

Chapter 1

OVERVIEW OF SSA AND DISABILITY DETERMINATION**Frequently Used
Acronyms and
Definitions**

The following acronyms and abbreviations will be used repeatedly throughout the text of this manual. They may be commonly accepted in the rehabilitation and education community, but these acronyms and abbreviations may have limited use with personnel in the Social Security Administration or with individuals with disabilities and their families.

ALJ.....	Administrative Law Judge
BPA & O.....	Benefits Planning, Assistance and Outreach
BPQY.....	Benefits Planning Query
BWE.....	Blind Work Expense
CDB.....	Childhood Disability Benefits
CDR.....	Continuing Disability Review
CMS.....	Centers for Medicare and Medicaid Services (formerly HCFA)
CSA.....	Civil Service Annuity
DD.....	Developmental Disabilities
DDS.....	Disability Determination Service
DWB.....	Disabled Widow(er) Benefits
EAP.....	Emergency Advance Payments
EPE.....	Extended Period of Eligibility
ESR.....	Employment Support Representative
EXR.....	Expedited Reinstatement of Benefits
FBR.....	Federal Benefit Rate
FICA.....	Federal Insurance Contribution Act
HCFA.....	Health Care Financing Administration
HUD.....	Housing and Urban Development
IEP.....	Individualized Education Plan
IRS.....	Internal Revenue Service
IRWE.....	Impairment-Related Work Expense
IPE.....	Individual Plan for Employment
ISM.....	In-kind Support and Maintenance
IWP.....	Individual Work Plan
MH.....	Mental Health
MIE.....	Medical Improvement Expected
MINE.....	Medical Improvement Not Expected
MIP.....	Medical Improvement Possible
MRTW.....	Modernized Return to Work
MSSICS.....	Modernized Supplemental Security Income Claims System
NPRM.....	National Proposed Rule Making
ODD.....	Office of Disability Determination
ODO.....	Office of Disability Operations
OHA.....	Office of Hearing and Appeals
OASDI.....	Old Age Survivors Disability Insurance
P&A.....	Protection and Advocacy
PABSS.....	Protection and Advocacy for Beneficiaries of Social Security
PASS.....	Plan for Achieving Self-Support

PESS	Property Essential to Self-Support
PMV	Presumed Maximum Value
POMS.....	Procedural Operations Manual System
RFC	Residential Functional Capacity
SCHIP	State Child Health Insurance Program
SEIE	Student Earned Income Exclusion
SGA	Substantial Gainful Activity
SS#	Social Security Number
SSA	Social Security Administration
SSDI.....	Social Security Disability Insurance
SSO	Social Security Office
SSI.....	Supplemental Security Income
TANF	Temporary Assistance for Needy Families
Title II	Legislation outlining Social Security Disability Insurance
Title XVI.....	Legislation outlining Supplemental Security Income
TWWIA	Ticket to Work and Work Incentives Improvement Act
TWP	Trial Work Period
UWA.....	Unsuccessful Work Attempt
VA.....	Veterans Administration
VB.....	Veterans Benefits
VR.....	Vocational Rehabilitation
VTR	Value of the Reduction

Organizational Structure and History of SSA

The Social Security Administration (SSA) is a federal agency that administers two benefit programs for people with disabilities known as Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI).

SSDI benefits are paid to individuals, and their dependents, who have been employed and have paid Social Security taxes. When individuals work, the employees and their employers contribute Social Security taxes that are reflected on the paychecks as Federal Insurance Contributions Act (FICA). Social Security tax contributions for 2004 are 7.65 percent of an individual's wages, which is then matched by employers and submitted to the Internal Revenue Service (IRS). For individuals who own their own business, the contribution is not shared and they are solely responsible for submitting both shares to the IRS (15.3 percent of their earned wages). The 7.65 percent tax rate is the combined rate for Social Security and Medicare (6.20% for OASDI and 1.45% for the Medicare portion).

As contributors, individuals and their dependents/family members may receive benefits when they retire, become disabled, or die. Social Security provides benefits as follows:

- Retirement benefits to those 62 or older;
- Disability benefits to those who cannot perform substantial work and meet SSA disability criteria; and/or
- Dependent benefits to spouses and children of deceased, disabled, or retired workers.

The Supplemental Security Income program, or SSI, was established in 1974 to provide benefit assistance to individuals who demonstrate economic need and who are 65 or older or have a disability. The primary goals of Congress in establishing the SSI program include the following:

1. To provide a uniform, minimum income level that is at or above the poverty line;
2. To establish uniform, national eligibility criteria and rules;
3. To provide fiscal relief to the states; and
4. To provide efficient and effective administration (U.S. Congress 1971; U.S. Congress, 1972).

Prior to 1974, states provided public assistance to individuals with disabilities to varying degrees depending on the state.

Unlike the SSDI program, SSI is funded through the general revenues of the Federal Treasury. As a result, to be eligible for an SSI cash benefit it is not necessary for a person to have a past history of employment and payroll tax contributions. Instead, eligibility for SSI is based solely on meeting specific income, resource and disability eligibility criteria. Eligible individuals can receive both SSDI and SSI.

The legislative history pertaining to both the SSI and SSDI programs shows that Congress expresses a "...desire to provide every opportunity and encouragement to the blind and individuals with disabilities to return to gainful employment." While SSA has frequently promoted SSI and SSDI as "stepping stones or springboards to employment and greater economic self-sufficiency," reports on employment outcomes for beneficiaries and/or recipients indicate that limited numbers of individuals have actually opted to return to work once disability benefits are awarded. In an effort to encourage employment for beneficiaries, the federal government and the SSA have responded during the past 20 years with legislative and regulatory changes in the SSI and SSDI programs. These changes, or work incentives, are aimed at reducing the risks and costs associated with the loss of benefit support and medical services as a result of returning to work.

The headquarters of the Social Security Administration is located in Baltimore, Maryland and provides management and computer support to an organization of over 60,000 employees. In addition to the headquarters site, there are:

- 10 regional offices,
- 6 processing centers,
- 3 data operations centers, and
- about 1300 local Social Security offices located throughout the country.
- 130+hearing offices nationwide.
- Office of Hearing Appeals in Falls Church, VA.

The Office of Employment Support Programs (OESP) was established in 1999. The mission of OESP is:

1. To plan, implement, and evaluate Social Security Administration (SSA) programs and policies related to the employment of the Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) beneficiaries with disabilities.
2. To promote innovation in the design of programs and policies that increase employment opportunities for Social Security beneficiaries.
3. To educate the public about the SSA and other public programs that support employment and about organizations that provide employment-related services.
4. To join with other public and private entities to remove employment barriers for people with disabilities.

The Division of Employment Policy is comprised of three teams:

1. Employment Policy Team: Leads operational policy development and implementation for all work-related provisions under the SSDI and SSI programs.
2. Employment Support Service Delivery Team: Manages pilot, evaluation and implementation of a new field position. It leads testing of new service delivery software, procedures, materials and related outreach materials and leads crafting of communications plans, forums and materials in coordination with SSA's Office of Communications.
3. Program Innovations Team: Manages research and demonstration projects under section 234 and 1110 of the Social Security Act, grants and cooperative agreement programs. It evaluates and makes recommendations about requests for SSA to waive title II and title XVI requirements; evaluates unsolicited grant and cooperative agreement proposals; SSI youth with disabilities.

The Division of Employment Support and Programs Acquisitions is comprised of four teams. They are:

1. Communications and Training Team: This team works with the Office of Communication to produce written products and other material related to internal and external communications efforts for the Ticket to Work Program, concentrating on the 120-day period leading up to and following the release of the first tickets. It is responsible for assessing training needs related to the Ticket program and crafting appropriate training material.
2. Legislative Implementation Team: This team is responsible for coordinating the implementation of the Ticket to Work program, including developing policy, negotiating systems support, preparation of regulations, development of notices, and training on the program.
3. Program Acquisitions Team: This team provides technical support and oversight in the development, solicitation, award, administration, and evaluation of program contracts and interagency agreements entered in to promote and/or support SSA's employment support/return-to-work initiatives.
4. Provider Operations Team: This team is responsible for administering the Vocational Rehabilitation (VR) Reimbursement Program affecting both State VR agencies and alternate participants. This includes writing policy and procedures and reviewing and paying reimbursement claims. This team is also responsible for developing regulations and policies and procedures for some aspects of the Ticket to Work Program including activities relating to Employment Networks and State VR agencies. The claims unit will also be involved in the Employment Network payment process.

Communicating with the SSA regarding individual benefits, work incentives and employment efforts largely involves interactions with SSA personnel at the local field office or through the SSA 1-800 telephone service. Claims Representatives, are located in the local field offices and provide an array of services related to establishing entitlement to benefits under Social Security programs and dealing with issues related to benefit payment amounts. In most cases, the local Social Security Offices have access to designated, specially trained work incentive liaisons. This is not an actual job title, but it does imply that these individuals have additional training and duties related to work incentive information and development. To identify the work incentive liaisons in a geographic area, contact the local Social Security Office or regional office. The SSA Web Site (www.ssa.gov) contains information on location of the offices. In addition, beneficiaries and/or recipients also have access to a cadre of PASS specialists who can support use of the Plan for Achieving Self Support (PASS) work incentive. Also, as a result of the TWWIA, beneficiaries and/or recipients may have access to Employment Support Representatives (ESRs) who can support use of work incentives and career development.

Work Incentives

Work incentive provisions can help people with disabilities in two significant ways. First, they can help individuals pay for services or items that they need in order to work and to maintain, or even increase, their cash benefits until they are stable in employment. Second, in addition to the 1619(b) work incentives, the PASS, Impairment Related Work Expense (IRWE), and Blind Work Expense (BWE) are incentives that enable people with disabilities to recover expenses they incur while working towards greater economic self-sufficiency. The goals of the work incentive programs are to assist individuals to achieve gainful employment, increase independence, facilitate empowerment, and acquire self-support.

A decision by a beneficiary or recipient to work and use the work incentives available to them should involve thorough up-front evaluation and planning to ensure an overall positive impact. First, projections should be made on the immediate effect of the earnings and the work incentives plan on cash benefits and the overall financial situation. Second, the long-term impact of changes in both earnings and work incentive utilization must be investigated. Some very basic questions to be addressed should include the following: What happens if earnings increase or decrease? If the vocational goal is reached, will benefits cease altogether? What will be the impact on medical coverage? Successful utilization of the work incentives and smooth benefit transitions ultimately depend on a cooperative effort between beneficiaries and recipients, families, advocates and the SSA. Proactive communication with the SSA will help to ensure that decisions made regarding employment and work incentive use are based on sound, accurate information and projections. A listing of work incentive resources and publications is provided in Appendix B.

Adult Definition of Disability

The criteria and process used to establish an individual's disability status for initial eligibility is the same for the SSI and SSDI. It is critical to keep in mind, however, that for the SSI program, the disability eligibility requirements and process for determining eligibility based on those requirements differ slightly for individuals who are under the age of 18 versus those who are 18 years of age and older. The following information outlines the criteria and process for adults who are 18 years of age and older. The childhood requirements that apply to individuals under the age of 18 are described later in this section.

The key to understanding the adult criteria lies in understanding how disability is defined for the adult program. Section 223(d) of the Social Security Act defines the disability requirements for this program in the following manner:

"The inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment 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."

An individual shall be determined to be under a disability only if his physical or mental impairment or impairments are of such severity that he is not only unable to do his previous work but cannot, considering his age, education, and work experience, engage in any other kind of substantial gainful work which exists in the national economy, regardless of whether such work exists in the immediate area in which he lives, or whether a specific job vacancy exists for him, or whether he would be hired if he applied for work."

The basic conditions for the disability requirement include the following:

- Individuals must have a disability that can be documented by a qualified medical examiner. Individuals must also meet or equal a certain level of disability;
- The disability must be expected to last 12 or more months or be expected to result in death;
- Individuals cannot be working at the time of application or, if working, can not be earning more than the SGA level of \$810 for individuals with a disability other than blindness or \$1,350 if they are blind; and
- Per separate statutory definition, individuals who are blind and applying for SSI do not need to meet an SGA test but rather a test to ascertain level of blindness.

Sequential Evaluation Process

Based on this definition of disability, a sequential evaluation process involving five distinct steps is applied by the Disability Determination Service in making the disability decision. The Social Security regulations pertaining to the sequential evaluation process require that the steps of the process be followed in specific order and allow for the process to terminate if at any step a determination of "disabled" or "not disabled" can be made.

1. Is the person working at a substantial level?

Step one of the sequential evaluation process addresses whether the person is engaging in substantial gainful work activity, or SGA. SGA is defined as the performance of significant physical or mental duties for pay or profit and in 2004 is generally determined to be gross earnings in excess of \$810 a month for individual with a disability other than blindness and \$1,350 for a person who is blind. Individuals engaging in work at or above the SGA level are considered to be demonstrating the ability to do substantial work in spite of their disabling condition and are consequently determined to be not disabled under Social Security law.

Prior to January 2001, earnings between \$300 and \$700 per month may have been considered a gray area and deemed to be SGA — known as the secondary SGA level. This was based on comparison of the earnings of

workers with disabilities to that of their non-disabled peers performing similar jobs. Also, prior to these changes the \$700 SGA level established in July of 1999 was not automatically adjusted annually as was the case for individuals who were blind. Effective January 2001, SGA eliminated the secondary SGA level of \$300. In addition, the new rules adjust annually the SGA amount for people with impairments other than blindness. The guideline would be the larger of the previous year's amount or an increased amount based on the Social Security national average wage index. Individuals who are blind and applying for SSI do not have to meet an SGA standard.

There are several work incentive provisions that can help individuals earning over the SGA level to establish eligibility. Income averaging can possibly result in a current month's wages above SGA being considered non-SGA when averaged with previous lower-wage months. This is explained in more detail in Chapter 6. The dollar amount of impairment-related work expenses (IRWE) and subsidies are subtracted from the gross monthly wages before the SGA determination is made. Individuals may be earning over the SGA level and still meet the disability criteria if the dollar amount of their IRWEs and/or subsidies is significant enough to reduce their gross monthly earnings below the SGA level. The provisions are explained in greater detail later in this manual. Earnings set aside under a PASS cannot be deducted from gross monthly wages to meet the SGA criteria.

2. *Is the individual's medically determinable impairment or combination of impairments "severe?"*

Key to the disability determination process is the requirement that a person have a physical or mental impairment that can be documented by a qualified medical examiner and that the disability is severe in terms of rendering the person incapable of performing substantial work. Social Security policy requires that for an impairment or combination of impairments to be considered severe, it must significantly limit the individual's physical or mental ability to perform one or more basic work activities needed to do most jobs. Examples of such basic work activities include walking, standing, seeing, hearing, following simple instructions, and the use of judgment.

Based on consideration of the medical factors and evidence alone, a decision is made as to whether the person's disability is severe. Impairments of only a slight abnormality, which have no more than a minimal impact on the person's ability to perform basic work activity, result in a determination of "non severe." A non-severe determination at this step translates into a determination of not disabled and results in a cessation of benefits. If a determination is made that the person's impairment is severe, the evaluation will move to the next step of the sequential evaluation process.

3. *If the impairment is determined to be severe, does it meet or medically equal the severity of a listing in the SSA's Listing of Impairments?*

At this step of the evaluation process, the individuals' medical evidence is reviewed to determine if they meet or equal one of the impairments as described in the SSA's Listing of Impairments. The Listing of Impairments provides for each of the major body systems a description of medical conditions that are considered severe enough to prevent an individual from performing work at a substantial level.

If the medical evidence available supports the fact that a person has an impairment that is of the same level of severity as described in the Listings, and the impairment has lasted or is expected to last for a continuous period of at least 12 months or to result in death, that person will be determined to be disabled based on the medical considerations alone.

Individuals are also found to be disabled if they are determined to have a medical condition that is the equivalent of an impairment described in the Listings. The Social Security Regulations specify that for an impairment to be found to be equivalent in severity to a listed impairment, the symptoms, signs, and laboratory findings in the individual's medical evidence must be equivalent in terms of severity and duration to the symptoms, signs and findings for a listed impairment. In addition, the DDS physician must document that in their medical judgment, the individual's disability equals a listed impairment.

The disability evaluation process ends at this point for individuals who are found to be disabled based on a decision that they meet or equal the medical listing of impairments. A determination that a person does not meet or equal the Listings requires that the disability evaluation process continue to the next step.

4. *If the impairment is severe, but does not meet or equal the severity of listing, does the individual retain the capacity to do his or her past relevant work, considering his or her residual functional capacity?*

Both the physical and mental demands of past relevant work and the individual's capacity to meet these demands are evaluated at this step of the sequential evaluation process. Past relevant work refers to any work that the individual has performed at the substantial gainful activity level within the past 15 years. Work that did not result in SGA level earnings may also be considered if it is determined that the person had the capacity to perform that work at a substantial level. However, work that was performed for less than six months may be determined to be an Unsuccessful Work Attempt and would then be discounted as past relevant work. See Chapter 6 for more detail about UWA.

The process of determining a person's ability to perform past work involves an assessment of their Residual Functional Capacity (RFC). RFC is defined as the work-related abilities that a person retains in spite of their medical impairment. The DDS physician is responsible for determining an individual's RFC, and bases this determination on the medical and non-medical evidence in the case file.

For persons with mental impairments, the Mental Residual Functional Capacity Assessment form is used by the physician to rate the degree of limitation that exists in four categories of mental activity. These categories include understanding and memory; sustained concentration and persistence; social interaction; and adaptation. The ratings are then considered as a whole in reaching a determination of the individual's residual functional capacity.

The Residual Physical Functional Capacity Assessment form is utilized to rate the degree of limitation that exists for persons with physical disabilities. Exertional, postural, manipulative, visual, communicative, and environmental limitations are rated separately by the DDS physician, and then considered in their totality in the assignment of a person's overall residual functional capacity.

5. *If past relevant work is precluded, does the individual retain the capacity to do any other kind of work (which exists in significant numbers in the national economy), considering the individual's residual functional capacity and the vocational factors of age, education, and work experience?*

In determining whether an individual has the capacity to perform other work that exists in the national economy, both residual functional capacity and the vocational factors of age, education and work experience are taken into consideration.

Individuals with impairments, which are strictly physical or exertional, are assigned a range of work based on their assessed residual functional capacity. The range of work defines the person's maximum sustained work capability for sedentary, light, medium, heavy, or very heavy work. A corresponding table exists for each of the range of work categories. The table provides a list of SSA medical/vocational rules indicating "disabled" or "not disabled" based on variances in age, education and work experience. In cases where these factors coincide with all of the factors of a medical/vocational rule represented on the table, a finding of disabled or not disabled can be reached without further evaluation of the person's ability to perform other work.

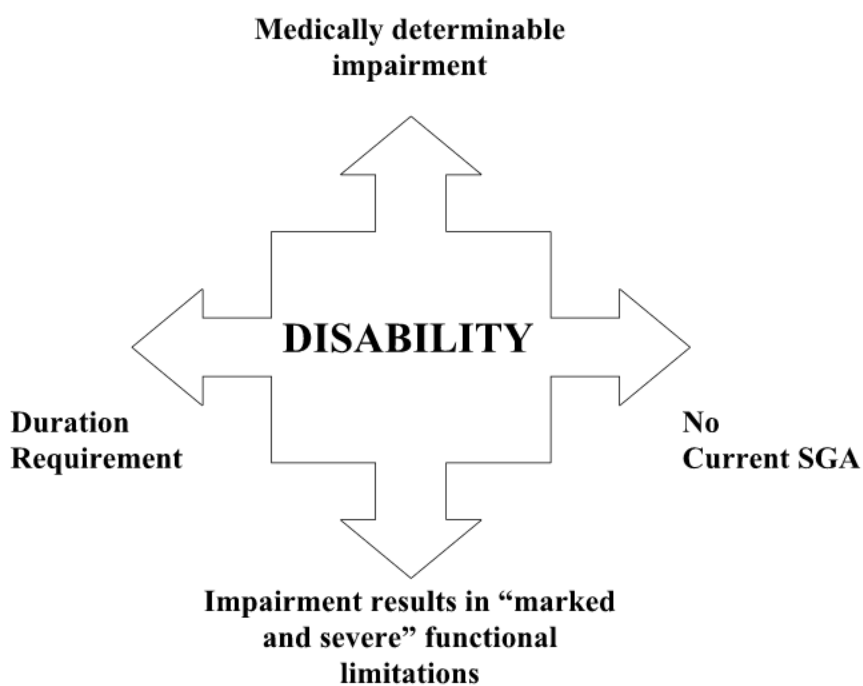
The tables and medical/vocational rules described above apply only to situations in which the person's impairment is strictly physical or exertional in nature. For individuals with a mental impairment or combination of physical and mental impairments, the tables are used as a source of guidance in the determination process only. The ultimate decision of "disabled" or "not disabled" for these disability categories requires that the person's vocational factors of age, education and work experience first be assessed. Based on the assessment of both the vocational factors and residual functional capacity, a review of jobs in the Dictionary of Occupational Titles is conducted to determine which, if any, of the jobs that exist in the national economy would be indicated for the individual. A determination of "not disabled" must cite three jobs, at minimum, that the individual possesses the residual functional capacity to perform at a substantial level. A determination that an individual is not able to perform other work at a substantial level will conclude with a decision that the individual is disabled.

Childhood Definition of Disability for SSI

Disability...

“An individual under the age of 18 shall be considered disabled for the purposes of the SSI program if that individual has a medically determinable physical or mental impairment which results in marked and severe functional limitations, and 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.”

SSA has clearly stated that they will no longer discuss disability in terms of a child’s ability to function independently, appropriately, and effectively in an age-appropriate manner. The new definition of disability has four main parts which guide the sequential evaluation process: (diagram below)



Substantial Gainful Activity (SGA) for Children Under 18

The law is clear that no individual under the age of 18 who engages in SGA at the point of initial application will be considered disabled. However, once a child turns 18, as well as during any “redetermination,” an SGA test will not be conducted as part of the redetermination process as SSA is applying the 1619 work incentive provisions in these cases.

**Disability
Determination
Service (DDS)****Medically Determinable Impairment**

An important part of the sequential evaluation process is to determine whether the child has a medically determinable impairment or combination of impairments that is severe. The term “severe” at this step differs from its use in the definition of disability, as it refers during this step as a “term of art” and means that an impairment, or combination of impairments, has more than minimal impact on a child’s functioning. SSA stipulates that they must be very careful in considering the combined effects of *all* of an individual’s physical or mental impairments, and associated symptoms (Office of Disability, 1997).

Marked and Severe Functional Limitation

The new phrase “marked and severe functional limitation does not refer to a “marked” limitation plus a “severe” impairment. Instead, it refers to listing-level severity, which means that a child’s impairment must meet, medically equal, or functionally equal the severity of the listing. SSA also defines listing-level severity as marked limitations in two areas of functioning or an extreme limitation in one area. A child’s functioning is still considered and still developed the same way as it was under the prior definition, but the level of severity is greater than under the “Individualized Functional Assessment” process used prior to the *Personal Responsibility and Work Opportunity Reconciliation Act of 1996*. In addition, these limitations must be expected to result in death or be expected to last for a continuous period of not less than 12 months.

Disability Determination Services (DDS) are state agencies that are fully funded by the federal government to develop and review the medical and non-medical evidence and render a determination on whether an individual is, or is not, disabled under the law (SSA, Publication No. 64-039).

The state DDS makes the disability decision for the SSA. Once an application for the SSI or Title II program is completed at the SSA office, it is sent to DDS. In making the disability determination, DDS workers will ask individuals’ doctors and other treatment sources for a medical history of their condition:

- What is wrong;
- When did it begin;
- What do medical tests indicate; and
- What treatment has been given.

A team of trained people in the DDS office, including a doctor and a disability examiner, review the completed forms, as well as the medical records and work history, to decide if individuals are disabled. If they are unable to make a decision based on this information, the DDS will pay for a specific medical examination. In deciding if individuals are disabled, the DDS will determine if the condition is as severe as that described in the SSA’s listing of specific impairments. If it is not, the DDS looks at the individual’s physical and mental capabilities in combination with other factors, such as age, education, and work experience.

Continuing Disability Reviews (CDR)

The Social Security Act includes a requirement that the SSA periodically update records and review the disability status of beneficiaries and recipients to ensure that they continue to be disabled and thus eligible for disability payments. These reviews are called ***Continuing Disability Reviews*** (CDRs) and apply to persons receiving both SSDI as well as SSI. At the point when an individual is determined eligible for disability benefits or at the time of the last full CDR, a date (or diary) for the next review, is established by the DDS Disability Adjudicator. Generally, a CDR can be expected based on classification of disability, namely:

- Medical Improvement Not Expected (MINE): CDR every five to seven years;
- Medical Improvement Possible (MIP): CDR every three years;
- Medical Improvement Expected (MIE): CDR every six to eighteen months; or
- Vocational Re-examination Cases: CDR pending training/rehabilitation program completion.

Prior to 1993, all beneficiaries and recipients diaried for a CDR in any given year were subject to a full medical review. In an effort to increase efficiency, a new process was implemented in 1993 that included use of a computerized statistical analysis and CDR Mailer to predict the probability of medical recovery and need for a full medical review to be conducted. On an annual basis, SSA on-line data for all current beneficiaries and recipients are run through the computerized statistical analysis and assigned a score. This process is referred to as “profiling” and all beneficiary/recipient records are subject to the analysis regardless of an individual’s CDR diary.

Once the profiling process is complete, beneficiaries and recipients with a diary that will mature during the current fiscal year are essentially divided into two groups: those whose profile score indicates a high probability of medical recovery and those whose profile score indicates a low probability. Full medical CDRs are initiated immediately for individuals with a score indicating high probability. Beneficiaries/recipients with a low probability score are sent a CDR Mailer also known as the Disability Update Report, (SSA 455-ocr-sm).

The purpose of the CDR mailer is to gather additional information directly from the individual and to consider this information along with current records to determine if a more detailed medical review is needed. The following questions are asked of beneficiaries/recipients on the mailer:

1. Have you received medical treatment during the last two years?
2. As compared to two years ago, do you feel the same, better, or worse?
3. Have you discussed your ability to work with your doctor? Has your doctor cleared you for work?
4. Within the last two years, have you participated in, or completed, an educational program?
5. Have you engaged in any work activity during the last two years?

In many cases, depending on the answers provided, the SSA can avoid doing the much longer full medical review that used to be done in every case, and is still done in about half of the cases they process each year. Once the mailer is returned and the screening process completed by the Data Operation Center, a determination is made to either defer the case or to initiate the process for a full medical review (CDR). If a case is referred for a CDR, an electronic flag is sent to the location where the file is housed, and the file is then forwarded to the local SSA office. The local SSA office generates a CDR notice to the beneficiary/recipient and contacts them for an interview. The information is then forwarded to the State DDS for a determination of disability.

Cases that are deferred as a result of the mailer will not undergo a CDR. Instead, no further disability evaluation will take place at this time and a new diary will be established for the next CDR. The diary will be set for the same duration as was established for the previous CDR.

All CDR mailers are processed through the Wilkes-Barre Data Operation Center in Pennsylvania. During the mailer process, beneficiaries/recipients may be contacted via phone or mail from the Data Operation Center to assist in the gathering of complete and accurate information. Additionally, if the mailer is not returned, a second mailer will be sent. A fact sheet accompanying the mailer indicates that failure to submit the form will *not* automatically result in benefits stopping. Extensive development (including generating the second mailer, Data Operations Center and/or field office contact) and due process notification takes place before consideration is given to suspending or terminating benefits.

It is important to keep in mind that the CDR mailer process does not apply to the Title II CDR conducted at the end of the trial work period for the purpose of determining SGA, *or* to CDRs triggered by SSI recipients moving into 1619 status. Current mandates require that full medical CDRs be conducted on individuals in both of these categories. CDRs as they apply specifically to the SSI and SSDI program will be detailed in more depth later in this manual.

	<p>Effective January 1, 2001, the SSA will not be able to initiate a Continuing Disability Medical Review while an SSI recipient or SSDI beneficiary is using a "Ticket" under the Ticket to Work and Self-Sufficiency program. This protection is discussed in greater detail in Chapter 21.</p> <p>Extending CDR protections further, effective January 1, 2002, work activity by an SSDI beneficiary who has received SSDI for at least 24 months cannot be used as a basis for conducting a medical CDR. However, as in the prior protection, earning at or above the SGA level may make the individual's benefits subject to termination. However, work CDRs will still be conducted. Also, any previously scheduled medical CDRs will still be conducted unless the beneficiary is exempt due to participation in the ticket program.</p>
Continuing Disability Review (CDR) for Children	<p>A CDR must be done at a minimum of every three years for recipients of SSI under age 18 whose conditions are likely to improve. CDRs must be done not later than 12 months after birth for babies whose disability is based on their low birth weight. The Social Security Administration may also do CDRs for recipients under age 18 whose conditions are not likely to improve.</p>
Redetermination of Eligibility at Age 18	<p>Any person who was found eligible for SSI as a child in the month before they turned 18 must have their eligibility for SSI redetermined as an adult. The redetermination will be done following the individual's 18th birthday using rules for adults filing a new benefits application. In 1997, the 12-month rule for conducting "age 18" redeterminations was repealed; now, SSA may conduct the redetermination at any point following the individual's 18th birthday. This could be done during a CDR or conducted at other points at SSA's discretion. Once completed, an individual who is <i>not</i> determined eligible for benefits as an adult will receive two more months of cash benefits from the date of the determination. However, overpayment <i>may</i> be considered after the ineligibility date for adult benefits is determined, should the individual continue to receive cash benefits beyond the two-month grace period in certain situations.</p>
Continued Payment of Benefits for Children and Those Turning Age 18 Who Medically Recovered and Are Participating in an Approved Vocational Rehabilitation Program	<p>Section 5113 of the Omnibus Budget Reconciliation Act of 1990 extended eligibility for "Section 301" payments to individuals whose disability ceased because of medical recovery during participation in an approved VR program expecting to result in employment. On August 10, 1999, the Office of Employment Support Programs of the Social Security Administration provided further clarification in field memorandum file number EM-99079. This stated that the procedure for determining continued payment of benefits under "Section 1631(a)(6)" of the Social Security Act applies to all "age 18" redetermination and continuing disability review cases.</p> <p>The field memorandum clearly articulates that "Section 1631(a)(6)" does apply to an individual age 18 and older whose impairment is determined to be no longer disabling, as a result of a disability redetermination conducted to redetermine a SSI recipient for benefits as an adult (as long as they are participating in an approved VR program).</p>

**Continued
Payment of
Benefits to Those
Who Medically
Recovered and
are Participating
in an Approved
Vocation
Rehabilitation
Program**

This further clarification strongly supports the movement and connection of students prior to school exit into approved VR programs. Inadvertently, connecting students to VR programs could potentially result in more transition-aged youth becoming attached to employment as a result of this provision.

Sections 225(b) and 1631(a)(6) provide for a continuation of SSI and/or Title II benefits respectively to individuals who have medically recovered but who are participating in approved vocational rehabilitation programs. Note that section 101(b) of the Ticket to Work and Work Incentives Improvement Act of 1999 (P.L. 106-170) amends the sections of the Social Security Act referenced above by removing “vocational rehabilitation program” language and replacing it with “a program consisting of the Ticket to Work and Self-Sufficiency Program under section 1148 or another program of vocational rehabilitation services, employment services or other support services.” The information below pertaining to this provision has not yet been amended to reflect these new changes. However, the proposed rules to implement this expanded definition will be published in the Federal Register at a later date and incorporated into a later edition of this curriculum.

These provisions allow individuals who have medically improved and are no longer considered disabled to continue receiving SSDI and SSI benefits if:

- They are participating in approved vocational rehabilitation programs at the time their disability ceases; and
- SSA has determined that the beneficiaries’ continued participation in the vocational rehabilitation programs will increase the likelihood of permanent removal from the disability benefit rolls.

Because of a law effective November 1, 1991, individuals can be participating in public or private approved vocational rehabilitation programs, not just state programs, to have benefits continued. Medicare, Medicaid, and state supplement eligibility also continue.

To establish eligibility, beneficiaries should work with their SSA claims representatives and vocational rehabilitation counselors. Form SSA-4290 or the Individual Plan for Employment (formerly IWRP) will be used to gather the necessary information. Information considered includes: current vocational rehabilitation status; specific vocational objectives; the programs progress toward completion; and when the program will be completed.

If SSA determines that continued participation in rehabilitation programs will not increase the likelihood that individuals will be permanently removed from the disability rolls, benefits will be terminated the month following this decision. Additionally, if individuals stop participating in the program for more than 30 days, benefits will cease and will not resume.

**Supporting
Forms and
Documentation**

Form/No #	Use	Where to get it
SSA-4290 Claimants Recent Medical Treatment	Used by SSA to collect information from State VR units or alternative providers of VR services regarding program participation.	Completed by SSA although copies could be obtained from a local SSA office.
SSA Publication No. 64-039	Program circular defining disability evaluation under Social Security.	Available at SSA.GOV under the publications link or via a local SSA office.