

SSA Disability Determination Process: The Role of Medical Providers

Emily Carmody, LCSW

North Carolina Coalition to End Homelessness
Raleigh, NC

Documenting Disabilities Training



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Outline

- Overview of SSI and SSDI programs and eligibility
- Overview of Decision Process
- Appeals
- SOAR Process
- How state hospitals can support SOAR



Overview: SSI and SSDI Programs



Key Players

Social Security Administration

SSA

Disability Determination Services

DDS



Role of SSA and DDS

SSA

- Initial contact point
- Processes non-medical eligibility criteria
- Ensures necessary forms for medical evidence collection are complete
- Forwards medical releases and disability report to DDS
- Later confirms decision

DDS

- State agency under contract with SSA
- Assesses medical evidence
- Makes a determination on disability



Definition of Disability and Work

Disability:

Impairments must affect a person's ability to work.

Work:

“inability to engage in any substantial gainful activity (SGA)...”

SGA= \$1,000 of gross monthly income



Social Security Disability Insurance

- **SSDI** (Title II of the Social Security Act) provides disability benefits for individuals who are “insured” under the Act by virtue of their contributions to the Social Security trust fund through a tax on their earnings, and to certain disabled dependents of insured individuals.

See Documenting Disability: Simple Strategies for Medical Providers, p. 9.



Supplemental Security Income

- **SSI** (Title XVI) provides for SSI payments to individuals, including children under age 18, who are disabled and have limited income and resources.

See Documenting Disability: Simple Strategies for Medical Providers, p. 8.



Non-Medical Eligibility Standards

SSDI

- Retired and/or disabled workers
- Recent work history if under retirement age (last 15 years)
- **Insured** – has worked and paid FICA taxes for 40 of the past 60 quarters.
- **No income/asset limits**



SSI

- **Categorical Eligibility** – Aged, Blind, or Disabled.
- **Low income** – Countable income less than the maximum payable to that individual.
- **Low Resources** – Countable resources < \$2000 for an individual, < \$3000 for a married couple.
- **U.S. resident** for 30 days
- **Citizen or “legal, qualified alien”**

Cash Benefits

SSDI

- **Monthly cash benefit** – amount dependent upon work and wage history
- **Maximum benefit** paid in 2011: \$2,346 per month.
- **SSI supplement** if benefit amount is less than would be received under SSI.
- **Payment determined by Date of Onset:** Set by DDS, eligible for payments 5 months after Date of Onset.

SSI

- **Monthly cash benefit** –based **on need** so living arrangement and income affect monthly amount.
- **Maximum monthly payment** set each January by Congress: \$674 in 2011. (\$698 in 2012)
- **Payment determined by Protective Filing Date:** Eligible for payment back to the first day of the first month following initial contact with SSA office.

(Documenting Disability, pp.8-9)



Health Benefits

SSDI

- **Medicare coverage** – for disabled beneficiaries under retirement age begins two years after payments begin
- **May also be eligible for Medicaid** (e.g., for coverage of premiums/cost sharing, prescription drugs, or other services).

SSI

- **Medicaid coverage** – awarded automatically upon award of disability and payment status.

(Documenting Disability, pp.8-9)



Work Incentives

SSDI

- **Trial Work Period**
 - 9 months of gross earnings (per current SSA rate)
 - Need not be consecutive
 - Are counted within a 5-year period
- **Trigger a review** of one's continued eligibility for

SSI

- **Income Exclusion**
 - \$20 General Exclusion
 - \$65 Earned Income Exclusion
- Remaining amount is divided in half and subtracted from SSI Benefits

Gross Earnings from Work	\$900
General Exclusion:	(\$20)
Earned Income Exclusion	(\$65)
	= \$815
\$1 counted for every \$2 Earned:	\$815/2
Countable Income:	\$407.50
Maximum SSI check - Income:	\$674-\$407.50
Amount of SSI check	\$266.50



Work Incentives

- Once eligible for benefits, all recipients are eligible to take advantages of work incentives specific to the SSDI program as well as the Ticket to Work Program.
- No continuing disability review (CDR) while making progress on individual work plan through vocational rehab (VR) or employment network (EN) certified by SSA. Incentives for VRs and ENs.

www.ssa.gov/work/ResourcesToolkit/legisregfact.html



SSA Disability Benefits- The Similarities

Definition of Disability

Substantial Gainful Activity (SGA)

Application Process

Health Insurance

Medical Criteria



SSI/SSDI Disability Benefits- The Differences

Supplemental Security Income (SSI)	Social Security Disability Insurance (SSDI)
Benefit for disabled, elderly, and blind individuals who have very low income	Benefit for insured individuals (or certain relatives)
Benefit amount is the Federal Benefit Rate (FBR), plus available State supplement	Benefit amount based on FICA contributions
Limits on assets/resources	No limits on assets/resources
Living arrangement may affect benefit amount and eligibility	Living arrangement has no effect on benefit amount or eligibility
Medicaid eligibility usually comes with SSI	Medicare eligibility usually comes after two years of SSDI benefits
Eligibility usually begins the 1 st of the full month following the date of application OR protective filing date	Eligibility generally dependent on date of onset of disability
Work incentives usually apply immediately after work begins	Work incentives allow for 9-month Trial Work Period (TWP) during which full benefits are received

Special Eligibility Circumstances

- Fleeing felons **not eligible**.
- Undocumented **not eligible**.
- Lawful permanent residents **eligible** for SSI if:
 - Permanent resident immigrant who has worked 40 qualifying quarters
 - Veteran with honorable discharge
 - Active military in the U.S. Armed Forces
 - Spouse or unmarried dependent child of veteran or active military individual
 - Immigrant who was a legal permanent resident as of August 22, 1996 and became disabled after that date
- Refugees, asylees, Cuban/Haitian Entrants, and persons granted withholding of removal **eligible** for 1st 7 yrs of receiving status.

See Documenting Disability, pp. 39-42.



Determining Medical Eligibility

Medical Eligibility Standard

Adults applying for SSDI or SSI:

- 1. Medically Determinable Physical or Mental Impairment**
Illness(es) must either meet or be equivalent to the “listing” criteria used by DDS. Supporting information must be documented in medical records.
- 2. Duration**
The impairment tied to the illness(es) must have lasted OR be expected to last 12 months or more OR be expected to result in death.
- 3. Functional Information**
Applicant must demonstrate that significant functional impairment related to the illness(es) exists.



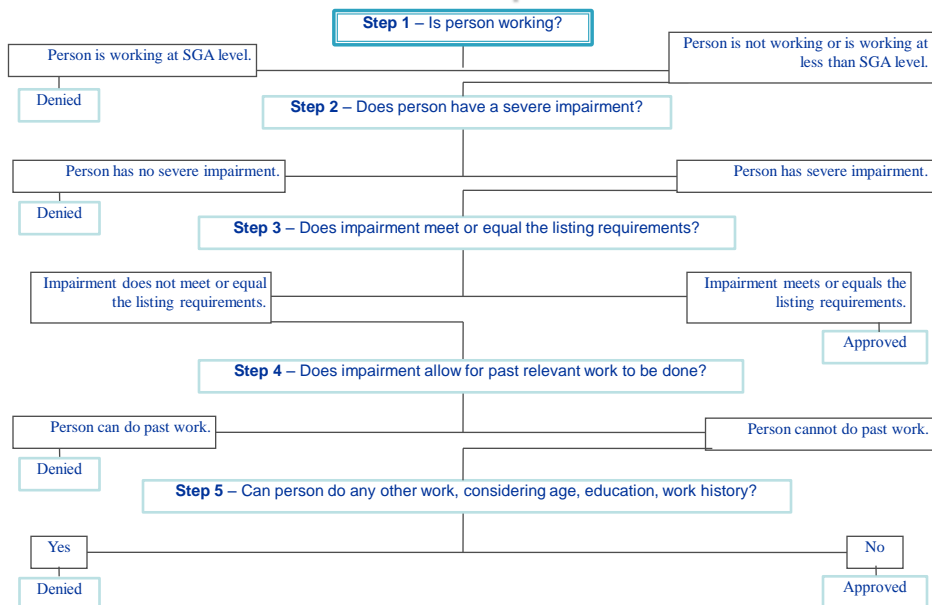
Two Types of Approvals

- **Medical**
 - Meets a Medical Listing
 - Functional impairment equivalent to a Listing
- **Medical/Vocational**
 - Based on Residual Functional Capacity, age, education, ability to communicate in English, past relevant work experience, and transferable skills.

(Documenting Disability, p.12)



Decision Process: Sequential Evaluation



Step 1: Substantial Gainful Activity?

- Determined by SSA
- If working – meet SGA?
- Not working? – moves on to DDS

(Documenting Disability, p.14)



Step 2: Severe Impairment?

- Impairment is considered “severe” if it substantially interferes with ability to perform basic work activities. Claimant must have “severe” impairment(s) to be considered “disabled.”
- If impairments are “severe” in combination, must consider all impairments together throughout analysis.
- Physical activities involved in work: walking, standing, lifting, carrying, seeing, speaking, etc.
- For mental illness, other functional areas:
 - Completing activities of daily living
 - Social functioning
 - Cognitive functioning
 - Decompensation episodes of extended duration

(Documenting Disability, pp.14-15)



Step 3: Meets or Equals a Listing?

What is a Medical Listing?

- **Impairment** listed in *Disability Evaluation Under Social Security* (“The Blue Book”)
www.socialsecurity.gov/disability/professionals/bluebook/index.htm
- **Listings** describe medical criteria for the most severe impairments in 14 body systems; separate Listings for adults and children.
- **Medical documentation** of these criteria can result in an allowance without consideration of the individual’s limitations – except for mental impairments.
- **A person may be found disabled at this step and begin receiving benefits.**

(Documenting Disability, pp.15-16, 22-24)



Sample Listing: 12.04 Affective Disorders

- A. Medically documented persistence, either continuous or intermittent, of one of the following:
1. Depressive syndrome characterized by at least four of the following:
 2. Manic syndrome characterized by at least three of the following:
 3. Bipolar syndrome with a history of episodic periods manifested by the full symptomatic picture of both manic and depressive syndromes (and currently characterized by either or both syndromes);

AND

- B. Resulting in at least two of the following:
1. Marked restriction of activities of daily living; or
 2. Marked difficulties in maintaining social functioning; or
 3. Marked difficulties in maintaining concentration, persistence, or pace; or
 4. Repeated episodes of decompensation, each of extended duration;

Step 4: Past Relevant Work?

- Compares individual's Residual Functional Capacity (RFC) with the functional requirements of past relevant work (PRW).
- PRW is generally work performed in the past 15 years.

(Documenting Disability, pp.16, 26-27)



Residual Functional Capacity (RFC)

RFC = Maximum ability to do sustained work-related physical and mental activities in a work setting, on a regular and continuing basis, despite limitations caused by impairment(s) and related symptoms

- “Regular and continuing basis” means 8 hours/day 5 days/week or equivalent.
- Consider total limiting effects of all impairments, even “non-severe” ones, and all relevant evidence in the record.

(Documenting Disability, pp.17, 26-27)



Mental RFC

Mental RFC assesses individual's ability to:

- Understand, carry out, and remember simple instructions;
- Respond appropriately to supervision, co-workers, and usual work situations;
- Deal with changes in routine work setting and customary work pressures.

(Documenting Disability, p.27)



Step 5: Other Work?

- Final step in the sequential analysis
- Considers whether individual can perform other work in the economy in light of his/her RFC and “vocational factors.”
- SSA uses “Grids” for exertional impairments
- Determined through *Dictionary of Occupational Titles*
- To deny a person at this step, DDS needs to articulate three jobs that the person can do

(Documenting Disability, pp.17, 26-27)



Exertional Levels

Sedentary	Light	Medium
<ul style="list-style-type: none"> • Sitting up to 6 hours a day • Standing or walking up to 2 hours a day • Lift 10 lbs • Good manual dexterity (usually) 	<ul style="list-style-type: none"> • Walk or stand 6 hours/day • Lift frequently (2/3 day) up to 10 lbs, occasionally up to 20 lbs. • Bend/stoop 	<ul style="list-style-type: none"> • Walk/stand up to 6 hours/day • Lift frequently up to 25 lbs., occasionally up to 50 lbs. • Frequent bending/stooping

(Documenting Disability, pp.26-27)



Medical-Vocational Guidelines

- Unskilled applicants unable to perform past work are likely to receive medical-vocational allowances if they are:
 - 50 to 54 and limited to sedentary work,
 - 55 to 59 and limited to light work, or
 - 60+ and limited to medium work.
- Generally, the less education/training and the more remote it is, the less able the individual is to perform work at a lower exertional level.

http://www.ssa.gov/OP_Home/cfr20/404/404-ap11.htm

(Documenting Disability, p.12-13)



Adverse Profiles

Special circumstances with regard to past relevant work and transferable skills. These profiles show an inability to adjust to other work. Warrant a finding of “disabled.”

- 35 years of arduous unskilled work
 - not working
 - severe impairment prevents prior work
 - 6th grade education or less
- No substantial work experience
 - severe impairment
 - over age 55
 - less than 11th grade education
 - no prior relevant work

(Documenting Disability, p.38)



Disability Determination for Mental Impairments

- Complex and highly individualized process requires consideration of multiple issues.
- Need for longitudinal assessment of function
- Importance of lay evidence in completing assessment of functional limitations – but MUST be co-signed by treating source (MD, PhD)
- Consider effects of structured settings.



Disability Determination for DA&A

- **Step 1** – Is the claimant disabled, considering all impairments including those related to drug addiction and/or alcoholism (DA&A) ?
- **Step 2** – Is there medical evidence of DA&A ?
- **Step 3** – Is DA&A material to the disability determination – i.e., Would the claimant still be disabled without consideration of DA&A impairments and limitations?

(Documenting Disability, pp.28-37)



Evidence Considered

- **Medical** – provided by acceptable medical sources including M.D.s, Ph.D. psychologists, optometrists (for visual problems), podiatrists (for feet problems), and speech therapists/pathologists (for speech problems).
- **Collateral** – provided by all other professionals and lay individuals, including physician’s assistants, nurse practitioners, nurses, and social workers.

(Documenting Disability, pp.(9, 18)



Useful Evidence for Determinations

- Psychiatric evaluations
- Physical health evaluations
- Specialty physical health evaluations
- Neurological work-up reports
- Laboratory results
- Diagnostic tests
- Neuropsychological tests
- Psychological tests
- Admission summaries
- Discharge summaries
- Progress notes

(Documenting Disability, pp.(9, 18)



Other Sources of Evidence

- Applicant
- Friends/Family Members
- Service Providers
- Commonly Used Facilities

(Documenting Disability, pp.18, 19)



1696 Representatives

Establish a representative to assist with application, who can:

- Maintain communication w/ SSA and DDS
- Receive copies of all correspondence sent to and from applicant
- “Stand in” for applicant
- Provide information to SSA/DDS
- Answer questions for applicant as needed



Representative Payees

- For persons unable to manage funds
- Physician recommendation (at any time—may include in treating physician’s letter)
- Patient is asked to name payee.
- Payee may keep a fee.
- Non-profit and social service agencies preferred; beware victimization.

(Documenting Disability, p.35)



Appeals Process

Appeals Process

Levels of appeal:

- **Reconsideration** -to appeal application decision (SSA has proposed eliminating this step.)
- **Administrative Law Judge (ALJ) Hearing** -to appeal Reconsideration (or Reviewing Official's decision)
- **Appeals Council Review** - to appeal ALJ decision
- **Federal Court**
- **60-day deadline for filing appeals** at each level; SSA assumes notices received within 5 days of date on notice. Can file late for good cause.

Forms available at www.ssa.gov/online/forms

(Documenting Disability, pp.11-12)



NC SOAR Program

What is SOAR?

SSI/SSDI Outreach, Access and Recovery (SOAR) is a strategy that helps states to increase access to SSI/SSDI for people who are homeless or at risk of homelessness through:

- » Strategic planning
- » Training
- » Technical assistance for case workers and communities

SOAR currently works in 50 states and has national success rates on initial application of 73 percent and the average time for decision is 91 days.*

*Based on 2010 Outcomes reported by PRA

How is the SOAR model different?

- SOAR focuses on the initial application - “Getting it Right the First Time”
- SOAR Case Workers take on the role of SSA 1696 Representative
- SOAR Case Workers gather medical records and interview applicant before submitting the application to SSA
- SOAR Case Workers write a Medical Summary Report in order to fill in the missing links for SSA/DDS by linking illness/diagnosis to functioning

Medical Summary Report

- Document that is unique to SOAR; often makes the difference between approval and denial for our clients
- Co-signed by an M.D. or PhD. Psychologist so that it is considered as medical evidence
- Tells the full story of the applicant, **clearly linking** their diagnoses to functional impairments
- SOAR Caseworkers receive intensive training and TA on their medical summary reports

NC SOAR Outcomes

Outcomes as of October 20, 2011	
Total Outcomes Reported	478
Total Approved (19 Pending Cases, 1 Death before Decision)	366
Total Denied	91
Approval Rate	80%
Average time between completion of application and determination	104 days
Percentage that require CE	36%
Income brought into state since June 2, 2010 – includes back pay awarded and first year of annual benefits	\$3,860,932.87

How State Hospitals Can Support SOAR

How does SOAR Benefit State Hospitals?

- Improved discharge planning
 - Disability Income = Improved Access to Housing
 - Disability Status = Improved Access to Supportive Housing
 - Disability Health Care Status= Improved Access to Community Services
- Reducing Recidivism/Length of Stay through stabilization with housing and services
- Improving Therapeutic Benefits of Treatment in the community decreases need for crisis services

SOAR in other State Hospital Systems

Other states have SOAR within their state hospital systems:

- Arkansas
- Georgia
- Kansas
- Georgia:
 - Worked with local SSA to take applications 90 days prior to expected release date
 - 2007 Pilot: 21 applications, 86% approval, 62 days
 - 2010- created SOAR benefits specialists positions with a focus to reducing length of stay

Common Mistakes to Avoid

- Do not respond (timely or at all)
- Do not understand their role (not the decision maker)
- Do not understand SSA standard (e.g., say patient can do sedentary work without knowing SSA rules)
- Respond when they don't have enough knowledge (e.g., how pain affects daily life of patient)

(Documenting Disability, pp.5-7)



Common Mistakes to Avoid

- Respond as if to other clinicians and SSA doesn't fully understand the import of what is being said
- Say “patient doing well” without explaining the specific circumstances of patient
- Do not fully document symptoms such as pain or fatigue
- Do not document functional impairments



How NC State Hospitals Can Support SOAR

- Complete SOAR Applications within the hospital
- Coordinate with SOAR Case Workers in the community
 - Referrals while still in hospital
 - Provide records, letter of support, and documentation of disability (including medical summary report)

How NC State Hospitals Can Support SOAR

- Provide needed health and psychological assessments that are hard to access in the community
- Improve documentation of functioning difficulties in medical records
 - National Health Care for the Homeless, *Documenting Disabilities Training*
 - Make sure records are not “auto-filled” with out-of-date information

Contact Information

Emily Carmody, LCSW
Project Specialist
(919) 755-4393
soar@ncceh.org



Resources from today's training:
<http://ncceh.org/documentingdisabilityresources/>