

the NADE ADVOCATE



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Congressman Becerra Addresses NADE Conference

by Jeff Price, North Carolina DDS



Congressman Becerra

THE HONORABLE XAVIER BECERRA, Democratic Ranking Member of the Social Security Subcommittee in the U.S. House of Representatives, and the Representative from California's 31st congressional district, took time from his busy schedule to address the 2011 NADE National Training Conference. In addition to his duties as the senior Democrat on the Social Security Subcommittee, Congressman Becerra is also the Vice Chair of the Democratic Caucus and was recently appointed to serve as one of the twelve members on the Joint Select Committee on Deficit Reduction, or "Super Committee." This committee, consisting of three (3) Democrats and three (3) Republicans each from the Senate and House has been charged with the responsibility to find over \$1 trillion in cuts to the U.S. budget by November. NADE was honored to welcome Congressman Becerra as a featured speaker at this year's national training conference.

Congressman Becerra opened his remarks by praising all those in the audience for their commitment to their profession and for the level of service they have provided to the American public. He noted he was well aware of the concerns NADE members have for Social Security's administrative budget and how reductions in this budget would impact the ability of the Social

Security Administration, including the state DDSs, to continue to provide the level of service America has come to expect. The Congressman pledged his support for adequate funding for SSA to do its job and noted his colleagues in Congress, Democrats and Republicans, were aware of the administrative budgetary needs of SSA. He asked the audience to share their concern with their own congressional representatives and to subsequently hold each accountable. The Congressman reminded everyone of one fact which no one needed to be reminded – that Social Security has not contributed one dime to the budget deficit. The Congressman voiced his belief that it is unconscionable for some Members of Congress to hold SSA hostage in a budgetary cutting climate that was not of the Agency's making.

In 2001, the Congressional Budget Office (CBO) reported the nation could expect to continue operating within a balanced budget for at least the next ten years and achieve a surplus that could be used to pay off the nation's debt. Unfortunately, the Bush tax cuts passed by Congress that same year, coupled with the ensuing two wars in Iraq and Afghanistan have erased the memory of that CBO report and drained the nation of its economic resources. While balance must now be restored to the federal budget, Becerra said he would fight to shield Social Security from cuts. Becerra noted Social Security has survived thirteen recessions over the last 75 years while keeping its promise to pay seniors, disabled workers, widows, and children and to pay them on time and in full. He noted almost \$69 billion will be added to the Social Security Trust Fund this year, a Fund that is now at more than \$2.6 trillion and which will enable SSA to honor its commitments for years to come. The Congressman noted such a retirement, disability, and life insurance protection plan in the private market does not exist and he called for reducing the nation's deficit responsibly, not on the backs of the nation's seniors, widows and disabled. He pledged continuing support for adequate funding for SSA to employ a professional staff to process benefit claims at a level of service second to none.

Becerra, continued on page 6

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President's Message

A Noble Work

THE AIRWAVES AND PRINT MEDIA are full of advertisements these days on just how difficult it is



for the average person to navigate the Social Security Disability application process. Some of these commercials would have the public believe that it is almost impossible to obtain Social Security Disability benefits without the help of a paid professional. We know that nothing could be further from the truth. We know because correctly adjudicating disability claims it is what we do for a living. We know because we are on the front lines of the process. We know because we are the people making those calls to get that pathology report or to get that ophthalmology exam or that cardiac consult that would allow our client his/her benefits as quickly as possible. We are professionals. We take our work seriously. We are sensitive to the fact that many applicants have already lost their homes or are near to losing their homes because they have been out of work. While we process literally millions of claims each year, we are fully aware that we are not merely manipulating numbers. No one knows better than we do that each claim represents an actual human being facing

sometimes insurmountable circumstances. No one wants to process his or her claims faster and more accurately than we do.

Most of my career within the Disability Determination Service has been as a Professional Relations Officer. That position has allowed me to interface with many different groups of applicants. I will always remember meeting with a group of organ recipients on a cold Saturday morning in Jackson, Michigan. Some of them had received a heart, others a kidney or a liver; some received both a heart and lungs. They were in a support group that met regularly in the physical therapy department of the hospital. There were at least thirty organ recipients and each had a loved one with them. I asked them to explain to me how they felt about the disability process. I asked them specifically how were they treated and what their experience was like. One-by-one they went around the room and shared nothing but praise on how kindly they were treated and how quickly their claims were approved. Not one person in the entire group reported any problems with their disability process. What a comfort that was to the others in the room that were just beginning their disability application process and their own wait on the transplant list. Later I received a note of thanks in the mail for driving to meet with them on a Saturday morning. In that note was a small piece of fabric with these words and symbols hand stitched into the fabric; "Love One Another", a heart, a rainbow, and 01 (for 2001). I still have that piece of fabric pinned to the wall in my office today.

Another memory is of a multiple sclerosis support group that met in the local Senior Center in Battle Creek. As you know, multiple sclerosis affects people in a wide variety of degrees. Some experience a

Continued on next page

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.

Advocate advertising rates are as follows:

Size	Single Run	Multiple runs
1/3 page	\$100.00	\$75.00 per issue
1/2 page	\$150.00	\$125.00 per issue
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NADE is an incorporated, nonprofit organization.

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Letters to the Editor are welcomed and may be selected for inclusion in future issues. Please forward ideas for future *Advocate* topics to the editor or your Regional Publications Representative. The next issue will be published in **Spring 2012**.

All correspondence should be directed through your Regional representative or NADE editor by **March 15, 2012**.

minimal affect on their ability to function while others are completely debilitated. Typically, people suffering from this disease simply do not feel well on a consistent basis. Again, one-by-one they went around the room and expressed appreciation for their treatment by both the Social Security Claims Representative and the Disability Examiner. They each felt their workers were competent and that they had been treated fairly and with dignity.

I have many similar memories of meeting with various groups of people. I know first-hand we are doing a great job because I have heard from our customers firsthand. We also have relatives and neighbors that have applied for disability benefits. We know how to make this process work more fairly and more efficiently than any other group. We deserve to be proud of our good work. We deserve to celebrate our contribution to society.

While this may sound like merely a collection of warm and fuzzy anecdotal stories, the truth also lies in the numbers. By SSA's own reporting, in FY 2011 the DDS had a target to process initial claims by 118 days and beat that goal by 9 days (109). From 2007 through 2010, the DDS had met the target accuracy rate of 97%. (FY 2011 accuracy number is still be compiled.) In FY 2011 we completed 3,390,936 claims and exceeded the targeted goal by 117,936 claims despite losing 1,134 DDS employees!!! We are not merely good at what we do - we are great at what we do.

I have to confess when I hear one of those commercials I tend to bristle. As disability professionals, we are not gatekeepers of the SSA trust fund. We do not intentionally work against any client obtaining what is rightfully his under the law. We do a noble work and we have every reason to be proud at how well we do it.

Tom Ward

Tom Ward
NADE President



*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.*

NADE Goes Totally Green!!

At the New Board meeting in Los Angeles, the NADE Board voted to go exclusively to electronic distribution of the professional journal, *The NADE Advocate*. Why? Faster than postal delivery, all photos in color, and save NADE some green!

Please notify the Communications Director Donna Hilton of any email address changes when they occur. Questions on distribution may be directed to the Communications Director or your Regional Director.

NADE CALENDAR OF EVENTS:

Mid-Year Board Meeting	Intercontinental Harbor Court	Baltimore, MD	March 1-3, 2012
Great Lakes/Great Plains/Southeast/ Southwest Quad Training Conference	Embassy Suites/Crabtree Valley	Raleigh, NC	April 23-25, 2012
National Training Conference	Hyatt Regency	Columbus, OH	Sept 8-14, 2012

NADE Correspondence



12/27/2011

To: Office of Medical Listings Improvement
Social Security Administration
6401 Security Boulevard
Baltimore, Maryland 21235-6401

From: Mark Bernskoetter
Legislative Director
National Association of Disability Examiners

re: Docket No. SSA-2009-0039, Revised Medical Criteria for Evaluating Congenital Disorders That Affect Multiple Body Systems

The National Association of Disability Examiners (NADE) welcomes this opportunity to offer comments on the Notice of Proposed Rulemaking for evaluating congenital disorders that affect multiple body systems. NADE is a professional organization whose mission is to advance the art and science of disability evaluation. Our membership base is representative of broad interests regarding the Social Security and Supplemental Security Income disability programs, including employees of state Disability Determination Service (DDS) offices, (who are directly involved in processing these claims), as well as personnel from across SSA, attorneys, claimant advocates, and physicians. This diversity of membership and hands-on experience provides us with a unique understanding of the challenges and opportunities facing these programs today.

NADE believes the proposed changes to this body system clarify several issues from the current listings & simplify the requirements for adjudicating both Down syndrome & catastrophic congenital conditions.

We wonder if the new title, "Congenital Disorders that Affect Multiple Body Systems" signals an expanded list of such conditions in the future. There are a host of congenital conditions which affect multiple body systems and most of these now come in on applications as the names of specific syndromes.

Under current guidelines, we see cases where parents indicate genetic testing was done, the physical characteristics are consistent with the diagnosis, but the actual report is not in the medical evidence we have been able to obtain, and it takes much time and effort to obtain the actual report. Simplifying this process will be a great savings and allow the DDS to focus diminishing resources on other cases. We appreciate the more practical guidelines outlined in the proposed changes to the listings.

NADE would like to propose points for further consideration regarding diagnosis in Down Syndrome cases. Only a small number of individuals with Down syndrome have a diagnosis of mosaic Down syndrome (1-2% of cases). Perhaps the overwhelming predominance of non-mosaic Down syndrome (98-99% of cases) means medical records do not customarily delineate which type of Down syndrome is diagnosed. For increased consistency, and in the interest of a more streamlined and compassionate adjudication process, we recommend the criteria be further revised so that an individual's condition could be found to meet the listing unless chromosomal analysis that may be in file shows, or any chromosomal analysis is reported to have shown, a diagnosis of mosaic Down syndrome.

The remainder of our comments focus on a technical discussion of proposed sections 10.00C1a and 110.00C1a: "We will not accept a fluorescence in situ hybridization (FISH) test because it does not distinguish between the mosaic and nonmosaic forms of Down syndrome." FISH probes are directed at band 21q22.3 (the so-called Down syndrome critical region). One can clinically conclude that cells with three copies of this region have all the critical extra chromosomal material that leads to Down syndrome. While a number of experts and expert bodies object to FISH studies (and QF-PCR) as standalone testing, the objection is not based on FISH inability to distinguish between the mosaic and nonmosaic forms of Down syndrome, but its inability to examine chromosome structure and its limitation to identifying only those specific abnormalities at which the probes are directed (e.g. Caine A, Maltby AE, Parkin CA. *Prenatal detection of Down syndrome by rapid aneuploidy testing for chromosomes 13, 18 and 21 by FISH or PCR without a full karyotype: a cytogenetic risk assessment*. Lancet 2005;366:123-8).

The UK National Screening Committee recommended Rapid Aneuploidy Diagnosis as a standalone approach to Down syndrome screening (Gekas J, van den Berg DG, Durand A, Vallée M, Wildschut HI, Bujold E, Forest JC, Rousseau F, Reinharz D. *Rapid testing versus karyotyping in Down syndrome screening: cost-effectiveness and detection of clinically significant chromosome abnormalities. Eur J Hum Genet.* 2011 Jan;19(1):3-9). Its sensitivity and specificity are comparable to traditional karyotyping (Witters I, Devriendt K, Legius E, Matthijs G, et al. Rapid prenatal diagnosis of trisomy 21 in 5049 consecutive uncultured amniotic fluid samples by fluorescence in situ hybridisation (FISH). *Prenat Diagn.* 2002 Jan;22(1):29-33; Caine A, Maltby AE, Parkin CA, Waters JJ, Crolla JA; UK Association of Clinical Cytogeneticists (ACC). Prenatal detection of Down syndrome by rapid aneuploidy testing for chromosomes 13, 18, and 21 by FISH or PCR without a full karyotype: a cytogenetic risk assessment. *Lancet.* 2005 Jul 9-15;366(9480):123-8; Shaffer LG, Bui TH. Molecular cytogenetic and Rapid Aneuploidy detection methods in prenatal diagnosis. *Am J Med Genet. Part C Semin Med Genet.* 2007;145C:87-98).

The American College of Medical Genetics Standards and Guidelines for Clinical Genetics Laboratories, January 2010 does state that FISH should not be a substitute for complete karyotypic analysis. However, the ACMG/ASHG policy statement (Test and Technology Transfer Committee, *Technical and clinical assessment of fluorescence in situ hybridization: An ACMG/ASHG position statement* indicates in I. Technical Considerations. *Genet Med.* 2000;2:356-61) indicates: "...the ACMG recommends that: 1. FISH testing be considered a highly useful and accurate test for the diagnosis of microdeletions and for the identification of unknown material in the genome. In disorders in which FISH testing provides results not possible from standard cytogenetic testing, the testing is standalone and should be accepted as such. ... Clinical decision-making should be based on information from two of three of the following: positive FISH results, confirmatory chromosome analysis, or consistent clinical information." This policy statement supports the position that, while FISH testing has clinical limitations for management of reproductive risk, for the purposes of clinical (and adjudicative) decision-making, we believe FISH results and consistent clinical information (diagnostic physical features) should be sufficient.

FISH testing, as generally performed, detects low-level mosaicism. Very low levels (<3%) of normal signal patterns (two chromosome 21 FISH signals in a background of cells with three signals for chromosome 21) are generally attributed to probe juxtaposition artifact, and this *might* overlook very low levels of mosaicism for normal cells. Indeed, the same 'detection limit' occurs on the other end as well, where very low levels (<3%) of abnormal signal patterns (three chromosome 21 FISH signals in a background of cells with two signals for chromosome 21) are generally attributed to probe 'splitting' artifact. Any greater indication of mosaicism (? 3%), particularly at the end of the detection spectrum where the vast majority of cells are normal and only a small fraction are abnormal, would prompt additional testing, including, most likely karyotyping, to assess low-level mosaic Down syndrome and phenotypic consequences thereof.

Karyotyping is generally performed on 20 metaphase cells, and the very low level of mosaicism that might be missed by FISH would be just as likely to be missed by karyotyping. Nor is karyotyping 100% sensitive (99.8% has been cited in the literature), but practically-speaking, with 20 metaphase cells examined, the detection limit is closer to 1 in 20, or 5%. Importantly, the results would always be interpreted within the context of clinical and other laboratory findings; laboratory tests, particularly with Down syndrome, are generally considered confirmatory and supportive of clinical findings.

NADE asserts that Lab reports of non-mosaic trisomy 21 based on FISH testing, combined with a clinical description of the diagnostic physical features, and a diagnosis from an acceptable medical source should be sufficient to meet the listings.



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Organ Donation Committee

NADE



**ORGAN DONATION
A GIFT FOR LIFE**

April is Organ Donor Awareness Month. This year our main focus will be recruitment of Minority Donors, so chapters let's get busy as we want an overwhelming response in the number of minority donors registered this month.

Why Minority Donors Are Needed?

People of all ages, races, and ethnicities can save and enhance lives by donating their organs, eyes and tissues. Although, organ and tissue transplants are needed by people from every area of our nation, some of the conditions that can result in organ failure are best treated through transplantation; others can be treated only by this lifesaving procedure.

People of most races and ethnicities in the U.S. donate in proportion to their representation in the population. The need for transplant in some groups, however, is disproportionately high, frequently due to a high incidence of conditions such as high blood pressure or diabetes, both of which can lead to the need for a kidney transplant.

For example, African Americans, Asians and Pacific Islanders, and Hispanics are three times more likely than Whites to suffer from end-stage renal (kidney) disease, often as the result of high blood pressure and other conditions that can damage the kidneys. Almost 35 percent of the more than 80,000 people on the national waiting list for a kidney transplant are African American.

Although organs are not matched according to race/ethnicity, and people of different races frequently match one another, all individuals waiting for an organ transplant will have a better chance of receiving one if there are large numbers of donors from their racial/ethnic background. This is because compatible blood types and tissue markers—critical qualities for donor/recipient matching—are more likely to be found among members of the same ethnicity. A greater diversity of donors may potentially increase access to transplantation for everyone.

THE NEED IS REAL

http://organdonorgov.us/waitlist_data.php

During your visit to organdonorgov.us, someone may have been added to the waiting list. It happens every 11 minutes. Each day an average of 75 people receive organ transplants. However, an average of 20 people die each day waiting for transplants that cannot take place because of the shortage of donated organs.

Organ transplantation has become an accepted medical treatment for end-stage organ failure.

The facts prove it. But, only you can help make it happen!

Cynthia Henderson, NADE Organ Donor Program Chairperson

Becerra, from page 1

Congressman Becerra received tremendous applause from an appreciative audience. The Congressman has declined a formal introduction, asking only that the audience be told he was on time. Nevertheless, in addition to his formal duties in the House, the audience was reminded the Congressman held an undergraduate degree in economics as well as a law degree, both from Stanford University, and that he served on the Smithsonian Board of Regents. The Congressman is also a Board member of the Close Up Foundation, the nation's largest youth civic education organization that annually brings 25,000 students and teachers to Washington.

NADE's **National Donate Life Month Contest** **April 2012**



ORGAN DONATION
A GIFT FOR LIFE

The National Donate Life Month Contest

A chance for the NADE Chapters to compete based on their efforts in:

1. Increasing awareness of the need for more minority donors
2. Educating minority members and the community about donation/transplantation through informational speakers
3. Providing educational seminars or training activities.
4. Recruitment of Minority Donors

The Result of your efforts will be:

- 1st, 2nd, and 3rd place cash awards
- An increase in the awareness of the need for more minority donors,
- Increased education for our local NADE chapter members about minority donation/transplantation.
- To provide local NADE chapters resources and tools to educate their members to effectively hold activities during National Donate Life Month
- To recognize local NADE chapters that have provided a variety of educational, informational and training activities to their members during National Donate Life Month.
- **Contest Deadline is April 30, 2012, all submission due by this date!!!**

Join The Crowd – Get Certified!!

by Ellen Cook, Professional Development Chair

THE APPLICATIONS FOR NADE Certification of Disability Professionals are pouring in. You need to get in line right now before the crowd gets away from you and leaves you behind!!

NADE offers professional certification to examiners, support staff, and medical members. Attainment of Certified Disability Examiner status places you in a unique position as a highly qualified expert in the profession of disability adjudication. Advanced training and service will enable you to bring a higher level of expertise to the field of disability adjudication and provide more effective and efficient service to the population we serve.

All NADE members, whether you are a support professional, medical professional or disability professional, can be certified. All the information you need to apply is on our website at www.nade.org. Choose Certifications under the MEMBERSHIP ISSUES heading in the middle of the home page. Even the forms that you need to complete are there, whether it's for certification or re-certification.

If you have never been certified as a NADE professional, it is time to see if you qualify. If you have been a NADE member at least one year, and have held a position with your DDS for at least three (3) years, you should qualify. Just complete your certification form, including listing all your training hours, and have it signed by your Agency Director, your Regional President, or your local Chapter President. (You may be surprised to see how much training you have had.) Send it in, and your certificate will be on its way back to you soon.

If you have been previously certified (any time before 2006), it is time to be re-certified. To maintain your certification you need to obtain 15-25 additional hours of training every three years, depending on your member classification. In this way NADE Certification remains current at all times. No resting on our laurels in this program! We keep learning and growing and we should be recognized for that.

Chapter Presidents: have you appointed a certification chair? This position can perform a real service for your chapter by checking the certification status of your members against the master membership list sent each month. That way, any errors or oversights can be corrected, and you will have an updated record of the certification status of all of your members. This chair can also make sure everyone keeps records of their continuing education credits.

I encourage each member to solidify his/her dedication to this profession and apply to be certified today. Then display the certificate proudly as a testament to your achievement. I look forward to hearing from all our members this year.

Please contact me at ellen.cook@ssa.gov, 217-741-8151,
or by mail at Ellen Cook, 4805 Greenbriar Dr, Springfield, IL 62711.

Remember, at this time there is NO COST involved (other than postage) for certification and re-certification.

The following members have been Certified as Disability Professionals under NADE's Certification Program.

Congratulations to:	Member	State	Expiration
	Thomas Martin	NY	Sept 2014
	Penny Dahl	TN	Sept 2014

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

Jennifer Howe	MO	Sept 2014
Dean A. Crawford	OK	Sept 2014
Robyn B. Rohwedder	WA	Sept 2014
Debi Chowdhury	NY	Sept 2014
Jamie B. Simpson	AL	Jan 2015
Gabriel Barajas	WY	Jan 2015
Theresa Klubertanz	WI	Jan 2015
Tom F. Shadid PhD.	OK	July 2015

Please see the NADE website under MEMBERSHIP ISSUES, then choose "Certifications" to obtain complete information about NADE's Certification Program.

NADE Member News

Colorado Chapter Receives Community Service Recognition From The Salvation Army

by Ruann Parker, CADE President, Colorado DDS

IN NOVEMBER 2010, CADE began a partnership with the Salvation Army through their "Adopt a Family" program. Needy families submit applications to the Salvation Army and screened before assignment to a sponsor. After delivering the carload of gifts to the Salvation Army CADE received immediate correspondence from Bill VanSickle, the Salvation Army Chairman of the Adopt-A-Family Program, bestowing praises and thanks to CADE for the beautiful and abundant bags of gifts. He said that other sponsors were very generous and giving as well, but CADE hit the mark of excellence.

On February 17, 2011, CADE received special recognition from the Salvation Army for their exemplary participation in the seasonal Adopt-A-Family Program over the Holidays.

For Christmas of 2011 CADE again sponsored a family through the Salvation Army "Adopt a Family" program. This year we sponsored a family of five (5). CADE donated \$200 to buy gifts for the four children. Mom had asked for blankets and food for her children and pots and pans as a family gift. We were able to buy the children clothes and toys. We then collected \$225 in cash donations. With that money we got a Wal-Mart gift card. Staff members also donated a \$50 Visa gift card, a \$50 grocery store gift card \$20 of McDonald gift certificates and a \$50 Target gift card. We had donations of a set of pots and pans, 5 blankets, a women's robe, a toaster, coffee pot and bath products for mom. As you might expect having the opportunity to help a very needy family was very heartwarming during this season of giving.

CADE feels that the Salvation Army "Adopt a Family" Program will be an annual holiday activity, and is fortunate to be given the channel to touch the lives of people in our community who really need us.



CADE's plaque received from the Salvation Army.



Major Neil Hogan of the Salvation Army presents a Community Service Award to CADE Past President Jean Leif in honor of the CADE chapter's outreach.



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The Oklahoma DDS 2011 Angel Tree Project

by Cynthia Henderson, Oklahoma DDS

THE DISABILITY DETERMINATION DIVISION (DDD) of the Oklahoma Department of Rehabilitation Services hosted its 2011 Angel Tree Party. The Angel Tree is a nationwide project that provides Christmas gifts to the children of incarcerated parents. Cynthia Henderson, Director of the Greater Mt. Olive Prison Ministry, introduced the Angel Tree Project to the Division and its Administrator, Noel Tyler. Four years ago, the Greater Mt. Olive church had an over abundance of children and Ms. Henderson approached her administrator to see if the

Division would consider adopting the extra children. The adoption was a hit in the office and has become be a yearly holiday project. Spearheaded by Ms. Henderson the DDS is now officially apart of the nationwide distribution list who is allotted its own list of children. This year, Mrs. Tyler and her Angelettes, Kathleen Adams-Abdelaal, Jenice Brooks, D'Anne Edwards, Cynthia Henderson, Yolanda Lee, Cathy Stevens and Shirley Wells served a total of 41 children this year. Thanks to the generous donations and adoptions of the children by the staff at the DDD, these children will have a very special holiday season.



There was food, and fellowshiping with Malcolm Stoughtenborough and the children singing carols. In addition, we were joined by Santa (Leland DeSalle) who read, "The Night Before Christmas" to the children and later he and the "angelettes" passed out the gifts. The greatest gift was the onsite adoption of a little one who would have had no Christmas. We want to especially thank the Schimmels for stepping up to the plate at the last minute to ensure that this child had gifts this holiday season.



Again, thank you DDD for your generosity, giving spirit and kind attitude in adopting these babies. Special thanks to OKADE (Oklahoma Association for Disability Examiners), Alicia Harmon and Mr. Rick Brand. It could not have been the success that it was without you! Thank you all for your support and making such a difference in the lives of these children and their families!



Governor Fallin's Second Annual "Feeding Oklahoma" Food Drive Deemed A Success

by Cynthia Henderson, Oklahoma DDS



Cynthia Henderson (L)
with Governor Mary Fallin

GOVERNOR MARY FALLIN ANNOUNCED that her second annual Feeding Oklahoma food drive had exceeded its goal of raising food and funds to provide 1 million meals for hungry Oklahoma families this holiday season. The food drive raised more than \$227,000, collected more than 552,400 lbs of food, which will provide more than 1,627,000 meals. The 2011 food drive more than doubled the 700,000 meals provided during the inaugural food drive.

"Oklahomans are the most caring and giving people around and they proved it by answering the call to participate in the Feeding Oklahoma food drive," Fallin said. "I want to thank all our generous corporate sponsors and everyone who brought in food items. Your willingness to help our families and neighbors embodies the 'Oklahoma Spirit' that makes our state such a special place to live."

In all, more than 130 businesses across Oklahoma participated in the food drive. The State of Oklahoma Disability Determination Division (DDD) donated 172 Lbs of food and this was an awesome start for our first year participating! Thanks go out to all who donated to the cause and we hope for more participation during the November 2012's Food Drive.

Employment Opportunities

**Applicants
Wanted!**

POSITION: Attorneys or Paralegals

Established Social Security disability law firm seeking experienced attorneys or paralegals to analyze case files and prepare case summaries/pre-hearing memoranda.

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Blood, Sweat and Tears for Life

by Marcia Shantz, Detroit MI DDS

APRIL is national DONATE LIFE Month. This is NADE's chosen charitable endeavor and our chapter has made it ours! Increase awareness, educate and recruit, last year the Michigan Chapter did it all.



National chain restaurant "Noodles & Company" in Kalamazoo, MI hosted an Organ Donation fundraiser.

The NADE members from L to R: Teresa Crawford, Elaine Carlson, Julie Mavis, and Cathy Ur accompanied by her daughter Valerie.

We began by hitting the streets to find businesses within the community who would be interested in helping us to spread the word about the need for organ donors. A very generous offer came from "Noodles & Company." To kick off the month, on March 31st, the company donated 25% of sales for the day to the National Kidney Foundation. Two NADE members, who have had kidney transplants, were present to greet customers and provide information on organ donation.

On April 1st, we circulated President Obama's proclamation of National Donate Life Month office wide and provided resources and information on how any individual can help. With the administrator's blessing, our chapter also collaborated with other agencies in our building to promote a blood drive on April 7th. Many DDS employees, NADE members and non-members alike, rolled up their sleeves for the cause. The Red Cross was able to procure over 200 pints of blood from the joint efforts.

Our chapter formed a team to participate in our state's regional Kidney Walk. "Team Bean" was even outfitted with really, clever t-shirts for the event. Our team's logo was little kidney beans lined up and marching! A local business, Tempo Vino winery, provided a wine tasting event with 25% of sales going to support our "Team Bean." We also had a bake and book sale in the office to support the team. Educational materials and donor information was made available at the sale, too. Many employees pledged to support the team as well. "Team Bean" walked a good walk in the fight for organ donor awareness on May 1. Our exertion provided a handsome check to the National Kidney Foundation of all the monies raised.

Moreover, it does not end there. Our chapter procured a speaker who had gained national recognition on "Good Morning America" to culminate National Donate Life Month activities. We scheduled him to speak at our regional training conference on May 2nd. Michael Hagan, a liver transplant recipient himself, spoke and there was not a dry eye in the room. He was so moving that people actually signed up for organ donation, twice! That is right, I said twice! You see, he explained that there is not a national organ donor list. Registries are kept state by state. Many NADE members attending the regional conference who had already signed up in their own states are now registered on Michigan's donor registry as well! In all, over 20 people were added to the donor registry.

Michigan won Third Place in the NADE 2011 contest and was presented with a certificate at the 2011 National Training Contest in Los Angeles, CA.



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Baked It and They Came

by Jennifer Pounds, North Carolina DDS

THE FIRST "NCDDS CUPCAKE WAR" was a great success! Units had to pick randomly from a list of five North Carolina based ingredients including sweet potato, peanut, apple, berries and honey from which they based their cupcake displays and cupcake taste.



Unit 14's winning "Peanuts" display

With 17 units participating, it was a great way for others to see how many truly creative people we have among us. The displays ranged from sweet potato fields and flower fields to a football field and fully functional Ferris wheel. Unit members solicited staff members to purchase their cupcakes once the war began at lunch. All cupcakes were sold for \$1 each.

The battle raged on for two (2) hours and in the end, 921 cupcakes were sold. The units kept half the sales from their cupcakes and donated the other half to THADE. Unit 14, sold 118 cupcakes and took home the grand prize of \$25 for their plethora of delicious peanut-based cupcakes and their display inspired by everyone's favorite beagle!



Working Ferris wheel displays cupcakes.

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Membership

Challenge to the Membership

"The more members we have, the stronger our voice"

by Donnie Hayes, NADE Membership Director

AS THE NATIONAL MEMBERSHIP Director, my challenge to each of you is to recruit at least one new member this year.

I would like to congratulate all of the 2011 winners of our annual Membership contest. Cash prizes and certificates are awarded every year to the first and second place large, medium and small chapters who have attained the highest membership increases over the past year. The third place winner receives a certificate. This year at the National Training conference in Los Angeles, California, first place prizes were awarded to Chapter 44 Oklahoma (large), Chapter 57 Washington/Renton-Seattle, (medium) and, Chapter 19 Kansas (small). Second place prizes were awarded to Chapter 33 North Carolina (large), Chapter 58 Wisconsin (medium) and, tied for the second place in the small Chapter category was Chapters 47 Rhode Island and Chapter 18 Indiana. The third place winners were Chapter 13 Georgina (large), and for third place in the small Chapter category was Chapter 69 West Virginia-Clarksburg.

Your membership in NADE is an investment in your career. As members, I hope you are proud of the achievements that NADE was able to accomplish this past year. These achievements were possible only because NADE members chose to become involved. Your membership makes it possible for NADE to be able to afford to be represented at the policy-planning table with SSA and to present our issues before Congress. You made it possible for NADE to meet with the SSA executive leadership to convey your ideas and your opinions. You made it possible for NADE to publish the *Advocate* and to maintain a web site to keep you and others informed.

Now is the time that NADE Chapters and NADE members should be making a big push to increase membership. Our organization would grow exponentially if each one of us recruit just one new member to join NADE today! This is a great time to become a new member. Those individuals who have never joined and individuals that have not renewed their membership in the last three years or more receive not only 12 months membership but, if they join any time after January 1, 2012, they become mem-

bers immediately and renewal of their membership is not again until June 2013. This essentially means that new members who join now receive an extended membership status through June 2013

I hope that all of you will consider taking advantage of renewing your membership online. You can go to the NADE website and renew your membership. New members can also join the organization using this easy method. You just fill in the necessary information and you will receive an email confirming the transaction.

Your membership makes it possible for NADE to exist as a truly independent professional association. We can all be proud of the achievements earned by our professional association.

Membership grants: Membership grants are 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 current members and recruitment of new members.

Associate Commissioner, "Never Forget from where you came"

Dorn, from page 24

The Associate Commissioner concluded her presentation by stating she was happy to be in her position due to her background in the DDS and reminded everyone to "Never forget from where you came". It is apparent that Ms. Dorn remembers her beginnings in the DDS and understands the challenges faced by disability professionals.



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National Conference Coverage

Dolls of Hope Project Educates and Informs

by Geraldine Clemons, Shreveport LA DDS

CYNTHIA DAVIS MPH, Professor at Charles Drew University and director of the Dolls of Hope Project, presented a break-out session, "Current Outcomes in the Long-Time Survivors with HIV." After her presentation, conference attendees who previously expressed interest and contributed a \$15.00 donation, were allowed to participate in the "Dolls of Hope Project."

Ms. Davis supplied the crafts needed to create a "personalized doll" which would either be kept by the participant, or would be donated to a child affected by HIV/AIDS. She advised that the dolls created that day would be sent to Haiti. While creating our dolls, Ms. Davis explained how the creation of the dolls in a group setting personalized HIV/AIDS among the participants and gave her an opportunity to discuss HIV/AIDS prevention in a comfortable setting.

In December 1998, Charles Drew University spearheaded the Dolls of Hope Campaign. The goal of this campaign is to "Break the Silence" of HIV/AIDS through community education and awareness mobilization efforts. The campaign solicits volunteers to help make handmade dolls for agencies locally, nationally, and internationally that work with children and youth who are HIV infected, have AIDS, or who have been orphaned by AIDS. The Dolls of Hope Campaign provides communities an opportunity to reach out compassionately to HIV/AIDS-affected individuals and families, as well as to educate and inform community leaders about their role in changing community attitudes and beliefs about HIV/AIDS.



LA's B.E.S.T. Offers a Hand to Homeless

by Michelle Muldrew, Roanoke VA DDS

THE B.E.S.T (Benefits Entitlement Services Team) PROGRAM is a homeless program for the Los Angeles area. The program is primarily funded by the SSA Board's Homeless Prevention Initiative in conjunction with the Department of Health Services and Los Angeles County. They have approximately an 85% approval rate and as of March 31, 2011 had adjudicated 393 applications.

The program was described by a panel, comprised of Linda Rodriguez LCSW, Director; Dr. Dennis Bleakely MD, Medical Consultant; Grace Akra MD, staff psychiatrist; Bjoren Petersen, case manager; Chris Mack, Lean Outreach Worker and Patricia Robidart, San Francisco Deputy Regional Commissioner.

B.E.S.T provides assistance to homeless individuals and families throughout Los Angeles that are applying for Social Security benefits through coordinated comprehensive case management, medical and mental health services. BEST provides services to individuals who are legal citizens of the US, living on the streets or in a shelter/transitional living, unable to work for 12 months or longer and do not have a current case with SSDI/SSI and have a qualifying mental or medical disability under the SSA guidelines.

Case Managers review the cases and if a CE is needed, they call DDS immediately and schedule an exam while the client is in the facility so that when the claimant leaves the building, he/she knows where the appointment will be and when. BEST program has been successful in reducing MPT to 50 days average.

B.E.S.T. has 665 open cases currently and past clientele have included 371 females, 740 males and three (3) transgender. The majority of their clients have significantly less than high school education and have been homeless for an average of three (3) years and many have had significant amounts of physical abuse. The team gains trust from the clients and are empathetic to their clients' needs and as well as have a working knowledge of mental illness and psychotropic drugs. They are trained in how to approach individuals both at their facilities and on the streets. The services take place in their local community centers and/or health centers.

The B.E.S.T program of Los Angeles has won a number of citations from the city for the work they are doing to assist the homeless community with Social Security applications and if awarded, their monetary benefits.

National Conference Coverage

The Non-Attorney Rep/Advocate Perspective

by Malcolm K. Stoughtenborough, Oklahoma DDS

REPRESENTATIVES FROM NADE GOLD Corporate Member, Allsup, Inc., presented "The Advocate Perspective to Disability Claims". The presenters included: Mike Stein, Assistant VP of Claims; Mary Dale Walters, Senior VP of Consumer Sales and Marketing; and Tai Venuti, Manager of Strategic Alliances. Allsup was also an exhibitor during the Conference.

Allsup, Inc., a provider of non-attorney Social Security and Medicare disability claims services has benefitted more than 150,000 people with disabilities over the past 27 years. Allsup's founder, Jim Allsup, is a former SSA employee. He continues to be a strong

disability advocate and is currently at work to raise Congressional and public awareness about the increasing Social Security Disability Insurance (SSDI) backlog crisis that affects people with disabilities nationwide. Allsup is headquartered in Belleville, IL and also has senior representatives around the country. Their internet presence has increased their business and number of employees dramatically.

A highlight of the presentation was the discussion of Allsup's evaluation of the claimant's eligibility to receive benefits. This screening reviews the claimant's qualifications to meet SSA's criteria for disability benefits and often

results in the claimant being advised when the claimant is not eligible for benefits, which is a cost-saving benefit to the SSA Disability Program. If it is believed that the claimant could qualify, the Allsup staff works closely with the client from the initial application through the Appeals Level, should that become necessary. They are committed to assuring that their clients receive fair and equitable treatment and to broadening their support to the disabled community by providing access to additional services such as financial planning and healthcare resources. This comprehensive approach is described as "True Help" by Allsup employees.

"After The Game Is Over"

Presented by Dr. Earl Cooper, Medical Consultant, California DDS

by Lisa Hayes, North Carolina DDS

DR. EARL COOPER, a medical consultant for the California DDS, presented "After the Game is Over," a focus on the enduring and significant consequences of head injuries in professional athletes, mainly in professional football. He stated that there are over 3.8 million sports related head injuries a year.

He described many instances of head injuries in our athletes, specifically concussions. He provided the definitions and meaning of the SSA directives regarding Traumatic Brain Injuries (TBIs) and described the physical and

psychological effects to the athlete and their families. Sports-related TBIs mostly consist of closed head injuries. There are three distinct levels of concussions: 1) confusion lasting less than 15 minutes with no loss of consciousness; 2) confusion lasting greater than 15 minutes with no loss of consciousness; and 3) total loss of consciousness.

Growing research on the brains of athletes with multiple concussions indicates that there is a direct effect to dementia that could set in years after the initial injury.



Post-concussive syndrome (memory and concentration problems) may appear to clear only to return years later as dementia. Dr. Cooper called dementia an invisible killer and noted that many concussions go undiagnosed.

Dr. Cooper concluded his presentation with a story of a former professional football athlete who played in Super Bowls 9 and 11, and despite his injuries, continued to have a successful football career. Fast forward 20 years, and the athlete is now an attorney. However, he can no longer work as an attorney since developing problems remembering even basic duties and knowledge needed for his job. This athlete has been forced to apply for Social Security Disability due to his inability to work. He was diagnosed with Dementia directly related to his multiple concussions from his pro football career.

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Fundamentals of Meeting Planning

Gary J. Rosenberg, CMP, GJR & Associates

by Matt Rieke, Oregon DDS

MR. ROSENBERG PRESENTED information on the fundamentals of meeting planning during a break-out session at the 2011 National Training Conference. He is a Certified Management Planner. It may sound easy to conduct a meeting but, when it comes to meetings, the best meetings tend to be those that are well planned.

Mr. Rosenberg explained that planning for a meeting takes a great deal of thought. Mr. Rosenberg stated that for medium or large events you should hire a meeting planner. The fee you pay them will be more than offset by the money they will save you when negotiating the various fees involved in the event.

You need to start with the fundamentals:

- Identifying goals and objectives
- Developing timelines and budgets
- Establishing a meeting design
- Writing specifications for the venue
- Establishing registration procedures
- Selecting and working with speakers
- Managing on-site
- Evaluation

When inspecting a possible site for the meeting, take a camera along. Also recording what the representative of the conference center says helps when trying to later recall information. The photos will help you remember what to discuss later during further planning and contacts with the site representative.

Try to sound impassive when negotiating deals. Ask the representative to provide figures. Don't divulge the conference budget or the fees will match it. Determine if there will be tours or trips along with the meeting. If so, set fees and determine registration arrangements for the tours/trips. Determine if the meeting will have vendors or sponsors. If so, be specific with them of what is expected from them. Vendors in turn will want to know how much time they will have for the attendees to mingle with them. Stay in contact with them to deal with any changes that occur.

Set a deadline for the selection of speakers. Procrastination tends to cause significant problems. After selecting the speakers, obtain handouts from them, and determine their audio-visual needs. As needed, make arrangements for transportation and determine what honorariums are expected.

After completing the basic planning, prepare marketing materials. The meeting planners should create a brochure with all the details (possibly website also), general information (who, why and where), the program, special events, all costs, travel information, hotel information and deadlines and, where to get more information if it is requested. It is important to create a registration form that is simple and easy to complete. Identify all deadlines and fees for attendees, explaining where to send the form and payment. Always advertise that those with special needs should get in touch with a conference contact so that arrangements can be made beforehand.

Consider if food/beverages will be provided and at what time during the meeting. Take into consideration the budget, the time of year, the destination, and the audience. Be prepared for any special dietary requests.

A "Registration Committee" is vital to both collect all the registrations, print badges, assemble a bag to include the schedule of events and any favors and to staff the registration area during the meetings. Determine who will tally the figures for attendance. Determine who will assist speakers on-site, who will be the contact for the hotel/conference center, who will clean-up and who will keep the "record" of all events and the costs.

Lastly, create an evaluation form to be completed by attendees. It is important to always express appreciation to meeting attendees. Also thank the speakers and everyone involved with meeting arrangements. They will appreciate the attention and return to their places of employment with positive thoughts of their experience.

*Additional information is available on the NADE website at www.nade.org,
click "Documents" and then click on Chapter Services Handbook.*

National Conference Coverage

Just Communicate

by Jennifer Maxson, Ohio DDS

DAY THREE OF THE NADE national conference in Los Angeles was full of delightful speakers. A highlight was Jana Samulski. She is a motivational and educational speaker and her topic was "Just Communicate." Her goal was to present to the attendees, through audience participation, how to command a room. She began by asking how many have noticed someone who seems to be in control and command the attention of people just by entering the room. Many hands were raised. Then she said she would teach us to be that person.

Prior to our lesson Jana shared a few statistics. The 100% of your image is broken down into three categories and values. Your spoken words only make up 7%. How you speak is 38%. How you look is a whopping 55%! Wow! Ninety-seven percent of executives say dress is important and those who dress well are more likely to get promoted. The most remarkable statistic of all was that we have 1/20 of a second to make a first impression!



Jana Samulski explains how to make a "power entrance."

She began her lesson with a discussion on the importance of physical appearance. Regardless of length, hair must be neatly groomed. Hair is also the most important accessory. Nail polish should be chosen with care. Purple with sparkles may be fun but also may not convey the most professional image. Dirty clothes and unpolished shoes are definite no-nos.

Next was the power entrance with the key elements of keeping your head up, walking rapidly and with purpose, smiling, keeping your chin up, and shoulders back. This proved to be a lot to remember as audience members had varying degrees of success when they attempted this on stage. Several brave conference attendees served as demonstrators and critiques as well as cheers from Jana and other audience members. In the end, all proved successful.

She reviewed the proper way to shake hands. Hold your arm at 90 degrees and grasp the other person's hand firmly. Pump twice and release their hand. The importance of eye contact and maintaining proper posture was reinforced.

In conclusion, we all need to remember how others perceive us. An opinion is formed very quickly and not always by what we say or how we say it.



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Gotcha! Identifying Fraud and Waste in the Disability Program: The Role of the Inspector General (OIG) in the Social Security Disability Program

by Julie Mavis, Michigan DDS

WHEN SSA INSPECTOR GENERAL Patrick O'Carroll is on the NADE training conference agenda, we know he will not disappoint the audience and this year's presentation was no exception. He began with a preview from "Taboo", a series on The National Geographic Channel, that showcases bizarre and shocking behaviors or obsessions of people around the world. The nationally televised evidence was forwarded to the Inspector General for investigation.

His next case example showcased a man who filed for back and neck pain with a work history of being a commercial fisherman. His case was forwarded to the Inspector General as the claimant was also a reality star from the Discovery Channel's well known series "Deadliest Catch".

Despite the surveillance videos and fraud investigations, Mr. O'Carroll reminded the audience his job is to maintain the integrity of the SSA programs. He also discussed the FY2011 initiatives were to improve the timeliness and quality of the disability process. He shared that he testified before Congress this year on the status of the pending claims and how the furloughs impacted the processing times and budgets in those States still limited by furloughs.

Mr. O'Carroll also shared the factors that will have an impact in reducing the number of disability claims. These resources included: increasing staff in DDS and Federal processing components (Extended Service Teams-EST); improve efficiency through automation (example, Health information technology-HIT); expand use of screening tools such as QDD/CAL cases-expanding their criteria; defining policies and business process without sacrificing quality. There was a projected peak in disability applications in 2011 but a decline is expected in the future so SSA should meet its goals of reducing the backlogs. OIG recommends the focus on efforts devoted to maintaining the integrity of the programs including CDRs and reducing ALJ processing times.

He also showed surveillance videos from the CDI (Cooperative Disability Investigation) units. Their success stories highlighted how they are able to detect fraud and deny at the front end of the case to eliminate the need to recover costs later. This process is initiated when the DDS flag suspicious files and refers then to their state's CDI unit. The CDI accomplishments were \$1.8 million in savings from 1997-2010 and the goal would be to expand CDI to all 50 states.

Mr. O'Carroll also mentioned two of OIGs current investigations were triggered by recent Wall Street Journal articles: one targetted the 97% approval rating of an Administrative Law Judge (ALJ) out of Huntington WV* and the other focused on the high approval ratings found in the Puerto Rico DDS**. These investigations are still pending.

Throughout the presentation he shared videos from CDI units that showed individuals who filed for disability for various conditions, alleging they couldn't sit, walk or lift but were seen loading large items into cars, digging holes in their yard or running after a bus. It is reassuring that the CDI units are available to start the investigation during initial application which prevents SSA paying out benefits to those that are not eligible.

* Wall Street Journal, 5/19/11, "Disability Claim Judge has Trouble Saying No"

** Wall Street Journal, 3/22/11, "Insolvency Looms as States Drain US Disability Fund"

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About Allsup

Allsup was founded by Jim Allsup, a former SSA field agent, in 1984. The company employs more than 750 people and is headquartered in Belleville, IL. We've helped more than 170,000 individuals receive their SSDI and Medicare benefits and enjoy a 98 percent claimant satisfaction level. In addition, the company supports those with disabilities by providing an affordable Medicare plan selection service and a disability life planning service.

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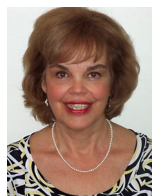
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Linda Dorn

**Associate Commissioner Office of Disability Determinations Linda Dorn
Addresses the NADE National Training Conference in L.A.**

by Brenda Hairston, Michigan DDS

NADE WAS HONORED to have Linda Dorn, recently appointed Associate Commissioner of the Office of Disability Determinations, speak at the 2011 National Training Conference. The theme “Come Together Right Now” certainly captures the role of the ODD with the DDS. The Office of Disability Determinations (ODD) is SSA’s lead on all issues related to state and territory disability determination services (DDSs). ODD provides broad operational, administrative, and managerial, performance, budget and technical support to Disability Determinations Services (DDSs) in support of SSA-administered disability programs.

Ms. Dorn began by providing some information regarding her background. She was a prior Michigan DDS administrator and under her tenure, she was proud to have volunteered Michigan for the Prototype initiative. She felt honored to be a speaker at the National Training Conference and commended NADE on its role in shaping the disability program. She noted that the world coming before us will have some unusual times and that she is committed to working with NADE in making this program the best that we can. She relayed a special thank you from Deputy Commissioner of Operation Mary Glenn-Croft for all the DDSs do every day to serve the American Public.

On behalf of ODD she thanked and praised the disability professionals for their dedication and hard work, high quality, increased productivity, flexibility, and customer service. This was accomplished in spite of state hiring freezes and furloughs. She pointed out that workloads are not equal across the land and that cases are shipped all over. Extended Service Teams (EST) and the Federal Processing Components processed over 175,000 cases for FY 2011. Assistance from the EST/FPCs will be more crucial in the coming years due to the decline in trained disability adjudicators.

Where are we going? Ms. Dorn touched on the grim budget outlook for FY 2012. The EST/FPCs will continue to assist the disability workload. SSA will focus on increasing integrity workloads such as Continuing Disability Reviews (CDRs) and the Continuing Disability Investigation units (CDIs).

ODD continues to provide training tools for the DDSs. Upcoming videos on the Office of Learning website include CDR training in September 2011 and CE guidance training in October 2011. In addition, they will continue to support medical/professional relations by creating an MPRO handbook, Medical Consultant recruitment material, and posting security guidance on the ODD MPRO website. She stated that how proactive the MPROs are will influence the success of ERE.

The Alabama DDS has agreed to work with SSA in an initiative to bring the states in line with the federal requirement of background checks. Other initiatives that continue in the forefront include QDD/CAL, which is very important to the Commissioner, DCPS, and HIT Expansion.

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