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A Big
“Thanks”
to VADE
Virginia
Association
of Disability
Examiners
for the

outstanding National
Training Conference.

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PRESIDENT'S MESSAGE



I would like to take this opportunity to say “**Thank you**”, to the VADE Chapter for hosting a very successful 2018 National Conference in Arlington, Virginia. I have had the privilege to attend at least 20 National Conferences since joining NADE in 1995. I enjoyed meeting new members as well as seeing old friends. I have always had respect for NADE as a Professional Organization. However, I have had a new-found respect for NADE since serving on NADE’s Executive Board as President Elect last year. I had the opportunity to participate in mid-year board meeting in Baltimore, MD, where we had round table discussions with the Commissioners of Social Security and Attorney General OIG. I also, had the opportunity to go on the Capitol Hill Visit with the Executive Board, where we spent 3 days talking to various Senators, Congressmen, the Ways and Means Committee, and the SSA Advisory Board, just to name a few. I was very impressed and amazed at how much hard work the NADE Executive Board does to help NADE become highly respected and sought out organization to Congress, Legislature, and SSA. It was an exciting year and I am looking forward to being the President this year. I also want to thank Tonya Scott, Jennifer Pounds, Jeff Price for preparing the role of President.

This year, we will start out with a lot of changes and new opportunities for NADE. The reinstitution of reconsideration claims is on the horizon to come back to the DDS’s. The Executive Board had an opportunity to testify before Congress on this issue. Jeff Price, our Legislative Director, wrote a response on a follow-up question from Congress. He did an excellent job on his response. After I read the response, I felt even more proud and honored to be the President of NADE. This is just one example of some of the dedicated, and exemplary members that we have here in NADE.

In addition, there will be more members retiring or leaving the DDD’s, and this will be a challenge for some DDS’s. Your NADE board will be working closely with Acting Commissioner Nancy Berryhill’s office and the Associate Commissioner of Disability, John Owen’s office to assure we keep in the forefront of the need for hiring authority throughout the year, importance of overtime, updates and progress of the DCPS rollout, as well as impacts 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 20-23, 2019, at the Royal Sonesta Hotel in Baltimore, Maryland. I encourage everyone to attend the **2019 National Conference** in Atlanta, Georgia next year on August 18-22, 2019, at Crowne Plaza Atlanta Midtown.

I know it will be a challenging year and I have great examples of past presidents to model and hope to follow in their footsteps. My primary goal is to do the best that I can and to represent our NADE members to the best of my ability. Lastly, thank you for this opportunity to serve as your President. I am humbled and up for the challenge. I look forward to working with everyone and making this year a great one for NADE!

Respectfully,

Dr. Sharon Bland-Brady

NADE President

Mr. Terry Stradtman, Philadelphia Regional Commissioner, opened the NADE conference held in Rosslyn VA August 13-15th. He began by noting that NADE was founded in the Philadelphia Region, and went on share that the Philadelphia region has had a great year so far -- the Philadelphia Eagles, Villanova Wildcats, and Washington Capitals were all crowned champions. Terry extended his appreciation of all the assistance the region was receiving from other DDS offices with the workload sharing. He is pleased that the region and the nation is on track to meet all benchmarks for Initials, Recons, and CDR workloads. He complimented the DDSs nationally for how they've successfully managed the workload in an environment with less than ideal resources, and **persevered** through the economic challenges that have faced us for almost the last 10 years. As a nation we've essentially reached currency on CDRs and we're collectively doing a good job with the overall workload. Commissioner Stradtman was appreciative of the work that NADE does and encouraged attendees to take advantage the opportunity to be part of such a worthwhile event.



Leon Scales, Director for the Virginia DDS, then welcomed everyone to the National NADE training conference. Leon started by suggesting that NADE consider changing the name of the conference to the National Leadership Training Conference instead of just National Training Conference. He said that everyone attending were leaders in representing NADE and that we were taking steps to grow our leadership skills.

Leon offered some tips for effective leadership:

"The Art of building Relationships"- He said relationship building and working well with others is the **most** important trait for a leader to possess. As a leader, it is imperative to be able to have the interpersonal skills to work with everyone. He said communication and relationships are vital to a leader's success. No one person has all the answers, abilities, or skill sets to address every situation. Quality relationships enables us to rely on each other, most often those reciprocal human relationships are the best resources.

"Don't be Rigid" - Understand that there may be other ways to get the same result. Be open to new ideas & ways of thinking. Use flexibility.

"Challenge the Process"- It's important to challenge the process and the common adage "That's how we have always done it", and ask questions, challenge people and processes, always in a professional manner. This leads to innovation and collaboration for new ideas and growth.

"Get the Easy Things Right"- It is imperative to get the easy tasks absolutely correct, which breeds confidence. So, when those tough decisions and crisis periods arise, there is already inherent trust in your ability to lead. Whether you get it right or wrong, or even if it's a no-win situation, there's credibility and trust in your discretionary decision making. Leon noted, "the whole world knows it's difficult to hit a 90mph curve ball, but when a big pumpkin is pitched underhand right down the middle, we have to hit a home run every time or you immediately lose credibility."

"Bring Others Along" - We can train most professionals to be masterful technicians, but leadership growth is more important and more difficult. Focus on growing as a leader and empowering others to do so as well. Leaders can easily learn technical skills, not all technicians are able and willing to lead. Identify and empower that talent. Leon commented, "the people I would most enjoy working for are some of the talented individuals who report directly and indirectly to me now".

Leon's speech was inspiring to those hoping for promotional growth within the DDS. He stressed that there is a difference between technical skills and interpersonal skills -- a leader must possess both. Leon offered his support of NADE and encouraged everyone to learn, network, and communicate.



Acting Deputy Commissioner

**MARY HORNE, Acting Deputy Commissioner &
GRACE KIM, Acting Assistant Deputy Commissioner**

By Jennifer Pounds, THADE



NADE members attending the 2018 National Training Conference in Arlington, Virginia were honored to welcome the Acting Deputy Commissioner, Operations, Ms. Mary Horne and the Acting Assistant Deputy Commissioner, Operations, Ms. Grace Kim, as the Conference's keynote speakers. Ms. Horne has been a speaker at previous NADE conferences, and her appearance this year was well received by the members.

Ms. Horne addressed several issues of great interest to both the Social Security Administration and the DDS Communities. She noted there have

been robust discussions about the issue of quality. Not just the overall quality of the decisions we make, but the overall quality of the product from the beginning to the end. Through IT Modernization, SSA is working on possible ways to improve the frontend development of case processing to assure the customer service we provide is supreme. Another topic discussed was staffing in the DDS's. Ms. Horne commended the members on how well the DDS's are moving work around and assisting each other to assure budgeted workloads are accomplished. She thanked the members for their flexibility and support during this difficult time.

Ms. Horne addressed the implementation of Telework within Operations and acknowledged a couple of DDSs were also testing telework. She said there have been positive responses but, within Operations, they are still testing how well we service the public face-to-face. SSA is continuing to obtain data pilot and will keep the DDS informed of the progression of telework.

Ms. Horne indicated that this year, SSA's budget provided funding to process 2.3 million initial claims, 518,000 reconsideration claims and 890,000 CDRs claims. SSA and the DDSs were faced with many challenges this year, including Hurricanes Harvey, Irma and Maria. Our DDS communities still came together with a sense of community to assure budgeted workloads were met nationally. As of the conference, Ms. Horne noted that SSA is on track to meet all targeted workload goals. Most importantly, CDRs would be at currency for the first time since 2002. Ms. Horne acknowledged the amazing effort and hard work by the DDSs to assure this goal was met.

Ms. Horne also noted that *mySocialSecurity* now has 37.7 million accounts. SSA is continuing to add additional services, one of which is the "myWageReport" was introduced this year as well. This tool is an online feature for *mySocialSecurity* account holders that allows Social Security disability recipients and representatives to electronically report wages. SSA hopes to be able to provide additional services in the future for representative payees where they can go online to change addresses or banking information. Another advancement SSA implemented is the customer engagement tools process. Currently, a limited number of *mySocialSecurity* users can click to chat to communicate with a representative if they have a question about filing for benefits or other services. SSA is just beginning this service and will continue monitoring its performance and quality before increasing the number of potential users.

Ms. Kim began her presentation by expressing her appreciation for the workload sharing within the DDSs. She acknowledged that this collaboration enabled the DDSs to face challenges such as staffing losses and a series of natural disasters over the last year and meet our budgeted workloads. This resource sharing across DDS offices also helped address Medical and Psychological Consultant queue backlogs and adjudicate claims much more efficiently for our citizens.

Ms. Kim noted the significant accomplishment of achieving medical CDR currency this year, and pointed out that we will be shifting our attention to the growing number of CDRs now, pending at the pre-hearing and hearings level. There are currently 75,000 cases pending at the hearings level. Ms. Kim stated the agency will continue to focus Program Integrity budgeted monies on overtime for CDRs and now hearings. The goal will be to decrease the number of 250+ day old cases pending at the hearings level by 20% this fiscal year.

Ms. Kim related that SSA is pushing forward with its decision to reinstate reconsideration in the 10 prototype states in order to have a unified, national disability appeals process. The rollout will begin in 2019 and SSA is assuring the DDS will have sufficient training and staffing to meet the needs for the rollout process.

After closing their prepared remarks, Ms. Horne and Ms. Kim accepted questions from the NADE members in attendance and also took the time to visit with the NADE members while attending other portions of the NADE Conference.





John Owen

Associate Commissioner, Office of Disability Determinations

By: Marjorie E Garcia, Pacific Region Director

It was NADE's honor to welcome John Owen to speak at this year's conference. Over the years, Mr. Owen has advocated for the DDS community in varying roles, first as an Examiner and NADE member, then as a Disability

Hearings Officer, an Operations Manager, and now as Associate Commissioner of the Office of Disability Determinations.

DDS priorities and successes were the highlight of his presentation that included budget, staffing, workloads and other initiatives. At the time of the presentation, 84.6% of the FY18 was complete and Initial, Reconsideration, and CDR clearances were at or above the program goals, +.01%, +4.3% and +5.0% respectively. In addition, the Pre-hearing caseload decreased by 9.1%, while the Disability Hearing pending caseload decreased by 15.2%! As these PH/DH workloads continue to decrease, so too should their impact on the disability trust fund. (According to a Government Accountability Office report that spanned several years, \$621M was paid toward the continuation of benefits through all levels of the appeals process.)

Of greatest interest, and accolades, from Mr. Owen was the expectation of CDRs to reach currency before the end of the FY18, and for the first time since 2002! (This was confirmed by Acting Commissioner Berryhill via email 8/22/18).

Mr. Owen made a point to commend the DDS staff for their remarkable performance during a period of high attrition nationwide. He attributed this success in part to the DDS's capacity for workload sharing, expressing his deepest appreciation to those who assist other sites. He also provided an overview of the FY18 hiring. 1,038 FT staff were hired nationally: 517 allocation hires (includes five backfills), 484 Recon hires, and 37 critical hires.

The SSA hiring decision considered the continuing downward trend in initial claims, the expectation of fewer CDRs to process, and balancing the DDS/SSA resources to address ALL critical Agency initiatives and priorities. Of these initiatives discussed was the hires devoted to the Reconsideration process. Beginning in FY2019, the first phase of a three-year plan will reinstate the adjudication of Reconsideration Appeals in the ten Prototype States, moving the Disability program closer to a unified appeal process.

Other topics discussed by Mr. Owens, were the new HSPD-12 Tier 2 Implementation and the early Telework and Virtual Desktop Infrastructure (VDI) pilot results. All topics inspired an active dialogue and thoughtful questions, which the Associate Commissioner of ODD graciously answered.

Gina Clemons, MGA, PhD

Associate Commissioner for Disability Policy

DISABILITY POLICY UPDATE



Gina Clemons, Social Security Administration (SSA) Associate Commissioner for the Office of Disability Policy (ODP), presented at the 2018 NADE training conference. Gina provided updates on key disability policy initiatives, asked the group for feedback, and answered policy questions from attendees. She discussed agency work in Disability Policy Modernization and improvements in the Compassionate Allowance area. She also introduced the Disability

IT Modernization project. It was a very informative and engaging session.

Disability Policy Modernization

SSA is updating medical policy to keep it in alignment with contemporary medicine and health care delivery. Gina noted that when SSA finalizes the musculoskeletal listings regulation in fiscal year 2019, it marks completion of a multi-year effort to update the listings comprehensively. ODP is already working on the next cycle of listing updates that will put them on a 3-5 year review cycle. Future regulatory changes will include targeted updates for multiple body systems listings at the same time. For example, Gina explained that in FY 2019 they aim to propose a medical listings update including targeted updates to cardiovascular, digestive, and skin disorders listings. ODP is also developing targeted proposals to update special senses and speech, neurological, and mental disorders listings after that.

Gina also updated the NADE audience on work underway in the agency's Vocational Regulations Modernization (VRM) and Occupational Information Systems (OIS) projects. These companion projects have been ongoing for several years. Key to the OIS project is an ongoing effort (since 2012) with the Bureau of Labor Statistics (BLS) to collect updated occupational information through the Occupational Requirements Survey (ORS) that we will use in adjudication. The good news here is that, after three years of testing and three years of data collection, BLS will publish a complete data set documenting requirements of work in the U.S. economy sometime this winter. BLS is committed to regularly updating occupational information moving forward on a 5-year refresh cycle and has already started collecting updated occupational data to refresh the ORS data set by 2024. BLS will document some of the basic mental demands of jobs in the 2024 ORS refreshed data set.

The ORS data set will replace the Dictionary of Occupational Titles in adjudication. SSA has adopted an evidence-based, data-driven approach to modernizing the vocational regulations. The scope of the VRM project includes policy considerations in step 4 and 5 of the sequential evaluation process. Gina explained that several internal teams involving representatives from across SSA have been working on policy development for VRM. She shared the agency's guiding principles for this undertaking:

- Echo the statutory intent in all policy decisions;
- Ensure equity for claimants by leveraging data to make person-specific disability determinations;
- Create a dynamic system that reflects changes in medicine, vocational practice, technology, and the labor market;
- Reduce the time needed to make accurate and consistent disability decisions by simplifying rules and increasing use of automation; and
- Preserve the integrity of the disability programs as prudent stewards of taxpayer funds.

Decision Support ctd.....

Gina also spoke about efforts to improve decision support for disability adjudication. These efforts include improving Compassionate Allowances (CAL) policy and business process. SSA has reached out to the Disability Determination Services, met with federal agencies, and recently held a National Disability Forum to engage the public to identify ways to improve this important program. Currently, there are 233 CAL conditions.

SSA continues to focus on modernizing IT and getting all evidence electronically. Gina introduced us to SSAs IT Modernization work in the Disability domain and several members of the IT Modernization team. Key projects include:

Electronic Acquisition (EA) - to enable receiving complete medical evidence quickly, at low cost, and in preferred formats to enable downstream decision support. This project includes expansion of HIT, which has helped make strides in electronic processing.

Duplicate Identification Process (DIP) - to enable accurate identification of duplicate evidence to reduce time needed to review and prepare cases. The goal is to get the system to recognize duplicate information and flag it. Adjudicators will make the final decision on whether it is duplicate information.

Intelligent Medical-Language Analysis Generation (IMAGEN) - to enable identification of clinical data within medical evidence using natural language processing and predictive analytics.

Insight - to utilize natural language processing to assist in quality review of administrative law judge decisions.

As always, NADE appreciates Gina attending the national training conference and having front line communication with Disability Determination Services staff. Gina brought key members of the agency disability and Disability IT Modernization teams along to hear directly from the NADE membership.

(Photo l to r): Jeff Viskowitz, John Owen, Gina Clemons, Mary Quatroche, Heather Murr, and Melanie Froio



Acting Inspector General Discusses Disability Program Integrity at NADE Conference

By: Todd Deshong, Washington

Once again, NADE was proud to have the Acting Inspector General, Gale Stallworth Stone, at its recent National Training Conference in Arlington, Virginia. The Acting IG initially reported that the President nominated Ms. Gail Ennis for the permanent position of Inspector General; however, at the time of the conference, the Senate had not yet scheduled a hearing for that nomination. The Acting IG acknowledged that organizations can become chaotic or disorganized during a leadership transition; however, she reported the OIG had remained focused on its mission. She commended OIG staff for their professionalism and dedication.

The Acting IG noted the recent decrease in initial claims for disability. She commented that while there were several possible causes for this, the benefit of this remained clear for the future solvency of the disability programs. She mentioned the *New York Times* reported that about 1.5 million people applied for disability benefits in 2017, the lowest number since 2002. She also praised SSA for its work to eliminate the pending level of medical CDR's. She noted that the OIG had stressed for years the importance of processing medical CDRs in a timely fashion. She recognized the hard work of staff at both SSA and the DDS to address this issue.

She reported briefly on SSA's plan to reinstate the reconsideration step in the 10 prototype states. She noted that reconsiderations had been eliminated in those states about 20 years ago. She recognized that NADE supports a uniform disability process across the country. She also reported on congressional hearings about the reconsideration step and noted that this demonstrated the importance of the issue.

The OIG in the past year received over 6,000 fraud referrals nationally from disability examiners, according to Acting IG. She reviewed several OIG case examples based on DDS referrals, and she reported that disability fraud found by the DDS was most appropriately handled by a Cooperative Disability Investigations (CDI) unit. She noted that the prior year marked the 20th anniversary of the CDI program, and she expressed extreme gratitude to everyone contributing to this initiative. She noted that the conference was held in the OIG's Philadelphia Region, where there were four CDI units, including Washington, D.C., Baltimore, and Richmond, Virginia.

The Acting IG reported that CDI efforts in 2017 contributed to about 100 convictions, \$33 million in SSA recoveries, and \$230 million in projected SSA savings. There are currently 40 CDI units covering 34 states, Puerto Rico and Washington D.C., and the program continues to expand and evolve. The Acting IG said the OIG was restructuring CDI so it could investigate the full range of disability fraud cases. She added that SSA and the OIG were working to comply with the *Bipartisan Budget Act of 2015*, which called for CDI coverage of all 50 states by 2022. She reported, by the end of the year, SSA and the OIG would open new CDI units in Indiana, Hawaii, and New Mexico.

There was also a discussion about DCPS and the OIG's role and oversight of the project. The Acting IG reported the OIG continues to monitor DCPS progress, as requested by the Social Security subcommittee. She noted that SSA had shifted its focus from system rollout to system development, and noted that SSA reported continued development through 2018.

The Acting IG also commented on an OIG report on SSA's efforts to develop its own occupational information system; SSA's target date for implementing the Occupational Information System is 2020. One caveat appeared to be that initially, the mental or cognitive demands of work would not be included in the system. At the end of 2018, SSA plans to begin collecting additional occupational information, which might include the mental or cognitive demands of work, as well as additional occupations.



Inspector General ctd...

Finally, the Acting IG updated NADE on the story of Eric Conn, the former disability attorney from Kentucky. Conn pled guilty in 2017 to leading a scheme to get thousands of claimants approved for disability benefits. The OIG-led investigation determined Conn and his co-conspirators profited significantly from the scheme for several years.

Before his sentencing last year, Conn fled authorities and was a fugitive for six months. But last December, he was apprehended in Honduras and returned to the United States. Conn pled guilty this past June to fleeing the United States and was sentenced to 27 years in prison in September.

In her closing remarks, the Acting IG said the case was a landmark achievement for the OIG. She added, that it should serve as a reminder of the importance of protecting the disability programs for those who truly need and depend on them.



OIG's Donald Jefferson Provides CDI Program Update

By: Todd Deshong, Washington

NADE was again proud to have OIG Special Agent-in-Charge Donald Jefferson present at the National Training Conference in Arlington, Virginia. Jefferson directs the Cooperative Disability Investigations Division (CDID) in the OIG's Office of Investigations.

Jefferson explained that CDI was a joint effort among federal and state agencies to effectively pool resources to prevent and detect fraud in SSA's disability programs and related federal and state programs. He reviewed CDI's mission statement, which is to obtain factual evidence sufficient to resolve questions of fraud and/or similar fault in SSA's disability programs.

The CDI program was established in October 1998, after two major criminal cases involving numerous disability beneficiaries caught the attention of Congress and the General Accounting Office, Jefferson said. CDI units investigate individual claimants, in-pay beneficiaries, and also third parties involved in the disability process, including lawyers, doctors, and translators. CDI reports of investigation are presented to SSA or the state DDS to make timely and accurate disability determinations. If the investigation finds severe activity, CDI cases can be presented for federal or state prosecution.

The *Bipartisan Budget Act of 2015* (BBA) called for the expansion of CDI units to cover all states by 2022. Currently, Jefferson noted that there were about 40 units established. He also noted that the OIG established the CDID as an independent division within the Office of Investigations. He reiterated the importance of CDI's partnership between SSA, the OIG, state DDSs, and local law enforcement agencies.

Jefferson also explained that CDI was restructuring with the goals of investigating the full range of disability fraud cases and preparing for future CDI program expansion. He emphasized that this restructuring should not affect the work of disability examiners currently assigned to CDI units across the country.

Jefferson explained the OIG would merge the supervisory functions of a CDI team leader and an OIG supervisory special agent. The supervisory special agent would assign disability fraud investigations to CDI unit investigators and oversee those investigations; the CDI team leader would investigate cases and work with CDI unit members. Jefferson noted this change should help the OIG increase disability fraud detection, comply with the BBA, and improve investigative efficiency. Jefferson reported that this restructuring effort was ongoing in pilot CDI units across the country.

Jefferson noted that the CDI newsletter had been redesigned to commemorate the CDI program's 20th anniversary. He also discussed a recent training session with CDI and OIG investigators. These trainings covered a range of topics, including investigative techniques, policies, and an introduction to SSA's disability programs.

Jefferson alerted the membership to be aware of fraudulent behavior, as DDS examiners are on the front line for detecting potential fraud and referring allegations to the OIG. He reports that analysts should document suspected fraud and can submit referrals to the OIG via the e-8551 (fraud referral form), or by contacting your local CDI unit.



Social Security Advisory Board Chair Addresses NADE's National Conference

By Jeff Price

Ms. Kim Hildred, current Chairperson for the Social Security Advisory Board, was a featured speaker at NADE's 2018 National Training Conference and attended with the Advisory Board's Executive Director, Ms. Claire Green, and Research Director, Diane Brandt. Kim was introduced as, *"The one person in Washington who knows the disability program!"*

Prior to becoming Chair of the Social Security Advisory Board in 2016, Ms. Hildred began her career as a Disability Examiner in Kansas and Wisconsin before moving to SSA's Regional Offices in Chicago and Philadelphia where she served in progressively more responsible positions. She accepted the critically important assignment to serve as the Staff Director for the Social Security Subcommittee of the Ways and Means Committee in the U.S. House of Representatives from 1997-2015.

Ms. Hildred began her remarks by highlighting the history and mission of the Social Security Advisory Board. She explained the Social Security Advisory Board is a bipartisan, independent federal government agency established in 1994 to advise the President, the Congress, and the Commissioner of Social Security on matters of policy and the administration of the Old-Age, Survivors, and Disability Insurance and the Supplemental Security Income programs. The Board has seven members, with three appointed by the President, two by the Senate, and two by the House of Representatives.

The Advisory Board was created by Congress in 1994 when the Social Security Administration was separated from the Department of Health and Human Services, becoming an independent federal agency. Ms. Hildred touted the academic and public service credentials of the Board's current members and noted previous members included individuals who had served as former Members of Congress and as Commissioners of Social Security. She praised the knowledge and insight each member brings to the Board and observed the tremendous value of the Board's bipartisan efforts in addressing the issues.

In addition to the Board's members and staff, Ms. Hildred explained the Advisory Board, on occasion, assembles technical panels of experts to examine specific topics. For example, every four years the Board convenes a Technical Panel of the assumptions and methods used to develop the annual report of the Social Security Trustees on the program's financial status. These technical panels support the Board and its staff by providing additional expertise and insight.

In an effort to ensure all available information is considered when the Advisory Board prepares its reports, members and staff conduct field visits and receive updates from SSA leadership, employee organizations including NADE, advocates, and other experts including staff at the Office of Management and Budget (OMB), the Government Accountability Office (GAO), House and Senate authorizing and appropriations committees, Congressional Budget Office (CBO), and others.

The primary functions of the Board include:

Analyzing the Nation's retirement and disability systems and making recommendations with respect to how the old-age, survivors, and disability insurance program and the supplemental security income program, supported by other public and private systems, can most effectively assure economic security;

Studying and making recommendations relating to the coordination of programs that provide health security with social security programs;

Making recommendations to the President and to the Congress with respect to policies that will ensure the solvency of the old-age, survivors, and disability insurance program, both in the short-term and the long-term;

Making recommendations with respect to the quality of service that the Administration provides to the public;

Making recommendations with respect to policies and regulations regarding old-age, survivors, and disability insurance program and supplemental security income program;

Increasing public understanding of the social security system;

Making recommendations with respect to a long-range research and program evaluation plan for the Administration;

Reviewing and assessing any major studies of social security as may come to the attention of the Board;

Making recommendations with respect to such other matters as the Board determines to be appropriate.

The Board is currently directing attention to SSA's representative payee program but Kim also highlighted previous reports by the Board that addressed such topics as the Single Decision Maker Pilot, the CDR process, the impact professional representation has on the disability claims process, the need for reform in the disability claims process and others. She indicated future topics to be considered by the Board could include SSA's Death Master File and the difficulties that occur when the Agency declares people dead who aren't, examining SSA's telework pilots in Field Offices, and reviewing SSA's initiatives to modernize the disability determination program. She invited conference attendees to visit the Advisory Board's website (www.ssab.gov) and explore all reports that have been issued by the Board.

After fielding questions from the audience, Kim expressed her eagerness to direct specific questions to the audience and she invited feedback from the conference attendees. Some of the questions asked of the audience members (and she did get feedback!) included:

- What would you change if you could?
- What is your assessment of how well SSA communicates its priorities to you?

What impact do DDS employees have on the development of information technology?

The elapse of time required Kim to cut short her list of questions for audience members but she explained that staff from the Advisory Board would be present throughout the conference and she encouraged conference attendees to share their perspective with the staff members.

Kim concluded her presentation by thanking everyone for their hard work serving the public and praising NADE and its leadership in educating the public about the issues that face the Social Security and Supplemental Security Income disability programs.



Emergency Medicine and its Role in Treatment with Expected Outcomes and Functioning

Manish Gambhir, MD

By: Cynthia Thompson OKADE

Dr Gambhir spoke to the conference attendees about Emergency Medicine. The usage of Hospital Emergency room care, Urgent care facilities, and pop-up ER's are increasingly becoming the norm in today's society. This is due to the healthcare delivery process, the lack of medical insurance, and physician's availability to their patients. Going to these facilities makes it easier to access more

immediate care and is quicker than calling up a physician who may not have an opening until weeks down the road.

Emergency physicians provide prompt diagnoses and treatment for traumatic injuries and acute illnesses, and for sometimes even for chronic illnesses. When the Ebola virus reached the US from West Africa a few years ago, there were fewer than five confirmed cases. However, nearly every emergency department in the country had to be prepared for a potential plague. Metropolitan emergency rooms were of special concern, since much of our country's international travel is routed through large cities. Military bases were outfitted with rooms dedicated for evaluation, treatment and decontamination. When postal facilities in Washington, D.C. and Brentwood were affected by anthrax, hundreds of people rushed to their local emergency department for assessment.

Emergency medicine often sees trauma cases but they can also treat non-emergent conditions. Triage usually identifies whether a patient's condition can be handled by Urgent Care or if a more intense level of care is needed with the Emergency room. The quick assessment from Emergency Medicine physicians often saves lives. Occasionally, people's conditions are so severe that they require immediate surgery. Emergency medicine is an opportunity where a physician has a direct impact on someone's health. It is truly a hands-on specialty and something that gives an opportunity to make a quick intervention into a medical condition.

Something that is very familiar within disability review are behavioral health cases, suicide attempts or suicidal ideations. Major depression, anxiety, substance abuse, are all illnesses that can end up in emergency care. Examiners adjudicating cases can sometimes use these records in completing cases in situations where the claimant may not have any other records or may not have seen a doctor on an on-going basis. Some ER records can provide valuable past medical history and also provide reasons to medically defer cases.

In our ever-growing quick-fix society, these type facilities are becoming more prevalent and will indeed be a vital healthcare option for years to come.

Why do I hurt so much? Chronic Regional Pain Syndrome's Impact on Function

Cheryl Arenella, MD, Hospice and Palliative Care, Fairfax Virginia DDS



Pain is just a perception and has different levels and affects people on different levels. Chronic pain has psychological, biological, and social effects. Symptoms include feeling ill, poor sleep, weight gain, low mood, decreased cardio functioning, sexual dysfunction, memory issues, suicidal ideation, poor attention/focus, and low productivity at work. Lack of activity due to pain, fatigue, and depression causes obesity and this complicates the pain factor greatly.

Pain and fatigue are biologically linked: 94% of Chronic Fatigue Syndrome (CFS) sufferers have muscle pain. Some symptoms of chronic fatigue include sore throat, memory and concentration issues, headaches, swollen lymph nodes, muscle pain, poor sleep, post-exceptional malaise, weight change, pallor, and ataxia. If fatigue persists at least six months and someone has at least four of those symptoms; a diagnosis of CFS can be made. Studies show that three out of four people suffer from chronic pain and, women make up the majority of pain and fatigue sufferers.

There is a cognitive and physical fatigue component to Fibromyalgia. People wake up unrefreshed with any amount of sleep and complain of "brain fog". If complaint of widespread muscle pain and fatigue last for three months or more and there are at least 11/18 tender points found on exam, a diagnosis of Fibromyalgia can be made.

A newly accepted condition is Chronic Regional Pain Syndrome (CRPS) or Regional Sympathetic Dystrophy (RSD). This is when the pain is disproportionate to the event causing the pain or if no event is reported at all. Symptoms include changes in sensation, vasomotor (temperature), pseudo motor (edema), atrophy, and weakness. When someone has two of these symptoms and there is no explanation to the cause, CRPS can be diagnosed. This diagnosis was put into the Code of Federal Regulations in October of 2003, but is now being used more widely. Multimodal treatment can be used to treat the pain: pain meds, physical therapy, neuromodulating meds, and psychotherapy treatment.

These are all acceptable medical diagnoses for disability and need to be considered even though there is no applicable listing. The claimant's self-report of pain's effect on functioning can be used to determine their ability to work. The most commonly used medications to treat chronic pain are: Lyrica and Gabapentin. SSR-12-2p provides guidance for evaluating Fibromyalgia and Chronic Regional Pain Syndrome.

TREATING EPILEPSY

Kandy Pope, AADE

This year's NADE Training Conference provided its attendees, once again, with some very worthwhile topics across the spectrum of how we all perform our jobs. So, it should not come as any surprise that with all the changes that comes with our profession from SSA changing the Listings, we will soon see some new 'types' involving Epilepsy types.

In our work as analysts, we are accustomed to seeing terms like 'partial', 'simple partial', 'generalized tonic-clonic' etc. Dr Bergey predicted we'll soon see new terms in the records associated with epilepsy like, focal, focal aware, focal impaired awareness.

Dr Gregory Bergey, MD, Director of Johns Hopkins Epilepsy Unit, gave attendees interesting insight into what the university's research regarding surgical intervention, medications, neurostimulation and diet in the treatment of refractory childhood epilepsy. In their studies, 13 of 57 patients on a ketogenic diet saw a 56% decrease in seizure frequency compared to the control group

He went on to explain that when a patient fails two anti-epileptic drug (AED) treatment options in a two year period, s/he may be a candidate for surgery. Since the 1930's, respective surgeries like temporal lobectomies were performed with patients with treatment resistant epilepsy. One million patients continue to have seizures despite treatment- 40% of that 1 million have epilepsy. Only 1% of patients with Drug Resistant Epilepsy (DRE) are referred to epilepsy centers. In most of those cases, by the time the patient is referred to the epilepsy center, they have had seizures for 20 years. Patients with mesial temporal sclerosis can enjoy 60-80% freedom from seizures following surgery. However, patients with primary generalized epilepsy, genetic epilepsy, autoimmune or non-localized multifocal epilepsy are not candidates for surgery.

Finally, Dr. Bergey described advancements in testing. Neurologists can use Robot-Assisted Stereo EEG and stereotactic laser amygdalohippocamectomies to diagnose a patient's seizure disorder more accurately, which leads to quicker implementation of correct treatments.



Homelessness & Poverty and Their Impact on Physical & Mental Health Treat- ment & Outcomes

**Merrill Friedman, Senior Director, Disability
Policy Engagement, Anthem Inc.**



by Emilie Reafs, Bernadette Soltero, & Becky Wilson, Nevada DDS

Merrill Friedman's presentation about homelessness and poverty impacting disability was of great interest, as homelessness and poverty's impact on disability are major problems nationwide. Homelessness impacts many aspects of physical and mental health maintenance, including stable healthy food sources, educational opportunities, availability of medical care and funds for resulting co-payments, and social support systems, collectively known Social Determinants of Health (SDOH).

Mr. Friedman's presentation focused on the fact that traditional health plan approaches are not sufficient to address non-clinical impacts on health. The goal for Anthem and other Health Maintenance organizations is to develop cross-sector collaborative relationships to improve care of individuals, as well as to improve initiatives and improvements for those affected.

There were many avenues discussed to obtain better outcomes for clientele, including client based services, i.e. providing supports to what the client prioritized, this involves taking input from those receiving services to better tailor a program to meet their needs. This modality has been shown to have clientele who are more engaged.

An example of service and engagement is medicine compliance- If food planning is impossible due to food insecurity, then taking medicine at prescribed times with food is also impossible. Therefore, support for food security, food planning and medication planning are all required. Some providers are reluctant to ask questions around food security because they're unsure of how to connect their patients with the appropriate resources

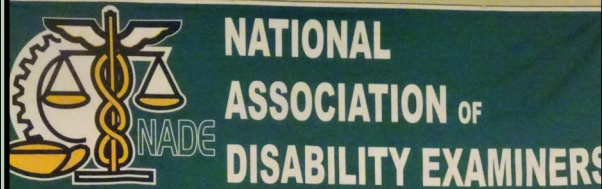
Dr. Friedman pointed out that homelessness rarely affects the disabled person alone. If the disabled person is the primary income earner, his/her entire family can face homelessness. In such circumstances, support for the whole family must be considered. Most people on Medicaid are working, she said, and one is one major expense away from homelessness. For example, a major vehicle repair can leave a family without money for rent. She noted that 1 in 5 Americans will acquire a disability before the end of their professional career, and 1 in 5 Americans lack the resources required to remain in their home, once they become disabled.

The disabled population represents an over \$4 Billion market in the United States of America, as there are over 57 million Americans with disabilities. Of those, 41 percent cannot afford their housing, and have higher rates of unemployment, poverty, and homelessness. It was notable that those with disabilities have a lower life expectancy and are found to suffer chronic conditions associated with aging earlier, especially if they have also had episode of homelessness or poverty. It is undeniable that poverty and disability are intricately entwined.

Affordable housing influences health and wellbeing of people of all ages and conditions, including mental health conditions. Health has an impact on a person's desire to work and the likelihood they will be hired and/or retained. However, individuals with disabilities can earn incomes closer to their counterparts without disabilities if they are able to work. Dr. Friedman cited a study of supported employment which clearly showed supported employment clearly shows improved mental health status, as well as ability to maintain stable housing for those with mental health conditions.

Dr. Friedman pointed out the Managed Care Organizations (MCO) should care about housing and food insecurity due to the adverse health impacts on consumers, from children on through adulthood, and for both physical and mental conditions. When have to pay more than 50% of their incomes for housing, they are forced to make toxic trade-offs between food, medications, transportation to work, or rent. A study in Portland, Maine found significant cost savings in many areas (overall health and mental health care, ER visits, jail and police services) after participants entered supportive housing. Homeless clients tend to use more expensive care, e.g. ER rooms, and require more acute care, rather than cheaper outpatient support services.

The conclusion from his presentation, is that it benefits health care providers to take time to evaluate the social issues that their patients also have rather than only the medical diagnoses.



**NATIONAL
ASSOCIATION OF
DISABILITY EXAMINERS**



How Disabling is Mental Health

Christine Huntley, CADE (Colorado)

The presenters were affiliated with the treatment team at Northern Virginia Mental Illness institute.

The individuals who serve on the treatment team at Northern Virginia Mental Illness institute reported that they serve people with a vast spectrum of diagnoses. When a patient is seen for the first time, practioners attempt to rule out diagnoses in order to find the correct one. The team begins with lab work labs, drug screen, a head CT,

etc. It can be challenging to find the one diagnosis or the multiple diagnoses that the patient has as many signs and symptoms overlap. Substance abuse can mask psychiatric issues. Additionally, signs can go unreported due to a patient's lack of insight or fear of stigma associated with mental illness

After the team has established the correct diagnosis, treatment can begin. Treatment can range from medication and counseling to other modes of therapy. Once the treatment begins, the team can begin to hypothesize expected outcomes. Due to the diversity of illnesses and the complex treatment surrounding them, providers must consider the goals of treatment, and logical, realistic outcomes. For example, if a schizophrenic patient is also using meth, it may not be realistic to set a three-month time frame for complete remission of symptoms and independence. Any recovery model must focus on promoting a patient's success and preventing failure. With many of these illnesses, providers must follow a step-by-step recovery model.



The presenters cautioned against assuming that a person in day treatment is capable of working, and urged analysts to consider that jobs come with 'soft skills' not included in a job descriptions. For example, to be a server in a restaurant, you must have good working memory, facial recognition, people skills and processing speed. They urged analysts to remember that psychiatric hospitalization is the most restrictive type of treatment. Generally, patients are not there by choice; they're involuntarily admitted. It's important to consider whether the condition that led to their hospitalization is chronic or acute.

In summary, establishing a medically determinable impairment (MDI) can take time and can be tricky. Determining what the actual diagnosis is and then determining the type of treatment that works best can take time. Always keep in mind that psychiatric diseases are complex and impact functioning. A claimant's diagnosis and response to treatment will determine the severity of his/her condition. Always remember to consider the "C" criteria when reviewing chronic mental health diagnosis on MRFC assessments.

Incorporating Obesity into Medical Equivalence Decisions

By Melissa Williamson, NADE Member Director

On a daily basis, we see the effects of obesity in the way people function and how this effects other impairments that our claimants have been diagnosed with. Obesity should always be considered and reflected in a claimant's overall function when assigning an RFC. Most Listing Preambles actually address obesity and how it should be considered in relation to that body system. In some cases, the claimant's obesity can be used alone or combined with their other impairments to support a Medical Equivalence Decision.

Christen King, a Training and Development Specialist from the Virginia Disability Determination Services, addressed ways to use obesity in a disability decision. There are three methods to completing an Equals rating (DI 24508.010): an impairment described in the listings (substitution), an impairment not described in the listings (an unlisted impairment) or a combination of impairments. For an impairment described in the listings, we could substitute an equally severe impairment for a portion of a listing that is not specifically met as written. For an unlisted impairment, we would equal a listing for an impairment that does not have its own listing (such as using the epilepsy listing for a claimant with migraines). For a combination of impairments, the claimant has many equally severe impairments, but none of them meets a specific listing.

Two of the most common listings used when dealing with obesity are 1.02A and the respiratory listings. Listing 1.02A can be used for obesity alone, but the medical information MUST show that the claimant has an inability to ambulate effectively due to their obesity. In the respiratory listings, you often see severely obese claimants with documentation of dyspnea on exertion and at rest, abnormal lung exams, decreased oxygen saturation levels, etc. PFTs are not always needed to equal the listing with consistent documentation of these issues and a severe body mass index (BMI).

Cardiovascular, respiratory and musculoskeletal impairments are the three highest co-impairments seen with obesity. Often we see that the doctors treating these individuals recommend that weight be lost; however treatment for obesity is often unsuccessful. Ms. King pointed out that a failure to follow prescribed treatment basis for a decision can be used, but very rarely. Treatment notes from a doctor telling a patient to lose weight is not a prescription. We also cannot find that a claimant has failed to follow prescribed treatment when the treatment recommended is surgical, such as weight loss surgery. She provided tips for CDR cases that involve obesity and if the claimant has maintained at least 10% body weight loss for 12 months, in some cases, you can consider this to be medical improvement.

Ms. King reminded us that when preparing any Equals rating, we should state which method is being used in the rating (combination, substitution, or unlisted impairment). The rating should also have a well-developed rationale to support the rating; this should not be just a reiteration of the medical evidence. POMS provides examples of rationales when equaling listings. She also mentioned that when dealing with obesity and medical ratings, you should look for consistency in the height, weight and BMI in the medical records. Any inconsistency in these should be resolved. As in all medical ratings, all impairments including obesity should be considered in assigning an RFC. The consistency statement prepared for the claim should also reflect any alleged issues related to obesity.

As obesity rates in the US continues to climb, reminders and recommendations such as these will continue to be necessary. It is always important to consider function when evaluating any impairment but this is especially important when considering obesity.



“HIV and Disability: Understanding HIV care and SSA's New HIV Impairment listings”

By Kristina Burbank, GMADE member



Guest speaker, Erica Deray, is a staff attorney for Whitman Walker Health. Whitman-Walker Health is a nonprofit community health organization serving four locations throughout the DC/Metro area. They have been providing legal and medical services to patients for over 30 years with special expertise in HIV care, LGBTQ health and helping individual with barriers to care. The organization was started in the 1970's as a volunteer-run program for gay men. In 2017, they served over 16,000 clients with HIV care accounting for 37% of all care.

The Human Immunodeficiency Virus (HIV) attacks the body's immune system. It is spread through the exchange of bodily fluids and can lead to AIDS (acquired immunodeficiency syndrome) if left untreated. HIV/AIDS became more prevalent throughout the 1990's, becoming the number one cause of death for U.S. men aged 25 to 44 in 1992. The Blue Book of Listings was updated in 1993 to include HIV/AIDS related impairments as part of the 14.00 and 114.00 (child) Immune System listings. SSA began proposing changes to the 14.11 listing in 2003 and again in 2006 and 2008. The updated listings 14.11 and 114.11 were finally published in 2017 and now reflect the changes in treatments and prognosis for individuals living with HIV.

Deray detailed parts of listing 14.11 and discussed the findings a disability examiner or medical consultant should be aware of when reviewing medical evidence. She focused on listing 14.11 which covers repeated manifestations of HIV infection. She noted that HIV is often seen as a condition that can be easily assessed by laboratory findings such as a low CD4 count, but that is not the whole picture.

Deray stated that many of Whitman-Walker Health's clients report chronic symptoms such as fatigue, pain and memory loss that are harder to document and quantify. Side effects are frequently under-reported due to the stigma still attached to HIV infection. Additionally, records from treating providers may reflect a stable condition with no complications as the patient is seen only periodically for medication management. Whitman-Walker Health encourages their clients to report all symptoms to their treating providers and to be frank and thorough when discussing their limitations with a consultative exam provider. They also advocate for their clients through the treating provider, encouraging them to be more thorough when documenting side effects and functional limitations in their notes.

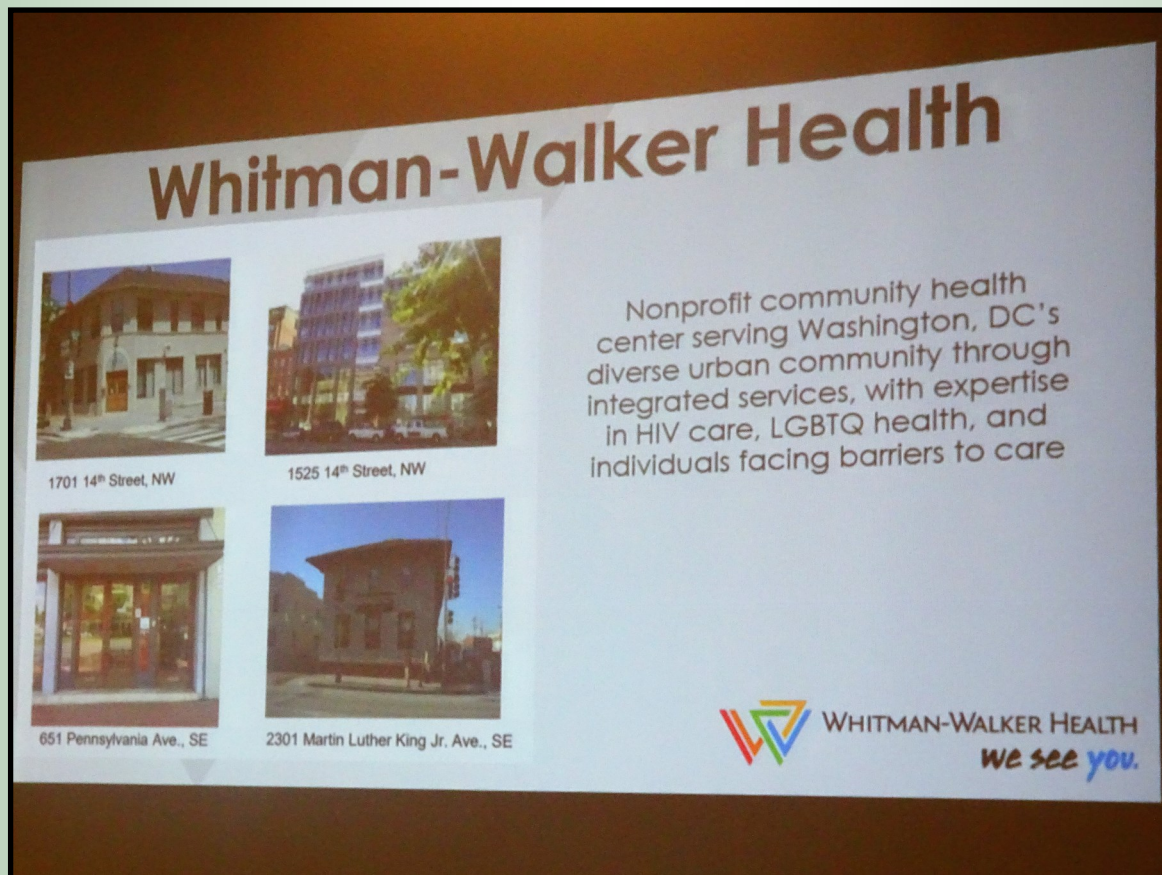
Deray discussed medication compliance and its relation to progression of the virus. Compliance can be affected by numerous factors including significant side effects, drug interactions and systemic resistance to specific classes of drugs. Social factors such as discrimination, stigma and misinformation continue to affect compliance as well. Nausea and diarrhea can make adherence to seemingly mundane treatment plans difficult, like taking medications with food. Unfortunately, without adherence to treatment, the HIV virus can replicate rapidly and cause a patient's health to deteriorate. Unfortunately, without adherence to treatment, the HIV virus can replicate rapidly causing health to deteriorate. Discontinuing use of a drug may cause resistance to that class of drugs in the future, making it harder to find effective treatment.

HIV & Whitman Walker ctd..

Newer drug regimens are associated with fewer serious side effects but can still have a heavy impact the patient's quality of life. Long-term side effects can include kidney failure, liver damage, heart disease, diabetes or insulin resistance, and nervous system and mental health side effects such as insomnia, dizziness or depression. An increasing population of patients with HIV-related dementia has surfaced in recent years as another possible side effect of long-term use of antiretroviral medications. Some of the drug side effects mirror HIV-associated conditions like dementia, cardiovascular disease and kidney disease.

Fortunately, new drugs for prevention and early intervention have helped to slow the spread of the disease. More advanced drug therapies, while at times problematic have led to a better prognosis to those who have been diagnosed. As the declining level of patients infected with HIV has plateaued, the District of Columbia has a plan to increase the percentage of people who know their HIV status. They also hope to increase the percentage of patients who are in treatment where HIV is undetectable in their blood. They also hope to decrease the number of new HIV infections by 50%.

Erica welcomes questions and is happy to provide further information. She can be reached at ederay@whitman-walker.org.



The Global Impact of Intervention Services from Birth to Age 3

By: Molly Turnbull, IADE

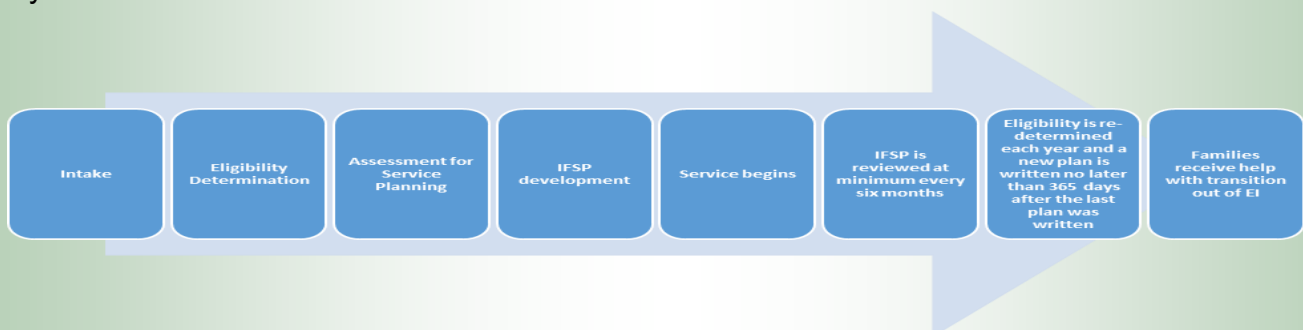
Leah Davidson, MS, IMH-E (II) is the Program Supervisor/Local System Manager of the Arlington Parent Infant Education Program in Arlington, VA. She provided conference attendees with information about Early Intervention in Virginia including the service pathway, funding sources, and how to make a referral.

High quality early intervention services have been proven to change a child's developmental course and improve outcomes for children, families, and communities. It is essential to make information available on how these services are provided and can be accessed.

Any child under 36 months old that has a 25% Developmental Delay, atypical pattern of development, or a diagnosed medical condition with a high likelihood of resulting in developmental delay can be found eligible for EI in Virginia. Eligibility determination tools include screenings, medical records, and clinical opinion from a multidisciplinary team.

Once a child is found eligible and if their family is willing to proceed, an assessment is provided that addresses how the child is functioning and participating across three domains: establishing positive social relationships, acquiring and using new knowledge and skills, and taking appropriate actions to get their needs met. An Individualized Family Service Plan (IFSP) is individualized according to the needs of each child and includes involvement of the whole family. The program focus on providing the highest quality support to the family in helping their child develop and learn.

Early Intervention uses Natural Learning Environment Practices to support caregivers in helping their children learn and develop. They use coaching to build the capacity of parents and caregivers, use a primary provider model of service delivery. The use the model below for service delivery.



Funding sources include private insurance, Medicaid, Tricare and family fees. Families are never denied services based on inability to pay. Part C Federal and State Allocated funds are also a source of funding.

Anyone can call their local Early Intervention Agency to make a referral for ANY child under 3. In Virginia they can call the Central Directory at (800) 234-1448 for more information. The single point of entry for each locality's contact information can be found here:

<http://www.infantva.org/documents/pr-ReferralGuide.pdf>



IMPACT OF PTSD & TBI on VETERANS

**Brittany Jones, Senior Resource Specialist,
Virginia Department of Veterans Services**

We were joined by Brittany Jones, who spoke about the impact of PTSD on people who served in the military. There was a direct relation between decrease in cognition and memory and increase in insomnia and fatigue in veterans with PTSD. They often display poor concentration, have poor self-image, anger, and hyper-arousal. The more deployments and less decompression time in between deployments can increase all of the symptoms related to PTSD.

Often, alcohol and substance abuse are used as coping mechanisms. Veterans with PTSD will isolate, carry weapons for security, have anger outbursts, over react, over spend, and participate in reckless behavior. The symptoms of PTSD can last from six months to many years or even a lifetime. Eighty percent of veterans diagnosed with PTSD also have other comorbidities of anxiety, depression, or substance abuse. Sleep disorders and somatic symptoms are prevalent amongst those who experience TBI's and PTSD. The secondary impacts often overshadow PTSD.

Life is very challenging for those around the veteran because triggers are unknown. A veteran can seem okay one minute and not okay the next. Veterans with PTSD often have communication difficulties due to shame and guilt and demonstrate isolative behaviors. Their inability to share emotions can lead to stress in relationships. They are often inflexible when plans change. This often has an impact on people closest to the veteran.

The challenge with treating veterans with PTSD is that one cannot numb only the bad emotions and feelings without also numbing the good. It is very important that they find the right provider who will listen and provide different modalities of treatment. The timing of treatment is also important.

In many cases, veterans are reluctant to reach out for help because of military culture. In the military, one is expected to handle adversity and manage one's emotions. Pain is seen as weakness. Overcoming these beliefs is the first hurdle to obtaining help. Overcoming these ingrained beliefs is the first hurdle to being able to get the help that is needed.

Jones reminded us of important things to keep in mind when evaluating a claimant with PTSD or encountering someone with PTSD. She reminded us that:

PTSD is treatable!

PTSD is not only for the weak!

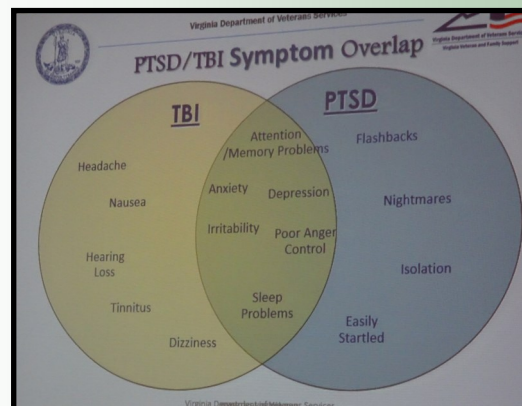
Not all vets with PTSD are violent!

Some vets respond to discipline when they violate standards and can handle the stress of full time work!

Jones emphasized that breaking the cycle of PTSD is achievable. It is vital that treatment is started as soon as symptoms are identified. She stated that some of the mental symptoms include the following: Loss of concentration, uncontrolled anger, lack of trust, problems with authority, and loss of identity as well as social isolation. Additionally, there are physical symptoms, which include the following: body aches, headaches, stomach pain and nausea.

She also reminded analysts that when speaking to a vet with PTSD, avoid using authoritative language. It can also be extremely helpful to connect them with other vets to share stories and experiences. Jones noted that even when a veteran is ready to proceed with treatment s/he might find additional obstacles, as there is limited access for treatment, long wait lists and limited clinic hours. Additionally, there is no "cookie cutter" treatment for PTSD and the process can be a long one. She also reminded that many of the medications used to treat symptoms are addictive.

Despite these challenges, Jones again stated that PTSD is treatable. It is important to continually address the issues at hand in treatment, Jones said. The most successful response are those where the treating source is respectful, avoids labeling and involves the whole family.



Vocational Rehabilitation and Its Impact on Disability

By Meredith Rogan, VADE



In 1920, just after World War I, President Woodrow Wilson signed the first Federal Vocational Rehabilitation Act to assist wounded veterans returning from the war. The purpose of this act was to help veterans be able to heal and adjust back to civilian employment. It applied at that time only to physically handicapped veterans. Following World War II the country was faced with even more injured veterans that were severely wounded and struggling to readjust physically, mentally, socially and vocationally. Virginia responded by expanding its rehabilitation programs to those in needs in with the Woodrow Wilson Workforce and Rehabilitation Center. Established in 1948, the center has been serving Virginians with disabilities since 1948. Since 1948, the facility has expanded their focus to include a variety of consumers beyond veterans.

NADE was pleased to have Woodrow Wilson's director, Rich Sizemore take time from his busy schedule to come share information and stories about the center and those who benefit from its services. The center is closely connected with the Virginia Department for Aging and Rehabilitative Services (DARS), which is also, happens to be the parent agency for Virginia's Disability Determination Services. Mr. Sizemore was enthusiastic about the opportunities that the center has to offer consumers. He explained that medical rehabilitation services. This would include physical, occupational and speech therapy. There are also clinics that provide a spinal injury and brain injury related services. The center also provides wheelchair-seating assessments. Additionally, there is a department of assistive technology, which helps with modifications to vehicle and homes to support independence. They also provide assistive technology to help consumers obtain or keep employment such as voice recognition technology, computer modifications and ergonomic evaluations. Part of the occupational therapy program is driver's education instruction.

Mr. Sizemore shared the story of a young man named George Dennehy. Born without arms in Romania, George was put up for adoption at a young age. He was adopted by an American family, they found himself in Virginia. Luckily, he also found the Woodrow Wilson Rehabilitation Center. Despite the challenge of being without arms, George was determined to be like other teens and drive. The center was there to assist him along, as they were able to modify a car so that would be able to drive using only his legs. The center's driving education program that specialized in teaching him how to use his vehicle. George's story of determination did not stop there. He was also determined to learn how to play the guitar. He started making YouTube videos of himself play his favorite band's music. It just so happened that the video was shared with the band and they were so impressed that they asked to meet him. Not only was his playing good enough to get the attention of the Goo Goo Dolls, but he was also invited to tour with them playing with them on stage.

Besides the occupational and medical services. Woodrow Wilson also offers vocational training. They have a program for high school students that helps them transition from school to the workforce by offering testing to evaluate the student's interests and their aptitudes. Then the student is able to live at the center and explore vocational interests to see if it is a good fit. While living on campus, the students also learn independent living skills as well as social and interpersonal skills that will assist them on the job as well as in their personal lives as they get older. The center also offers job coaching services and retraining for consumers. Mr. Sizemore emphasized the strong business engagement foundation that Woodrow Wilson displays. There is a very close relationship that the center has with local business and industry. For example, CVS has created a mock store on the campus where consumers can learn skills that would directly transfer to working in a retail environment, such as stocking, inventory and cashier skills. Many students are able to move directly into jobs with CVS after this program. Some other businesses that are highly involved in assisting and hiring consumers of the programs are The Vitamin Shoppe, Daikin Heating and Cooling and Hershey.

The services that Woodrow Wilson Center offers have been instrumental in helping consumers transition off disability benefits. Many of these inspirational success stories available to read at their website WWW.WWRC.net. There is also a monthly podcast available that showcases stories. These can be found at VRworkforcestudio.com. As Mr. Sizemore stated, the most important ingredient to success is to listen and believe that is it possible.

Technical Advances in Exchange of Evidence

By Mary Dumars, LADE

A discussion of the technical advances in the exchange of medical evidence was conducted by Caroline Mason, Medical Relations Director of the Maryland DDS, and Teresa Sizemore-Hernandez, Professional Relations Coordinator of Virginia DDS. Together, they sought to increase our understanding of the exchange of evidence, familiarity of sources, and the processes by which evidence is received. They discussed SSA's use of Evidence of Record EOR, Electronic Evidence of Record, ERE, Megahit, and National Scanning Vendors.

They reminded us of the previous challenges and delays in case processing due to a mail only option which is often unreliable and dependent on the timing of the receipt of mail within the DDS.

Current sources received electronically are more accurate and more efficient. The ERE and MegaHIT process continues to evolve and improve. It will soon become the "traditional" method for requesting evidence. MegaHIT is capable of a 60 second timeframe to receive evidence. Analysts can search the medical evidence of record (MER) by keywords and dates. One of the processes being considered is having the system identify an electronic 827 and HIT sources, then requests can be automatically be sent.

In conclusion, the speakers emphasized the importance of knowing your providers and their request preferences, as well as their follow-up preferences. The DDS MRO/PRO team can be important advocates in assisting with attainment of MER and keeping up with the preferred methods of transmission for sources. The HIT Cadre team can be contacted at elizabeth.c.mason@ssa.gov.



The Future is DCPS

Derek Pulliam & Mary Lindauer

Submitted by Marjorie Garcia

Mr. Pulliam is an Analyst on the DCPS User Engagement Team, serving as a bridge between the DCPS project team and the Disability Determination (DD) user community, and other stakeholders. Mary Lindauer is a DCPS Deployment Manager, who has served DDS in a variety of roles, including examiner, supervisor, and as an Office of Disability Determination analyst.

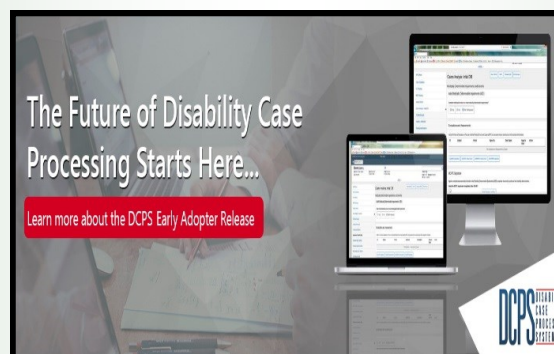


The Disability Case Processing System demonstration held the audience captive, as the presenters offered a glimpse into the future of claim processing. The DCPS is a critical initiative to replace the 52 independently operated legacy systems used by state DDS's. This modernized system will include all of the functionality of the current systems in use, with these added benefits:

- Ease of sharing disability processing workload across disability processing sites (state and federal)
- Case analysis tools to support disability examiners in making consistent decisions based on SSA Disability Policy
- Reduced maintenance and infrastructure costs
- Reduction in the technological complexity of system support
- Ability to implement software enhancements and modifications as required by changing laws, regulations, and policy more efficiently and consistently

In addition to sharing the business process improvements, the presentation provided demonstrations on case processing, from start to finish, from multiple perspectives (ex: Examiners, Managers, and Support Services). It was obvious early in the demo that the program was as intuitive as advertised. The ease of data retrieval, case searches, caseload management sorting/tracking, all at the touch of a button (no annoying hot-keys to memorize or backing through screens!). Some functions are still under construction with expectations to be complete by the spring of 2019! For more information, please visit the DCPS website:

<http://dcps.ssahost.ba.ssa.gov/default.htm>





2018 NADE AWARDS



Lewis Buckingham Award: Jeff Price (North Carolina)

The NADE Award: Jennifer Haddock (Alabama)

The John Gordon Award: Clothilda Brown (North Carolina)

The Marty Blum Award: Wilma Yates (Oklahoma)

The Charles O Blalock Award: Marcia Golden, (North Carolina)

The Directors Award: Tena Fleming, (Alabama)

The President's Award: Alabama Association of Disability Examiners (AADE)

The Frank Barclay Award: Jennifer St. Onge (Colorado)

Medical Consultant of the Year: William Render MD, (Georgia)



Lewis Buckingham Award

Jeff Price, THADE

This nominee exceeds all of these criteria. He has been employed for 39 years at the Disability Determination Services (DDS) and quickly rose through the ranks to find his calling in the DDS's Quality Assurance Unit where he currently serves as a Supervisor I. This individual is highly respected within his agency and NADE. He has held numerous hats at the local, regional and national levels. He consistently continues to deliver great customer service and outstanding leadership, both within our Chapter and within our Agency.

This nominee has been extremely active in the Region, coordinating Regional training conferences hosted by his Chapter in 1993, 1998, 2005 and 2012. He served four terms as Regional President and has served as Chair of Regional committees, including Awards, Constitution & Bylaws and Membership.

This nominee has served three (3) terms as President of NADE. His contributions to the national leadership structure of NADE includes also serving three terms as President-elect and three terms as Immediate Past President. He served multiple terms as NADE's Legislative Director from 2003-2004, 2008-2011 and 2017-2018, and as Membership Director from 2004-2007. He served NADE as the DDS Administrators/SSA Liaison for multiple terms. He was NADE's first Council of Chapter Presidents Chairperson in 1990-91 and served a second term in this position in 1996-97. He has served as the Chair of NADE's Strategic Planning Committee and Constitution & Bylaws Committee. He has contributed advice and counsel to those planning most NADE's National Training Conferences for the past 25 years. He has represented NADE in meetings at SSA and with other governmental agencies, in meetings with congressional staff members and as an expert witness testifying before Congress.

This nominee has been a strong advocate for NADE since attending his first NADE National Training Conference in 1986. Since his first term as a member of NADE's National Board of Directors in 1990-1991 he has been an advocate of NADE in meetings with SSA and Congress. Membership in NADE increased significantly during his terms as President and NADE's national scope was strengthened by frequent communications with NADE's membership and SSA.

This nominee also finds time to support his local community, serving as President of the local Lions Club seven (7) times. He also served as the PTA President at his children's schools for six (6) years. He is active in his church and currently serves as the Program Chair for the local American Wine Society Chapter.

Within the DDS, he is regarded as the Answer Man in that he can always craft a program compliant answer when approached about how to process difficult cases and how to address difficult policy issues. He is very conscientious, professional and looks at every case carefully, ensuring that he gives every claimant his best effort with regard to customer service. He is always willing to help provides guidance for new personnel. 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 respected by all."

A comment from a new member in this nominee's local chapter sums this nominee up perfectly: "He has demonstrated consistent leadership and guidance within our local chapter and NADE. He has been an outstanding role model by showing exceptional knowledge and optimism throughout the organization. He maintains an open door policy to assist in every way, when our chapter calls on him. He is always pleasant to work with and demonstrates excellence and dedication to helping others. He has been a guiding light with new members striving to become more knowledgeable and active within both local and national events."

Another NADE Board member, when asked to describe this nominee stated, "How I would describe this nominee starts with his leadership qualities that are extraordinary and his ability to communicate with anyone. His ability to mentor fellow DDS employees and NADE members speak volumes about his vision and knowledge of all programs. He takes time, no matter how busy his schedule, to talk with anyone that approaches him or has questions. NADE has always exemplified and maintained its mission with this individual serving as NADE President or as Legislative Director."

The current NADE President regards this individual with utmost respect. She states this nominee has provided exceptional guidance in her tenure as President. "His knowledge of the disability program as well as the history of NADE is like the heartbeat of this organization". The DDS community and NADE are fortunate to have such a caring and dedicated individual as a team member. We are proud to submit this nomination for the Lewis Buckingham award.

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The NADE AWARD

Jennifer Haddock, Alabama

Our nominee joined NADE in January 2015 and immediately rose into the ranks of chapter service. She was mentored by several NADE members who she states, "Took me under their wings" as a new examiner and NADE member and shared their experiences and knowledge. Our nominee stated she learned NADE is not your typical work associated organization, its members are mentors and truly care about the issues we face in the disability process as well as caring about each other. This nominee stated that NADE is a great resource and outlet to have for any examiner and she has been able to garner advice and encouragement from those who have been in her position before.

Since joining NADE our nominee has volunteered to serve on our chapter's Regional and National Awards Committees, helped with New Member Recruitment Drives, taken part in Casual Day Fundraiser Sales, chapter Food Drives, Bake Sales as well as numerous other fundraisers throughout the years. She served on the National Disability Professionals Week Committee for our chapter every year since joining. She has also served on the National Donate Life chapter committee and organized our fundraiser for this event in 2018. Currently, she serves as our chapter's Secretary.

When we asked one of her supervisors to say a few words about our deserving nominee, this is what we were told: "During the time that I served as her supervisor, she maintained the lowest caseload on the unit and was often asked to assist with claims in other examiner caseloads. Her work ethic is astounding and she always goes beyond the normal requirements to make the best possible decision on cases. This is also true for her commitment to her NADE organization. She is one of those people that you can always count on to be the first to volunteer to take charge of a project or assist someone with an issue that she has the answer to or feels she can research for the answer. She consistently works hard and gives her all to everything that she takes on."

Our nominee has a Bachelor's Degree in Sociology and History and a Master's Degree in History. She received a promotion to Senior Disability Specialist in 2017. She is eager to make any possible advancement in her career at the DDS.

Outside of the DDS and NADE, our nominee supports and contributes to the USO as well as the Toys For Tots organization founded by the U.S. Marines. Her husband served in Iraq and she believes it is important to support and give back to those who put their lives on the line for us every day as well as to the organization that they sponsor. She takes part yearly in a local jeep ride providing unwrapped toys and donations for Toys For Tots and boy and girl's homes as well as fun and adventure in the great outdoors with a group of friends. This group donated over \$3000 in a single year to a local children's ranch in our area.

In 2017, our nominee took on one of the largest roles of her life, motherhood. She and her husband have a wonderful little boy who will be one year old this Fall. She is always working to do the best for her son and family.

In her spare time, she enjoys crocheting and reading as well as spending time in the great outdoors with her husband. She enjoys driving their rock crawling jeep with her husband, visiting off road parks and taking part in off road endurance races. They attend "reading" events where they trail ride and put their jeep to the test on some of the most demanding rock ledges and hills in the area. They also enjoy kayaking and spending time at the beach with friends and family.

Our chapter is honored to nominate this deserving young lady for The NADE Award. She continues to go above and beyond the call of duty to be the best disability specialist and NADE member she can be.





The Charles O. Blalock Award

MARCIA GOLDEN, North Carolina

This nominee has served as chair or co-chair of our Chapter's NDPW (National Disability Professionals Week) Committee from 2008-2014, during which time the local Chapter won first place recognition in the national NDPW award competition four times. An example of her work as Chair of this committee was her idea to select a murder mystery tour through Europe via the Orient Express as a theme for the chapter's festivities. The nominee carefully developed and implemented plans to involve members in solving a murder, using carefully chosen clues and culminating in a "trip" on the dining car of the Orient Express, during which the final clue was revealed while Chapter members dined on a delicious meal tailored for "The Orient Express." Our members had fun combining their collective efforts to solve the mystery and interest in NADE soared.

This nominee served as a member of the Chapter's Board of Directors from 2012-2014 and was elected Secretary of the local chapter in 2014, serving in that capacity for two years until 2016.

She became the Chapter's President in 2016-2017 and her tenure was marked by growth in membership and enthusiasm. She was a tireless worker and led by example, always showing a professional demeanor and encouraging all those around her.

Prior to NADE's forced shift away from its regional structure and the elimination of regional training conferences, this nominee demonstrated a capacity to lead at this level, serving on various regional committees including Membership, Awards and Ways and Means. She was a member of the conference planning committee for the 2012 regional conference, the last year that such conferences were held.

In 2013-2014 this nominee was asked to serve as the Chair of NADE's Professional Development Committee. In this capacity, she organized and streamlined the process by which NADE members could obtain certification and re-certification.

In 2014-2015, and in every year since (2015-16, 2016-20 and 2017-20), this individual has been asked by four NADE Presidents to serve as Chair of NADE's National Disability Professionals Week (NDPW) Committee. In this capacity, she has overseen the process by which the themes are selected for this event and NADE Chapters around the country compete for national recognition and prize money.

The nominee is no One Trick Pony and she does not confine herself to just one activity but is equally involved in other Chapter activities, including serving on the Chapter's Ways & Means Committee on multiple occasions and the Chapter's Community Service Committee on multiple occasions (often serving as the Chair of these Committees).

This nominee developed and then implemented one of the chapter's many Community service projects - the Care Package Community Service Delivery. She organized the packaging of the care packages for our troops overseas and then, using her own vacation time, delivered the packages to specific service delivery points for subsequent delivery overseas. The Chapter subsequently received letters of appreciation from our troops who were recipients of these packages.

She organized the Chapter's participation in the Shoebox Christmas Ministry. After presenting the idea to the Chapter and gaining the Chapter's support, she quickly organized the members into teams that packed shoeboxes with special gifts for the children of Iraq and Afghanistan. The nominee also has volunteered her time to speak to school groups about military/aviation history and provides talks to local community groups about the importance of the US space program.

Charles Blalock ctd...

When Mother Nature wreaked havoc on our State in recent years through hurricanes and tornadoes, this nominee led the effort to organize the Chapter's community service projects to supply victims of these storms with food, water, medical supplies and personal hygiene products. Because of her efforts, our Chapter has also organized such service projects to assist storm victims in other states. The amount of donations from our DDS staff to assist these victims has been staggering with truckloads of supplies donated for each of these service projects. The Chapter even received recognition from NADE and from our State's Governor for our community service work.

This individual is a vital member of our Chapter and, more importantly, a vital member of our DDS where she leads by example and always maintains a positive attitude. Her work as a Disability Examiner was always professional and her relationships with her co-workers and others in the Agency led to her promotion in 2016 to become a Case Consultant where she assists in supervising a case processing unit. She works closely with the Disability Examiners in her unit to assist them in their work and provides assistance to the unit supervisor in ensuring that the production and quality goals of the unit are met. This nominee mentors new staff and accepts other assignments requiring a willingness to lead.

This nominee has demonstrated superb leadership skills in her ability to organize team projects and inspire others. She brings a positive attitude to the workplace and to the local NADE chapter that is captivating to others.

Because of this individual's commitment to our Chapter in her work as an outstanding Committee Chair for numerous years, as a Member of our Chapter's Board of Directors, as Secretary for our Chapter and as a tireless and dedicated President for our chapter, we believe her commitment toward the organizational advancement of NADE has been fulfilled.

But, wait, there's more! This individual has served as a national committee chair for NADE for each of the past five (5) years. Her work in these positions have directly contributed toward the organizational advancement of NADE and improved NADE's cooperative spirit in working with its member chapters.

Because this individual has shown such a level of commitment and dedication to NADE, we firmly believe she meets all the criteria for this award and excels at each. We are proud to nominate her for the 2018 Charles O. Blalock Award.

2018 Medical Consultant of the Year NADE award

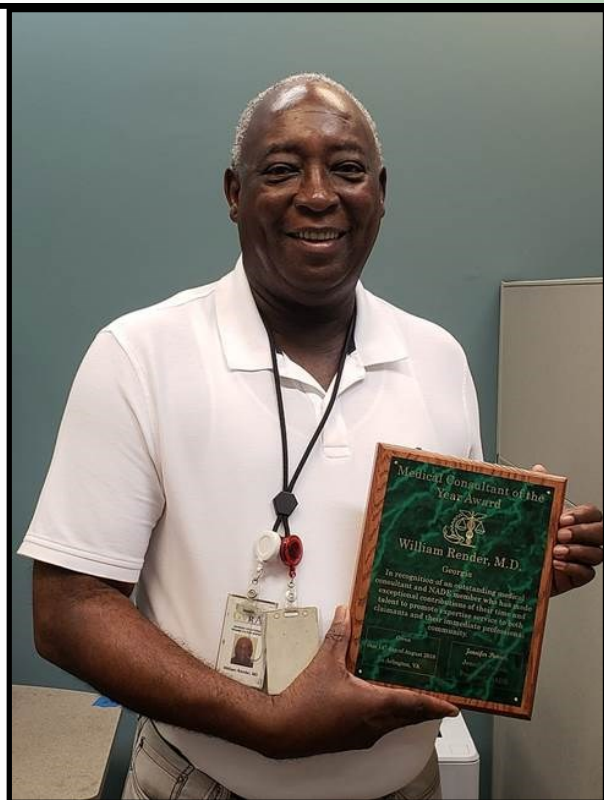
Dr William Render, Senior Medical Consultant

Spend any time in our agency, and you will see firsthand how integral this nominee is to the daily life of our DDS. From training, to quality assurance, to consultation, to medical policy – this consultant does it all. He is truly a mentor, teacher, and colleague to fellow consultants and adjudicative staff alike – an exemplary model of what it means to be a disability professional. He has worked as a medical consultant for our state since 1999, and accepted a full-time position as a senior medical consultant on 10/01/2008. He is also a long-term supporter of NADE, having been a member since 03/2006. He previously served the citizens of our state in a variety of medical settings, including a Veterans Administration hospital, a local county jail, and private practice. We now have the distinct privilege of nominating this outstanding individual for the Medical Consultant Award.

As a senior medical consultant, the nominee is responsible for ongoing training with the medical staff, as well as medical training for claims processing employees. In his trainings, the nominee brings together clinical knowledge and Social Security policy to build a strong framework for preparing well-documented medical assessments. He is adept at building a clear connection between objective medical findings and related functional limitations, by presenting real-world examples drawn from both his own practice experience and his work with disability cases. He has a knack for breaking down even the most intricate issue, such as the cardiac body system and residual functional capacity; both the medical and adjudicative staff utilize the training materials he developed to facilitate their work. As one employee states, “I have personally approached him many times for assistance with difficult cases, like sustainability RFCs and closed period cancer cases. He doesn’t just answer my questions but explains the answer in a way that a person who did not go through medical school can understand.” He provides case-by-case guidance to new consultants and works closely with the QA Unit in various capacities to maintain agency quality. He brings this same personal approach and attention to detail to every case he touches. He is often called upon to assist with some of the Agency’s most difficult and complex cases, and does so with the utmost efficiency, empathy, and integrity.

In addition to exhibiting professional excellence, this nominee is also extremely approachable and down-to-earth in all interactions with the DDS staff. Adjudicators, supervisors, and MCs are frequently seen discussing cases with him in his cube (with a line waiting outside the door!) He is always available to assist his fellow disability employees in any way possible. Although he is very serious about his work, he brings positivity and humor to the work environment on a daily basis. Despite his extensive responsibilities, he often joins in on our local NADE chapter activities – including serving as a judge each year in the annual Halloween costume contest!

This consultant truly goes above and beyond in everything he does in service to the Social Security Disability program. For this reason, we are honored to nominate this MC for the first ever Medical Consultant Award.



The Directors Award Tena Fleming, Alabama

Our nominee currently serves as the Chapter President, while spearheading several organizational committees and activities throughout the year. She has been Chapter President 3 times, from 2008-2009, 2014-2015, and 2017-2018. She has served in the capacity of General Board Member at Large, Secretary, President Elect, and Past President in our local chapter. She has been active in the local organization since the mid- 1980s, and has served on every regional conference committee when her chapter has hosted the conference since becoming a NADE member. At one point in time, this nominee even served as Secretary and President Elect of the chapter at the same time due to exigent circumstances. Throughout her time with the local chapter, our nominee has served on every chapter committee from Awards to NDPW to Organ Donation to Breast Cancer Awareness and many more. She has worked diligently to coordinate in-office fundraisers for the chapter as well as book drives, bake sales, T-shirt sales, etc. to benefit local charities. This year, she has been a positive supporter of a local organization that provides for homeless teens in the area, and she has worked to coordinate activities with local NADE members to provide for this great cause.

Our nominee has worked at the DDS for 37 years. She currently holds the position of Disability Assistant. In this job, she processes requests from the Office of Hearing Operations such as exams and medical records requests. She handles a caseload of 100-300 cases regularly depending on intake receipts. She states of the NADE Organization: "NADE is a great organization and I plan to stay involved and voice the benefits of membership to all who will listen. Through the Local, Regional, and National chapters, I have had the opportunity to learn more about my job and why it is important to stay connected with the every changing Social Security Program and how it affects our jobs in the disability process." Our nominee continually encourages fellow employees to become part of our local chapter, and to become involved in the organization at all levels.

Our nominee served as the NADE Southeast Region President from 2015-2016. She conducted board meetings as well as the Regional Caucus at NADE Conference. She was an active member in voting on various topics regionally throughout the year. She wrote Mid-Year and End of Year reports and presented these during the NADE Conference. She served as the Southeast Regional Awards Chairperson in 2007 and presented awards to recipients at the Regional Training Conference. She has served on multiple regional committees including Awards Committee, NDPW Committee and Organ Donation Committee. She has also attended multiple regional conferences in order to take part in the activities of the conference and to bring updated information on regional NADE activities back to our local chapter.

National Activities (include national elected and appointed positions held with dates and other participation and service at the national level) Our nominee served as the Chairperson for the Chapter of Counsel Presidents from 2016-2017. In this capacity, she attended the New and Old Board Meeting at the NADE Conference as well as the Mid-Year Board Meeting in Baltimore. She prepared reports for Mid-Year and End of Year and gave the reports at the NADE Conference. She also took part in conference calls throughout the year, voting on items of interest and forwarding the goals of the organization. This involved communication with all chapter presidents, on several different topics including deadlines, issues, and information dissemination. She was responsible for maintaining the CCP email list, adding and removing members as directed. She was asked to help resolve issues of conflict throughout the year by applying NADE protocols and procedures, and she was charged with setting up and conducting the CCP Business Meeting at the NADE Conference. She served as a liaison with other chapter presidents, assisting them in serving their local chapters correctly and efficiently.



Directors Award ctd.....

Our nominee has also served on the Support Staff Committee for several years. She has often been Chair of the Committee. As Support Staff Chair, our nominee maintained the Support Staff Forum on the NADE Website, held conference calls and group email discussion about common support staff issues, and brought support staff issues to the attention of the NADE Board.

Throughout her career at DDS and as a NADE member, this nominee has demonstrated excellence and professionalism in all her work functions, assignments, and tasks. Currently, she works as a Disability Assistant, and her can-do attitude is evident every day in her current work capacity. She goes above and beyond to serve the disability applicants she works with. She is not afraid to take the lead and solve any problem or perform any task assigned to her. For her hard work, she received NADE accolades in 2009 including the Regional Jackie Lupoe-Griggs Support Staff Award and the NADE Director's Award. She opines: "NADE and NADE's mission is important to me. I have friends all across the country through NADE and consider them family."

In her community, our nominee also supports numerous charities, and serves as a constant reminder of how we all can be leaders in our own capacity. She takes part in activities to support American Red Cross, Family Connections, American Cancer Society, Breast Cancer Research Foundation, The Foundry, Wounded Warriors Project, as well as Disabled American Veterans, just to name a few. She works hard to make sure that many of these organizations also receive the funds and benefits gathered by our local chapter to support their worthy causes. She gives of herself in any capacity that is needed, and is well deserving of the Director's Award.

The President's Award

Alabama Association of Disability Examiners (AADE)

Our chapter has been busy promoting our NADE Organization since coming back from the National Training Conference last August. We were delighted to honor the award recipients from our chapter with an agency wide ceremony. This allowed our chapter to shine and showcase the many benefits of being a member of NADE, which we feel encouraged our nonmember co-workers to ask questions about NADE and become members.

This deserving NADE Chapter has been diligently enhancing our working relationships with our chosen charitable organizations and schools in our community. The chapter has been involved in numerous community service projects, fundraisers and awareness campaigns this year with more planned for the upcoming months.

We hosted a backpack and school supply drive in our main office and our sister office, which generated needed supplies for underfunded schools in both areas. This act of kindness also helped our chapter and DDS make contacts within the schools and Department of Education Administrative offices, which have really helped the DDS and examiners obtain much needed school records for our cases. This event was a win/win for all involved, especially the children.

Chapter members in our sister office held several supply drives for victims in communities effected by Hurricanes Harvey and Maria. Our main office collected monetary funds that were donated to the American Red Cross to help with Hurricane relief efforts.

The chapter also sponsored our annual Breast Cancer T-Shirt fundraiser for our local research foundation. Members and non-members could purchase t-shirts and other breast cancer related items to help raise funds and awareness about breast cancer. Our Chapter was able to donate \$900 to this organization. We have made lasting connections and assisted with their community outreach through our endeavors.

Our members in our sister office organized a fundraiser for one of the members to participate in the American Cancer Society's Cancer Walk. They raised funds from fellow chapter members and DDS employees by sponsoring the member who participated in the walk.

Our Chapter always honors our Veterans and Active Duty Military employees in our DDS because we value their service to our country. This year we provided \$10 gift cards to a local eatery as our "thank you" to 12 deserving individuals. We also took this opportunity to invite them to join our NADE organization and provided information about NADE.

Chapter Members in our sister office held a toy drive in the DDS for the Toys for Tots Campaign for yet another year. Several of our chapter members joined a walking team to help raise funds for the Light the Night Leukemia/Lymphoma Walk in honor of a retired chapter member. We were excited to help raise \$2,075.00 in this member's name. The Chapter provided a monetary gift to two of our DDS employees after they experienced disasters in their lives. One was weather related and the other was fire related. These individuals were extremely grateful and expressed an interest in joining our NADE organization due to our chapter's kindness.



President's Award ctd....

Our Chapter found out about a truly wonderful nonprofit organization who helps mentor homeless teens and at risk youth. The organization provides a place for the homeless teens to come in off the street and receive services such as bathing, food, counseling and jobs. The nonprofit helps place the homeless teens in facilities and apartments and assists them in reclaiming their lives. The organization also has a campus for at risk youth where they mentor them and provide some of the same services to keep these children from becoming homeless teens. Our chapter was so impressed with this organization and we wanted to help. The chapter decided to "adopt" this organization as our main charity this year. We started off by collecting personal care items for the organization in the fall of 2017 and after collecting for a couple of weeks, our chapter donated about 8 to 10 copier paper boxes full of items to the charity. In December, the Chapter sponsored a silent auction with the proceeds going to our "adopted" charity. We also gathered personal care items and individually wrapped snacks to fill 100 backpacks. One of our chapter members donated the backpacks and the chapter members and DDS staff donated personal care items, snacks and notes of encouragement. One of our chapter members donated enough socks to include a pair in each backpack. During our holiday luncheon hosted by our chapter for our members, we invited a speaker from our "adopted" charity to join us. The presentation was very informational and heartbreaking to say the least. I think our chapter members totally understand the ongoing need in the homeless community and are thankful to be able to assist the charity with their mission of keeping teens off the streets, helping to find them housing and jobs, and reuniting families. We have continued to support this charity and have several more opportunities planned to lend support of all types.

Our Chapter kicked off the January Recruitment Drive by delivering Buddy Bars to the entire office staff with a note stating, "Won't You Be Our Buddy?" and included information on joining NADE. Our bulletin board in the office break room is always decorated for our special events and this was no exception. The board highlighted the many benefits of being a NADE member as well as the discounted dues for new members.

Our Chapter hosted an Easter Basket fundraiser to help replenish funds. We offered four beautiful baskets filled with treats, specials items, gift cards and more. This event was very successful and added some needed funds back into our account.

During the month of April, our chapter sponsored a Book Sale with the proceeds going to our local Organ Center. The theme was "Have a Heart & Use Your Brain." Chapter members and DDS employees donated all varieties of books and magazines. The chapter hosted a speaker from our local organ center who provided information about the need to be organ donors.

We were proud to present \$500 to the organ center made during our book sale. The left over books and magazines were donated to our "adopted" charity along with other personal care items, clothing and household items. The charity was so excited stating, "Halleluia" the teens and kids have been looking at magazines from the 1990s and have already read all of the books they have in stock. Of course, we were pleased to again offer assistance to our "adopted" charity.

Our Chapter's Newsletter Editor/Publisher put together a very informative newsletter which was sent to all of the DDS staff in both our main office and sister office. This issue showcased the work the chapter and NADE does for the disability process, the community and our co-workers. We feel this newsletter is a great recruitment tool and will help our chapter acquire members.

Our chapter is busy making plans for National Disability Professional's Week and we are working on ideas using the theme provided by the NDPW Committee. We have held a business luncheon each quarter and disseminated information to the chapter members as directed by our Regional Director, CCP Chair and NADE President. We have elections coming in July and are preparing for the NADE National Training Conference in August.

THE FRANK BARCLAY AWARD

Jennifer St Onge, Colorado



This nominee for the Frank Barclay Award has been a NADE member since 2-14. She has worked at the DDS since 9-10. She has been a training supervisor/unit supervisor for 4 years. Since she joined NADE, she has been very involved in the local chapter by planning and chairing multiple fundraisers. She is active in all chapter activities and charity events. She has chaired the Toys for Tots toy drive for the last several years. She is currently the chapter President and under her leadership, the chapter is making changes to better comply with State rules regarding outside entities. She is very positive in her approach to these changes and has good ideas to keep our chapter active.

This candidate has been involved in training since she became a supervisor. She has trained two classes of new examiners. The first class was 9 examiners and the second class was 6 examiners. These initial trainings last for 9 months and she continued as supervisor for each of these groups until the examiners were well on their way to success. She is slated to begin a new initial training class of 9 people within the next few months. She has also presented four CDR trainings and three DC trainings to new examiners. She has also presented a refresher CDR class for examiners. This candidate has excellent knowledge of the program and presents the material in different ways so that everyone can easily learn the material. She is very approachable and obviously enjoys her role as trainer. She has been instrumental in the hiring of the two groups of new examiners she trained.

Outside the realm of program trainings, she presented information at the Supervisor Q & A in 1-18. She discussed the qualities needed to be a good supervisor and the regular duties of a supervisor. This Q & A session was to provide information to staff who were interested in promoting to supervisor. She presented the information succinctly and with a bit of humor.

She worked with another supervisor to develop and present a CDR training for the Dept. of Voc Rehab. This training focused on the evidentiary requirements and the decision making process for CDRs. She and this same supervisor developed and presented a "play" for other State officials to explain the DDS process. She has been involved in two initiatives to aid homeless claimants in the navigation of the claim process. She is a member of the SOAR advisory board and attends quarterly phone conferences. She was the "point person" for the BART (Benefits Acquisition Team) project. She worked closely with the community liaison to insure we had the needed information to adjudicate these cases in a timely and accurate manner. In fact, she adjudicated all of these cases. She provides excellent customer service to all customers, including trainees, claimants, outside entities, peers and administration. Her knowledge of the program and positive attitude serve her well in these endeavors. This nominee always has a smile on her face, fresh ideas to handle problems and a willing ear to listen and provide help to others.



JOHN GORDON AWARD

Clothilda Brown, North Carolina

This individual is an integral part of the Disability Determination Services (DDS) organization. She oversees Administrative Services which includes our Professional Relations Office, Quality Assurance Unit, Consultative Exam Controls Unit, Training Department, Contact Center, Case Processing Center, Cooperative Disability Investigations Unit (CDI), and Building and Safety Oversight for the Disability Determination Services. She is a senior member of Executive Management alongside the Director and Deputy Director. She is often called upon to serve as Acting Director when the Director and Deputy Director are both absent.

For several months this year, this nominee has filled in for the Deputy Director while she was out on extended leave. In this capacity, she has performed two jobs for the DDS and still found the time to encourage and enhance the camaraderie among DDS personnel, and also enrich relationships between Administrative Services and other departments within the agency.

In recent years, she has been assigned the responsibility of managing the DDS Contact Center. The Contact Center is the first line of communication for our claimants. This nominee worked tirelessly on upgrading the agency telephone system along with our Systems Department and other managers in the building. Through the telephone upgrade, the Contact Center has seen a vast improvement in statistical data including the number of calls not answered and the speed at which calls are answered. With the help of the Contact Center, the agency has provided improved customer service and created a better public image of State Government. Internally, customer service for staff has also improved allowing them more time to complete their work due to the increased efficiency.

This individual harnessed the resources of her various team members to benefit the agency as a whole and improve statistical results throughout the agency. The agency faced a crisis of high attrition rates, which threatened to adversely impact agency production goals. This nominee collaborated with the executive management team, pulling her staff from their regular duties to assist wherever needed. During this time, she facilitated positive interactions throughout the agency. Through her contributions and leadership, the agency has maintained and improved performance and its production and quality goals are now within reach for this fiscal year.

Recognizing that salaries for DDS staff were stagnant and that this contributed to high attrition rates, this nominee cooperatively worked with other members of executive management to upgrade the classifications of positions, not only for her direct reports, but also for all other positions throughout the agency. Her diligent work continues, with the ultimate goal of enhancing morale of the work place and retaining experienced staff and increasing the high quality of the work produced by the DDS staff.

This nominee often steps in as both a mediator and a mentor for the staff she supervises as well as other staff members within the agency to ensure everyone feels included and respected. Her advice to staff is always "if they go low, you go high." Through this motto, she contributes toward promoting positive personal interactions with other employees. She is always a champion for her staff while remaining professional and thoughtful to all parties involved. One of the supervisors who reports to her described her in these terms: "She is a fantastic mentor. She is always concerned about the bigger picture at SSA and DDS not just a specific department. In all her communications, she is professional. She is the best of the best!"

She has provided tremendous support for NADE and the local NADE Chapter, encouraging its activities and promoting the local Chapter within the DDS. She has encouraged and supported members of her staff who have held leadership positions within the local Chapter and at the national level. She is quick to approve administrative leave for those who are serving in various leadership positions when they need to be away from the DDS on NADE business. She often boasts of the advantage of NADE membership to non-members within the DDS and is ever-present at the activities of the local Chapter to show her support.

In her 23 years with our DDS, she has directly, and indirectly, made a positive impact for thousands of citizens in the state. Through her teamwork, leadership and collaboration, she continues to lead the DDS in becoming a more effective and productive agency. This nominee always works with the utmost integrity and exemplifies her motto: "if you do the right thing, you will never go wrong."

We proudly support this nominee as a worthy recipient for the 2018 John Gordon Award.

MARTY BLUM AWARD

WILMA YATES, Oklahoma



I am very pleased to write a letter of nomination for this member at Disability Tech III, for The Marty Blum Award (Rookie of the Year). This person has been with the agency since 2007, and recently became a member in 2017.

I have known and worked with this person for the past eight years. I have found her to be dependable, efficient and unfailingly punctual. Also, her willingness to take on projects that sometimes no one else wanted to do. This person has been very dependable.

Her skills do not end with her office work, she also projects a warm and cheerful attitude to both co-workers and customers for the agency. This person also can translate Spanish. She is a co-worker who is always encouraging and willing to go the extra mile.

When she joined the local organization she jumped right in helping cook and prepare the meals for the charity fundraisers. Though she was not a member prior years, she has always been a help to leadership with the Angel Tree. She helped by calling and gathering information from the Hispanic community and then coming to assist with the giveaway and by being a translator.

It is with great pleasure that I offer this nomination recommending this Disability Tech for the "Rookie of the Year Award".



EARL B THOMAS TRACY GRAY, North Carolina

This nominee has been employed at the Disability Determination Services (DDS) for 32 years. Her many contributions to the agency, particularly during the past 15 years, have been far above the norm. Beginning her career as a Disability Examiner Trainee, she stood out from the very beginning, being promoted to second level Disability Examiner in under four years. Then, as result of a most distinguished career as an examiner, this nominee was promoted in 2003 to one of the most coveted management positions at the DDS, Professional Relations Supervisor. Her performance in this role over the next 10+ years was exemplary. Her service in the Professional Relations Office (PRO) had numerous positive impacts on the agency as a whole, many of which continue to contribute to our success today. In June 2013, this nominee was promoted to Deputy Director of the DDS and simultaneously has served the DDS as Chief of Operations. She is now responsible for all four Case Processing Branches consisting of 34 case processing units which, when fully staffed, have over 580 employees and 60 medical and psychological consultants. As Deputy Director for the DDS, she is responsible for overseeing operations for the entire DDS. The position of DDS Director was suddenly vacated in February, 2018, and this nominee has had to assume even more responsibility for the day-to-day operation of the DDS.

When this nominee took on her current role, she was faced with some of the most daunting leadership challenges possible; overworked employees, weakened productivity, a vacancy in one of the Assistant Chief of Operations positions, and the additional task of absorbing 160 newly hired examiners (over a third of the entire examiner work force). Many of the case processing units had exceptionally young and inexperienced supervisors. She addressed a number of these issues with some bold and imaginative actions. She temporarily moved struggling examiners, some of whom had been employed for many years, to a newly formed unit developed to “mentor and instill more effective case management habits” with intensive one-on-one training. The result was awesome as this unit took third place in a productivity competition less than 5 months later. She addressed weakened productivity by implementing a unique mid-performance cycle change to employee performance plans that employed higher claim closure expectations incorporating hierarchical accountability measures at the examiner level, through supervisor, branch chief (including medical consultants), and then within her own performance plan.

Even as the PRO Supervisor, this nominee ensured the DDS had sufficient medical resources to appropriately and expeditiously process claims for disability. She developed strong, effective and productive relationship with medical providers throughout the state, recruiting and maintaining a strategic plan for constant coverage geographically and by specialties in our Consultative Exam (CE) panel, as well maintaining effective CE oversight, fee schedules and Governmental Accountability Office review. She was exceptionally effective at public speaking and recruitment efforts. When local and national media focused attention on the work of the DDSs and generated negative publicity for the DDSs nationwide, especially with regard to the manner in which some CE providers conducted their examinations, this nominee was highly effective at maintaining extreme discretion when investigating these sensitive and confidential issues. Under her supervision, each investigation was handled in a positive, accountable manner as the agency continued to strive to provide the best possible service for claimants.

This nominee's reputation has spread beyond our Agency and she is recognized for exceptional sound judgment and commitment. She utilizes her expertise to solve all the challenging issues. She is viewed as an effective leader, admired by the many CE providers, attorneys and other associated officials throughout the State. In performing as Deputy Director and DDS Chief of Operations, she demonstrates a flexible and adaptable, “no kidding around” yet, “I’m listening” leadership style. Working closely with the Agency's Chief of Administrative Services and HR Manager, this nominee has successfully identified communication gaps and systematically opened numerous dialogues toward resolving some long-term issues. As PRO Supervisor, her unit was one of the most motivated teams at the DDS. In her time as Deputy Administrator, she has already had a tremendous impact on employee job satisfaction agency wide.

EARL B THOMAS ctd...

She is a very strong supporter of NADE and the local NADE Chapter, attending meetings and volunteering to assist in the local chapter's fundraising efforts, community service projects, social events and Lunch "n Learn seminars. She supports the involvement of the DDS staff in serving in leadership positions for NADE and is happy to offer administrative leave for those serving in these positions. She believes in NADE and its mission.

This nominee has received numerous emails, notes and cards acknowledging her efforts and thanking her for making a difference. In one of the most recent cards one examiner stated, "... you made me feel valued." In recognition of sustained superior leadership, professionalism and commitment to the job satisfaction of her employees, achievement of agency mission and objectives of the Social Security Administration, we are proud to submit this nominee in consideration for NADE's 2018 Earl B. Thomas Award.



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Barbara J. Young
Vice President of Business Development

660 White Plains Road Tarrytown, NY 10591
(518) 527-8487 CELL (800)245-4245 EXT 319

barbara.young@ima-us.com

Gold Corporate Member

Tri State Occupational Medicine Inc

Susan Gladys
612 Sixth Avenue
Huntington WV 25701
304.525.4202

susang@tsom.com

Gold Corporate Member

NADE OFFICERS 2018-2019

President



Dr. Sharon Bland-Brady
PO BOX 14031
Detroit, MI 48214
313-456-6725
Sharon.Bland-Brady@ssa.gov

Past President



Jennifer Pounds
1004 Share Court
Garner, NC 27529
919.814.2832
Fax: 851.3065
Jennifer.Pounds@ssa.gov

President Elect



Sara Winn
1227 25th St NW
Washington DC 20037
202.442.9486
sara.b.winn@ssa.gov

Secretary



Tonya Scott
P O BOX 1887
Stock Bridge, GA 30281
678.639.2411
Fax-678.639.2450
Tonya.scott@ssa.gov

Treasurer



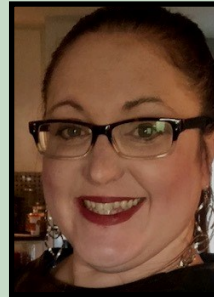
Trish Chaplain
7545 South Lindbergh
STE 200
St Louis, MO 63125
314.416.2805
Patricia.Chaplin@ssa.gov

Council of Chapter President's



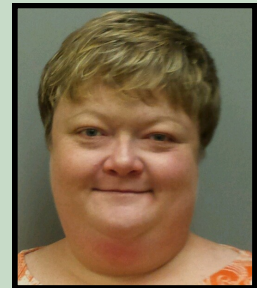
Ayanna Conley
P O BOX 57
Stone Mountain, GA 30086
Phone 678.639.2640
Ayanna.conley@ssa.gov

Communications Director



Sara Winn
1227 25th St NW
Washington DC 20037
202.442.9486
sara.b.winn@ssa.gov

Membership Director



Melissa Williamson
5714 Blanford St
Birmingham AL 35210
205.989.2100
Membership.director@nade.org

Legislative Director



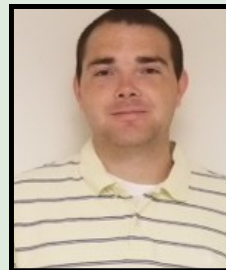
Jennifer Nottingham
2800 E St Luis Ave
Las Vegas, NV 89104
614.657.1343
Jennifer.nottingham@ssa.gov

Northeast RD



Alice Rich
124 Halsey St
Newark, NJ 07102
973.648.3533
Alice.rich@ssa.gov

Southeast RD



Thomas Gautier
PO Box 243
Raleigh, NC 27602-0243
866 593 1503 ext. 23825
thomas.gautier@ssa.gov

Southwest RD



Billie Thomas
9801 N Kelley Ave
Oklahoma City, OK 73131
(405) 419-2255 or
1-800-877-2200 x2255
billie.thomas@ssa.gov

Pacific RD



Marjorie Garcia

3150 Lancaster Dr
Salem, OR 97305
603.986.4902
Pacific.rd@nade.org

Mid-Atlantic RD



Sabrina Sternschuss

1227 25th St NW STE 400
Washington DC 20037
202.741.0459
mid.atlantic.rd@nade.org

Great Plains RD



Trish Chaplain

7545 South Lindbergh STE 220
St Louis, MO 63125
314.416.2805
Great.plains.rd@nade.org

Great Lakes RD



Travis Price

315 E Front St
Traverse City MI 49684
231-933-6812
great.lakes.rd@nade.org



2018-2019 COMMITTEES CHAIRS

COMMITTEE	CHAIR	STATE	CONTACT INFO
AWARDS	TENA FLEMING	ALABAMA	TENA FLEMING Tena.Fleming@ssa.gov or awards@nade.org (205) 989-2383
CDIU	TODD DESHONG	WASHINGTON	R. TODD DESHONG, WA 701 Pike Street Seattle, WA 98101 Phone 206.818.0383 Richard.deshong@ssa.gov
CONSTITUTION/BYLAWS	R. TODD DESHONG	WASHINGTON	R. TODD DESHONG, WA 701 Pike Street Seattle, WA 98101 Phone 206.818.0383 Richard.deshong@ssa.gov or constitution.and.bylaws@nade.org
ELECTIONS/NOMINATIONS	Molly Turnbill	ILLNOIS	MOLLY TURNBULL, IL elections.and.nominations@nade.org
HEARINGS OFFICER	CHRISTINE CON- STANCE	MICHIGAN	CHRISTINE CONSTANCE, MI Christine.J.Constance@ssa.gov or hearing.officer@nade.org 313-456-6759
MEDICAL CONSULTANTS	DR. J. SCOTT PRITCHARD	OREGON	DR. J. SCOTT PRITCHARD 3150 Lancaster Dr NE Salem, OR 97305 Phone 503.986.4962 Scott.pritchard@ssa.gov or medical.consultant@nade.org
NATIONAL DISABILITY PROFESSIONAL WEEK	MARCIA GOLDEN	NORTH CARO- LINA	MARCIA GOLDEN marcia.golden@ssa.gov or ndpw@nade.org Phone: 919-814-2827
NON DUES REVENUE	CYNTHIA THOMPSON	OKLAHOMA	CYNTHIA THOMPSON Cynthia.thompson@ssa.gov or non.dues.revenue@nade.org 405-419-2532
ORGAN DONATION/ TRANSPLANT	HOPE SHAW	TENNESSE	HOPE SHAW Hope.Y.Shaw@ssa.gov or organ.donation@nade.org (615) 743-7585
PROFESSIONAL DEVELOP- MENT	KARA SCHMIDT	WISCONSIN	KARA SCHMIDT kara.schmidt@ssa.gov or professional.development@nade.org 608-267-9370

PROFESSIONAL RELATIONS OFFICER	KATE MILLER	MONTANA	KATE MILLER kate.miller@ssa.gov or professional.development@nade.org (406) 444-9509.
RETIREES	DONNIE HAYES	NORTH CAROLINA	DONNIE HAYES, NC 94 Jonquil Lane Willow Spring, NC 27592 Phone 919.801.5424 donnieeh@aol.com or retirees@nade.org
STRATEGIC PLAN	TERRI KLUBERTANZ	WISCONSIN	TERRI KLUBERTANZ, WI S7631 High Point Drive Merrimac, WI 53561 ltklubertanz@gmail.com or strategic.plan@nade.org
SUPPORT STAFF	STEPHANI SANFORD	MONTANA	STEPHANI SANFORD support.staff@nade.org

SYSTEMS	JENNIFER NOTTINGHAM	NEVADA	JENNIFER NOTTINGHAM Jennifer.Nottingham@ssa.gov or systems@nade.org 614-657-1343
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NADE AD HOC COMMITTEES

AD HOC TAX COMPLIANCE	TODD DESHONG	WASHINGTON	R. TODD DESHONG, WA 701 Pike Street Seattle, WA 98101 Phone 206.818.0383 Richard.deshong@ssa.gov tax.committee@nade.org
AD HOC COMMITTEE FOR REGIONAL RESTRUCTURE	JENNIFER NOTTINGHAM	NEVADA	JENNIFER NOTTINGHAM Jennifer.Nottingham@ssa.gov 614-657-1343

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Thanks to the Communication Committee members for assistance on this publication.

