

Disability Process Overview

We would like to inform you of some important steps in the disability application process. Social Security will gather information from you which will be forwarded to the Disability Determination Services (DDS). When you apply, and each time you appeal your claim, you will be asked to fill out a form giving information on your doctor visits. The DDS will collect your medical records from those doctors for you. *As you can see, it is very important to list all of your doctors.* The DDS is a state run agency charged with deciding whether you meet Social Security's criteria for disability. There are forms that the DDS will send to you, and they may want you to visit with a medical doctor.

ONSET DATE

Your onset date is the date that you first became disabled. This date can be no earlier than the last time that you worked 40 hours per week, or made over approximately \$1040 per month. Likely it is the last day you worked full-time. If you have any questions on this date, please call us.

ACTIVITIES AND DAILY LIVING QUESTIONNAIRE

You will be asked to complete a form called the Activities and Daily Living Questionnaire or Function Report/Adult (ADL). Below are a few key points to keep in mind when completing the ADL.

- First, be truthful and avoid exaggeration.
- Avoid statements that are not supported by your medical records.
- Second, be brief in your response. By elaborating, you are likely to create more questions than you answer.
- Third, answer each question based on your condition now, not what it has been in the past or what you hope it will be. It may help to think about what your abilities are on your worst days. State that your answers reflect your condition on your worst days. For example, "On my worst days, I can't lift a gallon of milk." When you answer the questions about hobbies and interests, list only those you currently participate in, NOT what hobbies you may have enjoyed before you became disabled.
- Fourth, in addition to giving specific measurements on what you can lift, how far you can walk, your ability to concentrate or attention span, etc, give examples, such as, "I can not lift a gallon of milk to my waist", or "I get severely winded walking up the stairs so my bed was moved downstairs", or "I have such a hard time thinking and concentrating that I can no longer balance my check book", etc.

THE IMPORTANCE OF GOING TO THE DOCTOR

Your disability **MUST** be proved through medical records. It is impossible to overstate how important it is to see your doctors regularly and often. ***We ask that you continue to see your doctor every 4-6 weeks throughout your disability application.*** For most people applying for disability, the cost is a major concern. There are low cost medical providers. Please visit our website at www.idahodisability.com for more information.

THE IMPORTANCE OF TREATMENT COMPLIANCE

If you are not complying with the recommended treatment of your doctors, you must have a good reason that is well documented in your records. Don't just stop taking a medication. Tell your doctor why you think it is not worth taking (too severe of side effects, ineffective, etc) and try to seek alternative treatments. If you are not treatment compliant, Social Security may determine you would not be disabled if only you followed your treatment plan, and they will deny your disability claim.

MAKING THE MOST OF YOUR DOCTORS VISITS

Don't discuss your disability claim with your doctor. Doctor's almost always report these conversations in their records. When Social Security sees your description of your limitations next to report that you are discussing your disability application with your doctor, they may conclude that what you are telling your doctor is not for treatment purposes, but to support a disability claim. They may then discount not only what you say, but what your doctors opinions as well if they are based on what you have told your doctor. For this reason, it is best if you do not mention your disability application to your doctor too early. Simply go to your doctor for treatment.

There are a few things that you should mention to your doctor **ON EACH AND EVERY VISIT**. Share with them your symptoms on each visit, even if you have told them the same thing several times before. Hopefully what you tell them will make it into their notes so that Social Security can see the symptoms which are the basis for your disability claim.

Give your doctor specific details about troubles you are having with your daily activities. Give specific examples of how long you can stand or sit, how far you can walk, the frequency of debilitating headaches, bouts of depression, setbacks, etc and what adjustments you must make in your schedule and how you must modify your activities to cope with your disability. Avoid thinking "I have told my doctor these things before, he knows them already." Tell him about your symptoms **EVERY** time you see him.

MEDICAL RECORDS LETTER

The DDS will request medical records from each doctor, hospital, clinic, etc. that you have received medical treatment from since the date you allege you first became disabled. If the DDS does not receive a response to these requests within 15 days, they automatically send out what is called a MER Reminder Letter (MER). It is simply a letter sent to you and your doctor that indicates the DDS still needs medical records. If you receive such a letter, you should call

the entity indicated on the letter and ask them if they have sent your medical records to the DDS. If they have not, simply tell them that your ability to get Social Security disability is completely dependent on the medical evidence in your records and that you may receive an unfavorable decision unless they submit your records in a timely fashion.

Important: It is critical that you do not establish a negative relationship with anyone you are requesting records from. You will likely need further treatment or records from them in the future.

CONSULTATIVE EXAM

If the DDS feels your condition should be further reviewed by a medical professional, they will send you to a doctor free of charge for an examination. These examinations are referred to as “consultative exams” and are very important. You will be sent a reminder of the date and time of the examination. It is very important that you reschedule this examination if you can not make it. You should reschedule at least 48 hours in advance of the scheduled appointment. ***If you simply fail to show up for the appointment, your claim will almost certainly be denied.***

There are a few things to remember when you go to your consultative examination. As you answer questions, be honest. You should not treat this consultation as a job interview. Do not try to put your best foot forward and minimize your condition. Some applicants are embarrassed by their condition and try to down-play their symptoms. Some answer questions about their physical limitations based on their best days, or they may be feeling particularly good on the day of the examination and base their answers on how they feel that day. If this is the case, be sure to tell the doctor you are feeling much better on this day, so your capacity to sit, stand, bend, lift, think, etc is greater than it is on your bad days. For example, “Today I am feeling better than I do most days, so I could probably sit here for 2 hours, but on my bad days, I can only sit for 30 minutes at a time. As you think about the answers to the questions you are asked, think to yourself: **“Could I do that repeatedly throughout the day in a work environment and do it day-in and day-out for months on end.”**

If you are asked questions about your mental abilities, such as your ability to concentrate, comprehend, etc., do not be embarrassed about your difficulties and do not put a “happy face” on your limitations. If you are given mental examinations, it is a test to see how you function on a daily basis.

Do not answer any questions based on past experience that is no longer relevant. It does not matter how well you could perform any task in the past. All that matters is how well you can perform that task with your current disabilities. It is not important that a year ago you could run the Boston Marathon if you can’t walk to your mailbox today. Do not answer any questions based on how you wish things were or how you hope they will be in six months or a year.

UNEMPLOYMENT

In order to receive unemployment, you must certify that you are not disabled. **NOTIFY US IMMEDIATELY IF YOU APPLY FOR UNEMPLOYMENT**

TIMELINE

We look forward to working with you on your application for disability. We will strive to have your claim allowed as soon as possible. There are three typical levels of application you may be required to go through: (1) the Initial Application, (2) the Request for Reconsideration, and (3) the Request for a Hearing.

- **Initial Claim**—Takes 90 to 120 days. Approximately 33% of applicants are approved by the DDS at this level. This will typically include the most severe cases that are exceptionally well documented by medical records. Many of those approved at this level are extreme cases such as very low birth weight babies, terminal cancer patients, severe head injuries, etc. If your application for disability is denied at the initial level, don't panic or get discouraged, we will help you to make a request for reconsideration.
- **Reconsideration**—Takes 60-90 days. Approximately 10% of those asking for reconsideration are approved. When you request a reconsideration, the DDS will take another look at your file. During this period, additional medical evidence may be added to your application. If you are again denied, you can ask for a hearing before an administrative law judge. Again, if your application for disability is denied at the reconsideration, we will help you to make a request for reconsideration
- **Hearing**—Takes 9-12 months, unless we can show *dire need* or you are a good candidate for an *on-the-records decision*, in which case we may be able to get you approved sooner. The good news is that we get most of our clients approved at this level. The DDS transfers your file to ODAR, where you will get a chance to have a hearing. We get **85-90% of claimants approved** by the hearing level.

Please be patient during any waiting period. You will receive the same information from Social Security as we do. But be sure to tell us if you get a denial letter or are scheduled for a hearing.