Box 24400 Oklahoma City, OK 73124-0040 405-419-2254

January 23, 2007

Sue Page Director Maryland DDS 170 W. Ridgely Rd., Suite 310 Timonium, MD 21094-6338

Dear Ms, Page:

As President of the National Association of Disability Examiners (NADE), I want to congratulate you on being named the Director of the Maryland Disability Determination Services. Your appointment comes at an exciting and challenging time.

One of NADE's purposes is to further the practice of disability adjudication in a quality fashion. We have been and continue to be very active in our contacts with the Social Security Administration and with Congress, advocating for changes we feel will be of benefit to the Disability Program.

As DDS Director you will receive a complimentary copy of NADE's publication, *The NADE Advocate*. I intend to keep you and all the DDS Directors informed of NADE's activities by means of periodic letters. The NADE Mid Year Board meeting will be held at the Madison Hotel in Washington DC on March 1-3. All DDS administrators are welcome to attend. In addition, NADE hosts a luncheon for Administrators attending our annual training conference. The annual conference will be held September 17-20 in Sioux Falls, SD. Both of these events provide a forum for NADE Board members and Administrators to discuss areas of mutual concern. I hope to see and meet you at one of these events.

If I can ever be of service or answer any questions, please do not hesitate to call. My phone number is 405-419-2254. Be sure to visit our website at www.nade.org for all of the latest information on NADE activities. Again, I congratulate you on your new position. I hope it will be a fulfilling and satisfying role for you.

Sincerely,

Chuck Schimmels

Chuck Schimmels, President

c: Barbara Styles, President-Elect Danelle Bradshaw, NADE Mid-Atlantic Director

NATIONAL ASSOCIATION OF DISABILITY REPRESENTATIVES

Visitwww.NADR.org For Membership Info

1901 Pennsylvania Avenue NW, Suite 607 Washington, DC 20006 Phone 202-822-2155; Fax 202-463-1257 Web Site: www.nadr.org



Across NADE Today

California - Los Angeles (Cal-LA)

- The Board met on January 22nd with the new officers and discussed events, activities and agenda items for the upcoming year. Our new and lively President, Georgia Cave promises an interesting year full of fresh ideas, fun activities and educational sessions.
- The LA NADE chapter is planning to have a picnic in May. Fundraising activities will take place in the new few months to raise interest and funds for the picnic.
- Our Educational Committee chaired by Harriet May is planning on having presenters, speakers and hopefully, LA DDS Medical Consultants provide training sessions on topics such as Pediatrics, Ophthalmology, etc.
- We are recruiting volunteers for the NADE Regional Meeting in Seattle, WA and Board Meeting in Washington DC. We have quite a bit of interest in the Seattle Regional Meeting.

Missouri - (MADE)

The **Springfield** sub-chapter and office collected 81 toys for the ToysFor Tots drive - the generosity of folks in this office never stops.

Oklahoma - (OKADE)

The Oklahoma Association of Disability Examiners held a fundraiser in November, 2006 in which we sold raffle tickets for chances to win 1 of 2 baskets completely filled with all the trimmings needed to fix a Thanksgiving meal. In addition, we also had a hugely successful craft sale in October, 2006. Between the sale of the raffle tickets and our portion of the craft sale profits, we were able to donate \$800 to our Christmas charity.

The Christmas donation went to OK DDS employee Marvin Jones, who is a Hurricane Katrina survivor. He lost everything, including his car, home, and job, in the storm. He was living with friends here in Oklahoma City, OK until recently. The day we gave him the money he had gone to the Salvation Army to try to get money to get the utilities turned on in a place of his own. He cried and cried, and so did we! It came at such a great time for him that it was a real blessing for him. We were happy to help, and it was so nice we could help one of our own employees.

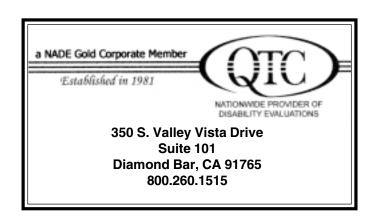
We have also sponsored a silent auction, raising substantial earnings for our own chapter. Upcoming plans include a Valentine's craft sale and a Final Four Chili Frito Pie sale. We are also working hard promoting attendance at our regional conference in April, 2007.

North Dakota - (PGADE)

Peace Garden Association of Disability Examienrs has been recruiting and have recruited 4 new members (Ellen Berg, Sandy Heck, Paula Kuntz and Brenda Rouse) and are hoping to have an active Chapter again soon. Jeannie Ulrich and Dorie Meske were fortunate to be able to attend the San Diego Conference (thanks to our Director, Sue Bickle) and brought back enthusiasm to recruit new members. We are hoping that in time every member is able to attend a conference to see the great training. ND has 24 employees with DDS. One is part time. We also have 10 part time doctors (contracted). At the present time, we are in the middle of acceptance testing for VERSA 11.0. We will go live in February sometime.



Illinois Bazaar Benefits Charities





IADE members Steve Marvel, Al Kamnick, Clifton Hammon, and Nancy Tucker serve sloppy joes to raise money for local charities at the annual Holiday Bazaar.



Atlanta welcomes GADE and GLADE To the Great Lakes and Southeast NADE Bi-Regional Conference May 5 – 9 2007

What would be better than Springtime in Atlanta?

Come to Atlanta prior to the conference and enjoy everything the South has to offer! The *CityPass* offers tickets to The Georgia Aquarium, The World of Coke, CNN Studio Tour, Zoo Atlanta and more... all for only \$59.00! http://www.citypass.com/city/atlanta.html

We are planning an Atlanta Braves game for Tuesday night so grab your glove and join us!

We will begin the training with *The Enthusiastigator*, she will inspire you with her enthusiasm and humor. *Canine Assistance* will pull on your heart as they bring in puppies and demonstrate training for "great dogs helping special people". Ohio's Medical Consultant, Dr. Hinzman, is traveling all the way to Georgia to speak on Obesity/Hypoventilation Syndrome, how to evaluate and complete an RFC. Dr. Richard Blue will motivate us by bringing out our positive attitudes.

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Reservation deadline to receive conference pricing is April 16, 2007

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Registration Form

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Make Checks Payable to **GADE** and mail with registration form to: **Georgia Association of Disability Examiners P. O. Box 2200 Stone Mountain, GA 30086**

For questions, contact:

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More Conference Information and Registration Form coming soon ~

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DSI: The Future 2007 Pacific Regional Training Conference Seattle, WA

THE WASHINGTON CHAPTERS OF NADE are busy planning for the 2007 Pacific Regional Training Conference to be held in downtown Seattle from May 2-4, 2007.

All three NADE chapters are working together in a joint effort to plan an agenda that will focus on DSI and the new way that we will be adjudicating disability claims. We are planning on filling your days with a wide variety of speakers and topics that you will be able to take home and share with your coworkers. Nightly activities (May 2, Seattle Mariners vs. Chicago White Sox baseball game) and networking sessions are also being planned. So plan on attending and enjoying some of the sites of downtown Seattle such as Pike Place Market, The Waterfront, Pioneer Square, and the Seattle Center.

See registration form on the NADE website.

Hotel Reservations can be made through March 28, 2007 at: **Best Western Executive Inn**

1-800-351-9444 for reservations - \$98 single/double

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Contact the NADE Publications Director Donna Hilton to change your paper copy into a color electronic copy!



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It's the Most Wonderful Time of the Year... National Donate Life Month

by Julie Mavis, Organ Donation/Transplant Chair

WHAT A DIFFERENCE A YEAR makes! Last year the Advocate article promoting National Donate Life Month focused on my decreasing kidney function and the struggle to ask my sister to become a donor. This year the article takes on a different tone as I have been re-energized by my friend Lorrie's kidney that I've had for six months now. The National Donate Life Contest returns this year in April with a goal to increase entries by 100% or more! The contest is held to increase organ donor awareness and transplantation education in our chapters and communities. We had seven great entries in 2006 from the Empire State, Government Liaison, South Carolina, North Carolina, Nebraska, Tennessee and Louisiana Chapters. A variety of activities took place including flower sales, Fundraisers, Blood Drives, Survivor Based Contests, speakers and presentations during "Lunch and Learn" sessions, organ donor card distribution and much more. Contest guidelines will be released in February and winners will be announced at the Membership Meeting during the National Training Conference in Sioux Falls. Think how famous your chapter will become when you win and are showcased in the *Advocate*! Didn't the winners from the Empire State, Louisiana and Nebraska chapters look good in their pictorial?

Why is this topic so important? For one, there are 94, 752 individuals on the National Waiting List to receive an organ. Also, think about how frequently we encounter issues regarding transplant and organ donation awareness. For example, in January *The Wall Street Journal* featured a front page story about a son struggling with the decision to donate part of his liver to his father, on February 14th Saturn held their 10th Annual National Donor Day, and on March

8th the National Kidney Foundation is offering Free Screenings in honor of World Kidney Day (I bet you didn't you know that was celebrated?).

The committee looks forward to receiving and reading your entries. Be thinking creatively...maybe a chili cookoff (focusing on the KIDNEY BEAN) as a fundraiser for an organ procurement agency or hold game show type contests testing participant's knowledge of organ donation facts and myths. For those who received Reg Green's DVD, you could host a brown bag lunch showing his touching story for those who didn't experience his presentation in San Diego.

So start watching for April's National Donate Life Contest information. If you have questions or need some guidance on where to obtain organ donation/transplant information, feel free to email me at: Julie.mavis@ssa.gov.

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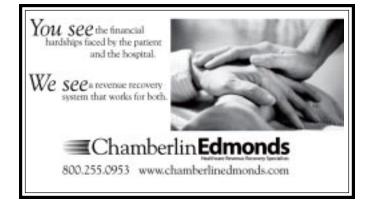
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Organ Donation - Donating Life

by Karen Burson, Georgia DDS

PEOPLE WILL SOMETIMES stop and ask me about the green plastic bracelet I wear on my wrist almost daily. This presents an opportunity to tell them what the bracelet stands for and to share my story, if they are interested. The green bracelet says, "Done Vida" on one side and "Donate Life" on the other. This is a simple phrase and yet one that holds such power.

Donating life or becoming a live donor is something about which I have become very passionate. On November 7, 2006 I donated a kidney to one of my best friends in the world. He had been living on dialysis for the past 14 years, three times a week, 3-4 hours at a time. The three times weekly dialysis treatment he had been receiving had both ravaged and yet sustained his life and health.

Many people do not understand that hemodialysis, which has the ability to save lives, also destroys bones and wreaks damage to many other parts of the body. Over time, calcium may be lost from the bones, the graft sites may become unusable and have to be moved, serious heart problems may arise and many more health problems may occur. The recipient's blood pressure may become dangerously high during dialysis treatments; heart attacks and strokes are not uncommon.

Do not misunderstand me, dialysis saves lives, but it almost always comes with a huge price. This is especially true if the person has been on the dialysis machines for many years as my friend had been. Due to problems with a high antibody count, a suitable donor failed to become available during the entire

fourteen-year period he was on dialysis. Other complications for him have included compression fractures in his spine from the loss of calcium, multiple surgical procedures for "dead" shunt sites, and a heart valve problem. By his 52nd birthday, he had lost 8-9 inches in height, and has to walk with a cane for assistance. His spine has become permanently curved and his body has come to resemble that of a much older man. Despite all of this, he has rarely complained and has never lost his zest for life. I knew that someday if it ever became possible, that I would become the person to give him a kidney.

Up to the year 2006 or late 2005, if one did not have the right antigen match, he/she was not considered to be a viable donor option. At the point that new technology became available with a procedure called "plasmatheresis", my possibility to become a donor to my friend became a reality. The transplant procedure was performed at the Johns Hopkins Medical Center in Baltimore, Maryland. Utilizing the newest technology and working with the "Incompatible Transplant Program", my kidney, which was absolutely not a match to his, was transplanted in his body. This experience has been emotionally overwhelming and truly amazing for me. It has been a true blessing to be able to give someone a new life.

My friend's prognosis is now good, but his first few months have been precarious. The medication has been quite difficult for him to tolerate and he has already faced one instance of temporary rejection. He has bravely faced and overcome a number of challenges, thus far, but we both believe that things will become easier as time goes on.

As far as my recuperation goes, it has not been without some pain and minor difficulties. The surgery was performed using a laparoscopic technique, which is a newer and less invasive procedure. Nonetheless, there is pain and the recuperation and fatigue was a bit more than I expected. Fortunately, I was blessed with a caring spouse, adequate medication and sufficient time off work to recuperate.

The rewards I have gained are impossible to really put into words. Besides the normal accolades one hears about being a "hero", the fact that my friend no longer has to plan his life around a machine is unquestionably the best reward. It certainly makes you look at life differently and to appreciate one's health. My recuperation has gone smoothly and I truly feel quite blessed to have been able to do this.

The process to be a donor is long and one can be ruled out at any time for even minor health problems. The doctors take the donor's health, both present and future, quite seriously. Any one who has hypertension or diabetes is almost always ruled out. Many other disorders can automatically make you ineligible. A very thorough physical exam and an even more thorough evaluation of your kidney function are involved. These tests may take months or even years. A psychological evaluation is also required and even doubts expressed by your own family members may rule you out. There are many things to consider, but having been able to give someone a new life, is one of the greatest pleasures one can ever imagine.

Let your family know if you desire to be an organ/tissue donor.



Why An Automatic Year After Kidney Transplantation?

by Peter D Fox and Charles Ippoliti, Oregon DDS

ORGAN TRANSPLANTATION was only a theory 100 years ago. Advances in technology and technique as well as our understanding of immunobiology have allowed modern surgeons to control the rejection process and make clinical transplants possible. With proper cross matching, immediate rejection can be avoided but the long term impact of organ transplantation can still be high.

Since at least 1972, the Medicare Act has recognized the need for long term follow up after renal transplant, providing insurance for the first 12 months afterward. While medical improvement is certainly expected the timeline is highly variable and numerous complications can interfere. End stage renal disease, destructive and inevitably fatal, is only delayed by chronic dialysis. Kidney transplant recipients are frequently in poor health before receiving their new organ; rapid recovery is neither expected nor reasonable to consider.

Acute rejection episodes can now be controlled with modern immunosuppression, but not without cost. Side effects of the steroid and other medications can lead to hormone imbalance, slow healing, poor coagulation (easy bruising), blood pressure anomalies and uneven blood sugars. Recipients are also prone to illness without a full immune system transplant. Some protocols require frequent visits to the doctor's office. One kidney-pancreas recipient stated he was seen three times weekly for the first several months and had to have blood drawn weekly throughout his first year. The frequent needle sticks have caused him to develop scar tissue and hardened veins.

Just how active can you be while adapting to using someone else's kidney? Months of an enforced sedentary lifestyle (often preceded by months or years on dialysis) can contribute to deconditioning on top of the fatigue and known side effects. One recipient said that he feels fine while sitting, or with very light activity, but he has no stamina.

He is unable to go grocery shopping alone safely and often needs to rest in the middle of even modest chores. The symptoms have steadily improved but nobody can give a fixed prognosis for when he will finally adapt. His schedule is also defined by his medication regimen. He must stop what he's doing four times a day at fixed intervals, in order to eat so he can take all his pills. Transplant patients also require constant maintenance and can take a very long time to reach a pre-morbid level of function, sometimes never returning to 'normal'.

Fortunately, the picture is not all bleak. According to the transplant service at Oregon Health and Sciences University, patients typically improve throughout the first six to 18 months and the prognosis improves after one year. Usually the recipient feels better overall within days and can gradually increase their activity with time. However, everyone is different and there is no definite course of action. Over 80% of kidney recipients survive another five years and report an improved quality of life.

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The Fine Art of Bookmarking

by William D. Hakkarinen, MD and E. Caroline Mason, Maryland DDS

THE NEW ELECTRONIC PROCESS IN disability determination has brought new challenges to the Disability Examiner-Medical Consultant team. With the paper folder, a flag or a paper clip would direct one's attention to a particular page. The individual could see that page simultaneously with others and with the report being prepared. It was a simple matter to scan the remaining pages of the folder, and assess the marked page in the context of the entire record. With the electronic folder, the ability to bookmark becomes more critical in directing a reviewer's eye to critical information. Bookmarks work in both directions: from examiner to consultant and vice-versa.

Well-selected and well-identified bookmarks direct your medical consultant to the areas of the record you deem critical in the adjudication. Examples of such well-chosen book mark labels include:

- Pathology reports, especially in cancer cases
- Operative reports
- Hospitalization discharge summaries
- Most recent exams (Treating Sources or Consultative Evaluations)
- Treating or examining source opinion (for page 7 of RFC)
- Activities of daily living that do or do not support the alleged limitations.

Each book mark should be specifically titled as to its content or importance. General terms such as "hospital record page 1, hospital record page 2," etc. should be avoided. Generally only the first page of a report need be bookmarked. Well-chosen bookmarks can be a road map for your consultant to follow.

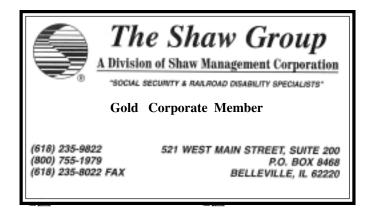
When the medical consultant returns the case to the examiner, accurate bookmarking as to points needing further clarification likewise save the examiner time and better direct their efforts.

Bookmarking is best done as records are reviewed and case development is in progress. It is far easier to attach a labeled bookmark when a record is first recognized, rather than to try to return to it in the midst of multiple scanned pages.

When examiner and consultant communicate and agree on the standards of bookmarking, the result will be a fast, more accurate decision for the claimant, and smoother work flows for both members of the adjudication team.

Bookmarking can also be utilized to assist in RFC preparation. Brief clinical details can be included, which are then pasted into the final RFC form.

The authors are interested in learning ways that others use bookmarks. If you have ideas and ways of using bookmarks that you can share with others, please let us know. Bookmark issues relative to disability examiners can be sent to: caroline.mason@ssa.gov. Issues relative to medical consultants can be sent to: william.hakkarinen@ssa.gov.



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TADE's Regional Representative Sharon Summers speaks at the Tennessee Psychological Association's annual meeting in November. (Photo by Dan Carr, TADE.)

Tennessee Psychological Association Introduced To NADE

by Sharon Summers, Tennessee DDS

Our chapter had the unique opportunity on November 2, 2006 to introduce NADE to the Tennessee Psychological Association in Nashville, Tennessee. There were about 100 professionals in attendance and we were warmly received.

While this occasion was actually a Professional Relations Unit initiative under the direction of Ms. Betty Hood, I was permitted to make a brief presentation prior to their day of activities. Daniel Carr, our chapter President, was present for photojournalism.

The group was made aware of the active representation of NADE at the policy tables of SSA, in providing expert testimony before Congress, in meetings with SSA officials, congressional officials and representatives of other government agencies such as the Government Accountability Office, Congressional Budget Office, Office of Management and Budget, Social Security Advisory Board and other agencies whose names dominate the news out of Washington. NADE is widely recognized for its expertise and credibility, both of which derive from the strength of its membership. In return, NADE offers members the opportunity to have a direct impact on the policy changes that affect them! NADE advocates for sufficient resources so that we will all be able to do our jobs better. NADE offers members a credible channel to comment on SSA changes.

We presented the group with a packet of information which included a copy of *The NADE ADVOCATE*, a copy of the agenda of the recent national training conference in San Diego CA, and a copy of our most recent *Music City Notes* chapter publication. A flyer with a condensed version of the presentation with contact names and numbers was included for future reference.

It was explained to the group how our regional and national conferences are often attended by the Commissioner of Social Security and other top level representatives from various government agencies so as to keep us informed. The knowledge acquired by attending these conferences keeps us abreast of issues, changes, new regulations and how they impact one's ability to do the job expected.

The group of psychologists and related professionals were invited to become members of NADE. Whether they were State Agency Medical Consultants, consultative examiners for the DDS, or just had an interest in the art and science of disability evaluations, their expertise and knowledge could be very helpful to NADE. It was further noted they would have an opportunity to channel their comments and suggestions periodically through NADE on the SSA disability program initiatives.

They were informed that becoming a member of NADE, concurrently makes them a member of the Tennessee Association of Disability Examiners (TADE). They would be afforded the opportunity to work with our chapter in activities to promote NADE and our local interests. We were happy to report to the group our publication, *Music City Notes*, has won for the past two years the National Award for Newsletter of the Year for its content, appearance and format. This publication is filled with first-hand reports of conference attendees and others in the membership to keep our chapter and our agency informed about current issues.

In closing, the group was encouraged to become a part of our chapter and the national organization to further promote their careers

and to increase their knowledge of the SSA program. We invited their expertise in planning our many informative and educational activities, especially our upcoming national conference in 2008 in Nashville.



Attending the Tennessee Psychological Association meeting from left: Tennessee DDS Chief Psychological Consultant Dr. Tommie Slayden, Director of Professional Relations and Congressional Inquiry Betty Hood, TADE Regional Representative Sharon Summers, Tennessee DDS Psychological SAMC and Liaison to panelists Dr. Andrew Phay, and Tennessee DDS Director Tamra Smith. (Photo by Dan Carr, TADE.)



Are We There Yet, continued from page 24

The disability program is changing and these changes will affect all of us. Change brings challenges and opportunities and NADE membership can help prepare you to meet these changes and take advantage of these opportunities. Yes, NADE membership is not free. You have to pay for something that is worthwhile. Believe me, NADE membership is!

- NADE offers opportunities for increasing one's knowledge of the disability program and how it operates, extending to our members the opportunity to meet the policy makers and to express concerns or ideas.
- NADE offers opportunities for members to network with other disability professionals nationwide, opportunities to build lasting friendships and opportunities to meet and share ideas with others who share similar concerns.
- NADE offers channels of communication with congressional leaders and SSA policy makers and an ongoing dialogue with
 other governmental agencies that share in the oversight responsibilities of the disability program. NADE offers opportunities
 for personal growth and opportunities for leadership development.
- NADE offers an informative website at www.nade.org and NADE offers informative publications.
- NADE offers local professional activities at the state and regional levels, opportunities for community service, attending social
 events, and much more.
- NADE offers opportunities for peer recognition for outstanding service and commitment to the disability program.
- NADE offers ideas and program designed to increase the understanding of the disability program by the medical community and the general public.
- NADE offers a commitment to the development of high standards of professional and ethical service to the general public.



NADE offers all this and much more. Join us and be a part of a special group of ordinary people who are accomplishing extraordinary things. "Are we there yet?" Perhaps the question should be, "What will I learn and how much fun will I have on this journey?" Join us and find out! Help us create and shape your professional future!





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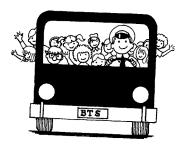
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Are We There Yet?

by Jeff Price, NADE Membership Director

THOSE OF US WITH KIDS, or those of us who can still remember when we were kids, can recall those family trips in the car that seemed to go on forever with no destination in sight. It's not long before *the question* arises from the back seat, lingers in the air, and then permeates the eardrums of road weary parents – "Are we there yet?"

NADE is on a long, continuous journey to increase membership. It is critically important that we do so. The strength of our membership determines, to a very large extent, the level of credibility we have as a professional association and the cost of membership fees for all members. Simply put, the more members we have, the more credible we are to those we want to listen to us and, also, the lower we can maintain our membership fees.

NADE's strength as a professional advocacy association lies in the cumulative voice of its members. When NADE's leaders speak from a base of strong membership numbers, the better our chances are of being heard. When NADE's leaders are meeting with other advocacy groups or with congressional leaders, or presenting expert testimony before congressional committees, our ability to make these individuals listen is dependent on the strength of our membership. When SSA invites NADE's leaders to participate in policy discussions, it is important that our leaders be able to speak from the knowledge that they represent not only a broad spectrum of professionals and support staff employed in the disability program, but that they also know they speak for a large percentage of those whose professional careers arise from within the disability program.

There are three items that absorb 90% of the NADE budget: (1) the costs of the annual national conference; (2) the costs of the annual mid-year Board of Directors meeting; and (3) the publications costs for the *NADE Advocate*. There is little that can be done from an organizational standpoint to lower these costs and the fact is that they will increase each year. NADE's membership dues account for 90% of NADE's revenue but are among the lowest in the nation compared to similar professional associations. They have been kept low because of careful budget planning by NADE's leaders and, equally important, because we have been able to keep our membership base strong enough to absorb the increased costs of doing business as a professional association. But that battle gets more difficult each year as many of our members retire or leave the disability workforce for other careers. Thus, it is imperative each year that we look to potential new members to replace those we lose. When the dog days of summer approach and the months-long effort to recruit new members, while putting forth an equal effort to hang onto the ones we have, is over for another year, we look at the numbers and ask, "Are we there yet?"

It shouldn't have to be this way. In a dream world, those who work in, or have a special interest in, the disability profession would desire to belong to the only organization that exists solely as an advocate for their professional interests. Sadly, however, this is not the case. It is necessary to convince potential new members that they should take an active interest in their professional future and develop a commitment to their profession.

NADE's strength derives from its consistency, from its roots as a small division within a much larger umbrella organization to its emergence as a viable force providing positive influence on the disability program, from the professionalism of its members, and most of all, from its clearly stated mission to develop disability evaluation as an art and science for the public that we serve.

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