Mapping Your Path to Work Answers To Your Work Questions From New York Makes Work Pay

Surviving a Continuing Disability Review What To Expect When SSA Conducts A CDR

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NewYork Makes Work Pay

In This Guide

The purpose of this guide is to educate New Yorkers with disabilities who receive Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) benefits regarding what to expect when the Social Security Administration (SSA) conducts a medical continuing disability review (CDR).

- 1 What is a continuing disability review or CDR?
- 1 When to expect a CDR?
- 2 What happens during a CDR?
- **3** What to do if the individual gets the short form
- **3** What to do if the individual gets the long form
- 4 What else should I know about the CDR?
- **5** What happens if SSA finds that no improvement has occurred?
- **5** What happens if SSA finds that improvement has occurred?
- **5** What happens if SSA finds that an individual is no longer disabled?
- 6 What if I Have Questions About How My Benefits will be Impacted by Going Back to Work?

This booklet is part of a series of New York Makes Work Pay publications that help New Yorkers with disabilities plan a path to employment.



What is a continuing disability review or CDR?

Once an individual receives either SSDI or SSI disability benefits, the Social Security Administration will periodically review their case to make sure that individual continues to be disabled. This review is called a Continuing Disability Review (CDR). Here is what you can expect from a CDR.

When to expect a CDR?

When a person is found to be disabled or when a continuing disability review is performed, the disability determination specialist sets a date (called a diary date) when the next review is scheduled to be performed. The length of time between CDR's varies from one case to another and depends in part on the classification of the impairment for which benefits were granted. Below are five classifications that will impact typically how frequently SSA will conduct a CDR.

- Medical Improvement Not Expected (MINE): Social Security Administration (SSA) will review once every five to seven years.
- Medical Improvement Possible (MIP): SSA will review once every three years.
- Medical Improvement Expected (MIE): SSA will review six to 18 months following the initial finding of disability.
- Vocational Re-examination cases: SSA will review recipients enrolled in vocational program, which may improve ability to work, at the end of the program.
- One of these factors is present: advances in technology that enable an individual to return to work or another person reports to SSA that an individual has returned to work or recovered.

Most diaries are either for three or seven years. If an individual has a condition that might get better, and thus classified as a medi-

cal improvement possible (MIP) case, then the case will probably receive a three-year diary. For example, most mental impairment cases receive a three-year diary. If the condition of the disabled individual is unlikely to improve, and thus classified as a medical improvement not expected (MINE) case, then the case will probably receive a seven-year diary. Even permanent conditions such as low intellectual functioning and amputations will be reviewed because the law requires that all cases be reviewed.

Most people over the age of 50 will get a seven-year diary because older people are less likely to improve. Occasionally, a condition that is likely to rapidly improve and thus categorized as a medical improvement expected (MIE) case, will get a diary that is less than three years. For example, the cases of premature babies are reviewed when the baby turns one year old.

What happens during a CDR?

During a CDR, SSA will send the disabled individual a notice about the continuing disability review as well as one of two forms:

- Short Form CDR (SSA-455-OCR-SM)
- Long Form CDR (SSA-454-BK)

The "correct" way to fill them out depends on which form the individual receives.

What to do if the individual gets the short form

The short form (SSA-455-OCR-SM) is the "easy" one. It is only two pages long and is read by computer (OCR stands for Optical Character Reader). It is sent primarily to beneficiaries who have a low probability of medical improvement. The short form assumes that the individual will be found still disabled unless SSA is given reason to question that. A human only looks at the short form if the computer kicks it out for one reason or another. If it isn't sent to a human for further review, then the benefits continue uninterrupted.

Assuming an individual is still disabled and that their condition has not measurably improved, there are some things an individual can do to see that the computer accepts the form without sending it for further review:

- Fill out the form exactly as instructed. Use a box for each letter or number. If the boxes run out, stop, even if it's midword.
- No new information. The goal of this form is to simply confirm the information they already have, so an individual does not want to include any changes, not even administrative changes such as an address change on this form. New information will cause the form to be kicked out for human review.
- Use original diagnosis. Under "Reason for Last Visit," use the same diagnosis for which the individual was originally approved.

What to do if the individual gets the long form

The long form (SSA-454-BK) is 10 pages and is very similar to the original forms that the individual filled out when he or she first applied for disability benefits. The form primarily asks for the names and addresses of all medical providers. SSA will obtain the medical records directly from the medical providers. This form not only goes to persons whose condition is expected to improve, it is also sent to persons whose short form was "kicked" by the computer, and is randomly sent to persons as part of a trial or study that the Social Security Administration may be conducting. The long form should be filled out just as thoroughly and completely as when the individual initially applied for disability benefits. On this form, it is important to note any changes in the medical condition, especially new infections, symptoms or diagnoses. Individuals must make sure their doctors are alerted to the review and that they submit new medical records since their last review promptly.

SSA will ask for evidence that it will need for the CDR that is similar to what it needed for the initial claim for Social Security disability benefits. SSA will have the individuals fill out forms describing their current condition and list all of the places where she or he have received treatment. SSA will obtain copies of all recent medical records. SSA may schedule examinations or tests for the individual if more information is needed about their condition. If he individual fails to provide information that SSA asks for or if the individual fails to attend an examination that SSA schedules for them, their benefits will be terminated.

What else should I know about the CDR?

Social Security does not necessarily "try" to find reasons to terminate benefits. Current medical records that show that an individual is still under a doctor's care and that the individual still has the condition and the symptoms that prevented him or her from working initially are usually all that is needed to continue the Social Security benefits without interruption. An individual should make copies of the completed CDR, including the short form, before sending it in. This will make it easier to complete the forms the next time SSA conducts a review.

What happens if SSA finds that no improvement has occurred?

If SSA finds that the individual's condition has not improved since it last looked at the case, then the individual's Social Security disability benefits will continue. The laws, regulations, and court rulings that determine what constitutes disability are constantly changing. However, SSA will not cease benefits just because an individual does not meet its current rules. As long as the condition has not improved, the individual's benefits will continue.

What happens if SSA finds that improvement has occurred?

If SSA finds that an individual's condition has improved, the process does not stop there. SSA will determine if a person's condition meets SSA's current rules for determining disability.

For example, Sally was granted benefits due to a heart condition. Since that time, Sally has had bypass grafting, she has been exercising daily, and she quit smoking. As a result, her heart condition has improved. SSA would then look to see if her heart condition or any other conditions meet SSA's current rules. Therefore, if Sally had a cardiovascular accident (a stroke) since the original decision on her case, SSA would consider whether her stroke, her heart condition or the combination of the two impairments meet SSA's current requirements.

What happens if SSA finds that an individual is no longer disabled?

Once SSA notifies an individual that their disability benefits are to be ceased, the benefits will continue for two more months to allow for time to arrange other means of support. The only exception to this is if the Social Security disability benefits are being ceased for failure to cooperate; in that case, benefits will cease immediately.

If an individual's Social Security disability benefits are terminated, she or he is entitled to a face-to-face interview with the person making the final decision on the case. If the benefits are still ceased after the interview, an individual can appeal the decision through the normal appeals process, first to an administrative law judge, then to the Appeals Council and finally to Federal Court. An individual should have an attorney represent them at these steps in the appeals process.

What if I Have Questions About How My Benefits will be Impacted by Going Back to Work?

If you have any questions about how your benefits will be impacted by going back to work, you can contact specialists to assist you toll-free at **1-888-224-3272**. The hotline is available during business hours Monday through Friday, except on holidays. Every effort will be made to return calls the same day or within one business day.

Additionally, SSA has contracted with local organizations to provide work incentive and planning services for Social Security SSDI and SSI beneficiaries. The Work Incentive Planning Assistance (WIPA) agencies have people who have been specially trained to help individuals with disabilities considering returning to work or returning to work. You can get a list of the WIPA's in New York at: https://secure.ssa.gov/apps10/oesp/providers.nsf/bystate.

Finally, a Work Incentives Information Network exists within New York State. Credentialed benefits practitioners are available to support you in making choices about work. You can access a directory of these practitioners online at **http://www.nymakesworkpay.org** Development of the "Map Your Path to Work" guides is made possible by a Comprehensive Employment System Medicaid Infrastructure Grant funded by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) to the New York State Office of Mental Health (OMH) and its management partners the Burton Blatt Institute (BBI) at Syracuse University and the Employment and Disability Institute (EDI) at Cornell University.

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