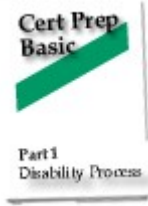


CPP1 - Lesson 2 - Basic SSA Terms



The certification exam can and will ask term questions that are so basic that even an experienced advocate can miss it. Our interaction with those who have taken the certification examination have led us to place a heavy reliance on basic terms. Many of the simplest SSA terms can be presented in very complex ways causing advocates to lose points on the examination.

Case in point is the term Established Onset Date (EOD). The basic definition of the term established onset date is: The date Social Security determines that the claimant's impairment became totally disabling by Social Security's definition of total disability. Pretty easy right!

Which of the following is most true about the EOD?

- 1.It is used by SSA to determine impairment onset.
- 2.It is used to determine the payout date.
- 3.It is used to determine the initial waiting period.
- 4.All of the above.

Correct answer: 4

While I've made it easy for you by adding the first question give-away, SSA won't be so nice on the Cert Exam. To answer this question correctly with no reference to the onset, would have been far more challenging. You have had to know that the EOD affects both the client payout date and the dates of the initial waiting period.

The following is a list of definitions used primarily by SSA employees and/or case processing professionals. Knowing these definitions can greatly improve your chances of successfully passing the exam:

Adjudicator - A person officially involved in making an SSA disability determination.

Adjudication - The official process of determining an SSA disability claim.

Administrative Law Judge (ALJ) - Usually an attorney who holds case decision hearings at the 2nd or post reconsideration appeal level.

Claimant - The person who applies for disability benefits.

Client - The person you are representing before the Social Security Admin.

Closed Period - A claimant is found to be not disabled at the time the case was adjudicated. However, the claimant did suffer one full year of total disability. That full year of disability is referred to as a closed period. The claimant may be eligible to receive benefits for this period of time.

Concurrent Claims - Two claims filed at the same time, under different aspects of the law. Usually, concurrent claims are a Title 2 and SSI/Title 16 claim filed at the same time.

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Allegations - The medical impairment alleged by the claimant as the primary reason he/she is totally disabled and seeking disability benefits.

AOD -Alleged Onset Date (AOD): The date a claimant states that he or she became unable to work due to impairments.

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Consultative Examination (CE) - A consultative examination is an exam used to determine the current physical or mental status of a claimant at the expense of the SSA. A CE is used in conjunction with other claimant evidence to determine if claimant is totally disabled.

Continuing Disability Review (CDR) - The process by which the SSA reevaluates the severity of a claimant's impairments to determine whether there has been significant medical improvement.

Diary Date - A term that has two meanings:

1. The interval of time until a claim is reevaluated after benefits are allowed, and
2. Medical Hold - The interval of time a state agency holds a claim to determine the outcome of some medical problem or treatment, before a final determination is made. When a claim is held to determine an outcome, the state agency will send the claimant a letter saying that a final decision has been delayed for a specified amount of time, usually not more than three months.

Disability Hearing Officer (DHO) - An experienced disability examiner who interviews claimants receiving disability payments to determine if benefits should continue. Claimants appear before a DHO when they are about to lose disability benefits to appeal the termination of benefits.

Duration - How long a claimant has had a impairment(s) severe enough to qualify for Social Security disability benefits.

Emergency Payments - As part of a presumptive disability decision in an SSI case, a person under extreme hardship can be issued emergency payments. These payments must be paid back over time by the claimant.

Established Onset Date (EOD). This is the date disability began as determined by Social Security after review of the client's full documentation.

Equals the Medical Listing - If a claimant's condition equals the listing, this means that the disorder has met only the secondary criteria associated with the disease. However, there

are enough restrictive components to the secondary criteria, that the claimant is found effectively disabled.

Examiner - The DDS examiner is a state or SSA employee trained to make initial, reconsideration and continuing disability review determinations. The examiner develops and controls the movement of the case within the disability process.

Extreme Hardship - This term means that without the emergency payments, the claimant's immediate health and safety are at risk.

Immediate Payment - The SSA will issue immediate payments through a Field Office in critical cases within 24 hours. These payments can be made to both SSI and SSDI claimants who qualify. To qualify, the claimant must have a financial emergency. The claimant must already be on SSI or SSDI benefits.

Medical Listings - Lists of rules giving the medical criteria that must be fulfilled for benefits to be granted without consideration of age, education or work experience.

Medical Consultant (MC) - A medical doctor, osteopath, or psychologist who works under contract or as an employee of a state agency (DDS), or who works in some similar role in some other level of the SSA.

Meets the Medical Listing - If a claimant's condition meets the medical listing, this means that the disorder has exactly met all criteria under the listing for that disease state. If a person meets the listing, he will be awarded benefits.

Not severe (non-severe) - This term means that the claimant's impairments are considered all together are still not sufficiently restrictive that it would rule out all work.

Presumptive Disability - A privilege of SSI/Title 16 claimants in which they can receive benefits (and sometimes Medicaid) for up to six months before a final decision is made on their SSA disability claim.

SSA is most likely to grant presumptive disability for the following impairments:

- Cancer
- Paralysis
- Mental Retardation
- Central Nervous System Diseases
- Kidney Disease
- HIV Infection
- Congenital Disorders

Caution in Granting Presumptive Disability (PD) - SSA uses caution in granting PD in the following disabilities because of the difficulty in predicting severity or duration of the impairment:

- Diabetes
- Epilepsy
- High Blood Pressure
- Peptic Ulcer
- Cirrhosis of the Liver
- Fractures
- Acute Injuries

Low Potential for Presumptive Disability -

SSA rarely authorizes presumptive disability payments for the following disorders:

- Drug Addiction
- Mental Impairments
- Breathing Disorders
- Back Disorders

Projected Rating - The opinion of the SSA about the level of residual impairment severity that is expected to exist 12 months after the onset of allowance level severity. Allowance level severity must persist 12 months before benefits are granted. Such a projected rating could result in either allowance or denial, depending on medical findings.

Residual Functional Capacity (RFC) - A claimant's maximum mental or physical capabilities a claimant retains with consideration of his impairments.

Substantial Gainful Activity - Earning level too high to be eligible for disability benefits. The amount that you can earn without losing benefits is increased yearly.

Treating Doctor - Also referred to as the attending physician; usually the claimant's personal medical doctor. The attending physician can perform consultative exams and is often the first choice of claimant and SSA. While the attending physician can be very helpful in providing evidence for a claim, they are otherwise not involved in making the final disability decision.

Trial Work Period (TWP) - An interval of time for claimants already on the disability rolls in which they can work and continue to draw benefits until it is clear they can actually perform a job well enough to take care of themselves.

Vocational Analyst - An internal step-by-step process used by SSA to evaluate a claimant's ability to perform his past or other less demanding work. Other factors such as a claimant's RFC, age, education, and work experience enable SSA to determine if the claimant is totally disabled and unable to work.

The above common SSA terms are used extensive in the disability process. Knowledge of these basic terms will help improve your performance of the direct-pay examination.

Without Redaction — Meaning you must not edit or otherwise change the evidence in any way.

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