NADE

THE ADVOCATE

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LOOK FOR OUR SPECIAL

NADE AWARDS ISSUE

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NADE President's Message

Hello, NADE family

I am honored to serve as your NADE President for FY 2019-2020. I have been involved with NADE since I began my career with the DDS in 2000. I have served on the National board since 2015 as a Regional Director, Communications Director, President Elect, and now as your President. My goal is to represent you to the best of my ability.

I want to thank Sharon Bland Brady, Jennifer Pounds, Tonya Scott, Jennifer Nottingham, and Jeff Price for mentoring me and preparing me for this role. I also want to welcome the new board and thank everyone who is serving on a committee. Getting involved is so important! Congratulations to President Elect-Marjorie Garcia.

Last year, I had my first experience with Capitol Hill visits. This was an eye opening experience and showed how important having a voice really is. I want to thank GADE for the wonderful National Training Conference held in Atlanta. I am excited to see the reinvigoration of some chapters and regions and I applaud the hard work and dedication. The Southwest region held a very successful regional conference in Oklahoma City and already have plans to host another one this year! The mid-year board meeting is planned for February 23-26th, in Baltimore MD. The National Training Conference (NTC) is scheduled for August 16-19, in Helena MT. We are off to a good start and have already held a call with NCDDD to collaborate our efforts. The board has held a conference call with the MT chapter to provide guidance in planning the upcoming conference.

I challenge each chapter to expand by spreading the word about what NADE has to offer. Get your chapter involved by submitting entries for the photo contest, newsletter contest, NDPW contest, and organ donation. I also encourage each of you to review the certification process and submit applications for certification. Consider joining as a member of a national committee. Our goal is to have each region have representation for all committees. If you are interested in joining a committee, talk to your regional director. I need all of you to share your ideas, enthusiasm, and dedication to be successful in this role. I am excited to serve as your President and moving NADE forward. Together we can make a difference!

Sara Winn

NADE President

"Alone we can do so little; together we can do so much." – Helen Keller

Presenter: Grace Kim

Deputy Commissioner of Operations

Author: Gina Schwartz, Helena, MT DDS

NADE members attending the 2019 NADE Training Conference in Atlanta had the pleasure of hearing from keynote speaker Grace Kim, Deputy Commissioner of Operations. She opened her speech by thanking NADE members for their service to the community and pointed out that their role is critical in accomplishing the mission of SSA. She went on to talk about the fact that we have our first confirmed Commissioner since 2013, Andrew Saul, and his priorities are customer service and IT modernization.

Ms. Kim spoke about the DDS workloads and the plan to have a unified appeal process by March 2020, as the 10 Prototype states reinstate reconsiderations into the appeal process. Six states reinstated reconsiderations so far this year. The last of the four remaining states will reinstate reconsiderations by the end of March 2020. She reported that the overall accuracy rate for the nation is 94.7% on initial claims. There is a downward trend this fiscal year on initial receipts.

Ms. Kim discussed some exciting things the agency is developing to assist the DDSs complete their case analysis, which include a Vocational Information Tool (VIT), Vocational Rules Modernization (VRM), Duplicative Identity Process (DIP), Intelligent Medical-Language Analysis GENeratation (IMAGEN), and Disability Case Processing System (DCPS). The VIT will replace our current DOT based on new occupational data collected by the Bureau of Labor as part of the Occupational Information System. Later the system will add the mental and cognitive requirements for occupations. As part of the VRM, the agency will update the vocational rules we currently use. SSA will be conducting a case study to test the new rules. Solicitation for volunteers to participate in the case study will be coming soon. The DIP will allow us to find duplicate evidence in eView and will mark that evidence accordingly. OHO will begin using DIP and it will then be expanded to the DDSs to test. IMAGEN is being developed to not only view evidence, but itwill help identify diseases and the likelihood of an allowance based on the medical records. California and Iowa are currently testing the tool, which will be implemented in other DDS offices in the future. DCPS has been rolled out in 29 states already with two of those states processing cases solely using DCPS.

The agency is also establishing additional CDI Units, and are an important part of the agency's effort to battle fraud and save significant amounts of taxpayer dollars.

FY2020 will be an exciting year for SSA and for NADE members.

Presenter: John Owens,

Associate Commissioner, Office of Disability Determinations

Author: Marjorie Garcia, Oregon DDS

It was NADE's honor, once again, to welcome John Owen the Associate Commissioner (AC) of the Office of Disability Determinations (ODD) as a participant and speaker at this year's National Training Conference. Over the years, Mr. Owen has proven to be a champion for the DDS community in a variety of roles. Before moving to SSA, John began his professional career at the State of Alaska Disability Determination Services (DDSs), serving in a number of positions, including disability adjudicator, disability hearings officer and in operations management.

The AC opened his presentation acknowledging the work performed daily at the Disability Determination Services (DDS), and expressing his appreciation to NADE all DDS staff.

As in previous years, Mr. Owen's presentation was highly anticipated and provided some insight on the current budget, priorities and goals for the DDS and SSA.

- Telework/Flexible work environments – Mr. Owen explained telework pilots continue in the Washington State and Washington DC DDSs, however there is still not an agency decision to support telework within the DDS, as SSA continues to collect data and evaluate how best to provide outstanding customer service. Mr. Owen explained there is a potential for refreshment of computer equipment in fiscal year (FY) 2020, which may allow some states to pursue a more flexible work environment. Outfitting DDSs with the necessary equipment has always been the first step. Only after the FY2020 budget is approved and allocated by Congress will ODD begin assessing worksites to determine how many Single Device Systems (SDS) are needed, since not all current job functions require a mobile option.

- Reinstating Reconsiderations (RC) – The agency developed a two-year implementation schedule. Six sites reinstated reconsiderations this year (NH, NY, LA, CO, CA and PA). The last of the Protocol States (AL, MI, MO, AK) are scheduled to rollout Reconsiderations in Fiscal Year 2020. As the reinstatement of RCs will eliminate the variances between states and move us back to a national unified disability appeals process, in which all claimants have the same appeals process regardless of where they reside. This will ultimately reduce the complexity of updating systems and policies in the future.

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- Disability Case Processing System (DCPS) – An overview of the progress, as well as a product roadmap, can be found on the DCPS Implementation Resource Page and website: http://sharepoint.ba.ssa.gov/CPO/implementation/SitePages/Portal.aspx Programmers are continuing to release products increments and delivering functionality, including Continuing Disability Review, Pre-Hearing and fiscal billing functions. DCPS development relies heavily on the input from DCPS User Integrated Team (DUIT) members comprised of DDS members who provide operational expertise and knowledge of DDS case processing. DUIT members advocate for the needs of the DDS community in the creation of the system and assist to prioritize the functionality as it is developed.

- Policy and Quality – The SSA recently released two Notices of Proposed Rule Making (NPRMs) to solicit for feedback on the Digestive and Skin listing updates. These notices can be found on the Federal Register at https://www.federalregister.gov/documents/2019/07/25/2019-15554/revised-medical-criteria-for-evaluating-digestive-disorders-and-skin-disorders until September 23, 2019.

  The replacement for the Dictionary of Occupational Titles (DOT) is nearing completion. This new version, the *Occupational Information System* (OIS) is a collection of occupational-related data from multiple sources, which will be accessed through an online platform called the *Vocational Information Tool* (VIT). Testing of the OIS/VIS systems will begin in October 2019 with a focus group using the data in the development of vocational assessments in 5,000 that will be reviewed as part of a case study. Twenty-five volunteers will be selected for the case study. Any DDS staff interested in participating will be committed to a multi-week test period and be expected to assist with training at their respective DDSs when the policies are finalized and published.

  Volunteers are also being solicited to support the Request for Policy Consultation (RPC) Cadre. The Cadre members will serve on the RPC panel to resolve disagreements concerning the application of disability policy in disability determinations. Please contact your DDS Administrator for more information or if you are interested in serving on the RPC Cadre.

- Workload and Budget – The DDS programs anticipate a $2.3 billion budget for FY2020. Funding is critical to maintaining balanced workloads, hiring qualified staff, and funding ongoing IT Modernization projects, equipment refreshments (SDS), and other system supports.

Mr. Owen concluded his presentation inviting questions from the audience.

Presenters: Inspector General Gail Ennis and Special Agent In Charge Donald Jefferson

Author: R. Todd Deshong, Office of Inspector General

NADE was once again honored to host the Inspector General of Social Security, Gail S. Ennis. The membership was especially fortunate, as this was her first encounter with them. In October 2017, she was nominated as the fourth Inspector General for the Social Security Administration; and then, confirmed by the U.S. Senate in January 2019. She acknowledged the shared goals between OIG and the DDS community, to prevent disability fraud and protect the integrity of the Social Security system.

Gail Ennis

She reiterated the goal of the Inspector General's office, to provide independent oversight of the Social Security Administration. OIG holds SSA accountable to taxpayers ensuring that agency funding is spent wisely, and protects the program from fraud, waste, and abuse. She noted some of her early goals for OIG included to fulfill the mission in service to the people of the U.S., strive for excellence, act with utmost integrity, and maintain OIG independence. She told the membership that they were a critical part of this mission because of their role in preventing fraud and waste. She noted that the DDS was responsible for screening disability applications, conducting disability reviews, and referring allegations to OIG. She noted that disability examiners were the "first line of defense."

She reported some recent audit results to the membership. She reported a recent audit on "entitlement dates" had revealed that about 12% of claims had incorrect entitlement dates. This added up to approximately $657 million in possible improper disability payments. She noted that SSA had agreed to explore enhancing the electronic folder and other screening tools to help identify retroactive entitlement.

She also reported on SSA's Health Information Technology (IT). The audit found that it significantly reduced the time to obtain medical records from participating healthcare partners. She acknowledged that there were some challenges; however, SSA had continued to expand the program. She reported that Medical Evidence Gathering and Analysis IT, or MEGAHIT, cases were found to have received medical records 19 days faster than traditional records. This resulted in decisions being made 21 days faster in these cases. She noted that, generally, DDSs reported satisfaction with MEGAHIT but there was also room for improvement. She reported that SSA had agreed to gather DDS user feedback, maintain and update partner data, increase IT partners and improve use of information received. She noted a specific issue with duplicate records and that SSA was working to resolve this issue.

IG Ennis reported on the upcoming Vocational Information Tool. The initial implementation was targeted for fiscal year 2020. She noted a prior report on SSA's actions in updating the Department of Labor's Dictionary of Occupational Titles. She reported that a company had been contracted to build a Vocational Information Tool that would house Occupational Information System. She stated that SSA did not accurately capture all information needed for disability determinations, including the mental demands of work, as well as the current diverse occupational fields. SSA plans to update the system in FY 2024 and at that time, this information should be included. SSA intends to update the Occupational Informational System every five years.

She also discussed the great success story of the CDI program. She noted the savings were not only of Social Security funds but also of money from other federal and state assistance programs. She reminded the membership that the CDI units relied on the DDS disability program expertise to evaluate claims and

spot inconsistencies. They also needed referrals from the DDS to conduct investigations. She noted upcoming expansion locations for fiscal year 2020 that included Nebraska, Nevada, New Hampshire and Wyoming. She also noted that there was a decrease in CDI referrals in some states. She reported possible causes being a negative impact on case processing and that OIG is working with SSA to address production concerns. She also mentioned that some units had lost their law enforcement partner, and there are plans to market the program to state and local agencies to make them aware of its benefits.

Donald Jefferson

Inspector General Ennis shared the podium with Donald Jefferson, Special Agent-in-Charge of the CDI Division within the Office of Investigations, and currently Acting Deputy Assistant IG for Investigations. She noted that Don Jefferson was the expert on CDI. He shared recent CDI cases that had come to successful conclusions. His examples included cases from St. Louis, Missouri, which was referred by the Missouri DDS and resulted in almost $75,000 in SSA savings and $41,000 and non-SSA savings. A case from Oakland, California that was referred by the California DDS resulted in $57,000 for SSA and $71,000 for other programs. A case from Little Rock, Arkansas that was referred from the Arkansas DDS resulted in not only a prison sentence but also $123,000 restitution order.

He noted that OIG continues to make progress towards meeting the congressional mandate of providing CDI coverage to all 50 states, and all six territories by October 1, 2022. He noted that the San Juan unit started taking referrals from the U.S. Virgin Islands in April of this year. He noted that new units were expected to be open by the end of September. These units would include an OIG special agent who acts as a team leader, and one SSA program expert, one disability examiner, and two investigators from a local law enforcement partner. These units were located in Boise, Idaho; Bismarck, North Dakota; and Helena, Montana. Once those units opened, there would be 46 units covering 40 states and six territories. He did note that 11 units needed law enforcement partners to be fully productive. He reported that work with congressional staff was being done to secure law enforcement partners. He noted some major accomplishments from CDI units, including New York CDI, which reported over $21.7 million in SSA savings. He noted that these savings related to Operation Recoil that involved first responders fraudulently obtaining disability benefits with reports of injury suffered during the September 11, 2001 tragedy. There were also third-party facilitators identified and prosecuted.

Finally, he noted some local accomplishments from the Atlanta Field Division. Both the Jackson, Mississippi and Columbia, South Carolina units had closed over 150 cases, claiming over $6 million in SSA program savings and over $7 million in non-SSA program savings. As of June 2019, he noted that overall the CDI program had already recorded more judicial actions than all of the prior year. He celebrated the cooperation between SSA, OIG and DDSs.

DCPS UPDATES

Presenters: Derek Pulliam and Mary Lindauer

Author: Sabrina Sternschuss, Mid-Atlantic Regional Director

This year, NADE welcomed Derek Pulliam and Mary Lindauer to our annual NADE conference for an update on features of the new Disability Case Processing System (DCPS). DCPS is a user-friendly program developed by SSA to help create a cohesive, nationwide system. Currently, there are 29 states in ten regions using this system, with another three states to join at the end of September. Over 83,000 cases have been completed in the new system, as all case types can now be processed in DCPS. In addition, we learned that Wyoming and Maine will use the DCPS program exclusively for case processing in the coming months.

Derek Pulliam

Mr. Pulliam and Ms. Lindauer explained that the DCPS project relies on the Community of Practice (CoP) to help direct necessary changes to the system. This group includes representatives and participants of the productive sites, The National Council of Disability Determination Directors (NCDDD), and several SSA headquarters. CoP held weekly, biweekly and/or monthly meetings regarding the DCPS system demos, as well as weekly meetings with the User Experience group (UXG) and DCPS User Integrative Team (DUIT) screen reviews. The development team also holds regular meetings with the Business Intelligence Training Subgroup, the Administration Dashboard and Decentralized Subgroups. These meetings often result in changes of the system and help prioritize user needs for future updates.

Mr. Pulliam and Ms. Lindauer provided an in-depth demonstration of the system. The audience learned how easy it is to navigate the site, and how to request records. In addition, they showed NADE members the versatile methods available to update the case information via notes and letters. They were very receptive to NADE members' feedback, questions and concerns regarding they system. They took notes on these and committed to responding to them after the conference. Some of the thoughts and concerns regarded the case follow-up process, the CE ordering process and its follow up process, and the medical deferment process in DCPS.

Mary Lindauer

We members of NADE appreciate Mr. Pulliam's and Ms. Lindauer's presence at the conference and the amazing changes and progress DCPS has made. We look forward to seeing future enhancements of the system.

HIV: OVERVIEW AND CURRENT TREATMENTS

Presenter: Alawode Oladele, MD

Author: Angel Miles-Andrews, Washington DC DDS

NADE had the distinguished honor to host Dr. Alawode Oladele at the annual conference. Dr. Oladele is currently a medical consultant at the DDS in Georgia. He gave us a historical overview of HIV, highlighting the history of the disease, the evolution of the testing and treatment, changes in the listing and current vaccines and prophylaxis. He began his exciting and engaging presentation by reminding us of the origins of HIV and the course of treatment through time. He noted that HIV, Zika and Ebola are the three most deadly retroviruses to date. The disease is known to have jumped from primates to humans.

Dr. Oladele explained that in 1981, the CDC documented the first reported case of what would be known as AIDS. By 1992, HIV became the number one killer of U.S. men aged 25-44. This later expanded to all age groups and genders. By 1997, deaths attributed to HIV began to decline due to the advancement in ART (Antiretroviral Therapy). The first ART had serious side effects. By 2014 the CDC reported a decline in HIV diagnosis rate, although gaps in care were still prevalent in minority groups. SSA's process for developing listings 14.00 and 114.00 began in May 2003. In June 16, 2008 the listings went into effect. SSA's current listings for 14.00 and 114.00 were published in December 2016, and went into effect on January 17, 2017.

Dr. Oladele relayed that treatment today includes a potent modern ART combination that is helping with the decrease in new diagnosis and deaths. This new treatment also includes a pre-exposure prophylaxis that can be used prior to intended exposure. Studies show this to have reduced the number of new diagnoses of HIV. The prophylaxis, also known as PrEP, is used in conjunction with condoms for best results. Methods for early detection and treatment have been touted as another recent cause for the decline of HIV related deaths. Modern medicine has markedly improved and now incorporates medications for side effects. He explained that scientists have been working on a vaccine for 35 years without success.

Dr. Oladele showed the NADE audience how prevalence and deaths have decreased over the years but the areas most affected have largely remained the same. A map of the U.S. showed us that the eastern seaboard makes up most of the diagnosed cases across the U.S. The current opioid epidemic has a negative influence on the spread of HIV.

Dr. Oladele reminded us that a decade ago the first person was reported to be cured of HIV. Now a second person has been reported to be in long term remission. This person stopped taking antiretrovirals in September 2017 and to date is still in remission.

FACILITATING THE DONATION OF ORGANS AND TISSUES, AND IMPROVING CLINICAL OUTCOMES POST-TRANSPLANTATION

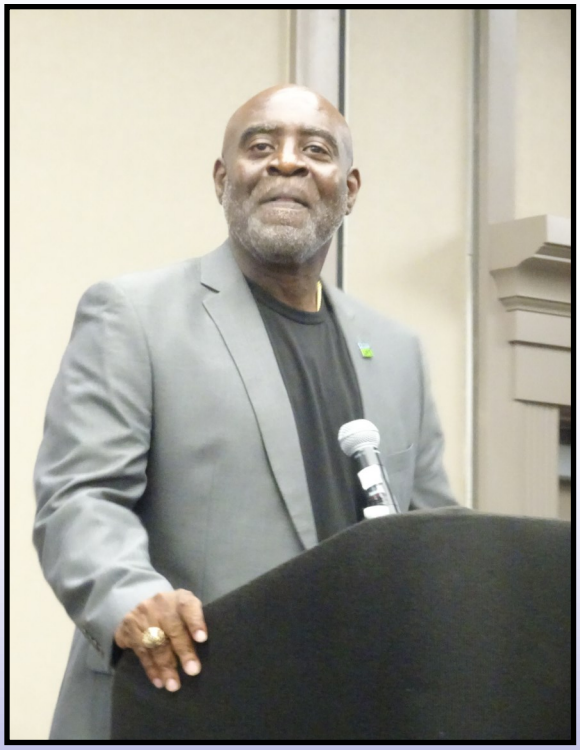
Presenter: Bobby Howard, LifeLink

Author: Brigitte Harper, Oklahoma City DDS

Bobby Howard suffered severe kidney disease, received a kidney transplant, and has since dedicated his life to helping others who face life-threatening health challenges. He serves as the Director of Lifelink for Georgia's Multicultural Donation Education Program, leading collaborative efforts with local and national coalitions and community partners to spread this important message. He takes his role at LifeLink in Georgia very seriously. He not only talks the talk, he walks the walk.

In Georgia, multicultural patients make up 39% of patients seen, he explained. Of those, 69% have high blood pressure and diabetes. To avoid being part of that statistic, he advised us to improve our diet and exercise.

Mr. Howard pointed out that regardless of one's size, one can choose to be heart healthy. He offered choices like finding the farthest parking space and walking, avoiding fried food, and eating meat every other day instead of daily.



He said that some people think hospital doctors will let a person die just to get their organs. This is a common myth, one that prevents some people from identifying themselves as organ donors on their drivers' licenses. The Donate Life America national registry is an alternative to listing donor status on a driver's license, and just as effective: www.donatelife.net. He encouraged us to think of organ and tissue donation as a gift, one that someone will treasure always.

Mr. Howard acknowledged NADE's continuing focus on organ donation in our fundraisers and promotions. DDS chapters do not get the credit they deserve, he said, and thanked us. He encouraged us to form community outreach collaborations with churches, schools, social organizations, mainstream media, workplace partners, social media, and even radio stations. The possibilities are endless, he said.

COMMON VOCATIONAL DEFICIENCIES AND HOW TO AVOID THEM

Presenters: Cathy Read-Baca and Amy Avery, Program Leaders, Atlanta DQB

Author: Travis Price, Traverse City, MI DDS

NADE members attending the 2019 National Training Conference in Atlanta, Georgia were honored to welcome two program leaders from the Atlanta Regional DQB, Cathy Read-Baca and Amy Avery, to present common vocational issues that cause returns and tips on how to avoid them.

Steps 4 and 5 of Sequential Evaluation tend to be two of the most hotly debated portions of the adjudicative process for claimants and analysts, they said. From the client's perspective, attempting to remember every job that they've held over the last 15 years can be daunting and frustrating. From the analyst's perspective, the Dictionary of Occupational Titles (DOT) can be difficult to use due to the sheer volume of jobs listed, and duplication of jobs within the resource. Transferability analyses also can be challenging.

Ms. Read-Baca and Ms. Avery shared the 12 top issues they see in DBQ for vocational assessment:

- Failure to address all discrepancies between two forms, such as the 3368/3369.
- Failure to address reasonable discrepancies between job duties as described and exertional/non-exertional requirements.
- Failure to address whether total time spent performing activities exceeds number of hours worked in a day.
- The job description doesn't include duties that would seem necessary based on the job's title.
- Transferability of skills is material at Step 5, but the description isn't sufficient to determine whether the claimant acquired transferable skills.
- The medical evidence reports work activity not listed in the 3368 or 3369.
- DDS attempted to make an SGA determination on self employment.
- Failure to consider ability to perform PRW at step 4B prior to making a step 5 determination.
- Failure to consider PRW as a composite job or explaining how that conclusion was reached.
- Failure to consider part-time SGA work as relevant.
- Failure to make a "long enough to learn" relevance determination at step 4, or basing a relevance decision only on SVP in the DOT.
- There is more than one job in the 3368 and no description of the relevant jobs is in file.

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Read-Baca and Avery encouraged adjudicators to keep the following points in mind, to avoid DQB returns pertaining to the issues described above.

- The FO is instructed to list only the last 5 jobs in the 3368, but analysts are required to get a 15-year history. To solve this problem, send the 3369. Make sure to get descriptions for jobs with the same title. Remember that the 15-year relevant period is not always to current. Consider DLI, prescribed period ending, projected RFC, or other adjustments in ending date to the relevant timeframe.
- Any mention of work in the medical file needs to be evaluated for relevancy. This includes when it was worked, whether it was SGA, whether it was self employment, what duties were involved.
- If the claimant can perform work part time at SGA, the claimant may be able to return to that work, even if they cannot sustain a 40 hour work week currently.
- Remember that a continuity of skills, even if slightly outside of the relevant time period, could result in a denial at step 4.
- SSA policy requires a Step 4 determination prior to Step 5 decision. There is no vocational expedient for step 4 in policy.

NADE members were grateful to have an opportunity to not only get a better understanding of vocational deficiencies that DQB commonly finds, but also to ask program leaders specific questions about deficiencies and policy.

EARLY DETECTION OF SPEECH AND LANGUAGE ISSUES AND ADVANCES IN TREATMENT

Presenter: Jennifer Barnes, MA, CCC-SLP

Author: Molly Turnbull

Jennifer K Barnes is a Speech-Language Pathologist (SLP) at Children's Healthcare of Atlanta and a clinical supervisor. She divides her time between clinical care and clinical supervision. She explained that SLPs are trained to evaluate and treat communication and swallowing disorders in a variety of locations such as private practice, physician offices, hospital settings, schools and home-based settings. SLPs are looking for several developmental milestones when they are observing a child:

Birth to Age One: uses social smile, uses eye contact, gestures/points, shares joint attention (receptive), babbles, responds to name, follows simple commands, understands words for common objects, imitates speech, uses her/his first word around age one.

One to Two: bid for joint attention (expressive), points to objects on command, responds to simple questions, points to pictures of objects, follows 1-step instructions, uses words to label, starts to ask questions, and begins to combine words.

Two to Three: Uses 2 to 3-word phrases frequently, begins to understand opposing concepts, has a general understanding of turn taking, asks questions including "why," speech is mostly spontaneous, and follows 2-step directions.

Three to Four: Responds when called from another room, begins to understand academic concepts such as color and shape, answers "who," "what" and "where" questions, uses pronouns and some plurals, can share information, and is mostly intelligible to unfamiliar listeners.

The SLP will obtain a case history, draft goals, conduct a physical/oral assessment, perform testing, make recommendations, and communicate with a child's care team. They will note if the child has one or more medical conditions that could lead to a speech-language delay.

SLPs must determine whether the child has a delay, a disorder, or a difference. Many factors come into play when making this determination such as language, culture, social difference, slower onset of skills and difficulty acquiring skills. There are several different standardized tests, but no test provides clear predictive validity.

Treatment for SLP disorders can be intensive, weekly, periodic, or on an as-needed basis. There are several new strategies used in the modern treatment of speech-language disorders including telepractice, computer assisted therapy, and augmentative/alternative communication devices.

The Opioid Epidemic:

What You Need To Know About Pain Management and Addiction

Presenter: Barbara Hallisey

Author: Destiny Stom, Oregon DDS

Barbara Hallisey, Associate Clinical Services Director of Partners Behavioral Health Management of North Carolina, gave NADE conference attendees a presentation meant to raise awareness of the scope of the opioid epidemic, and advances in the treatment for opioid addiction.

Ms. Hallisey explained that acute or chronic pain affects about 100 million American adults per year. Chronic pain is defined as lasting three months or longer. Opioids have been the first-line painkillers for the past two decades, but studies have shown that opiates are not superior to non-opiates in treatment for chronic back, hip or knee pain over 12 months. In fact, pain and disability have only increased in the past 20 years. Why is that?

Over time, opiate use can result in hyperalgesia, or increased sensitivity to pain, and allodynia, the sensation of pain from things that are not normally painful. Long-term use of opiates can result in structural changes to the brain that are not easily reversed.

The United States accounts for less than five percent of the world's population, but consumes more than 70% of the world's prescriptions for opiates. Ms. Hallisey stated that for the last two years in a row, the life span of the average American has decreased. This is remarkable in our modern age of medicine, and attributable, in part, to the opioid epidemic. Since 1999, nearly 500,000 people have died of an opiate overdose. Every eight minutes, someone in the US dies from an overdose. The opiate epidemic costs the US economy more than $505 billion dollars in lost wages annually. Ninety percent of people who go through 'detox' for opiate addiction will relapse within 30 days.

Current wisdom directs people who suffer from chronic pain to multi-modal treatments, like massage, Tai Chi, and Cognitive Behavioral Therapy. No one therapy is effective for everyone; patient preferences matter as multimodal therapies require active patient participation and long-term adherence. Medication Assisted Treatment (MAT), or medications like methadone, burprenorphine and naltrexone used in conjunction with behavioral therapy, has been shown to rapidly improve sufferers' quality of life and reduce the use of illicit substances 50 to 70% of the time. However, considerable stigma still exists around cognitive and behavioral therapy, and expense can be an issue. Pain therapists strive to provide multimodal stepped care, or access to a variety of low-cost options with the ability to step up to more intensive, costly therapies if needed.

LIVING AND WORKING WITH DISABILITIES

Presenters: Dr. Lee Brinkley Bryan, Tiffany Hudson and Megon Steele

Author: Elaine Moran, Vermont DDS

Dr. Lee Brinkley Bryan

Imagine that your gift-opening skills could land you a job as a valued warehouse box opener despite your multiple disabling conditions. According to Dr. Lee Brinkley, Director of Residential and Transition Services at Georgia Vocational Rehabilitation's Roosevelt Warm Springs facility, it is just these kinds of "hidden interests" that VR is now actively tapping to help disabled clients find success in customized employment situations.

Brinkley introduced disability examiners at the NADE August Training Conference to the path-finding work being done on the Roosevelt Warm Springs campus. Located on 940 acres, Roosevelt Warm Springs was founded in 1927 by President Franklin Delano Roosevelt, who fell in love with the area's mineral springs when he was recovering from polio. Since then, the campus has become a National Historic Landmark and has expanded its mission beyond polio patients to become a comprehensive rehabilitation, continuing education, and job-training residential center for students with complex disabilities. Today, 70 percent of the Springs' students have autism spectrum disorders along with tertiary comorbid conditions. The campus is dedicated to rethinking how to help these disabled individuals identify personal goals and hone them into job certifications and opportunities, using a strength-based approach, according to co-presenter Tiffany Hudson, Student Employment Services Assistant Director.

Tiffany Hudson

To accomplish this goal, Roosevelt Warm Springs has partnered with business such as Walgreens Distribution Center in Anderson, S.C. Walgreens was credited as the one of the first employers to champion the business case for hiring people with disabilities using the same productivity and performance goals and the same pay as those for able-bodied employees. Since 2007, Walgreen's disabled employees have demonstrated on average higher productivity, lower turnover, and better safety records than its employees at large.

Additional partners now include the Federal Aviation Administration, UPS, Panasonic, Sodexho, and local businesses. Roosevelt Warm Springs, for its part, works closely with these partners to create campus "work experience" environments, such as a mock store set up in partnership with CVS drugstore, where residents learn how to "clock in," relate with customers, and stock shelves, reported Megon Steele, Vocational Assessment Services Manager. She noted that other VR counselors teach clients how employment affects resources such as SSA disability benefits.

Megon Steele

As Brinkley pointed out to her NADE audience, individuals with disabilities and their families, friends, and associates represent a trillion dollar market segment. As of 2017, just 35.9% of people with disabilities held jobs, compared with 76.6% of those without disabilities. With its strength-based approach and thriving partnerships with the business community, Roosevelt Warm Springs is chipping away at that disparity, building job confidence and resilience in its disabled clients and transforming the workplace.

PROTON THERAPY: WHAT, WHY AND HOW?

Presenter: Bree Eaton, MD

Author: Amber Barnes, Arizona DDS

Dr. Bree Eaton, a Pediatric Medical Director and Assistant Professor at the Emory University School of Medicine, introduced audience members to the Emory Proton Therapy Center, located just down the street from the conference venue. Proton therapy is an advanced treatment for cancer, a painless, non-invasive alternative to standard radiation treatment. Whereas radiation treatment necessarily affects a swath of healthy tissue on its way to and surrounding a tumor, photon therapy delivers an exact, highly concentrated dose of radiation to the tumor, sparing the healthy tissues around it. This reduces the long-term effects of radiation on the patient as well.

What is a proton? Normal radiation treatment uses photons, or x-rays that have no mass. In high doses, it can burn the skin and permanently damage organs. Protons are large, heavy elements in the nucleus of an atom. You may remember protons (+) and electrons (-) from high school science classes. Since protons are heavier than photons, they can be more easily directed.

How are they generated? Giant, 90-ton superconductors push protons away from each other at roughly two-thirds the speed of light. Then particle accelerators send the protons down a tube. Magnets direct the protons into smaller tubes, one for each treatment room, and into a 360 degree rotating gantry that can target a tumor from any angle, in rays that may be as thin as a pencil. Radiation oncologists must determine location, shape, and tissue density of the target tumor before determining the number of protons to deliver. They must also calculate the depth that the protons must travel in order to calculate the speed and shape of the beam. The protons break the cancer cells' DNA so they cannot reproduce.

This technology is rare. There are only 28 centers in the US currently, with four of these in Florida, two in Texas and two in California. Most states don't have one; none of the Midwestern states have one. This is due to the massive size and expense of the equipment and structures. The Emory Proton Therapy Center cost $78 million to construct. In order to get the magnet to the build site, the construction company had to shut down major Atlanta freeways for months. Since there are so few centers, people who need this treatment must travel long distances to get it. It's also expensive, ranging from $30,000 to $135,000, making it out of reach for many people without insurance. However, since patients experience fewer side effects with proton therapy vs. standard radiation, they may pay less money in follow-up treatment and medications.

Visit https://winshipcancer.emory.edu/proton-therapy-center/ for more information, including fascinating videos of the center and the processes involved.

Dr. Bree Eaton

Autism: Not Your Typical Neurotypical Person

Variable Gunctioning in Children and Adults

Presenter: George Ude, PhD

Dr. George Ude, a psychological consultant from the GA DDS gave an informative talk on autism.

Autism is a developmental disorder characterized by difficulties with social interaction and communication, and by restricted and repetitive behavior. Dr. Ude discussed the history of the autism diagnosis, starting in 1908 and ending with the current DSM-V criteria for Autism Spectrum Disorder, or ASD. The average age for diagnosis is 4 to 5 years old, but Dr. Ude pointed out that the condition likely starts well before that. Some early possible warning signs for infants include poor eye contact with the mother and a shared attention deficit. He noted other signs and symptoms such as a gross impairment in the ability to make peer friendships with no real progression from the "parallel play" stage of development, which usually occurs around age 4. Markedly abnormal nonverbal communication with a lack of capacity to read or convey body language or intonation is also common. It is difficult for persons with ASD to notice sarcasm or humor, missing the nonverbal cues that the average person without the disorder picks up subconsciously. It was noted that people with ASD have difficulty with language development because of this. Signs that are more noticeable include stereotypical body movements such as hand-flapping, a markedly restricted range of interests with a significant preoccupation with one or two narrow topics, and sensory sensitivity. It is not uncommon for people with ASD to be significantly distressed by loud sounds or fascinated by different textures. He stressed that parents and providers must be good detectives and record keepers in order to catch these behaviors early and help establish a diagnosis.

Dr. Ude went on to discuss different treatments for ASD. Applied Behavior Analysis (ABA) is the most commonly used treatment method and consists of figuring out the cause for certain behaviors then desensitizing the patient to the trigger and retaining a new pattern of behavior. Other methods include multi-modal treatment involving speech and language therapy, auditory processing therapy, sensory integration therapy and occupational therapy.

He concluded his presentation by briefly discussing the controversial debate about the relationship between autism and vaccinations. He emphasized that there was no empirical evidence that supported the idea that vaccines are in any way related to a diagnosis of ASD. He noted that the controversy began in 1998 when a gastroenterologist named Andrew Wakefield published a paper regarding the measles-mumps-rubella (MMR) vaccine and autism. Dr. Ude noted that this paper was based on a study of only 12 subjects and was not statistically relevant. The following year, another study was done that was well-controlled with more participants. This study showed that the percentage of children diagnosed with autism was the same between a group that had the MMR vaccine and a group that did not. In 2002, a study of 500,000 subjects showed much the same results. He added that the vaccine is generally given around age 4, which is when symptoms of Autism Spectrum Disorder become more evident. This was likely the reasoning behind the idea that vaccinations can cause autism.

We at NADE thank Dr. Ude for his presentation about such an interesting topic.

CIVIL VS CRIMINAL LAW AS IT PERTAINS TO CDIU CASES

Presenters: Erica Wilker, Carmen Henley, Tammie Davis and Deirdre Hart

Author: Todd Deschong, Office of Inspector General

The Atlanta CDI unit gave a wonderful presentation about the difference between civil versus criminal law and its impact on the workings of a CDIU. The unit was represented by the Team Leader Erica Wilker, Carmen Henley and Tammie Davis, DDS analysts, and Deirdre Hart, an SSA analyst.

From left to right: Erica Wilker, Tammie Davis, Deirdre Hart and Carmen Henley

First, the presentation drew a distinction between two areas of law, criminal and civil. Civil law governs conflicts between individuals or organizations. Criminal laws regulate crimes and frauds committed against the government. In the area of criminal law, only the government can initiate a prosecution of a criminal case. In the world of disability fraud, every case investigated by a Cooperative Disability Investigations Unit or CDIU is in fact a criminal case. However, these cases can be handled in at least three different ways: criminally, civilly, or administratively. The actions under investigation involve individuals committing "fraud" or "similar fault" in connection with disability applications or eligibility. These actions violate the rules and laws governing the determination of an individual's eligibility under the Social Security Act.

With regard to the term "fraud", this refers to an individual "with the intent to defraud" making or causing to be made false statements or misrepresentation of material facts for use in determining rights under the Social Security act. The term "similar fault" is often used in connection with the term "fraud", but has a very different meaning. Similar fault occurs when an individual makes a false or incomplete statement that is material to the decision or knowingly conceals information that is material to a determination of disability. The "intent to defraud" is an intentional deception or misrepresentation that an individual knows to be false or believes not to be true, but reports the deception or misrepresentation believing that it could result in an unauthorized benefit.

In order for the government to bring a criminal case against an individual, the evidence must be overwhelming and credible that the individual in fact committed such actions. A significant distinction between civil and criminal cases is the evidence threshold. In other words, criminal cases require a higher bar to meet the burden of a guilty verdict.

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To be found guilty means that the evidence proves that the individual committed a crime "beyond a reasonable doubt". While in a civil case, the burden of proof is much lower. This is based on a standard known as "preponderance of the evidence" or "clear and convincing" standards. This also creates some frustration when individuals are found to commit egregiously fraudulent acts within the disability program; however, they are not criminally prosecuted. The burden for the government to open a criminal case is very strict and requires high standards, which also differ within the US Attorney community throughout the United States. While the CDI Team Leader may recommend a specific case or claimant for criminal charges, it is up to the US Attorney or District Attorney to file the actual charges. These prosecutors make the ultimate decision as to whether to prosecute.

As mentioned before, CDI cases can be handled "administratively". Some of these remedies include a cessation or denial of a case. Another remedy is known as "administrative sanctions". This penalty allows SSA to withhold a person's current or future disability payments. SSA can impose this sanction if it finds that the individual knew or should have known that a statement was false. There are three different sanction periods including six months for the first occurrence; 12 months for a second; and 24 months for each subsequent occurrence. An additional remedy could be a Civil Monetary Penalty (CMP). If a US or District Attorney declines to prosecute a specific case and thus issuing a formal "declination"; then, OIG may refer the case to its Office of Counsel to the Inspector General (OCIG). This office will consider whether to impose a CMP and any further assessments. A CMP includes two parts: a penalty and an assessment. The Social Security Act authorizes the Commissioner to impose a penalty of not more than $8,457 for each false or misleading statement or representation of fact that is material to determining an initial or continuing right to monthly benefits. The Act also authorizes the Commissioner to impose an assessment in lieu of damages. The assessment represents the overpayment that occurred because of the fraud or other misconduct. The Commissioner is also authorized to impose an assessment that is equal to or up to twice the amount of the overpayment that resulted from the false or misleading statement, representation, mission of fact, or misuse of benefits.

ADVANCES IN HEARING AND VISUAL ASSISTIVE TECHNOLOGY

Presenters: Kim Smith , Tracy Stepney and David Palmer

Author: Monique Witte, Montana DDD

Imagine your vision blurring more and more each day, or it gets harder and harder to hear even the loudest noise. Yes, this could just mean a visit to the eye doctor, or hearing tests, but what if your doctor breaks the news that you will need an assistive device? Do you give up? No! We learned at the 2019 NADE NTC that there have been huge advancements in assistive technology.

Thanks to the presentation by Kim Smith and Tracy Stepney from the GVRA (Georgia Vocational Rehabilitation Agency), we now know about many assistive aids on the market for deaf or hard of hearing people, and people with blindness or low vision. Ms. Smith has worked in the assistive technology field for almost a decade and is currently finishing her masters in this field as well. Ms. Stepney has served on the advisory boards for both the Center for the Visually Impaired and Vision Rehabilitation Services of Georgia and has 15 years' experience in the field of assistive technology.

Ms. Smith talked about options for deaf and hard of hearing people ranging from smart watches with vibrating notifications to wearable speakers. Bose has directional earphones the user can point toward a speaker's voice. The user can control the earphones' volume with a simple phone app. There are a multitude of hearing aid accessories and kits that work with a cellphone. There are even TVs that hook up to a cellphone via Bluetooth.

Kim Smith

Modern technology for Deaf/Hard of Hearing People:

- Live Captioning (Ava, Google LiveTranscribe)
- Phone Calls (P3 Mobile, Hamilton CapTel)
- Alarms (Flash Alarm Clock, Loud Alarm Clock Pro Sleep)
- Sound Amplifiers (BioAid)
- Sound Recognition (TapTap, Braci)
- Combination AAC & Sound Recognition (BeWarned)

Ms. Stepney described an amazing number of assistive devices for the blind or people with low vision. Technology allows for portable as well as the desktop CCTV/Video magnifiers. Move this around on a document and on different size screens the user can adjust different backgrounds and even be able to reverse the contrast. This can be significant because each person sees differently and all modes must be available. For example, Ruby, Pebble and Visiolux are a few brands of portable or handheld options. DeVinci, Topaz and Magnilinx provide desktop versions.

(continued, next page)

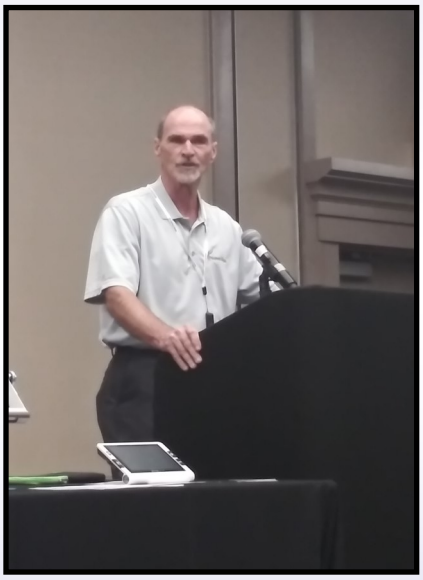
Tracy Stepney

James Bond didn't have anything like some of the wearable devices now available to the public today. Google Glass is a brand of glasses with a camera and a live helper describing the vision-impaired user's surroundings for orientation and ease of navigation. Devices on the market can even operate with voice commands.

David Palmer owns a company that supplies products for the low vision and blind community. He demonstrated assistive devices that are tremendous and life-changing for him as a man with low vision, and for others.

Modern Technology for People with Blindness or Low Vision:
Money Identifiers (EyeNote, IDEAL Currency Identifier)
Scan & Read (Envision AI, TapTap See)
Navigation (LowViz Guide, Nearby Explorer)
Assistance (Be My Eyes)

In sum, with these modern technological advancements anyone with a hearing or sight impairment can accomplish anything! Providers can help people overcome barriers by finding and matching the right technology to the right person. Affordability is a common issue and this can be discouraging, but there are free resources nation- and statewide. Project Independence for the blind people low vision is available at https://gvs.georgia.gov/project-independence. By this time next year, hearing aids may be sold over the counter, which would allow for open market and lower priced technology. Other resources for the deaf or hard of hearing include I Can Connect at http://www.icanconnect.org and Georgia Telecommunications Equipment Distribution Program http://www.gcdhh.org/gatedp/.



David Palmer

MESSAGE FROM THE EDITOR

I want to offer special thanks to all the authors who contributed to this issue. I also wish to thank Georgia's Conference Committee, who made presenters' PowerPoint presentations available in record time. Because of your efforts, highly accurate, well-written articles came in quickly, resulting in the smoothest release of The Advocate I've ever had! You made my job easy. Finally, thanks to all the people who edited my editing.

To aspiring writers who've never contributed, please consider writing for The Advocate! It's a publication with a nationwide audience, and not just within the DDS community. Disability attorneys read The Advocate. Senior members in the Social Security Administration read The Advocate, too, and members of Congress! The Advocate is a great credit for your writing resume.

Even if you're not a writer, please consider submitting story ideas and photos. We're gearing up for the next issue already! We welcome topics of interest to any member of NADE, including but not limited to retirees, support staff, medical consultants, fraud investigators and administrators.

The more of you, our readers, we have in our publication, the better The Advocate will be. I want to hear from you!

Korin Gary

Communication Director

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NADE
National Association of Disability Examiners

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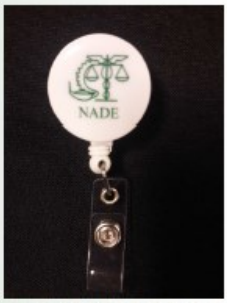

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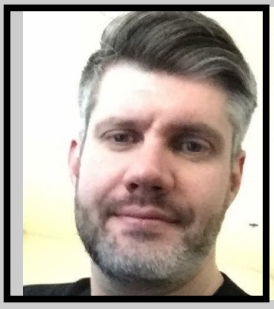

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