

CSB Case Manager Training

VACSB – May 2, 2024 11am

How to Help Your Clients Obtain & Maintain Social Security Disability Benefits

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disABILITY LAW CENTER

OF VIRGINIA

Protection & Advocacy for Virginians with Disabilities



If your client has a disability rights-related concern:

what can your client expect when they call dLCV?

- They can call dLCV (with or without you), between 8:30am and 4:00pm Monday, Wednesday, and Friday, and ask to speak to an advocate on duty: 800-552-3962 OR submit a request online at: www.dlcv.org/get-help
- Then, dLCV will assign a SUBJECT MATTER EXPERT to assist your client and provide them high quality information & referral that will help them with the situation they are in!
- If their issue meets one of our current objectives they will be assigned to an advocate for case services.

dLCV Assistance Related to Social Security

- Elizabeth Horn is the **Subject Matter Expert** on social security and can address a wide range of issues related to getting and keeping a benefit. Other advocates can address benefit overpayments, SSA's Ticket to Work, work incentives, payee issues, etc. dLCV does not provide direct assistance with applications, appeals, etc.
- We also have numerous guides at our online social security resource at: dlcv.org/socialsecurity
- Elizabeth Horn hosts 2 Social Security Clinics a year that are PRIVATE 60-90 minute consultations on a social security matter related to applying, appealing or undergoing a review. Check our website for this event or email Elizabeth to learn the next clinic date.

and....

Free & Virtual Social Security Case Manager - Client Consultations

- Who do consultations serve:
CSB case managers who have attended this training and their client (unless client has legal representation)
- What is purpose of consultation?
Virtual meeting to review issues with an application, an appeal, or a benefits review and to help case manager follow up with their social security case
- How do you obtain a consultation?
Call Elizabeth Horn 804-687-8517 or email her at elizabeth.horn@dlcv.org

Goals of training:
Be an Expert on the Programs & the Process

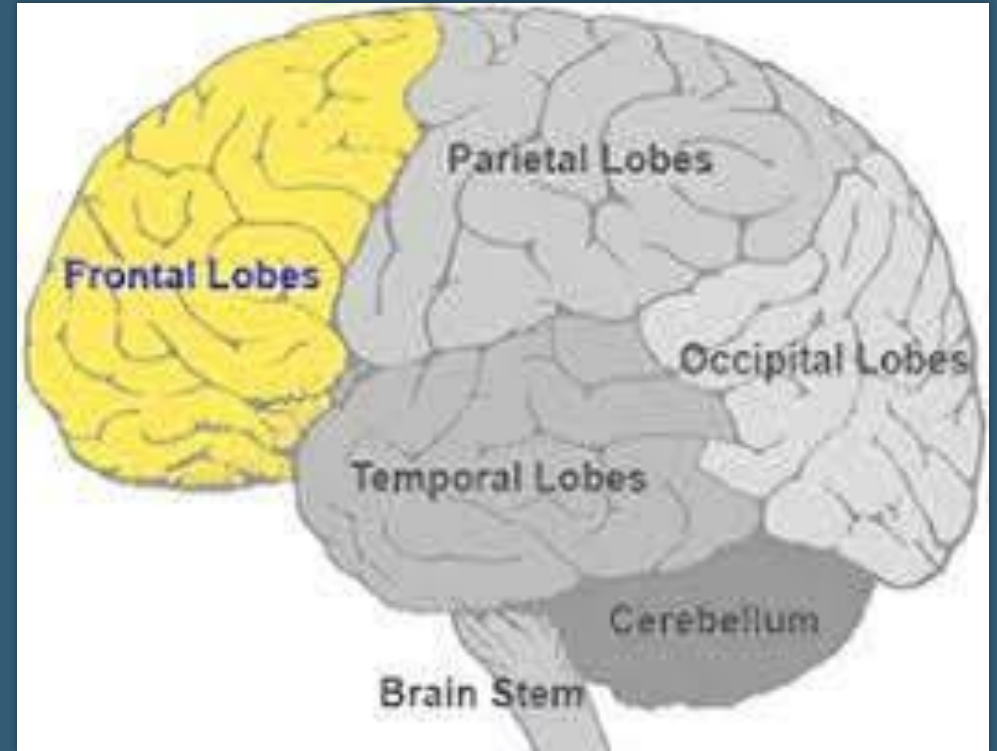


- Understand the various Social Security disability programs and the medical reviews that take place so you can help your client obtain and maintain all benefits available.
- Understand the 6-step disability determination rules so you know what your client has to prove to be approved – and how to facilitate documentation!
- Understand actions you can take to help your clients get approved.
- Understand ways dLcv can support you and/or your clients while seeking to obtain/maintain benefits

**Your goal is
to facilitate**

Be your client's
frontal lobe!

You have the
executive
functioning skills
they may be
missing!



Social Security 101

Know
the difference
between the
SSA programs & the
associated healthcare
program and what
qualifies a person for these
benefits



Let's begin with SSI and SSDI

(the medical criteria is the same for both)

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.
- 2024 - Benefit Amount is \$943 per month if paying “fair share” and if no income offsets

SSDI

- You earn 1 credit per quarter or 4 per year
- Must have 20 credits out of 40 credits earned in the last 10 years or 5 years of credits so recent work is key!
- 2024 - \$1730 in wages per quarter = 1 credit or \$6920 per year
- Monthly Benefit amount is based on wages paid “into system”

Question? Is it possible to get both?? Yes!

Which healthcare goes with which program?

Is it possible to have both? **YES!**

SSI - MEDICAID

- Full MEDICAID is automatic BUT must apply separately at DSS
 - 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 waivers!
- SAME RESOURCE LIMIT (\$2000); SEPARATE INCOME REQUIREMENTS

SSDI - MEDICARE

- 5 month waiting period from date of disability onset
 - Then, Medicare after 2 years
 - Monthly premium - 2024 = \$175
 - Pays 80%
- Medicare + Medigap= 100% or a Medicare Advantage plan either may come with an additional premium
- Medicare Savings Program for low SSDI payments (see slide 14)

VICAP <https://vda.virginia.gov/vicap.htm>

To start an SSI application for a child or adult

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.

To start an SSDI application as an adult

<https://www.ssa.gov/applyfordisability>

There is a 3rd Social Security benefit your clients may qualify for...

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:

with

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.

Case Manager 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 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 Adult SSI to Disabled Adult Child (DAC)

Very important for those on waivers!!

If a DAC benefit is too high to keep SSI – they still get to keep their Medicaid. However, pending outcome of VA legislation, to maintain their Medicaid/waivers their DAC income needs to be below \$2829/mo. (2024).

Special Groups of Former SSI Recipients

#4 Disabled Adult Children (DAC)

Find reference to SSA POMS: SI 01715.015 here:

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

Case Manager TIP: If your client has issue with this bring this POMSs reference to their attention.

Medicare Savings Program for Low Income SSDI/Medicare beneficiaries



- Medicare Savings Program (tiered program; 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 \$1600/month
- Coordinate with client's DSS case worker

Case Management Action –

Help clients maintain health coverage - to allow access to Social Security benefits



- Help your client 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 after benefit is awarded
- CSB psychiatric and therapeutic records will be VERY important.

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

2024 SGA = \$1550 GROSS per month

Translation: If you can consistently earn over \$1550 gross/month SSA will not consider you disabled and will not accept an application.

Case Management Clue...

- 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 applied differently 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

Case Management Clue...

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 a specialist.

Step #3

Duration requirement:

Has the impairment or will the impairment:
last 12 months
or end in death?

Case Management Clue....

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>

12.0 Mental Disorders Under Adult Listings

- 12.02 Neurocognitive disorders
- 12.03 Schizophrenia spectrum and other psychotic disorders
- 12.04 Depressive, bipolar and related disorders
- 12.05 Intellectual disorder
- 12.06 Anxiety and obsessive-compulsive disorders
- 12.07 Somatic symptom and related disorders
- 12.08 Personality and impulse-control disorders
- 12.10 Autism spectrum disorder
- 12.11 Neurodevelopmental disorders
- 12.13 Eating disorders
- 12.15 Trauma- and stressor-related disorders

Example: Adult listing for Depression and Bipolar Disorder (I2.04)

A. Medical documentation of the requirements of paragraph 1 or 2:

- Depressive disorder, characterized by five or more of the following:
 - Depressed mood;
 - Diminished interest in almost all activities;
 - Appetite disturbance with change in weight;
 - Sleep disturbance;
 - Observable psychomotor agitation or retardation;
 - Decreased energy;
 - Feelings of guilt or worthlessness;
 - Difficulty concentrating or thinking; or
 - Thoughts of death or suicide.
- Bipolar disorder, characterized by three or more of the following:
 - Pressured speech;
 - Flight of ideas;
 - Inflated self-esteem;
 - Decreased need for sleep;
 - Distractibility;
 - Involvement in activities that have a high probability of painful consequences that are not recognized; or
 - Increase in goal-directed activity or psychomotor agitation.

and B or C

Depression & Bi-Polar Listing (B,C) – cont'd

B. Extreme limitation of one, or marked limitation of two, of the following areas of mental functioning (see [12.00F](#)):

- Understand, remember, or apply information (see [12.00E1](#)).
- Interact with others (see [12.00E2](#)).
- Concentrate, persist, or maintain pace (see [12.00E3](#)).
- Adapt or manage oneself (see [12.00E4](#)).

OR

C. Your mental disorder in this listing category is “serious and persistent;” that is, you have a medically documented history of the existence of the disorder over a period of at least 2 years, and there is evidence of both:

- Medical treatment, mental health therapy, psychosocial support(s), or a highly structured setting(s) that is ongoing and that diminishes the symptoms and signs of your mental disorder (see [12.00G2b](#)); and
- Marginal adjustment, that is, you have minimal capacity to adapt to changes in your environment or to demands that are not already part of your daily life (see [12.00G2c](#)).

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 | 3-2p 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 15 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 vs. random effort 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.)

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

Common Disorders Under Child Listings

- Intellectual Disorder
- Autism Spectrum Disorder
- Anxiety Disorders
- Trauma & Stressor-Related Disorders
- Depressive, bipolar and related disorders
- Cerebral Palsy
- Spinal Cord Disorders
- Muscular Dystrophy
- Neurodegenerative Disorders
- Traumatic Brain Injury
- Benign or malignant tumors
- Communication Disorders



Example: Child Listing for Autism (112.10)

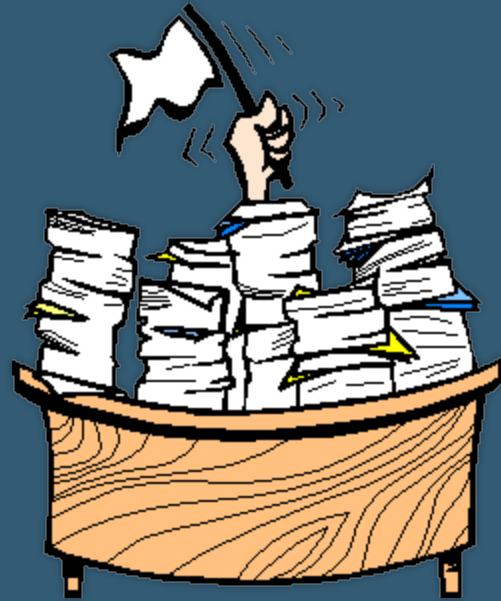
112.10 Autism spectrum disorder (see 112.00B8), for children age 3 to attainment of age 18), satisfied by A and B:

- A. Medical documentation of both of the following:
 - Qualitative deficits in verbal communication, nonverbal communication, and social interaction; and
 - Significantly restricted, repetitive patterns of behavior, interests, or activities.

AND

- B. Extreme limitation of one, or marked limitation of two, of the following areas of mental functioning (see 112.00F):
 - Understand, remember, or apply information (see 112.00E1).
 - Interact with others (see 112.00E2).
 - Concentrate, persist, or maintain pace (see 112.00E3).
 - Adapt or manage oneself (see 112.00E4).

BTW, your client's case is only as good as their documentation!



Best documentation for Children w/ID, DD or Behavioral Health

- Psych-educational & Neuro-psychological Evaluations, Behavioral Assessments
- Medical evidence – 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 i.e. triennial evaluations, IEP's, behavior plans, etc.

School Evidence to prove a child claim:

- “Child Find” evaluations, IEP’s from the beginning to show type of classroom settings; supports such as resource rooms, self-contained classrooms, 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/DD or Behavioral Health

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



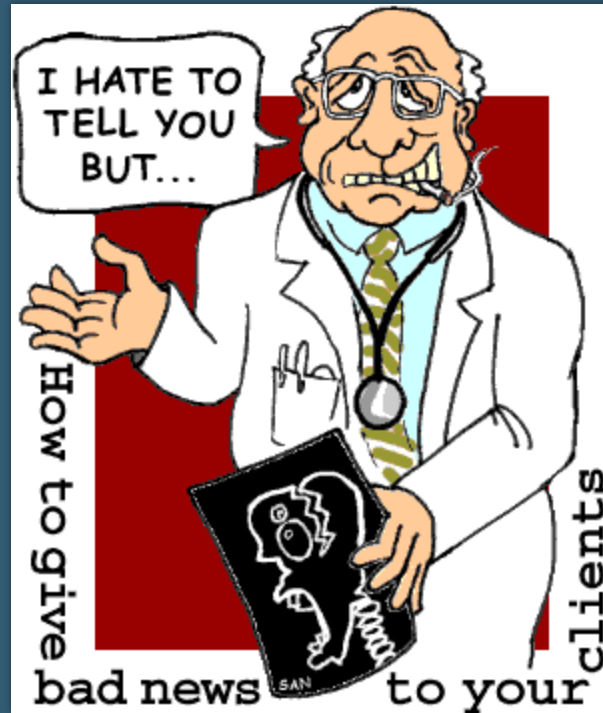
How do we document these...

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)

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

The bad news... denials are common!!



Case Management Clue –

----know which program(s) they want or have...

... by reviewing client's Social Security paperwork...

TOP LEFT CORNER OF LETTER:

Social Security Administration

Survivors, Disability, Retirement = SSDI/DAC

Reason for communication

or

Social Security Administration

Supplemental Security Income = SSI

Reason for communication

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!”**

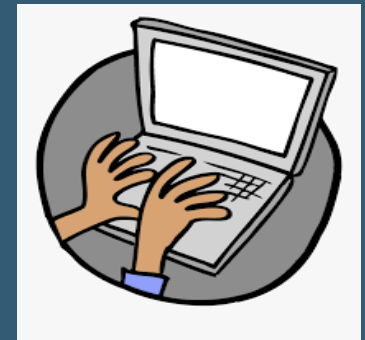


The good news... you can appeal and there is help!

dLCV's One-stop Online Social Security Resource: www.dlcw.org/socialsecurity

“TIPS when Applying for Social Security Disability Benefits”

- Includes links to SSA online application



“TIPS When Appealing Social Security Benefits”

- advises you to return to the online application page with a PIN #, or
- call SSA's toll free # to appeal & for the proper forms. Always call with your client.



Or, call dLCV for I&R or Case Manager Consults – 804-225-2042



What about your homeless clients?

SOAR

(SSI/SSDI Outreach, Access, and Recovery)

Virginia SOAR

Georgi Fisher 804-371-0802

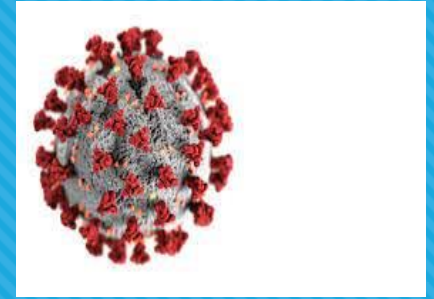
FOR SOAR TRAINING: <https://soarworks.prainc.com/content/soar-online-course-catalog>

Keeping a benefit in place... reviews will happen periodically



Continuing Disability Review (CDR) -

Covid-19 suspended reviews have resumed



- Purpose of review: Have you 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
- 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 depends on SSI eligibility

IMPORTANT FOR 17 YEAR OLDS WITH WAIVERS ALREADY IN PLACE!

- If, prior to 18, a child has a Medicaid waiver but is NOT receiving Supplemental Security Income (SSI) they must undergo a Medicaid “disability determination” before their 18th birthday to ensure there's no lapse in Medicaid, including waiver eligibility and services, as they move from child to adult Medicaid. They must also APPLY for SSI immediately upon turning 18. Medicaid will continue for one year while the adult undergoes SSI determination.
- If, prior to 18, the child has a Medicaid waiver AND receives SSI, a “disability determination” for Medicaid is not required. In that case, the child will have an SSI “age 18 re-determination” completed by the Social Security Administration (SSA) when he or she turns 18. Medicaid will continue for one year while the adult undergoes SSI determination.

Case Manager #1 action for reviews...

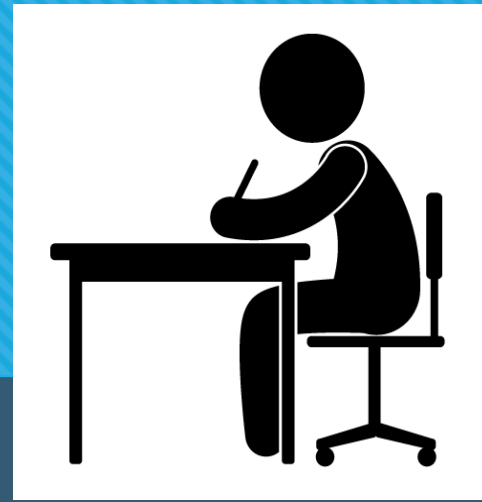
...facilitate updated evals!



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 reviews – educate SSA of client status early to avoid denials



- Use 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.
- Under SECTION 301, even if denied, their benefits will continue if they remain connected to school or vocational programs.
- Remember, their waivers depend on having Medicaid and Medicaid depends on having SSI. If not approved by age 19, their Medicaid and waivers will end. (this didn't happen during covid but will now).

FYI on Deadlines for Appeals (new claims and reviews) ...

- Deadlines for appeals are always 60 days + a 5-day grace period.
- If deadline is missed they can file “good cause” for late filing.
- Reasons must be valid and documented. Request may be denied.
- A missed deadline with an approved good cause requires re-application.

Case Manager Clue: DDS is your friend!

Disability Determination Services (DDS)

Tidewater District Office - (757) 466-4300

Northern District Office - (703) 934-7400

Southwest District Office - (540) 857-7748

Central District office - (804) 367-4700

Your Client's Representative Payee

Did you know...

dLCV now reviews pre-selected payees for the Social Security Administration: Protection and Advocacy for Beneficiaries with Representative Payees (PABRP)

“Beneficiaries are protected from financial exploitation and other abuses, and ensure that funds are being used appropriately and in the best interest of the beneficiary.”

Beneficiaries can call dLCV to file a complaint about their payee, learn how to change their payee etc. and/or go to:

<https://www.dlcv.org/rep-payee#FAQs>

Best beneficiary advice ever: Benefits Planning

- Once approved, if client wishes to work to ANY degree encourage BENEFITS PLANNING!
- Provided by DARS automatically!
- SSA is appointing new CWIC's in Virginia: Infinity Services INFO@INFINITYSS.ORG | (888) 633-3510
- What is a CWIC? A highly skilled and rigorously trained cadre of Community Work Incentives Coordinators - (CWICs) provide individual counseling to beneficiaries seeking employment and intensive follow-up services to ensure that they are using the work incentives appropriately.
- Helps to avoid OVERPAYMENTS!

Have you checked out YOUR social security account??

www.ssa.gov/myaccount



disAbility Law Center of Virginia (dLCV)



1512 Willow Lawn Drive

Suite 100

Richmond, VA 23230

(804) 225-2042

Toll Free 800-552-3962

www.dLCV.org

CSB – SOCIAL SECURITY TRAINING EVALUATION

<https://www.dlcv.org/socialsecurity/training-eval>