

PAF Articles



SOCIAL SECURITY DISABILITY

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About Disability

Social Security Disability Insurance (SSDI)

To be eligible for SSDI you ***must have worked 5 of the last 10 years*** if you are over age 31 AND had a payroll FICA tax deduction where 6% of the tax goes towards Social Security programs.

Some basic medical questions you will need to answer include:

- Did your doctor tell you that your condition was severe or could cause you to die?
- Is your condition found on the compassionate allowance list?
- Is your condition on the list of impairments on the Social Security website?
- Are you currently working? What are your job responsibilities?
- What is your current monthly income? *If you are still working and make over a certain amount per month, you may not be considered disabled at this time.*

You may complete the SSDI application online, by phone, or in person at your local Social Security office.

- You will be responsible for providing your detailed medical history, as well as the name of medical professionals who provide you care.
- Once all the necessary information is received from the providers listed on your application, it will be forwarded to the state Disability Determination Services (DDS). They decide if you are eligible to receive SSDI benefits within 3-6 months.
- If your claim is denied, you have the right to appeal. The reconsideration process can be lengthy and can take up to 2 years.

SSDI beneficiaries must wait **five months** after their disability onset date to begin receiving benefits and **24 months** after your onset date before Medicare benefits begin.

Who is Eligible for Social Security Disability?

The Social Security Administration uses medical disability criteria AND non-medical criteria to make their decision on whether you qualify for Social Security disability. There are two federal disability programs: Social Security Disability Insurance (SSDI) which is a program based on work credits and Supplemental Security Income (SSI) which is a low-income program.

To become eligible to receive disability benefits, you must first prove that you are medically disabled. This means your diagnosis must prevent you from performing your normal job

duties, and you must have been unable to find a replacement position or a new line of work because of your age, education levels, or physical limitations. Secondly, you must have either earned enough work credits to be considered “insured” under the SSDI program or your income (and assets) must be low enough to qualify for the SSI program.

One of the most important rules for Social Security disability is that your medical disability must have lasted, or be expected to last, for at least one year. There is not a program to grant temporary disability benefits through the Social Security Administration. As well, Social Security disability is not awarded for partially disabled people, only those who are fully disabled.

To be considered a disabled person for Social Security purposes, an applicant must be unable to perform any income-producing work. This generally means earning above a certain amount, called Substantial Gainful Activity (SGA). This amount changes annually. The applicants cannot be working above the SGA level when they apply for benefits. An applicant earning more than the SGA amount when applying for Social Security disability or SSI benefits will be denied instantly, without their symptoms, diagnosis, or medical records even being considered. This practice is called a technical denial. However, disabled individuals may be working part-time when they apply for Social Security disability, but only if they are not earning more than the SGA amount.

Common Misunderstandings When It Comes to Disability Benefits

Disability can feel like an overwhelming and overly complex process. Here are some common myths and misconceptions about different parts of Social Security Disability:

Everyone gets denied disability, so it's not even worth it to apply.

It is true that Social Security denies approximately 65% of disability claimants after their initial application, however, there is no conspiracy that the Social Security Administration (SSA) has a policy or formula to deny most applicants after their first application.

Most disability claims are denied because they lack solid medical evidence, so if you want to qualify for disability benefits, you will need to prove that you are unable to work due to your disabling condition. This involves getting your doctor on board and making sure they are documenting not only your complaints and symptoms, but also the fact that these symptoms interfere with your ability to work.

Your doctor wrote in your medical records that you should not go back to work, so you think you should be approved for disability.

Your doctor simply stating that your condition keeps you from working will not be enough evidence to SSA that you should be granted disability benefits. Your doctor must document

your symptoms, pain, etc., to demonstrate to SSA that your condition keeps you from being able to participate in any income-producing activities. Not only that, but your medical records need to include how long you have experienced these symptoms, what medications or treatments you have tried, your reaction to them, and how long your condition is expected to last. The more thorough and complete your medical records are, the better chance your application has of being approved.

If you become disabled by a rare or serious disease, you'll still have to wait in the long line with all the other applicants.

This is not the case. Social Security maintains a list of conditions called Compassionate Allowances, which was created to expedite disability benefits for people with rare and life-threatening diseases. There are over 230 medical conditions on the Compassionate Allowances list, which gets evaluated and updated annually. If you have a condition that falls on the Compassionate Allowance List, your initial claim will automatically be flagged by the SSA and could be processed in as little as 10 days.

You must be off work for a year before applying for disability.

You do have to be unable to perform any work duties, but you don't necessarily have to be unable to work for a year before you can apply. Your application must show that your physical or mental condition will last at least 12 months or result in death. If you can demonstrate through your application and medical documentation that your condition will endure for at least one year, then you can apply for Social Security Disability.

Once you're approved, if you try to go back to work, Social Security will medically review your case and you could lose your benefits.

Social Security reviews your medical condition occasionally to determine whether you are still disabled, using a process called the medical Continuing Disability Review, or Medical CDR. Generally, you know how frequently these reviews will be conducted when you are first approved for benefits. Starting back to work does not trigger a new review period.

How to Apply for Social Security Disability

If you have a serious illness and are unable to work, you have the right to apply for disability benefits through the Social Security Administration (SSA). Claimants can call the Social Security Office at (800) 772-1213. This national line is available from 7 a.m. to 7 p.m. Monday through Friday. You can apply online [here](#), or to make an appointment with your local Social Security office. Find your local office [here](#).

Some tips for completing your application:

Gathering medical records yourself could help kickstart your case. You can sign a form to allow SSA to obtain your medical records, but if you provide them at the time of application,

you can save the disability examiner a lot of headache in trying to coordinate that, especially if you have a lot of medical providers for your condition.

Do not try to diminish your pain or other symptoms. The more honest you can be about how your condition affects your daily life and ability to work, the better chance you have of being approved for benefits.

Always list all your medical conditions, whether they are physical or mental. A lot of times it is the combination of multiple illnesses that can be debilitating in different ways that help support your claim of disability.

With any luck, your application will be approved quickly, and you can focus on what's important- your health!

I'm Approved for Disability... Now What?

After you have gone through the process of applying for Social Security Disability benefits, you might think that as soon as you are approved you will see a check in the mailbox. It would be great if it were that easy!

Here's the Process:

After the Social Security Administration (SSA) makes their decision, they will mail you a letter. You can also see the decision on your online account, so it's important to check that frequently. The letter will usually tell you the conditions you were approved for and how often you can expect medical reviews of your disability. The letter should also list your Established Onset Date. This is the date Social Security decided you became disabled. This date may or may not be the same date you think you became disabled. If the onset date they choose is the same onset date you asked for, this is called "fully favorable." If it is a different date, this is called "partially favorable."

In addition to the decision letter, you will receive a letter informing you of your monthly award amount and if applicable, your back-pay amount. You can receive your payment via direct deposit if you have a bank account or onto a payment card that works like a debit card. You can usually expect your back pay and first monthly check to start 30-90 days after the award letter.

As far as insurance is concerned, if you were approved for SSI, you will receive Medicaid benefits automatically depending on the state you live in. If your state does not automatically grant benefits, you must complete a Medicaid application based on your new disabled status.

After receiving Security Disability Insurance (SSDI) benefits for 24 months, you will become eligible for Medicare. Prior to being eligible for Medicare when receiving SSDI, you may be eligible for COBRA health insurance through a former employer. Normally, COBRA eligibility is 18 months but if SSDI is determined, notify your COBRA administrator of the determination

and request extension of your COBRA. They may be able to grant a 6-month extension until Medicare is in effect so there is no lapse in your insurance coverage.

Disability Entitlements Timeline (Insured)

Below is the timeline for Social Security disability, from date of diagnosis and beyond for insured patients.

Date of Diagnosis or out of work—Check insurance policies for providers and benefits, file FMLA with employer, file STD application, COBRA may be offered

1 week—Complete physician visits and follow-ups, gather medical and financial documents

2 weeks—Most STD payments begin, apply for Social Security Disability Benefits

45 days—COBRA election if eligible, check status of Social Security Disability Benefits and Medicaid application, contact PAF if claim denied

2 months—Notify insurer of COBRA extension

3 months—FMLA protection ends

5 months—SSDI waiting period ends for approved patients and payments begin. 24-month Medicare waiting period begins

12 months—Must have medical certification of disability that prevents patient from working for 12 consecutive months to qualify for Social Security Disability

18 months—COBRA ends unless eligible for extension

24 months—LTD ends for certain diagnoses

29 months—SSDI recipients become eligible for Medicare

36 months—COBRA extension ends

Disability Entitlements Timeline (Uninsured)

Below is the timeline for Social Security disability, from date of diagnosis and beyond.

Date of Diagnosis or out of work——File FMLA with employer if applicable

1 week——Complete physician visits and follow-ups, gather medical and financial documents, apply for indigent drug programs

2 weeks——File for Medicaid, Social Security Disability Benefits, and Social Services assistance

45 days——Uninsured patients check status of Social Security Disability Benefits and Medicaid applications and contact PAF if denied or no response

2 months——Expedited SSI payments for terminally ill patients may begin

3 months——FMLA protection ends

5 months——SSDI waiting period ends for approved patients and payments begin. 24-month Medicare waiting period begins

12 months——Must have medical certification of disability that prevents patient from working for 12 consecutive months to qualify for Social Security Disability

29 months——SSDI recipients become eligible for Medicare

Compassionate Allowances for Expedited Disability Review

Beginning in 2012, the Social Security Administration developed the compassionate allowance program to expedite the disability review process for applicants whose medical condition were so serious it automatically meets the disability standards.

To be considered and approved under compassionate allowance:

- Your diagnosis must be on the Compassionate Allowance List (CAL)

AND

- You must be able to submit medical records supporting your advanced diagnosis when you submit your initial claim

Unfortunately, you still have to wait **five months** after your disability onset date to begin receiving SSDI benefits and **24 months** after your disability onset date before Medicare benefits begin. But, being deemed disabled by social security opens the door for you to

receive other benefits. A complete list of diagnoses can be found online in the Compassionate Allowance List at www.ssa.gov/compassionateallowances/conditions.htm

Qualifying for Medicare When Receiving Disability Benefits

Medicare coverage kicks in for most SSDI recipients two years after the first month they are eligible for their monthly disability benefits. However, this doesn't automatically mean that every person approved for SSDI must wait two years to get their Medicare coverage. The two-year Medicare waiting period generally gets calculated from the date of your SSDI entitlement (the date you are eligible to receive your monthly award). Normally, this is the date your disability began plus the five-month SSDI waiting period.

Things can get a little tricky depending on your disability onset date. Depending on how far back you became disabled, you may have met a good portion of the waiting period by the time you are approved for benefits. But, because Social Security only allows a maximum of 12 months of retroactive benefits, plus the 5-month waiting period, the earliest that you can become eligible for Medicare is one year after you apply for Social Security disability.

For instance, let's pretend you became disabled in July 2016. Since there is a five-month waiting period, your Social Security Date of Entitlement would be in December of 2016. You didn't apply for Social Security benefits as soon as you became disabled, so your application date was January 2017. You had to go through the appeals process as you were initially denied, but you were finally approved for benefits in September 2018 with an entitlement date of December 2016. Since it has been two years since your Date of Entitlement, you will start receiving Medicare benefits in December 2018.

But, if you recently become disabled and were approved with an entitlement date of August 2018, you would not become eligible to receive Medicare benefits until August 2020. There are exceptions to this rule if your disabling diagnosis is End Stage Renal Disease or Amyotrophic Lateral Sclerosis (ALS). People with these conditions receive expedited Medicare coverage.

In most states, if you are approved for SSI, you will receive benefits automatically through Medicaid because SSI's income and asset limits mirror that of Medicaid's. However, there are a few states that still require you to complete a separate application process for Medicaid benefits because those states choose to make their own Medicaid determinations. For SSI recipients, there is no waiting period to receive Medicaid. Generally, people on SSI can still get Medicare benefits as well, but only when they turn age 65. At that point, they can file an "uninsured" Medicare claim, which means the state they live in pays the medical premium for Medicare.