

The Advocate

A Publication of the National Association of Disability Examiners

2017 Conference Edition

A Big **"Thanks"** to MADE, the Michigan Chapter of NADE for the outstanding National Conference.



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PRESIDENT'S MESSAGE

Jennifer Pounds, THADE member

I want to take this opportunity to thank the Michigan, MADE chapter for the successful National Conference this past August. I have had the privilege to attend eight National Conferences since joining NADE in 2004 and each year I leave with a greater sense of pride in our organization than when I arrived. Each year I have had the pleasure of meeting new members, many of whom will be lifelong friends. NADE is more than my professional organization; it is an extension of my family.

As I write this article, our nation has suffered devastation from two major hurricanes in less than a month. Throughout this time, I have received numerous emails from members asking how they can help those in need. It blesses me to see the compassion in the hearts and minds



of our membership. Our Regional Directors, in the areas affected by the storms, quickly reached out to assure not just NADE members, but DDS staff in Texas, Florida and Puerto Rico were ok. We also touched base with Alabama and Georgia as they too suffered power outages and some flooding in areas. I have already heard of many chapters organizing relief efforts to be shipped to areas in need. This is just another example of the philanthropic service NADE provides to not just its members, but communities in need.

This year is going to be very challenging in the DDSs as we again begin the new year without a budget. We will be working under a Continuing Resolution, which limits spending and travel. Your NADE board will be working closely with Acting Commissioner Nancy Berryhill's office and Associate Commissioner of Disability, John Owen's office to assure we keep in the forefront the need for hiring authority throughout the year, importance of overtime, updates and progress of the DCPS rollout as well as effects of the end of SDM in all prototype states. NADE continues to be your voice and we encourage feedback.

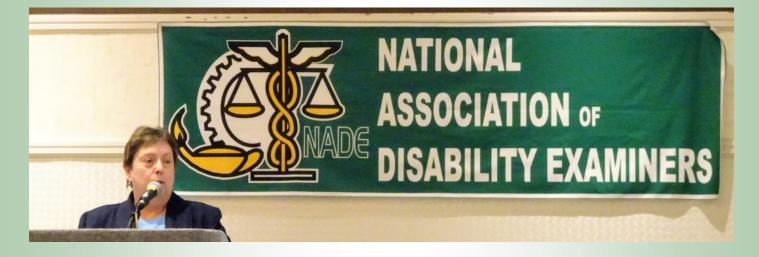
I encourage you to keep your Regional Directors informed of all your chapter activities throughout the year. We also value your insight and encourage you to continue providing feedback when given the opportunity to submit comments during the year. I also would like to take this opportunity to invite you to attend the NADE Board of Directors Mid-Year Meeting, February 22-24, 2018 at the Royal Sonesta Hotel in Baltimore, Maryland.

Lastly, thank you for this opportunity to serve as your President. I am humbled and have big shoes to fill from those of past Presidents. I am up for the adventure and look forward to working with all of you this year.

Respectfully,

Jennífer

Acting Commissioner, Nancy Berryhill Addresses NADE Conference



NADE members attending the Association's 2017 National Training Conference in Detroit, Michigan were delighted to welcome the Acting Commissioner of the Social Security Administration, Ms. Nancy Berryhill, as the Conference's keynote speaker. Ms. Berryhill had been a speaker at previous NADE Conferences while serving as the Deputy Commissioner for Operations and her past presentations were always very informative and interactive with the NADE audience. Her appearance at the 2017 NADE Conference revealed that, while she had changed roles at SSA, she had not changed her willingness to interact with NADE members. Her 2017 presentation was equally as informative and interactive as previous ones had been.

Ms. Berryhill indicated the national overall processing time for initial disability claims was currently 111 days, which is below the FY17 target of 113 days. The Acting Commissioner reported she was very pleased with the hard work and dedication she saw from DDS employees. She praised the DDSs for their commitment to serving the public. The DDSs once again demonstrated they are high achievers, capable of doing quality work in a timely manner. For the current fiscal year ending September 30th, the Agency was on target to meet its budgeted workload for initial claims, reconsiderations and CDRs. This is extremely important, not only from the standpoint of fulfilling the Agency's mission of public service, but also for program integrity purposes.

Ms. Berryhill asked the DDSs to focus on the DHU hearings workload. While waiting for a hearing, beneficiaries can request benefit continuation. So, it's important to make timely decisions on this workload.

Ms. Berryhill indicated that SSA remains fully committed to making sure our DDS partners have resources to balance the important service and stewardship efforts. She added that the President's FY2018 budget estimates that we will receive a nearly static number of 2.7 million initial disability claims and an additional 890,000 CDRs.

Ms. Berryhill mentioned that SSA's final budget is passed by Congress and the SSA is committed to keeping the DDSs informed once we receive the budget.

The Acting Commissioner reported on DCPS. She noted conference attendees were scheduled to view a DCPS demonstration later in the conference agenda and would learn more information at that time. She did report the early release states testing DCPS are having success with the new system.

The Agency is extremely pleased with the performance of the CDI units. These special units have been expanded so that there are 39 CDI units covering 33 states, Washington D.C., and the Commonwealth of Puerto Rico. The Agency is extremely pleased with the performance of the CDI units. These special units have been expanded so that there are 39 CDI units covering 33 states, Washington D.C., and the Commonwealth of Puerto Rico. The agency plan is to have CDI coverage in all states by the end of FY 2022. These units were able to cease or deny over 5000 claims in FY 2016, saving SSA \$268 million in direct payments and \$323 million in projected non-SSA savings such as Medicare, Medicaid, housing assistance and food subsidy programs.

Acting Commissioner Berryhill reported that the agency will be purchasing new printers and workstations for the DDS. She also mentioned that the agency was working on an IT modernization plan that will be released shortly.

The agency is moving forward with the development of additional service delivery options for the public. This includes building a tool similar to "click to chat" that will allow SSA's customers filing online applications to interact with a representative of the Agency when they need help. iSSI is an Internet tool that will allow applicants to file for SSA and SSI benefits online (currently, SSI applications require claimants to visit their local Field Office). The Agency will explore the use of artificial intelligence/machine learning to help eliminate duplicate records.

Other modernization updates include allowing individuals with a MySocialSecurity account and a current driver's license to request a replacement social security card online. Approximately 422,000 requests for duplicate cards have been processed. The Agency hopes to expand iSSNRC to all states by September 2018.

After closing her remarks, Acting Commissioner Berryhill accepted questions from the NADE members in attendance and visited with the NADE members while attending other portions of the NADE Conference.

Acting Inspector General Shares OIG Perspective

By: Richard Todd Deshong, WADE member

The Acting Inspector General for the Social Security Administration, Gale Stallworth Stone, began her presentation recognizing the strong partnership shared with all of the DDSs. She reminded the audience that the DDS assisted in combating fraud by screening applications at the front end, conducting intake at the reviews, and referring allegations to OIG. She reported the OIG received over 6,000 fraud referrals from the DDSs in fiscal year 2016. She reported that, from these referrals, about 4,500 were opened as active cases.

She then gave several examples of DDS referrals that led to successful CDI cases. She reported that the CDI program was an excellent tool to prevent disability fraud. She reported that later in



the year, the 20th anniversary of the CDI program would be celebrated. She reported the combined efforts of DDSs, OIG, and SSA discovered and deterred deceptive practices, prevented improper payments, and recovered SSA funds.

She highlighted the Detroit CDI Unit, which launched in 2014 as part of the expansion plan coordinated with SSA. Acting IG Stone also noted that the recent *Bipartisan Budget Act of 2015* called for CDI coverage of all 50 states by the year 2022. She noted that currently there are 39 units covering 33 states, Puerto Rico and Washington DC, with a new unit to open in New Jersey in September 2017. Acting IG Stone said the OIG was working closely with SSA to meet these mandates to expand CDI across the country.

Acting IG Stone reported that since CDI launched almost 20 years ago, program efforts have resulted in about \$3.7 billion in projected SSA disability program savings and another \$2.7 billion in savings for other State and Federal programs.

Acting IG Stone also reported on other legislative tools to support and strengthen the Inspector General's independence. She noted that the recent *Inspector General Empowerment Act* would ensure that IGs have timely access to all records, reports, or other information related to the Federal programs they oversaw. This also meant that IGs obtained an exemption to the *Computer Matching and Privacy Protection Act*. She reported that without this exemption, requests for information were time-consuming and hindered some of audits or investigations. The exemption would speed up the data-matching process and improve efforts to identify improper payments and detect fraud.

Acting IG Stone also reported on additional anti-fraud efforts, such as predictive analytics. She reported this was a high priority for both Congress and SSA. SSA was in the process of planning a predictive model to identify "high-risk" actions in the disability program. SSA would begin by analyzing previous fraud cases to find common characteristics, gather data, and then design a model based on that data. She reported that SSA wanted a model by the end of the year.

OIG ctd.,,,

Acting IG Stone also reported on the OIG's oversight duties concerning the new release of the Disability Case Processing System (DCPS). She reported that throughout the IG's oversight, SSA had been encouraged to seek feedback from the DDS users and then address these concerns. She reported that her office continues to monitor the project and issue progress reports to the Social Security Subcommittee.

Finally, Acting IG Stone highlighted OIG's audit reporting. She indicated that audit reports on the disability programs could be found online at the OIG website <u>https://oig.ssa.gov</u>.



SSA's Office of Disability Policy: Success Is Policy In Motion

By Jeff Price, THADE member

The attendees at the 2017 NADE National Training Conference were treated on the opening day to Ms. Deborah Harkin's dynamic presentation that encouraged the attendees to go on an exploratory trip as Ms. Harkin explained the critical processes currently in motion at the Office of Disability Policy (ODP). Ms. Harkin interacted with the NADE members in the audience as she delivered her prepared remarks and answered questions, all of which was received with keen interest from her audience.



Ms. Harkin, a UNC-Chapel Hill alumnus who started her career at the North

Carolina DDS in the 1990's before moving on to SSA's Central Office in 2001, is now a Senior Advisor in the Office of Disability Policy. Ms. Harkin extolled the efforts of ODP to be proactive by constantly searching for the keys to provide timely updates on disability policy for adjudicators. There are seven (7) keys to ODP's success in fulfilling its mission to ensure disability adjudicators in the DDSs have sufficient resources to make timely and accurate decisions. Those keys are:

1. ODP constantly scans internal data and external environments to **DETECT** enhancement opportunities.

2. ODP utilizes external research, input from stakeholders, and extensive analytics of internal data sources to *IDENTIFY* variations and trends.

3. ODP digs deeper to *INVESTIGATE* root causes of problems and issues by using targeted case reviews and other tools.

4. ODP obtains extensive input from internal partners and external stakeholders to **UNDERSTAND** a diverse perspective.

5. ODP *FORMULATES SOLUTIONS* by creating and implementing a plan to achieve program optimization.

6. After writing new policy, delivering the appropriate training and enhancing systems, ODP *IMPLEMENTS THE PLAN*.

7. ODP doesn't stop there as the Office continually *MONITORS* the impact to ensure the desired results are achieved.

Having developed this seven-step procedure to ensure success, Ms. Harkin then explained some of ODP's priorities for FY 2017, which included:

• Publish a Notice of Proposed Rulemaking to comprehensively update the Musculoskeletal Listings, and keep all the Medical Listings on a 3 to 5 year update cycle.

• Evaluate the vocational rules, processes, and procedures used to assess work capacity, recommending updates as appropriate to reflect current medical and vocational practice, technology, and workplace requirements.

- Finalize and implement the Medical Evidence Rule.
- Enhance claimant representative policies, procedures, training, and online systems to foster their knowledge of the disability program and engagement in the process.

• Evaluate the Continuing Disability Review (CDR) policies, procedures, and training to implement enhancements that will help ensure consistent and accurate CDR determinations to identify medical improvement at the earliest opportunity. • Ensure disability examiners, medical and psychological consultants, and individuals involved in appeal level decisions have the training and tools needed to make determinations and decisions in accordance with policy.

• Expand the functionality and use of management information systems to identify unexplained decision outliers, policy enhancement opportunities, and training needs.

- Increase transparency and use of stakeholder input in the development of disability policies, procedures, and training materials.
- Develop and enhance electronic tools and decision support mechanisms to guide accurate, consistent, and timely disability determinations and decisions.
- Increase the percentage of initial disability claims with Health Information Technology (HIT) medical evidence to 12% to reduce the time for a claimant to receive a decision.

The Musculoskeletal listings were last updated in 2001 and Ms. Harkin explained ODP's current expectation is that this new NPRM will be published in early 2018 but that goal is dependent on forces beyond ODP's control. ODP explored many factors while updating the musculoskeletal listings to ensure the new listings adequately addressed the needs of the disability program and disability adjudicators. Among those factors were: Requirements for objective/diagnostic imaging criterion for a disorder of the spine resulting in nerve root compromise; How to assess adults who have had unsuccessful back surgeries; Adult and childhood listings for pathologic fractures; and New childhood listings for musculoskeletal developmental delays in infants from birth to age 3.

Listings for skin, cardiovascular and digestive disorders were last updated in 2004, 2006 and 2007, respectively. ODP is preparing a new <u>combined</u> body systems listing NPRM to address these three (3) body systems simultaneously. In contrast to previous comprehensive regulatory updates to each body system, ODP will be seeking to make only limited, targeted updates.

Ms. Harkin also relayed ODP is exploring revisions for the policy for Failure to Cooperate (FTC). A large multicomponent workgroup, which included disability adjudicators, was assembled in 2015-2016 to explore this minefield and, after much hard work and discussion, new policy revisions are imminent. The new policy will:

- Reorganize and clarify policy to clearly define when a disability adjudicator may end attempts to develop the case file prior to making a determination based on evidence in the file.
- Eliminate the term "Failure to Cooperate" (FTC) and replace it with **"Insufficient Claimant Coopera-tion" (ICC)** in an effort to soften language that has been viewed by the advocacy community as unnecessarily harsh.
- Clarify initial and follow-up claimant contact procedures to obtain evidence or forms. For example, the new policy will:

Clarify and simplify instructions for contacting claimants, appointed representatives, and proper applicants when attempting to develop evidence

- Define "special handling" claimants and specify additional procedures for adjudicating special handling claims
- Clarify "good cause" exceptions for claimants that have not cooperated with development
- Define the number and type of contact attempts required when attempting to obtain evidence from the claimant
- Clarify documentation disability adjudicators must provide prior to making a determination based

- Define the number and type of contact attempts required when attempting to obtain evidence from the claimant
- Clarify documentation disability adjudicators must provide prior to making a determination based on the evidence in file
- Clarify initial and follow-up claimant contact procedures for scheduling consultative exams. For example, the new policy will:
 - Clarify contact and notice procedures for scheduling and confirming consultative examination appointments
 - Explain when the disability adjudicator may discontinue attempts to have a claimant attend the consultative examination
 - Adjust follow-up and call-in response times to reflect realistic timelines when scheduling appointments
 - Make CE reminder letters optional for all claims
 - Create a "Frequently Asked Questions" section to address common concerns

After sharing information about these new policy updates, Ms. Harkin turned everyone's attention to a topic of universal concern – the OIS Project. What is OIS? It is Occupational Information System and it is critical to SSA's mission to deliver fair and timely decisions on disability claims. Ms. Harkin explained that giving adjudicators access to information about the existence and requirements of occupations in the modern national economy is critical to maintaining the integrity of disability decisions. Currently, the Agency and its decision-makers rely upon the Department of Labor's Dictionary of Occupational Titles (DOT). Unfortunately, the DOT was last updated in 1991 and that update was only a small one. The last major update to the DOT occurred in 1977 when "*Star Wars*" premiered in the nation's theatres. Ms. Harkin outlined the pathway by which SSA, through its partnership with the Bureau of Labor Statistics (BLS), began its ongoing multi-year mission in 2012 to explore strange new jobs, to seek out new job skills and new mental demands, to boldly go where SSA has not gone before.

Currently, the DOT:

Contains about 12,000 very detailed occupations

- Uses its own classification system
- Codes strength as sedentary, light, medium, etc.; assigns an SVP on a scale of 1-9 but what about the microdata?
- Does not include details about some physical requirements that adjudicators need such as bilateral/unilateral handling/fingering, overhead reaching, or alternating sit/stand
- Does not describe the mental and cognitive requirements of occupations

When complete, OIS:

Will contain fewer than 1,000 occupations

- Will utilize the O*NET-Standard Occupational Classification (SOC)
- Will code occupations' strength and skill requirements like the DOT but also include detailed information
- For manipulative requirements, will specify whether one or two hands are needed; reaching will include above shoulder level vs. at or below; and will include alternating sit/stand
- Will eventually include descriptors of the basic mental and cognitive work requirements

NADE members were very receptive to Ms. Harkin's presentation that truly revealed ODP is an Office firmly committed to the concept of Policy in Motion!

John Owen

Associate Commissioner, Office of Disability Determinations By: Sara Winn, CADE member



NADE members had the honor of hearing a presentation from John Owen, Associate Commissioner of the Office of Disability Determinations (ODD). Mr. Owen was a disability analyst in the Alaska DDS before becoming a federal employee. He spoke about the outstanding progress of DDSs towards meeting Fiscal Year (FY) 2017 goals, despite the challenges of high attrition rates. He also shared the expectation that we will likely begin FY 2018 in a Continuing Resolution. Mr. Owen also shared that the agency expects lower receipts in FY 2018, which will likely result in lower targets next year.

At the time of the meeting, we were about 85% through FY 2017 and DDSs had processed over 3 million cases. This included 2,075,848 initial claims, achieving 85% of the FY's targets; 499,794 Reconsiderations, achieving 86% of the FY's

targets; and, 826,559 CDRs excluding EXR claims, achieving 90.5% of the FY's targets. The DDSs were performing better than expectations in all areas. The average mean processing time nationwide was 111 days, which is below the goal of 113 days. Mr. Owen provided an update on the agency's elimination of Single Decision Maker (SDM) authority, with 13 of the 20 SDM states already completed with the remaining states track with the phase out schedule.

Mr. Owen also highlighted a few recent policy changes, including updates body systems 14 (HIV & Immune) and 12 (Mental) listings which were updated in FY 2017. Body system 1 (Musculoskeletal) is due for publication in FY 2018. The revised musculoskeletal listing will provide new uniform and specific severity criteria for these impairments. This includes a new listing for failed back syndrome and more defined instructions for evaluating upper extremity limitations and medical documented need for assistive devices. There will also be a section for evaluating musculoskeletal disorders in infants and toddlers with motor developmental delays.

There will be some updates and policy changes to the Failure to Cooperate process. Proposed revisions have been sent out to the various offices for feedback by Sept 8, 2017, via the agency's formal electronic Intercomponent Review Draft (IRD) process. The revisions are in response to the DDSs' earlier request for simplifying the process to reduce that chance of error.

SSA continues to make progress working with the Bureau of Labor and Statistics (BLS) on a replacement for the Dictionary of Occupational Titles (DOT), which was last updated in 1991. That new system, known as the Occupational Information System (OIS) is making progress which Mr. Owen explained would be discussed in greater detail by Debbie Harkin from the Office of Disability Policy (ODP), who was presenting after Mr. Owen at the conference. Mr. Owen also stated that the Vocational Workgroup led by ODP is also working on updating policy and procedures that will be needed to accommodate the new OIS.

Mr. Owen answered the question of "Why do we still have paper cases?" He explained that while SSA has reduced the number of cases that are excluded from electronic processes, there are still subsets of claims that require special coding that is not supported into our current electronic systems. The cost to making adjustments those systems outweighs the cost of processing those cases in paper. However, as we continue to process CDRs the number of "exclusions" will continue to dwindle. If we receive the funding for processing CDRs in FY 2018 that we expect, SSA will reach currency on CDR's by end of FY 2018. This will help further reduce the number of exclusion cases; however, a small number of paper cases will remain. We will also look for further opportunities for additional reductions in exclusions cases after we have fully implement DCPS.

Mr. Owen shared that there is continued focus to work on strengthen the integrity of our decisions and to ensure our Quality review processes are working optimally. ODD, ODP and the Office of Quality Review (component with oversight of DQBs) are working collaboratively to ensure decisions are consistent with policy, across the nation. In fact, Mr. Owen was traveling back to headquarters after his presentation at the NADE conference to meet with members of the National Disability Issues Group (NDIG) to discuss recommendations for improving the quality review processes, through the Request for Program Consultation (RPC) level.

Mr. Owen shared that our Health IT (HIT) records exchange process is making continued progress and showing value. Not only is the average processing time for cases with HIT MER lower than the average processing time (e.g., 56 days compared to 113 days, respectively), but Health IT continues to provide the MegaHIT document to an examiner when a case likely meets a listing. As SSA expands the number of medical providers that provide us records electronically via Health IT, SSA is also expanding how we store and use that data. In the future, SSA will introduce expanded "decisional support" tools that will analyze the evidence and provide additional guidance to examiners beyond simply identifying cases that likely meet a listing. SSA will also store the evidence in a searchable format, instead of converting to an image (tif), and introduce a DMA viewer that allows users to search text, allowing disability examiners to more easily navigate through the evidence.

In FY2018, in addition to reaching currency in processing CDRS, SSA will also focus on our pre-hearing (PH) and disability hearing (DH) workloads, and identify processes to process those workloads timely. Currently over 90% of SSI and 96% of T2 disability recipients ask for benefit continuation at CDR cessation. Those cases ceased by the DDSs that have the cessation upheld at all levels of appeal (PH, DH, and ODAR), result in large overpayments. SSA is unable to recover many of those overpayments, resulting in a loss to the trust fund. Thus, ODD is working with a Disability Hearings Unit (DHU) Workgroup on suggestions to address the PH and DH workloads, which is exploring the possibility of increasing the allocations of disability hearing officers.

Mr. Owen ended his presentation by thanking NADE for its commitment to the mission of SSA and to all disability examiners for their service to the American public. Mr. Owen acknowledged we are a vital part of the SSA disability program, and SSA could not accomplish such great service without us.

"Promote Awareness that Suicide is a Public Health Problem and Preventable"

By: Michelle Ferris, MADE member

Guest speaker, Dennis Liegghio, founded the "Know Resolve" organization in 2007 after experiencing suicide personally in his own family. Dennis' father committed suicide when Dennis was just 14 years old. The last moments they spent together had resulted in a horrible fight with words of anger. When Dennis found out what happened to his father, he blamed himself, he ran from it, and self-destructed for several years including abusing drugs and alcohol, eventually leading to thoughts of suicide himself. Dennis found a passion in music. In his words, music saved his life. He was able to write a song about his father and release what he had bottled up for so long. Dennis found a



place and a voice for the pain. He then started the "Know Resolve" organization and travels to middle and high schools to speak about his story.

Suicide is the second leading cause of death in 10-24 year olds. We need to break the silence and stigma surrounding suicide. Some myths surrounding suicide include "suicide is selfish or weak", "depression causes suicide", and "bullying causes suicide". Most people who commit suicide have an undiagnosed or untreated mental health issue. Bullying is a risk factor NOT the cause. Risk factors for suicide include an untreated/undiagnosed mental health disorder; family history of suicide or mental health disorder; history of unresolved trauma/abuse/neglect; alcohol and/or substance abuse; history of suicide attempts (the single strongest predictor of future behavior is past behavior); easy access to lethal means (such as firearms). There is not one single cause, person, or event that leads to suicide. It is not about death, but about escape.

Some other helpful information Dennis shared included warning signs to look for, and how to help someone who may be having suicidal thoughts.

Warning signs: talking about or making plans for suicide; expressing hopelessness about the future; withdrawing; changes in sleep; anger or hostility that seems out of character; recent increased agitation or irritability; and giving away prized possessions.

There are ways that you can help someone: ask directly about their thoughts/plans; let them talk and listen without judgement; help them complete a safety plan; involve a mental health professional; and educate yourself and ask for help.

Thoughts of suicide are temporary. It is important to have a safety plan in place. Ensure your environment is safe; means restriction is very effective to help prevent suicide. Finally yet importantly, practice good mental health! One good choice leads to another!

www.knowresolve.org

www.nami.org

OBESITY IN CHILDREN WITH DISABIILTIES: TWO STRIKES

Presenter: Olubukola O Nafiu MD, Michigan Medical Center

By Sharee Brown, GADE member

We were fortunate to have as the final speaker of our 2017 National Training conference, Dr. Olubukola O Nafiu. This dynamic speaker is a pediatric anesthesiologist who specializes in neuro and cardiac adolescent bariatric surgery.

Obesity rates in the general population has been increasing exponentially in the past three decades across the globe. There are, in fact, many developing countries where obesity has replaced malnutrition as an epidemic. The World Health Organization (WHO), has coined the term "globeisty" to describe this phenomenon.



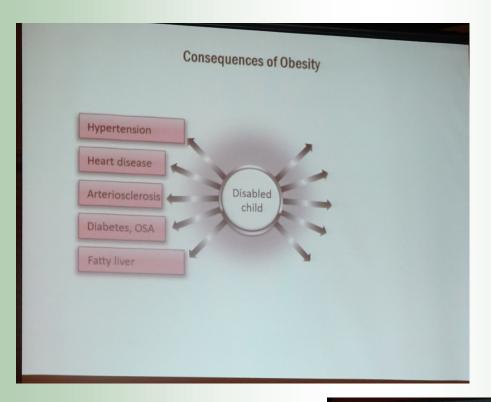
Children with developmental and/ or physical disabilities, are disproportionately affected by the current obesity crisis. We know that obesity rates in non-disabled children is about 17%, in children with disabilities it is more than double that at 38 %. Children with autism and downs syndrome have a three-times higher rate of obesity than those with a physical disability alone. And in those with a physical disability alone the rate is two times higher than those without a disability. They face the same risk of becoming obese as their nondisabled peers, especially within the setting of an obesity-encouraging environment. However, these children may also experience additional challenges that increase their vulnerability to typical risk factors, and they may experience a unique set of risk factors not shared by children in the general population.

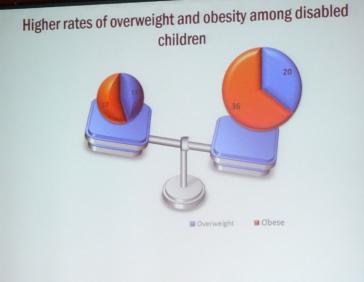
Obesity prevention in this vulnerable group must involve the entire community. Barriers to healthcare providers contributions such as a lack of reimbursement for obesity prevention, must be overcome. Parents have to make a choice to provide a healthier lifestyle with some form of physical activity. And policy makers must do all they can to fight for these children. Currently, obesity prevention in disabled children includes assessment of obesity risk through BMI screening. However new research shows BMI may not be an accurate way to measure obesity in children with disabilities. For example, BMI can underestimate the amount of fat in children with specific body compositions who may have less lean muscle mass. The research indicates other indices should be used to measure adiposity in especially in children with disabilities. Although not ideal, some researchers prefer measuring the waist where extra fat may be on the body and using other methods to determine if a person is overweight.

In order to effectively combat this epidemic in children with disabilities as well as other children, it will take time; a desire to make healthy changes for the children and the cooperation and collaboration of caretakers and policy makers alike. Proof that 'the village' method can work can be seen Singapore. This country has done extremely well in combatting obesity in the general population. About 10 years ago they started a system in which anyone who had contact with the child or obese person, would talk about obesity and how to prevent becoming obese. The entire community; the caretakers, the healthcare providers; the schools and the churches were all involved in the discussion. Singapore now has one of the lowest obesity rates in the world. This shows that it really just takes a desire and a willingness to do something about it.

In closing, Dr. Nafiu challenged us all to make a difference in the lives of these children and join the fight against this epidemic to improve the quality of life, as well as the physiological, mental, and the psychosocial health of children with disabilities. By simply adding our voices, calling for awareness we can keep the dialogue going and participate in securing a better future for these children.

He invited anyone who wishes further discussion to contact him @ onafiu@med.umich.edu





MOTTEP "Minority Organ Tissue Transplant"

By Kathy Officer, GADE member

'If you could save a life, would you?' asked Tanya Smith of the Minority Organ Tissue Transplant Education Program (MOTTEP).

My heart leaped and I thought, "Of course!" And I am sure that the audience of the 2017 NADE conference thought that as well. Tanya certainly got our attention! She cited recent survey results, from the U.S. Government Information on Organ Donation and Transplantation, showing that 95% of us would donate, but that only 54% actually register to do so. Mrs. Smith



reminded us that April is National Donate Life month and that she had a call to action for us, because there is a preventable death every 22 minutes in the USA due to the lack of organs/tissues for donation. This shocking statistic is despite the fact that 20,183 transplants are performed in the U.S. annually, according the Department of Health & Human Services Health Resources and Services Administration. In fact, there are approximately 116,755 on the waiting list as of today, with 82% of those people waiting for a kidney.

Did you know that one individual donor can save up to eight lives by donating kidneys, liver, pancreas, heart, lungs, intestines, abdominal wall, craniofacial scalp, hands, corneas, skin, tendons, bone, middle ear and blood vessels? Obviously, we have the opportunity to donate many things as a living donor, such as blood, stem cells and the much-needed kidney. Currently there are over 130 million registered donors, which sounds like a large number. The matching process, however, includes several critical criteria that must be met in order for a lifesaving transplant to be performed, and this reduces the effectiveness of that large number. Unfortunately, there are more minorities on the waiting list (approximately 70,000 people) than there are minority donors, increasing the difficulties with finding suitable matches. In order to encourage more registration, community education is essential to combat the concerns of potential minority donors, and expose the myths that could prevent them from signing up. Pre-planning is very important so affected family members may know a donor's wishes when the time comes, when time is of the utmost importance for the tissues to remain viable to ensure successful replacement of life sustaining organs. The call to action is now.

Minority Organ Donation ctd.....

We can get the word out! Let others know:

There is no cost to the donor or their family

Religious bodies in USA recognize the importance of organ donation, and many encourage the sanctity of life

The medical community is committed to ethical decision making and thus would not compromise a person's treatment because they are an organ donor.

HIV status is no longer a barrier to donation

One is never too old to donate. It's all about one's heath.

If you could save a life, would you?

The best way to make an organ donation plan is:

Register at organdonor.gov or donateamerica.org or at your local DMV

Take care of yourself by limiting sodium, cholesterol and sweets from your diet

Exercise to maintain a healthy weight

Share your wishes with your family

Take action to educate others so we may share the good news of lifesaving transplants. They are more possible than ever before! (DHHS reports a record number of 33,611 transplants were performed in 2016 alone.)

Better yet, invite MOTTEP to your agency to discuss this life-giving opportunity. What we do today can make a better tomorrow.



https://www.natlmottep.org/ https://www.organdonor.gov/ index.html

Chronic Vein Insufficiency, One Patient at a Time

Written by Virlyn Allen-Poe, MADE member

Dr. Syed Ahsan presented material focusing on the lower extremities and edema, associated to his specialty as a Nephrologist (Kidney Specialist) at Henry Ford Hospital and Medical Center. The doctor stated his motto was "helping one patient at a time, to make a difference to one patient, one person, and one claim at a time, to make people's lives better one at a time". This philosophy aids him with achieving his purpose and mission to meet the independent needs of his patients.

Dr. Syed Ahsan's presentation was well received. He combined humor with intellect and was successful in maintaining the audience's attention. The doctor creatively used wit and humor to explain the lymphatic system and side effects of some prescribed medications linked to weight gain. He explained how these is-



sues negatively affect the kidneys and double the rate of use of bodily organs.

Dr. Ahsan clarified the incorrect practices of physicians who order ECHO exams for symptoms of lower extremity swelling, emphasizing, "Most doctors don't recognize this is wrong". Defining Oncotic pressure as a leakage of fluid to tissue, veins, and arteries along with identifying venous insufficiencies prevalence to one third of women were topics of his presentation and explained in layman's terms. Dr. Ahsan revealed that an Idiopathic edema (unable to diagnose specifically) is linked to a certain group of females. Because of this Idiopathic edema, these women retain fluid and throughout the day, will accumulate weight. The struggle is real for many of these women.

Additional topics in this presentation included Venous Reflux, which is captured through Ultrasound testing to detect the backward flow of blood. Of the three quarters of patients who sufferer from Chronic Vein Insufficiency (CVI), only 1.5% will be affected by venous ulceration. The symptoms of which include achiness and vague discomfort, heat, burning, skin changes, bleeding and swelling. Dr. Ahsan challenged the listeners to imagine, blood shooting out four to five feet after a shower because of wiping your body with a towel because your skin is so soft. This seems like something out of a science fiction movie, although it is the reality for those who suffer from this debilitating disease.

Conservative treatment includes skin care, use of Grape Seed oil, anti-inflammatory oil, Horse Chestnut that equals the effects of compression stockings to be effective for early onset impairments of this nature. Other options of treatment include conventional surgery. Dr. Ahsan stated, "The National Academy of Science lists CVI as a disability" and expounded by stating, "The most recognized causes of disability include the swelling of hands, legs, and ambulating with a (waddling) gait. Lymphedema is not mentioned in the Compassionate Allowance criteria and 98% are not mentioned in disability". Dr. Ahsan explains that major problems recognized are that the signs and symptoms have the potential to be progressive and complex and most of the patients with this impairment really need help.

Rarely seen issues of this degree are Lymphedema, which starts with swelling, and progresses to skin deterioration stages. For advanced Lymphedema, pumps will not work, although use of pumps Advanced Pneumatic Compression Devices work to pump fluid though a progression of chambers without the option of surgery.



Dr. Ahsan's closing remarks were extremely inspirational as he stated, "One can never consent to creep when you can soar". On behalf of the host chapter MADE, we thank Dr. Syed Ahsan for his continued dedication to this field and for sharing this valuable information at the 2017 NADE Training Conference.

SOAR

Presenter: Jan Elder Written By Marjorie Garcia, ORADE member

Jan Elder is the national policy and partnership coordinator for

SSI/SSDI Outreach, Assistance, and Recovery (SOAR) Technical Assistance Center at Policy Research Associates (PRA). She develops policy guidance and tools for training providers on increasing access to Social Security Disability benefits for individuals experiencing or at risk for homelessness (PRAINC.com/about-us/our-staff/Jen-Elder.2017).

Ms. Elder's presentation examined the results of the partnerships between SOAR and the DDS, including the national and state level statistics reported to PRA. This research in part concluded for 2016 that



SOAR assisted claims on average were adjudicated in 101 days with a 67% approval rating (combined initial and appeal rates). Comparatively, approval ratings for unassisted homeless are in the 10-15% range, while the national approval rating for adult initial claims is less than half the SOAR rate, or 28%.

The lower approval rates for homeless applicants has been directly linked to a lack of stability in this population. Changing phone numbers and addresses often results in lost documentation and missed appointments. These same individuals often lack the required identification, historical documentation of a medical condition, and traditional or routine health care services, resulting in incomplete applications or technical denials. The SOAR key strategies, developed cooperatively with the United States Interagency Council on Homeless (USICH), the Social Security Administration (SSA), Substance Abuse and Mental Health Services Administration (SAMHSA), and the Veteran's Administration (VA), address these and other issues impacting the homeless and connect the homeless and those at risk of becoming homeless with SOAR-trained community-based partners (see also <u>www.usich.gov</u>).

Ms. Elder included examples from both the Maryland DDS and the Michigan DDS to demonstrate how these cooperative missions and strategies have been implemented:

In Michigan, the four DDSs utilize a "SOAR DDS Agency Lead" who participates in the SOAR state planning group. This same lead reports monthly receipts and clearances to this state SOAR Lead. Michigan also includes several "SOAR DDS Examiners" in their operation plans. Claims are identified by the "Homeless" flag, special remarks, and specialized coversheets to assure proper handling and assignment to these specialized examiners.

The Maryland DDS's Professional Relations Officer (PRO), instead, have partnered with SOAR to develop communication procedures. Like the Michigan DDS, they too employ specialized SOAR DDS Examiners to process all SOAR claims receipted. In addition, SOAR service providers receive training from the DDS on Sequential Evaluation, Medical Listings, and materiality. Any issues arising with the providers are communicated directly with the state SOAR Lead.

SOAR ctd.....

These represent only two of the possible examples. These states and others also involve SOAR-trained case managers who assist in the application process, providing medical documentation and maintaining interaction with the claimants. The results are more comprehensive applications which may also reduce both the number of Consultative Exams scheduled by the DDS and the number of technical denials adjudicated.

For more information related to SOAR and processing homeless claims, please refer to <u>POMS DI</u> <u>11005.004</u>, Ms. Elder's NADE National Training Conference Power Point presentation, <u>https://soarworks.prainc.com/</u>, and the 2016 latest edition advocate.

SAR WORKS



"Emotional and Physical Impact of Chronic Pain"

Presenter: Justin Minyard By: Laurie Tochtrop, STL MADE member

When we call someone a *"Hero"*, that can on take many meanings. We consider police officers, firefighters, and members of our military heroes- and all is well-deserved.

During the NADE Conference in August 2017, we had the pleasure and the privilege of meeting one of those heroes. Justin Minyard came to speak to the attendees regarding "Emotional and Physical Impact of Chronic Pain". The title listed in the agenda did not come close to the powerful and inspiring story Justin told.

His story started with the morning of 9/11-he was a first responder at the Pentagon when the 4th plane hit. He was 21 years old. While he was rescuing others, a wall collapsed and fell on him, fracturing his spine and disc in his lower back. This was the first of 8 major back surgeries he would go on to have.

13 months later, after rehabbing from that surgery, he was deployed to Afghanistan as part of a Seal operation. The team was in a helicopter and he was the first one out. He jumped, holding a rope, and they started taking fire. He jumped two stories and rope did not hold, he landed on a concrete roof and broke his back. Subsequently, the other four team members also jumped out of the helicopter, landing on him while he laid there in severe pain which resulted in him going unconscious from the pain and resulted in many more surgeries.

After 3-7 deployments, he had experienced an injury by IED explosion, was shot in back of the head w/AK-47. Needless to say, he also experienced many traumatic brain injuries as well. On his 8th deployment and after a year of being in IRAQ, he was in a Humvee that was hit with enemy fire. He was Medi-vac'd to Walter Reed Hospital in the states.

Throughout his military career, he has had multiple spinal trauma, surgeries, short recovery times, and continuous deployments; which resulted in him having extremely severe nerve damage. He has had fusions in five levels of his back. So after a 14 year career, making Master Sargent rank, and rehab for 3 months, he was not returning to duty. Justin described how his chronic pain dominated his life. He described how his life revolved around the pain, stating "it dictates and dominates and is in control of every aspect of your life". He spoke about increasing depression, PTSD, unable to get out of bed, unable to go to his psychiatrist's office. He started on a downward spiral. He was on quite a bit of pain medication and his life was all about "clocks and pills". He was on a large doses of very powerful narcotic medication which he had become reliant on to function. He was very candid about how his pain at that time affected not only himself but his family and most especially his relationship with his daughter. He became tearful as he described times when he was so drugged up at holidays and birthday parties he was unable to stay awake or participate. He talked about being irritable, mean, and not the father or husband he wanted to be. He shared with us the moment he hit rock bottom. He was in the car with his daughter when he blacked out from the pills and was involved in a serious car accident. After the realization that his addiction had nearly killed his daughter, he knew he had to make a change.

He was finally able to find a pain management specialist who was willing to really help him. He told him he was on too many opioids, and told him to, "not let the fear of withdrawal coming off the meds keep you from treatment." He talked about how this doctor worked with him and stayed with him through the process and he was able to get off the opioids and received a spinal cord stimulator 9 years ago. He again became tearful when he talked about how much he is in control of his pain just by adjusting his remote control. He showed us pictures of his lovely daughter and their reconciliation and about the guilt about the past. His current wife was with him and she was expecting. He has a new life, relatively pain free or at least bearable that he can enjoy living again. He works with Boston Scientific which is the leader in the field of Spinal Cord Stimulation Therapy and is dedicated to helping patients manage pain. He travels the country telling his story and helping veterans who are dealing with opioid addiction.

Justin was an inspiration, had most of us in tears as well. He gave some hope to those that also live with or know someone who lives with chronic pain.



Michigan FO/DDS Collaboration

By: Grant Gajkowski, AZ NADE member



Attendees to the 2017 National NADE Conference in Detroit, Michigan had the pleasure of hearing Ms. Julie Mavis speak about some of the proactive programs Michigan has put into place to help strengthen the vital DDS/Field Office relationship.

Center stage among these programs is

a statewide "outstationing program", in which a seasoned Disability Examiner works from a local field office one day per week. While stationed in the FO, the examiner performs a variety of helpful functions, including facilitating the completion of Assistance Requests, answering any questions FO employees may have about the DDS process, and even providing structured trainings. These trainings are generally on critical elements of the disability claims process, such as sequential evaluation or the importance of complete vocational information. Overall, the outstationed examiner acts as a highly useful source of information for the FO regarding the DDS process, enabling them to better understand, and thus better assist, that process.

The outstationed examiner is not simply at the FO to provide information, however; he or she also learns important information regarding the FO process through activities such as shadowing Claims Representatives (CRs) as they conduct disability interviews. The examiner then brings this information back to his or her DDS, thereby providing unique insight to both offices. It is not hard to see the value in having these type of outstationed examiners, and the program continues to receive positive feedback from both DDS and FO employees.

In addition to the outstationing program, Michigan also holds quarterly collaborative teleconferences facilitated by both FO and DDS management. These teleconferences provide a forum for discussion regarding current concerns identified by both DDS and FO staff. Having regular and direct communication between both components regarding the most pertinent "roadblocks" allows for more effective solutions to be created. The most common topic, according to Ms. Mavis: Assistance Requests.

Overall, Ms. Mavis' presentation demonstrated a clear fact: The Michigan DDS and FO communities have a strong, proactive relationship that helps enable better service for the claimants they serve. In the future, The Great Lakes State plans to expand the outstationing program, create additional training packages for FO CR's, and continue fostering overall FO/DDS collaboration.

The Future is DCPS

By: Trish Chaplin, Missouri Great Plains Regional Director



After a few years in productivity and many other years of discussion, Disability Case Processing System (DCPS) is finally upon us! Mr. Derek Pulliam is the SSA User Engagement Lead with DCPS who graciously gave an interactive presentation at the NADE NTC in Detroit on interactive presentation on what DCPS looks like now and will look like going forward for us. A select few states, one small, medium and large, are already working in DCPS now. Full completion of DCPS is expected by January 2018. Ms. Mary Wolcott, Ohio, was also present to help guide our way through DCSP now. She demonstrated how to process cases with DCPS and gave tips on how to handle issues that might come up with case processing.

First when logging into DCPS, you must identify what user you are to the left of the screen, an examiner, clerical or management. The screen has searchable fields across all columns. Users can access e-view and other important programs through DCPS. It is designed similar to ECAT with the DDE incorporated. It has case activity available to show the actions that have been taken on the case. Only one Title can be worked on at a time and the DDE must be copied to the next Title. Your case shows your action items and MER pending. DCPS was designed as similar as possible with current legacy systems.

The good news is that NO Training has been required as it is very self-explanatory for staff. The Ohio examiner who presented DCPS at the NADE NTC, Mary Walcott, demonstrated to us requesting medical records in DCPS. I come from a MIDAS state and it seemed very similar. The process seemed easy enough. She also took us step by step in putting in the MDI. DCPS has a section for case notes, CE tracking, FOFAE and of course the vocational assessment.

So for all the rest of the us who haven't started DCPS, we just have to wait patiently to see how this all works out! And then, finally, we will be ONE UNIFIED system!





Mira Krishnan, PhD, ABPP

Board- Certified Neuropsychologist Psychological Consultant at the Kalamazoo, MI DDS Office By Lauren Brisson, New Mexico NADE member

Dr. Krishnan spoke about Autism in the Workplace and Evaluating the Mental Functional Capacity of Autistic Adults . She stated that the diagnosis of Autism should be prior to age 8. The three topics covered were: What do we know about adult outcomes in ASD? How do we evaluate the MRFC of autistic adults and what innovations are occurring in enhancing employment of this population?

Dr. Krishnan mentioned the Autistic Self Advocacy Network (ASAN) and referred to see autisticadvocacy.org. Considering autistic people both as needing special

kinds of support to chase their dreams, and as having a potentially significant advantage over neurotypicals in some ways. 10% of autistic people have identifiable unique gifts or talents. Of the long term studies that show people who are autistic lag behind other groups with potentially disabling conditions in employment, with employment mostly limited to unskilled positions, and outcomes poorest for women. "One study found that adolescent girls receiving special education services, relative to their male peers, were about twice as likely to report that people expected less of them because of their gender or their disability, their parents were more likely to discourage them from activities due to safety concerns, and they were less likely to have worked. " Taylor & Mailick, 2013.

When applying the MRFC under the B1: Understand, remember, or apply information, Dr. Krishnan states school records are often helpful and for very impaired autistic adults, this may be a place where a marked or extreme impairments exists. Under B2, Interact with others-in the general public, Dr. Krishnan noted she often focuses on whether they get along with other people and tolerate authority (e.g. mild rating for those who can do both) with ADS, also consider if they have the ability to engage in socially appropriate interactions, e.g., with the general public, or with coworkers, that are more superficial. *Consider comorbid social anxiety.* adults who have aggression issues that are directly related to ASD and be wary of supported community engagement (e.g., goes to religions services with family-e.g., Gilson & carter 2016 found that job coaches with excessive proximity actually reduced their efficacy in spurring on job social engagement in autistic adults. B3-Concentate, persist, or maintain pace. Can they make at least occasional, simple decisions, how much supervision do they need and are they able to function effectively with the kind of supervision typically available in unskilled work, or do their supervision needs suggest they would be limited to the sheltered workforce. Lastly, do they have a longer history of part-time employment well below SGA. Statistics suggest in this population that "stepping up" to full time employment or SGA from here may be unlikely. B4: Adapt or manage oneself. What is their IADL capability? Does any MER support difficulties with change tolerance at a level that suggest in ability to tolerate even in frequent or routine changes, e.g., signs of rigidity or inflexibility associated with ASD.

Employment options are changing for autistic adults as companies who are heling employ Autistic Adults. These companies include Aspiritech SAP Autism At Work, Walgreens Prescriptions for Opportunity and UL-TRA Testing.

This information was found at miracharlotte.com.slides

AUTISM IN THE WORKPLACE: EVALUATING THE MENTAL FUNCTIONAL CAPACITY OF AUTISTIC ADULTS

SYCHOLOGICAL CONSULTANT TO DDS KALAMAZOO

Dr. Jan Lewis

Listing 13.07-Multiple Myeloma

Kerry Langholz, ORADE member



Dr. Jan Lewis presented her personal recent journey with multiple myeloma. She explained the initial symptoms, treatment process, and aftercare. Multiple Myeloma has the best prognosis when diagnosed in Stage I, and when there are no other health conditions, no history of prior chemotherapy and the person is under age 70. Stage I symptoms include backache and fatigue. It is easy to overlook these symptoms, as they are common for many less serious conditions.

Once diagnosed, one must be able to commit and give several months devoted to treatment, and that is possibly hours away from home. One has to have a fulltime caregiver available for at least 3 months, make provision for all child-

care for at least three months and acquire a place to live near the treating center for the duration of treatment and aftercare.

Dr. Lewis experienced a typical routine physical exam prior to treatment. Routine physicals take place 4-6 weeks prior to treatment. She said that one practically lives at the hospital during this time. She experienced multiple invasive tests including bone marrow aspiration. Dr. Lewis suggested watching a YouTube video to gain a better understanding of the conscious sedated bone marrow aspiration procedure.

There are three steps to treatment for multiple myeloma: 1) MOBILIZATION: stem cells are extracted, then grown in a controlled environment for use later. The stem cells need to reproduce to at least 8.5 million over three days. 2) ASPHERESIS OR BONE CELL SEPARATION: pulls stem cells out of marrow. DMSO, a chemical preservative, is used during this step. 3) MYELOABLATION: a 30- minute process where the entire immune system is chemically killed. Then, healthy stem cells collected during mobilization are introduced into the body to reboot and create a new immune system. Myeloablation is frightening, as one can go into organ failure or become very ill, possibly with lethal blisters that develop in mouth, lungs, and internal organs. One will lose about ten pounds of muscle in the 30-minute myeloablation phase. The stem cells grown in step one are thawed in warm water and then introduced into body as the end-part of step three.

To see if a new immune system is growing, one stays in the hospital with daily testing for level of stem cell growth. Day 0 is the day every patient hopes for. It is the day that testing shows the stem cell transplant worked. For Dr. Lewis, Day 0 was in week two. She is now in recovery and adjusting to life after treatment. Anyone who undergoes treatment for multiple myeloma will live with a compromised immune system for life. Dr. Lewis said the most common sources of infection are from self, from others and door handles.

It may be years, but Dr. Lewis' cancer can return. Seven years is the median return time. The highest prevalence of multiple myeloma presents in the following groups: Asians, men, fire-fighters, and those who work in x-ray labs. There is no cure for multiple myeloma as it is a rare cancer. Treatment buys time. Dr. Lewis noted Tom Brokaw and Geraldine Ferraro as some famous people with multiple myeloma. During her treatment, she had a dream she had met players from the Seahawks. Well, once she was recovering, actual team members did come to visit her.

In closing, Dr. Lewis said when considering listing 13.07, "Please remember, this is a person." Her final thought, "PLEASE DONATE BLOOD." Those suffering or getting treatment for multiple myeloma require multiple blood transfusions.





Telehealth Consultative Examinations

Tony Gallegos, MSW, ORADE Member

I was honored to be sponsored by Social Security Administration to attend the NADE conference in Michigan August 14 through August 16. I was also excited to see on the conference agenda a presentation regarding "telehealth consultative examinations." I have climbed the ranks at the Washington State DDS and spent about three years as a consultative exam (CE) scheduler so with that background I was intrigued to learn how this possibly work for DDS' nationwide.

LaShawn Taylor, DDS PRO Manager of the MI DDS came up with a six-month pilot of conducting consultative examinations

via telehealth. LaShawn shared experiences from the pilot program, which proved this way of conducting consultative examinations is effective and efficient. Due to a few reasons, the Michigan DDS was having some difficulties keeping CE doctors in rural areas within the state; therefore, creating some difficulty for claimants to attend a CE within a 20 mile radius.

LaShawn and her team helped bridge that gap with telehealth CEs to better serve the claimants of Michigan. Telehealth is not new to the medical field; the Veterans Administration has been doing this for some time as well as some DDS' around the country. What this pilot found was 90% of the clients who have already had some experience with telehealth exams actually prefer exams via video. According to LaShawn, exams are efficient, low cost, and expand the reach of the claimants.

Information gathered from the perspective of a claimant showed claimants are more relaxed during this type of exam, and it is very similar to being in a room with a doctor. As mentioned above, this type of CEs services claimants in remote areas. As for the advantage to DDS examiners and for the claimants, the pilot showed to save an average of seven days from CE to report received; therefore, the claimants could receive a quicker and more timely decision.

"Understanding Poverty and the Implications for the Disability Process"

By Meredith Rogan, VADE member

Lindsey Shull of Davenport University has dedicated her life to learning about poverty as well as teaching others about what it means to live in poverty. Many Americans don't realize that in a country that has so much, there are many that are barely surviving. Those of us involved in the Disability Program and other social service agencies are working with people struggling in this manner every day. However, little information is available to assist in better understanding what these populations are experiencing. Lindsey has been working to change this trend and provide opportunities to bridge that gap. Ms. Shull's background includes an MS as well as LPN and she has worked as a psych nurse and serves on the Equity and Inclusion Council. Currently she is the Regional Health Professions Practicum Manager at Davenport University in Grand Rapids, Michi-



gan. She did an exercise where NADE members were asked to look at a variety of pictures that had many aspects, but some didn't see what others saw. Her point was that sometimes, one has to change their perspective to be able to see things from another's perspective and sometimes what appears obvious is not.

Poverty, Shull notes, is a deprivation of not only money, but includes, food, shelter, clothing and education. There is no **one** way a person finds themselves in a poverty situation and there are no easy solutions. She outlines six different types of poverty and within the disability program our claimants could be one or several of these categories. Situational Poverty can be defined as temporary. For example, due to an illness, death in the family or loss of job a person finds themselves in a short-term loss of resources. Generational Poverty is explained as more of a way of life, where someone who has grown up in poverty and family has grown up in poverty only knows this way of existing. That is not to say that someone growing up in poverty cannot change that situation, but many experiencing this type of poverty lack the resources to know how to go about changing the situation. Third and fourth are Absolute and Relative Poverty. These concepts are often confused with one another and the simplest way in which to differentiate the two is that Absolute Poverty is where someone lacks any resources what so ever. For Relative Poverty, a person has income and some resources but it is insufficient to meet society's standard of living. This could be different standards for different countries. Urban Poverty exists in areas of more than fifty thousand people and where lack of resources are intertwined with overcrowding, violence and crime. Rural Poverty exists in areas of less than fifty thousand where the lack of available services and low opportunities perpetuate the problem.

Worldwide 11 million children die of poverty or poverty related conditions before the age of 5. Some of the reasons for this are due to lack of medical care, malnutrition, overcrowding and diseases.

One of the issues with overcoming the stigmas surrounding poverty has to do with understanding our own biases and messages that we have received in society that shape our viewpoints. Linsey has participated in and hosted immersion trainings in Poverty Simulations to help people become aware of their own biases regarding poverty. The immersion experience attempts to recreate some of the day to day struggles those living in poverty face. During the simulation the participants are tasked with trying to obtain resources or help for resources through a variety of means. One means is working with social service or government agencies and how negotiating these systems can be taxing for someone who is not experiencing any sort of impairments, but imagining how insurmountable navigating the systems can be for the most vulnerable populations. These types of simulations can be beneficial to all levels of personal who are working with these individuals.

CDI WORKSHOP



NADE members were treated to a breakout CDI workshop. Donald Jefferson, Special Agent at Large, was the presenter during this workshop. He was assigned to his own CDIU in 2017. During this workshop, success stories and tips for CDI referrals were given. The CDID is a crucial part of the disability process and as Disability Examiners, we play a big role. If you suspect fraud and see red flags in the case, trust your gut and do an E-8551 form. If the case is accepted, a Report of Investigation (ROI) will be done and this has to be added to the medical evidence section of the MDF. Once a case is accepted, do not close the case until the ROI is in file. It was a great surprise to know



that while we were listening, we had 5 cameras focused on us. It was interesting to see the advances made in surveillance options.



Just a man and his water bottle. Yes-the water bottle had a camera in it.



There was a camera in Marcia's purse

Teresa Zwolan, PhD, ga

Cochlear Implants

By: Sabrina Sternschuss, CADE member

Teresa Zwolan, PhD, gave a presentation on 08/16/2017 on the how a Cochlear implants affects a person's daily function. During her presentation, she discussed what is required of both the children and the adult listing. Many Americans do not realize the differences between how the testing differs when using air conduction and bone conduction testing. In addition to discussing the forms of testing, she also talked about the differences between hearing aids and cochlear implants.

When Dr. Zwolan spoke about the listings, she explained that there are several different tests that can be used, all for very specific age categories. Per her presentation, newborns to 6 months are tested via an Auditory Brainstem Response (ABR) test. This test is is completed when the basic screening is not normal and measures the brain activity in response to the sound. From ages 6 months to age 5, the child will often be tested with the ABR in combination with a behavioral assessment. When behavior testing is considered, the standard is Visual Reinforcement Audiometry (VRA). This form of testing is having the child respond physically to a sound he or she hears. During this testing, the sounds will get progressively softer, the lower the decibels, but the object to have the child look in the specific direction when they see it. Actual pure tone air and bone testing, SRT, and word recognition is not done until age 5. With regard to testing adults, the standard form of testing is pure tone air and bone testing, SRT, and word recognition.

When discussing the differences between hearing devices and cochlear implants, it was explained that the hearing aid are used to the partially deaf to amplify sounds. A Cochlear implant is a device that is surgically implanted that allows a person to hear.

The primary discussion point of Dr. Zwolan's presentation was regarding the impact that cochlear implants having on the individual. Per her research, she stated that the younger the individual is, the more successful they are with using it. Children who have the surgery must be at least 12 months old, and have been diagnosed with severe to profound bilateral sensorineural hearing loss. They also must have only had manual benefit from hearing aids and have a supportive home and educational environment. However, the highest success rate for children are those who receive the device prior to 18 months, as this is the average age that they start trying to speak and make sounds.

Adults considering the surgery also have to be diagnosed with moderate-profound bilateral sensorineural hearing loss and have limited benefit to hearing aids. However, the success rates among these individuals are mixed due to the impact of several factors. The most important being the length of time of being deaf and whether they had lingual skills prior to becoming deaf. In addition, the ear's anatomy plays a vital role in whether the device can be used.

Once the person has received the device, the person is eligible for disability benefits for one year. However, once the 1 year mark has pasted, additional testing may be required to determine further eligibility for Disability. Testing that would be performed would be done via a Hearing In Noise Test (HINT). Dr. Zwolan also stated that the results from this test is usually consistent in adults for 1-5 years, while in children should be done every 1-2 years. Eligibility for children should also take into account of how their language skills have developed and how they do on testing.



2017 NADE AWARDS

Lewis Buckingham Award: Crystal Bach (South Dakota) The NADE Award: Allen Carter, PhD (Georgia) The John Gordon Award: Chathy Chafin, (Georgia) The Marty Blum Award: Richard Clark (North Carolina) The Charles O Blalock Award: Tonya Scott, (Georgia) The Directors Award: Derrick Gladdis, Alabama The President's Award: Alabama Association of Disability Examiners (AADE)

The Frank Barclay Award: Tanya King, (Alabama)





Lewis Buckingham Award

Nominee Name: Crystal Bach NADE Member since: August 2003 DDS Employee since: July 1999 Current Job Title: Senior Secretary

Chapter Activities (include elected & appointed positions held with dates & other participation & service to the local chapter) 2016 and 2017 Chaired Award Nominations Committee, 2016-2017 President-Elect/Membership Officer, 2016 & 2017 assisted with Award Nominations, 2016 Assisted with Organ Donation Month display, 2014-2016 Treas-

urer, 2012-2014 Secretary, 2013 & 2014 Chair for Organ Donation Month, 2012 Chair for NDPW Committee, 2012 Chair for Awards Nominating Committee, 2011-2012 President, 2011 President-Elect (for 2 weeks), 2010-2011 Secretary, 2010 and 2011 Co-Chair for awards nominating committee, 2009-2010 President, 2008 -2009 President-Elect, 2006-2008 Secretary; 2004-2006 Treasurer

Regional Activities

2017 served on Regional Awards Committee, 2016-2017 Regional Rep for Support Staff & Systems Committee, 2016 Winner of Lewis Buckingham Award, 2014-2015 Regional Rep for Awards and NDPW Committees, 2014-2015 Regional Rep for <u>The Advocate</u>

2013-2014 Great Plains Region President – in charge of regional awards, 2012-2013 Great Plains Region President-Elect

2011-2012 & 2012-2013 Region rep to NDPW committee, 2012 Winner of Charles O. Blalock Award, 2010?-2012 Great Plains Regional Secretary, 2005-2009 Great Plains Regional rep for the Professional Development committee, 2008-October 2009 Regional NDPW chair

National Activities

- Nominated for 2016 Lewis Buckingham Award, 2015-2016 Secretary for the National Board ,-Has written articles for <u>The Advocate</u> (October 2009, Summer 2014, 2015), - 2015 served on National Awards Committee under Lisa H. Hayes.

Leadership

Was accepted to participate in the NADE mentoring program for Treasurer. (2009 or 2010) , 2014-2015 participated in mentor program under the NADE Secretary.

Our nominee for the Lewis Buckingham Award has been a DDS employee since 1999 & an active member of NADE since August 2003. This member has never lost her passion & enthusiasm for NADE, which makes her an appropriate nominee.

She has over 28 years in government service. This Senior Secretary also worked in the positions of Junior & Senior Claim Examiner (for 13 years.) In 2009 she was honored by her department as the recipient of the "Outstanding Production in 2008" Award. She shared the 2010 & 2011 "Outstanding Quality" awards. In July 2012 she shared her office's traveling "Helping Hand Award." In November 2012 she shared her department's "Outstanding Production in 2012" Award & also was the first recipient of the DDS' "Significant Improvement in Production in FFY" 2012 Award. In January 2014 was awarded her office's first traveling "Elsie Award" for motivating & inspiring coworkers. She has helped with training of new examiners, worked on caseloads of other examiners, & has worked on out of state caseloads. In September 2014 she was selected to work on Federal Employee claims as a special project. In February 2009 she was selected to be 1 of 2 examiners to work on Informal Remand claims. In August 2011 she was selected to be 1 of 2 examiners to work on Informal Remand claims. In August 2011 she was selected to be 1 of 2 examiners to work on SOAR claims. Currently she is her office's only support staff member to schedule Disability Hearings Unit hearings for her DDS as well as some Regional CFD DHU hearings.

This nominee has served the local chapter as an officer for over 13 years. She is currently the Chapter President-Elect, which is a position that is now combined with that of the Chapter Membership Officer. She has presented training during Chapter meetings through the use of DVDs or speakers from the local medical community. She has served as the local Chair for the Awards Nomination, Organ Donation Month, & National Disability Professionals Week committees several times. This person has served as the Regional representative to the NADE Professional Development Committee, the National Disability Professionals Week Committee, the Awards Committee, & the Support Staff and Systems Committee. She also has served as her region's secretary, president-elect, & president. She has written several articles for <u>The Advocate</u> and has served as her region's representative to <u>The Advocate</u>. She arranged for a speaker for her entire office for 2014 Donate Life Month and for a pizza lunch for 2014 NDPW. Because of her time and effort, her Chapter won the award for 3rd overall Winner in the 2014 Donate Life Month contest. On Chapter meeting days she wears Chapter attire to promote the Chapter. She is positive about her Chapter and NADE and actively encourages coworkers to join.

She has served on the NADE Board and is very proud to be a representative of NADE. She also volunteers her free time, even during holidays, to work on NADE and chapter projects.

She continues her education & dedication to being a professional by attending seminars put on by local medical groups, etc. on her own time. She uses her own time & money to complete funding to attend NADE conferences. She maintains NADE certification.

This person has been active in a state employees organization as well as having been a member of the DDS Social Committee for many years. As a member of the state employees organization, this nominee has been president, vice president, & treasurer for two local chapters, & a volunteer Executive Board member. She was the 2012-2013 Board President. In 2002 she was honored with the "Outstanding Chapter President" Award.

In 2014-2015 she organized an office wide aluminum can recycling program with proceeds benefiting two local organizations that serve some of our claimants.

She is a member of the local "Annual Americans with Disabilities Act Celebration" Committee. In 2015 she worked on the ADA 25th Anniversary Celebration held that July. And this nominee has volunteered countless hours as a mentor in the public schools, First Night, usher for community theatre, exhibit explainer for a Science & Arts Center, and fundraising for various local charities such as the Kidney Foundation Walk and Walk to End Alzheimer's.

THE NADE AWARD (Disability Professional of the Year)

Nominee Name:Allen Carter, PhD.NADE Member since:4/28/2009DDS Employee since:10/13/1982Current Job Title:Psychological Consultant

As a psychologist, this professional has distinguished himself as one of the leading and most influential professionals in the DDS. He has served as President of the State Board of Examiners of Psychologists and as President of the States Psychological Association. Not only has he been a pioneer for his profession at the state level, he has also been active on the



national level. He was the first African American elected President of state leaders for the American Psychological Association. This unit of A.P.A. represents the presidents of the 50 states Psychological Associations and the Canadian Provinces.

This individual is a recipient of the Karl F. Heiser Presidential Award for Professional Psychology by the American Psychological Association. Prior to the year 2000, he was one of the highest elected African Americans in the American Psychological Association and served on the Committee for the Advancement of Professional Practice, The Board of Professional Affairs, The Board of Convention Affairs, The Committee on Urban Initiative and The Committee for the Recruitment, Training and Retention of Minority Psychologists. During the 1998-1999 term of Dr. Richard Swinn, past president of A.P.A., he served as one of his "cabinet" members and also served as C.A.P.P. Liaison to State Leadership Organizing Committee, member of The C.A.P.P. Coordinating Committee, member of The Subcommittee for Implementations for Integration of Diverse Practice Agenda (integrating State and Division agendas for practice), Consultant for Governmental Relations in Practice Directorate and Personnel Subcommittee for Practice Directorate.

Locally, this candidate has served as Director of Clinical Services for a local University Wellness Center. He received his B.A. from a local university and his Ph.D. in Clinical Psychology from Columbia University in New York City. His clinical internship was completed at the University of California School of Medicine in San Francisco, California. He is currently has a full time private practice. He teaches in the Psychology Department of at a local university and serves as a consultant to multiple local and national television/cable networks. He has also served as contributing writer for two local magazines. He is the author of the psycho-spiritual book: "What is This Thing Called I" and has published many articles addressing the apparent relationship of the mind and spirit. He is currently the producer and host of a new television series: Who Am I- A Psycho-Spiritual Perspective airing weekly on the local Interfaith Broadcasters Network (AIB).

This candidate exemplifies the professional enthusiasm for our vitally important work or adjudicating disability claims. His enthusiasm transfers to adjudicative staff during the many training session he has volunteered to present over his years with the agency. Through his leadership, he has fostered the enthusiasm & professionalism displayed by many of our local chapter members. He is generous with his time and willingness to act as a resource to all staff. He is a diligent member of the medical staff who is one of the highest producing consultants.

John Gordon Award (Supervisor of the Year)

Nominee Name: Cathy Chafin NADE member since: 5/1/2008 DDS Employee Since: 1997 Current Job Title: Operations Branch Site Lead (Acting)

John Quincy Adams once said, "If your actions inspire others to dream more, learn more, do more, and become more, you are a leader." Our nominee truly embodies these words in everything she does as an Operations Branch Site Lead, an acting position she has held since 11/2015. Since assuming this role, she has continually worked to return the values of camaraderie, teamwork and respect to the branch office environment. One of the critical aspects of the nominee's success is her ability to interact with her people and make them feel that they are a valuable part of the organiza-



tional structure. She has the insight and vision to understand that as you move up your greatest responsibility is to serve, and to do so in a fair and just manner. The nominee began her career as an adjudicator in 1997, and was promoted to supervisor in 2002. She is a longstanding member of NADE, having joined on 05/01/2008. We now have the distinct privilege of nominating this outstanding individual for the NADE John Gordon Award.

The nominee actively works to promote positive morale and professional growth as an essential component of her everyday duties. Her realistic expectations and exceptional program knowledge provide a strong foundation for her role as a leader. She concentrates her efforts on her "circle of control" or things that she can affect in a positive manner. When one of her adjudicators feels overwhelmed, she is never critical. Instead, she helps her staff focus on the impact they can make, whether it is one small goal or one statistic. Her motto is, "You CAN," as she reminds her staff to help one claimant at a time and focus on those small victories. She encourages her staff to ask for help or take a break, as needed. She is known to send inspiring emails "just because," and can often be seen offering one-on-one support to the staff in her office. Her employees know they can always come to her with any problem, no matter how big or small, personal or professional. Because of her policy expertise, she is also able to find the underlying cause of difficult case issues to ensure that correct and timely decisions are made. Her employees strive to follow her example in their work. As one staff person said, "She has faith in me, even when I didn't have faith in myself. I have no idea how I would have done it without her encouragement."

This supervisor's calming presence and steadfast leadership has been needed more than ever this year, as her branch office recently underwent restructuring. A few staff members left the agency or moved into other roles, resulting in a reassignment of duties. The nominee assumed the responsibilities of several other employees, in addition to her usual duties as supervisor of a claims processing unit. She has taken it all in stride, with the same positivity and resourceful-ness that she has always exemplified. As a result, she has risen to the challenge and is performing flawlessly. She has also encouraged the supervisors she works with to develop their own leadership skills, by inspiring confidence and delegating tasks to expand their scope of expertise. She now provides guidance to more than thirty staff members, including adjudicators, three unit supervisors, medical consultants, and support staff.

In everything she does, this nominee leads by example and inspires others to achieve their potential. She is a positive force, empowering her staff to learn more, do more, and become more than they ever thought possible. For this reason, we are honored to nominate this individual for the NADE John Gordon Award/Supervisor of the Year.

The Marty Blum Award



Nominee Name: Richard Clark NADE Member Since: 01/25/2016 DDS Employee Since: 09/24/2014 Current Job Title: Disability Examiner 1

Chapter Activities

This nominee began service with Disability Determination Services in September, 2014 and has worked very hard to become a great disability adjudicator. He consistently continues to deliver great customer service and outstanding leadership within our agency. This nominee joined NADE during our annual membership promotion period in January, 2016 and, in the model of some of the greatest athletes, has proceeded to make an immediate and lasting impact on the success of our Chapter. He has led by example and what an ex-

ample he has set! He very eagerly and willingly involved himself with several of our Chapter's committees and his hard work and leadership has paid off. Even though he is only a Rookie Member of NADE, he was asked and agreed to Chair the Chapter's Employee Appreciation Week activities in 2016 and organized several events that generated increased morale for the Agency and goodwill for NADE and our local Chapter. To date, this nominee has been an integral part of our Employee Appreciation Committee, Ways and Means Committee, Community Service Committee, and National Disability Professionals Week Committee. This past year, he served as the Chair of our Chapter's Membership Committee and successfully recruited 16 new members. He has helped to organize our Annual Chili Cook-off and our Annual Harvest Basket Raffle, both successful fundraisers and successful fun-raisers for our Chapter. He has volunteered to speak to several classes of new disability examiner trainees, explaining the benefits of NADE membership from the point of view of a new DDS employee. This nominee has hit the ground running as soon as he joined NADE. This individual is always willing to lend a helping hand at any event we host for the agency, and constantly amazes everyone with his creative ideas to enhance the work environment.

Regional Activities

Our Region was not actively organized during the past year but this nominee did agree, without hesitation, to serve on the Regional Awards Committee.

National Activities

This nominee was able to attend the 2016 NADE National Training conference in Denver, Colorado. He came away very impressed with NADE's involvement on the national level and the relationship the Association has with SSA and with other governmental agencies and with Congress. He has communicated his impressions of that conference to current and potential members of our Chapter. He has volunteered to serve on national committees in 2016-2017 and again in 2017-2018.

Leadership

This nominee has served in a very vital role in the short amount of time he has been a NADE member. In every instance, he has demonstrated his natural leadership skills and ability to communicate with others. He is always called upon to give his opinion and advice on certain areas within the organization. Everyone within our local chapter and

MARTY BLOOM ctd.....

This nominee performs exceptionally well as a Disability Examiner I adjudicating adult and childhood claims at the initial level, while also enjoying being active in many other areas of the agency and her community. His professionalism shown recently when he and several other adjudicators were asked to assist the Agency in the adjudication of an excess number of reconsideration claims, enabling the Agency to reduce its number of pending claims and eliminating a critical performance issue for the Agency. His value as a DDS employee shows in his work performance goals where he maintains a decisional accuracy of 99% and developmental accuracy of 99.6%. He has volunteered to work abandoned caseloads when other adjudicators have left the Agency. He is a vital asset to his work unit and to the DDS and is well respected by the DDS Management Team.

In addition to his work at the DDS, which is always excellent, this nominee returns to his boyhood home every weekend to care for an elderly aunt and uncle and to help with the many duties and responsibilities associated with operating a family farm.

His colleagues describe him as, "He is very conscientious, he constantly strives to act in the best interest of the claimant. He looks at every case as a person in need, assuring that he gives every claimant his best effort with regard to his customer service. He is always willing to help his fellow examiners and provides guidance for trainee examiners. He is a team player who is a self-motivator and constantly motivates those around him." His immediate supervisor described this nominee in these terms: "He is someone that is very humble and willing to help anyone at any time, despite his own workload demands. He provides encouragement to others and is admired by all. He takes his job as an examiner very seriously and treats every applicant for disability with respect and compassion."

The DDS community and NADE are fortunate to have such a caring and dedicated individual as a team member. His dedicated service to others and his commitment to a strong work ethic, as well as his involvement in NADE and our NADE Chapter are what makes this nominee a worthy candidate for The Marty Blum Rookie of the Year Award.

The Charles O. Blalock Award

Nominee Name: Tonya Scott NADE MEMBER SINCE: 4/2001 DDS Employee Since: 10/2000 Current Job Title: Branch Regional Manager

Chapter Activities (This nominee has been a NADE member since 2001, soon after she came to work for the DDS. She has faithfully served as a local Chapter Board member since 2006 in the following positions:

- Treasurer, 2006-2009
- President Elect, 2009-2010 and 2014-2015
- President, 2010-2011 and 2015-2016
- Past President, 2011-2012 and 2016-2017
- Board Member at Large 2013-2014

Regional Activities

Before the Regional Board was officially disbanded, this nominee served as the Secretary/Treasurer of the Region in 2006-2007. She has attended six Regional NADE meetings and eleven National Training conferences.

National Activities

This nominee has faithfully served as a NADE Board Member since 2008 in the following positions:

- NADE Secretary 2008-2015
- NADE President Elect, 2015-2016
- NADE President, 2016-2017

This nominee has been a NADE member since 2001, soon after she came to work for the DDS. In addition to her unstinting 11 years of service to her local Chapter board, this nominee has served as Chair and been a member of various local Chapter committees, including the Community Services Committee, the Program/Social Committee, the Ways and Means Committee, and the Membership Committee. When she served as the Co-Chair of the Ways & Means committee she assisted with raising monies for our Chapter in a time of deep economic depression. She also spearheaded a Wall of Fame at her DDS to honor those within the organization who have served in the Armed Forces. The Wall of Fame is displayed during the month of November in observance of Veterans' Day.

This nominee has faithfully served as a NADE Board Member since 2008. She completes all of her NADE Board duties in a timely and professional manner. She provides assistance whenever she is asked and many times jumps in to assist without being asked.

This nominee truly epitomizes what it means to be a servant leader. She exhibits fairness, empathy, flexibility, and a can do attitude. She challenges those around her not just with her words, but with her example. In spite of the increased amount of time and effort required for her to actively participate in both her local Chapter and NADE over the years, this nominee has risen to meet the challenge. This includes assisting the current president of her local Chapter and spearheading the annual flu shots clinic at her DDS. She also continues to display a high level of engagement in her work at the DDS. This dedication and level of excellence has been recognized by her DDS management. She was recently chosen to lead the Branch Office as the Regional Manager. Even with this substantial increase in job responsibilities, she has remained steadfast in her commitment to serve her local Chapter and NADE. Although one wonders at how she finds the time, she is an active supporter of cancer research in all forms and is an enthusiastic participant in fundraisers for this cause. She is an active member in her church and serves on several committees. She also graduated from the Henry County Citizens Police Academy whose goal it is to help citizens better understand the difficulties of police work and to develop stronger ties between the community and police agencies. It is just like this nominee to find ways to build bridges of understanding within her community.



CHARLES O BLALOCK ctd....

In March our chapter held another business luncheon at a local restaurant where members could ask questions and make suggestions. We held another drawing for the Lucky #13 Parking Space for the upcoming quarter as well as for door prizes. The chapter held another Krispy Kreme Donut Value Card Fundraiser this month which brought our chapter an additional \$300 in profits to use for our chapter's upcoming events.

While serving in her current NADE position, her vision for NADE truly embodies promoting a better understanding of disability adjudication, improving the expertise of NADE members in order to better serve the disabled, and providing an example of professional service at the highest level of integrity. She constantly communicates with other DDS staff and SSA officials to advocate for NADE members and to obtain information to communicate with members about upcoming changes and issues that are important to them. She goes the "second mile" to ensure the success of her local chapter, NADE, and everyone around her. Under her leadership, the NADE membership roles have grown by 35%. She also continues the difficult task of updating NADE's tax status and bringing the NADE website into the new millennium.

It is our pleasure and privilege to nominate this leader for the Charles O. Blalock Award. We cannot think of anyone whose efforts and contributions towards her local Chapter and NADE have had a greater impact toward the advancement of the organization.

The Directors Award

Nominee Name: Derrick Gaddis NADE Member Since: 04/07/2010 DDS Employee Since: 2006 Current Job Title: Disability Assistant Support Staff

This nomination for our most deserving nominee comes out of the horrific destruction following a major Category 5 Hurricane in a beloved city that was mostly decimated and in despair. Our nominee was displaced by this devastating event and had to abandon not only his home and his way of life but also his 16 year career with the DDS that was forced to close



for a very long period of time. Out of this misfortune, our agency gained a rock star of an employee and an awesome NADE member. Our nominee had previously worked in a state hospital as a liaison between the DDS staff and the hospital medical records department. His tasks in this position included going to all departments in the hospital to make copies of claimant's medical records for their disability claims. When the hurricane hit the city, he had a combined 24 years of serving the disabled citizens of his state. This deserving gentleman is generous, hardworking and humble. He is always willing to lend a hand to whatever task is needed. Not only is he an excellent Disability Assistant support staff and unit clerical to our agency, you may find him helping to move furniture, helping out in security or assisting other work sections in various capacities when a need arises.

This dynamic but shy individual is always the first to volunteer to help with work assignments and NADE functions. He does not like to take credit or recognition for his volunteerism, he would prefer to take a backseat so to speak and see others enjoying the limelight of success. However, our nominee has a heart of gold, is filled with compassion and has a giving spirit. Through his monetary donations to our chapter's NADE fundraisers, many have benefited from his generosity without ever knowing he was the man behind the gifts. We have witnessed him putting his own money in prize eggs for an Easter Egg Drawing just to see the delight on the faces of the individuals when they opened the Easter Eggs. He buys raffle tickets for NADE fundraisers, donates items for fundraisers as well as donates to our chapter's school supply drives and food bank fundraisers. He doesn't stop here; he even volunteers to help load the schools supplies and food items and then delivers them to the local school and food bank.

Our nominee is very proactive in our local NADE chapter; although we are a smaller sister satellite division of the main chapter he has helped us accomplish so much! He is always trying to recruit his co-workers to join NADE and become part of our team. He asks his co-workers what events they would like to have and he has wonderful fundraising ideas that have been extremely successful for such a small office.

Our nominee is open minded and willing to help with all of our chapter's events. He is always dependable, never says no and goes above and beyond what the average person would be willing to do. He just goes beyond the call of duty and never thinks twice. He just does it because he wants to give of himself, his talents, and his all. This individual personally purchased dessert for everyone on two separate NADE in-service functions this year.

This man loves music, especially jazz. He has helped provide music for our office functions to include our PRIDE picnic and our chapter's NADE functions.

As stated, our nominee is always cheerful, generous, has an outstanding work ethic and is a true asset to our office and NADE. We just wish we had ten more just like him. We are honored to nominate this most deserving individual for The NADE Directors Award. Thank you for your consideration of our nominee.

The President's Award

Alabama Association of Disability Examiners (AADE)

NADE Member Since: Chapter Established in the 1970's

Our Chapter has been very active since the National Training Conference in Denver, CO. We began the new fiscal year in August 2016 with an Awards presentation. Our chapter was extremely pleased to present 2 certificates, 3 regional and 5 national awards to the recipients with fanfare and excitement. The DDS staff attended the event we were able to highlight our chapter's hard work and accomplishments; as well to help promote our Chapter and gain new members. group photo was taken of our members and individual award winners.



In September 2016, our Chapter Board decided to have quarterly drawings for the #13 Lucky Parking Space give-a-ways each quarter so our chapter members would have a chance to win. The winning member would have a reserved parking spot for three months. It was agreed that this drawing would be a way to give back to our members for all of their support. This was a huge hit with our chapter members, especially those who have won a stint in the parking space.

In October, our Chapter sold breast cancer awareness T-shirts and memory ribbons. We held a weeklong awareness campaign to raise funds for the Breast Cancer Research Foundation (BCRF). Our efforts helped to donate over \$900 to the Breast Cancer Research Foundation. A photo was taken of employees who dressed in pink to show their support in the fight against breast cancer, which included our popular, Men in Pink photo. In addition, our chapter had two pink baskets to give-a-way. Each basket held an array of pink items needed for everyday life. This included pink men socks, pink and white scarf; black and pink ladies lunch bag, and a pink water bottle just to name a few items. The chapter had donation slips for \$1 each or 6 slips for \$5 for a chance to win one of the baskets. All of the proceeds from this event were donated to the Breast Cancer Research Foundation. All in all, our chapter helped bring awareness to breast cancer while making a sizeable donation to our local BCRF.

During the month of November, it was a joy for our chapter to honor our DDS Veterans and active military employees with a luncheon in honor of Veteran's Day. The menu consisted of Publix Fried Chicken, Broccoli with cheese sauce, garden salad, Milo beverages, Lemon Meringue and Pecan pies. We served about 15 guests who were very appreciative of our acknowledgement of their service. The chapter ended the month strong with a Krispy Kreme Donut Value Card Fundraiser. Value Cards with 10 discounts to Krispy Kreme were for purchase to all employees and their friends and family. The Value Card fundraiser was a huge success as we raised over \$400 from that event. Last but not least we must recognize our members in our sister satellite DDS who were also active. They donated over 130 pounds of food to a local food bank during this holiday season. In addition, our chapter held a Holiday Christmas Luncheon for our members which included a business meeting and kicked off our upcoming membership drive for January.

In January our chapter began our membership drive with information about NADE and how to join posted on our break room bulletin board. Our newly formed membership committee got to work recruiting new members and bringing back former members. This committee successfully recruited 6 individuals in a short 30 day period! This committee is on fire with their recruiting efforts making our chapter proud.

In February our chapter was thrilled to send our newly re-established Newsletter to the DDS staff. It was highly informative as it gave a synopsis for the National Training Conference of 2016. It reminded the staff of the updated POMS listings and provided some vocational tips. April brought Donate Life Month Awareness where our chapter participated in this annual NADE event. The Donate Life Committee came up with a unique theme this year; "The Money Tree of Life Because Organs Don't Grow on Trees!" The committee decorated a tree with items donated from our chapter, local businesses and our local Organ Awareness Center. Individuals were able to purchase donation slips \$1 for 1 and 6 for \$5 for a chance to pick an unknown prize from the Money Tree of Life. Our local organ center also provided a motivational and knowledgeable speaker for the event and the entire DDS staff was invited to participate. The committee also held our annual "Spare Change Can Change a Life" event. For this event, donation buckets were placed in each section/unit of the DDS to collect spare change.

There was a completion where the unit/section raising the most spare change was awarded a bagel breakfast from a local business. This event was also very successful showing that "A little change goes a long way in changing lives!" Our chapter was able to donate \$521.87 to our local organ awareness center.

May has been a busy month as our chapter continues to stay focused on chapter fundraising ideas, recruiting of members and preparing for the upcoming National Disability Professionals Week (NDPW). We have many plans in place and are working closely with our Membership Committee to make our NDPW event successful and productive. There will be a gift basket drawing, Lucky #13 Parking Space drawing, a personal items collection for the homeless, a quarterly business luncheon and a major membership drive among other events.

In July our chapter will have more fundraisers and our chapter's elections will take place. We are preparing to send two individuals to the NADE National Training Conference in Detroit, MI in August.

Our chapter strives to keep members involved and informed in NADE at all levels. Thank you for your consideration of our nomination.

THE FRANK BARCLAY AWARD

Nominee Name: Tanya King NADE Member Since: 2008 DDS Employee Since: 1996 Current Job Title: Deputy Director

It is with great honor that we make this nomination for The Frank Barclay Award. Our nominee has served as an active member of NADE since July 2008. During her time at the DDS, she has worked in various roles as an Examiner, Senior Case Consultant, Unit Supervisor, Training Supervisor, Quality Manger/ Supervisor, Policy Expert, and currently as Deputy Director.

Our nominee has been recognized with numerous awards for her work performance, including: Examiner of the Quarter, PRIDE Mary Simmons Special Act of Service recipient, twice recognized as the Employee of the Quarter, PRIDE Staff Person of the Year, a SSA Regional Commissioner's Citation Team Award recipient for "Basic and Progressive Training", and a SSA Commissioner's Citation Team Award for the implementation of "Homeland Security Presidential Directive 12 (HSPD-12)."



She also played an integral part of DDS in training at least eight classes of new disability examiners since 2008. Former trainee examiners have reported that they have found her to be an approachable person who shows no favoritism and has a contagious laugh, making their DDS experience enjoyable. In addition, many have gone on to further their careers with DDS with her support.

Our nominee consistently promotes the work of the disability examiner and disability adjudication through her hands on approach with Quality Assurance and Policy Expert to ensure the agency is updated on all new policies and procedures.

At one time, she oversaw one training class of 87 new disability examiners with assistance from two Supervisors and three Senior Case Consultants. She developed crossword puzzles and word searches to help her trainees learn the disability process. She encouraged growth and group camaraderie with games. For instance, she divided the room and had lightning round questions about medical vocabulary and the disability process. Our nominee developed a time-management table to help them facilitate the workload and a desk reference sheet for the case adjudication process.

During her time as a Quality Assurance (QA) Manager, she oversaw the Quality Assurance Examiners within our state's two agencies. This nominee has also worked with the administration to implement a QA Consultant Rounds program where the Quality Assurance Examiners go to assigned claim adjudication units to review or consult on difficult case policy issues. During the past year, her role in the agency was expanded as she was appointed as Deputy Director. She plays a vital role in assisting the Director in the overall operations of the agency that adheres to policy of both SSA and state agency.

Recently, our nominee worked on one of the major agency items for this past year, which was part of the "Elimination of SDM." It was a major undertaking for this agency and took much planning and coordinating for successful implementation, as the agency had been an SDM state since 1999. Our nominee played a crucial part in helping this transition go smoothly.

FRANK BARCLARY AWARD Ctd.....

This nominee has also served on the chapter's Board as a Board Member at Large as well as having served on multiple committees throughout her years as a NADE member. She has attended National Conferences with the last attendance being in Los Angeles. She is a reliable chapter member that we can always count on to assist when needed. Our nominee promotes our NADE organization and local chapter's activities and feels membership in NADE has always been an asset to her career with the DDS; but especially now in her current position as Deputy Director because she is able to network with other members across the nation who have common agency goals. She encourages her co-workers to join NADE and fellow chapter members to become involved in not only our local chapter but at all levels of our NADE organization.

In her spare time, this nominee is a devoted wife and busy mom to a 17 year old daughter and 12 year old twin boys. As a family, they stay busy with the children's hobbies of dance and sports. They are also active in their church, community, and school.

Our nominee considers the most important issue for DDS employees to remember is every claim on the screen or paper case format is a person who deserves to be treated with respect and receive a quality decision in a timely manner. Our nominee feels that everyone at the DDS plays an important role in serving the public and work together to make up the team. She believes her goal is to provide support to the DDS team in performing this important task of serving the public.

In summary, we have nominated this deserving person for The Frank Barclay Award because, in the midst of a changing SSA/DDS landscape, she remains focused, positive, and productive.

NADE PHOTO AWARDS:

1st place-GA-GADE breast cancer awareness.



2nd place: GA-GADE Trick or Treaters:



2017 NEWSLETTER WINNERS:

1st PLACE Alabama 2nd PLACE-Wisconsin 3rd PLACE-Illinois





TO ORDER NADE MERCHANDISE, CONTACT:

Cynthia Thompson 9801 N Kelley Oklahoma City, OK 73131 Phone: 405.419.2532 Fax: 405.419.2760 cynthia.thompson@ssa.gov

NADE MERCHANDISE



DELUXE LAPTOP BRIEFCASE \$35.00

2/\$1.00



CARRYING CASE \$20.00



ABSORBENT STONEWARE COASTERS \$7.50



INSULATED COOLER BAG \$7.50







CAPS \$12.00

PENCILS



NADE LANYARDS \$6.00



NADE TRAVEL MUG \$11.00



EXECUTIVE PORTFOLIO WITH PAD AND PEN \$25.00

All proceeds to benefit NADE/Non-Dues Revenue http://www.nade.org/join-nade/nade-merchandise/

CORPORATE MEMBERS

Visit <u>http://www.nade.org/about-nade/nade-corporate-members/</u> for information about becoming a corporate member.



NADE OFFICERS 2017-2018

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