BIAV Webinar
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How to Obtain & Maintain Social Security Disability Benefits

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Disability Benefits Guidance LLC – *Let me help you through the maze!*

Disability Benefits Guidance LLC

helpwithbenefits.org

Goals of training: Learn the programs and the process

- Understand the various Social Security disability programs, associated healthcare benefits and the medical reviews that take place so you, your loved one or a client can obtain and maintain all benefits available.
- Understand the 6-step disability determination rules so you know what you, a loved or your client has to prove to be approved – and how to facilitate documentation!
- Understand actions you can take to enable an approval.

Let's begin with SSDI – work-based program

- You earn 1 credit per quarter or 4 per year
- 2026 - $1890 in wages per quarter = 1 credit

  or $7560 per year
- WORK MUST BE RECENT – 20 credits or 5 years of total credits earned in last 10 years
- Monthly Benefit amount is based on wages paid "into system"

Question…

How do you find out if you have sufficient credits or what your benefit amount will be? www.ssa.gov/myaccount

When do SSDI benefits begin?

- 5 months after the established onset date –
- and you can get as much as one year of back pay from the month you apply.

(the date SSA decides your disability began which usually coincides with when the person stopped work due to the disability)

To start an SSDI application as an adult

https://www.ssa.gov/applyfordisability

TIP: Apply for SSI, too, by checking the box for "SSI/Title XVI" – unless you have resources over $2000.

Healthcare program associated with SSDI

SSDI- MEDICARE

- Medicare starts after 2 years (from end of 5-month waiting period)
- Monthly PART B premium - 2025 = $185
- Pays only 80%
- Medicare + Medigap=100% or a Medicare Advantage plan either may come with an additional premium

- VICAP – Virginia Insurance Counseling and Assistance Program

https://vda.virginia.gov/vicap.htm

- Medicare Savings Program for low-income SSDI beneficiaries
- Medicaid can be secondary

Medicare Savings Program for Low Income SSDI/Medicare beneficiaries – Paid by Medicaid

- Medicare Savings Program (tiered program; healthcare benefits are based on benefit amount)
- https://www.medicare.gov/your-medicare-costs/get-help-paying-costs/medicare-savings-programs
- Generally available to beneficiaries with benefits under $1700/month and can serve as secondary insurance
- Coordinate with the DSS case worker

SSI – Needs-based program
https://www.ssa.gov/ssi/spotlights/spot-resources.htm

SSI

- No or limited work credits
- Needs-based public program for children and adults with disabilities and the elderly age 65+
- Must have less than $2000 in resources and limited income in household
- Children are deemed to parents; age 18 on own record.
- 2026 SSI payment = $994
- See guide on How to Avoid One-Third Reduction to SSI-pay at least $350 in rent if living with others

https://www.dlcv.org/socialsecurity

Protective Filing Date –why is this important??

A protective filing date (PFD) is the first time an applicant informs the Social Security Administration (SSA) that they intend to apply for benefits.

SSI is paid from the PFD forward and Medicaid eligibility is linked to this, too!

SSDI can be paid back 1 year from the PFD.

The PFD can be established by a written or verbal contact, such as by phone, by mail, in person, or online or by walking in to the SSA without an appointment

To start an SSI application for a child or an adult

- If they are applying for BOTH SSI and SSDI go to the SSDI portal and click SSI box (SSI/Title XVI).

  Otherwise…

Go to: www.ssa.gov/ssi/start.html

This alerts the local SSA office to call you and schedule a telephone appointment for a financial screening and an interview to complete the application.

Healthcare program associated with SSI

SSI - MEDICAID

- Full Medicaid is automatic <u>but must apply separately at DSS</u>
- Pays (almost) 100%
- No premium or co-pays BUT those in long-term care may have patient pay if income is over a certain amount
- Full Medicaid allows access to institutional care, waivers, and addt'l medical coverage!
- Same resource limit ($2000); separate income requirements

Types of Disability-Related Medicaid & Income Limits

Institutional / Nursing Home Medicaid - $2982

Medicaid Waivers / Home and Community Based Services - $2982

Regular Medicaid / Aged Blind and Disabled -$1064.

Questions…

- Are the medical criteria the same for both programs?
- Is it possible to receive both SSI and SSDI?

Last BUT important benefit to be aware of -

IF disability began before age 22!!

Disabled Adult Child (DAC) …
… for age 18 and older on a parent's record

Must prove disability began **BEFORE** age 22

and, one of the following must apply:

1. A parent is **disabled** and receiving a social security disability benefit, or
2. A parent is **retired** on social security, or
3. A parent is **deceased**

Many beneficiaries convert to this later as these events occur to a parent.

Marriage disqualifies you.

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TIPS re: DAC benefits

1) SSI beneficiaries MUST convert to DAC since SSI is needs-based and "payor of last resort"
2) Client must apply in the local office
3) If possible, keep records **long term** to prove onset
4) DAC often pays a higher benefit than SSI; if lower they receive both…

BUT, what about Medicaid and waiver eligibility??

Keeping Medicaid when switching from SSI to DAC -

If a DAC benefit is too high to keep SSI – they still get to keep their Medicaid and, therefore their waivers.

NOTE – Due to recent legislation in Virginia, Medicaid will disregard DAC income when assessing income limit for Home and Community-Based waivers.

SSA POMS: Special Groups of Former SSI Recipients (SI 01715.015)

#4 Disabled Adult Children (DAC)

Find reference to SSA POMS: SI 01715.015 here:

https://secure.ssa.gov/poms.nsf/lnx/050171501

Family & Case Management TIP –
Help person with TBI maintain health coverage - to allow access to Social Security benefits

- Help the person with TBI get and keep healthcare to consistently document all physical and mental disabilities; encourage follow through with appointments.
- Having consistent documentation of a disability is key to getting and keeping a benefit - especially documentation from specialists.
- Lapses in healthcare can kill a case or a medical review that occurs periodically after benefit is awarded

How does Social Security decide a claim??
In other words, know what you have to prove to be approved!

SSA's ADULT 6-step determination process for adults

Step #1

Is the individual engaging in SGA or…Substantial Gainful Activity?

"Substantial" means significant and sustained physical or mental activity

"Gainful" means work performed for pay also known as **"competitive"** work

2026 SGA = $1690 GROSS per month

Translation: If you can consistently earn over $1690 gross/month SSA will not consider you disabled and will not accept an application.

Family & Case Management Tip…

- However, as an applicant, if they repeatedly lose jobs due to their disability, even jobs over the gainful limit, then this may help prove disability if well documented.
- SGA rules are also applied when you are receiving benefits. If your client is awarded benefits and decides to work recommend they obtain BENEFITS PLANNING.
- Still, they have to be under SGA at the time of application for their application to proceed.

Step #2

Does the individual have a medical impairment and is it severe?

- They do if…their physical and/or mental condition has been diagnosed using acceptable clinical and diagnostic techniques AND
- the presenting symptoms and limitations pose a severe limitation to work

Family & Case Management TIP

1) Is the client seeing a specialist and been given a diagnosis?

or

….still a set of symptoms being worked up or in r/o status?

2) Step 2 requires a formal diagnosis

3) Diagnosis by PCP carries little weight!

SSA assumes a disability requires treatment by a specialist.

Step #3

Duration requirement:

Has the impairment or will the impairment:

last 12 months

or end in death?

Case Management Tip….

You aren't proving disability is permanent, just one year or more

- A bout of depression or one hospitalization does not constitute a disability – will likely not meet duration, but several in one year may

- A developmental disability is assumed to meet duration requirement

Step #4

Does the impairment meet or equal a listing?

Satisfaction of a listing results in automatic approval
- think of it as a "fast-track" to approval!

Social Security's **BLUEBOOK** includes CHILD and ADULT listings:

https://www.ssa.gov/disability/professionals/bluebook/112.00-MentalDisorders-Childhood.htm

https://www.ssa.gov/disability/professionals/bluebook/12.00-MentalDisorders-Adult.htm

11.18 Adult Listing for Traumatic Brain Injury
111.18 Child Listing for Traumatic Brain Injury

A. Disorganization of motor function in two extremities, resulting in an extreme limitation in the ability to stand up from a seated position, balance while standing or walking, or use the upper extremities, persisting for at least 3 consecutive months after the injury.

OR

B. Marked limitation in physical functioning, and in one of the following areas of mental functioning, persisting for at least 3 consecutive months after the injury:

- Understanding, remembering, or applying information or
- Interacting with others or
- Concentrating, persisting, or maintaining pace or
- Adapting or managing oneself

What about a listing for substance use (DAA)??

No listing for Drug & Alcohol Addiction

In fact …

DAA requires an additional step…

- Substance Use Disorder, or DAA, is a medically determinable condition at STEP 2, however, it requires an extra step
- Social Security must determine if the substance use is a "contributing factor" to the disability (i.e. would the person continue to be disabled if they stopped using?)
- If it does not contribute, it is NOT a factor and will not affect the decision
- If it does contribute (i.e. is a significant reason why someone cannot work) then substance use can be a disqualifier.

GOOGLE: Social Security Regulations 13-2p to learn more about how SSA evaluates DAA

Step #5 & 6

Can the individual perform ANY of their past (or similar) work done in the last 5 years?

If not,

Can they do ANY other work*?

*(i.e. any work in the entire national economy which includes even simple, unskilled work)

Let's DEFINE work….

How does SSA define work?

- By definition, work is sustained over time and competitive…
- It is REGULAR: 8 hours per day, 40 hours per week (most occupations)
- Work can be self-employment but assumes that it requires regular effort (at least 80 hours per week) and results in a steady income.
- It is NOT work if it is subsidized by employer, requires special conditions, or requires job coaching or is provided by a benevolent employer (family, neighbor, extra kind company, etc.) – subsidies can be used to reduce work under SGA

Family & Case Management Tip

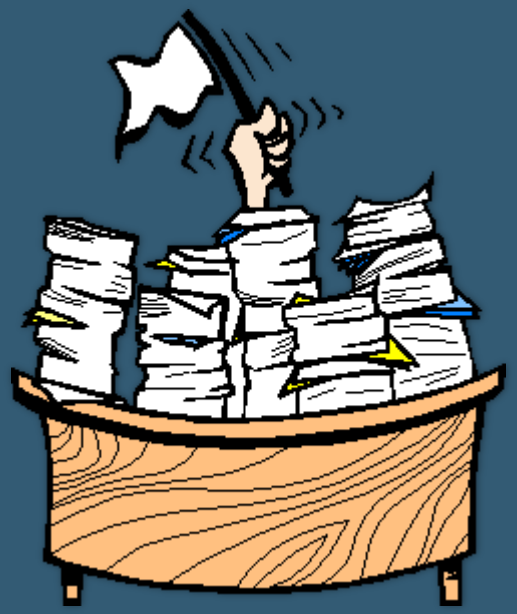
If the individual is working under these non-competitive conditions point this out to SSA in the application and all follow-up forms.

How is child evaluation of disability different??

Same steps, but, if they don't meet a child listing then:

- Rather than proving an "inability to work",
- Must prove an inability to "function as their age-related peers"
  in their:
  - home
  - school, and
  - community

BTW, a claim is only as good as the documentation!



Best medical documentation for Children w/TBI/ABI

- Psych-educational & Neuro-psychological Evaluations, Behavioral Assessments
- Specialists i.e. developmental pediatricians; psychiatrists, neurologists, hospitalizations including PRTF's, diagnostics, medications
- Support therapies i.e. OT, PT, Speech, psychotherapy, ABA, in-home mental health therapies etc.

School Evidence to prove a child claim:

- "Child Find" evaluations, IEPs from the beginning to show type of classroom settings; supports such as resource rooms, self-contained classrooms, behavior plans, paraprofessionals, etc.
- Triennial evaluations
- Expulsions related to behavior
- Teachers and counselors who have knowledge of child's condition –
  - **The "Teacher Questionnaire"**

Necessary documentation for Adults w/TBI/ABI

Any evidence that supports an inability to perform the 4 basic mental demands:

1) Understand, carry out, and remember simple instructions
2) Make simple work-related decisions
3) Respond appropriately to supervision, co-workers and work situations; AND
4) Deal with changes in a routine work setting

- How do we document these…

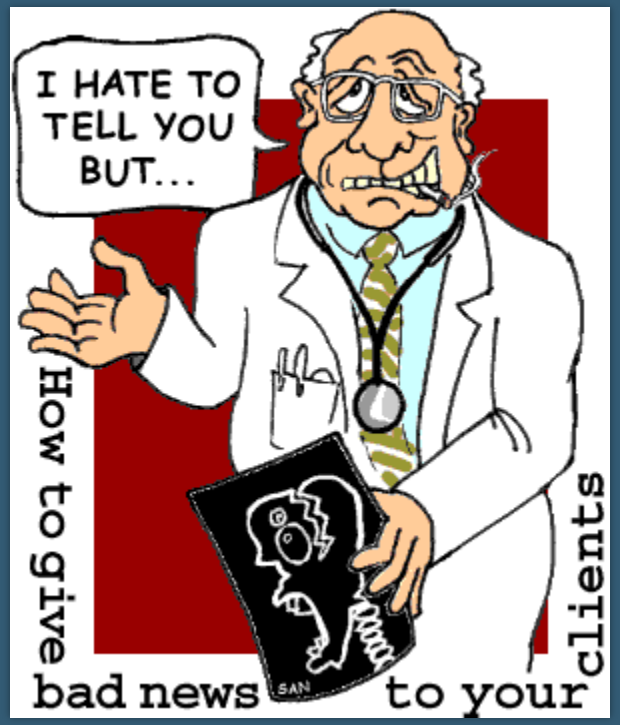
How are these "inabilities" documented?

- Psychological and Neuropsychological evaluations that imply or state these limitations
- CSB Case and clinical notes: encourage clinicians to record these inabilities
- Mental status evaluations
- Hospitalization records
- Therapeutic progress notes that site these types of problems or examples of them
- DARS case notes regarding work attempts
- Documentation of unsuccessful work attempts: what went wrong
- Function forms: including the Third Party form (parents, caregivers etc. can complete these)
- Forms that doctors complete for representatives (for hearing)

FUNCTION FORMS: https://www.ssa.gov/forms/ SSA 3373 (Adult) SSA 3380 (Third Party)

So, that’s SSA’s evaluation process in a nutshell!

The bad news… denials are common!!



Common reasons for denials…

- Evidence is limited, lacks objective data, lacks specialists, isn't compelling
- Claimant failed to list all conditions and all providers
- Claimant overstates abilities – coach them to tell it like it is!
- Inconsistencies in the record by treatment providers or the claimant –coach them to be consistent with doctors, forms, etc!
- SSA thinks: "Surely, there is a job you can do!"
- **Work with individual with TBI to avoid these pitfalls!**

Appealing…deadlines (new claims and reviews) – checkout dLCV guide

- Deadlines for appeals are always 60 days + a 5-day grace period.
- A missed deadline without an approved "good cause" requires re-application
- Usually 2 appeals are needed and the process can take 2-3 years!

- https://www.dlcv.org/wp-content/uploads/2024/12/SSA-Fact-Sheet-Tips-for-AppealingFINAL12-18-24-Elizabeth-Horn.pdf

Keeping a benefit in place… reviews will happen periodically

Continuing Disability Review (CDR) -

- **Purpose of review**: Has your condition **medically improved** and, if so, can you work now?
- CDR's occur every 1,3, 5, 7 years
- Client will get a letter with form to complete (short form OR long form)
- They may or may not be reviewed based on this form
- If reviewed and denied, client must appeal within 60 days
- If denied, **within 10 days** of receiving the denial notice your client can ask for BENEFIT CONTINUATION during the appeal period.
- It is difficult to find representation if a hearing is necessary

The Age -18 SSI Re-determination (for youth on SSI turning 18)

- Is a whole new determination based on the Adult Rules – not on medical improvement as in a Continuing Disability Review
- If denied, you must appeal within 60 days. **Within 10 days** of receiving a denial notice, your client can ask for BENEFIT CONTINUATION if they choose to appeal
- Adult can apply for SSI for the first time on their resources NOT their family's. They must apply to keep Medicaid and their waivers!
- If a new SSI claim or a CDR is denied and the person is in school or working with DARS they may qualify for Section 301 which will extend their benefits until their program ends.

Maintaining waivers at 18… it's complicated!

- For waiver recipients turning 18 who are NOT on SSI, DMAS will conduct a **Medicaid Disability Determination,** otherwise ---

- For waiver recipients on SSI when turning 18, the **SSI age 18 re-determination** will occur

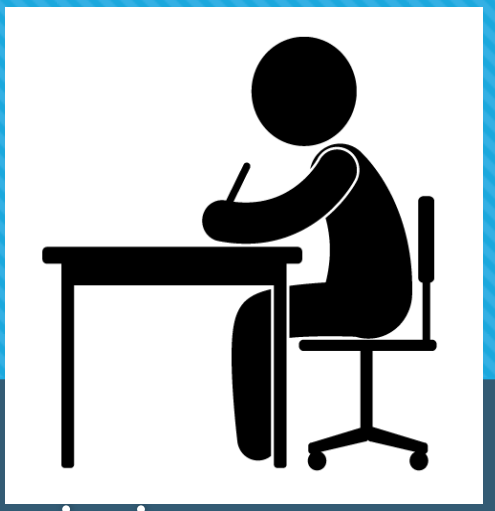
- Either way, a new determination is needed to ensure Medicaid eligibility to maintain waivers.

Case Manager #1 action for reviews…
…facilitate updated evaluations!

Evaluations and treatment needs to be current (within 1 year)

- School triennials (psycho-educational)
- Ensure ongoing treatment once approved
- Private or CSB evaluations (psychological or psychiatric)
- Addendums to previous evaluations can document that the condition has not changed or improved.

Case Manager Action #2 for case medical reviews – educate SSA of client status early to avoid denials



Use SSA forms to make sure SSA knows if your client will remain in school to age 22 or if they begin working with DARS. SSA usually sends these out in advance. This is a good indicator of disability.

IMPORTANT SSA RULE FOR ANYONE UNDER REVIEW….

Under SECTION 301, even if denied, their benefits will continue if they remain connected to school or vocational programs.

Family & Case Manager Tip: DDS is your friend!

Disability Determination Services (DDS)

855-445-3938

Northern District Office - (703) 934-7400

Southwest District Office - (540) 857-7748

Central District office - (804) 367-4700

Tidewater District Office - (757) 466-4300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