the NADE ADVOCATE

A Publication of the National Association of Disability Examiners | Volume 26, Number 2 | Spring 2010

NADE Comments

www.nade.org
Susan Smith, President
614-562-2711

March 30, 2010

Office of Regulations
Social Security Administration
137 Altmeyer Building
6401 Security Boulevard
Baltimore, MD 21235-6401.

Re: Docket No. SSA-2009-0081

Dear Commissioner:

The National Association of Disability Examiners (NADE) welcomes this opportunity to offer comments on the Notice of Proposed Rulemaking (NPRM) for evaluating DAA. This notice of proposed rulemaking (NPRM) was published in the Federal Register on January 29, 2010 and the comment period expires on March 30, 2010 (today). Our comments appear below.

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 Service (DDS) offices, and are directly involved in processing claims for Social Security and Supplemental Security Income (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 today.

Continued on 4

Go Green with NADE!!

Contact Publications Director Donna Hilton to receive notification when the Advocate is posted online. Faster than postal delivery, photos in color, and save NADE some green!

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.

In this Issue:

DCPS Impact	p. 8
New DSM On The Way	p. 12
Calling for Candidates	p. 13
NDPW Nearing	p. 14
NADE Sale Items	p. 20

President's Message

AS I SIT HERE ON the beaches of Hawaii on a much needed vacation, it is hard to believe that only a short time ago, the East coast was paralyzed by more than 2 feet of snow. After many "should we or shouldn't we cancel" discussions amongst the Board of Directors, the NADE mid-year board meeting in Washington, D.C. was canceled for the first time ever, and after seeing all of those pictures of cars buried in snow and hearing all of those stories about shoveling 3 or 4 times in one day, I believe the correct decision was made! With much perseverance, we have been able to reschedule most, if not all, of the meetings with SSA leadership and various congressional offices. The President-elect, Legislative Director and I will be visiting Washington, D.C. the week of April 19th. These meetings are extremely vital to our organization as it is important that we continue to keep the lines of communication open with SSA, Congress, and the various advocacy groups.

As the snow has melted, this is a reminder that our 2010 Regional Training Conferences are beginning. I do hope each of you has a chance to attend at least one of these training opportunities. The disability adjudication process is constantly changing and the knowledge you gain through these conferences is invaluable, not to mention the friendships that are sure to develop.

With spring comes National Donate Life month in April. Many of our Chapters annually participate on a very active level in encouraging their members to consider organ and tissue donation. I encourage each of you to give serious thought to this important issue, and not just in the month of April. While this month is set aside to allow groups to focus attention on the need, the need is present year round. NADE has always been a strong supporter of organ and tissue donation. You will find an article in this issue discussing how our chapters take an active role in this endeavor.

It is time to start thinking about National Disability Professionals Week in June. This year's theme is "The Power of Belonging". There is excellence and knowledge in the many things a disability professional must do on a daily basis. It is through your commitment and dedication to your own personal knowledge, combined with your commitment to excellence that enables us collectively to serve the public in a knowledgeable and excellent manner. I encourage each of you to participate in your chapter's festivities. Be proud to be a disability professional!

Susan A. Smith

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

Northeast
Debi Chowdhury
4 Derby Ct
Loudonville, NY 12211
518.473-2231
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
205.989.2182
maya.delion@ssa.gov

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

Letters to the Editor are welcomed and may be selected for inclusion in future issues. Please forward ideas for future ***Advocate*** topics to the editor or your Regional Publications Representative.The next issue will be published in **Summer, 2010**.

All correspondence should be directed through your Regional representative or NADE editor by **June 1, 2010.**

Tri-Regional Conference / Charleston 2010

by Cindy Brooks, Southeast Regional President 2010-2011

THE NADE 2010 TRI-REGIONAL Conference recently held in Charleston was a very condensed version of our NADE National Training Conferences. The Southeast, Northeast and Mid-Atlantic regions worked together, under the very friendly and able leadership of the conference coordinators, Cindia Deith and Lisa Varner, PhD, to provide a great location, speakers and vendors at the historic Francis Marion Hotel.

Our training days started out with continental breakfast, provided by vendors, and we were able to talk with the assorted vendors and sponsors during our breaks. Our formal sessions started off with a stirring presentation of the National Flag by the Citadel Color Guard, greetings from our dignitaries, including Paul Barnes, SSA Atlanta Regional Commissioner, and our NADE President, Susan Smith, as well as others.

Our medical training sessions included information from assorted professionals on TBIs in returning military veterans, genetically linked disorders, PTSD among civilians, equine-assisted therapy and suicide prevention.

SSA and DDS speakers covered Disability Policy, as well as updates on OQP, DCPS and Policy Net Enhancements.

SCADE had also arranged speakers to address our well-being, with very well received speakers who advised us to "Take this job and Love It!", protecting our SSN from ID theft, adapting to change, taming the tiger of job stress and how to resolve conflicts. The breakouts were very well-coordinated so attendees could pick the sessions that they were most interested in attending.

The President's reception definitely set a high standard for the food and fellowship among all the conference attendees. There was ample space to move around so we could meet and greet old friends as well as make new friends. The Hospitality Suite each evening introduced us to Charleston and Low Country staples, such as shrimp and grits, as well as a wide variety of desserts and room to discuss the happenings of the day and plans for the future of our organization. SCADE had also arranged for carriage rides throughout the city for those who wanted to learn more about the history and architecture of Charleston. Those of us who took the tour really enjoyed learning more about the city – and marveled at the calmness of the mules in the heavy traffic and narrow streets!

It was a very smoothly run conference, with SCADES providing smiling and informative folks to answer questions, provide information and make sure we were taken care of in any way possible. The work of the conference coordinators (Cindia Deith and Dr. Lisa Varner); the multiple SC state chapters, under the leadership of Chris Porter, SCADES/SCADE President; Christee Hunt, SE Regional President and Tom Paige, SCDDS Director, was impressive and appreciated by all who attended.

Additional Highlights of Tri-Regional Conference

by Chris Porter, SCADE President

SCADE's conference theme was *Bridging the Currents of Change – Disability in the Next Decade*, and participants from the Southeast, Mid-Atlantic, and Northeast regions were treated to a wide range of presentations detailing where we are and where we're going in the disability program as we start a new decade.

Festivities kicked off Sunday evening with the President's Reception in the grandly decorated Colonial Ballroom of the historic Frances Marion Hotel. NADE president Susan Smith joined local dignitaries, including SC DDS Director Tom Paige and SCVR Commissioner Barbara Hollis, in greeting the conference attendees.

SSA Atlanta Regional Commissioner Paul Barnes' comments highlighted the opening ceremonies on Monday morning. Commissioner Barnes told the audience of approximately 130, he appreciated the efforts of all in the region as we continue to see increased receipt levels and workloads. Commissioner Hollis complimented NADE on its mission statement and efforts to improve the program and confirmed the parent agency's support in South Carolina for the work of the DDS.

Keynote speaker Dr. Iwana Ridgill delighted the packed ballroom with her uplifting message: *Take This Job and Love It: Changing Attitudes*. Dr. Ridgill is an adjunct faculty member in the Continuing and Corporate Education division at Midlands Technical College in Columbia, S.C. She led the crowd through a brief self analysis of their "burn out" factor, and encouraged all to take a healthy outlook on their jobs.

Highlights, continued on page18

NADE CALENDAR OF EVENTS:

Great Lakes Regional Conference	**Holiday Inn**	**Columbus OH**	**May 5-7, 2010**
Pacific Regional Conference	**Owyhee Plaza Hotel**	**Boise ID**	**May 20-21. 2010**
2010 National Training Conference	**Crown Plaza Albany City Ctr**	**Albany, NY**	**Sept. 11-16, 2010**

Comments, continued from page 1

A reasonable goal would be to clarify the current process of evaluating whether DAA is material

While clarifying the current procedures would be beneficial to ensure that they are being applied in a uniform fashion, there is limited scientific evidence to suggest any dramatic changes to the prescribed process itself.

It is recommended that the general process and procedures outlined in references such as POMS DI 90070.050, policy instruction ID EM-96200 effective 8/30/96 and the "medical policy clarification- Evaluating DAA Materiality When there is a Co-Existing Mental Impairment" Identical Letter- 024-02, 10/23/02 be reviewed and incorporated with clarifications into a set of current guidelines related to DAA.

There may potentially be some inconsistent application of the process which could be resolved to some extent with a current clarification of issues related to the materiality of DAA.

General Considerations

While we may find DAA to be material, meeting listing 12.09 should not be viewed as the final decision in the process. Meeting 12.09 may be consistent with the initial finding of the claimant's limitations "with DAA", however it does not satisfy the guideline to move on to assessing the claimant's impairments "without the effects of DAA". The requirement to support with evidence specific to the claimant what limitations would remain in the absence of DAA should be viewed as a necessary part of the process in determining if there is sufficient evidence to establish DAA as material.

Listing 12.09 should be treated as only a theoretical listing which is never met as the final decision in practice. This is consistent with the Bluebook's discussion of 12.09 as a "reference listing; that is, it will only serve to indicate which of the other listed mental or physical impairments must be used to evaluate the behavioral or physical changes resulting from regular use of addictive substances." To find DAA material, we must be able to reliably indicate what limitations would remain if the individual were to stop using substances. If a substance use disorder is the only disorder present and the only disorder causing marked limitations after suggesting 12.09 would be met then the next step should be to make a finding that there would be no severe limitations outside the influence of substances. Likewise, in order to "meet" 12.09 and find that substances are material and contribute to some other MDI (medically determinable impairment) such as a Mood Disorder, we must be able to determine what limitations would be expected to remain (if any), in the absence of DAA use. These limitations should then be given as the next step on a PRTF or on an MRFC depending on what the limitations are. Even if it is suspected that substances are contributing to an individual's limitations, if it is not possible to determine what limitations would remain from another MDI if the claimant were to stop using DAA we do not have sufficient evidence to establish that DAA is material.

This is a difficult but necessary task and all efforts should be taken to safeguard the rights of the claimant. While DAA may be a contributing factor material to the disability, the claimant deserves a sufficient explanation as to how this conclusion was arrived at and what evidence supports that decision. If materiality is only suspected but cannot be established, the benefit of the doubt should be given to the claimant. While we can compare a time period of abstinence if one exists to a period of use; or compare a period of time (preferably after the AOD) of a psych impairment but prior to the initiation of drug use if such a time exists, many times both substance use and other mental disorders begin at an early age and continue with few if any recent periods of sobriety. While many substance use disorders may have an earlier age of onset and may occur in time before another disorder such as depression, this does not always necessarily support that one caused the other simply because one preceded the other in time. While the available medical evidence in these situations may at times assist us in obtaining enough evidence to reliably establish that DAA is material, many other times we will be left with a difficult to support "Which came first" (and did it actually cause the other) question which is difficult to answer with the evidence that is obtainable.

What evidence we should consider to be medical evidence of DAA?

The guidance related to "medical evidence" in relation to DAA leads to questions relating to current practices which could be clarified by SSA.

POMS DI 90070.050 notes that an individual's own statement about their conditions is viewed as evidence but "never sufficient and appropriate to establish the existence of DAA, *even if that statement is reported by an acceptable medical source*" (emphasis added).

It is evidence from an acceptable medical source that is sufficient and appropriate to establish that the individual has a medically determinable substance use disorder. A "medically determinable substance use disorder" is defined as one of the medical conditions described as a "substance dependence" or "substance abuse" disorder in the DSM-IV. This appears to suggest that a DSM-IV diagnosis from an agency acceptable medical source is required to establish that DAA is material.

There are questions which arise in relation to medical evidence which could be clarified. What if a medical source offers a diagnosis of a substance abuse disorder primarily on the claimant's report of use without noting any objective signs of substance use in their medical record or performing a laboratory test screening for substances? What if an acceptable medical source outlines in their notes evidence that is "sufficient and appropriate to establish that the individual has a medically determinable substance use disorder" without specifically noting a diagnosis of abuse or dependence? Is an actual substance use diagnosis required to establish a substance related MDI and therefore find substances material? If a medical source fails to offer a specific substance related diagnosis yet records relevant, objective signs, symptoms and/or laboratory findings related to substances, can these reports be used to support a substance use MDI or is a DSM-IV diagnosis required? The definition in POMS appears to indicate the need for a DSM-IV diagnosis to establish an MDI related to substance abuse (though potentially an ICD diagnosis could also be used or other objective reports provided by a medical source).

POMS DI 90070.050 notes that medically determinable substance use disorders "Are medical conditions described as "substance dependence" and "substance abuse" disorders in the DSM". However, this statement will likely need revision and clarification given the potential changes proposed for the DSM-5, and it also leaves out DSM-IV "substance-induced" disorders which are most likely to have supportable evidence of materiality. In addition, other diagnoses such as intoxication or withdrawal may be provided without an "abuse" or "dependence" diagnosis having been coded by the treating source. Diagnoses change and may change with DSM-5. The DSM-5 Substance-Related disorders workgroup has proposed that the substance abuse and substance dependence disorders be combined together as simply "Substance-use Disorders" (see DSM5.org).

Should additional development be undertaken to pursue the question of whether DAA is material in a specific case when a substance use MDI is present and an allowance is possible on another MDI (but there is currently insufficient evidence to find DAA material)? What types of additional development would be recommended if development is suggested? For example, can SSA offer guidance on the role of questioning a 3rd party about a claimant's functioning during a period of abstinence/sobriety? SSA should clarify what evidence is necessary and appropriate to establish the claimant's functioning during a period of abstinence. Is medical evidence during the period of abstinence required or can decision-makers use a 3rd party's reports or the claimant's reports related to their symptoms during a period of abstinence as the only available evidence for that period of abstinence? What "medical evidence" as opposed to non-medical source evidence of functioning and reports of symptoms from third parties is needed or appropriate when considering a period of abstinence? Is having medical evidence such as signs, symptoms and/or laboratory findings from the alleged period of abstinence necessary in order to make a comparison to medical evidence from a current period of substance use, for example?

POMS DI 90070.050 notes that an individual's own statement about their conditions is viewed as evidence but "never sufficient and appropriate to establish the existence of DAA, even if that statement is reported by an acceptable medical source." Does this also apply to a non-medical 3rd party? This statement suggests that while some functional evidence may be obtained from a 3rd party or other non-agency acceptable source related to a period of abstinence or use, it begs the question of whether using a 3rd party, non-medical source for retrospective reports of symptoms and functioning during a period of sobriety or use without medical evidence from that period is recommended.

While a 3rd party who has known the claimant during a period of sobriety and while using may be able to compare and describe the claimant's symptoms and functioning during these time periods, to what extent is additional medical evidence necessary during the assessed period of abstinence in order to make this additional development meaningful? Is comparing current medical evidence while the claimant is using substances to retrospective self-reports of symptoms and functioning by the claimant or a non-physician or non-psychologist third party during a period of abstinence (without medical evidence from that period) ever sufficient evidence to establish materiality?

Similarly, a 3rd party may sometimes indicate that a claimant uses DAA because of their mental impairment. The concept of "self-medicating" or reports by a claimant or 3rd party that the claimant uses substances to block out emotional concerns does not necessarily suggest that these concerns were not initially created by the impact of the claimant's substance use. The use of these types of reports alone would appear to be inadequate for the purpose of adjudication.

What is the role of non-physician or non-psychologist treating sources in contributing evidence related to DAA? For example, a chemical dependency counselor, who may have experience and training with this population and observations related to the claimant which may be compelling and persuasive, is not a medical source and cannot offer an "acceptable" diagnosis. If a source such as this is the only source

Comments, continued on next page

Comments, continued from page 5

noting DAA concerns, what guidance can be offered related to the purchase of an exam for the purpose of obtaining a physician or psychologist source assessment of DAA (or whether any development should be undertaken)?

How we should evaluate claims of people who have a combination of DAA and at least one other *physical* impairment? (and) How we should evaluate claims of people who have a combination of DAA and at least one other *mental* impairment?

Comments, continued from page 1 In general, the current process appears to have fairness to the claimant at it's heart, however clarification and continued education can assist in the standard application of the process.

A decision of materiality is unnecessary if the claimant's functional limitations even with DAA do not support an allowance.
As directed in POMS DI 90070.050 "SSA will make a finding that DAA is material only when the evidence establishes that the individual would not be disabled if he/she stopped using the drugs or alcohol."

If the damage or impact of the substance use is now essentially permanent despite sustained sobriety or what would be expected with sustained sobriety, a finding of disability should be made even if it is viewed that substances were highly likely to be the cause (see also the discussion under nicotine).

Whether we should include using cigarettes or other tobacco products in our instructions?

At this time, NADE would not be in favor of including the use of cigarettes or other tobacco products in the instructions for evaluating DAA issues.

How long a period of abstinence or nonuse we should consider to determine whether DAA is material to our determination of disability?

SSA should continue to offer guidelines reflecting the currently available science in the field. Comparing a period of sobriety to a period of time when they had the potentially non-substance related MDI and a period of substance use may be one of the best available methods of assessing materiality when applicable. While approximations can be made such as a 30-day period of abstinence as a rule of thumb, there should be no one standard period of abstinence that is required to be assessed for all cases. In addition, demonstrating a period of sobriety should not be viewed as necessary in all cases if other medical evidence strongly supports materiality, such as evidence from a relevant time period prior to the initiation of substance use.

While it depends on a number of factors, many of the difficulties brought about by a substance-induced disorder will have resolved following approximately 4 weeks after the cessation of acute intoxication or withdrawal as noted in the DSM-IV-TR, and also consistent with the current "example" of approximately 30 days. Some of the symptoms brought about by substances would likely resolve sooner. However, some symptoms may remain for months after the use stops. There is no one specific time period that would account for all symptoms caused by all drugs in all individuals.

It is also recommended that the document- Disability Program Notes: NY Region; DPN No. 04-004 7/7/2004 "DAA Materiality and the 30-Day Abstention Myth" be reviewed as part of this process. It suggests that there is no specific 30-day standard. It notes that "The period of abstinence may vary by substance, the amount and duration of use, effects of other medications or substances on metabolism, individual variation, and other factors influencing pharmacokinetics. MCs should be consulted on what is an acceptable period of abstinence based on acceptable principles and practices of medicine and the available evidence, on a case by case basis." It also notes that "there is no standard for the length of the substance-free period because the length of time for the acute effects of intoxication and withdrawal to abate will vary by substance and individual."

This approach is supported by the available research literature on related topics, including those studies reviewed by Schuckit (2006) which support the existence of substance-induced disorders and that

many improve "rapidly" with abstinence. It also supports viewing the 30-day period as a general guideline and not a specific rule. This is particularly relevant in regards to whether or not we are talking about symptoms caused by intoxication, an acute phase of withdrawal or a "protracted abstinence syndrome" which may last longer.

> Schuckit, Marc A. (2006) Comorbidity between substance use disorders and psychiatric conditions. *Addiction*, 101 (Suppl. 1), 76-88.

Whether there is any special guidance we can provide for people with DAA who are homeless?

It is recommended that DAA issues and related development be seen within the recommendations for the homeless population in general. This population may have few resources and while they may be at risk for substance related complications, as in all cases, additional development should only be undertaken when truly necessary.

SSA should clarify the nature of the burden of proof when determining materiality. As a tie goes to a runner in baseball, so to should the most favorable decision go to the claimant in the event that sufficient evidence cannot be established to support materiality. This is consistent with past guidance which has chosen a preference that it would be better to find a case falsely "not material" than to falsely find DAA material when it is not.

A finding of DAA being material can have a negative impact on the life of a claimant. This is underscored by the problems faced by individuals who are homeless, and that homelessness could also be one potential ramification if an incorrect finding of materiality is made. Decision-makers should not make DAA material decisions without adequate evidence, to do so would not only be contrary to guidance, but may both lead to a missed opportunity to provide assistance to someone who is homeless or potentially contribute to the risk that a claimant may become homeless.

Closing remarks

Thank you for the opportunity to submit comments on Docket No. SSA-2009-0081. Moving forward, important goals would appear to be clarifying the current process which is supported and continuing to educate decision-makers on the consistent application of the process. The current language and guidelines should be viewed as a bar which has been set high for decision-makers to establish the materiality of substances. The continued clarification of the current process and education can help prevent the improper application of the guidelines.

Sincerely,

Susan A. Smith

NADE President

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**
Lan DO & Associates	**San Francisco CA**

DCPS To Impact Jobs Positively

by Lora Coffman, Iowa DDS

"HEY DID YOU HEAR that we may not have our legacy system much longer? You were in Baltimore on that system thing weren't you? What's up with that?"

Yes, I've heard questions similar to this, and having been on detail in Baltimore in ODD on the Disability Case Processing System (DCPS) project, it's frustrating to still hear folks ask, "What *is* DCPS?" The goal of this article is to bring NADE members up to speed on the underlying concepts of DCPS.

While frustrating to hear the question, the truth is, that as a front line examiner and supervisor, I understand how difficult it is to stay up on projects, pilots, program-enhancements, policy and, finally, your work (yes, I know they're all related). Given the question "what is DCPS", let me challenge each of us to educate ourselves about the system as it will directly impact your job in the next five years. For some individuals it will directly impact your job in the next one year. For a few lucky individuals serving as Subject Matter Experts, DCPS remote or onsite detailees, or as DCPS Steering Committee members it is already directly impacting your job. It is also impacting the way we *view* our jobs in the future.

What do I mean by that? Imagine a disability adjudication process that 1) is highly automated, 2) reduces the time spent moving between various screens to gather data, 3) increases quality because of system integrated policy, and 4) is able to instantly shift workloads between states/processing centers, as needed. These are all visionary aspects to DCPS that are not available with the existing DD component case processing systems. These "visions" are quickly becoming a reality as DCPS moves forward.

As noted in the Fall, 2009 edition of <u>*The Advocate*</u>, DCPS is a singular/common case processing system that is being built as you read this. Currently there are five (5) unique, separate, case processing systems used by DD components. I say "DD components" rather than "DDSs" because there are both state and federal disability adjudication service sites. "Components" is a term with which DDS employees should become familiar as it broadens our understanding of how work is done on SSA disability claims. For example, the Program Service Centers (PSCs) and the Office of International Operations (OIO) both federal sites, utilize the MIDAS system to process disability claims, as do several state DDSs. New York and Nebraska DDSs utilize their own unique systems. In addition, of course, there are many DDSs that utilize IronData and VERSA systems. If we begin to think in terms of "DD components" we begin to understand the breadth of *all* disability claim processing, not just that which takes place in DDSs.

While recognizing the myriad benefits the five (5) current legacy systems have given disability claim processing over the years, these systems are, in fact, based on aging technology. They have done an incredible job for all processing sites, and yet, technology is moving both states and SSA to look to a system that can accommodate emerging needs of integration, flexibility, and capacity. To this end DCPS began as a general topic of technology discussion back in 2007 between DDS Administrators and SSA Commissioner Astrue.*

If you follow technology growth at all, much has been written over the years about aging "stovepipe" applications and the shift to more "service oriented architecture" (or SOA) in updating private and public systems. As such, SSA, too, is moving away from applications and systems that require users to open and close programs to gather needed data *between* systems ("stovepipe" applications), and toward SOA that affords end-users an easier work flow. This integration is one that is "invisible", because the system makes the links, finds the data, or pulls related information on a case without action by the end-user.

Utilizing SOA, DCPS will more seamlessly integrate data within applications than any of our current legacy systems. It will also afford integration *between* systems such as EDCS (Field Office) or CPMS (Office of Disability Adjudication and Review) and DD components. Think of having a singular data "pool" to which many systems can instantly "dip" when data is needed for a *function*, versus the requirement to store (and maintain) multiple sets of data between, and within, systems regardless of whether a function is being used or not. This ability to work based on functionality and need between systems is linked to the concept of interfacing between already existing software and data. Obviously this is my layman's explanation; IT folks can give a more "systems" explanation to my analogy.

In the real world, SOA means that DCPS end-users will spend less time seeking out needed information, e.g., *going* to EDCS to review allegations, *going* to POMS to review policy guidance, or *going* to Occubrowse to review DOT information. The vision of DCPS is to "pull" the information to the case based on functionality, immediately when it is needed, meaning when an adjudicator is "in" the case.

Many folks have asked, "but what about eCat?" One underlying global consideration of DCPS is that it will be policy-driven, which is the foundation of eCat. DCPS will incorporate "intelligent pathing" in assisting all DD workers. Therefore, the functionality of eCat, regardless of *how* it is implemented, will be in DCPS and, quite likely, in a much more robust way.

Intelligent pathing is just one way of saying SSA rules, regulations and policy will be integrated in to the system. Visionary examples of intelligent pathing

Continued next page

range from pre-screening for necessary data before a case enters a DD Component, to prompting an adjudicator to consider a listing when key medical terms are identified, to assessing pertinent data fields for confirmation of accurate regulation basis codes at closure.

During the analysis phase, DCPS will likely guide end-users to question next steps and recommend potential streamlined procedures afforded by policy. The system will feature automated records requests based on data provided by the Field Office. It will afford various means of communication based on claimant preferences and policy guidelines. While these are only a few of the many possible uses of intelligent pathing, this is a critical piece of DCPS. Intelligent pathing will make the job of DD adjudicative teams more about *analyzing* a claim and *less* about tracking policy changes. As DCPS is linked seamlessly to POMS, any policy changes would immediately be updated in the processing of cases and this would be incorporated in the intelligent pathing. Now, did I guarantee it would be available on day one? No, but this is the visionary foundation on which DCPS is currently being built.

As we all know, one size does not fit all, therefore DCPS is also being built to accommodate a certain amount of customization per DD component business practice, and in many cases, per user profile. This customization will afford DD components the ability to maintain some unique work preferences, while also assuring SSA policy and procedures are being followed uniformly across disability processing centers. This accommodation supports many of the end-user requests of DCPS to be supportive of both flexibility *and* uniformity, a reasonable request given both the differences and similarities of all of our work practices

While touching on some of the more "systemy" issues of DCPS the goal of this article was to bring NADE members up to speed on the underlying concept of DCPS and what its vision is in improving and integrating service to the public and to end-users. More information on DCPS timelines, current activities, business and systems requirements writing, the procurement process, and potential rollout phases can be accessed at the DCPS website, at http://co.ba.ssa.gov/odd/specialProjects/dcps/. I would highly recommend each member identify this site as an Intranet favorite and periodically "check in" for updates. A DCPS Newsletter is published and posted on this site quarterly, and any questions, comments and suggestions can be forwarded to the ODD DCPS Workgroup at the site.

Equally important, get to know your local Subject Matter Experts (SMEs) at your location; each DD component has a primary representative who can provide a wealth of information to you. In addition, other SME's serve in the areas of IT, fiscal and Non-SSA workloads. If you have questions about these areas, or would like more information about your SME's experience, please seek them out and begin to educate yourself about the Disability Case Processing System.

So, "what's up with DCPS?" A lot, and you can be an integral part of how it is being built. As NADE members we owe it to ourselves, to our local work community and to the greater public, to be knowledgeable about upcoming technological changes. Locate the site on your favorites, ask questions of your local SME, offer to be a "go to" person for the Requirements Review and Acceptance Process (RRAP—ask your SME), and definitely consider a detail on the DCPS project.

As we continue our daily work, we can easily incorporate NADE's purpose while looking at system changes; namely we can "develop the art and science of disability evaluation, enhance public awareness about disability evaluation, and further professional recognition for disability evaluation practitioners." If we incorporate these goals in our current work and in our commitment to future system enhancements we will truly be developing, enhancing and furthering the work of all members in the DD community on behalf of the public we serve.

*(see http://co.ba.ssa.gov/odd/specialProjects/dcps/ "Important Documents—Commissioner's Decision: June 20, 2008").

Updates on DCPS taken from the DCPS Newsletter

I am honored at having the opportunity to author the cover article for this, the second edition of the DCPS Newsletter. The intent of DCPS is provide to our front line employees a more modern and more functional tool for the development, analysis, and adjudication of applications for disability benefits. With DCPS, the user interface — the "screens" we use in case processing — will look and feel much more like the experience of using the internet. On top of that, the functionality — the range of tasks the system will do in support of our employees — will be much more comprehensive.

Doug Willman, NE DDS Director

Since the last Newsletter, much progress has been made along the path that will eventually lead all the way from concept to successful implementation. Three fundamental and critical building blocks are under active management. The first is the selection of a hardware architecture — the kind of core computers that will be used, where will they be housed, and how they will work together. The second is the development of user requirements — exactly what tasks the software must perform, how those tasks will be accessed by the users, the order in which they will be completed, etc. The third is the selection of a vendor capable of constructing the software that will make DCPS a reality.

As we have moved forward with these and many other important components of DCPS planning and development, the Steering Committee has remained true to two fundamental and overlapping commitments that were made at the beginning. The first was that the design would be driven by policy, operational considerations, and business process requirements — that the needs of the user will take precedence over technological convenience. The second was that the DDS community will be fully and continually involved in the development of DCPS.

I am pleased to report that, consistent with these commitments, DCPS continues to be one most inclusive, cooperative, and collegial projects I have ever seen in a long career in the disability program. The previous DCPS Newsletter described the several methods that had already been successfully employed to guarantee the involvement and support of the DDS community. Here, I want to comment specifically on two more that have occurred since then.

First, already at work in SSA Central Office are three teams engaged in the process of determining required systems behavior in "real life" case processing scenarios. A fourth such team is being assembled right now, and all of these teams include experienced DDS employees. This means that the system you will encounter as an eventual user will be the result of scenarios previously posed and tested by DDS employees who are representing you right now.

Second, we are aware of the need to reach out to the DDS IT professionals who have labored so successfully in the past to deliver systems support to front line users. SSA hosted a meeting of such personnel in November to gather recommendations relative to development and implementation of DCPS. We will need the experience and dedicated efforts of DDS IT personnel as we move forward.

Thank you for reading this, and please stay tuned to the DCPS web site for continuing updates on the progress of this exciting project

SME Corner

The role of a DCPS Subject Matter Expert (SME) is one that should be taken seriously, regardless of one's area of specialty. I have had the opportunity to serve as a SME in multiple areas, including Non-SSA Business Process modeling sessions. I was excited to participate in these sessions, which were aimed at ensuring optimal functionality in the support of Non-SSA workloads. In May 2009, I participated in a three-day Non-SSA Business Process modeling session attended by SME's from all states that process Non-SSA workloads. We realized that the business process is almost identical to the previously developed DCPS "To Be" Business Process Model. The primary differences lie in case receipt, payment, and case closure. We documented some requirements in the "To Be" Model description boxes to ensure that we have a more efficient way to process these workloads. I am continuously excited about the development of DCPS, and I recommend that each component establish an effective internal DCPS team and communication plan to educate and expose all its members to the DCPS initiative.

Leon Scales, Non-SSA SME, Virginia DDS

Representing the Kentucky DDS as the IT DCPS Subject Matter Expert (SME) is an extremely important task requiring responsibility and dedication. The IT meeting held in October 2009 was my first official exposure to the DCPS business process model, and from it I learned a great deal about the business process and technical aspects of DCPS. Information about the background, model, and architecture alternatives was presented during the two-day meeting. Interactive discussions allowed us to offer our thoughts and suggestions on subjects such as Service Level Agreements (SLA), DCPS Implementation, and Data Strategy. As IT SMEs, our knowledge and experience will enable us to provide an increased level of detail and expansion to the DCPS IT functionality. I am looking forward to working with the DCPS Primary SME with all the upcoming DCPS Requirements Review and Acceptance Processes (RRAP).

Kelley Scott, IT SME, Kentucky DDS

I was honored that my agency selected me to represent our component as a Subject Matter Expert (SME) for the DCPS "To-Be" Business Process and Fiscal process. The Fiscal DCPS meeting held in October 2009 was an eye opener. I have always heard how the states differed in their Fiscal payment processes, but it was very interesting to hear about some of those differences in an open discussion forum. For example, imagine providing flight and hotel accommodation for a consultative examination panelist to travel to remote areas of your state or paying for medical records on a decreasing increment based on when those records have been received. One of the outcomes of the meeting was the creation of a workgroup that will provide important information to be used in the creation of a National Vendor File. The workgroup will bring us one step closer to a federal bill paying process for which each state will be able to opt in or out. It was very heartening to see that the DCPS Steering Committee and SSA took our suggestions very seriously. My involvement in the To-Be business process and the Fiscal business process has shown me that the Steering Committee and SSA are committed to allowing each participant and component to have a stake in the single system. Thank you!

Sheila Romines, Fiscal SME, Tennessee DDS

My time as a Subject Matter Expert (SME) for the DCPS group has been an awesome experience. I believe that DCPS will become a foundation for how we do business in the future. While the development and implementation of the DCPS will primarily affect the DDS community, field offices will also realize some benefits. Field offices will be able to view disability case data in real time and to provide accurate case status to claimants. DCPS's work balancing features will allow DDS's to share and redistribute work between each other. This will help to alleviate some of the backlogs that exist in several locations, and will result in faster determinations for many of our disability claimants. I am truly lucky to have been selected to participate, and I look forward to assisting in any way I can. My field experience throughout my career really came in handy for this workgroup.

Sarah Markofski, FO SME, Ohio Field Office

New DSM Is On The Way

by Todd Finnerty, Psy.D., Ohio DDS

WHETHER ITS eCAT, revisions to the listings or new diagnoses, one thing NADE members can rely on is that sometimes things change. In May, 2013 the American Psychiatric Association plans to publish the next edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), the book outlining the criteria used for diagnosing mental disorders in the U.S.A. In February, 2010 they released the "first draft" of proposed changes on their website, DSM5.org. There has not been a substantial update of the actual diagnostic criteria since the publication of the DSM-IV in 1994. While nothing has been set in stone and there will still be additional research and committee meetings to determine the exact appearance of DSM-5, some things have been made fairly clear.

Past DSMs have changed the names of disorders. For example, in the past Multiple Personality Disorder was changed to Dissociative Identity Disorder and Bipolar Disorder was once referred to as Manic Depressive Disorder. The next edition will prove to also usher in name changes (with also some tweaks in the criteria). Consistent with the opinions of many advocacy groups and the actions of many governing bodies, the DSM-5 will change the name of "Mental Retardation" to "Intellectual Disability," as the term mental retardation is viewed as outdated. There are also efforts to make the DSM more consistent with the ICD, and one example is that the NOS diagnoses will likely be changed to NEC or CNEC for conditions not elsewhere classified (as opposed to not otherwise specified). This would be more consistent with the NEC term used in the ICD.

There are other proposed name changes as well such as lumping dysthymic disorder and the chronic specifier for major depressive disorder together in to a new "Chronic Depressive Disorder." One general theme of the proposed DSM-5 revisions is combining related diagnostic categories together. For example, the Factitious disorders and many of the Somatoform Disorders (ex: Somatization Disorder, Pain Disorder) will be combined together to form the Complex Somatic Symptom Disorder. The Major and Minor Neurocognitive Disorders will replace Dementia, the Amnestic Disorders and the Cognitive Disorder NOS categories. While Schizophrenia will remain, one proposal is to do away with the subtypes of Schizophrenia such as "Paranoid" and "Disorganized" while also including a "Psychosis Risk Syndrome" which may help identify individuals at risk of developing a psychotic disorder. Many of the Pervasive Developmental Disorders such as Aspergers Disorder will join Autism and become part of an Autistic Spectrum Disorder. While not necessarily the same, they are viewed as on a similar "spectrum" of severity and related qualities.

With the DSM-5 we can expect to see an emphasis placed on a "dimensional" view of disorders, meaning the disorders are not all necessarily separate and distinctly different categories from each other or from what may be considered not impairing or "normal." One specific change that will likely be seen based on this is the inclusion of assessment scales which may reflect varying degrees of severity for disorders. In addition, significant revisions have been proposed for the personality disorders which are partially derived from an extension of theories of normal personality. The DSM-5 may include the ability to code six (6) broad personality traits which are each made up of multiple, more specific "facets" (like a "sub" or component trait of a broader trait). The DSM-5 personality disorders workgroup is tending to move away from the concept of separate personality disorders in favor of specific personality traits which may be maladaptively expressed in some individuals. It has been proposed that the DSM-5 drop Personality Disorder NOS as well as half of the DSM-IV personality disorders. While a borderline type, antisocial/psychopathic type, avoidant type, obsessive-compulsive type and schizotypal type may remain, they would be conceptualized as constructed of the proposed personality traits and facets noted by the workgroup. These traits would be noted to be present or absent to various degrees and level of impairment.

There are a number of other disorders proposed for inclusion such as Mixed Anxiety Depression (MAD), Hypersexual disorder, Non-Suicidal Self Injury, and a new childhood onset disorder called "Temper Dysregulation Disorder with Dysphoria" which is aimed at reducing the number of children diagnosed with a pediatric bipolar disorder. The exact language of the DSM-5 and the specific disorders and revisions which are ultimately included remain to be determined. You can catch a glimpse of the process and see the DSM-5 draft proposals for yourself at www.DSM5.org.

Calling For Candidates for 2010-1011NADE Officers

by Juanita G. Boston, Nominations and Elections Chair

ARE YOU A MEMBER of NADE who is committed to the growth of the Disability Determination Community? Are you willing to use your time, your energy and hard work to promote NADE's mission? Are you a NADE member in good standing who is ready to accept the CHALLENGE to REALLY become involved in NADE?

It is that time of year - Springtime and time to give some thought to the above questions. The call for nominations for the following elective offices on the National Board - President-elect, Secretary and Treasurer is now open. The elections will take place at the 2010 National Training Conference in Albany, New York on September15th.

NADE needs your creative ideas and your expertise to continue our long tradition of professionalism and advocacy. Are you that NADE member? If so, please express your interest by announcing your candidacy for one of the above offices. You may submit a brief resume and recent photograph to the Nominations and Elections Committee no later than May 10, 2010. If you are submitting a photograph, please make sure that it is larger than 300 dpi. While nominations will be accepted from the floor during the General Membership Meeting at the National Conference in Albany, advance submission of your intent to run for office will afford you the opportunity to be published in the Summer Edition of the NADE ADVOCATE.

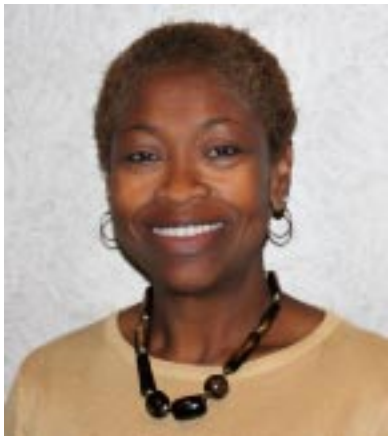
If you have questions, please contact one of the following members of the Nominations and Elections Committee:

Juanita Boston
Juanita.Boston@ssa.gov
919 212-3222 Ext. 4630

Fatimata.Kamara@ssa.gov
Lora.Coffman@ssa.gov
Jan.Goehner@ssa.gov
Montoya.Bass@ssa.gov
Lizabeth.Jameson@ssa.gov

Tonya M Scott

Candidate for Secretary 2010-2011



I would like to take the opportunity to announce my candidacy for the office of NADE Secretary for 2010-2011.

I have served as NADE Secretary for the last two years. Since joining the NADE Board in September, 2008, I have grown in wisdom and knowledge. I have successfully fulfilled the duties in which I was charged. I have truly enjoyed the time that I have served and ask for your support and vote that I may continue to serve you.

I started working for the Georgia DDS October, 2000. I joined NADE in April, 2001. I have continued to strive to be an active, productive member in my local chapter. I have served on various committees on the local level (Community Services, Program/Social, Ways and Means, and Membership), as well as on the Regional level. I served as the Secretary/Treasurer of the Southeast region for the 2006-2007 year. I served as the treasurer for our local chapter for two years, 2006-2008. I am currently the Treasurer and Membership Co-Chairperson of my local chapter. I was awarded the E B Agnor Award for Adjudicator of the Year in 2006 and I was 2009 Nominee for the GADE Regional Service Award.

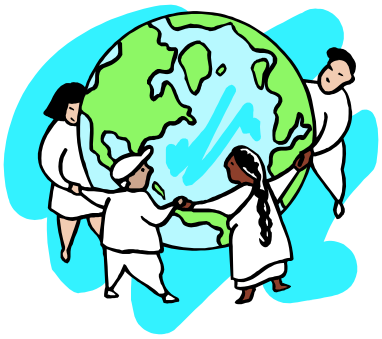
I have benefited greatly from the NADE training opportunities. I have enjoyed attending and meeting other members. My involvement with the local chapter of GADE and with NADE activities/training has greatly benefited me in my ability to serve the claimants more effectively. I look forward to the opportunity to continue serve NADE and will dedicate the time required to perform the duties of secretary.

I respectfully request your support again.

Thank you,
Tonya M Scott

NADE-The POWER of Belonging

by Marcia Shantz, NDPW Chair



It is time to POWER up for the celebration of the year! National Disability Professionals Week, fondly known as NDPW, is just around the corner. Everyone mark your calendars for June 14-18, 2010. This is the week all chapters are encouraged to promote disability professionals and take the time to celebrate accomplishments.

After much deliberation, the NDPW committee chose this year's theme as "NADE-The POWER of Belonging." What better way than NDPW to show how NADE helps us to see ourselves as part of a profession, with best practices, ongoing learning, and career development.

With NADE, we can all share common struggles and similar successes. NADE teaches us, challenges us, values us, and celebrates us. NDPW has always been the way NADE can unleash purposeful energy in the workplace to bring positive power to everyone.

Celebration efforts can include creative add campaigns, proclamations, certification announcements, fun training games, serious training seminars, morale building activities, recruitment drives, community and charity outreach. Everyone loves food and goodie treats, too. You name it. Get creative!

And don't forget there is **$money$** involved. Yes, $50 and $25 prizes, for the Chapters who submit a narrative and are deemed to have the "best celebration efforts." Prizes will be awarded and winners announced at the general membership meeting at the NADE National Training Conference. It will be held in Albany, New York this September 11th through 16th. Your Chapter's narrative will need to be submitted to the committee chair, Marcia Shantz, at Marcia.Shantz@ssa.gov by Friday, July 9th.

So start planning with your Chapter, today, to make this the most powerful NDPW ever!

For questions regarding NDPW, please contact any of the following committee members (e-mail in SSA global list):

Marcia Shantz * Janet Geeslin * Leola Meyer * Heidi Defreese Burns * Ellen Berg * Cynthia Wilson

Spotlight on Corporate Member - Allsup

by Sharyn Perry, Great Lakes Publications Representative

ALLSUP IS A NON-ATTORNEY NATIONWIDE provider of Social Security disability representation, as well as Medicare plan selection services, based in Belleville, Ill. Founded by Jim Allsup, a former Social Security field representative, the company employs more than 600 professionals around the country, many of whom previously worked for state Disability Determinations Services or the Social Security Administration.

Allsup represents claimants at all levels of the SSDI process, from initial application through denials and appeals, and last year represented tens of thousands of SSDI claimants. The company combines expert staff, extensive customer support and proprietary technology to educate potential claimants about the SSDI process; determine if potential claimants are likely to qualify for benefits; develop a thorough, well-documented claim; reconcile private and public benefits; and provide live and online SSDI support throughout the process.

Two Allsup representatives, Mike Stein and Karen Hercules-Doerr, were presenters at the NADE Tri-Regional Training Conference in Charleston, S.C., March 7-10, 2010. Their topic was, "SSDI Application Process and Consumer Trends—the Allsup Experience."

Mr. Stein, assistant vice president of claims, has more than 17 years experience working with the SSDI program. He is responsible for the company's claims and customer support service processes, ensuring that Allsup provides high-quality, efficient service to individuals, the SSA, DDS and ODAR staff. In addition, he is the company's liaison to the SSA, focusing on new developments in SSA programs and initiatives.

Ms. Hercules-Doerr, director, community based representatives, works to increase education and awareness about SSDI entitlement and processes. She interacts daily with social workers, case managers, nurse practitioners, physicians and other medical professionals who treat and support individuals with disabilities.

Allsup provides a Web site specifically for the SSA, DDS and ODAR staff at www.AllsupInsider.com. This site provides information on the Allsup representation process, answers common questions and provides contact information. The company also offers extensive SSDI, Medicare and personal finance information to consumers at www.Allsup.com.

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

Retirement Boring? No Way!!!

by Anne Graham, Retirees Chair

NADE has been around for a good long while. Some of its members have been in the program long enough to be eligible to retire. Some retire from the DDS and then become employees of the Social Security Administration in Baltimore or one of the 10 regions; therefore, they are not yet really retired. How fortunate for SSA that these years of experience can still be utilized. Others retire in the more traditional sense. They have more time for sleep, hobbies, travel, education, reading, exercising, volunteering, grandchildren, or whatever suits their fancy—definitely not boring. Retirement is worth waiting for! When it gets to be your turn to retire, don't retire from NADE. Dues for retirees are just $25, half the membership cost for other members.

Retirees are available to serve NADE in a number of ways. They can attend meetings as representatives of NADE, be active members of NADE committees, mentor newer members of the organization in their chapter, State and region, and attend conferences to keep informed about the Disability Program and to maintain long time NADE friendships. A retiree recently said she was suffering from "conference deprivation" so she signed up to attend the Tri-Regional Conference in Charleston, SC, in March, even though her region was not one of the three involved.

Two members of the Retirees committee, Marty Blum and Anne Graham, held a meeting for new conference attendees at NADE's National Training Conference in Covington, Kentucky. It was a luncheon meeting that was very well attended. Once we managed to get more pizza delivered, the meeting was a big success. New conference attendees had a chance to meet others in the same boat, to form friendships, and to get to know a few folks to hang out with. Members of the Retirees Committee look forward to providing this service at future conferences.

Are you Certified through NADE?

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

Or You May Contact The *Professional Development* Committee Chair

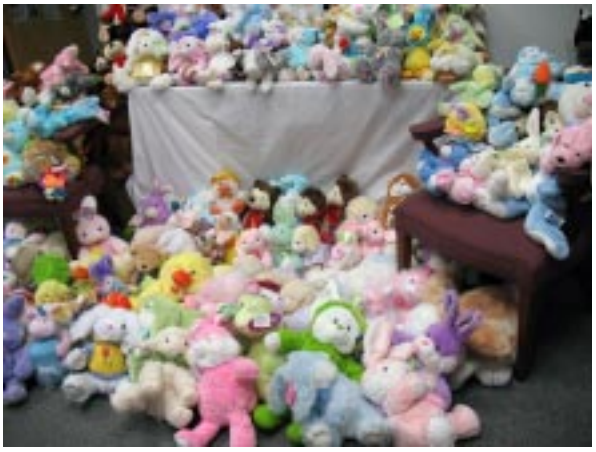
Ellen Cook
4805 Greenbriar Drive
Springfield, IL 62711
217.741.8151
Ellen.Cook@ssa.gov

NADE MENTORING PROGRAM

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

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!!



THADE Bunny Collection

Annual THADE Collection Nabs 201 Bunnies!

THADE organized the annual bunny drive for NC DDS as a part of a volunteer effort by the North Carolina Department of Health and Human Services to collect bunnies and other new stuffed animals to donate to hospitals and nursing homes.

These bunnies help provide comfort and joy to children and adults during their inpatient and rehab treatment. NC DDS collected 201 stuffed animals this year, exceeding last year's record of 155.

submitted by David Kramer
THADE President

Have You Begun Planning Activities and Events for NDPW Week in June?

Make Sure You "Have The Talk"

by Patrick Didas, R.N. Buffalo, New York, Chairman for the Organ Donation/Transplant Committee

An important step after making the decision to sign an Organ Donation Registry card is to talk about it with your family and friends. Make it known that you have registered and use this as an opportunity to answer any questions that they may have.

Many people have not taken this important step. Think about it; we have made an important personal decision to donate the gift of life. You now have a perfect opportunity to share, and educate your family and friends about why you made this choice. Also, In the event that you are incapacitated your loved ones would then be able to act knowing your wishes. Your decision to share this information could lead to others following the same path and sharing their gift of life.

Remember to "Have The Talk" after all, you've been given the gift of life..give it back.

Highlights, from page 3

In her presidential address, Susan Smith discussed NADE's top issues for 2010, which includes continued support for:

- appropriate funding of SSA and DDSs to aid in processing increasing workloads
- improved customer service initiatives, and discouragement of state employee furloughs
- national rollout of Single Decision-Maker (SDM)
- professional certification process for Disability Examiners, DDS Medical Consultants, and DDS Support Staff
- reduction in the 15-year relevant vocational period and revision of step 4 of the Sequential Evaluation process
- revisions in the Continuing Disability Review (CDR) process and the medical improvement review standard (MIRS), and expansion of the Continuing Disability Investigation (CDI) units.
- elimination of the 5-month waiting period for Title II claimants and elimination or reduction of the 24-month waiting period for eligibility for Medicare benefits.

The final morning session presented Dr. Michael Horner, PhD, and his discussion of traumatic brain injuries in returning military veterans.

Terry Dodson, Director of SSA's Office of Process Policy, focused much of her discussion on the innovative initiatives underway in the program, including new ways of delivering on-line training, eCAT, and RPC (Request for Program Consultation).

Quality was on the mind of Robert Raines, Director of the Office of Quality Performance for the Atlanta Region.

Following afternoon business meetings, conference goers were given plenty of free time to enjoy the vibrant Charleston nightlife and restaurant scene – all within walking distance of the centrally located hotel.

The hospitality suite Monday night was sponsored by the Mid-Atlantic region and featured a variety of lowcountry fare prepared again by the local Charleston staff.

Tuesday's agenda was loaded with intriguing breakout sessions:

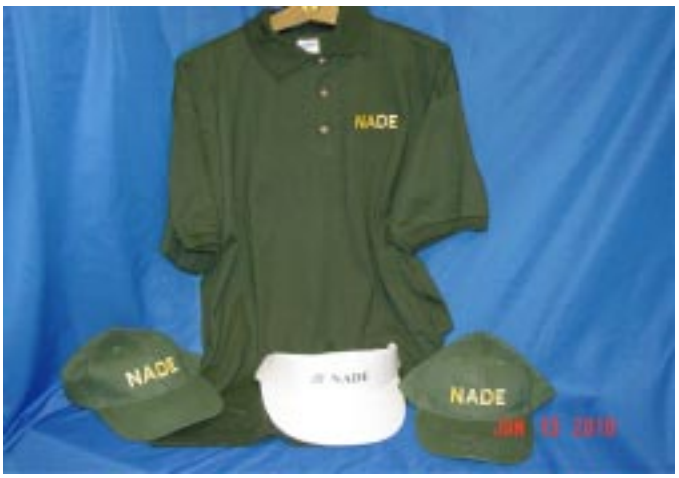
- *Description and Discussion of Disorders Diagnosed in a Medical Geneticist's Office* – Dr. Sara Cathey, MD.
- *SSDI Application Process and Consumer Trends – the Allsup Experience* – Karen Hercules –Doerr and Mike Stein
- *PTSD Among United States Civilians* – Dean Kilpatrick, Phd
- *Update on the Effort to Create a Common DDS Case Processing System* (DCPS) – Tom Paige
- S*ocial Security and ID Theft* – Chris Jenkins, SSA Public Affairs Specialist
- *Obesity Update* – Patrick M. O'Neil, PhD, Director of the Medical University of South Carolina's Weight Management Center
- *Lowcountry Equine-Assisted Psychotherapy (LEAP): Working with Horses to Improve People's Lives* – Julie Lipovsky, PhD.
- *On-The-Job Stress Management Strategies* – Michael Neboschick, PhD.

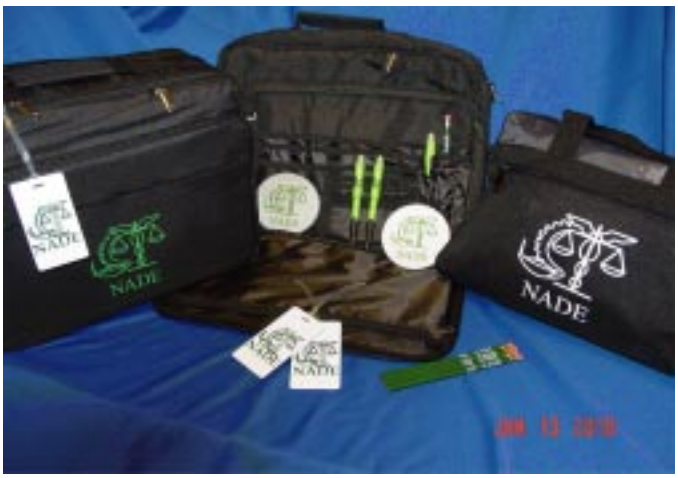
The day's presentations concluded with a rousing analysis of conflict resolution issues by Dr. Kenneth Norris, D.Min, A.A.P.C.

On the final day of the conference, Colorado DDS Director and NCDDD (National Council of Disability Determination Directors) President Vicki Johnson provided an update on issues of national importance. Charlotte Anderson, Executive Director of 2-1-1 Hotline, provided conference goers with a keen insight into Suicide Prevention – What to Look For and How to Prevent It. Participants picked up some useful tips on how to navigate PolicyNet from Terry Hynes, SSA Director, Division of PolicyNet Management.

The final official conference action involved Southeastern Region President Christee Hunt passing the gavel to new president Cindy Brooks. SC DDS Director Tom Paige expressed his appreciation to all who attended, and especially to all those in the state chapter responsible for the planning and running of what was deemed a successful conference. Conference co-chairs Dr. Lisa Varner and Cindia Deith accepted two beautiful framed prints from their fellow chapter members in appreciation of their outstanding efforts.

The NADE Store



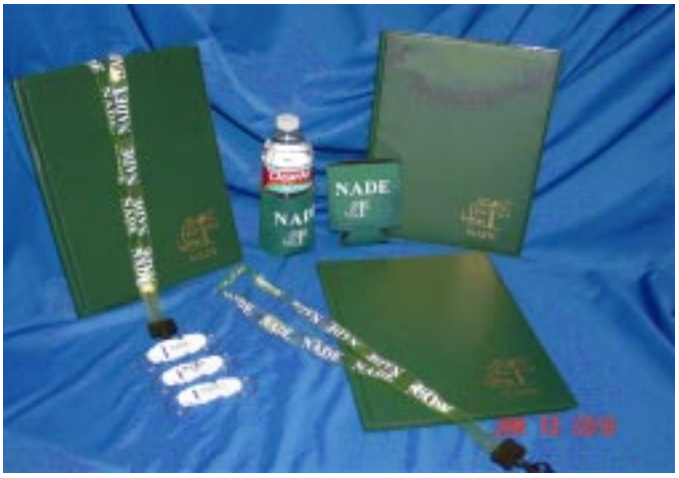


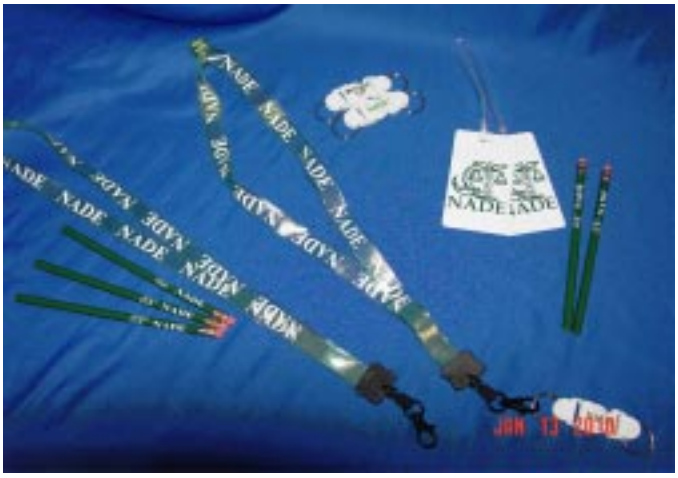
Embroidered Polo Shirt – Med – XXL	$15
Adjustable Embroidered Cap	$10
Screen Printed Adjustable Visor	$ 5

Deluxe Expandable Laptop Brief Case	$30
Standard Brief Case	$15
Luggage Tag with Logo	BARGAIN CORNER
Absorbent Stoneware Coaster	$ 5
Retractable Logo Pen with Highlighter	$ 3
#2 Leaded Logo Pencil	BARGAIN CORNER

Great Gifts for YOU!

for Speakers
for Employee Recognition





Notebook Folio w/NADE Logo	$10
Insulated Beverage Koozie	$ 2
Lanyard	BARGAIN CORNER
Double Key Chain	BARGAIN CORNER

Great Gifts for YOU!

for Recruitment
for Professionals Week

BARGAIN CORNER!

Lanyard	Reg $3	NOW $2
Double Key Chain	Reg $2	NOW $1
Luggage Tag with Logo	Reg $2	NOW $1
#2 Leaded Logo Pencil	Reg 3/$1	NOW 5/$1

To Order Contact:
Malcolm.Stoughtenborough@ssa.gov
Chairperson, NADE Non-Dues Revenue Committee

NADE Board Members 2009-2010

OFFICERS

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

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

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

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

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

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

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

PACIFIC
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
615.743.7360
Fax: 615.253.0015
sharon.summers@ssa.gov
Hearing Officer

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

CHAIRPERSON-COUNCIL OF CHAPTER PRESIDENTS

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

APPOINTED DIRECTORS

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

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

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

NADE Ad Hoc Committee

CORPORATE MEMBER AD HOC
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

NADE Committee Chairpersons

AWARDS
Alan Gulley
25 Milton
Los Lunas, NM 87031
505.841.5668
Fax: 505.841.5743
james.gulley@ssa.gov

CONSTITUTION & BYLAWS
Donnie Hayes
3301 Terminal Dr
Raleigh, NC 27604-3896
919.212.3222 ext. 4371
Fax: 888.222.5763
donnie.hayes@ssa.gov

DDS ADMINISTRATORS/SSA LIAISON
Edie Peters-Ligouri
35 Van Ryper Place
Belleville, NJ 07109
973.648.6983
Fax: 973.648.3238
edie.peters-ligouri@ssa.gov

ELECTIONS AND NOMINATIONS
Juanita Boston
4229 Beacon Heights Drive
Raleigh, NC 27604
919.212.3222
juanita.boston@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
Marcia Whittle
c/o OTDA, Ellicott Square Bldg.
295 Main St. 6th Floor
Buffalo, NY 14205
716.847.5038
Fax: 888.499.0664
marcia.whittle@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
Patrick Didas
287 Brookside Terrace
Tonawanda, NY 14150
716.847.3870
Fax: 800.883.2235
patrick.didas@ssa.gov

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

PROFESSIONAL RELATIONS OFFICERS
Mimi Wirtanen
1512 Lamont St.
Lansing, MI 48915
517.373.4398
Fax: 517.335.7096
mimi.wirtanen@ssa.gov

RESOLUTIONS
Olivia Fralish
1605 Diplomat Circle
Helena, AL 35080
205.989.2113
Fax: 205.989.2115
olivia.fralish@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

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

PRSRT STD
U S POSTAGE
PAID
SPRINGFIELD MO
PERMIT # 616

Code of Ethics

As a member of the National Association of Disability Examiners, I accept the challenge to promote a better understanding in the field of disability evaluations. I will also strive with concerned professionals towards improved expertise in the documentations and evaluation process of impairments and their vocational implications. I am personally committed to continued professional growth in order to better serve the disabled individual. My professional service will be conducted at the highest possible level of integrity and all confidential information will be utilized in a responsible manner as to safeguard the rights and privacy of the individual.

What's That?

You may have seen this item displayed at NADE National Training Conferences. It is the NADE Seal, created for NADE and hand painted by Lewis Buckingham. He presented it to NADE during the presidency of Linda Hill Langele (1994-95).

"Buck" was himself a Past President of NADE in 1975-1976. He is no longer with us but his legacy lives on through this gift from the heart to NADE.