61ST ANNUAL NADE NATIONAL TRAINING CONFERENCE

OKLAHOMA CITY, OKLAHOMA
AUGUST 4 - AUGUST 7, 2024

Greetings NADE Family,

It was exciting to see so many of you at the 2024 NADE National Training Conference in Oklahoma City. In this conference edition of The Advocate, you can read all about the speakers that were on the agenda and the information that they shared including the SSA officials that attended and provided updates about the disability program. I learned so much from both the speakers and the NADE members that had a chance to attend. I want to say Thank You to the conference volunteers for all the hard work you put in to make the conference great! And I look forward to attending the 2025 National Training Conference in Denver and seeing even more of you both virtually and in-person.

I want to say Congratulations to the newest members of the NADE Board: Sarah Waldsmith (Council of Chapter Presidents Chair), Jennifer St. Onge (Pacific Regional Director), and Amber Barnes (President-Elect). We truly appreciate your commitment to NADE, and I look forward to working with you all this year.

Finally, I want to challenge all of you to put your passion and enthusiasm to work for NADE this year. We have sooooo many talented members. I urge you to leverage those talents on behalf of NADE's mission. If you love to write, please join the Ad Hoc Position Paper Committee, or write an article for The Advocate. If you love to celebrate your colleagues, please join the NADE Awards Committee. If you love to bring the fun, please join the National Disability Professionals Week Committee. If you love to keep everyone in line, please join the Constitution, Bylaws & Strategic Planning Committee. If you love seeing a great plan come together, join the Non-Dues Revenue committee to assist with conference planning. I could go on and on, but you get the point. If there is something that you love to do, there is always an opportunity for you to do that with NADE.

Your passion and commitment to NADE is what makes NADE great. Let's have an outstanding year!

Ayanna Conley,

NADE President

The Office of Disability Determination

John Owen, the Associate Commissioner of the Office of Disability Determinations (ODD) presented at the NADE training conference in Oklahoma City. Mr. Owen shared updates on initiatives that SSA is taking to address the national backlog in the disability program. He shared that the new Commissioner of SSA, Martin O'Malley has made a point to learn about the Disability Determination Services (DDS) in a short amount of time. Commissioner O'Malley has been sharing the message that staffing is a major cause of the backlog crisis with those on Congress and advocating for sufficient and sustained funding that would allow for SSA and DDS continuous hiring authority. In the interim, to help address the national backlog, SSA has been able to approve some state DDS pay increases or reclassifications. Addressing pay challenges in some of the DDSs can help improve employee retention.

The new commissioner has implemented a new process called SecurityStat. There is an emphasis on measuring performance through data-driven decision making. There are meetings every two weeks with all SSA senior executives to talk about performance, and to identifying leading actions to improve service. Reducing the wait time of claimants waiting for an initial disability determination is one of Commissioner O'Malley's top three priorities. Thus, there is a DDS Initial Disability SecurityStat held bi-weekly. Key decision makers are present in the SecurityStat meetings, which helps facilitate changes quicker. As a result, there has been significant changes in policy occur within a short amount of time. Most notably has been the policy on how past relevant work is defined, which reduced the relevant period to five years. This makes the application process easier for disability claimants but also can save a considerable amount of time for disability examiners. Another major expedient was the agency's change in position on collateral estoppel policies. The policy has been simplified and the jurisdiction of collateral estoppel was returned to the Field Offices (FO) for most claims . This policy change will decrease the workload for both the DDS and the FOs, as these claims will not need to be developed unless there is an onset issue to address. SSA was able to move 30,000 cases from the DDS back to the FO due to the change of position with this policy.

SecurityStat is also using performance data from the DDSs to identify areas of improvement and best practices throughout the life of a claim. There is a focus to decrease the number of aged claims and the overall processing time. Since IMAGEN is a tool that can help with the processing of claims, SSA has put together IMAGEN training resources that are available for use by all state DDSs.

To assist DDSs with the greatest attrition rates and longest initial claims average processing times, SSA has increased our national capacity assistance. Employees from the Office of Quality Review and the Office of Hearings Operations have been providing assistance using Associated User Functionality (AUF) in the National Case Processing System (NCPS) to process initial claims on behalf of the DDS. There is also a Special Disability Unit (SDU) in the Kansas City region, with recently retired employees who have been reemployed to adjudicate initial claims. There are also Extended Service Teams (EST) in three state DDSs and newly formed Adaptable Disability Cadres (ADC) in three additional states who assist process more claims for other state DDSs.

SSA was able to provide 400 hires for the DDSs in fiscal year 2024 . As we look toward the next year, the Commissioner is working with Congress to share the impact of the program. ODD and SSA are advocating for more resources to get the hires we need. SSA relies upon the program integrity funds that it receives to process CDRs and to support other DDS costs. SSA was able to revise the program integrity funded workloads to include prehearing and disability hearing claims. Due to this, the initial CDR goal was decreased to free up funding to process the prehearing and disability hearing claims in a more timely basis. That shift in program integrity workloads allowed the DDSs to use available resources to focus on processing initial and reconsideration claims. There has already been an increase of claim production. Recently, there was the highest number of clearances, even excluding the transfer of CDRs and collateral estoppel claims. In fact, the initial claims pending decreased each of the last 15 weeks of fiscal year 2024, as the DDSs and agency processed more claims each week than we receipted.

SSA is also aware of the limited medical consultant and psychological consultant (MC/PC) capacity and budget limitations have prevented filling a lot of the vacancies. SSA has set up a national MC/PC contract and use these resources to help states with the greatest service needs. Under that national contract, the contractor recruits, contracts, trains and contracts those MC/PC resources. States have also been assisting other states, when able.

The Appointed Representative System (ARS) was previously only available for representatives at the hearings level. There is new functionality where information is available about claims pending at the initial and reconsideration levels . The representative is able to see the cases pending at the DDS, which should help decrease the number of status calls to the DDS. More information is available at SSA.gov/AR. The website has links to user guides, including the "AR Status Reports User Guide." Appointed Representatives are able to see if MER was requested and if it has been received. They can see if a CE is pending, along with the appointment information. Details of all the information available through the ARS is available on page 14 of the "AR Status Reports User Guide."

ODD ctd…..

There is a list of other items being addressed to help the DDSs. The SSA-827, release of information can cause some problems when it expires or if it is not completed correctly. SSA is researching whether extending the expiration period for the form is possible, for example setting the expiration date up to three years. There is a long list of DCPS enhancement requests. The Community of Practice, which includes representatives from all DDSs, help to determine those development priorities. MS Teams recording functionality has been found to be a helpful tool for DDSs. This can allow live trainings to be recorded for future training needs. Most DDSs received access to that functionality before other SSA components. Two DDSs have already been provided new telephone technology, using Voice Over Internet Protocol (VoIP). The North Carolina DDS' state VoIP system was integrated into SSA's system, and the Oregon DDS' standalone VoIP system was also integrated into SSA's system. The agency is now moving forward to connect other state DDSs to SSA's system, using VoIP technology. That effort is currently underway in the Texas DDS.

Commissioner O'Malley values the in-person collaboration. Thus, Commissioner O'Malley approved the funding for each state DDS to send an individual to the NADE conference. Additionally, there is an SSA and DDS Administrator Conference in Baltimore, where the administrator will be able to bring another person to the meeting.

John Owen was able to illustrate the wide range of measures that SSA is taking to address the backlog crisis and to help improve customer service. NADE appreciates ODD sharing information and for its continued support.

Hope Grunberg, Associate Commissioner Office of Disability Policy (ODP)
Ben Gurga, Deputy Associate Commissioner of ODP

Ms. Grunberg thanked conference attendees for their dedication and for all they do. She began with outlining the updates to Past Relevant Work regarding Step 4 and the definition of Past Relevant Work. Work that was substantial gainful activity, done long enough to learn it, did not start and stop in a period of fewer than 30 calendar days, and was performed within 5 years before the adjudication date or the date prescribed in SSR 24-2p (and DI 25001.001A.65) will be considered past relevant work. These updates are beneficial for both adjudicators and for claimants.

Another significant update recently rolled out was regarding Collateral Estoppel Policy. The new POMs: DI 11011.001 and DI 27515.001 address these changes. Beginning July 13, 2024, the jurisdiction for most collateral estoppel determinations reverted to the FOs. 30,000 cases were sent from the DDSs to the FOs in the application of this new policy, which allowed claimants to get their decisions more quickly.

There were two emergency messages (EM-24026 and EM-24027) enacted recently regarding occupations considered at Step 5 of the sequential evaluation process. EM-24026 identifies 114 DOT occupations that are isolated in all regions of the country and cannot be cited at step 5 to support a "not disabled" determination or decision. EM-24027 identifies 13 DOT occupations that adjudicators may not cite to support a framework "not disabled" determination or decision without additional evidence from a VS or VE.

Policy reminders (AM-24052) were provided for expediting priority cases. There were nine new CAL conditions added and training materials regarding these have been provided. There will be a training package available in an estimated 6 months regarding updates in evaluation of Sickle Cell Disease. There will be an emergency message addressing gene therapy for treatment of Sickle Cell Disease.

Ben Gurga provided some additional updates. The "Close Proximity of Time" guidance for musculoskeletal impairments will continue through 5/11/25. The A-Z training catalog is in the process of being updated to reflect recent changes to SSA policies and regulations. ODP is also working with OSLWD to create an on-demand catalog of national MC/PC training products. The CME (Continuing Medication Education) Program allows MC/PCs to earn continuing education credit for their state licensing requirements; and the CME program currently offers 33 training courses covering a wide range of medical topics.

IMAGEN usage continues to increase across all DDSs and federal support sites. The newest release of IMAGEN improved page loading, page scrolling, and search performance.

Disability OQR Quality

By Trish Boesing – Midwest Regional Director

At the 2024 NTC, we had the honor to hear from NADE member and Division of Disability Quality OQR Division Director Kasey Torres again. Kasey has been with OQR since 2009 and has worked as the Director of DDQ since 2017. Mr. Torres reported his job is to provide oversight to the OQR field sites. First and foremost, Mr. Torres wanted to stress to our NADE members that even though one might have a return from OQR, we need to be proud and recognize that 98% of the cases seen by OQR are cleared as clean.

Mr. Torres shared with us our Fiscal Year (FY) 2024 accomplishments, FY 2025 initiatives and goals as well as some quality review data. Under our FY 2024 accomplishments, we learned that there has been continuous development of QRCPS with trained and mentored DDS assistance cadres. Training for all OQR branches to be policy compliant. He reported advanced training to all the program leaders with expanded quality review training, immersion training and QVCs to DDS. Mr. Torres reported that OQR meets monthly with the National Council of Disability Determination Directors (NCDDD) to work on projects together. The most recent projects include the IRR audit and FO deficiency analysis.

FY 2025 initiatives and goals include QRCPS development, continued support to the DDS assistance cadres as well as to move work activity deficiencies back to the FO. This is a priority goal per SSA Commissioner O'Malley. OQR has plans to train the FO regarding work to decrease work deficiencies. This years' goals also include medical contractor quality review and certification with advanced quality reviewer training and implementation of branch chief training. OQR will continue to monitor policy change quality analyses with the PRW change and Collateral Estoppel.

Regarding quality review (QR) deficiencies, if the OQR returns a case without quoting specific policy this is considered Substitution of Judgment (SOJ) and is not considered policy compliant. OQR records one deficiency when returning a case but can cite multiple deficiencies. This last year QR data showed that the top five reasons for returns show Group II deficiencies for onset have been the number one reason for returns with Group I medical deficiencies with RFC in second place. Next on the list includes Group I medical documentation in impairment severity, Group I vocational documentation – work history then Group II documentation with work activity.

All about the numbers show that FY 2024 Title II PER goal was 260,000 cases with a return rate of 4.5% with Title XVI PER goal 82,000 cases with a return rate of 3.5%. The Targeted Denial Review (TDR) had a goal of 25,000 cases in FY 2024 with the highest return rate of 15.2%. Mr. Torres reminded us that PER and TDR returns do not count against the DDS quality. For the FY 2025, Title II PER goal has increased to 310,000 cases while the Title XVI PER reviews have increased slightly to 88,000 cases and the TDR goal will remain the same at 25,000 cases. The initial QA goal every year has been 36,000 cases with performance accuracy stable at 95.2% and decisional accuracy at 97.7%. The reconsideration goal every year is at 11,500 with national accuracy stable at 93.4%. Lastly the CDR QA goal every year is 30,000 with a national accuracy stable at 97.0%. Mr. Torres pointed out that our current DDS quality is doing well right now. Here is to keeping up the good work DDS!!

LifeShare of Oklahoma

Alyssa Andrews and Healther Dean provided the background for LifeShare Oklahoma, an Organ Procurement Organization (OPO). LifeShare is a non-profit 501c3 organization certified and designated by US Dept of Health and Human Services as the organization dedicated to recovering organs and tissue for transplant in all 77 counties in the state of Oklahoma. There are over 100,000 people waiting on the National Transplant Waiting List. This is why the need is so important for people to not only sign up to be donors but also to have the conversation with their family and loved ones, so their wishes are kept. One donor can enhance or improve the lives of up to 75 people through tissue donation. One donor can save the lives of up to eight people. Every day in the US, on average, 22 people die waiting for a transplant. Every 10 minutes someone is added to the National Transplant Waiting List. The organs that can be utilized include the heart, lungs, liver, kidneys, intestine and pancreas. Tissues that can be donated include cornea, tendons, valves, veins, skin, and bones.

The story of Baylor was shared as a testament to the impact of organ donation. The generosity of an organ donor allowed for Baylor to have a change to live a full and vibrant life!

How You Can Help Save Lives

Register to be a donor

- Organdonor.gov
- RegisterMe.org
- Register with DMV w/ License
- iPhone Health App

Share Your Conversation With Your Family

make sure your family knows your wishes

Help Promote Donation in YOUR community!

Field Office Mock Interview

Debbie Sawyer-Smith, Public Affairs Specialist with Social Security Administration, along with Keith Tiller, OKC DDS Examiner, demonstrated the FO Interview process for obtaining information on the 3367 and 3368 SSA application for disability.   There are, as in every office, different roles for different employees. Customer Service Representative (CSR), are usually the first point of contact in the Field Office. They are trained to answer a wide variety of questions, investigate issues, review eligibility, review benefit payment history, resolve issues, explain policies and assist with Social Security Card. Claims Specialist (CS) review and determine eligibility, perform medical reviews, work reviews, overpayments, and interview for: SSDI, SSI, Retirement, Auxiliary benefits, Survivor benefits and Medicare.

It was explained that the application interview process is given one hour. In that hour the CS will have to obtain as much information as possible, but still complete all pertinent forms. Sometimes this includes more than just obtaining the disability application. A lot of times, if they are struggling to get information out of the claimant, they may have indicate “I don’t know”, if that is the only answer the claimant will provide. The CS will hope to have time left over at the end to go back and review any questions that may need further development. However, as we all know, life stands still for no one. Debbie and Keith did a great job demonstrating the interview process, with less than helpful claimants, all while you have a phone ringing non-stop, messages popping up in IM and email, alerts that your next appointment is here and waiting, etc. It is easy to see how an hour can go by quickly, with no time left over to further develop any deficit questions.

The mock FO interview was a great demonstration of how complicated the disability process is from beginning to end. A good reminder, that we all have difficult but important roles in this process.

Adaptive Technology for the Visually Impaired:

Many people who can't see have to rely on friends and family members to help them find their way in the world, including navigation, completing paperwork and getting around. Like many states' public service agencies, Oklahoma Rehabilitation Services' division of Services for the Blind and Visually Impaired works to help members of the blind and visually impaired community obtain and keep employment, provides information on available disability services, and helps people be aware of and learn to use assistive technology in their vocational and personal lives. Tanya Skelly, ATCP/AT Specialist III with Services for the Blind and Visually Impaired, spoke at the 2024 National Association of Disability Examiners conference, where she demonstrated some of these incredible resources and spoke about her experience learning to use these technologies.

Skelly noted that the learning curve to use these adaptive resources can vary widely between those who were born visually impaired and those whose vision loss came at a later age. Naturally, she said, people who are born without their sight have a much easier time adapting to using these alternatives, while those whose vision has gradually reduced tend to take longer. Skelly stated that losing your vision can be a particularly frightening experience and that people may struggle with the changes to their lifestyle, such as the inability to drive and being able to read. Training centers exist that can help by allowing people going through vision loss time away from other tasks, such as work and managing the home, to focus on the skills they will need to live an independent life. Well-meaning family members may offer too much assistance, Skelly said, as opposed to encouraging the visually impaired to do things for themselves. Depending too much on others forces the person being assisted to adapt to another person's availability. Skelly attended one of these training centers and praised them highly. "My life is good, but I put in a lot to make it that way," she said. She feels that attending a specific training program "shows [visually impaired people] in a concrete way that this can be done". It's helpful, she said, if someone who is in the beginning stages of coping with vision loss can interact with those whose vision loss has progressed, so they know what can expect. Training centers can provide camaraderie and mentoring for those with visual problems.

Adaptive technology is, fortunately, becoming more mainstream. Skelly said that accessibility technology is now being built into most cell phones, and that it is being designed to work for everyday users rather than needing special programs that may be costly. One such application is Be My Eyes, which allows those with vision loss to "call" a volunteer that can read documents, describe settings or assist with navigation through the phone's camera. Since the app's volunteers are located all around the globe, the person needing assistance does not have to worry about disturbing a family member or friend. Another app is See AI, which can read text out loud and can also help with tasks such as locating doors within a room. Other technologies that can be useful to the blind and visually impaired are detachable keyboards that use both the traditional alphabet keys and Braille lettering. Skelly said that Braille typists have a form of shorthand, so it may be easier in some situations to use this alphabet rather than the traditional keyboard. There are also devices such as the Ruby 7 that can enlarge print, or show an image in a different color scheme, as some color patterns are easier to view depending on someone's specific eye condition. Skelly noted that considerations like these make it easier for the blind and visually impaired to take care of their own affairs, rather than needing to depend on someone else. She pointed out that asking someone to fill out paperwork necessitates giving them personal information and details that they may not want to provide, particularly regarding health conditions. When asked about dealing with the need to fill out forms, such as disability paperwork, Skelly said an accessible PDF or website would be helpful. "I'd like to do it myself," she said.

Skelly also addressed other problems that the visually impaired may deal with other than being unable to see, such as physical impairments, depression or diagnosis of adjustment disorder. She pointed out that a person's mental or other health conditions may not be related to their visual impairment at all, but some people may struggle to separate the person from their visual impairment. She stated that people who are blind or visually impaired encounter many of the same problems as sighted people and that it is harmful to assume that the person's struggles are simply related to their vision loss and not other issues. However, some problems occur much more frequently in the blind and visually impaired communities. Skelly said that social anxiety is very common for the visually impaired when in a community setting, as they may not know how many people are in a room or who the person is who's approaching them. Well-meaning others, she said, may be quick to try and help by grabbing an arm to navigate or by give a hug without realizing that this may startle someone who struggles to see them. "They're just trying to help… we're aware, but our nervous system still flips out" in these situations, Skelly says. People with reduced vision can experience anxiety due to not knowing who is there but can also be knocked off balance or disoriented by unexpected contact.

Skelly also noted that many people compare adapting to a visual condition to the aging process, which is a very different process. "Your identity is challenged" when you begin to lose sight, compared to aging, which is expected and for which symptoms are well documented. Loss of vision may not be something that the person is prepared for and needs time to process, not only from an adaptive standpoint but psychologically. She said that many people mourn the loss of their vision, but once this loss is accepted, can go on to live lives just as fulfilling and exciting as their sighted peers. Skelly and Oklahoma's Services for the Blind and Visually Impaired will doubtless be leading the way helping adapt to changes and encouraging independence.

Respiratory Disorders and Ordering PFTs
Dr Pritchard

Ebony Grissett, South Regional Director, SC DDS

The ability to breath air comfortably is something most of us may take for granted. People living with lung diseases such as COPD, asthma, pulmonary fibrosis, bronchitis, and sarcoidosis are not that fortunate. Millions of people in the US have lung disease. So, there is no wonder that in the DDS world, we analyze several of these claim types daily. Respiratory cases increased in the past few years due to COVID and the residuals of this disease.

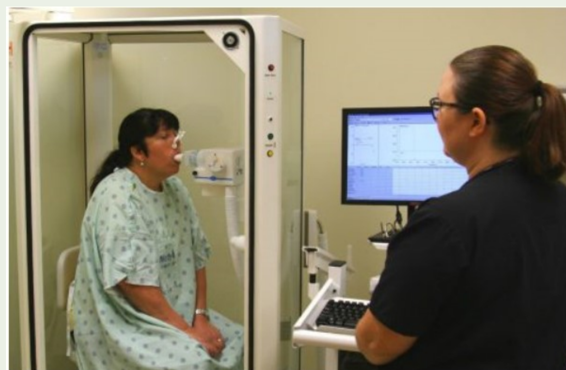
J. Scott Pritchard, DO, from the Oregon DDS spoke on respiratory disorders during this year's conference. As a medical consultant with DDS, he is cognizant to the different claim types we adjudicate. He shared about the different respiratory disorders and their treatment.

Dr. Pritchard shared that there has been little to no cystic fibrosis (CF) cases in the past 10 years. Although there is no cure for CF, treatment can ease symptoms and improve the quality of life. The goal of treatment is to prevent and control infections that occur in the lungs, remove and loosen mucus from the lungs, treat enzymes and other digestive blockage. Dr. Pritchard noted that with the improvement in treatment patients are seeing improved lung function and overall well-being.

Dr. Pritchard shared detailed information on chronic obstructive pulmonary disease (COPD) and the effects it may have on the patient. COPD is a disease that is usually caused from a long-term exposure to irritants that damage your lungs and airways. The most common irritant is cigarette smoke. Other contributors to COPD are air pollution, chemical fumes, and dust.

Patients with COPD usually have signs of shortness of breath (dyspnea), wheezing, discoloration of the skin (cyanosis) and sometimes weight loss. As adjudicators we know to look at SSA respiratory listings 3.00 to identify if we can meet or equal a listing. The most used listing is 3.02A or 3.02B. Most of the respiratory listings require us to report the forced vital capacity (FVC) or the forced expiratory volume in the first second of a forced expiratory maneuver (FEV1.)

Adjudicators must obtain these numbers during a period of stability. In some cases, a medical evaluation may need to be purchased. The most common respiratory test is the spirometry breath test. The spirometry measures how much air the patient can move in and out of their lungs over a short period of time. This test can help to identify early COPD and the stage of the person's COPD. The spirometry test can also show how well certain medications improve their symptoms.



Dr. Pritchard reminded us that if we can't meet or equal the listings, we still must consider how the respiratory impairment may limit the patient. Some things to consider when completing the residual capacity of function (RFC) would be shortness of breath, poor circulation, increased fatigue, reduced quality of life, and dependence on oxygen.

NADE would like to thank Dr. J. Scott Pritchard for providing us with respiratory information we may have been afraid to ask .

CDI Presentation

Kevin Huse- Deputy Assistant Inspector General for CDI Operations

Nicholas Codding- Team Leader Oklahoma CDI

NADE welcomed back the Cooperative Disability Investigations- Office of the Inspector General (CDI-OIG). CDI-OIG shared some history of the CDI program and shared two case overviews.

CDI-OIG investigates fraud in SSA's disability program. There are fifty (50) units covering all 50 states as well as US territories. A CDI unit is comprised of subject matter experts from CDI-OIG, SSA, DDSA, and a law enforcement partner.

In 2023, CDI-OIG closed 1,122 cases that resulted in denials/cessations. This resulted in $85.6 million in SSA savings and $94.6 million in non-SSA savings. Since inception in 1997, The CDI program has saved $8.1 billion in SSA and non-SSA money.

CDI-OIG then shared two case reviews. During the case reviews, CDI-OIG shared some of their investigative techniques that included use of social media, yelp reviews, GPS trackers, and Medicaid and SNAP records. After the case review CDI-OIG answered questions from the audience.

Absentee Shawnee Tribal Health Systems
Dr. Marty Lofgren and Karen Knight

By: Marcia Golden

Conference attendees had the pleasure of listening to Dr. Marty Lofgren and Karen Knight with a presentation that educated them on not only the history of the Absentee Shawnee Tribe, but also challenges they face within the health system. It was explained that the culture is often not well known as the it passed down as a living presence from the elders instead of being recorded. The culture is represented in things such as their language, clothing, religion and ceremonies. The tribe member will still wear specific clothing for their tribal ceremonies. It was also explained the that name “Absentee Shawnee Tribe” came from the signing of a treaty for land in Oklahoma. Not all the tribal leaders were present, so the treaty had their names on it with the word “absent” beside it. Currently the Absentee Shawnee Tribe has over 4,400 tribal members world-wide.

The Absentee Shawnee compacted its own healthcare systems in the early 1990s, and became one of the first tribes to do so. This healthcare system currently has over 90 providers, state of the art clinic, and sees over 28,00 patients a year in three locations. They are able to provide multiple healthcare services such as primary care, pharmacy, dental, vision, behavioral health, and many more.

The speakers explained that there are some health reporting variances when discussing the Native American population. This results from a few factors including that as sovereign nations, Tribal health data isn’t released to the public. They are not able to have an anonymous reporting of data as information is related to a specific reservation and can be tied directly to a specific tribe. Since many of the tribes have a distrust of the government, most statistics may not be captured. Some statistics shared noted that Native America’s have a shorter life expectancy. Some of the leading causes of death are heart disease, cancer, accidents, diabetes, and strokes. They are also noted with a higher percentage of population with disabilities at 30%.

Several factors were given that effect Native American health including historical trauma, a culture of enduring pain and suffering, access to health care, a mistrust of Indian Health Services (HIS), transportation, predisposition for cardiac issues and diabetes, mental health issues and funding. Historical trauma is the cumulative, multigenerational, collective experience of emotional and psychological injury in a community and the descendants. The effects can manifest is several ways such as a breakdown of the traditional Native family, substance abuse, mental health issues, post traumatic stress disorder, and research has proven an alteration of DNA can occur. Patients may often understate their actual discomfort when being seen by a provider for help. For example, they may rate their pain as three (on a scale of 1-10), but their face may show more significant pain. This can affect the medical treatment provided to an individual.

Transportation and long distances for treatment can be a large barrier for treatment. It was explained that due to many remote locations on reservations accidents can be more severe as it may take an ambulance 20-40 minutes to arrive on the scene. Also, someone may have to drive up to two hours for a hospital with childbirth facilities. Others may have difficulty finding transportation to facilities that are such a long distance away. Funding can also be an issues as tribes are funding at approximately 40% of their cost to render care. Indian Healthcare is funded through discretionary funds that can only be changed by Congress. Currently, the Indian Healthcare is funded at almost 50% less than healthcare in prison systems and serves more patients. This results in limited resources to pay for healthcare. IHS and tribes must use a priority system to define and pay for the most urgent services, and not all tribes have the funds to help with members needs.

The question was posed, what can be done to help? The speakers explained that through self-governance, some tribes are electing to take over their own healthcare from the federal government. These tribes have proven the can provide better care to their own people as they know the needs of their own people.

Conducting Initial Physical Evaluations & Formulating Treatment Plans

Dr. Damon Anthony William, PT, DPT, NBC-HWC

By: Michelle Wade

Dr Damon William is the founder of Will Power Wellness & Consulting, and co-founder of The Modern Manhood Foundation. Dr. William is a United States Marine Corps Veteran. He spoke about understanding the initial evaluation, clinical reasoning and enhancing collaboration.

The key roles of the assessment include assessment, diagnosis, treatment planning, establish baseline functioning and develop the therapist-patient relationship.

The interview assessment includes both the functional assessment and special tests, and one should be able to take the findings and relate them back to how the findings affect the patient's life.

The physical assessment should include observations watching the patient perform the test within each body system relevant to the problem and may include, but is not limited to, range of motion, joint and ligament integrity, muscle strength and flexibility, posture, alignment as well as gait and balance analysis.

Dr. William aims to answer the question "How does the patient move within their community?" He evaluates their daily activities, work activities, and leisure activities and uses some standardized tests such as the Timed Up and Go (T.U.G Test), Berg Balance test and Functional Reach Test.

All these things help to identify the key impairments and limitations and develop differential diagnoses, generate a hypothesis, and confirm the diagnoses with evidence-based information in order to develop the most appropriate treatment plan.

The treatment plan is a patient centered approach that involves both the patient and their family when it comes to decision making and making sure each activity or modality is tailored to the patient's needs. Treatment may include therapeutic exercises, manual therapy, various modalities such as heat, ice, e-stim, ultrasound, etc. Important within the plan is the patient education and self-management instruction.

Once this is completed, he develops S.M.A.R.T Goals (Specific, Measurable, Achievable, Relevant & Time Bound) and the goals are patient centered and used to monitor progress, provide points of measurement for regular re-assessments and can be adjusted based on the patient's progress or changing needs however, there are always challenges in the process which may include the patient's compliance and managing their response to treatment as well as chronic conditions.

Finally, the evaluation and treatment plan should be a holistic approach that focuses on returning the patient to their normal activities at home, in the community that combines the therapist insights, observations and objective findings, facilitates ongoing communication regarding changes or challenges and utilizes a multi-disciplinary approach where needed, especially with complex cases.

Liked, Subscribed, & Shared: The Power of Relationship & Connectivity

by Trish Boesing, NADE Midwest Regional Director

At the National Conference, we had the pleasure of hearing a presentation by Mr. Charles Galbreath, who is a Social Change Agent/Juvenile Justice Consultant/HBCU Advocate/Empowerment Speaker & Coach located in New York, NY. He currently works for NYC Administration for Children's Services for the last 12 years as a Juvenile Justice Reform Consultant. He previously worked for with the Missouri Department of Social Services starting as a Youth Specialist and leaving as a Human Resources Agency Training Technician. Mr. Galbreath prides himself in being an innovative, transformational leader with experience in Human & Organizational Development, including coaching, developing and facilitating training curriculum with proven excellence in initiating and implementing strategies for anticipating, identifying and meeting internal and external stakeholder needs and developing effective programs for individual and organizational growth. He reminded us that "people who need people are the luckiest people in the world." During his motivational presentation, Mr. Galbreath reminded us that sometimes we get skipped over in life and we find the courage to keep moving forward. We invest time, energy and money in the people, places and things that we like every single day. Relationships are spaces where quality investments can produce great rewards for us in our lives. A person's ability to connect with another on a genuine level is a power that leads to positive changes that our community deserves. As leaders, we have a chance to influence the lives and experiences of the individuals we serve. Here at the DDS, we are the people who others need to hear from regarding their livelihood. You are someone that someone else needs….aren't we all lucky?

"Interagency relationships"

Melinda Fruendt, Executive Director

Oklahoma Rehabilitation Services

By: Jennifer St. Onge

Melinda Fruendt is the Executive Director for Oklahoma Rehabilitation Service, the parent agency for the Oklahoma DDS. Oklahoma Rehabilitation Services was a stand-alone agency for 31 years. Advocates, primarily blind advocates, came together and wanted to see an agency solely dedicated to persons with disabilities. The agency now has several divisions, including Vocational Rehabilitation and Center for Blind and Visually Impaired, including schools for the visually impaired and hard of hearing. Their current mission or vision is, "We empower individuals with disabilities in the State of Oklahoma and embrace the journey of their success". The agency has approximately 1,000 employees, including those who work for the Oklahoma DDS. Melinda has invested significant time into bridging the gap between SSA, DDS and Oklahoma Rehabilitation Services. Examples include learning and understanding SSA/DDS terminology and processes, participating in DDS interview panels, and obtaining a 10% across the board raise in 2022 with an additional 10% in 2023. Melinda states, "One position is no more important than the other. We are public servants of the public dollar". She is proud of the work the Oklahoma DDS performs.

2024 NADE Award Winners!

- The Frank Barclay Award – Jenny Angelo (THADE)
- The President's Award – Colorado Association of Disability Examiners (CADE)
- Lewis Buckingham Award - Theresa Klubertanz (WADE)
- The Charles O. Blalock Award – Jennifer St. Onge (CADE)
- The NADE Award – Michelle Watts (CADE)
- The John Gordon Award – Teri Grasso (CADE)
- The Marty Blum Award – Amy Woszczynski (CADE)
- Medical Consultant Award - Dr Joan L Redd, MD (THADE)

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