the NADE ADVOCATE

A Publication of the National Association of Disability Examiners | Volume 25, Number 1 | Winter 2009

National Conference Coverage

SSA Pushes Forward To Improve Program And Service

Part 2: Health Information Technology, Disability Direct and Changes at ODAR

by Gene Jerry, Social Security Administration

SSA IS BREAKING NEW ground through Health Information Technology. In 2004, President Bush issued an Executive Order calling for most Americans to have an electronic patient record by 2014, and the healthcare industry recognizes the need to collect and process medical information more efficiently. Health IT will dramatically change how SSA collect and utilize medical information.

SSA is working with other agencies, healthcare providers and insurers to create a data-driven process for standardizing, storing, and exchanging medical records electronically. Last month, SSA implemented a prototype system which automatically requests medical records data from Beth Israel at Deaconess Medical Center in Boston when a case is transferred to the Massachusetts DDS.

Beth Israel sends back the records in a matter seconds or a few minutes, rather than waiting days for mail to be delivered. In addition to putting an image of the medical record in the electronic disability folder, the system compares the medical records data to pre-programmed rules related to our Medical Listings. Under certain conditions, the system will generate an alert for the disability examiner to consider relevant medical listings, resulting in more accurate and timely determinations.

Ultimately, Health IT fits seamlessly with QDD, Compassionate Allowance, and eCAT. SSA is not developing these initiatives in isolation, and they are building blocks for the future. Health IT is just starting up and SSA will go slowly, but the Commissioner is pleased that SSA is on the forefront of this initiative and that other groups are recognizing that SSA is a major player in the Health IT arena.

Another area where SSA has demonstrated clear progress is Ready Retirement. SSA has offered an online retirement application for years, but it was essentially an electronic version of the paper form. Similarly, SSA has had online retirement estimators, but its best yet is the one that was released in July 2008. SSA has worked hard to make its online services more user-friendly. They have combed applications to identify questions SSA didn't need to ask and shortened the filing time significantly. SSA is poised to introduce a new iClaim which, in addition to retirement, serves as the non-medical portion of the disability application.

Building on our Ready Retirement successes, SSA is now working on Disability Direct. This initiative automates the intake and processing of online disability claims and appeals to the maximum extent possible, resulting in a more direct route from application to payment. Disability Direct will use improved online disability claims and appeals to lessen the burden of the labor-intensive disability workload.

There are three main components to the Disability Direct initiative:

- A simplified online application process that will someday include SSI claims and the ability to upload medical evidence;
- A comprehensive online suite of services for professional representatives; and

Continued on page 4

JANUARY IS NADE RECRUITMENT MONTH

IN THIS ISSUE:

President's Message

Happy New Year! I hope you all have had a great holiday season and are ready to start 2009 off with a renewed interest in disability evaluation and NADE.

As you know, we have been working under a Continuing Resolution which is challenging, but as you can see, we are getting through it. Competing workloads are prioritized, new policies continue to be implemented, overtime to help meet the challenges is sparse, but of course, you as disability professionals are always confronting those challenges with poise and good spirit.

Please, don't forget to mark your calendars for the Mid-year board meeting February 26th through the 28th at the Madison Hotel in Washington D.C. This is great way for you to observe your NADE leaders in action, and a great for our future leaders to gain insight into the process. Our training conference planning is in full swing. Stop by the quad-regional training conference in Niagara Falls, New York, the bi-regional in Chicago, Illinois, or the pacific-regional in Salem, Oregon. All venues are beautiful. Let's not forget the national training conference in Covington, Kentucky, where we will be *Rollin' on the River*. As always, our members will continue to make important contributions to our association, and to our ability to keep each other informed on disability evaluation.

I hope that each of you can commit to gaining a new or returning member to NADE. Keep your colleagues informed on how NADE advocates for improvements in the disability programs, and how NADE can help each of us sharpen our own skills to be better professionals than we were just yesterday. *What have you done for NADE lately?*

The disability programs continue to be dynamic with the new eCDR folders, eView improvements, the Compassionate Allowance rollout, and policy modifications. Let's do our best for the claimants with timely and accurate determinations!

Sincerely,

Georgina B. Huskey

Georgina Huskey
NADE President

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

NADE is an incorporated, nonprofit organization.

ADVOCATE STAFF

Editor
Donna Hilton
1117 Sunshine Drive
Aurora, MO 65605
417.678.4001
Fax 417.678.4538
drhilton@suddenlink.net

Regional Representatives:

Great Lakes
Jerry Prior
3691 Bogota Dr.
Westerville OH 43081
614.438.1871
jerry.prior@ssa.gov

Great Plains
Dorie Meske
1237 West Divide Ave, Suite 4
Bismarck, ND 58501
701.328.8716
Fax 701.328.4053
dorie.meske@ssa.gov

Mid-Atlantic
Amanda Kucharski
2 Cedar Creek Ct
Bear, DE 19701
302.324.7643
Fax: 302.324.7698
amanda.kucharski@ssa.gov

Northeast
Debi Chowdhury
4 Derby Ct
Loudonville, NY 12211
518.473.3536
Fax: 518.786.1141
debichowdhury@yahoo.com

Pacific
Karen Beyer
2610 50th Ct SE
Olympia, WA 98501
510.622.3385
Fax: 360.586.4159
karen.beyer@ssa.gov

Southeast
Maya Delion
590 Georgia Loop
Woodstock, AL 35188
205.989.2182
maya.delion@ssa.gov

Southwest
Cynthia Henderson
9801 Kelly Ave.
Oklahoma City, OK 73131-2433
405.419.2532
Fax: 405.419.2785
cynthia.henderson@ssa.gov

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 2009**.

All correspondence should be directed through your Regional representative or NADE editor by **March 15, 2009.**

Oops! Corrections to the Advocate Fall Issue!

Apologies go out to Celeste Lilly who was mis-identified as Cecile Lilly in the photo caption of Publication Award winners.

Also, OWADE President Ramon Valdez-Rijos submitted an article titled, OWADE Celebrates NDPW with "Good Gravy". Credit for the authorship should be given to the Olympia Chapter Editor Loretta Sylvestre.

Donna Hilton, Advocate Editor

A "New Bug" Roams the Halls…

by J. R. Cataldo, M.D., New Hampshire DDS

MRSA (pronounced *mersa*) means resistant staph. This is a super bug we have to worry about, but it isn't anything new. Hospitals were known as a place to acquire this super bug, but now this bacteria strain is showing up outside the hospital.

The CDC is finding MRSA (methicillin-resistant staph. Aureus) outside of hospital locales. A breeding ground is a locker room. The real culprit is the overuse of my medical professionals of powerful antibiotics. Children and athletes are a common source.

This super bug can be responsible for pneumonia and some blood infections. The worst is skin infections, which can be life-threatening and the cause of easy transfer to another person. Watch out for things you touch in the Emergency Room. Many people have been "colonized" or considered carriers.

Most at risk?
- The elderly
- Blacks
- Males

Hand washing is helpful, and please don't share personal items. Public Health officials are waking up to the danger of MRSA

From the Granite State Voice, Late Summer 2008 Issue

Have You Started Planning for Education Events for Organ Donation/Transplant Month in April?

Letters to the Editor can be sent to: Donna Hilton Publications Director 1117 Sunshine Drive Aurora, MO 65605

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

For information on Membership Grants, contact Michele Namenek, Membership Director.

Are you Certified through NADE?

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

Or You May Contact The Professional Development Committee Chair

Ellen Cook
4805 Greenbriar Drive
Springfield, IL 62711
217.741.8151
Ellen.Cook@ssa.gov

NADE CALENDAR OF EVENTS:

Mid Year Board Meeting	**Madison Hotel**	**Washington DC**	**Feb 26-28, 2009**
Quad Regional Conference	**Crowne Plaza**	**Niagara Falls NY**	**May 6-9, 2009**
Great Lakes/SW Reg Conference	**Chicago Regional Office**	**Chicago IL**	**May 11-13, 2009**
Pacific Regional Conference	**Salem Conf Ctr/Phoenix Grand Hotel**	**Salem OR**	**May 12-15, 2009**
2009 National Training Conference	**Radisson Riverfront**	**Covington KY**	**Oct 5-9, 2009**

DDSs have been a tremendous help to ODAR
Commissioner Part 2, *continued from page 1*

- A direct exchange of information between SSA and third party filers.

Commissioner Astrue acknowledges that SSA needs more resources, and the DDSs face unique challenges in that area too. But, he believes that money alone will not solve SSA and DDSs challenges. SSA's success depends on a combination of people and technology. SSA is close to releasing its new Agency Strategic Plan, and in it they have identified two resources as keystones to its success.

SSA has invested a great deal of time to ensure that its strategic plan is a comprehensive, usable roadmap for aligning our resources with its mission, priorities, and objectives. Disability will, of course, be a major focus.

Since SSA serves a vulnerable segment of the population in a time of changing demographics, it needs to identify and expedite disability claims with the sense of urgency they deserve. The leading edge of the baby boomers has begun to reach retirement age, and many of them are at an age where they are more prone to develop disabling conditions. SSA needs to be positioned to address and handle the increasing number of claims, and it will continue to reduce processing times to acceptable levels for initial claims and hearings. And of course, SSA will continue to drive down the hearing backlogs.

DDSs have been a tremendous help to ODAR by taking on informal remand cases. In FY 2007, SSA anticipated sending about 17,000 hearing cases to the DDSs and that the DDSs would make favorable determinations on 20 percent of them. It turned out that the DDSs exceeded expectations, agreeing to review just over 20,000 cases. At the close of FY 2007, DDSs had completed review of 16,127 of these cases issuing favorable determinations on 8,714 cases – a 54 percent reversal rate.

In FY 2008, DDSs continued to deliver. As of August 29, ODAR remanded over 50,000 cases to the DDSs and they issued favorable decisions in about 32 percent of the cases. Again, the DDS effort far exceeded our expectations. What this means is that, so far this fiscal year, over 14,000 claimants received favorable decisions without having to wait for a hearing.

The Commissioner provided an up-to-date progress assessment of ODAR. In FY 2008, ODAR had over 135,000 cases that were or would be over 900 days old as of the end of the fiscal year. As of August 29, just 4,903 of these cases remain.

ODAR has used its attorney adjudicators to review cases for on-the-record allowances. These adjudicators have issued over 22,000 fully favorable decisions.

The National Hearing Center has given ODAR flexibility to help struggling hearing offices. It is currently handling cases from Cleveland, Detroit, and Atlanta, with new cases coming in from the Flint, Indianapolis, and Atlanta North hearing offices. SSA plan to expand the NHC in Falls Church and to open additional centers in Albuquerque and Chicago.

As the number of paper cases diminishes - it's about 15 percent right now - ODAR is taking advantage of technology and is testing a standardized electronic business process in Grand Rapids, Michigan and Downey, California. Automation initiatives include electronic pulling of case files, electronic signing of decisions, electronic scheduling of hearings, centralized printing and mailing, continued expansion of video hearing capability, and electronic records express that allows claimant representatives to view the electronic folder.

As hopeful as SSA is about the benefits of technology, it also is relying on old-fashioned management. This year, ODAR hired 189 ALJs who were trained from mid-May to mid-September. It will take several months for these ALJs to become productive, although those judges with hearing office experience may take less than the expected 9-month learning curve. As of the end of July, 50 percent of our current ALJs are on target to issue at least 500 decisions this year.

As SSA reached the end of the fiscal year, it looked like the number of pending hearing cases would be up from last year, but the rate of the increase is going down, and the number of dispositions and ALJ productivity has been good. With the help of the new ALJs, Commissioner Astrue thinks SSA will reach a favorable tipping point around March.

Of course our success is driven in part by workload and budget realities. For FY 2009, SSA expect that workload receipts for retirement claims, DDS initial claims, and hearings will be higher than estimated in the President's Budget. While we expect to process the number of disability claims we committed to in the President's Budget, we will not be able to process additional work or reduce the backlog unless we receive significantly more funding.

In addition to service commitments, the FY 2009 President's Budget includes program integrity commitments for SSA. For example, SSA plans to process 329,000 periodic medical continuing disability reviews in FY 2009, a significant increase from the FY 2008 level.

It is unlikely that Congress will pass the FY 2009 Labor, HHS, Education, and Related Agencies Appropriations bill, which includes our administrative funding, before the end of the current fiscal year. As a result, as of October 1, 2008, SSA will be under a Continuing Resolution, which it expects to last until February or March 2009.

Both Houses of Congress have recognized our need for additional administrative funding. The House bill, which was approved at the subcommittee level,

Continued on next page

provides $10.427 billion for SSA administrative funding - $100 million above the FY 2009 President's Budget. Likewise, the Senate bill, which was approved through the full committee level, provides $10.377 billion for our administrative funding - $50 million above the FY 2009 President's Budget.

While all of our workload commitments are dependent on timely and adequate funding and a Continuing Resolution could affect whether SSA is able to achieve its workload goals, the Commissioner feels SSA has more reason to be positive than it did in prior years. He is not overly optimistic and knows that anything can happen, but he believe that SSA is successfully making the case for the support we need.

Commissioner Astrue acknowledges that none of the initiatives I've discussed could be accomplished if we didn't work closely and effectively together with all of SSA and DDS staff. Through its cooperative efforts, the Disability Case Processing System project - that will move the DDSs to a common system - is moving into its second phase, Planning and Analysis. As SSA moves forward with this project, it will frequently seek stakeholder input and solicit ideas about what a common case processing system should - or should not - look like. SSA values NADE's continued input and willingness to work with SSA/DDSs so that we can all better serve our claimants.

The Nation's most vulnerable population depends on each of us, and SSA is honored to have such effective and capable partners in NADE.

NADE Correspondence

October 9, 2008

Ruby Burrell
Associate Commissioner
Office of Disability Determinations
6401 Security Blvd
Suite 3570 Annex
Baltimore, MD 21235

Re: NADE Leadership Training

Dear Ruby,

As you know, the National Association of Disability Examiners (NADE) advocates for improvements in the Social Security disability programs. Every year we hold training conferences for our members throughout the country at state, regional, and national levels.

Our national training conferences can attract hundreds of attendees and our conference coordinators tirelessly search for speakers who can provide our members with the level of training they need and desire. It is a testament to these efforts that NADE has been able to attract the highly qualified speakers that we desire to provide the training at our conferences.

One area that we would like to expand upon at our conferences is the availability of leadership training. In this regard, I would like to ask the assistance of SSA's Office of Disability Determinations to facilitate the possibility that leadership trainers employed at SSA could be made available to provide presentations at future NADE conferences. We believe this will help enhance the professional knowledge and skills our members need to better serve the interests of SSA and the DDS in providing more effective and more efficient public service. Any assistance your Office can provide in meeting this request would be greatly appreciated.

Respectfully,

Georgina B. Huskey

Georgina Huskey
President, NADE

NADE Correspondence

November 7, 2008

Ms. Ruby Burrell, Associate Commissioner, ODD
Social Security Administration
6401 Security Boulevard
Baltimore, Maryland 21235

Dear Ms. Burrell:

The National Association of Disability Examiners (NADE) would like to offer comments and recommendations to the Integrated Disability Process – Medical Source Statement (MSS) Draft. NADE would like to begin by applauding the breadth and scope of the workgroup's efforts.

As you know 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 and Field Offices, claimant advocates, physicians, attorneys, and others. However, the majority of our members work in the state Disability Determination Services (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.

Our members have raised some concerns and recommendations with the Integrated Disability Process – Medical Source Statement (MSS) draft document which I will enumerate below:

- The elements of what a medical report should consist of are already defined in POMS DI 22505.007. This POMs specifies who can supply the MSS as well as the essential rudiments this statements should contain.

- Slide #5 states that there is value in introducing the MSS at the earliest possible adjudicative level. The slide also supports developing forms for obtaining MSSs. These forms would be instituted at the recon level. Currently, the majority of initial level cases are already requesting MSSs, subsequently it is unclear how waiting until the Recon level will provide savings (i.e. money or processing time).

- We advise that caution be used when placing weight on the Treating Physician's (TP) MSS, as these can sometimes be overly restrictive and in some instances fraudulent. Increased program costs will be the result of incorrect decisions driven by these types of MSSs. Some States have commented that, in many cases, TP MSSs appear to be exaggerated because many TPs want their claimants to receive benefits or they do not want their patients to believe that it was the TP report that kept them from receiving benefits.

- We prefer to retain the current practice that allows the DDSs to give weight to a MSS provided by a Treating Physician who also provides credible objective evidence that can support the MSS. Currently, DDSs do not have to assign weight to a MSS provided by a TP if there is a lack of credible evidence to support the MSS.

- We support a standardized form for the MSS. This form should include in its format adequate space for individual comments/input as well as a statement that the source himself feels that the MSS he is providing is consistent with his medical findings.

- Additionally it should be noted that while using a standardized form might prove beneficial in increasing the number of opinions returned, there are still substantial barriers to getting regular, let alone frequent, buy-ins from providers. For example, the internal policy of some bulk MER providers explicitly forbids their treating providers from giving such opinions. Additionally, many providers will only provide the DDS with a treating source opinion in return for a separate fee. The requirement for having a MSS on every claim would subsequently result in increased costs and processing time. Ultimately, this would impede our ability to provide accurate and timely disability decisions.

- Slide #6 – (all of the cost benefit slides), it would have been helpful to have a breakdown of what the workgroup thought the major cost savings would be that led to the figures cited on the draft. This slide only mentions CE costs, but as noted previously, if we wait until the Reconsideration level to request MSSs, there would be greater costs, e.g., greater CE costs at the initial level.

- Slide #8: it mentions the need for a regulatory change to modify the wording of the request from capacities to limitations and/or restrictions. Then on Slide #9: it states that there would be increased receipt of MSSs with more meaningful responses. Rather than asking a TP to establish limitations, we prefer to ask the TP for a statement regarding residual functional capacity. This would allow the TP to give an opinion based on their treating relationship with the claimant and not be required to address areas in which they may have no knowledge. This would also make it easier for the DDSs to address or adopt opinions while reducing the need to re-contact sources to clarify generalized statements.

- The requirement of obtaining a MSS at the reconsideration level seems to be based solely on the ALJs' 'discomfort' in making a decision without a MSS in file. This is based not on fact but rather a belief amongst ALJs that having an MSS makes their decision legally defensible. This change will inevitably result in an increase in processing time, as fruitless efforts to obtain an MSS from uncooperative providers are pursued.

- The draft states that disability determinations would be based on a longitudinal evaluation of the claimant's impairments. Again it is unclear as to how that would differ from how cases are adjudicated currently. We ask that the term "longitudinal" be specifically defined, and also question if the rules of "administrative finality" would need to be re-written.

- On slide #13 a potential cost would be increased MER costs, since we would be contacting more sources over a longer period of time.

- MEs recommending CEs at the hearing level would be a major cost containment benefit in that it would reduce the number of nonstandard tests requested, e.g., MRIs, CAT scans etc. It would also permit monitoring the CE-ordering rates of individual MCs, PCs, and MEs, in much the same way as is currently done at the DDS level with disability examiners.

- Slides #20-24 mention restoring the Reconsideration step and expanding the SDM authority to examiners in all DDS jurisdictions; however, SDM authority would be limited to initial-level claim only. It would be even more cost effective to allow SDM authority for cases adjudicated at the Reconsideration level for those cases that are fully favorable allowances. For those cases that were denied at the initial level, it would be quicker and less expensive to have a disability examiner review and, when possible, reverse the decision rather than pay the extra costs required for a MC, PC, or ME to review the medical evidence. However, in less that fully favorable reversals, closed period cases, and affirmations of initial denials, it would be more legally defensible to have MCs, PCs, or MEs review the cases. We recommend that the SDM authority be expanded to DC initial allowances and DC Recon fully favorable allowances.

- Slide #25-27: there may be a benefit in rewriting SSR 96-2p and eliminating the 'controlling weight' provision. There is no similar concept in other governmental or private agencies. Removing the concept of a controlling opinion would allow for more equity in the consideration of other opinions.

- Putting greater weight on the opinions of sources who are programmatically trained and who have access to all medical records could be problematic. First, how would "program knowledge" be defined? Would any treating source who has access to all the medical records and who has read the Listings be considered as having program knowledge, or would that classification be reserved to MCs, PCs and the MEs? Secondly, how is that scenario likely to be implemented? CE providers generally are trained by PRO staff in the DDSs in regard to the very basics of the program. It would be fairly easy to send these CE providers the entire case record electronically in order to obtain a medical opinion from a medical source with "program" knowledge. However, this would have the adverse effect of leading to an increase in the number of CEs requested and in higher costs paid to CE providers for review of records in order to obtain their opinions. We are also concerned that such a process could lead to a lack of objectivity by CE providers, and we believe the current practice utilized by most DDSs to provide CE providers with targeted MER from the case file that is relevant to their examination is the better choice. We suggest a greater emphasis be placed on providing CE providers with copies of pertinent MER from the case file. We also favor increased training for CE providers.

Continued on next page

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!

Integrated Disability Process
Continued from page 7

- With electronic files there is a possible cost benefit to having all MCs, PCs and MEs entered into a national registry of experts. However, then SSR 96-6p would have to be superseded regarding non-examining source opinion and the use of DDS MC and PC administrative findings of fact at the hearing officer, ALJ, and the AC levels.

- We recommend that if an Office of Medical and Psychological Experts (OMPE) is formed at the National level, then a speech-language pathologist be included on the Team at the National Office.

- Provide training – training is an important tool for strengthening relationships among agencies. Recently a DDS (North Carolina) was asked to provide training to ODAR with regards to the adjudication of DC cases. This training was provided by a DDS Psychologist and a DDS Speech-Language Specialist. Based on the feedback from the ODAR staff, this training proved to be very informative, and worthwhile. NADE supports this best practice in order for everyone to achieve a better understanding at all levels of adjudication and reduce the backlogs in ODAR.

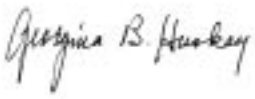
- NADE advocates increased training of examiners, hearing officers, MCs, PCs CE Medical examiners and all adjudicative staff in the proper management and use of MSSs and the different methods claims adjudicators can utilize, when necessary, to obtain additional information from TPs to clarify limitations.

- There is some support for the concept of DDSs conducting selected face-to-face interviews by highly trained DDS staff before the case goes to ODAR. This could provide some cost benefit savings for many cases involved in the more costly appeals process at the ODAR level. We would welcome additional discussion on this proposal.

Although NADE recognizes that this is a work in progress, we did want to offer some of our early ideas on this matter.

NADE fully supports the efforts of the work-group. We recognize that these are tough issues with many opportunities and options for case adjudication. We commend all the work and thought that has gone into the draft proposal of the Integrated Disability Process Workgroup – MSS – recommendations, and we thank you for the opportunity to offer recommendations on this very important subject to all of us.

Sincerely,



Georgina B. Huskey
NADE President

FROM SSA TO NADE

Dear Colleague:

I am pleased to share with you a press release that announces that the Social Security Administration will be the first government agency to utilize the Nationwide Health Information Network (NHIN). To make disability decisions, Social Security relies on doctors, hospitals, and others in the healthcare field to provide medical records in a timely fashion. Beginning in early 2009, Social Security will receive medical records for some disability applicants electronically through the NHIN gateway. This will significantly shorten the time it takes to make a disability decision and make the process more efficient.

The NHIN is an initiative of the Department of Health and Human Services and is supported by multiple government agencies and private sector entities. Please go to *www.hhs.gov/healthit/healthnetwork/background/* for more information.
I look forward to the opportunity to discuss this important initiative with you.

Wishing you Happy Holidays,

Cheri Arnott
Associate Commissioner
for External Affairs

Tuesday, December 16, 2008
For Immediate Release

Mark Lassiter, Press Officer
410-965-8904
press.office@ssa.gov

News Release

SOCIAL SECURITY

Social Security to be First Government Agency to Use Nationwide Health Information Network

The Social Security Administration announced today that it will be the first government agency to utilize the Nationwide Health Information Network (NHIN). Beginning in early 2009, Social Security will receive medical records for some disability applicants electronically through the NHIN gateway.

"Social Security is proud to be a leader in the use of health information technology," said Michael J. Astrue, Commissioner of Social Security. "This safe and secure method for receiving electronic medical records will allow us to improve our service to the public by cutting days, if not weeks, off the time it takes to make a disability decision."

Through the NHIN, Social Security will have instantaneous access to medical records. This will significantly shorten the time it takes to make a disability decision and make the process more efficient. Social Security uses individual medical records when making a decision for more than 2.6 million people who apply for disability each year. To make those decisions, Social Security relies on doctors, hospitals, and others in the healthcare field to provide medical records in a timely fashion. The NHIN will help ensure records are received timely by making it easier and less labor-intensive for medical professionals to submit records.

Social Security is working with MedVirginia, the North Carolina Healthcare Information and Communications Alliance, and Kaiser Permanente to implement the NHIN. In early 2009, the first real-world use of the system will begin between Social Security and MedVirginia.

The NHIN is an initiative of the Department of Health and Human Services and is supported by multiple government agencies and private sector entities. Please go to www.hhs.gov/healthit/healthnetwork/background/ for more information.

SSA Press Office 440 Altmeyer Building 6401 Security Blvd. Baltimore, MD 21235 410-965-8904 FAX 410-966-9973

An Open Letter To President-elect Obama From Concerned Organizations

December 22, 2008

President-elect Barack Obama
Obama-Biden Presidential Transition Office
Washington, DC 20001-2734

Re: Please Include Funding in the Economic Recovery Legislation for the Social Security Administration's National Computer Center and Economic Downturn Related Workloads

Dear President-elect Obama:

The undersigned organizations represent the millions of Americans with a stake in the efficient and effective operation of the Social Security Administration (SSA), including older Americans, people with disabilities, workers of all ages, and survivors of workers. Our group has been very active in advocating for improved services at all levels in SSA and for the funding necessary to achieve these goals.

We greatly appreciate the statements you have made already regarding additional support for SSA. **We respectfully request that as a key component of that support, $750 million in funding is included in the anticipated economic recovery legislation for replacement of SSA's National Computer Center (NCC) facility and IT equipment. We also request that funding be provided for SSA to address increased workloads that are a result of the severe economic downturn gripping our nation.**

The condition of the NCC facility and IT equipment is alarming. SSA currently manages over one petabyte of data (one million gigabytes). The NCC is almost 30 years old and it will soon be unable to support the critical systems necessary to SSA's mission. Its mechanical and electrical systems are nearing the end of their useful lives. Other components of the current NCC such as the cabling and fire suppression capabilities are disintegrating. A fire within the NCC would be devastating. The worst case scenario would be a full or partial outage of the NCC. This could cripple SSA's ability to send out benefit payments. A full or partial outage of the NCC would also sever the linkage to the agency's Field Offices, Teleservice Centers, Program Service Centers, and Hearing Offices. This would result in it being impossible for these components to function, and more importantly they would be incapable of providing assistance to the over 50 million beneficiaries who rely on SSA.

Moreover, the NCC's capacity to keep up with increasing volumes of work, new and expanded responsibilities, and new ways of doing business is severely limited. **The storage capacity needs of the NCC will nearly quadruple by FY 2014.** Much of this is due to the anticipated increase in the number of Internet transactions conducted between the American public and SSA. It is also due to the transition to 100 percent digital documents for medical records. **SSA is expected to surpass its capacity to electronically store agency records by as early as 2012.** Once the agency reaches its storage capacity it will be unable to transact any new business. SSA would not be able to handle new claims for benefits.

Performing any type of maintenance or repairs on the current NCC is very difficult as SSA must keep its systems running 24/7. For the reasons stated above, it is imperative that work begin quickly. If the NCC is not replaced, SSA's ability to fulfill its responsibilities to the American public could be severely compromised, leading to catastrophic service disruptions, perhaps impairing SSA's ability to process Social Security benefit payments. **The total cost of replacing the NCC, which includes the facility and IT equipment costs, is approximately $750 million.**

SSA will not be able to budget for the replacement cost of the NCC out of the agency's annually appropriated Limitation on Administrative Expenses (LAE) account funding. Historically, the LAE funding has barely kept pace with the resource demands already facing SSA. Addressing the $750 million cost of the NCC through the LAE account would place undue financial strain on an already underfunded agency that has been working to address ever increasing workloads.

It is also becoming very clear that SSA is already experiencing an increase in workloads, customers, and telephone calls which are related to the very severe economic downturn currently facing our nation. These increases are in addition to workloads that have already increased due to the Baby Boomers reaching the critical age to file for Social Security disability and retirement benefits.

Continued on next page

Perhaps the most devastating result of increased workloads without additional resources could be a significant surge in the number of pending disability hearings. The annual number of pending hearings, as compared to earlier in the decade, has already increased by over 400,000. Currently, there is a near record of over 760,000 hearings pending, and over 80,000 have been filed by veterans. The average wait time for a final hearing decision has also increased from about 300 days to about 500 days. This wait time could grow even longer with a surge in hearing requests. The long wait for many to be heard by an Administrative Law Judge has led, and will continue to lead, to bankruptcy, homelessness, the breakup of families and loss of friends, lack of critical medical care, **and sadly, some individuals die while waiting for a hearing.**

All of these factors will continue to make it extremely challenging for SSA to keep up with its workloads. The end result is that it is very difficult for SSA to maintain the quality of service that individuals have paid for, expect, and deserve.

Therefore, we respectfully request that $750 million in funding be included in the anticipated economic recovery legislation for replacement of the Social Security Administration's National Computer Center facility and IT equipment. We also request that funding be provided for SSA to address increased workloads that are a result of the current economic environment. This would provide Congress with the ability to provide resources for these essential infrastructure needs without shortchanging SSA's other administrative expenses.

Our organizations look forward to working with the Obama Administration to ensure that SSA fulfills its responsibilities to the American public and maintains the integrity of the programs the agency administers. We realize that you must make difficult decisions regarding what will be included in the economic recovery legislation. On behalf of our members throughout the country we appreciate your consideration of this request.

Sincerely,

American Association of Social Security Disability Consultants

American Association of People with Disabilities

American Foundation for the Blind

American Federation of Teachers Program on Retirement and Retirees

American Network of Community Options and Resources

Association of Administrative Law Judges

Council of State Administrators of Vocational Rehabilitation

Easter Seals

Epilepsy Foundation

Federal Managers Association

National Association of Disability Examiners

National Association of Disability Representatives

National Association of Professional Geriatric Care Managers

National Committee to Preserve Social Security and Medicare

National Council of Disability Determination Directors

National Council of Social Security Management Associations

National Disability Rights Network

National Organization of Social Security Claimants' Representatives

National Senior Citizens Law Center

OWL—The Voice of Midlife and Older Women

Paralyzed Veterans of America

Social Security Disability Coalition

The Arc of the United States

United Cerebral Palsy

United Spinal Association

VOR-Speaking out for people with mental retardation

World Institute on Disability

NADE Correspondence

www.nade.org

P.O. Box 243
Raleigh, North Carolina 27602-0243
Phone 919.212.3222 or 1.800.443.9359 (ext. 4056)
Email Jeff.Price@ssa.gov

January 8, 2009

President-elect Barack Obama
Obama-Biden Presidential Transition Office
Washington, DC 20001-2732

Re: Please Include $960 million in the Economic Recovery Legislation for the Social Security Administration's Economic Downturn Related Workloads

Dear President-elect Obama:

The National Association of Disability Examiners (NADE) is a professional association whose primary purpose is to represent the nearly 15,000 employees who work for the State Disability Determination Services (DDSs), although our membership also includes personnel from Social Security's Central Office, claimant advocates, physicians, attorneys, and others. This diversity, combined with our immense program knowledge and our "hands on" experience, enables NADE to offer a unique perspective that reflects a pragmatic realism regarding Social Security and SSI (Supplemental Security Income) disability programs. Our members are on the front lines in providing service to the millions of Americans who file each year for Social Security and/or Supplemental Security Income (SSI) disability benefits. We also process the first appeal for denied claims and the Continuing Disability Review (CDR) claims by which SSA and the DDSs seek to determine if those previously awarded such benefits remain entitled to receive them.

We greatly appreciate the public statements you have made regarding the necessity for additional support for SSA. **In communicating with you and your team at this time, our purpose is to respectfully request that, as a critical component of that support, an additional $960 million in funding be included beyond SSA's projected budget request for $11.5 billion.** These additional funds are absolutely necessary to insure that SSA and the DDSs can meet the increased workload expected as a result of the severe economic downturn that is gripping our nation. These additional funds can rightfully be included in the anticipated economic recovery legislation for SSA. SSA has estimated the additional costs of processing the expected increase in disability and retirement benefits claims will require an additional $960 million over the next two years (FY 2009 to 2010). We also hasten to point out that if the economic downturn lasts longer than projected, or its impact is worse than expected, an even higher increase in the number of claims filed will be expected, resulting in even higher processing costs.

In its Budget and Economic Outlook Report issued January 7, 2009, the Congressional Budget Office (CBO) forecast that the economic recession will last through 2009, making it the longest since World War II. The CBO predicted that the recession, which officially began in December 2007, would continue for another year with **unemployment projected to reach 9 percent in early 2010** (unemployment averaged 5.7 percent in 2008 and is predicted to climb to 8.3 percent in mid-2009). With 1 of every 11 Americans of working age unable to find work, many will turn to SSA's retirement and disability programs to provide a safety net. SSA must be able to respond quickly to this expected significant increase in applications caused by soaring unemployment. We note that, already, applications for Social Security and SSI benefits have increased considerably in a very short period of time. Retirement claim applications increased 15 percent for the December 2008 quarter compared to the December 2007 quarter and disability applications increased 7 percent over the same period. Perhaps the most alarming statistic is that claims for new hearings have increased by 11.6 percent. At the end of December, 2008, SSA's Hearing Offices reported an all time record number of 768,540 pending hearings. About 85,000 of those waiting for their claim to be heard by an Administrative Law Judge are veterans.

SSA Field Offices have witnessed a stunning escalation in the number of people entering their doors to seek assistance. This has led to increased wait times and increased frustration, both for SSA's customers and for SSA's employees. Even the ability to answer incoming telephone calls has been negatively impacted, with at least 45 percent of customers who call SSA Field Offices for assistance receiving a busy signal or being told to call back. The busy rate for SSA's 800 Number has increased to 20 percent since the beginning of this Fiscal Year (2009), double the rate SSA had projected. On January 5, 2009, a now typical day, the busy rate was 43.7 percent!

The State DDSs across the nation report severe staff shortages that have escalated in recent years and are now are causing significant disruptions in their ability to provide quality service. **The attrition rate for the DDSs in FY 2008 was 15%!** Unfortunately, this attrition has come at a critical time, with the increase in the number of new claims filed adding to an already increased workload that is currently 200-300% above what is considered to be the optimal caseload for disability examiners. The workload increases have come while the DDSs have been making the transition to an electronic, rather than paper, work environment. While the conversion to the electronic environment was expected to produce savings in processing time and a subsequent reduction in workloads, this has not proven to be the case as DDS staff has had insufficient time to adapt to the new changes. Experienced staff have chose to retire or leave for other jobs as the workloads in the agencies have soared to unprecedented heights, leaving new hires and other inexperienced staff to handle the crisis. Even if the DDSs can replace these experienced workers with new staff, **the time required for new hires to become proficient in the processing of disability claims is three years.** Obviously, the DDSs cannot afford to continue to lose their experienced staff and expect to continue to provide quality service to those seeking assistance.

In previous communications with your office, NADE has joined other professional organizations who share a mutual interest in Social Security's ability to provide quality service to those who seek assistance from our Agency, and suggested that SSA's administrative budget for FY 2010 be at least $11.5 billion. Although this figure was 10% more than FY 2009's budget of $10.4 billion, it is now clear that, with the increase in the number of applications for retirement and disability benefits, this level of funding will not be sufficient to address the increase in workload.

We strongly believe the inclusion of at least $960 million in the economic recovery package for SSA to address the unexpected increase in workloads related to the economic downturn is absolutely essential. We also should note that this funding request would be in addition to the $750 million that we, in conjunction with many other professional groups and associations, have asked for with regard to the National Computer Center (NCC) which we believe to be absolutely critical to the ability of SSA to meet current and future demands for service. The $960 million highlighted in this communication would better allow SSA to directly serve the American public at a time when many need it most. We note that, during this critical time when so many of our citizens have been negatively impacted by the economic downturn, our government must be able to respond effectively and efficiently to requests for assistance. By providing resources to SSA's operations components such as Field Offices, TeleService Centers, Program Service Centers, DDSs, and Hearing Offices, it would provide immediate and direct improvements in service and timely assistance to the public. We would like to point out that across the board, SSA's on duty staffing is at nearly its lowest level in over 30 years, and the agency will find it difficult at best to address the added responsibilities and requests for assistance.

NADE is very interested in working with the Obama Administration to ensure that SSA can provide the best service possible to the American public and, simultaneously, maintain the integrity of the programs the agency administers. We realize that, as President, you will have to make difficult decisions regarding what will be included in the economic recovery legislation, but we strongly urge you to provide the additional $960 million to SSA so that the Agency, which is the one federal agency that, sooner or later, will provide some form of service to nearly every American, can effectively and efficiently address the needs of those Americans who have been impacted by the current economic environment and who are now turning to SSA to provide them with a safety net.

On behalf of our members and the nearly 15,000 DDS employees we represent, we appreciate your consideration of this request.

Sincerely,

Jeffrey H. Price
Jeffrey H. Price
NADE Legislative Director

Georgina Huskey
Georgina Huskey
NADE President

nade
National Association of Disability Examiners

January 10, 2009

Debra Tidwell-Peters
Social Security Administration
3-E-26 Operations Building
Baltimore, Maryland 21235

Re: Establishment of the Occupational Information Development Advisory Panel

Dear Ms. Tidwell-Peters,

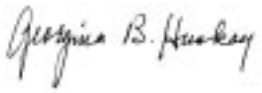
The National Association of Disability Examiners (NADE) is a professional association whose primary mission is to advance the art and science of disability evaluation. Our membership includes personnel in Social Security Administrations' Central Office and Field Offices, claimant advocates, physicians, attorneys, and others. However; the majority of our members work in the state Disability Determination Services (DDS) offices and are directly involved in the adjudication of claims for Social Security Disability (SSD) and Supplemental Security Income (SSI) benefits. The diversity of our membership combined with our immense program knowledge enables NADE to offer a unique perspective that reflects a pragmatic realism regarding the SSD and SSI programs.

I recently received the announcement concerning the establishment of the Occupational Informational Development Advisory Panel that will be examining the options for replacing the current Dictionary of Occupational Titles (DOT). As part of the Social Security Disability Program's sequential evaluation process the DDS adjudicative staff utilizes the DOT on a daily basis. The current DOT is an integral part of the thousands of medical/vocational disability decisions we render each year. The need to update the DOT has long been an area of concern for NADE members. It is for this reason that I respectfully request NADE's participation on the Occupational Informational Development Advisory Panel. In an effort to facilitate NADE's participation on this panel, I would like to suggest that the panel meetings be conducted in any of the following cities and states: Los Angeles, California, San Francisco, California, Oklahoma City, Oklahoma, Jefferson City, Missouri, Columbus, Ohio, Newark, New Jersey, Raleigh, North Carolina, St. Louis, Missouri, Buffalo, New York, Roanoke, Virginia

I am confident that the knowledge and expertise our NADE members will bring to this workgroup will ensure that the disabled citizens of this country receive the accurate decisions that they deserve.

Thank you for your consideration in this matter.

Sincerely,



Georgina Huskey
NADE President

NADE Member News

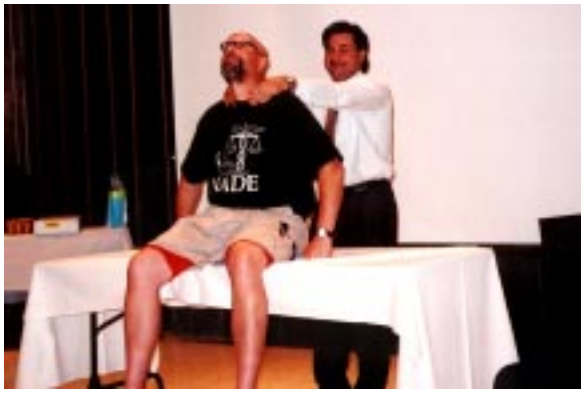
Have you taken any great NADE photos?

Send them either electronically (jpg) or prints to the Advocate staff:

Donna Hilton, Advocate Editor, or your Regional Publication Representative.

Michigan Professional Relations Officers had the opportunity to meet Commissioner Astrue at the National Conference Presidents' Reception. From left: Tom Ward, Marcia Shantz, Commissioner Astrue, and Mimi Wirtanen.

Congratulations to Kathy Pierson (Oklahoma) on receiving the National Frank Barclay Award!



Dr. Scott Lazzara performs an examination on Tom Ward during his presentation , "What Really Happens During a CE" to the MADE Training conference

National Conference Coverage

Disability Issues in Organ Transplant Recipients and Living Donors

Presented by J. Michael Mills MD, Professor of Surgery and Director of the University of Chicago Transplant Center

By Jessica Andrews, Ohio DDS

DR. J. MICHAEL MILLS PROVIDED the first medical lecture of the 2008 National NADE Conference by explaining that transplantation is a "team sport." Transplant recipients are the captain of the team and they are disabled. It is up to the medical team to communicate in order to bring the captain back to a healthy, fulfilling level of life. The Disability Adjudicator is a major component of this team.

Over the long run, getting recipients on disability is a significant cost savings. The listings allow for most transplant recipients to be considered disabled 12 months from the date of the transplant and evaluated thereafter. Medicare covers immunosuppressant medications 3 years from the date of the transplant with further coverage based on disability. Immunosuppressant medications cost $13,000 annually. However, if a recipient cannot obtain the funds and support to afford these important medications, they will stop taking them. This will result in rejection, retransplantation, and possible dialysis – a cost of $53,000 a year. Transplant recipients suffer from not only the physical disabilities of being more susceptible to disease and requiring chronic medication use, but they also suffer from financial disability. With SGA at $940, this equates to $11,280 a year — $2,000 less than the annual cost of immunosuppressants. It is imperative to fully evaluate transplant recipients for disability and provide them the funding they need.

Of living donors, 50% of transplants are kidney, 30% are pediatric liver, and around 1% are adult liver. Kidney donors can be of two types, open and laparoscopic. The benefits of laparoscopic donation include decreased pain and a shorter hospital stay. All living donors enter the hospital healthy, assuming no complications or disabilities. However, some complications do exist. For instance, the median return to work time for a living donor is 8 weeks. However, donors failing to return to work within 4 weeks usually attribute this to recipient issues and health.

Deceased donations make up the most transplants. At the time of the lecture, 99,553 people were on the transplant list. Of these, 75,000 were in need of a kidney, 12,000 were in need of a liver. However, only approximately 8,000 organs become available through deceased donors in a year. This leaves a serious gap between available organs and those in need of those organs.

To help combat these shortages, states have implemented donor registries. Over the last 5 years, states have begun adopting a policy called "First Person Consent" in which the wishes indicated by the potential donor are legally binding, though this is not without controversy.

In deceased donations involve a process called Declaration of Cardiocirculatory Death—this is in instances of severe neurological injuries not quite severe enough for brain death. Once the family has decided to remove the individual from ventilation, the individual will die within 60 minutes. Death is declared 2-5 minutes after cardiac activity ceases. It is important to know that the transplant team does not become involved until cardiac death is declared.

Dr. Mills reminded the delegation that plenty of ethical grayness regarding transplantation still remains. The future promises improved, yet potentially controversial, preservation systems to store organs longer. Additionally, regulation of transplantation is not prevalent throughout the world. Transplant tourism continues to be a significant issue as well as "organ markets."

Transplantation is a significant topic that is relevant to the disability community. Physical, financial, and global ethical issues continue to change the dynamic of transplantation.

NADE wishes to thank the following corporate members:

Allspeak Interpreting Service, Glendale CA

Bertha Litwin & Assoc. Sherman Oaks CA

Izzi Medical Associates Los Angeles CA

Kevin Linder, Springfield IL

Lan DO & Associates, San Francisco CA

Levy & Associates, St. Louis MO

MSLA Medical Corporation Pasadena CA

New Top 10 Vocational Errors

by Sharon Belt, Jefferson City, Missouri DDS

TOM JOHNS, THE SSA BRANCH Chief for the Dallas DQB presented his updated list of top 10 vocational errors in a breakout session at the NADE National Conference in Nashville, TN on September 17, 2008.

The errors are:

10 - The adjudicator went directly to Step 5 without addressing Step 4.
This is allowed under certain circumstances in Prototype states.

9 - Ignoring the vocational aspects of a case until the RFC or PRTF/MRFC are completed. This results in case delays while the vocational information is obtained, when it could have been done concurrently with the medical development.

8 – A technical entitlement requirement, such as DLI or PP, is in the past and all work history is for the current period. Make sure the vocational development is for the appropriate time period.

7 – An 821 is in the file and is taken for gospel but is clearly wrong. This could be due to mathematical errors or just oversight. Be sure to check the math on SGA determinations, especially when the claimant reports income for a period other than monthly. The correct calculation is the weekly income multiplied by 4.33 to obtain monthly income for determining SGA.

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. (SGA, worked long enough to have been successfully learned (SVP), and within the last 15 years)

5 – Failing to rationalize a critical vocational choice such as borderline age or transferability of skills. The reviewer must be able to see how the adjudicator arrived at their decision.

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. If the claimant can't do part of the job, they can't do the job.

OR

A case is allowed due to significant erosion of the remaining occupational base but the claimant's description of the PRW matches the RFC. If the claimant describes the work in a way that it is within their RFC, then they are able to return to the work, even if the RFC is less than sedentary.

3 – Completing the vocational analysis on the basis of job titles alone. Make sure the description matches the job title given by the claimant, and not some other job.

2 – Inconsistencies in the file have not been resolved. Things like when there is no work listed, but it's a Title II claim.

1 – There is no 3369 or the 3369 is incomplete and the claimant has had multiple jobs in the past 15 years. Unless the adjudicator is allowing the claim by meeting or equaling a listing, ALL jobs in the past 15 years must be described in order to allow for medical-vocational reasons or to deny to other work (Prototype states have an exception on denials).

Certifications Update

by Ellen Cook, Professional Development Chair

THE FOLLOWING MEMBERS HAVE BEEN recently Certified as Disability Professionals under NADE's Certification Program. Congratulations to:

Judith Schroeder WV Sept 2011
Pax Gallagher WA Dec 2011
Ramon Valdes-Rijos WA Dec 2011
Marcia Glick NY Dec 2011

These members have successfully met the requirements for Re-Certification as Disability Professionals.

Sharon Summers TN Nov 2011
Dean Crawford OK Sep 2011
Jeffrey Price NC Sep 2011
Theresa Klubertanz IL July 2011
Jan Goehner WA Nov 2011
Gabriel Barajas WY Dec 2011

Please see the NADE website under Careers, then Certification to obtain complete information about NADE's Certification Program.

Career Opportunities

EDGEWOOD COLLEGE

DISABILITIES SERVICES COORDINATOR

Edgewood College is seeking a Disabilities Services Coordinator to coordinate services for students with disabilities; develop and implement academic support programs for students; provide direct academic support to a wide variety of students.

Responsibilities: Manages, plans, and oversees the administration and budget of all programs and services ensuring compliance with Federal ADA regulations to accommodate persons with disabilities; reviews and analyzes medical, psychological, and educational documentation to determine reasonable accommodations for students with disabilities; hires and supervises interpreters, captioners, and note takers providing services to students with disabilities; consults with and provides outreach to other campus officials and faculty on matters related to disabilities and the services provided; counsels students with disabilities and at-risk students on college transition, study skills, and organization; oversees acquisition of adaptive technology on campus, provides training on the use of that software and equipment, and manages conversion of textbooks and classroom materials to alternate formats; reviews case law and statutes related to disabilities law; provides direct academic support to students who are academically underprepared or at-risk; and participates on college committees.

Qualifications: Master's Degree in learning disabilities, special education, rehabilitation counseling or a related field, and a minimum of three years experience in higher education disabilities services; experience working with students with physical, mental health, and learning disabilities; experience working with at-risk/academically underprepared students; proven teaching/tutoring/mentoring skills; knowledge and application of Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, including the ability to interpret psycho-educational reports and other disability related documentation to determine appropriate accommodations for students with disabilities; knowledge of research and theories in fields of student development and developmental education at the post-secondary level; ability to teach and present ideas effectively to students of varying abilities; strong planning and organizational skills; strong interpersonal skills in a team setting and on an individual basis; tact and patience in dealing with students; sensitivity to cultural differences in learning; skill in fostering independent learning in students; and knowledge of adaptive technology and alternative media.

The candidate must actively support the mission of the college by working with faculty, staff and students to share in our core values - truth, compassion, justice, partnership, and community.

To view the complete job description: http://employment.edgewood.edu/Disabilities%20Services%20Coordinator.pdf

To apply: Send a cover letter, resume, a list of references to:

Edgewood College
Human Resources – **DSVC**
1000 Edgewood College Drive
Madison, WI 53711
E-mail: humanresources@edgewood.edu
www.edgewood.edu
Equal Opportunity Employer

Paid Advertisement

Insight Into Working With Veterans

submitted by John Tholen, Ph.D.

PSYCHOLOGIST JOHN THOLEN, WHO HAS been treating disabled workers in the Long Beach area for the past 28 years, provided in-service education at Camp Pendleton recently to the therapists who treat our injured Middle East war vets. Dr. Tholen, author of *Winning the Disability Challenge: A Practical Guide to Successful Living* (New Horizon Press, 2008), will present the "empowerment" approach advocated in his book for managing the emotional effects of disability.

Dr. Tholen notes that advances in medical technology are now saving thousands of our soldiers whose combat wounds would have previously been fatal. In World War II 30% of our wounded soldiers died. In the current conflicts in Iraq and Afghanistan about 90% are surviving. As a result, large numbers of our vets face major challenges as they re-adjust to civilian life with serious permanent physical impairment.

"Even if we welcome them home as heroes and provide them with good medical care and a reasonable disability benefit, our wounded vets are likely to face major adjustment challenges," reports Dr. Tholen. "Virtually every person exposed to a war zone is emotionally harmed as a result, but those who sustain permanent physical injury are likely to be far more profoundly affected."

"Combat situations almost always cause us to remain hyper-alert to danger even after we're out of harm's way. Sleeping, or even just relaxing, can become nearly impossible," states Dr. Tholen. "A sudden movement or noise can produce either terror or aggressive self-defense. It may seem that we've entered a different, more dangerous world, while everyone else has remained behind in a separate reality. These PTSD symptoms can be treated, and will usually diminish over the course of 12 to 18 months. But when we also lose our physical capacity to work, or to engage in our favorite recreational activities, it becomes much harder to let go of the past."

Combat situations almost always cause us to remain hyper-alert to danger even after we're out of harm's way. Sleeping, or even just relaxing, can become nearly impossible.

Dr. Tholen notes, "When we become disabled life can seem turned upside-down. Whatever plans we had for the future can suddenly seem irrelevant. Our normal sense of security and self-confidence can vanish, and feelings of helplessness can cause us to become passive and unproductive. Even those who care about us most are likely to have trouble consistently understanding what we're experiencing. And our troubled mood is likely to cause us to sometimes act in ways that contribute to our sense of alienation."

In *Winning the Disability Challenge*, Dr. Tholen emphasizes that these disturbing thoughts and emotions are understandable, normal, and *manageable.* "Although it may be difficult to see in the midst of the crisis, we can almost always find reasons to be both grateful and hopeful. Becoming disabled represents a major life *crisis*, but it doesn't have to be a *catastrophe*. Each of us retains the capacity to survive, adjust, and *even thrive*. Although it's normal are initially preoccupied with what we've lost, even after becoming disabled we remain capable of creating a rich and meaningful life. This is true because we almost never lose our capacities to learn, grow spiritually, express ourselves creatively, contribute to important causes, explore personal interests, and strengthen our personal relationships."

Dr. Tholen advises his disabled patients, "By focusing our attention on the simplest of moment-to-moment decisions (e.g., whether to turn on music, call a friend, write a letter, read something inspirational, take a walk, make an appointment, draw a picture, etc.), we exercise greater power in determining the quality of our life experience. By learning to 'turn over' and 'let go' of regrets about the past and fears about the future, we can achieve greater peace of mind."

"As devastating as it may initially seem," reports Dr. Tholen, "disability can actually be made into a *turning point,* an event that leads us to a path of more rewarding life experience."

Spotlight on Corporate Members

MDSI – Utah Based Company in Disability Evaluations Continues Nation-Wide Expansion

by Karen Beyer, Pacific Publications Representative

MDSI IS A RECOGNIZED leader in providing medical and disability evaluations across the United States. Since their beginning in 1985, MDSI has grown to become a nation-wide provider of evaluations throughout 11 states from California to Florida. Over 300 physicians perform physical and mental exams at 75 clinic locations serving a total of 32 DDS offices.

Corporate headquarters is located in Ogden, Utah. From here, the corporate staff coordinates and manages all the activities of MDSI's clinic facilities. Four principle owners, Kirk, Brad, Mike and Jeff Powell, manage the oversight and direction of MDSI. Yes, they all have the same last name and are all brothers. Each one brings a unique set of skills to the company. Kirk is the CEO and has a strong knowledge of the company's beginnings and is very good with marketing. Brad is a great numbers man, and serves as CFO. Mike has excellent communication and organizational skills; he benefits the company as its COO. Jeff focuses his time on all the information systems, and has worked to develop many of MDSI's online systems and new technologies. Then, a strong management team consisting of seasoned employees Jennifer Fryer (Operations), Becky Burton (Transcription and Quality Assurance) and Cindy Kitcher (Accounting) makes it all happen day to day.

The evaluation reports, dictated by physicians following the exams, are all processed through a voice-dictation server that accommodates up to 16 physicians dictating at the same time on busy weekends. The physician's dictations (which are now recorded as voice files) are then securely downloaded and transcribed by a staff of 45 home-based medical transcriptionists employed by MDSI. This is a unique group of mostly women, who have received specialized training and demonstrate a very high skill level in medical word processing. Mike Powell, Chief Operations Officer states that, "The quality of the report is of utmost importance and is what we continually strive for, second is achieving a good turnaround time."

In addition to performing and reporting on the medical exams, MDSI also conducts and facilitates requests for additional testing (i.e., x-ray, lab, PFT and EKG). These reports and findings are scanned into PDF format and uploaded at the same time as the corresponding evaluation reports. 100% of the evaluations and tests requested by DDS offices are uploaded via the Social Security ERE website. Many CE requests initiated by the DDS offices are also downloaded by MDSI from this site. These and other on-line processes that MDSI has developed, enable faster and faster turnaround time without sacrificing quality.

MDSI's position as a leader is indicative of an innovative, comprehensive approach and uncompromising commitment to high standards in delivering quality and timely evaluations.

"Our Mission is to Continually Deliver the Highest Quality Evaluations on a Timely Basis"

NADR Addresses Concerns of Claimant Representatives

by Donna Hilton, Publications Director

IN MARCH OF 2000, A group of professional disability representatives organized to form a new professional association. The National Association of Disability Representatives (NADR) was formed by 35 representatives who wanted to create an organization to address the concerns facing them and their clients. The association grew quickly but they stay focused on their goals.

The NADR mission is to serve the membership needs in the areas of professional education and political action. They work to enhance the skills of their membership to better serve the disabled communities across the country.

Membership is open to any individual involved in, or associated with the practice of Social Security Disability law. Their membership is comprised of many past SSA and DDS employees, attorneys, social workers, mental health advocates, medical professionals, vocational professionals, and legal assistants.

The association provides a toll free referral service to claimants seeking disability representation. They have held national and "mini" conferences to provide educational seminars. NADR stays tuned in to legislative issues and provides an active lobbying presence in Washington D.C. to represent the interests of NADR and their clients. As a direct result of their lobbying efforts, they were successful in securing a demonstration project for fee withholding for non-attorneys and supported SSI fee withholding for all disability professionals. Fee parity and overall improvements in the disability process continue to be a goal of this association. More information can be obtained on the web at www.nadr.org. Current officers are:

President **Chris Marois** (chris@andersonmarois.com) of Anderson, Marois & Associates

Vice President **Art Kaufman** (artk@gsinet.net) of Accu-Pro Disability Advocates

Secretary **Victoria Merritts Hogan**, (merrittshogan@gmail.com)

Treasurer **Martha Gonzales** (mrgon825@aol.com) of MG Disability, LLC

Directors-at-Large

John Butler (butlerliteup@aol.com) of Christian Disability Rep

Trisha Cardillo, (trisha@ssdisabilityassistance.com) of Disability Assistance

Scot Whitaker, (scot@musedisability.com) of Muse & Associates

National Office **Administrator — Julie Phelps**, (julie@nadr.org)
202-822-2155

Administrator —Al Gonzales, (al@nadr.org)

Membership Issues

NADE Presentation to Prospective Members

What is NADE?

NADE is the National Association of Disability Examiners. It is the only professional association for those who are engaged in adjudicating disability claims for the Social Security Administration, i.e., those who are employed in the DDSs. NADE was founded in 1963 as part of the National Rehabilitation Association (NRA). NADE became an independent organization in 1978. Visit NADE online at **www.nade.org.**

What does NADE do?

NADE represents you as a professional and NADE is your voice at the policy tables of SSA and in testimony before Congress. NADE's leaders meet regularly with SSA officials, congressional officials, and leaders of other government agencies such as the Government Accountability Office (GAO), Congressional Budget Office (CBO), Office of Management and Budget (OMB), Social Security Advisory Board (SSAB), and other agencies whose acronyms dominate the news out of Washington. NADE is widely recognized for its expertise and credibility. NADE offers its members the opportunity to create and shape their future as disability professionals and support professionals.

NADE offers professional certification as a disability professional, support professional and medical or psychological consultant. Certification is based on successful completion of specific training requirements and must be renewed every 3 years. The certification program is designed to insure that NADE members remain highly trained and motivated and that they do not become dinosaurs within their own profession.

NADE sponsors training conferences that feature the best in medical training, administrative updates from SSA administrators, including the Commissioner, and top motivational speakers, such as Patch Adams, M.D., who spoke at our 2005 conference. NADE members can talk to the policy makers who make decisions that affect their future as professionals. Members can insure that their own training is current, is received from experts, and is directly applicable to their job. Members can see the nation by attending NADE training conferences from Maine to California, and Alaska to Puerto Rico.

NADE publishes position papers on disability topics such as eliminating the 5 month waiting period for Title II disability benefits, the 24 month waiting period for Medicare, and the Commissioner's New Approach Initiative. These position papers are shared with Members of Congress, GAO, OMB, etc. to insure that our voice is heard.

NADE offers a national and regional awards program – professional recognition from your peers for notable achievements as disability professionals, support professionals and staff personnel. NADE also offers awards for outstanding leadership.

NADE Communications, e.g., *The NADE Advocate* – professional journal.

How does NADE do all this?

NADE is a member driven, member led organization. Over 90% of NADE's budget is supported directly by members' dues payments. NADE does not accept money from SSA so that we can maintain our independence and speak freely and clearly on the issues.

Many of our members accept the challenge to assume important leadership roles within the NADE organization. NADE's leadership is responsive to the Association's members and the Association's members are responsive to the national leadership.

What does NADE do locally?

This is basically up to the leadership of the local NADE Chapter but most NADE Chapters are actively engaged in: (1)Community service projects, which help to build camaraderie among members and, as a consequence, enhances the work environment; (2)social events that are held both during, and after, work, which allow members to get to know each other in a non-work environment which, as a consequence, makes for an improved work environment, (3)training opportunities, such as Lunch 'N Learn Seminars, which make for an improved work environment; (4)leadership opportunities at the DDS which make for an improved work environment by building communications between DDS administrators and the staff.; (5)host recreational events such as softball/volleyball games; (6)holding fundraisers that allow local chapters to host social events, pay for speakers, provide scholarships, maintain video/text libraries for DDS personnel, provide financial support for various charities, encourage attendance at NADE conferences, etc.

The main focus for most NADE chapters is to provide opportunities for their members to have fun, to make friends and to utilize their individual skills and talents for the benefit of others as well as enhancing their own personal and professional growth. Membership in NADE allows for the development of an increased global awareness of the importance of the work of the DDS and the need to maintain public confidence in the disability program.

How is NADE governed?

A national Board of Directors composed of: (1) Five executive officers who are elected annually by the membership; (2) Seven regional directors who represent 7 geographic regions of the nation and who are elected by members in those respective regions for two year terms; (3) Three directors who are appointed by the NADE president; (4) Council of Chapter Presidents Chairperson, elected by the membership of this Council. The NADE President also appoints various standing and ad hoc committees and their chairpersons.

How much are the membership fees?

Only $50 per year for professional members, $25 per year for support staff/retired members. Checks and credit cards are accepted. So is cash. You can join online at **www.nade.org.**

What's in it for me?

EFFORT (**E**nthusiasm, **F**un, **F**riendships, **O**pportunity, **R**esponsibility, and **T**raining) = Personal and Professional Success! What's a new friend worth? What's the value of new opportunities? Is there a world beyond the cases piled on my desk? Yes! NADE can help show you the forest that lies beyond the trees.

Michele Namenek, Membership Director

You hold the key.....

To report fraud, waste, abuse or mismanagement.

Call: 1.800.269.0271

Write: SSA Fraud Hotline
P.0. Box 17768
Baltimore, MD 21235

Fax 410.597.0118
e-mail
oighotline@ssa.gov

MEMBERSHIP RECRUITMENT GRANTS and MEMBERSHIP AWARDS

The NADE Board sets aside a certain amount of money each year in its budget for membership recruitment grants. Local chapters may apply yearly for these grants to assist in membership recruitment efforts.

Currently, the Membership Director is authorized to grant $50 to individual chapters to help defray costs of recruiting members.

A chapter can apply for a grant by contacting the Membership Director in writing (email is acceptable) and explaining how the grant money will be used. Once reviewed and approved, the Membership Director will direct NADE's treasurer to send a check to the chapter's designee (usually the chapter president, membership chair or treasurer).

NADE's membership director and regional representatives on NADE's membership committee are ready, willing and able to offer advice and assistance to local chapters in recruitment and retention efforts. They have a wealth of ideas and promotional materials that can be shared, including examples of letters and posters that can be used in local chapters. Please contact any one of the membership committee members if assistance is desired. The Membership Director is listed in the NADE Advocate and on NADE's web site at: www.NADE.org.

While it is not a requirement, sharing news of successful recruitment efforts with other chapters via communication with the Membership Director and/or the President of the Council of Chapter Presidents is always appreciated.

Chapters (large, medium and small) who do outstanding jobs in recruiting new members are recognized and receive monetary awards at both Regional and National Conferences.

NADE's strength is its numbers. Chapters are encouraged to apply for grants and compete for membership awards and employ active recruitment efforts to maintain our efficacy as an organization and ensure our voices are heard.

Committee Updates

NADE Medical Consultant AD HOC Committee Serves As Medical Advisory Source

by Lisa Varner, PhD, South Carolina DDS

THE 2008-2009 NADE Medical Consultant (MC) Ad Hoc Committee includes NADE members from a variety of backgrounds and geographical areas. This committee is comprised of the following individuals:

Lisa Varner, PhD (South Carolina) – Chair
Paulette Harar, MD (California)
Linda Highsmith, M.Ed., CCC-SLP (North Carolina)
Carolynn Parsons, MD (Kansas)
Dale Peterson, PhD (Maryland)
Acisclo Marxuach, MD (Puerto Rico)

The Committee would also like to recognize the valuable contributions of Michael Carter, PhD (Georgia), who served as a member until his passing in October 2008.

The NADE MC Ad Hoc Committee serves the NADE Board and NADE members by performing several important functions. It provides input to the NADE Board on proposed medical listing changes prior to Notice of Proposed Rule Making (NPRM) publication by SSA. In addition, the committee obtains input as requested by the NADE board regarding issues that are of concern to DDS (Disability Determination Services) medical, psychological, and speech-language pathology consultants. The MC Ad Hoc Committee also works with the NADE President to determine the most appropriate method of addressing concerns and issues raised by DDS medical, psychological, and speech-language pathology consultants.

Already this year, the NADE MC Ad Hoc Committee has assisted NADE in several ways. In fall 2008, the committee responded to NADE President Georgina Huskey's requests for comments regarding the (a) POMS MC signature issue on combined ratings and (b) Integrated Disability Process Medical Source Statements Workgroup Report. MC Ad Hoc Committee comments were submitted for use in drafting NADE's response to these issues.

NADE is the voice for those who work in the evaluation of Social Security disability program claims, and the MC Ad Hoc Committee is an important means by which DDS medical, psychological, and speech-language consultants can make their views known to NADE. NADE members are encouraged to contact this committee with their ideas, comments, and concerns that pertain to DDS medical, psychological, and speech-language pathology consultants. Contact information for the committee can be found on the NADE website.

Resolutions

by Peter D Fox, Resolutions Chair

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

Our tried and true format for resolutions:

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

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

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

Please send your ideas and resolutions to:

Peter D Fox, Resolutions Chair
3150 NE Lancaster Dr
Salem OR 97305
email: Peter.D.Fox@ssa.gov
or contact one of the regional members on the Resolutions committee.

NADE Board Members 2008-2009

OFFICERS

PRESIDENT
Georgina Huskey
3435 Wilshire Blvd
Suite 1600
Los Angeles, CA 90010
213.736.7088
Fax 213.736.7117
georgina.b.huskey@ssa.gov
Unit Supervisor

PRESIDENT ELECT
Susan Smith
5781 Coldcreek Dr
Hilliard, OH 43026
614.438.1879
Fax 614.438.1305
susan.x.smith@ssa.gov
Disability Adjudicator III

PAST PRESIDENT
Chuck Schimmels
PO Box 24400
Oklahoma City, OK 73124-0040
405.419.2254
Fax 405.419.2786
charles.schimmels@ssa.gov
Unit Case Consultant

SECRETARY
Tonya Scott
PO Box 2200
Stone Mountain, GA 30086
678.639.2411
Fax: 678.639.2450
tonya.scott@ssa.gov
Unit Supervisor

TREASURER
Sharon Belt
1500 Southridge Drive Suite 100
Jefferson City, MO 65109
573.526.2204
Fax 573.526.3788
sharon.belt@ssa.gov
Hearing Officer

REGIONAL DIRECTORS

GREAT LAKES
Tom A Ward
9841 S 6th Street
Schoolcraft, MI 49087
269.337.3509
tom.a.ward@ssa.gov
Professional Relations Officer

GREAT PLAINS
Mark Bernskoetter
2530-I South Canpbell
Springfield, MO 65807
417.888.4133
Fax: 417.888.4069
mark.bernskoetter@ssa.gov
District Supervisor

MID-ATLANTIC
Melissa Phillips
111 Franklin Road SE Suite 250
Roanoke, VA 24011
540.857.7743
Fax: 540.857.6374
melissa.phillips@ssa.gov
Case Consultant

NORTHEAST
Susan LaMorte
675 Joralemon Street A-10
Belleville, NJ 07109
973.648.7728
Fax: 973.648.2580
susan.lamorte@ssa.gov
Administrator of HR,Systems,
Budget & Bldg Management

PACIFIC
Andrew Martinez
1599 Green Street #303
San Francisco, CA 94123
510.622.3385
andrew.martinez@dds.ca.gov
Team Manager

SOUTHEAST
Donnie Hayes
3301 Terminal Drive
Raleigh, NC 27604-3896
919.212.3222
Fax: 888.222.5763
donnie.hayes@ssa.gov
Hearing Unit Supervisor

SOUTHWEST
C.J. August
25 Milton Loop
Los Lunas, NM 87031
505.841.5679
Fax: 505.841.5743
cassandra.august@ssa.gov
Disability Adjudicator

CHAIRPERSON-COUNCIL OF CHAPTER PRESIDENTS

Patricia Chaplin
7545 South Lindbergh, Suite 220
St. Louis, MO 63125
314.416.2805
Fax: 314.416.2846
patricia.chaplin@ssa.gov
Disability Counselor II

APPOINTED DIRECTORS

LEGISLATIVE
Jeff Price
PO Box 243
Raleigh, NC 27602
919.212.3222 ext 4056
jeff.price@ssa.gov
Quality Assurance Specialist

MEMBERSHIP
Michele Namenek
4928 E. River Road
Grand Island, NY 14072-1135
716.847.3637
michele.namenek@ssa.gov
Supervisor

PUBLICATIONS
Donna Hilton
1117 Sunshine Drive
Aurora, MO 65605
417.678.4001
Fax: 417.678.4538
drhilton@suddenlink.net
Disability Consultant

NADE Ad Hoc Committee Chairpersons

MEDICAL CONSULTANTS AD HOC
Lisa Varner
303 Cardinal Drive
Greenville, SC 29609-6812
864.414.3591
lisa@ondrovic.com

PROFESSIONAL RELATIONS AD HOC
Stacey Miranda
Disability Determination Services
P.O. Box 15711
Wilmington, DE 19985
302.324.7650
302.324.7696
stacey.miranda@ssa.gov

RETIREES AD-HOC
Marty Blum
52 Berry Ave
Staten Island, NY 10312
718.984.1055
blumotis26@aol.com

PROFESSIONAL CERTIFICATION EXPLORATORY
Brenda L. Rouse
1237 W Divide Avenue
Suite #4
Bismark, ND 58501
701.328.8721
brenda.l.rouse.@ssa.gov

NADE Committee Chairpersons

AWARDS
Leola Meyer
1281 Hwy 51 North
Madison, MS 39110
601.853.5487
Fax: 877.745.5458
leola.meyer@ssa.gov

CONSTITUTION & BYLAWS
Joe Rise
23601 112th Ave SE
Apt A103
Kent, WA 98031
206.654.7206
joe.rise@ssa.gov

DDS ADMINISTRATORS/ SSA LIAISON
Edie Peters Liguori
35 Van Ryper Place
Belleville, NJ 07109
973.648.6983
fax 973.648.3238
edie.peters-liguori@ssa.gov

ELECTIONS & CREDENTIALS
Peter D. Fox
29262 Robinson Road
Monmouth, OR 97361
503.986.5013
peter.d.fox@ssa.gov

HEARINGS OFFICER
Kila Jill Timmins
7575 Metropolitan Drive
San Diego, CA 92105
619.278.4733
jill.l.timmins@ssa.gov

HISTORIAN
L. Kay Welch
387 Oxford
Aberdeen, MD 21001
410.308.4366
Fax 410.308.4300
linda.welch@ssa.gov

LITIGATION MONITORING
Sharon Summers
200 Athens Way
Plaza Tower II
Nashville, TN 37228
615.743.7360
Fax: 615.253.0015
sharon.summers@ssa.gov

NATIONAL DISABILITY PROFESSIONALS WEEK
Margaret Yeats
711 S Woodrow St
Columbia, SC 29205
803.896.5662
margaret.yeats@ssa.gov

NOMINATIONS
Vince Redlinger
6390 Stewartsville Rd
Moneta, VA 24121
540.857.7735
vincent.redlinger@ssa.gov

NON-DUES REVENUE
Teresa E. Sizemore
111 Franklin Road SE
Suite #250
Roanoke, VA 24011
540.587.7727
teresa.e.sizemore@ssa.gov

ORGAN DONATION/ TRANSPLANT
Julie Mavis
151 S. Rose St.
Kalamazoo, MI 49007
269.337.3231
julie.mavis@ssa.gov

PROFESSIONAL DEVELOPMENT COMMITTEE
Ellen Cook
4805 Greenbriar Drive
Springfield, IL 62711
217.741.8151
ellen.cook@ssa.gov

RESOLUTIONS
Karen Wasson
3121 Amherst NE Suite A
Albuquerque, NM 87107
505.841.5600
karen.wasson@ssa.gov

STRATEGIC PLAN
Michael O'Connor
315 E. Front Street
Traverse City, MI 49684
231.933.6762
michael.oconnor@ssa.gov

SYSTEMS REPRESENTATIVES
Dale Foot
3036 W. Grand Blvd., Ste 6-450
Detroit, MI 48202-6036
313.456.1596
Fax 313.456.1535
dale.foot@ssa.gov

Kayle Lawrence
3640 SW Topeka Blvd
Topeka, KS 66611-2367
785.267.4440 ext. 209
kayle.lawrence@ssa.gov

Carla Young
3014 Blattner Drive
CapeGirardeau, MO 67307
573.290.5325
carla.young@ssa.gov

NADE Membership Application

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

Check the appropriate box in each section.

- ❑ New Member
- ❑ Renewal

- ❑ Full $50.00
- ❑ Associate $50.00
- ❑ Full Support $25.00
- ❑ Retiree $25.00

- ❑ Corporate $200.00
- ❑ Silver Corp. $350.00
- ❑ Gold Corp. $500.00

Name _____
Prefix First Middle Last Suffix

Professional Designation _____

Address _____

City _____ State _____ Zip _____

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 PO Box 599 Frankfort KY 40602
(Make check payable to NADE)

CHANGES: (ONLY ENTER CHANGED DATA)

Change Of Information Form For: (Name) _____

Name _____

Address _____

*Local Chapter # _____ Daytime Phone (____) _____

Professional Designation _____

City _____ State _____ Zip _____

Email Address _____ ❑ @ssa.gov

Other: _____

Mail or email to: Michele Namenek 295 Main Street. Buffalo, NY 14203 716.847.3639 Michele.Namenek@ssa.gov

Career Opportunities

Opportunities Abound in Oregon!

Oregon DDS is recruiting experienced Examiners to join our staff of 170+.

- Competitive salaries and **FULLY PAID** benefits!
- Innovative, successful, and results-oriented staff!
- A certified "green" building!
- Cultural and outdoor activities just an hour away—the beautiful Oregon Coast, the Cascade Mountains and metro Portland!

Come make a positive difference!

Consider joining Oregon DDS!

Applications located at http://www.oregonjobs.org .

For more information, contact Ray Strutz at 503-986-4876 or e-mail at ray.strutz@ssa.gov by 1/31/09.

Paid Advertisement

NADE Mid Year Board Meeting

Madison Hotel
Washington DC
February 26-28, 2009

Open to all members! Contact President -Elect Susan Smith for information.

NATIONAL ASSOCIATION OF DISABILITY EXAMINERS
PO BOX 50006
SPRINGFIELD MO 65805-0006

Address Service Requested

PRSRT STD
U S POSTAGE
PAID
SPRINGFIELD MO
PERMIT # 616