

CCP 2

Lesson 6 – Sequential Analysis Review

In this segment, we'll cover several of the attributes associated with basic case processing. Here are some important terms discussed below:

Disability Services Improvement Program (DSIP)

From the standpoint of a non-attorney advocate, there are four adjudicative or application levels within the Social Security disability process. These levels are:

Initial Application

Reconsideration Appeal- 1st appeal

Administrative Law Judge Appeal - 2nd appeal

Appeal Counsel - 3rd appeal level - Highly experienced advocates only.

Although the above four traditional adjudicative levels are descriptively obsolete, each still represents the current adjudicative process. In 2006, SSA began to implement pieces of the Disability Services Improvement Program (DSIP). The (DSIP) takes the four traditional adjudicative steps above and internally changes who will perform certain duties within that level. Result: The four traditional levels still exist, but have internally expanded.

DSIP is the driving force behind Social Security's modernization program including the move to online case processing. The primary objective of the (DSIP) or DSI program is to speed up the disability process without sacrificing adjudicative standards. The result has been incremental changes in how SSA processes cases internally. Changes to SSA's internal processes affect who and what will be done within a given case level, but it does not eliminate the level.

Disability Determination Section (DDS)

The DDS under the DSI program is still responsible for developing medical evidence and making the initial or first determination. The SSA medical consultant assist the examiner and is usually a licensed physician who is also directly reviewing the claimant's medical evidence.

Duties of a Medical Consultant include:

- In-house evaluation of medical evidence
- Assessing impairment severity
- Determining if a consultative exam is appropriate
- Advising examiner on medical issues

The DDS examiner along with a SSA medical consultant work together to make the initial case decision. The DSI program is a work in progress with changes occurring often. The program has existed for many years and will continue for many more. Don't let these incremental changes in the disability process bother you. Simply adapt to whatever SSA instructs and your advocacy service will do just fine.

The Application Process Under DSI

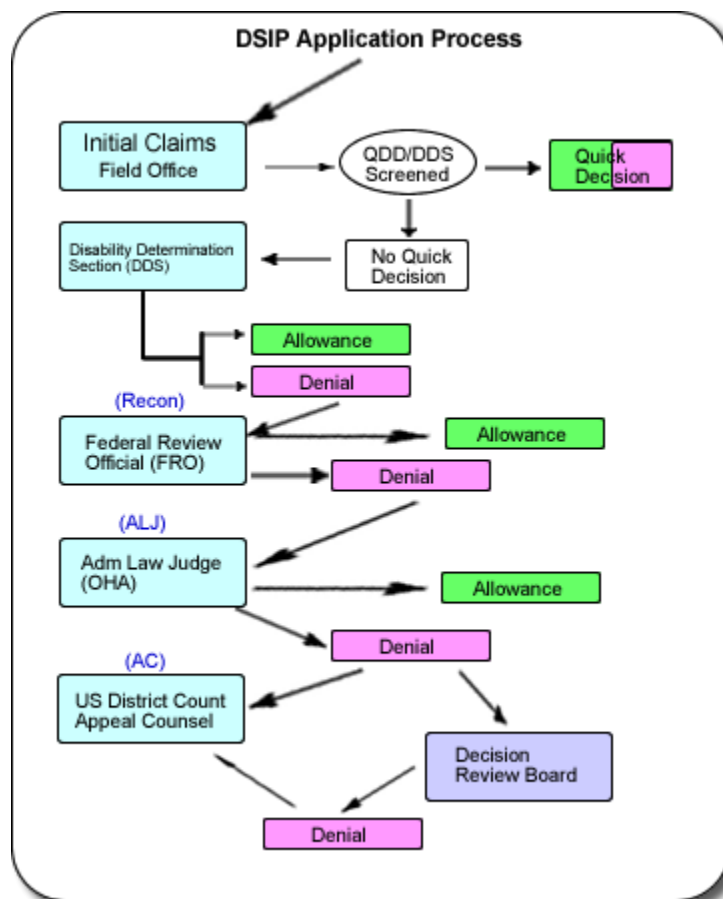
Let's take another look at the four traditional adjudicative levels.

The initial case level is the first adjudicative level. Under the Disability Services Improvement DSI program, cases on the initial level are divided into two categories. Those cases ready for immediate decision and those that will be sent on to the DDS for further processing.

Those ready for immediate decision are processed by a special DO based group of case processors. This group is specially trained to process cases that either meet the medical listing or are technical denials.

A technical denial is based on an eligibility rule like income and resources. However, an immediate decision case can be processed based on medical issues. For our purposes, keep in mind that an immediate decision case is one that is an obvious allowance or denial. See DSIP Chart:

Those cases not ready for an immediate decision are sent to the Disability Determination Section (DDS) for further development. A decision is made within the DDS. If the DDS decision is a denial, the claimant or his representative may request a Federal Review Official (FRO) appeal (Recon). See DSIP Chart.



If the FRO denies the case, the claimant or representative may request a **de novo** hearing and decision from an Administrative Law Judge (ALJ). A de novo ALJ hearing is a completely new hearing of all the facts in a case, without being bound by the findings or reasoning for any prior determinations such as by the State Agency (Disability

Determination Services) or FRO.

If the ALJ denies the case, it is sent to the Decision Review Board. This board will review the ALJ's decision to determine the accuracy of the decision. If the Board agrees with the ALJ denial decision, the case can be appealed to the US District Court.

As you can see, SSA never really got rid of the old Initial, Reconsideration, ALJ or Appeal Counsel levels. SSA is taking each case level and breaking it down into more efficient components to derive at a faster decision. While this can be a temporary headache for claimants and advocates, improvements in the process are wonderful for the long-term survival of the SSA disability program.

Having explained the basic adjudicative process above, keep in mind that the process has transitioned to the Internet. This means that your first interaction with SSA will probably be via their online application system. What is happening in the SSA background of the online system is not much different than the old system but faster. Cases will still be reviewed, developed and processed in much the same way as before. Think of SSA's Internet application process as a routing system for applying and distributing case information.

Quick Disability Determination Unit

If the DSI is functioning in your area, a special unit known as the Quick Disability Determination Unit (QDD) may review the claim. If all of the important issues in the claim can be resolved within 20 days, then you could receive a quick decision for your client. While a claimant cannot refer his own claim to the QDD, knowing what is needed to get this referral is important. The DDS makes the final decision on this QDD referral.

A case can be referred to QDD when:

- All important medical and non-medical records have been provided to the DDS
- Claimant is not alleging a disability onset date that is far back in time.
- There are no vocational factors such as age, education, or work experience complicating the decision.

If the QDD does not approve the claim, it will be referred back to regular DDS processing so that any outstanding issues can be resolved. There is said to be an improved chance of winning at the QDD.

As a representative, you can have a modest influence on whether or not a case is referred to the QDD by simply recommending this action. You should also provide SSA with a brief explanation for your opinion that is supported by the claimant's medical evidence.

Summation

This lesson completes the basic portion of your certification prep review. In CPP2, we will begin covering the more detailed aspects of the disability process. Please open CPP2 to begin.