



Applying for Disability Benefits for HD: The SSA Perspective

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Office of Disability Programs

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The Social Security Act: Two Disability Programs

Social Security Disability Insurance (SSDI):

- Title II (Est. 1954)
- Funded through FICA (Social Security) taxes
- Benefits based on **WORK**

Supplemental Security Income (SSI):

- Title XVI (Est. 1972)
- Funded through the General Fund
- Benefits based on **NEED**





Title II – SSDI

Date last insured: To be eligible for SSDI, you must meet recent work and duration of work tests

TIP: File for disability promptly after you stop working due to effects of HD

For more information on the earnings requirement:

www.socialsecurity.gov/pubs/10029.html#a0=1

- Monthly disability benefit is based on your average lifetime earnings
- 5-month waiting period after disability benefits are awarded
- Eligible for **Medicare** after two years





Title XVI – SSI

Means-tested: To be eligible for SSI, you must have limited income and resources

Individual - \$1,505 (earned income)

Individual with spouse - \$2,217 (with no children)

Child (with no siblings):

- 1 parent - \$2,965
- 2 parents - \$3,677

For more information on eligibility for SSI:

www.socialsecurity.gov/ssi/text-eligibility-ussi.htm



Title XVI – SSI (cont.)

- Makes monthly payments to:
 - **Adults** who have limited income and resources and are age 65 or older or are **blind or disabled**
 - **Disabled children** from birth to age 18 who have limited income and resources
- Eligible for **Medicaid**





Social Security's Definition of Disability

- Is the **SAME** for both disability programs
- The inability to engage in any **substantial gainful activity** (2013 amount is **\$1,040** per month)
- By reason of any **medically determinable impairment(s)** (MDI) (physical or mental)
- 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 does NOT pay partial or short-term disability benefits



Sequential Evaluation – How SSA Makes a Decision

The disability determination follows a **sequential evaluation** process:

1. **Substantial Gainful Activity (SGA)?** – The 2013 SGA amount is **\$1,040**
2. **Severe impairment(s)?** – The impairment(s) must significantly limit the ability to do basic work activities (for example, walking, sitting, or remembering)
3. **Meets or medically equals a listing?** – The listings describe impairments for 14 body systems

www.socialsecurity.gov/disability/professionals/bluebook



Sequential Evaluation (cont.)

4. **Prevents past relevant work?** – We compare the claimant’s mental and physical Residual Functional Capacity (RFC) with the claimant’s past relevant work as the claimant described it or as generally performed in the national economy

5. **Prevents other work?** – We compare the claimant’s RFC and vocational factors (age, education, and past work experience) to the work in the national economy
 - A **“child”** is an individual under age 18

 - In a **disabled child’s claim**, after Step 3, we determine whether the child’s impairment(s) “functionally equals the listings”



Compassionate Allowances

The Compassionate Allowances (CAL) initiative allows us to quickly identify conditions (based on **claimant allegations**) that invariably meet our disability standards

- CAL conditions receive **expedited processing** but the claimant's condition still has to meet the definition of disability
- CAL is not a separate program from the SSDI and SSI programs (the technical requirements of both programs still apply)
- CAL claims are evaluated under the same sequential evaluation process as all other claims



Compassionate Allowances (cont.)

- **Juvenile Onset HD** – added as a CAL on **8/13/12**

Note: A child has to meet title XVI income and resource requirements to be eligible for disability benefits

- **Adult Onset HD** – added as a CAL on **12/1/12**

For more information on CAL:

www.socialsecurity.gov/compassionateallowances



CAL and HD

TIP: Expedited processing as a CAL depends on the **type of impairment** the claimant **alleges** on the disability report

Some examples of **HD CAL** allegations include:

- Middle Stage HD
- Late Stage HD
- Advanced HD
- End Stage HD
- Huntington Chorea
- Juvenile Huntingtons
- Juvenile Onset Huntingtons



Applying for Disability Benefits

The claimant can:

- Apply online at www.socialsecurity.gov



OR

- Schedule an appointment by calling SSA's national 800 number (1-800-772-1213) or contacting the local Social Security Office





The Field Office Disability Interview

During the Field Office interview, the Claims Representative (CR) explains to the claimant:

- SSA's definition of disability
- Program requirements
- The disability process



The CR also obtains the required applications and forms (for example, a medical release authorization)



The Electronic Claim

After the interview, the CR forwards the **electronic** claim from the **SSA Field Office** to the **Disability Determination Service (DDS)** office (usually located in the state where the claimant lives)





The Disability Determination Service (DDS)

- The DDSs are **State agencies** responsible for developing medical evidence and rendering the initial determination on whether a claimant is disabled or blind under the Social Security Act
- The DDSs are fully funded by the **Federal Government**





Transmittal of Evidence

The DDS receives evidence in many different ways:

- Mail



- Telephone



- Fax



- Electronic Records Express (ERE)

- Health Information Technology

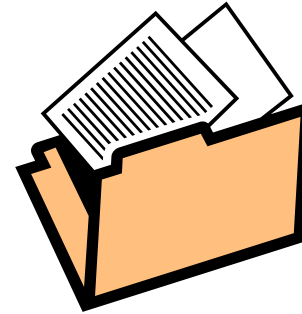




Case Development Process

Types of evidence include:

- Medical records
- Vocational information
- Activities of daily living report
- Third-party information (for example, a letter from a spouse, a caregiver, or a friend)





The DDS Disability Examiner

The DDS Disability Examiner (DE) reviews the electronic claim for:

- Disability reports
- Medical release authorization and claimant-supplied medical records
- Vocational information:
 - Age
 - Education
 - Past work information

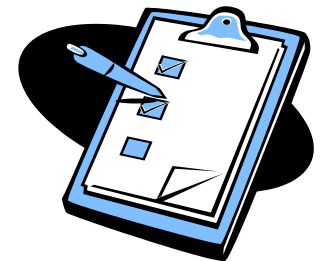




The DDS Disability Examiner (cont.)

The DDS DE:

- Verifies that there is sufficient medical evidence to make a determination
- Verifies that all medical documentation is complete
- Requests additional evidence (if needed)
- Resolves conflicts in the evidence
- Schedules a Consultative Examination (CE) (if needed) with one or more medical experts (at SSA's expense)





The Medical Consultant and the DE

The Medical Consultant (MC) and the DE work in partnership to make disability determinations in a DDS

- The MC reviews all the medical evidence

AND

- Assists the DE in:
 - Case Analysis
 - Physical Residual Functional Capacity Assessment
 - Mental Residual Functional Capacity Assessment





The Disability Determination

- If the determination is **favorable**, the Field Office is automatically alerted that the case is complete
- If the determination is **unfavorable**, the Field Office is alerted, and a personal denial notice is prepared and sent to the claimant
- Of all people awarded disability benefits, over **70%** are awarded their benefits **at the initial or reconsideration level** by the DDS



HD Claims Data: 2007 – 2011 (Adults)

Initial:

- Allowances – 3,139
- Denials – 1,216
- Allowance rate – 72.1%
- Total cases filed – 4,355

Recon:

- Allowances – 215
- Denials – 370
- Allowance rate – 36.8%



Hearings Level:

- Allowances – 249
- Denials – 44
- Allowance rate – 77.1%



HD Claims Data: 2007 – 2011 (cont.)

- Most common basis for denial is technical – (for example, date last insured)
- Average age of all adult claimant allowances – **43.7**
- Majority of allowances were at Step 3 using neurological listing 11.17 – **66.6%**
- Effective 7/23/12 – Separate diagnosis impairment code created for HD to track HD claims data more accurately



Reconsideration

The claimant can appeal an **unfavorable** determination

- In some states, the case is returned to the DDS for reconsideration by staff who were not involved in the initial determination
- Additional evidence (if any) or a CE (if necessary) is requested
- A new determination is made



Appeals

Request for an Administrative Law Judge (ALJ) and Appeals Council (AC) review:

- The claimant has 60 days from the date of a reconsideration-level determination to request a hearing before an ALJ
- The claimant has 60 days from the date of a hearings-level decision to request AC review





Overview of SSA's Hearings Level

One of the largest administrative judicial systems in the world:

- Over 1,275 Federal administrative law judges
- Over 140 Hearing Offices throughout the Country
- Over 500,000 decisions per year





The Appeals Process

- Claimant files a hearing request
- Pre-hearing case development is done (if needed)
- Case is assigned to an ALJ, and a hearing is held
- Post-hearing development is done (if needed)



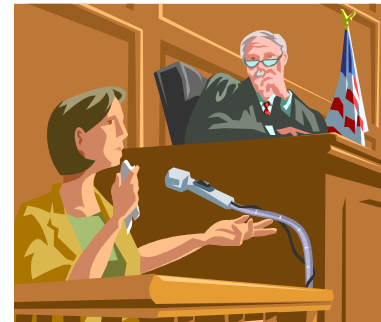


The ALJ Hearing

- Non-adversarial proceeding to determine if claimant is disabled
- Claimant appears before an ALJ in person or via video-teleconference
- Testimony taken under oath or affirmation
- Verbatim recording made by hearing reporter

Who may testify:

- Claimant
- Claimant's witnesses
- Vocational expert
- Medical expert
- Child's parent or guardian
- Child (if appropriate)





HD – Establishing the MDI

A medically determinable impairment that is established by:

- Documented medical history, signs, symptoms, and laboratory findings

TIP: A diagnosis of HD alone, even if by genetic testing, is not enough to qualify for Social Security disability benefits





Evaluating Disability Due to HD

SSA evaluates HD by considering its effects on **physical** and **mental** functioning

Physical Limitations:

- Gait and station
- Gross and fine motor movements

Mental Limitations:

- Cognitive (for example, memory loss)
- Emotional (for example, depression)
- Behavioral (for example, change in personality)



Evaluating Disability Due to HD (cont.)

SSA may evaluate the effects of HD by considering the criteria in:

- Neurological listing **11.17** (Degenerative diseases)
- Special senses listing **2.09** (Loss of speech)
- Mental listing **12.02** (Organic mental disorders)

OR, if necessary,

By considering physical/mental RFC and the claimant's ability to do past relevant work or other work

- Sustainability (ability to do work activities in an ordinary work setting on a regular and continuing basis, 40 hours a week)
- Basic mental demands of unskilled work (for example, the ability to understand, carry out, and remember simple instructions)



Evaluating Disability Due to HD (cont.)

TIP: It is helpful for us to have a statement from the claimant's treating physician providing his or her medical opinions about:

- The claimant's physical and mental functioning
- What work-related activities the claimant can or cannot perform on a sustained basis (40 hours a week)
- The **reasons** for those opinions (such as, the clinical findings or clinical observations)





Evaluating Disability Due to HD (cont.)

Anyone who is familiar with the claimant's daily functioning (for example, a spouse, a caregiver, or a friend) can give us evidence

SSA Function Reports:

- SSA-3373 (Function Report – Adult)
www.socialsecurity.gov/online/ssa-3373.pdf
- SSA-3380 (Function Report – Adult – Third Party)
www.socialsecurity.gov/online/ssa-3380.pdf

TIP: Describe how the claimant's condition limits his or her daily activities or give a "diary" of a typical day



Questions for SSA Panel

Janet Truhe – Moderator (Office of Disability Programs)

- Linda Appler – Title II and XVI Eligibility
- Sean Balser – Title XVI Policy
- Pamela Harris – Representative Payee Policy
- Shawn Ashburne – Neurological Listings
- Deborah Dennis – Compassionate Allowances
- Mary Quatroche – Disability Evaluation Policy
- Shari Watts – Continuing Disability Reviews