

Terms and Definitions



In this lesson, I'd like to begin introducing you to important Social Security terms and definitions. For additional terms, see Index in the Social Security Disability Guide (SSDG) guide.

Our definitions may differ slightly from those you find in other materials. We consider our definitions to be actionable definitions. That is, our definitions are designed to guide you in the execution of a given action within the disability process. In the next lesson, we will begin learning SSA's inside processes. Our definitions will help you to better understand the upcoming concepts.

Why Terms and Definitions?

As a practicing Disability Advocate, you'll quickly discover that understanding the Social Security disability process begins with an awareness of commonly used terms and definitions. Our purpose in this lesson is to familiarize you with the ones that we consider most important.

What is Social Security Disability?

Social Security Disability is a program jointly administered by the state and federal governments that provides monthly cash benefits and medical assistance to individuals determined by the Social Security Administration (SSA) to be totally disabled and unable to perform any type of work activity. The SSA itself is a Federal agency.

Federal law defines disability under the Social Security program as the inability to perform Substantial Gainful Activity (SGA) due to any physical or mental impairment that is expected to last for at least twelve months or result in death. To meet this definition, one must have a severe impairment that prevents him/her from performing any type of work in the national economy. Let's look more closely at some of the terms within this critically important definition of disability.

What is Substantial Gainful Activity (SGA)?

Substantial Gainful Activity (SGA), is defined as work on a full or part-time basis in which an individual earns monthly income equal to or greater than a limit determined by the SSA. If, for example, the SGA level is \$1100 per month and a person's disability only enables him/her to earn \$850 per month, that person is below SGA and may be financially eligible to apply for disability benefits. The SGA earnings ceiling is calculated by the SSA. It takes into consideration inflation and other economic factors, so it changes from year to year

What is a Severe Impairment?

A Severe Impairment is any physical or mental disorder that can be shown by acceptable medical evidence to prevent a person from functioning normally in an ordinary working environment. If the impairment does not interfere with the claimant's ability to perform work activity it is probably not a severe impairment as defined by the SSA.

How Long Must the Impairment Last?

Unless the impairment is expected to result in death, it must last or be expected to last for twelve consecutive months. This requirement is called the duration requirement and is an important part of the SSA's definition of a total disability.

What is Sequential Analysis?

Sequential Analysis is the step-by-step process used to evaluate a Social Security disability case and reach a total disability determination.

Adjudication

A disability case is said to be in adjudication when it is moving through the Social Security disability process.

Allegations:

This term refers to the medical impairments claimed by the applicant. An alleged impairment must be severe and must be supported by acceptable medical evidence. The Advocate should be sure to include in the claim any impairment that significantly reduces a claimant's physical or mental capacity.

What is Acceptable Medical Evidence?

Acceptable Medical Evidence is any evidence that the SSA can use to make a final decision in a disability claim. Any evidence submitted by a licensed physician, psychologist, psychiatrist, osteopath, optometrist, or ophthalmologist is considered acceptable evidence for determination of a disability case. Authorized summaries of medical records from hospitals, clinics, sanitariums and other medical institutions are also acceptable for case analysis.

Chiropractic and non-medical holistic sources are not considered acceptable medical sources for making a final determination of a disability case. However, these sources are useful in giving a full picture of a claimant's real capabilities.

What is an Alleged Onset Date?

The Alleged Onset Date (AOD) is the date the claimant provides as the date when the impairment began or the date that it forced him/her to stop working. The AOD is used by both the Advocate and the SSA to determine the approximate date for requesting medical evidence. That is, you want to request medical evidence from at least the AOD to the present.

What is an Established Onset Date?

The Established Onset Date (EOD) is the date of onset of an impairment established by the SSA. The AOD and EOD are usually the same, but they can be very different.

Example: A client injures himself on a given day and is no longer able to perform his customary work. The date of injury and the day he stops working are the same onset date, the AOD. However, the claimant heals somewhat and is able to return to work for several months at full pay. Finally one day his impairment stops him from working altogether. This later date becomes the EOD, according to the SSA. The SSA will use the EOD as the official onset date in the case. A claimant's benefits will be calculated from the EOD, not the AOD.

What is the 20/40 Rule?

For a person to be eligible to apply for SSDI benefits, he/she must be currently earning less than the SGA and must also meet the 20/40 Rule. The 20/40 Rule refers to the total number of quarters a person must have worked in the past ten years in order to be insured under the SSDI program.

What is a Concurrent Case?

A Concurrent Case is a Social Security disability claim that involves a single individual applying for both SSI and SSDI benefits. To apply concurrently, the claimant must have the proper amount of work history and must also meet SSI income criteria.

Consultative Examination

A Consultative Examination is a physical or mental examination of a claimant at the request and expense of the SSA. You as the claimant's representative should request a consultative examination if you feel that the available evidence is not enough to show the full extent of the claimant's conditions.

What is a Diary Date?

The term Diary Date has two possible meanings:

1. The date when a claim is re-evaluated after benefits are allowed.
2. The medical hold date. This defines the time interval an agency holds a claim to determine the outcome of a medical procedure before making a final decision. This situation usually occurs in conditions like an acute heart attack where the SSA will wait three months to determine if the claimant is recovering. If there is no improvement, the case will then be processed as usual. This date is also referred to as a medical hold.

What is a Date Last Insured?

The Date Last Insured (DLI) is the last date a person was insured to receive SSDI benefits. If the applicant has not worked in approximately five of the last seven years at or above the SGA level, he/she may have a DLI. The claimant

with a DLI in the past may not be eligible for current benefits unless he/she is declared to have been disabled on or before the DLI. If a person has a DLI in the past, he/she is eligible to apply for benefits from the original onset date to the DLI. In an SSDI case, the client must be found to have been disabled on or before his/her DLI in order to receive benefits.

If you find yourself working on a case with a DLI in the past, you need only be concerned with medical evidence dated on or before that DLI. The Date Last Insured, like case types, is determined by the SSA.

Meets the Medical Listing:

A case is said to meet the medical listing if the claimant's impairment meets the SSA's definition of the disease claimed. You can find SSA's disease definitions in the SSA listing manual. Refer to our Program Syllabus for a link to SSA medical listings.

Equals the Medical Listing:

To meet a listing, one must have the exact signs and symptoms as outlined in the Medical Listings Guide. If a person signs and symptoms of a disease that are equivalent to the listings signs and symptoms of that same disease, that person is said to equal the listing. You can find SSA's disease definitions in the SSA listing manual. Refer to our Program Syllabus for a link to SSA medical listings.

Presumptive Disability:

A Presumptive Disability (PD) is an SSA opinion that allows disability benefit payments while the case is still in adjudication. In these cases, the SSA believes the case will be granted an allowance determination, so it begins making payments during the application process. PDs are only used in SSI claims.

Who can apply for benefits?

Any American citizen aged one month to sixty-four-and-one-half years may apply for SSA disability benefits if they are suffering from a severe physical or

mental impairment. With the exception of child cases, the impairment must prevent the applicant from performing SGA-level work. In child cases, the impairment must prevent the child from performing age-related or age-appropriate activities.

What is a Waiting Period?

The actual starting date for cash benefits is the onset date minus the six-month waiting period. (We don't know for sure, but perhaps the SSA invented this period hoping most people would return to work or at least medically improve within six months, saving taxpayer dollars.) In any event, if the onset date is 1/1/10, the Advocate's fee will be based on the 1/1/10 onset date minus the six month waiting period. The actual amount owed to the Advocate is determined by the SSA using factors such as the claimant's EOD and his/her income history. We will explain the fee process later in the course.

What is an SSDI case?

Few people realize that when they pay Social Security premiums each month, they are also paying into the program known as Social Security Disability Insurance (also referred to as the Title Two Program). This is the program most commonly involved in a disability case that involves an adult who has previously been working above the SGA level.

What is an SSI case?

The second most common disability case type is the Supplemental Security Income, or Title Sixteen Program. Any person, child or adult, who is claiming disability, may apply for benefits under this program. As in all disability cases, the applicant must be impaired and unable to work or perform age-appropriate activities. However, in an SSI case the applicant must also be without income or resources.

Case types and income requirements are determined by the SSA; however, SSI and SSDI cases are medically evaluated in exactly the same way, using the same basic adjudicative criteria.

What's a Disability Hearing Officer?

The Disability Hearing Officer (DHO) is the experienced Disability Examiner who interviews claimants during the appeals process. The Office of Hearings and Appeals is an office or building used for these activities. During the Reconsideration Appeal, the DHO may be located at the District Office or at an outside Office of Hearings and Appeals. The Adjudicative Law Judge hearing will most likely occur at a Hearings and Appeals Office.

What is Vocational Analysis?

Vocational Analysis is the process used to determine the claimant's ability to perform work. This is done by comparing the claimant's remaining ability to work - Residual Functional Capacity - with the availability of work at his/her activity level in the national economy.

Residual Functional Capacity:

Residual Functional Capacity (RFC) is the remaining ability to function that a claimant possesses despite his/her impairments. The lower the RFC, the more likely the client will be found disabled. _ Residual Functional Capacity will be discussed at greater length in Lessons 3 and 5 of this Study Guide.

What is a Case Assessment?

Case Assessment is the process whereby the Advocate estimates the strength of a potential client's claim prior to accepting the case. This is done by weighing a number of case characteristics to determine the approximate percent chance of winning the case.

What is Case Development?

Case Development is the process whereby the Advocate collects the claimant's medical and vocational evidence to determine the extent of disability and then prepares an argument to submit to the SSA on his/her behalf.

What is a Case Evaluation?

A Case Evaluation is Phase One of Case Development. It is the process whereby the Advocate reviews all available medical evidence to create an argument on the client's behalf. The Advocate will follow the SSA processes of Sequential Analysis and Vocational Analysis in evaluating the case.

The Trial Work Period (TWP):

After a claimant has been found eligible for disability benefits, he/she is also entitled to receive a trial work period at any time during the disability period. The trial work period provision allows the claimant to work up to nine months above SGA and still collect disability benefits. The TWP provision is very important from a vocational rehabilitation standpoint, because it encourages claimants to return to work.

If a claimant completes the full nine months of the TWP without problems, the SSA will discontinue his/her benefits after two additional months. In many cases, this early financial support will allow a claimant to get back on his/her feet and re-enter the workforce. The TWP, Ticket-to-Work and other work provisions are fantastic because they allow a claimant who wants to work the opportunity to get back on his/her feet, while also saving taxpayer dollars.

Summation

In this lesson you have been introduced to a number of important Social Security terms._ These terms will be used frequently in upcoming lessons.

Assignment

Take the lesson 4 quiz.