the NADE ADVOCATE

A Publication of the National Association of Disability Examiners | Volume 27, Number 1 | Winter 2011

Symposium on the Utilization of SSA's Medical Listings
Institute of Medicine
Baltimore Marriott Hunt Valley Inn
Hunt Valley, Maryland
October 27-28, 2010

The View of Operations

Presented by Andrew Martinez, NADE President

The National Association of Disability Examiners (NADE) is appreciative of this opportunity to comment on the View from Operations regarding the Medical Listings. During this discussion, we will examine the current view of the Medical Listings, such as:

1. What are the features of a "good" listing?

2. Are the Listings current? Do they reflect current medicine?

3. Are the Listings difficult to follow?

4. Are the preambles and introductory texts useful?

5. Should information from the preambles and introductory texts actually go in the Listings?

NADE is a professional association whose mission is to advance the art and science of disability evaluation. Our membership base includes members that represent a broad perspective of interests regarding the Social Security and Supplemental Security Income (SSI) disability programs. While a majority of our members are employed in state Disability Determination (DDS) offices, and are directly involved in processing claims for Social Security and SSI disability benefits, our membership also includes personnel from Social Security's Central, Regional, and Field offices, attorneys, claimant advocates and physicians. We believe this diversity of membership, combined with our "hands on" experience, provides us with a unique understanding of the challenges and opportunities facing the Social Security and SSI disability programs.

View, continued on page 4

"... We believe this diversity of membership, combined with our "hands on" experience, provides us with a unique understanding of the challenges and opportunities facing the Social Security and SSI disability programs."

IN THIS ISSUE:

President's Message

AS WE MOVE INTO 2011, some of the top issues we are facing are the Federal and State budgets and the increase in the number of disability claims. These are challenging issues for the Social Security Administration (SSA) and the Disability Determination Services (DDS) offices. During the past few months, NADE has sent letters to members of Congress, the appropriation committee chairs and the Office of Management and Budget (OMB) advocating for adequate funding so that SSA and the DDSs can continue to deliver critical services to those individuals who have filed claims for disability benefits.

NADE has been busy since the national training conference in Albany, New York. NADE was invited to participate in the Symposium for Listing Improvements which was hosted by the Institute of Medicine in Baltimore, Maryland. The papers and information NADE presented at the symposium may be found on the NADE website. NADE members have also been involved in meetings for the National Vendor File and E-Cat. We are busy preparing for our annual Mid-Year Board Meeting which will be held the first week of March in St. Louis, Missouri at the Roberts Mayfair Hotel.

Our regional training conferences will begin in April starting in Oklahoma City, Oklahoma, followed by Dearborn, Michigan, Newport, Rhode Island and South Lake Tahoe, California. The 2011 national conference is schedule for the end of August in Los Angeles, California. Our conferences are a great opportunity for NADE members to receive training and to share experiences and best practices with members from the various SSA and DDS offices located around the country. Information about all of the upcoming conferences may found on the NADE website.

January begins our annual membership drive. NADE, as a volunteer professional organization, relies on our membership to enable us to continue our involvement with a variety of programs. I would like to challenge all NADE members to share information with your co-workers and friends and encourage them to join our organization. There is strength in numbers and each new member helps to strengthen NADE's voice as we advocate for our members and the disability evaluation process.

While this year will be filled with many challenges, these challenges will also create opportunities for NADE and our members to share our expertise and to help shape the future of the disability programs. I would encourage all members, if you have any concerns or suggestions, to send them to your Regional Director or you may also send them directly to me. I look forward to continuing to work with the NADE Board and the membership as we face the challenges of the coming year.

Sincerely,
Andrew Martinez
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
Sharyn Perry
1274 Berkeley Rd
Columbus, OH 43206-3220
614.438.1317
Fax: 302.324.7698
sharyn.perry@ssa.gov

Great Plains
Sandy Heck
2205 9th Avenue SE
Mandan, ND 58554
701.328.8737
Fax 701.328.4053
sandy.heck@ssa.gov

Mid-Atlantic
Mickey Goldberg
5 Montgomery Road
Owings Mills, MD 21117
410.308.4327
mickey.goldberg@ssa.gov

Northeast
Debi Chowdhury
4 Derby Ct
Loudonville, NY 12211
518.473-2231
Fax: 518.786.1141
debichowdhury@yahoo.com

Pacific
Karen Beyer
2610 50th Ct SE
Olympia, WA 98501
360.664.7459
Fax: 360.586.4159
karen.beyer@ssa.gov

Southeast
Maya Delion
590 Georgia Loop
Woodstock, AL 35188
205.989.2192
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 2011**.

All correspondence should be directed through your Regional representative or NADE editor by **April 5, 2011.**

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

If Not Now, When?

NOW IS THE TIME that NADE Chapters and NADE members should begin to think about making a big push for membership. There are still a few months before the renewal period begins in May. I hope that you as a current member will decide to review your membership at that time.

I would also like to encourage every member to urge his or her co-workers to join NADE today. This is a great time to become a new member. Those individuals who have never joined and individuals, who have not renewed their members in the last three years or more, receive not only 12 months membership but, if they join any time after January 1, 2011, they become members immediately and renewal of their membership is not again until June 2012. This essentially means that new members who join now receive an extended membership status through June 2012.

Membership grant: Do not forget that there are membership grants available to assist your chapter's recruitment efforts. Grants are available once every 12 months. Remember the more members we have, the stronger our voice. Continue to work on retention of the old members and recruitment of new members.

Donnie Hayes

National Membership Director

Correction from the Editor:

The printed version of the Fall 2010 Advocate incorrectly identified the author of the article on page 20, "Pacific Region NADE Training Conference - ONE FOR ALL AND ALL FOR ONE." It has been corrected online to reflect the author was Kevin Marlow from the Idaho DDS.

NADE CALENDAR OF EVENTS:

Great Plains/Southwest Regional Conference	**Sheraton**	**Oklahoma City OK**	**April 19-22, 2011**
Great Lakes Regional Conference	**Doubletree Hotel**	**Dearborn MI**	**May 1-4, 2011**
Northeast/Mid-Atlantic/ Southeast Tri-Regional Conference	**Newport Harbor Hotel**	**Newport RI**	**May 3-6, 2011**
Pacific Regional Training Conference	**Harvey's Resort**	**Reno NV**	**May 16-17, 2011**
2011 National Training Conference	**Wilshire Grand**	**Los Angeles, CA**	**August 27 – September 1, 2011**

The View of Operations, continued from page 1

What Are the Features of a "Good" Listing?

The features of a "good" listing include:

- Instructions and explanations which are clear and easy to understand,
- Information which is presented in an organized and orderly manner,
- Written using language so a lay person can understand what is required,
- Asks for specific and objective medical information and evidence,
- Worded in a way that is not subject to interpretation, and
- When needed, gives qualifying information to assist the Disability Examiner and Medical Consultant determine what is needed to "meet" the Listing.

It is felt that some of the Medical Listings are written using language which is nonspecific or terms and definitions which are subjective and may create the need for interpretation by the Disability Examiner or the Medical Consultant. An example is the phrase "inability to ambulate effectively." Despite multiple policy statements attempting to clarify this statement, many Disability Examiners and Medical Consultants still think the claimant must use a hand held assistive device to meet this requirement. Other terms which create confusion are "interferes very seriously", "extreme limitation" and "simple, routine, repetitive tasks" and may be difficult to define and subject to interpretation. Often times, in these situations, the Disability Examiner and Medical Consultant have difficultly meeting a specific listing and must continue past Step 3 of the Sequential Evaluation Process to make a disability determination.

Are the Listings Current and Do They Reflect Current Medicine?

NADE does commend and support the efforts by the Social Security Administration to update the Medical Listings and the goal of ensuring each Listing is updated every three years. While many of the Medical Listings have been updated, and do reflect the current advances in treatment, they do not always reflect the treatment which is available to the population which is most likely to apply for Social Security or SSI disability benefits.

The Medical Listings should include ways to document cases that truly reflect the average claimant who does not have access to the most advanced medical treatment. The current health care delivery system varies widely throughout the United States and not all claimants are able obtain same level and types of treatment and tests. The Listings requirements often list treatments or tests which represent the "gold" standard of care. In many areas, medical providers either do not have access to or unable to order all types of treatment and tests. In some situations, medical providers are not able to perform more specialized tests unless initial treatment is not successful. An example is the treatment of pneumocystis pneumonia (PCP) in individuals with HIV infection (Listing 14.08 B7). The septum test used to confirm the diagnosis for PCP is often not performed until after an initial course of medication therapy has failed to resolve the symptoms. Although the medical records show the claimant was treated for PCP, the Disability Examiner lacks the evidence needed to "meet" the Listing. In many regions of the United States, the population applying for disability benefits is very transient. Whether the individual moves within their local area or across country, it impacts the frequency of their medical treatment. In order to "meet" some of the medical listings, routine, ongoing treatment is needed to document the claimant's condition. An example is Listing 6.02 – Impairment of Renal Function, which requires tests showing serum creatinine levels over a 3 month period of time. If these tests are not done on a routine basis, it is difficult to find the claimant disabled using Listing 6.02.

Are the Listings Difficult to Follow?

Sometimes, efforts to change the Medical Listings have resulted in less clarity and have become difficult to follow. Many of the current Medical Listings use vague terminology that is often subject to interpretation by the Disability Examiner and the Medical Consultant. By introducing judgment into some of the Medical Listings, it has increased the likelihood that individual Disability Examiners or Medical Consultants may come up with differing opinions regarding the disability of the claimant. Subsequent quality assurance reviewers of the claim may also have a different interpretation than that of the Disability Examiner or Medical Consultant who decided the claim. For example:

> **Listing 4.02.B.1.** – *Persistent symptoms of heart failure which very seriously limit the ability to independently initiate, sustain, or complete activities of daily living in an individual for whom an MC, preferably one experienced in the care of patients with cardiovascular disease, has concluded that the performance of an exercise test would present a significant risk to the individual;*

Use of such terminology as, *"very seriously limit"* invites many interpretations and the Medical Listings should not be so subjective. While one Disability Examiner may determine an individual will meet the Listing if they are only "moderately" impaired in their Activities of Daily Living, another Disability Examiner will determine the degree of limitation necessary to satisfy the listing requirement for a "very serious limitation" must be at a "marked" level of limitation. Even in this example, we are using the terms "moderately" and "marked", which can also be subjective. A key component of the disability adjudicative process is the Single Decision-Maker (SDM). The SDM allowed experienced Disability Examiners, usually those with at least two years of experience, to make disability decisions without the necessity of obtaining input from the DDS Medical Consultant (MC). The SDM was a component of the prototype redesign model of the disability claims process, implemented in 1997, and piloted in ten (10) states:

> • Alabama, Alaska, California – Los Angeles North and West areas, Colorado, Louisiana, Michigan, Missouri, New Hampshire, New York – Brooklyn and Albany areas, and Pennsylvania.
>
> Nine additional states and one US territory were later included in the SDM model, these include:
>
> • Florida, Guam, Kansas, Kentucky, Maine, Nevada, North Carolina, Vermont, Washington, and West Virginia.

Consequently, experienced Disability Examiners in twenty (20) states can make decisions on most disability claims without input from a DDS Medical Consultant. For those Disability Examiners who are part of the SDM process, it can be difficult to use some of the Medical Listings which are open to interpretation. The SDM Examiner may be more comfortable making a disability decision based on functional and vocational information rather than trying to interpret what is needed to "meet" the listing. While the Disability Examiner is still making a valid disability decision, because more information is required to use Step 4 and 5 of the Sequential Evaluation Process, additional time and cost are added to the disability evaluation process.

Are the Preambles and Introductory Texts Useful?

The information included in the preambles and introductory texts is helpful to the Disability Examiners and Medical Consultants as part of their initial training and continue to be a valuable tool while they learning the disability evaluation process. They are also a good resource and provide clarification when evaluating complicated or uncommon medical conditions. As the Disability Examiners and Medical Consultants become more familiar and comfortable with the using the Medical Listings, the need to consult the information in the preambles and texts is reduced.

Should Information from the Preambles and Introductory Texts actually go in the Listings?

While the information included in the preambles and introductory texts is valuable, including this information in the Medical Listings would make them lengthy and cumbersome to use. As already stated, as the Disability Examiners and Medical Consultants become more experienced and grow more comfortable with using the Medical Listings, the need to reference the preambles and introductory texts is reduced. As SSA continues to develop and enhance the electronic case processing systems, accessing the information in the preambles and texts is just a "click of a hyperlink" away. In the electronic environment it is no longer necessary to have all of the information in one place. The e-CAT system is a good example of the different ways the Disability Examiner can access references from multiple sources and locations.

Summary

Regional differences in the health care delivery systems can make it difficult for the Disability Examiner to obtain the needed information to "meet" the Medical Listing because the medical services and tests are not available to the claimant. The Disability Examiner is often forced to go past Step 3 to Step 4 and 5 of the Sequential Evaluation Process which adds time and additional cost to completing the disability evaluation.

Symposium on the Utilization of SSA's Medical Listings
Institute of Medicine
Baltimore Marriott Hunt Valley Inn
Hunt Valley, Maryland
October 27-28, 2010

The Future of the Medical Listings

Presented by Jeff Price,
NADE Legislative Director and Past NADE President

The National Association of Disability Examiners (NADE) is appreciative of this opportunity to comment on the Future of the Medical Listings. We applaud the efforts of the National Academies' Institute of Medicine in hosting this Symposium to focus the collective attention of so many components of the disability program and other interested parties on the continued utilization of the Medical Listings for disability determination. This panel will examine critical questions with regard to how the Medical Listings will be utilized in The Future. Specifically, we will examine such critical factors as:

- How do we capture obviously disabled individuals most efficiently (especially those currently allowed at Step 5 of Sequential Evaluation)
- How do we improve the sensitivity of the listings as a "screen-in" step?
- How do we improve the use of program data to inform the process?

Who We Are

NADE is a professional association whose purpose is to promote the art and science of disability evaluation. The majority of our members work in the DDSs, the state Disability Determination Service agencies, where they adjudicate claims for Social Security and/or Supplemental Security Income (SSI) disability benefits. In this capacity, our members constitute the "front lines" of disability evaluation. In addition to DDS staff personnel, our membership also includes staff personnel in SSA's Central and Regional Offices, attorneys and non attorney claimant representatives, physicians, claimant advocates, and others. The diversity of our membership, combined with our extensive program knowledge and "hands on" experience, enables NADE to offer a unique perspective we feel is reflective of a programmatic realism.

What Are the Medical Listings?

The Medical Listings, for both adults and children, serve as a Guide or Framework for disability adjudicators – Disability Examiners (DEs) and Medical Consultants (MCs). The Medical Listings prescribe the environment under which decisions on disability claims are made and they dictate the manner by which these claims are processed, including the timeliness, the efficiency and the equitability, or fairness, of the process. Disability Adjudicators refer to the Listings daily and use them constantly.

For Disability Adjudicators, it is easier to allow a claim at Step 3 of Sequential Evaluation than to undertake the additional documentation required to allow a claim at Step 5. For claimants, the processing time to allow a claim at Step 3 is usually much less than if their claim is decided at Step 5. For the DDSs and SSA, it is usually less expensive to decide a claims at Step 3 than to pay the additional expense required to decide a claim at Step 5. Consequently, it is important the Medical Listings accurately capture at Step 3 as many of the truly disabled as possible than to waste time and expense to process these claims at Step 5.

For disability claims where the severity of a claimant's medical impairment is less than what is required to meet or equal a listing, then the Listings become directional arrows, pointing the disability adjudicator in the proper direction with regard to determining Residual Functional Capacity (RFC). Thus, even when the Medical Listings are neither met nor equaled, they are still an important part of the decision-making process.

For all of these reasons, it is important the Medical Listings have clarity of purpose and language. It is important the Medical Listings reflect the current medical knowledge base, current medical trends and medical treatment modalities. Significant changes have been made to many of the medical listings in recent years and, while we applaud the effort to keep the Medical Listings current, many of these updated revisions have come at the cost of clarity. The successful utilization of the Medical Listings in the Future will require more attention to be focused, not only on keeping the Listings current, but also in keeping the Listings representative of a body of work that is clear in its content and meaning and practical in its applicability. We appreciate the increased priority SSA has given to achieving these goals.

What Does the Future Hold for the Medical Listings?

Given the potential for ongoing medical advances with regard to the treatment of most medical conditions covered by the Listings, the Listings cannot remain static. Rather, the Listings must be examined continually with a critical eye to determine if they remain true to their intended purpose and continue to provide the proper framework for disability adjudicators. If the Medical Listings are to continue to have relevance for disability adjudicators in the Future, then a coordinated medical/scientific approach, with input from those who apply the Listings and from the claimant advocacy community, will be necessary for an equitable review of the listings to discern if they continue to remain viable for Disability Adjudicators. This ongoing review of the Listings should occur in a timely manner to insure they continue to reflect the current medical knowledge base, current medical trends and medical treatment modalities that we have already identified as being critical components for a successful Listing.

It is less expensive to decide a claim at Step 3 than to eventually decide a claim at Step 5. Claims are also processed faster at Step 3 than at Step 5. Yet, recent statistical data released by SSA reveals a significant decline in the past fifteen years for claims decided at Step 3 while there has been a corresponding increase in the percentage of claims allowed at Step 5. The Medical Listings of the Future need to reverse this trend.

In 1994, 64.5% of allowance decisions on adult claims were made at Step 3. In 2009, this rate had declined to 48.8%. The problem is even more severe when one recognizes the fact that in three body systems – Special Senses & Speech, Genito-urinary, and Neoplastic Diseases, the allowance rate at Step 3 has consistently remained at or above 80% while the allowance rate at Step 3 has significantly declined for most other body systems. It is also important to note that the vast majority of disability claims involve impairments that fall in these other body systems, most notably musculoskeletal, respiratory, cardiovascular and mental disorders. The following chart shows the percentage of initial adult allowances for each body system that met a listing in 1994 compared to 2009.

Body System	**FY1994**	**FY2009**
Musculoskeletal	15.1	6.1
Special Senses & Speech	83.6	79.3
Respiratory	59.8	40.3
Cardiovascular	31.0	14.4
Digestive	53.7	37.5
Genito-Urinary	84.9	81.7
Hemic-Lymphatic	67.3	51.4
Skin	39.2	52.9
Endocrine	54.3	8.4
Multiple Body	50.7	71.6
Neurological	61.6	51.3
Mental Disorders	58.6	47.7
Neoplastic Diseases	81.1	80.8
Immune Deficiency	66.4	41.1

This chart clearly demonstrates there has been a significant decline in the utilization of most of the Medical Listings at Step 3. Also, while there has been a small decline in the percentage of claims allowed at Step 3 based on an "Equals" decision, this decline is not as pronounced as the decline in the percentage of claims allowed based on a "Meets" decision. These facts suggest it is more difficult to meet the Medical Listings than it used to be and anecdotal evidence suggests two primary reasons – lack of clarity in the content of the Listings and the quality review response the DDSs have received from the regional offices of SSA's Office of Quality Performance (OQP).

From the perspective of Disability Adjudicators, including those Disability Examiners who function as Single Decision-Makers (SDMs), many of the Medical Listings are often difficult to apply because of their lack of clarity. If the Medical Listings of the Future are to be utilized successfully, then it is important the Listings be written in a clear and practical manner. The Medical Listings should be evidence-based, address the functionality of the claimant, and, to the extent possible, reflect the national dynamics of geography and socio-economics of the claimant community.

Single Decision Maker (SDM)

A key component of the disability adjudicative process is the Single Decision-Maker (SDM) and it is important the SDM be considered in any conversation regarding the Future of the Medical Listings. The SDM was a component of the prototype redesign model of the disability

The Future, continued on next page

Advancements in Technology Continue
The Future, continued on page 7

claims process, implemented in 1997, and piloted in ten (10) states: Alabama, Alaska, California – Los Angeles North and West areas, Colorado, Louisiana, Michigan, Missouri, New Hampshire, New York – Brooklyn and Albany areas, and Pennsylvania. The SDM allowed experienced Disability Examiners, usually those with at least two years of experience, to make disability decisions without the necessity of obtaining input from the DDS Medical Consultant (MC). Nine additional states and one US territory were later included in the SDM model: Florida, Guam, Kansas, Kentucky, Maine, Nevada, North Carolina, Vermont, Washington, and West Virginia. Consequently, experienced Disability Examiners in twenty (20) states can make decisions on most disability claims without input from a DDS Medical Consultant.

The inclusion of SDM into the disability decision-making process may be a contributing factor in the decline of utilization of the Medical Listings at Step 3. While this decline began before SDM, a glance at each body system shows the decline became more pronounced in the years after SDM was added to the decision-making process. Disability Examiners, including SDMs, report having greater difficulty understanding the criteria in some listings, e.g., Musculoskeletal and Cardiovascular Listings. It is notable that allowances at Step 3 for Musculoskeletal and Cardiovascular systems have been reduced by more than half during this period of time. Musculoskeletal saw allowances at Step 3 decline from 15% in 1994 to 6% in 2009 and Cardiovascular saw allowances at Step 3 decline from 31% in 1994 to 14% in 2009. Both of these body systems were updated during this time but the revisions seem to have made a bad situation worse. Coinciding with the addition of SDM, it appears unsurprising the two most frequently used physical impairment Listings experienced such a significant decline in their use.

The continued utilization of the Medical Listings in the Future will necessarily have to consider the role of the SDM when these Listings are revised. SSA has also issued a new regulation, pending final approval, to allow national expansion of the SDM for the Quick Disability Decision (QDD) cases and for the Compassionate Allowance (CAL) cases. If approved, the SDM will have an even larger role in the utilization of the Listings.

SDM is not available for reconsideration and input from a DDS Medical Consultant is required for claims processed at the reconsideration level. Even so, we do not want to wait until the reconsideration step to correct any mistakes that may have occurred at the initial level because the Medical Listings were misinterpreted or incorrectly applied. Of course, in the ten prototype states, there is no reconsideration step, meaning the decision of the SDM will be the final decision of the Agency, unless an appeal is made by the claimant and a hearing before an administrative law judge is requested. Therefore, it is imperative any changes to the listings recognize the likelihood the initial disability decision could be made without input from a DDS Medical Consultant.

Current Ambiguity in the Medical Listings

Advancements in medical technology and treatment continue to change the prognosis for many claimants currently receiving disability benefits as well as for claimants seeking disability benefits. In the Future, utilization of the Medical Listings will require the Listings to be reviewed and updated in a more timely manner. Otherwise, application of the Listings may have little to do with a claimant's current, or expected, disability status. In a society that is so often quick to label people because of their race, creed, socioeconomicstatus, etc, it is critically important Social Security's Medical Listings do notincorrectly condemn a person to a lifetime of being labeled "Disabled" when they are not.

Many of the current Medical Listings use vague terminology that is often subject to interpretation by the Disability Examiner and/or the Medical Consultant. Subsequent quality assurance reviewers of the claim may have a different interpretation than the Disability Adjudicator who decided the claim.

For example:

> **Listing 4.02.B.1.** – Persistent symptoms of heart failure which very seriously limit the ability to independently initiate, sustain, or complete activities of daily living in an individual for whom an MC, preferably one experienced in the care of patients with cardiovascular disease, has concluded that the performance of an exercise test would present a significant risk to the individual;

Use of such terminology as, *"very seriously limit"* invites many defining interpretations and the Medical Listings should not be so restricted as being defined by the last quality assurance reviewer to review the claim. While one disability adjudicator may determine an individual will meet the Listing if they are only moderately impaired in their ADLs, another disability adjudicator, and invariably the one who will review the work of the first, will determine the degree of limitation necessary to satisfy the listing requirement for a "very serious limitation" must be at a "marked" level of limitation.

Compare the ambiguous language in Listing 4.02 B.1. with the more clearly defined language found in Listing 1.04 A.

> **1.04** ***Disorders of the spine*** (e.g., herniated nucleus pulposus, spinal arachnoiditis, spinal stenosis, osteoarthritis, degenerative disc disease, facet arthritis, vertebral fracture), resulting in compromise of a nerve root (including the cauda equina) or the spinal cord. With:
>
> A. Evidence of nerve root compression characterized by neuro-anatomic distribution of pain, limitation of motion of the spine, motor loss (atrophy with associated muscle weakness or muscle weakness) accompanied by sensory or reflex loss and, if there is involvement of the lower back, positive straight-leg raising test (sitting and supine);

While it can sometimes be difficult to define the specifics of limitation required to meet a listing, where increased clarity can be added, doing so will improve their utilization.

Utilize Increased Flexibility in the Medical Listings

The Medical Listings, whenever possible, should place less significance on specific tests that often can become outdated and, instead, permit Disability Adjudicators to utilize any appropriate medical test that has been shown to have accuracy in assessing impairment severity. For example, the ability to use pulse oximetry to measure pulmonary insufficiency, rather than having to rely on the more invasive arterial blood gas studies, represents a more practical and accurate use of a specific medical test that is often found in the medical evidence of record (MER).

The Medical Listings need to allow for the consideration of future medical tests that may have easier applicability and greater accuracy in the decision-making process than those tests mandated by the Listings. This would alleviate the necessity of requiring a major revision to the Medical Listings every time a new test is introduced that would allow Disability Adjudicators to make more accurate and timely decisions. For example, many cardiologists and few other physicians are aware of the CORUS test. Just recently introduced, CORUS is a proven genetic test to evaluate whether an individual's chest pain is cardiac related. How long will it take to get such a test included in the cardiac listings? The Medical Listings also need to be more responsive to their practical use, e.g., the specific requirement for using the outdated Goldmann perimeter to measure visual fields was only recently relaxed, even while DDSs were reporting a growing difficulty in finding ophthalmologists who still used Goldmann.

The Medical Listings need to have greater flexibility to adapt to changes as they occur. Disability Adjudicators bring a high level of knowledge and expertise unsurpassed in the field of disability evaluation. The Listings will be utilized more at Step 3 if they appeal to this level of expertise and allow Disability Adjudicators the flexibility necessary.

Summary

The Medical Listings are a Guide for Disability Adjudicators. If a Listing is neither met nor equaled at Step 3, then the Listing serves as the framework under which the final determination will be crafted at Step 4 or Step 5. The Medical Listings must necessarily present to Disability Adjudicators as being clear in their content and have practical use if they are to have valid utility. The Medical Listings must perfectly combine authority, knowledge, passion, clarity, and the power of elucidation.

Disability Examiners, acting as Single Decision-Makers, will continue to have a prominent role in the utilization of the Medical Listings. It is imperative the SDM be taken into consideration whenever the Listings are updated and revised.

It is important to structure the Medical Listings to maintain the integrity and efficiency of the Social Security and the SSI disability programs. The Medical Listings must be designed to insure those who are entitled to disability benefits under the law should receive them; those who are not, should not. The structure of the Medical Listings will determine the timeliness, efficiency and equitability of future disability determinations.

IOM/SSA Symposium on the Utilization of SSA's Medical Listings
October 27-28, 2010

Ways to Improve the Medical Listings

Presented by J Scott Pritchard, DO
NADE Medical Consultant Chair

NADE IS A PROFESSIONAL association whose purpose is to promote the art and science of disability evaluation. The majority of our members work in the DDSs, the state Disability Determination Service agencies, where they adjudicate claims for Social Security and/or Supplemental Security Income (SSI) disability benefits. In this capacity, our members constitute the "front lines" of disability evaluation. Our membership also includes SSA Central and Regional Office personnel, attorneys, non?attorney claimant representatives, physicians, claimant advocates, etc. The diversity of our membership, combined with our extensive program knowledge and "hands on" experience, enables NADE to offer a unique perspective we feel is reflective of a programmatic realism.

The listings are the hallmark of adjudication. They define the benchmark severity required to meet the definition of disability. All adjudication is based upon listing severity for each respective body system. Listing severity provides the framework for both Residual Functional Capacity and Mental Residual Functional Capacity determinations. The listings must remain an integral part of the decision making process.

NADE applauds the Social Security Administration's recent efforts to review and refine the listings in a timelier manner. This alone should make them more relevant.

Trends in initial allowance rates that meet a listing can be affected by many different variables: improvements in medical therapies, changes to a respective listing, listings that combine both clinical and functional components or those that are difficult to interpret and apply in a consistent manner. For example, it is often difficult to document the functional limitations required for the Musculoskeletal or the Cardiovascular listings. The definitions of required functioning are vague and often misinterpreted by the adjudicator/medical consultant team.

With the advent of highly active anti-retroviral therapy (HAART) the morbidity and mortality of HIV disease has been dramatically reduced. The number of HIV positive claimants presenting with an indicator disease has diminished. This resulted in a drop in initial listing 14.00 allowance rates. Innovation of cardiac teams, rapid catheterization and stenting has reduced the degree of morbidity associated with myocardial infarction. The affected individual usually retains his cardiac function and would not necessarily meet listing severity. New treatments for heart failure have also significantly improved both quality of life and functional capacity. The use of aggressive left ventricular remodeling therapies and biventricular synchronization pacing have been successful in improving clinical manifestations of the disease and function. Stroke teams and aggressive initial care have decreased the functional devastation of catastrophic cerebrovascular events. Similarly, the decline in the number of Hematologic/Lymphatic system allowances reflects the increase in stem cell transplantation as a mainstay of treatment for these disorders. Listings that have specific diagnostic or clinical examination requirements are often more difficult to use. If the testing is not available or not performed, the listing may not be considered in the decision.

The listings should be written in a clear, concise, practical manner, free of ambiguities. Internal inconsistencies allow for differing interpretations. This problem often plagues a listing with more vague language. The definitions of "ineffective", "extensive" or "seriously limit", despite preamble clarifications, are often interpreted differently amongst the adjudicative community.

Continued on next page

The listings need to reflect current trends in medical care and practice. For example, not all care providers perform clinical testing consistently. Alternatively, if performed, the examination may not be documented in the record. This becomes problematic for listings that require a specific clinical test. For example, sitting and supine straight leg raise. Specific laboratory or imaging examinations may or may not be performed reflective of regional styles of medical therapy.

Thus, a required diagnostic test may not be in the record or attainable as a consultative examination. For example, pulse oximetry is used more commonly in clinical settings than arterial blood gas (ABG) testing. Pulse oximetry is usually readily available, less costly and less invasive. Requiring only ABG results to meet listing requirements often results in the inability to meet the listing. Required diagnostic testing should be readily available to the majority of claimants. The inability to obtain a specific test could preclude their ability to meet a particular listing. This is increasingly problematic for rural or economically
depressed areas.

The preamble should not be incorporated into the body of each specific listing. That would make the listing cumbersome and difficult to use. However, the ability to reference a specific point in the preamble should be enhanced. One example would be the use of hyperlinks to the appropriate reference. The preamble often explains salient points critical to the adjudication of a particular listing. If the preamble

Scenes from Albany National Conference

The Albany capital building was easily seen from the hotel where the 2010 National Training Conference was held in September. NADE conferences offer members an opportunity to see various parts of the country.

The Shriners

The Shriners displayed a banner that provided a visual understanding of the latest in cleft palate correction. The organization helps hundreds of children each year. Twist tops from soda cans can be donated to your nearest Shriner Hospital to raise funds and help even more children..

National Conference Coverage

NADE Conference Session SSA Office Systems

by Tom Ward , President Elect, Michigan DDS

WE CERTAINLY CANNOT have a serious conversation about the disability adjudication process without including the technological advances that are on the horizon. Associate Commissioner for Disability Systems Roderick Hairston, and Acting Deputy Associate Commissioner Linda Kerr-Davis provided the conference attendees with an overview of all things related to systems. Here are some of the highlights from their presentation:

A **S**ystem **D**evelopment **L**ife **C**ycle (**SDLC**):

- Provides a consistent roadmap for developing quality software
- Evaluates the needs and services provided by the Subject Matter Experts
- Provides a common understanding for project stakeholders
- Supports visibility and predictability

SDLC Phases: Two or more activities can be done simultaneously.

- Planning and Analysis
- Requirements/Design
- Development
- Testing

Document Management Architecture (DMA):

Current Update: Mostly maintenance releases this year including side-by-side scroll locking and the enhanced thumbnail.
Potential Future Enhancements:

1. Optical Character Recognition Functionality (OCR)
2. Text Searching within a Tiff Doc
3. 508 functionality for visually impaired (All future enhancements dependent upon funding)

Electronic Claims Analysis Tool (eCAT)

Current Update: National rollout continues. The July 2010 Release provides additional case information in the header, has some usability enhancements, and supports ODAR usage.

Potential Future Enhancements:

1. eCAT for FO and OQP
2. Allow for eCDRs processing
3. Support paper cases
4. Interaction between eCAT and HIT
5. Processing of CAL/QDD cases at eCAT

Health Information Technology (HIT)

Current Update: Created an automated fiscal system to pay for HIT MER. SSA adding additional HIT partners. Produce a "HIT Request" document in eView. HIT will search for SSA-827 at designated intervals if not there at FO transfer.
Potential Future Enhancements:

1. Hit MER format changes
2. Receipt of multiple HIT MERs and extracts from the same Health Information Exchange
3. Request and receive HIT MER within a designated timeframe
4. Expand search mechanism to recognize a greater variance of misspellings for HIT facilities

eView/EDCS/EFI

Current Update: Field Office Multi-system Claim transfer. Electronic SSA-454. CDR support for Appeals Council and Federal Court adjudicative level.

Potential Future Enhancements:

1. Allow CDR and new initial claim to be pending at the same time in the EF
2. Interface with Appointed Representative System
3. Interface with DCPS

DDS Legacy Systems

Current Update: Sites are currently on Release 14.1 – 16.0 depending upon the Legacy System. Some of the current enhancements invlove Reopenings, Copy Documents, and Fiscal Enhancements.

Potential Future Enhancements:

1. Utilize Special Notice Options
2. eCAT roll out to additional sites
3. Pull data from Simplified 3368

Other Systems Updates

Second Support Center in Durham is up and running. SSA is building out additional capacity of the Second Support Center in order to maximize data center capability. A second data center (not Durham) is underway. GSA is conducting Environmental Impact Analysis studies on the remaining site candidates. DCPS is wrapping up the P and A Phase and moving into the Construction Phase. There is a major collaborative effort between SSA and the DDS user community.

Managing Pain: An Inside Look at the Pharmaceutical Approach

Presenter: David C. Pulver, MD Director, IMA, PC

by Joe Rise, Pacific Regional Director

OPIOIDS HAVE BEEN IN common medical use since the early 19th century, and at one time were considered as harmless and as wholesome as most over-the-counter remedies are today. Today, with much stricter controls in place and the hazards of addiction and misuse generally acknowledged, opioids continue to be one of the most effective available treatments for pain. Dr. Pulver discussed both the function and the appropriateness of prescription opioids for pain management, as well as the crucial roles which adjuvant medications and careful prescription management play in making opioid pain management safe as well as effective.

A crucial distinction was made from the beginning between use for terminal illnesses such as cancer, in which opioids are prescribed as palliative care, and the use of opioids in treating pain related to chronic, non-terminal conditions such as back pain, arthritis, and fibromyalgia. In the latter instances, a vital component to effective use of opioids is quickly establishing an effective dose rather than relying on gradual titration, which can lead to tolerance. The goal of treatment is, in effect, to find a dose which provides, in Dr. Pulver's words, "maximal analgesia and minimal side effects."

Multiple sample cases were used to demonstrate how legitimate treatments are often prescribed inappropriately, such as providing only short-acting medications for chronic conditions, or excessively, as seen in cases where multiple short and long acting prescriptions are given. Given concern for overdose as well as the potential for fatal interactions between opioids and other prescriptions, sample cases also illustrated what other common medications can increase the likelihood of adverse effects from opioid use.

Dr. Pulver concluded by noting that while opioids can play an important role in the treatment of chronic pain management, most if not all patients will experience some adverse effects , ranging from increased sensitivity to pain to sedation and cognitive impairment. Ultimately, then the risk/benefit ratio must be routinely reassessed to ensure that patients continue to achieve the best possible balance between pain relief and continued functioning.

Chapter Highlights

What's Happening?

by Jennifer Pounds, CCCP Chair

WHY SHOULD WE HAVE to wait until National Conference to find out all the great things our sister Chapters have been participating in throughout the year? Guess what, now you don't. I asked the Chapter Presidents to provide me with monthly updates on their chapter activities this year. I am working on a manual that future Presidents may use to generate ideas for successful planning, budgeting and activities for their chapter. Each month, as I get the updates, I get excited to see the various events that NADE is involved in. Here is a small glimpse at what NADE is doing at the local levels.

AADE (**Alabama**) has been extremely busy this year. In October AADE promoted Breast cancer awareness in many ways. They sponsored a "White Out" day where employees wore all white to symbolize whiting out cancer. They honored three DDS breast cancer survivors during this time as well. They had a guessing game where employees were asked to guess the number of inches of a pink ribbon that was on display and also guess the number of pink/white candles that were in a glass jar. Prizes were given to the employees whose guesses were the closest. In November 2010 AADE held a fundraiser selling Belk Coupons. (Belk is a local department store in the area.) The tickets were $5 each and the recipient received $5 off their first purchase along with a discount on items the rest of the day. AADE received $5 for every ticket sold. They made $175 on this fundraiser. What a great idea!! Also in November, AADE sponsored a food drive along with their State Employees Association. Seventeen boxes of food were collected and donated to a local Charity. Along with this food drive, AADE held a bake sale for monetary donations to be given to a local Charity. They successfully raised $200 to be donated to Oak Mountain Mission Ministries. The baked goods that were not sold, they donated to a local homeless shelter. In December, AADEs held their Christmas party at a local Italian restaurant in Birmingham. There was a live band that entertained the crowd playing blues. Door prizes were given away to members and their guests at this event. AADE began 2011 by promoting the Annual Brenda Ladun Conquer Cancer Walk. President Kandy Flint Forrester, along with her Yorkie, Ham completed the 8K in 94 minutes. What an accomplishment.

CADE: In August 2010 CADE (**Colorado**) held their first Silent Auction. They reported this was a great success and have plans to continue with this new tradition. CADE also sponsored a night at the Rockies baseball game. During the game, they played "Baseball Bingo" and trivia. This night was well attended and a huge success as well. During the months of November and December 2010, CADE worked with their agency Employee Relations Committee to run the Toys for Tots for the Military as well as held a Food Drive. They collected over 500 pounds of food. WOW! Also, CADE adopted a family through the Salvation Army Adopt a Family Program for the holidays. They provided money and gifts for this needy family. In January 2011, CADE had a meet and greet with hot chocolate and a motivational speaker to promote new membership. They recruited 3 new members at this event with the expectation of some more at the end of the month.

GADE (Georgia) is excited to have the support of their Director, Sharon Baker. GADE began the year by providing break refreshments in October, to the 55 new trainees along with an introduction to NADE and its mission. They also sold "Dress Down" Tickets and held a holiday Raffle for a ham. In November, a blood drive was held and flu shot clinic for members and employees. GADE also participated in a food drive for the local Atlanta area and had a tremendous response in this relief effort. In December, GADE provided gifts to Christmas Angel tree recipients as well as Veterans in local nursing homes. GADE also sends flowers, cards and other memorials to sick or bereaved members on an ongoing basis.

IADE (Illinois) held their annual Holiday Food Drive to collect non-perishables which they donated to a local food pantry. Some of the other activities IADE sponsored were their annual Holiday Bazaar and Sloppy Joe sandwich luncheon. IADE also went techno this year. They have created a Facebook page for their members to better communicate events, meetings, minutes, elections, etc.

MADE (Missouri) has had a successful year. In October, MADE had their Breast Cancer Awareness month. They held their annual Chili luncheon and spiced it up this year giving away prizes to some of the chili makers. There were nine (9) different types of chili represented from spicy to chicken, to even chili with Antelope meat. They raised $379.00 during this event to be given to the Susan G Komen Foundation. In November, MADE honored Veterans Day with suggesting all members wear patriotic garb as well as passing out red, white and blue ribbons for all personnel of the Cape DDS with a quote from John F. Kennedy attached. The Springfield MADE Officers held a soup and grilled cheese luncheon. All non-NADE members were asked to donate $3 to attend the lunch, and the MADE members supplied the food and plates. The money raised was used to purchase a gift card for a needy family that MADE adopted at Christmas.

THADE (North Carolina) has been very busy this year. Membership recruitment was one of their top priorities and efforts to increase awareness have been very successful. The membership committee has hosted Graduation Parties for our last three training classes. Refreshments are served and prizes are awarded during the festivities. During this time, the THADE board emphasizes the importance of NADE and encourages the new employees to actively get involved. In January, the Membership committee sponsored a Membership drive where two (2) memberships were given away and members were encouraged to Sponsor new members for an opportunity at a gift certificate for the member that recruited the most new members. THADE recruited 27 new members as a result of this drive. THADE has hosted several fundraisers as well. The held their annual Back-to-School raffle giving away three (3) large prizes full of school supplies. They continue to park cars for the local college football games on Saturdays in the fall. This has always been a huge fundraiser for THADE. December was a big month for raising revenue as THADE held the annual Silent Auction. This year, a cake was donated by an employee to be raffled off in addition to the Silent Auction items. Over $75 was raised in the tickets sold for the cake. THADE called on all the NCDDS cooks to submit their favorite family recipes. "DISH-ability" Recipes of the NCDDS Staff is now available for sale. In the first two weeks, THADE sold almost 100 books. Don't worry; you can still reserve your copy today. Just contact THADE president to order yours! THADE has also sponsored many lunch n learn sessions ranging from Cardiology to Budget concerns. THADE continues to pride itself in Community Service Activities. In August they sponsored "Cool for Wake" where fans were collected and monetary donations received to be given to local ministries to assist families in need. In September, the NCDDS Administrator, Rhonda Currie worked with THADE to raise money for the Muscular Dystrophy Association of NC. Staff members raised $2200 in one afternoon to assure their fearless leader would be released from jail. THADE also collected items for a local women's shelter that had been infested with bedbugs. September was a busy month, as THADE also sponsored a child through the Make A Wish Foundation. The staff rose to the occasion and raised $1300 in this effort. In November, NCDDS Veterans were recognized at a special reception in their honor. The highlight of the year so far for THADE members has been the 82nd Airborne All American Chorus concert. This group of amazing soldiers came and performed during Employee Appreciation Week. THADE sponsored this event and the NCDDS staff is still talking about this event five months later.

As you can see, NADE chapters have been very busy this year. It takes every member to make NADE successful. So many lives have been touched by the decisions we make each day, as well as through the acts of kindness NADE chapters show through community service projects.

National Conference Highlights Organ Donation Projects

A display of items on Organ Donation was set out at the National Conference.

Great Plains / Southwest Association of Disability Examiners Bi-Regional Conference

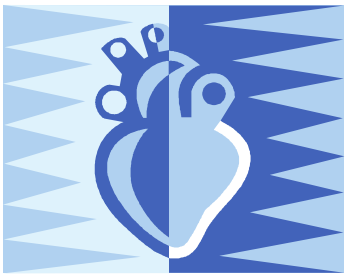
The training conference begins **Tuesday, April 19, 2011** at 1:00p.m. and concludes Friday, April 22, 2011 at 1:00p.m. The awards luncheon is Thursday, April 21st. All sessions of the training conference will be held at the office of the Oklahoma Disability Determination Services, 9801 N. Kelley Ave., Oklahoma City, OK 73131.

Registration deadline is Monday, March 28, 2011.
Fee for the event is $105 payable upon registration.
Fee for the event with a late reservation is $125.
Fee for non-NADE support staff is $130.
Fee for non-NADE professional staff is $155.

You may also register for each 1/2 day of the conference at the rate of $25 per 1/2 day.

Official hotel for the training conference is the **Sheraton Oklahoma City Hotel.** You must register separately with the hotel. For the conference rate mention "SWADE Convention". Daily transportation will be provided to the Oklahoma DDS.

Contact Bruce E. Smith Bruce.E.Smith @ssa.gov



Dear Doctor, I have chest pain…HELP!

by Jennifer Pounds, THADE

THADE sponsored a lunch n learn session on Wednesday, September 29, 2010 featuring Dr Joseph Falsone, M.D. Wake Heart & Vascular Associates. Dr Falsone began the session by saying the most commonly asked question his patients ask is "Am I at risk for a Heart Attack?" He explained that there are certain parameters that Cardiologist must consider to decide your risk factor for Myocardial Infarctions (MI) or other heart related illnesses. The first is the patient's Family History. Patients, whose father had a MI or any revascularization by the age of 50 of their mother by the age of 60, would be considered at high risk for having some sort of cardiovascular problem. The question was asked, "What about siblings or distant family members?" Dr Falsone said, if the patient's sibling had a MI by age 45, they would be concerned, but not so much for aunts/uncles. Another sign cardiologists consider are the Traditional Contributors to Heart related illnesses, such as high blood pressure, high cholesterol, smoking, obesity and sedentary life style.

Another question commonly asked of cardiologist/physicians is "When should I worry about chest pain?" Dr Falsone states everyone at some point in life experiences some type of chest pain. So how do you know when to go to the ER or call your doctor? You should consider three (3) good indicators before making a trip to the ER. First, when are you experiencing the chest pain? Is the pain experienced when you are walking around but once you sit down, it goes away, or does it persist? If the pain persists, Dr Falsone states this is probably an inflammation of some sort and not specifically a heart problem. Chest pain that goes away at rest is most likely exercise induced angina and is an excellent clue that there is some problem/issue with your heart. The second indicator that your chest pain may be cardiac in nature is location of the pain. Is the pain in the center of your chest or radiating down your left arm? Dr Falsone gave an easy to understand explanation as to why the left arm is affected. He states that where the heart is located in the chest, it is close to the spinal column, and when there is decreased blood flow, the nerves in the spinal column send a signal to the brain of the decreased flow. The brain, in turn, will send signals to the body that there is pain. This signal is usually sent to the left arm, as the brain does not believe the heart would be having problems, so the arm is the closest to the heart to send the pain waves to. Thus, left arm pain. Very interesting! The last indicator would be the degree of the pain. Is your pain sharp or dull? Does it feel like a knife sticking into your chest, or is it a pushing/heavy feeling on your chest? If it is the later, call the doctor ASAP. Another way to tell is when you take a deep breath, is the pain worse? If so, then it is probably not cardiac in nature.

Cholesterol levels are another hot topic for round table discussion among patients. Cardiologists have some guidelines that they use in determining what are normal levels. For patients who are considered low/no risk their LDL levels, (bad cholesterol) should be 160 or less. HDL levels, (good cholesterol) for women should be greater than 50 and men greater than 40. For high-risk patients (individuals with history of MI, obesity, smokers or high blood pressure) LDL levels should be less than 100, and even some patients lower than 70. HDL levels for men should be over 50 and women over 60. A sister to cholesterol in the cardiovascular world, are triglycerides. These are fats stored in the blood. A normal level for triglycerides is less than 100.

What happens when my LDL levels are too high? Well, you can try changing your lifestyle but sometimes the damage is too great and a medication regime is usually implemented. Statins (HMG-CoA reductase inhibitors) are one type of drugs used to lower the level of cholesterol in the blood by reducing the production of cholesterol by the liver. Statins will block the enzyme in the liver that produces cholesterol. Too much Statin in the body can cause some side effects. One common side effect is muscle aches, or myalgias.

Dr Falsone suggested three (3) ways to increase your HDL levels. A glass of red wine a day, exercise or taking Niacin. Niacin is a B Vitamin that you can buy over the counter. It can be prescribed in a higher dose by your cardiologist/physician.

The most recent advancement in cardiology is the Corus Test. This blood test reviews your genes along with other symptoms and will calculate how at risk an individual is for the possibility of a future MI. Dr Falsone states this is a great tool if used as a prognostic indicator. He said this test is so new, that many cardiologists are still not aware of it.

So, according to Dr Falsone, the only reason you should ignore chest pain is if your cardiologist has cleared you and said not to worry. Otherwise, call for HELP.

Welcome to NADE's newest Gold Corporate Member:
"Firstsource Solutions"

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 Micaela Jones, 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

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


NADE National
Training Conference
peace
Come Together
Right Now
Harmony
Los Angeles, California
August 28-September 1

NADE wishes to thank the following basic corporate members:

Bertha Litwin & Associates	**Sherman Oaks, CA**
Iron Data	**St. Louis, MO**
Izzi Medical Associates	**Los Angeles, CA**
Ralph S. Lazzara MD	**Rochester MI**
Kevin Linder	**Springfield, IL**

You hold the key.....

To report fraud, waste, abuse or mismanagement.

Call: 1.800.269.0271

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

Fax 410.597.0118
e-mail
oighotline@ssa.gov

Northeast/Mid-Atlantic/Southeast Tri-Regional Training Conference

May 3-6, 2011

The Newport Harbor Hotel and Marina

Rates $105 single/double
Gated/security parking

Reservation code is NADE 1105

Contact Debi Chowdhury
Debi.Chowdhury@ssa.gov
518.408.4673

Conference Fees:

ATTENDENCE FEE (payment *MUST* be received by 4/30/11)

Entire Conference: $165 NADE Member $215 non-NADE member

REGIONAL PRESIDENT'S RECEPTION MEMBERS FREE, GUESTS $35

Wild Mushroom Risotto w/Asparagus___
Chicken Picatta___
Beef Tenderloin Tips in Mushroom Demi Glaze ____

AWARDS LUNCHEON MEMBERS INCLUDED, GUESTS $25

Fish___ or Chicken___

T-SHIRT$10.00

MANSION TOUR……$50.00 May 3 12:30, approximately 4 hours.
At the turn of the century, Newport was the premier summer colony for the newly rich of the gilded Age. Return to that elaborate period today as you travel Ocean Dr and Bellevue Ave area with its famous mansions, the "summer cottages" of the country's elite in the early 1900's. The tour will include visits to two of the legendary Vanderbilt estates. Marble House is one of the most impressive mansions on famed Bellevue Ave. The Breakers, built by Cornelius Vanderbilt sits on 11 acres and is the largest of Newport's summer cottages.

Apologies to IMA for the omission of their membership box in the printed copy of the Advocate.

NADE Board Members 2010-2011

OFFICERS

PRESIDENT
Andrew Martinez
1599 Green Street #303
San Francisco, CA 94123
510.622.3385
Fax: 510.622.3385
andrew.martinez@dss.ca.gov
Team Manager

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

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

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
573.526.2219
Fax 573.526.3788
sharon.belt@ssa.gov
Hearing Officer

REGIONAL DIRECTORS

GREAT LAKES
Jennifer Nottingham
781 Ficus DR
Worthington, OH 43085
614.438.1777
Fax 614.785.5049

jennifer.nottingham@ssa.gov

GREAT PLAINS
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

MID-ATLANTIC
Leesa Chalmers
754 East Shannon Road
Bridgeport, WV 26330
304.624.0268
Fax 304.624.0235
leesa.chalmers@ssa.gov

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
Joe Rise
23601 112th Ave SE
Apt A103
Kent WA, 98031-5400
206.654.7206
joe.rise@ssa.gov
Supervisor

SOUTHEAST
Sharon Summers
200 Athens Way
Plaza Tower II
Nashville, TN 37228
615.743.7618
Fax: 615.253.0015
sharon.summers@ssa.gov
Hearing Officer

SOUTHWEST
Mary Dumars
2920 Knight Street Ste 232
Shreveport, LA 71105
318.869.6497
Fax: 318.869.6406
mary.dumars@ssa.gov
Unit Specialist

CHAIRPERSON-COUNCIL OF CHAPTER PRESIDENTS

Jennifer Pounds
1004 Shae Court
Garner, NC 27529
800.662.1852 ext 6295
Fax 800.851.3065
jennifer.pounds@ssa.gov

APPOINTED DIRECTORS

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

MEMBERSHIP
Donnie Hayes
3301 Terminal Dr
Raleigh, NC 27604-3896
919-212-3222 ext. 4371
Fax: 888-222-5763
donnie.hayes@ssa.gov

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

PROFESSIONAL RELATIONS OFFICER

Rebecca Billingslea
400 East Campus View Blvd
Columbus, OH 43235
800-282-2654 ext 1312
Fax: 800-882-6446

rebecca.billingslea@ssa.gov

Chair yet to be named:

SYSTEMS

NADE Committee Chairpersons

AWARDS
Lorenzo Moultrie
4054 Sandy Ridge DR
Columbus, OH 43204
614.438.1749
Fax 614.785.5066
lorenzo.moultrie@ssa.gov

CONSTITUTION & BYLAWS
R. Todd Deshong
2226 Elliot Ave, #109
Seattle, WA 92121
206-654-7151
Fax – none
richard.deshong@ssa.gov

CORPORATE MEMBER
Barbara Young
The IMA Group
660 White Plains Road
Tarryton, NY 10591
800.245.4245 ext. 319
Cell: 518.527.8487
Vice President of Business Development

DDS ADMINISTRATORS/SSA LIAISON
Susan Smith
5781 Coldcreek Dr.
Hilliard, OH 43026
614.438.1879
Fax 614.785.5013
susan.x.smith@ssa.gov

ELECTIONS AND NOMINATIONS
Leola Meyer
106 Linfield Circle
Forest, MS 39074
800.962.2230 ext 5487
Fax 877.745.5458
leola.meyer@ssa.gov

HEARING OFFICER
Kerry Vander Bloomer
2706 Burnock Dr.
Portage, MI 49024
269.337.3459
Fax: 269.337.3090
kerry.vander.bloomer@ssa.gov

HISTORIAN
Susan LaMorte
675 Joralemon St, A-10
Belleville, NJ 07109
973.648.7728
Fax: 973.648.2580
susan.lamorte@ssa.gov

LITIGATION MONITORING
Edie Peters-Ligouri
35 Van Ryper Place
Belleview, NJ 07109
973.648.6983
Fax 973.648.3238
edie.peters-ligouri@ssa.gov

MEDICAL CONSULTANT
J. Scott Pritchard D.O.
3150 Lancaster Dr. NE
Salem, OR 97305-1350
503.986.4962
Fax: 503.373.7202
scott.pritchard@ssa.gov

NATIONAL DISABILITY PROFESSIONALS WEEK
Marcia Shantz
1134 Claremont St.
Dearborn, MI 48124
313.456.1604
marcia.shantz@ssa.gov

NON-DUES REVENUE
Malcolm Stoughtenborough
11129 Springhollow Rd. Unit 126
Oklahoma City, OK 73120
405.419.2573
malcolm.stoughtenborough@ssa.gov

ORGAN DONATION/TRANSPLANT
Cynthia A. Henderson
9801 N Kelly Ave.
Oklahoma City, OK 73131-2433
405.419.2532
Fax 405.419.2757
cynthia.henderson@ssa

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

RESOLUTIONS
Ella E. Timm
811 E 10th Street, Dept 24
Sioux Falls, SD 57103-1650
605.367.5492 ext 108
Fax 605.357.5485
ella.timm@ssa.gov

RETIREES
Anne Graham
1316 Glenmont Rd.
Baltimore, MD 21239
bluewindow@verizon.net

STRATEGIC PLAN
Jerry Prior
3691 Bogota Drive
Westerville, OH 43081
614.438.1871
jerry.pryor@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: Membership Chair

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

Address Service Requested

NADE MENTORING PROGRAM

IT IS TIME TO GET INVOLVED:
BE A LEADER OR BECOME A LEADER

GET INVOLVED NOW TO LEARN:
GREAT LEADERSHIP SKILLS, SOCIAL NETWORKING

IF YOU ARE A GREAT LEADER, WHY NOT SHARE YOUR LEADERSHIP SKILLS WITH ANOTHER NADE MEMBER.

FOR MORE INFORMATION GO TO WWW.NADE.ORG AND SIGN UP TODAY TO BE A MENTOR OR TO BE MENTORED. PLEASE CONTACT CCP CHAIR TO JOIN!!