

NAVIGATING THE DISABILITY PROCESS



PAF Patient Advocate
Foundation

A Guide to Navigating the Disability Process

Social Security disability benefits provide income when you cannot work due to illness or injury. The process of obtaining these benefits can be complicated and time-consuming. In this guide, we help you understand the process and outline the steps for building and submitting a solid application for a timely decision. We also include tips for obtaining health insurance, managing your situation after approval, and returning to work after disability.

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How Is Disability Defined?

The Social Security Administration (SSA) defines disability as the inability to engage in any **substantial gainful activity (SGA)** because of any medically determined physical or mental impairment(s) which can be expected to result in death, or which has lasted or can be expected to last for a continuous period of not less than 12 months. To qualify for disability benefits, the process requires that your health records show evidence of a healthcare provider's diagnosis — not just symptoms — of physical or mental impairment.

How Do I Qualify?

Social Security Disability Insurance (SSDI) is a federally funded entitlement program administered by the SSA. SSDI provides a monthly cash payment to you based on your previous tax payments. After you collect SSDI benefits for 24 months, you become eligible for **Medicare**.

SSDI benefits are available to you if you have met these three conditions

1

You must have worked
in jobs covered by Social
Security and paid
FICA taxes

2

You have enough work
credits to qualify based
on your age

3

You meet the SSA
definition for disability
due to your physical or
mental impairments

There are no income or asset limits for SSDI. It is important to know that once you are disabled (the *onset date*, as recorded in your healthcare records), there is a five-month **waiting period** before you can receive SSDI benefits (*entitled date*).

It can be difficult to wait for your disability application to be approved or for your benefits to begin, but there are some actions you can take in the meantime to help you financially. You may be eligible for government-sponsored assistance programs that help you pay for health benefits, food, utilities, or housing costs.

Contact your local department of Social Services to determine your eligibility for any of these programs. You may also want to reach out to charities or disease-based organizations to see if they can help or connect you with organizations that assist with rent, utilities, transportation, etc. This assistance will likely not be long-term, but it is worth exploring. You can also contact family or friends for help while you are waiting for your disability approval.

What Are Work Credits and Why Do They Matter?

Work credits determine your eligibility for retirement or disability benefits. They also help determine your family's eligibility for survivors' benefits when you die. While you can earn up to four work credits per year, the number of credits you need for disability benefits is dependent on how old you are when you become disabled. Work credits are determined by your earnings, with the dollar amount changing each year. You can find the number of work credits you have earned on your **earnings record**. Your earnings record is a record of all earnings you have received during your work history kept by the SSA to determine your eligibility for Social Security Disability and the amount of benefits you are eligible to receive in the event that you become disabled.

Before Age 24

You may qualify if you have 6 credits earned in the 3-year period ending when your disability starts.

Age 24 to 31

In general, you may qualify if you have credit for working half the time between age 21 and the time you become disabled. As a general example, if you become disabled at age 27, you would need 3 years of work (12 credits) out of the past 6 years (between ages 21 and 27).

Age 31 or Older

In general, you must have at least 20 credits in the 10-year period immediately before you become disabled.



In most cases, you must have earned 20 work credits during the last 10 years to be eligible for SSDI benefits.

What If I Do Not Have Work Credits?

You may have worked at a job that did not pay into Social Security, have had an inconsistent work history, or possibly you have never been able to work due to your disability. These situations may have put you in a position where you do not have enough work credits to apply for SSDI. In that case, you may be able to qualify for Supplemental Security Income (SSI).

SUPPLEMENTAL SECURITY INCOME

Supplemental Security Income (SSI) is another federal program that provides a cash benefit to people who have been determined to be disabled AND have both limited income and limited resources but do not have enough work credits to be approved for SSDI. Unlike SSDI, SSI benefits are not based on your prior work history. This program provides cash to help meet basic needs for food, clothing, and shelter.

It is possible to qualify for both SSI and SSDI at the same time if your total income does not exceed SSI income and asset (also called resource) limits.

SSI AND RESOURCE LIMITS

Along with having income limits to qualify for SSI (these limits change annually) you must have less than \$2000 in assets for a single person or \$3000 for a couple. If your assets are above these limits, you may be able to “spend down” your resources without penalty or jeopardizing your eligibility. Visit <https://www.ssa.gov/ssi/text-resources-ussi.htm> for more information on what qualifies as a resource and how to calculate your resources.

SSI AND MEDICAID

If you qualify for SSI, you may also be eligible for health benefits under your state’s **Medicaid** program. Medicaid programs provide free or low-cost health coverage which pays for hospital stays, doctor visits, prescription drugs, and other healthcare expenses. These programs are administered by each state and may have a different name in your state. Each state makes their own rules about who qualifies based on income and other eligibility requirements. If you are approved for SSI, you may receive Medicaid benefits immediately and 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 SSI benefits.

SSI

A needs-based program funded by the government

Available to individuals with limited household income and resources

Financial benefit begins one month after disability onset date

Qualifier for Medicaid insurance

No family benefits included

Pays a monthly cash benefit which is reduced by other income

Disability is one of the qualifiers for SSI, but not the only one

Some patients meet requirements for both programs

Both can give or provide eligibility for additional support programs and benefits

Differences Between SSI and SSDI

It is possible to qualify for both SSI and SSDI simultaneously (called concurrent benefits), but you must meet eligibility requirements for both programs.

An insurance program funded by FICA taxes withheld from your previous wages

5 month waiting period for benefits after deemed disabled date

Provides Medicare insurance after 24 months

Monthly cash benefit based on the individual's record of earnings from prior work

Awards auxiliary benefits to family of the disabled individuals

Has no asset limits

Ceases when able to work or condition improves

SSDI

Case Example

- **Mary, a 45-year-old woman**, worked 17 years before becoming a stay-at-home mom for 9 years. She returned to the workforce at age 44, was diagnosed with chronic heart failure, and filed for disability benefits. Because she had not paid into the system for the last 10 years, she is not eligible for SSDI. She is married and has a savings account of over \$3000 and is over assets for a married couple to file for SSI. Mary's options are to spend down her savings and reapply for SSI, continue working to build up her work credits so she can reapply for SSDI, or work with community agencies/social service providers to help her identify where she can get help.

Questions to Think About Before Moving Forward With the Social Security Disability Application

- Does my illness or injury meet the definition of disability according to SSA standards (does it prevent substantial gainful activity, will it result in death, and/or will it last continuously for 12 months or more)?
- Do my medical records provide evidence of disability?
- Does my doctor support my claim for disability benefits?

Submitting Your Application

If you have a serious illness and have been told that you will not be able to work for up to 12 months, you have the right to apply for disability benefits through the 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 ET.
- Apply online at <https://www.ssa.gov/applyfordisability/>; or
- Make an appointment with your local Social Security office. Visit <https://secure.ssa.gov/ICON/main.jsp> to find your local office.



Talk to your local DDS caseworker, not the national Social Security hotline, for your case's most current status update.

You may start your application online or via telephone. You will then be scheduled for an in-person interview appointment with your local office to finalize and present documents through the SSA's Disability and Determination Services (DDS). This interview can be completed over the phone if your condition hinders your ability to travel.

During the DDS interview:

- Be pleasant and cooperative. The questions from the **DDS caseworker** need to be answered to complete the application process.
- Answer the DDS caseworker's question as completely, calmly, and honestly as you can, but also limit the information you offer to the questions asked. Giving too much information can complicate, delay, or hurt your case.
- If you think you will have trouble answering questions, you can appoint someone to represent you.

Improve Your Chances for Timely Approval

FOLLOW THE GUIDELINES

Social Security maintains a Listing of Impairments available at www.ssa.gov which lists specific qualifying criteria. These guidelines can help you understand what information you need to provide to support your claim and improve your odds of being approved.

PROVIDE THE RECORDS YOURSELF

When requesting medical records, the DDS caseworker sends out one notice. If nothing is received from your provider, DDS sends out a 2nd notice 30 days later. Waiting on documents from your treating providers can cause a delay in reviewing your disability application. To avoid delays in your disability review, collect important medical records for all diagnoses and have them ready for submission at your first application.

TIPS FOR PROVIDING RECORDS

- Organize medical records from newest to oldest — put your documents in order by date.
- Include records from **ALL** hospitals, specialists, or clinics where you have been seen. If you had x-rays or other imaging, include a copy of the results.
- Do not omit any of your medical conditions. The combination of multiple illnesses or conditions may help support your disability claim. If you were seen by a specialist and prescribed treatment, did you follow up on their recommendations, and how did you respond to treatment? (Keep notes. See below!)
- Keep a diary documenting the frequency, severity, and length of time your symptoms last and how your disability impacts your daily life – include the diary with your application. Do not downplay your pain or other symptoms. The more honest you are about how your condition affects your daily life and ability to work, the better your chances are of being approved for benefits. Do you have an inability to sit or stand for long periods? Do you have trouble concentrating or remembering important facts? Consider the disabling specifics which you have experienced, and which make it difficult or impossible to work.
- Your DDS caseworker may need to reach out to you, so be sure to include a working phone number and your correct address.

ASK FOR HELP

- Let your treating provider know that you will need their help submitting documentation for a disability claim. Ask your provider or therapist to provide letters of support.
- If you have a mental disability, be sure to ask the provider to note if your impairment affects your ability to do repetitive tasks, your ability to concentrate, or your ability to interact with others.
- Ask a family member to write a letter on your behalf discussing how your condition is affecting your ability to work or perform daily tasks.

FOLLOW-UP

If you have not heard anything within 30 days of submitting your application to SSA:

- Call your **local** Social Security office and ask to speak to the DDS worker assigned to your case. Take notes for each person you speak to, including names and phone numbers and note the date of the call.
- If your case has not been assigned to a caseworker, request to speak with a caseworker.
- If your case is urgent, the caseworker, who may ask general questions, can work your case.
- Ask if they have what they need for your work history, activities of daily living, and medical records.



You only have 10 days to respond to an inquiry from a DDS caseworker, which may ask a general question or seek additional records. If you do not respond to the inquiry, your case will be closed. If this happens, you will have to re-apply. Respond promptly to all contact requests!



BE AWARE

- SSA can require you to have an extra doctor's appointment, called a Consultative Exam, with a doctor of their choice. This evaluation provides additional medical information to them about the severity of your disability.
- Your disability onset date is likely long before the date of your application for SSI or SSDI. The DDS worker will review when you stopped working on a full-time basis or based on the onset date of your disability for up to two years if you have supporting medical records.



The decision for Social Security is not generally quick. It may take 3-4 months for you to hear back about your application.

Compassionate Allowance

A Compassionate Allowance speeds up the SSA disability eligibility review and decision for applicants whose medical condition is so serious it immediately meets SSA disability guidelines.

Other rules still apply. If you are found to be disabled, you must wait five full months from the date you are found to be disabled (**onset date of disability**) to begin receiving SSDI benefits (**entitled date of disability**). Medicare benefits begin after you have collected SSDI benefits for 24 months.

To be approved for disability under the compassionate allowance program:

- Your diagnosis must be listed on the compassionate allowance list.
- Your medical records must support your advanced diagnosis.

A current listing of over 200 diagnoses that are covered under this program can be found online at <https://www.ssa.gov/compassionateallowances/conditions.htm>

Terminal Illness (TERI)

An applicant with a condition that is expected to result in their death may also ask for an expedited, or fast-tracked decision. The requirements to meet disability are the same, but the Terminal Illness (TERI) program is a process that flags the case, allowing for special handling. TERI cases have up to 60 days for a decision, with 30 days as the goal. A supervisor will follow up on the application every 10 days to ensure the case is being processed promptly.

Medical records must provide evidence that the patient's condition is expected to end in death and that the intended goal of the patient's treatment is to keep them comfortable.

Presumptive Disability for SSI

Before a final disability decision is made, the SSA may be able to provide temporary benefit payments under a program referred to as **presumptive disability** to those who are likely to qualify for SSI. To qualify for presumptive disability payments, you must meet both income and resource guidelines, and if approved, you may qualify for Medicaid. SSA's decision to grant presumptive disability benefits is based on the severity of your condition, the evidence available at the time, and the high likelihood that your claim will be ultimately approved. These payments can last up to 6 months and stop once a final decision on disability is made. You will not have to repay these payments, even if you are later found to not be disabled.

Case Example



- ▶ **Manuel is a 57-year-old male** who was recently diagnosed with metastatic pancreatic cancer. He and his physicians have decided that treatment would not help his situation, and they have initiated end-of-life care to keep him comfortable. Manuel's family helps him apply for Social Security disability benefits. Because of the severity of his diagnosis and condition, a claims examiner at Social Security sends Manuel's claim to the TERI program, where his case will receive quicker processing.

Benefits for Family Members of SSDI Recipients

SSDI approval also opens the door for you to receive other benefits. Your family may be eligible for benefits due to a decrease in total family income.

- Children under the age of 18 whose parent is receiving SSDI are eligible for a monthly payment up to half the parent's monthly benefit amount, split between eligible dependents.
- Depending on the family income, children under 18 may also qualify for insurance under Medicaid or the Children's Health Insurance Program (CHIP). Income limits vary by state.
- If you are over the age of 18 and not married and have a disability that began before age 22, and one of your parents receives SSDI, you will be considered a Disabled Adult Child and eligible to collect SSDI benefits based on your parent's income.

Case Example

- ▶ **Carmen is approved for \$1600 a month** SSDI due to her diagnosis of liver cancer. Carmen has two daughters, Samantha, and Olivia, who are entitled to half of that benefit (\$800). Because there are two eligible dependents, that amount gets split equally between them. Samantha and Olivia are eligible for \$400 apiece, bringing the total paid monthly to the family by Social Security to \$2400. These benefits can be used to provide for the needs of the children or parents and help pay any expenses contributing to their welfare.



Besides Social Security, there are other ways to receive a portion of your income if you are unable to work because of an illness or injury. You may be able to receive payments through Short or Long-Term disability plans. Some employers offer these types of plans as part of their benefits package. You can also purchase an individual policy from independent insurance agents. Disability plans vary in waiting periods, disabilities covered, benefits offered, and exceptions. Be sure to read your policy for exact details.

Detailed medical information must always be provided to the insurer when you make a claim for disability benefits and then as requested throughout the length of the disability. Failure to do so will likely result in the insurer discontinuing your benefits.

Short-term disability (STD) insurance policies pay between 40% and 70% of your base salary when you have a non-work-related illness or injury that prevents you from working. The elimination period, also known as the benefits waiting period, is usually around 14 days, meaning you may have to wait about 2 weeks after your illness or injury before you start collecting benefits. Benefit payouts generally last between three and six months. According to the Bureau of Labor Statistics, the median length of short-term disability insurance coverage is 26 weeks.

If you have short-term disability insurance through your employer, many of these plans require that you've worked a certain amount of time before coverage begins. Many employers also require that you exhaust paid sick leave or use paid time off before you are eligible for short-term disability benefits.

Several states provide or require employers to provide **short-term disability insurance, or SDI** (these include California, Hawaii, New Jersey, New York, and Rhode Island). In some states, SDI is referred to as **temporary disability insurance (TDI)**. These short-term disability programs provide partial pay replacement to workers who take leave from work for more than a few days because of an injury, illness, or pregnancy and recovery from childbirth. The rules on eligibility for these programs and the way they operate vary greatly between states.

Long-Term Disability (LTD) insurance policies provide wage replacement that is between 50% and 70% of your base salary. Most LTD plans include a waiting period that lasts from three to 26 weeks before you are eligible to begin receiving benefits. During the LTD wait period, you may receive STD benefits, if you have that coverage. The average LTD benefit is three years, but depending on the policy, may last until retirement.

Most LTD policies have two clear-cut situations that identify the disability condition

Own Occupation benefits are payable if the employee is unable to perform his or her regular or a similar job. This period can last up to two years.

Any Occupation is payable after exhausting the Own Occupation benefits if the employee is unable to perform any job for which he or she may be qualified based on education, training, or experience.

Most LTD policies require that you apply for Social Security Disability Insurance (SSDI) benefits and may provide you with an agent to assist in the application process. LTD policies provide what is known as offset, meaning that any benefit paid by SSDI will reduce the benefit paid by the LTD policy.



If you are approved for SSDI and receive a retroactive benefits check, you are normally required to pay some of that amount back to the LTD company.



If you believe you need to file for short- or long-term disability, contact your insurer to find out what paperwork you need to complete and what documentation is needed from you or your doctor. If your policy is provided through your employer, contact your Human Resources Department as soon as possible to request a summary of benefits and information on submitting a claim.

①

Complete and submit the employee's statement.

②

Ask for and obtain the medical form from your treating physician.

③

Make copies of all forms and supporting information you submit for your claim.



Be sure to keep track of when additional paperwork or follow-up information may need to be submitted to your LTD insurer.



After your application is received, SSA will provide a confirmation number for your application – either electronically or by mail – which allows you to check the status of your application online.

A DDS caseworker reviews the application, medical and job worksheet, and all attached documents. They will contact you if more information or documentation is needed.

They will also inform you if other family members may be able to receive benefits on your record, or if you may be able to receive benefits on another person's record, such as your spouse or your parent (if you applied for SSDI).

Once your application is processed, SSA will mail a **decision notice** to you, which typically takes 3-4 months.

If You Are Approved

If you are approved for SSDI, payments will be directly deposited into your account after the 5-month waiting period. SSDI benefit payments do not start until after the 5-month waiting period from the onset date of disability, no matter how severe your disability.

If you are approved for SSI, you will begin receiving payments right away. Because of the length of time it takes for Social Security disability claims to process, most people receive **back payments**, which are past due benefits that have accrued during the approval process. Both SSI and SSDI claimants are eligible for back pay. These benefits accrue from the date that you filed your application.

Retroactive benefits are paid to you for the period between when you became disabled and the date you applied for Social Security Disability benefits. These are benefits that you were eligible for and would have received if you had applied for benefits earlier. SSDI recipients are eligible for retroactive benefits, but SSI recipients are not.

The amount of back pay you receive will depend on your established onset date as well as some possible deductions, which may include lawyer's fees, and/or taxes, child support, or other money owed to government agencies.

SSDI disability benefits can accrue either from the initial date of application, or as far back as twelve months prior to the date of application, minus a five-month waiting period:

- If your claim is approved five months after you apply for benefits, you will not be entitled to retroactive benefits (5-month approval process, less 5-month waiting period).
- If your claim is approved a year after application, you will be entitled to seven months of retroactive benefits (12-month approval process, minus a 5-month waiting period).
- If your claim is initially denied and you must move through the appeals process, and you are approved 24 months after application, you will be entitled to 12 months of retroactive benefits. The limit for retroactive benefits is 12 months, even though the 24-month waiting period less a 5-month waiting period is 19 months.

IMPORTANT BACK PAY FACTS TO KNOW

- If you are approved for SSDI, but your monthly benefit amount is less than the SSI monthly benefit, you can ask SSA about SSI payments to increase your benefit up to (but not exceeding) the SSI monthly benefit.
- The onset date of disability can be backdated from the application date if the application and medical records provide evidence of the disability.
- You may be required to pay back any short- or long-term disability you received from a private disability insurance company. Contact the company to be sure.

ADDITIONAL RESOURCES

- SSA will alert you if your spouse and/or dependents may be able to receive benefits on your record.



You may be eligible for additional benefits found at <https://www.dol.gov/agencies/odep/topics>, including but not limited to personal assistance services, home energy and utility assistance, prescription help, transportation, and housing.

Continuing Disability Reviews

The SSA periodically reviews the case of every person who is receiving disability benefits, both SSI and SSDI. This process, called a **Continuing Disability Review (CDR)**, is intended to identify recipients who might not be eligible for benefits any longer.

Continuing disability reviews are completed at different frequencies for different recipients, depending on your age and disabling medical condition(s). SSA conducts most recipients' reviews every three to seven years, depending on the likelihood that your condition will improve. Most of the time, you will find out how frequent your reviews will be in your approval letter.

You will be notified by mail when you will be expected to complete a CDR. There are two forms to fill out based on the severity and permanency of your disability.

- The short form, known as the Disability Update Report, is only two pages and is completed by those whose conditions are not expected to improve.
- Those whose conditions might improve will complete a Disability Update Review Report, which is a much longer form. These forms seek recent tests you have completed for your condition, as well as if you have been hospitalized or seen a doctor in the last year, and whether you have been working. It is a good idea to submit any medical records from the last 12 years with this form as well.

In addition to the regularly scheduled CDRs, SSA may conduct a review in any of the following situations:

- You decide to go back to work.
- You let SSA know that your condition has gotten better.
- Your medical evidence indicates your condition has improved.
- A third party like your physician tells SSA that you aren't following your treatment protocol.
- A new treatment for your disabling condition has recently been introduced.

SSI recipients will also have their income, resources, and living arrangements reviewed as frequently as every year. The SSA generally does this by telephone, in person, or by mail.

Advocates Can Help Disability Applicants

Most people seek out the assistance of a disability advocate after they have been denied benefits; however, others find it helpful to have an advocate's assistance and/or representation for the first application. A disability advocate is trained to help people get eligible Social Security Disability claims approved. Most advocates do not have a law degree or certification from the state bar, but they do have legal expertise and must go through training and certification to ensure they are qualified to assist you with your application.

A disability advocate must have a college degree or training and work experience equivalent to a college degree. The advocate must also pass a background check and maintain continuing education requirements, so they remain current on all rules, processes, or changes to programs.

Some non-profit organizations provide disability assistance free of charge; however, most advocates charge for their services. SSA processes the fees that are due to advocates or lawyers out of any back pay you are entitled to collect. Attorneys or advocates cannot charge you more than 25% (not to exceed \$6,000) of the benefits you receive from your approved claim. The representative will be paid only out of your backpay. If no back-dated benefits are awarded, the representative will not receive a fee.

To find a trusted advocate or lawyer, a good approach is to talk to people in your community who may refer you to one they have worked with and liked. As well, you may search a lawyer referral service in your state. Most attorneys or advocates do not charge for initial meetings, so you can become familiar with them before agreeing to hire them.



Advocates can help you with many aspects of a disability claim, including understanding the SSA processes, what is important to include when completing an application, and appeal hearing preparation and assistance.

Appealing a Denial of Disability

If you are denied, you will receive a letter from SSA, called an Explanation of Determination, that outlines their decision.

Explanation of Determination Letter Contains

A summary of your medical condition from Social Security's viewpoint

A list of impairments the disability examiner evaluated

An explanation for the decision to deny benefits.

Medical and non-medical records used to review your claim.

You have the right to appeal an unfavorable disability decision. We have provided a sample letter at the end of this section that you will want to customize and submit with your reconsideration. It will be important to know and follow timelines to keep your case active and moving through the Social Security system.

If you do not agree with the SSA decision, you must appeal in writing within **60 days** of the date that you receive the notice. Follow all instructions carefully. **You can be denied if you skip a step.**

Call your local Social Security field office and let them know you intend to appeal the disability denial. SSA will send you the forms to complete along with where to mail the paperwork once it is completed. You may find it more efficient to complete the appeal form online at <https://www.ssa.gov/benefits/disability/appeal.html>. If you need computer or internet access, you may be able to utilize the internet at your local library.

The Appeals Process (There are four levels of appeal)

1

Reconsideration must be submitted within 60 days from the date of the denial letter. This step of the process entails a complete review of your claim by someone who did not take part in the first determination. You can request this step online, and it is recommended that you submit new medical evidence, especially if there have been changes in your condition since you first applied.

2

Hearing by an Administrative Law Judge (ALJ) must be requested up to 60 days from the date on the letter of denial for reconsideration. This step often involves long wait times for a hearing to be scheduled but is usually held within 75 miles of your home. Your hearing may be held via video at one of SSA's hearing sites, in person at one of their hearing offices, or from your home computer or other secure location with internet access. If you have an advocate or lawyer working with you, they should participate in the same fashion you choose (ex: if you choose to appear virtually, your advocate needs to also appear virtually).

3

Review by the Appeals Council looks at all requests, but your request may be denied if the Council feels the ALJ made their decision per Social Security law and regulations. If the Appeals Council decides to review the case, it will decide itself or turn over your case to another ALJ.

4

Federal Court Review – If you disagree with the Appeals Council's decision or if the Appeals Council decided not to review your case, you can file a civil suit in a federal district court. It is recommended you have a lawyer represent you at this hearing. There is a filing fee, however, your lawyer may request the court waive the fee if you can prove to the court you cannot pay for it.

Tips for Making Your Best Case

- Get organized! Gather supporting information and keep the information in one place.
- Focus on the specific reason for the denial in the notice from SSA.
- Review the Social Security Listing of Impairments online. It provides specific criteria that must be met to prove you meet the qualifications for disability.
- Provide any new medical information or treatment records. This includes a list of current medications and dosages, as well as a list of names and addresses of all doctors or providers you have seen since you filed the initial application for disability.
- No one can tell your story better than you. Be honest when discussing how your condition(s) affect your daily life.
- Now is the time to submit any information that may have been left out of your initial application.



Relevant information includes anything that affects your ability to function. These details can come from different sources, including your medical record. Be sure to include details about how your condition is affecting your ability to work or has led to you receiving poor performance reviews from work or school.



Putting It All Together

- Work on your appeal as you can daily. You may want to create a timeline with dates, diagnoses, and supporting information for yourself so it will be easier to write the appeal letter.
- Provide your name and claim number.
- State you are appealing your denial of Social Security disability benefits and that you are providing supporting documentation.
- Describe yourself, including your age, education level, and work skills. Use descriptive words to explain the types of work you have done.
- Giving too much information at this point may hurt your case. Limit the information you are submitting to what is necessary to address anticipated questions.
- Give a brief history of your medical condition, including any change in your condition, new diagnoses, or treatments. Indicate if your symptoms are more severe than the denial letter outlined, or if there have been changes in your daily activities since you filed your initial application.
- Summarize your supporting documents. Organize your records from newest to oldest, flagging information you want to bring to the examiner's attention. Point out if this is new information the examiner has not yet reviewed.
- Include a statement explaining how you cannot work any job, not just your previous job. Based on your age, education, and previous experience, you could be approved on that basis alone.
- Include a statement from your treating doctors describing the full extent, limitations, and impact of your disability.
- Include any form(s) Social Security needs to be completed which can be found at www.socialsecurity.gov/disability/appeal.
- Close your letter by asking SSA to reconsider your claim.



Keep a notebook where you can record important facts or names, dates and times of people you talk to regarding your case, and what you discussed. Create sections in the notebook for written correspondence you send and receive.

You want to be sure there are no spelling or grammatical errors, and the letter has the impact you intended. Ask a friend or family member to review before sending.

Send the appeal packet by certified mail with a return receipt or, if by fax, the confirmation sheet. Keep the confirmation receipt in your file.

- You will receive confirmation from SSA if you submit your request for reconsideration online and can also check the status of your application by creating an account from my Social Security online at <https://www.ssa.gov/myaccount/>.
- Call SSA two weeks after you submitted your appeal packet to verify it was received and entered into your claim record.

Your appeal of the denial will be sent to a different DDS examiner than the person who adjudicated your first claim. Call the DDS office to ask for the name of the disability examiner and for help connecting with that person. Be sure to write down the examiner's name, phone number, and extension, and take notes of any conversations you may have and their dates, including when you call to provide new information on your disability.

Sample Appeal Letter

Name of Claimant:

Claim Number:

Date

Dear SSA,

I am writing to ask for reconsideration of the recent denial of Social Security disability benefits. I feel my claim has been denied in error. I am *[enter age]* years old and have a *[highest level of education achieved]*. I was diagnosed with *[enter name of a diagnosis as well as any other diagnoses you have]* on *[enter date]*. It is my understanding that my disability application was denied on *[insert date]* because *[enter the specific reason for the denial as stated in the denial letter/notice of decision]*.

My previous denial was based on information that is incomplete and inaccurate. This information is substantial to my claim. I need disability benefits because I am unable to perform substantial gainful activity in any capacity due to my impairments. I was diagnosed with *[enter diagnosis]* in *[year]*. Since that time, *[you want to show a timeline of 12 months being unable to perform Substantial Gainful Activity (SGA)]* *[Provide an overview of your diagnosis or conditions from how your symptoms developed and if they have worsened over time]* and have attached supporting medical records from my treating physicians. My symptoms are more severe than the denial letter outlined due to my condition. I am unable to do *[list any changes in your daily activities due to your diagnosis.]*

I have included the following documentation for your review, including some medical records that were not part of the last review:

- Statements from my treating doctors that are more detailed, describing the full extent of the medical conditions that prevent me from working along with the limitations I have due to my medical treatment since I became disabled.
- Any new medical testing, including lab, scans, hospitalizations, surgery, and medications.
- A timeline of the date I became disabled and medical conditions that prevent me from working on a full-time basis for a 12-month period. *[Show date of diagnosis-date disability began and the date of the appeal and note how many months between those dates you have been unable to work.]*
- A copy of the Notice of Disapproved Claim letter from SSA

I do not have an attorney working on my behalf. I respectfully request you reconsider your previous decision and approve my disability application for reasons outlined in this letter. Please contact me directly if you have questions regarding this request or if you need further information. You can reach me at *[phone number]* and by mail *[enter address]*. I look forward to hearing from you soon.

Sincerely,

Your Name

Credits

As you work and pay Social Security taxes (FICA), you earn credits that count toward your eligibility for future social security benefits. You can earn a maximum of four credits each year. Most people need 40 credits to qualify for benefits. Younger people need fewer credits to qualify for disability or survivors' benefits.

DDS worker

Claims examiners at the state disability determination agency who decide whether you are medically eligible for SSDI or SSI.

Decision Notice

Official letter explaining Social Security's decision and – if benefits are payable – they tell you the amount you will get each month as well as whether you qualify for back pay or retroactive benefits, and timelines for periodic review.

Earnings Record

A chronological history of the amount of money you earned each year during your working lifetime. The credits you earned remain on your Social Security record even when you change jobs or have no earnings.

Entitled Date of Disability

The date you are entitled to receive your disability benefits. This date is determined by SSA.

FICA Tax

Federal Insurance Contributions Act. It's the tax withheld from your salary or self-employment income that funds the Social Security and Medicare programs.

Medicaid

A joint federal and state program that helps with medical costs for people with low incomes and limited resources.

Medicare

The federal health program for people 65 years of age or older, certain younger people with disabilities, and people with permanent kidney failure (End-Stage Renal Disease, or ESRD with dialysis or a transplant or Amyotrophic Lateral Sclerosis (ALS), also known as Lou Gehrig's disease).

Onset Date of Disability

Determines the start of your SSDI eligibility and how much in benefits, including back pay, you can get.

Substantial Gainful Activity (SGA)

The amount of money that the Social Security Administration has decided that a person without a disability can earn from work each month that requires significant physical or mental activities. This is used to determine if you are eligible for benefits.

Supplemental Security Income (SSI)

A federal supplemental income program funded by general tax revenues. It helps aged, blind, and disabled people who have limited income and resources by providing monthly cash payments to meet basic needs for food, clothing, and shelter.

Social Security Disability Income (SSD or SSDI)

A federal program that provides benefits to disabled or blind persons and is based upon a specific amount of work credits, which correlates to years working in a job and contributing to Social Security taxes (FICA).

SSDI Waiting period

A five-month period that starts from the established onset date of the disability. This means that SSDI cash benefits will not start until five months after the onset date.

Ticket to Work program

A free and voluntary program that can help Social Security beneficiaries go to work while keeping their Medicare or Medicaid coverage.



Applying for disability benefits can feel like an overwhelming and overly complex process. Here are some common myths and misconceptions about Social Security Disability:

Everyone Gets Denied Disability, So It's Not Even Worth It for You to Apply.

Most disability claims are denied because they lack solid medical evidence supporting the fact that the applicant is unable to work due to their disabling condition. This results in about 65% of initial claims being denied. To avoid this, make sure your doctor(s) agree that you are unable to work and that your medical records support the fact that your symptoms or pain are so severe that they interfere with your ability to work at your current job or perform any of your previous jobs.

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 in your chart that your condition keeps you from working is not enough evidence to SSA that you should be granted disability benefits. Your doctor must document your symptoms and treatment to demonstrate to SSA that your condition keeps you from being able to take part in any income-producing activities. Your medical records must show how long you have experienced these symptoms, what medications or treatments you have tried and 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 Life-Threatening Disease, You Will Still Have to Wait in the Long Line With All the Other Applicants, So It's Not Worth It.

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 200 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 your application could be processed in as little as 10 days. However, meeting the requirements for approval under Compassionate Allowance does not remove the 5-month waiting period before you can collect disability payments.

You Must Be Off Work for a Year Before Applying for Disability.

Generally, you cannot be working when you apply for Social Security; however, if you are still working, you cannot be making more than the **substantial gainful activity (SGA)** amount, which is determined by SSA. This amount changes every year. Your disability application must show that your physical or mental condition is expected to last at least 12 months or will result in death. If you can demonstrate through your medical documentation that your condition will last, and keep you from working 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 still meet the conditions for being disabled, using a process called the medical Continuing Disability Review, or Medical CDR. You will be provided information on how often these reviews will be done when you are first approved for benefits. Starting back to work does not mean you will lose your benefits.

Some people mistakenly believe that seeking Social Security Disability is a decision to quit working for good. But this simply is not true! If you feel like you can go back to work, congratulations! This is great news! Responding to treatment and feeling better means you can reenter the workforce and means you will likely have higher income and more benefits available to you.

When you do start working, it is your responsibility to notify SSA promptly and report changes in work activity such as

①

You start and/or stop working.

②

You already reported your work, but your duties, hours, or pay have changed.

③

You start paying for expenses that you need for work due to your disability.



It is always better to alert SSA if you go back to work rather than withhold information.

There are several ways to report your wages:

- There is a toll-free, automated telephone system to report your income at 800-772-1213.
- You can also use the online tool within the Social Security portal (myWageReport). <https://www.ssa.gov/myaccount/>
- If you have a smartphone there are apps available for Apple or Android devices depending on which program you receive benefits through:
 - the SSI Telephone Wage Reporting system (SSITWR);
 - the SSI Mobile Wage Reporting application (SSIMWR);



Social Security sponsors a program called **Ticket to Work (TTW)**, which was specifically designed to help disability recipients earn more than their SSDI benefit and help them get back on their path to financial independence. TTW is a free and voluntary program that can help Social Security beneficiaries go to work, get a good job that may lead to a career, and become financially independent, all while they keep their Medicare or Medicaid coverage.

You can use the Ticket to Work program to start a **Trial Work Period (TWP)**, which is nine months during which you can retain your SSDI monthly benefits while testing your ability to work.

An **Extended Period of Eligibility (EPE)** refers to the 36 months that protect your SSDI benefits after the Trial Work Period. It includes receiving full SSDI benefits for the first three months, then 33 months of receiving SSDI benefits for any month your earnings from work drop below a certain level. This number is determined annually and is called the Substantial Gainful Activity (SGA) level.

If you find that you are unable to work within five years after the 36-month EPE ends, you can request to have your SSDI benefits restarted without having to file a new application.

If you are interested in going back to work, you can find helpful resources through more than 600 **Employment Networks** across the US at choosework.ssa.gov/findhelp/. These networks are designed to help you address issues such as improving energy and stamina for a full-time job, discussing job accommodations for employers, and complying with Social Security's reporting processes to protect your benefits for the long term.

TIMELINE

Timeline Estimate for Social Security Disability and Supplemental Security Income Entitlements

Week 1 Onset of Disability – Pre-evaluation

- Confirm doctor(s) medically support your disability and inability to work.
- Verify eligibility for Social Security disability.
- Does your status or health condition fall in a special situation?
- Check the compassionate allowances conditions list to determine eligibility for a reduced waiting time for disability determination.
- Prepare by gathering information you need to start your application in advance. Checklist available at <https://www.ssa.gov/hlp/radr/10/ovw001-checklist.pdf>.

Week 2-4 File for Social Security Disability

- Make an appointment at the local Social Security Administration (SSA) field office, calling national SSA, or apply online.
- Set aside 1-2 hours to complete the application and submit. Anticipate 3-12+ months for a final decision.
- Alert all your doctor(s) and facilities you have a pending decision and a request for medical records is forthcoming.
- Respond to any updates or questions on your application expeditiously. You have 10 days to respond or your case will be closed.

Month 1 Follow Up

- SSA will review your application, medical, and job documentation.
- Follow up on application for updates.
- 2nd notice sent to all doctors and facilities if still pending medical records.

Month 3-4 Application Processing

- SSI approval immediately upon approval.
- SSDI approval may be backdated to onset of disability and you may be entitled to retroactive benefits.

- SSDI waiting period ends for approved patients and monthly payments begin.

**Month 5
Benefits Start**

- **1st Appeal – Reconsideration Appeal (if applicable)** – must be requested within 60 days from initial denial letter date.
- **2nd Appeal – Hearing by an Administrative Law Judge (ALJ)** – must be requested up to 60 days from the date on the letter of denial for reconsideration. This step often involves long wait times for a hearing to be scheduled but is usually held within 75 miles of your home.
- **3rd Appeal – Review by the Appeals Council** – If Appeals Council decides to review the case, it will decide itself or turn over your case to another ALJ.
- **4th and Final Appeal – Federal Court Review** – File a civil suit in a federal district court.

**Month 5 -24 +
If Denied**

- SSDI recipients become eligible for Medicare based on the approval date of disability or 24 months post waiting period. Special rules apply for ALS and Renal Failure patients.

29 months

- Check your application status routinely at <https://www.ssa.gov/myaccount> or calling 800-772-1213.

Any Month



 patientadvocate.org  (800) 532-5274