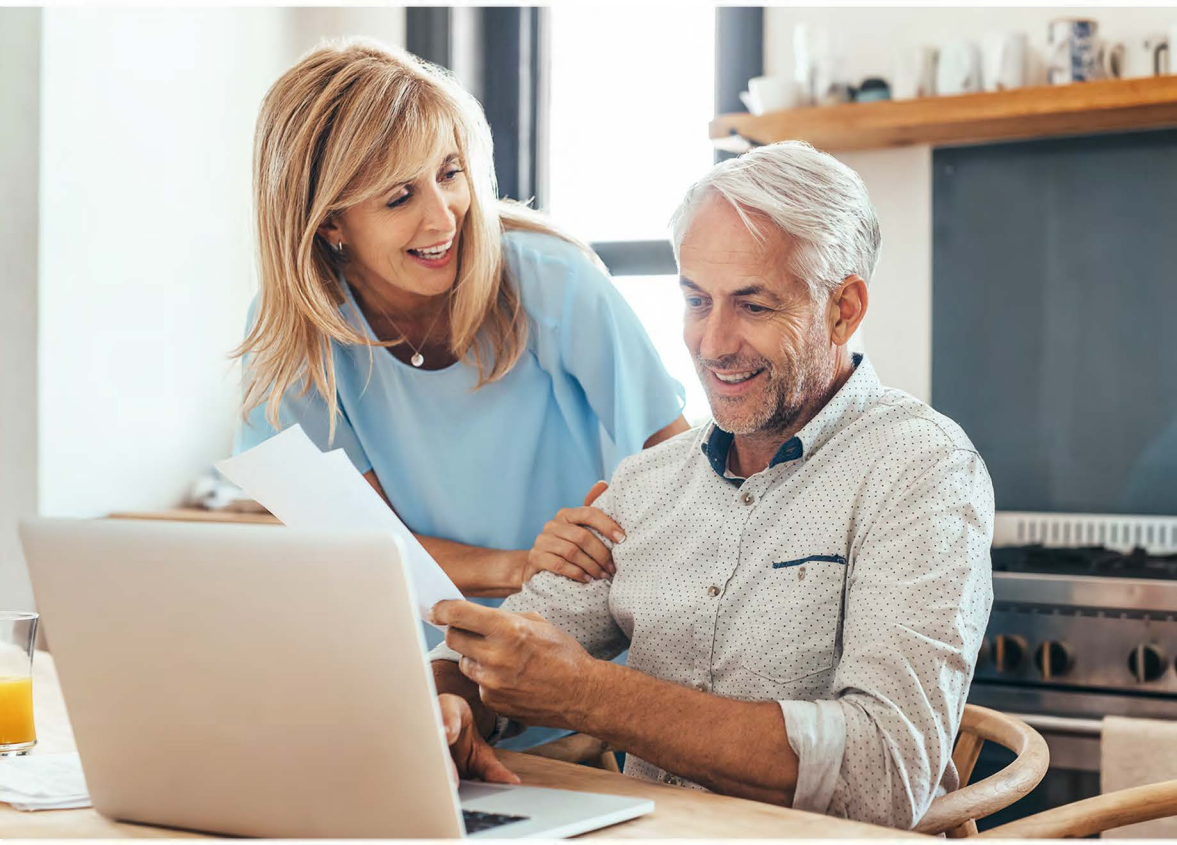
DO YOU QUALIFY?

A Guide to Social Security Disability Benefits



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What is Social Security?

The Social Security Act, signed into law by President Franklin D. Roosevelt in 1935, created Social Security, a federal safety net for elderly, unemployed and disadvantaged Americans. The main stipulation of the original Social Security Act was to pay financial benefits to retirees over age 65 based on lifetime payroll tax contributions. Many amendments have been passed to the original Social Security Act.

In 1960, President Dwight D. Eisenhower approved legislation to allow Social Security benefits for disabled workers and their

dependents, effectively creating what is now known as Social Security Disability.

The Social Security Act has provided Americans with financial help when they need it most. For many of America's most vulnerable, it's the only source of income they have.

What is Social Security Disability?

TYPES OF DISABILITY PROGRAMS

There are two types of Disability Program Benefits–Social Security Disability and Supplemental Security Income. The medical criteria are the same for both programs.

SOCIAL SECURITY DISABILITY

Social Security Disability is a program set up under the federal **Social Security Administration (SSA).** It is designed to help qualified, disabled individuals who are under full retirement age and who

cannot work to obtain their Social Security benefits earlier than their normal retirement age.

To be entitled to Social Security Disability benefits, you must have paid into the Social Security system for approximately five out of the last 10 years to be fully insured under the system.

If you win your disability claim, you are entitled to back due benefits that begin to accrue 5 months after the onset of your disability, plus monthly disability payments in the future. For more details on back due benefits and disability onset, see the chapter “Disability Benefits Explained.”

What Does "Insured" Mean for Social Security Disability?

Just like paying into a car insurance policy with monthly premiums, you have to pay into Social Security with your Social Security taxes to be insured. After you stop working (and stop paying Social Security tax), there will come a time when you are no longer insured for **Social Security Disability Insurance (SSDI)** benefits.

The requirements to be insured for SSDI benefits include: 1) Contributed to the program (paid Social Security taxes) over a sufficiently long period to be "fully insured" and 2) Contributed to the program recently enough to have disability insured status.

WHAT DOES IT MEAN TO BE "FULLY INSURED?"

To be "fully insured," you must have contributed 40 credits at retirement age, which would generally mean that the person has worked enough to earn the maximum of four credits a year for the past ten years. Whether someone is insured for disability benefits depends on the age you become disabled.

Quarters refer to three-month increments in the calendar year (Quarter 1: January – March, Quarter 2: April – June, Quarter 3: July – September, Quarter 4: October – December). A person is only currently insured if they earned six (or more) credits during the 13-quarter period ending with the

quarter the person died or became disabled.

Contributions are counted in quarters of coverage ("QC"), with minimum earnings requirements for each quarter. The earning requirements increase every year. In 2019, you must earn $1,360 per quarter to earn one quarter of coverage. In 2020, you must earn $1,410 per quarter to earn a quarter of coverage. Regardless of earnings, you may only earn up to 4 quarters of coverage per year.

If you aren't fully insured, you may still receive disability benefits if you are insured for disability benefits. You are insured for disability benefits if you have at least one quarter of coverage for every calendar year after the year you turn 21, up until the calendar year before becoming disabled. The rule for disability insured status for those over 31 years old is that they must have 20 quarters of coverage (QCs) out of the 40 calendar

quarters before they become disabled to be eligible for disability benefits. Significant work in five years out of the last 10 years usually satisfies this requirement.

The difference between being fully insured and currently insured are the benefits available.

The following are available to fully insured workers (or their survivors) only:

- Retirement benefits for workers 62 or older.
- Disability benefits.
- Widow(er)s benefits for widow(ers) aged 60 or older.
- Widow(er) benefits if the widow(er) is caring for a child who is either under the age of 16 or who is disabled and that child is entitled to benefits under the deceased worker's earnings record.
- Disabled widow(er) benefits for widow(ers) between the ages of 50

and 60.

- Dependent parents benefits for parents aged 62 or older of a deceased fully insured worker.
- Spousal benefits for spouses aged 62 or older.
- Spousal benefits for spouses who are caring for a child who is either under the age of 16 or who is disabled and that child is entitled to benefits under the deceased worker's earnings record.
- Children's benefits if the child is under the age of 18, or under the age of 19 and a full-time elementary or secondary school student, or aged 18 or older and who became disabled before the age of 22.

The following are available to the survivors of currently insured workers: Surviving spouse benefits if the widow(er) is caring for a child who is entitled to benefits under the deceased worker's

earnings record and who is either: under the age of 16 or disabled.

Children's benefits for the dependent, unmarried child of a deceased worker if the child is:

- Under the age of 18
- Under the age of 19 and a full-time elementary or secondary school student, or
- 18 or older but became disabled before the age of 22

The surviving spouse benefits may also be available to a surviving former spouse.

DATE LAST INSURED

The "date last insured" (DLI) is the last date you are eligible to qualify for Social Security Disability Insurance (SSDI). Your DLI depends on when you last worked. Your DLI depends on the date you stopped working at a job that pays into the Social Security system through FICA taxes.

If you have a steady work record, your insured status will lapse about five years after you stop working. To receive any Social Security Disability benefits, you will have to prove that you were disabled before the date last insured. For those who become disabled before age 31, there is a reduced quarter of coverage requirement.

If your Date Last Insured (DLI) has passed, you can't get SSDI benefits. In the same way an auto accident must occur before your auto insurance expires, your disability onset must happen before the date you were last insured (DLI) for disability benefits.

This concept only applies in SSDI cases.

How do I apply for Social SecurityBenefits?

You may file a claim in person at your local Social Security district office or by telephone by calling (800) 772-1213. You may also file online by going to www.ssa.gov (aside from the above mentioned exceptions to online applications, such as widows, widowers and surviving ex-spouses filing for benefits). As part of the Social Security benefit application process, you will be asked a series of questions regarding your past work, medical conditions, education and you will need a list of your doctors and prescriptions.

If you choose to file online, it is helpful to have all your information regarding your treatment, testing, hospitalizations and medication available. It is important to describe your past jobs in detail, not just what your job title was. You should focus

on the physical requirements of the jobs. You should make sure you print a copy of your application and all receipts showing your claim was filed.

You must make sure to respond timely to all requests for information from the Social Security Administration.

Action Steps to Help Make an SSD Claim Successful

- See your doctor regularly.
- If you have a mental impairment, treat with a mental health professional.
- Make sure you include all conditions for which you receive treatment.
- Take medication as prescribed by your doctor.
- Be detailed about your symptoms and limitations.
- Give a detailed work history.

- Respond timely to requests for information.
- Report your symptoms and things you have trouble doing to your doctor every time you see them. Don’t minimize your problems, but do not exaggerate them either.
- Follow your doctor’s treatment recommendations.
- Make sure all medical evidence relevant to your impairment(s) is submitted to the hearing office at least 5 business days before your hearing.
- Make sure your doctors give you work-related limitations.
- Make sure you are on time for your hearing.

What Happens if my Claim is Denied?

There are four levels of administrative appeals for Social Security Disability claims. If you are denied at any level, you must appeal within 60 days, with one exception, or your claim will be dismissed, and you will have to start the application process over. After you exhaust all administrative appeals, you may file a Federal civil action.

THE APPEALS PROCESS

Step 1: Initial Determination - *If denied*
Step 2: Reconsideration - *If denied*
Step 3: Request for Hearing before an Administrative Law Judge - *If denied*
Step 4: Appeals Council - *If denied*
Step 5: Federal Court Action

Most claims are denied at the Initial Determination and the Reconsideration stages. The biggest mistake people make is not timely filing appeals at each of these

stages. Most cases advance to a hearing before an Administrative Law Judge where you have a greater chance of winning your case.

HEARING BEFORE AN ADMINISTRATIVE LAW JUDGE (ALJ)

The Administrative Law Judge (ALJ) is an independent fact finder, who is not bound by the prior decision issued in your case. Social Security hearings are supposed to be non-adversarial. There is no lawyer present who represents the Social Security Administration. Hearings are generally held in small rooms with the ALJ present or appearing by video conference. Hearings are informal and normal rules of evidence applied in other courts, do not apply. However, your testimony, and the testimony of any witnesses, will be taken under oath, so you must tell the truth.

WHO IS PRESENT AT THE HEARING?

The ALJ, you and your attorney, and any witnesses. All hearings are digitally recorded, so there will be a clerk present to make sure the testimony is recorded properly. The ALJ may call a Vocational Expert, who may appear in person or by phone, to classify your past work, testify about job requirements/availability and to answer hypothetical questions regarding your physical and/or mental limitations, and whether those limitations would preclude doing your past jobs or any other jobs available in the National Economy. The ALJ may also call a Medical Expert to testify about the medical issues in your case and give an opinion on what limitations result.

THE 5-BUSINESS DAY EVIDENCE RULE

Beginning on May 1, 2017, Social Security revised the rules that deal with the submission of evidence at the hearing level. The regulations provide that the individual requesting a hearing make every reasonable effort to ensure the ALJ receives all evidence. In addition, the individual seeking a hearing must inform the ALJ about the evidence or submit any written evidence "no later than 5 business days before the date of the scheduled hearing."

"All evidence" means you are required to inform or submit to SSA all evidence known to you that relates to whether or not you are disabled.

The 5-day rule was further clarified on October 4, 2017 under SSR 17-4p, requiring all evidence to be submitted as soon as practicable, meaning you cannot wait until 5 days before your hearing to

submit all the evidence. You must submit evidence as you receive it. Informing SSA isn't enough either; you must show SSA that you were unable to obtain the evidence despite good faith efforts.

Disability Benefits Explained

FIVE MONTH WAITING PERIOD

If you are approved, you may receive retroactive benefits up to 12 months from the date you file your application. If you have been approved for SSDI benefits, there is a 5-month waiting period after the date you allege you became disabled. This means if SSA finds you disabled as of your alleged onset date of disability, you will not receive benefits for 5 months after the month in which you became disabled (Date of Entitlement).

ESTABLISHED ONSET DATE (EOD)

The date when someone became disabled. This is used to determine Social Security Disability benefits.

When is the date of entitlement in relation to the application date? The date of entitlement can be no more than 12 months before the application date, which means that the established onset date (EOD) can be no more than 17 months before the application date. Of course, the EOD is only set that far back when the SSA believes you have been disabled for 17 months before the application date, or longer. For some claimants, the SSA sets the EOD after the application date.

The five-month waiting period does not apply to SSI claims.

SUPPLEMENTAL SECURITY INCOME (SSI)

The Supplemental Security Income (SSI) program is a federal welfare program for

the disabled, blind and those over 65. In contrast to Social Security Disability, SSI benefits are paid out of general revenues, not out of the Social Security trust fund. New York is one of the states that supplements the federal SSI benefit. Thus, the SSI benefit may vary depending on where you live.

To qualify for SSI, you must be disabled under the same rules for SSDI; meet the income and asset requirements for SSI (individuals must have less than $2,000 in assets; couples must have less than $3,000 in assets. Exceptions apply, most notably, you may own the home in which you live, and have one car if it is used for work or to go to medical appointments); be a US citizen or fall into one of the limited exceptions to the citizenship rule.

There are no retroactive SSI benefits. If you are approved, the first month of benefits you will receive is for the month after the month you apply.

OTHER TYPES OF SOCIAL SECURITY BENEFITS

- Early Retirement for claimants aged 62 or over
- Disabled adult child and disabled widow/widowers benefits
- Surviving Divorced Spouses
- Auxiliary benefits that don't require disability

EARLY RETIREMENT FOR INDIVIDUALS AGED 62 & OVER

You can start your Social Security retirement benefits as early as age 62, but the benefit amount you receive will be less than your full retirement benefit amount.

If you start your benefits early, they will be reduced based on the number of months

you are receiving benefits before you reach your full retirement age. For example:

- If your full retirement age is 66, the reduction of your benefits at age 62 is 25 percent; at age 63, it is about 20 percent; at age 64, it is about 13.3 percent; and at age 65, it is about 6.7 percent.
- If your full retirement age is older than 66 (that is, you were born after 1954), you can still start your retirement benefits at 62 but the reduction to your benefit amount will be greater -- up to a maximum of 30 percent reduction of benefits at age 62 for people born in 1960 and later.
- For each year you postpone from age 67 to 70, you'll receive an additional 8% in your monthly benefit. After age 70, there's no further bonus for delaying.

You are eligible to receive Medicare at age 65.

If you work after you start receiving benefits, SSA may withhold some of your benefits if you have excess earnings. However:

- SSA has a special rule that applies to earnings for one year. The special rule means SSA cannot withhold benefits for any whole month they consider you retired, regardless of your yearly earnings.
- After you reach full retirement age, SSA will recalculate your benefit amount to give you credit for any months in which you did not receive some benefit because of your earnings.

DISABLED WIDOWS OR WIDOWERS

If something happens to a worker, benefits may be payable to their widow, widower, or surviving divorced spouse with a disability if the following conditions are met:

- The widow, widower or surviving divorced spouse is between ages 50 and 60;
- Their condition meets the definition of disability for adults; and
- The disability started before or within seven years of the worker's death.

If a widow or widower who is caring for the

worker's children receives Social Security benefits, he or she is still eligible for disabled widow's or widower's benefits if their disability starts before those payments end or within seven years after they end.

ADULTS DISABLED BEFORE AGE 22

An adult disabled before age 22 may be eligible for child's benefits if a parent is deceased or starts receiving retirement or disability benefits. SSA considers this a "child's" benefit because it is paid on a parent's Social Security earnings record.

Who is Considered an "Adult Child?"
The "adult child"—including an adopted child, or, in some cases, a stepchild, grandchild, or step grandchild—must be unmarried, age 18 or older, have a disability that started before age 22, and meet the definition of disability for adults.

Example: A worker starts collecting Social

Security retirement benefits at age 62. He has a 38-year-old son who has had cerebral palsy since birth. The son will start collecting a disabled "child's" benefit on his father's Social Security record.

It is not necessary that the adult child ever worked. Benefits are paid based on the parent's earnings record.

- An adult child must not have substantial earnings. The amount of earnings we consider "substantial" increases each year. In 2020, this means working and earning more than $1,260 a month.

An adult child already receiving SSI benefits or disability benefits on his or her own record should still check to see if benefits may be payable on a parent's earnings record. Higher benefits might be payable and entitlement to Medicare may be possible.

If a child is age 18 or older, SSA will

evaluate his or her disability the same way they would evaluate the disability for any adult. SSA will send the application to the Disability Determination Services in your state that completes the disability decision.

Applying for Social Security Benefits for a Disabled Adult Child

You must contact SSA at 800-772-1213 to make an appointment to apply for benefits for a Disabled Adult Child.

SURVIVING DIVORCED SPOUSES

The marital status of your ex-spouse at the time of his or her death has no effect on your ability to receive surviving ex-spouse disability or retirement benefits.

But if a surviving ex-spouse remarries before the age of 60, or before age 50 if disabled, the surviving ex-spouse won't be able to receive benefits.

However, if that marriage later ends due to divorce, death, or annulment before the death of your disabled or retired ex-spouse, you would be able to receive surviving ex-spouse benefits as though you never remarried.

If you remarry after you reach 60 years old, or 50 years old if you are disabled, it will have no effect on your ability to receive surviving ex-spouse benefits.

You can't receive survivors' benefits on your deceased ex-spouse's record if you are eligible to receive a Social Security

benefit on your own record that would be higher than the benefits you will receive on your deceased ex- spouse's record.

If you are eligible for benefits on your own record that are less than the benefits you would receive on your deceased ex-spouse's record, Social Security will pay you your own benefits plus the difference between the amount of your benefits and what the benefit based on your deceased ex- spouse's benefits would be. This difference is paid with money from your deceased ex-spouse's benefit.

AMOUNT OF EX-SPOUSE'S SURVIVORS BENEFIT

Below are the different payment categories for surviving ex-spouse benefits:

- If you are at or above full retirement age, you will receive 100% of your deceased ex-spouse's SSDI or retirement benefit.
- If you are between the ages of 60 and full retirement age, you will receive in the range of 71.5% to 99% of your deceased ex-spouse's SSDI or retirement benefit.
- If you are between the ages of 50 and 59 and disabled, you will receive 71.5% of your deceased ex-spouse's SSDI or retirement benefits. You must have become disabled before your ex-spouse died or within seven years of his or her death.
- If you are caring for a child under

the age of 16 years old who is receiving SSDI or retirement benefits on your deceased ex-spouse's record, you will receive 75% of your deceased ex- spouse's SSDI or retirement benefit, subject to the maximum family benefit.

If you work while receiving a survivor's benefit, your benefit may be reduced, depending on your age and the amount of money you earn.

As a surviving ex-spouse, if you receive benefits based on your ex-spouse's earnings record by meeting either the age or age and disability requirement, the benefit you receive will have no effect on the amount that other survivors will receive. In other words, it doesn't count toward the maximum family benefit.

However, if you are receiving a surviving ex-spouse benefit based on your caring for a child under 16 who is also receiving

Social Security benefits based upon your deceased ex-spouses record, the amount you receive will count toward the total family limit.

Widows, widowers and surviving ex-spouses cannot file for benefits online, but may contact Social Security at 800-772-1213 to request an appointment to file for benefits.

Criteria for Social Security Disability Cases

You will be asked questions about your:

- Work History (any jobs you performed in 15 years preceding your disability)
- Education
- Medical Conditions/Treatment/Medication
- Symptoms
- How your conditions affect your ability to work, i.e. functional limitations
- Your daily activities

Physical Limitations

This describes your ability to sit, stand, walk, lift and carry and push and pull.

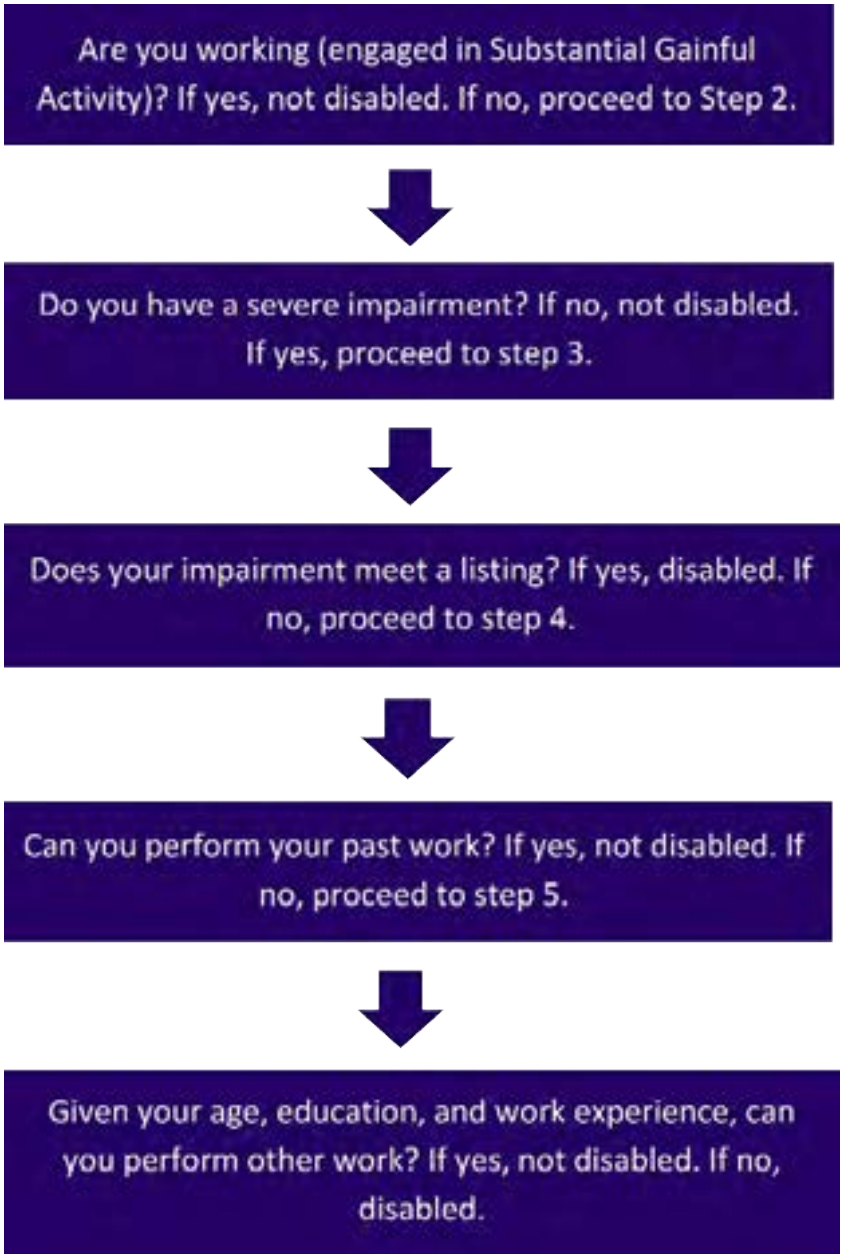
Disability Defined

The regulations define disability as an inability to do any substantial gainful activity by reason of any medically determinable physical or mental

impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months. To meet this definition, you must have a "severe impairment(s)" that prevents you from being able to perform any of your past work or any other substantial gainful work that exists in the National Economy.

THE SEQUENTIAL EVALUATION PROCESS

Social Security uses a five-step sequential evaluation to decide if you are disabled under their rules.


Are you working (engaged in Substantial Gainful Activity)? If yes, not disabled. If no, proceed to Step 2.
Do you have a severe impairment? If no, not disabled. If yes, proceed to step 3.
Does your impairment meet a listing? If yes, disabled. If no, proceed to step 4.
Can you perform your past work? If yes, not disabled. If no, proceed to step 5.
Given your age, education, and work experience, can you perform other work? If yes, not disabled. If no, disabled.

STEP 1: ARE YOU WORKING?

If you are not working, proceed to step 2.

If you are working, are you performing **Substantial Gainful Activity (SGA)?**

Work is "substantial" if it involves doing significant physical or mental activities or a combination of both. For work activity to be substantial, it does not need to be performed on a full-time basis. Work activity performed on a part-time basis may also be SGA.

"Gainful" work activity is:

- Work performed for pay or profit; or
- Work of a nature generally performed for pay or profit; or
- Work intended for profit, whether or not a profit is realized.

Substantial Gainful Activity is generally work that brings in income over a certain dollar amount per month. For 2020, the amount is $1,260 for non- blind disabled SSDI or SSI application, and $2,110 for blind SSDI applications. If you are earning more than this amount per month, SSA will find you are not disabled, unless you are working under special conditions.

Examples of special conditions include:

- You required special assistance from other employees in performing the work.
- You were allowed to work irregular hours or take frequent rest breaks.
- You were provided with special equipment or assigned work especially suited to your impairment.
- You were able to work only because of specially arranged circumstances (for example, other people helped the claimant get to and from work).

- You were permitted to work at a lower standard of productivity or efficiency than other employees.
- You were given the opportunity to work despite his or her impairment because of a family relationship, past association with the employer, or the employer's concern for the claimant's welfare.

There are several special rules for people who are blind. These rules recognize the severe impact of blindness on a person's ability to work. For example, the monthly earnings limit for people who are blind is generally higher than the limit that applies to non-blind disabled workers.

Self-Employment

If you are self-employed and your disability is not blindness, how SSA evaluates your work activity for SGA purposes will depend on whether they are evaluating your work activity before or after you have received SSDI benefits for

24 months and the purpose of the evaluation. SSA will evaluate your work under The Three Tests or the Countable Income Test to determine if your work activity is SGA, depending on when you worked.

SSA applies three tests to evaluate your work activity when you initially apply for SSDI and before you have received SSDI benefits for 24 months. SSA will also use the three tests to evaluate your work activity during the re-entitlement period to determine if they can reinstate your benefits in the Extended Period of Eligibility (EPE).

Work is considered SGA if:

- You render significant services to the business, and you had average monthly earnings over the SGA level ($1,220 in 2019); or

- Your work is comparable to the work of persons without disability in your community engaged in the same or similar businesses; or
- Your work is worth more than the SGA level earnings in terms of its effects on the business or when compared to what you would have to pay an employee to do the work.

THE COUNTABLE INCOME TEST

SSA applies the countable income test if you have received SSDI benefits for at least 24 months. SSA only uses the countable income test to determine whether you have engaged in SGA and if your disability has ended as a result of that SGA.

SSA will compare your countable earnings to the SGA earnings guidelines. If your monthly countable earnings average more than $1,220 (in 2019), it is determined that your work is SGA unless there is evidence that you are not rendering

significant services in the month. If your monthly countable earnings average less than $1,220, it is decided that your work is not SGA.

If you are self-employed and your disability is blindness, SGA is decided based on whether you have received a substantial income from the business and rendered significant services to the business. This determination is made using your countable earnings. Your countable earnings are also used to determine whether your work is SGA and if benefits can be reinstated during the Extended Period of Eligibility (EPE).

If you are self-employed, your disability is blindness, and you are age 55 or older, special rules apply. If your earnings demonstrate SGA but your work requires a lower level of skill and ability than the work you did before age 55, or when you became blind, whichever is later, benefits will be suspended, not terminated. Your

eligibility for SSDI benefits continues indefinitely, and SSA will pay your benefits for any months' earnings falling below SGA.

SUBSIDIES AND SPECIAL CONDITIONS

SSA considers the existence of subsidies and/or special conditions when they decide if you are performing work at the SGA level. SSA uses only earnings that represent the real value of the work you perform to decide if your work is at the SGA level.

What is a subsidy?

A "subsidy" is extra amount of wages an employer pays an impaired individual for services over the reasonable value of the actual services performed. SSA will deduct the value of subsidies from earnings when they make a decision on whether you are engaging in SGA.

What are special conditions?

"Special conditions" refers to support and on-the-job assistance provided by your employer, or by someone other than your employer, for example, a vocational rehabilitation agency or job coach. Because of this support, you may receive more pay than the actual value of the services you perform.

How do I know if a subsidy or a special condition applies to me?

A subsidy or special condition may exist if:

- You receive more supervision than other workers doing the same or a similar job for the same pay; or
- You have fewer or simpler tasks to complete than other workers doing the same job for the same pay; or
- You are given additional or longer paid breaks than other workers doing the same job for the same pay; or

- You have a job coach or mentor who helps you perform some of your work.

Do subsidies or special conditions affect my Supplemental Security Income (SSI) payments?

No, subsidies or special conditions are not considered when calculating your SSI payment amount.

UNSUCCESSFUL WORK ATTEMPT (UWA)

An unsuccessful work attempt is an attempt to return to work that fails in six months or less because of your disability. If a period of work can be considered an unsuccessful work attempt, that work will not be counted, allowing you to be found eligible for benefits during this period. To be eligible for an UWA, you must have stopped working for a period of time before attempting to go back to work.

An unsuccessful work attempt generally occurs before you are approved for benefits, not after. This is sometimes confused with a Trial Work Period, that allows you to test your ability to try to return to work, after you have been found disabled.

IMPAIRMENT-RELATED WORK EXPENSES (IRWE)

How can IRWE help you?

SSA will deduct the cost of certain impairment-related items and services that you need to be able to work from your gross earnings when they decide if your work is Substantial Gainful Activity (SGA). It does not matter if you also use

these items and services for non-work activities.

When will SSA deduct your IRWE?
SSA will deduct IRWE for SGA purposes when:

- The item(s) or service(s) enables you to work;
- You need the item(s) or service(s) because of a physical or mental impairment;
- You pay for the item(s) or service(s) and are not reimbursed by another source such as Medicare, Medicaid, or a private insurance carrier; and
- The cost is "reasonable," that is, it represents the standard charge for the item or service in your community.

How does SSA use IRWE to figure your Supplemental Security Income (SSI) monthly payments?

If you receive SSI benefits, SSA will exclude IRWE from your earned income when they figure your monthly payment amount. This is conditional based on if you meet the requirements above, and you paid the expense in a month that you received earned income or performed work while you used the IRWE.

Can IRWE be deducted during a non-work month?

Generally, you must be working in the month you pay for an IRWE. However, in certain situations, SSA can deduct IRWE amounts for expenses you pay before you start or after you stop work.

What types of expenses are deductible?
The following are some examples of expenses that are deductible as IRWE:

- Transportation Costs
- Attendant Care Services
- Service Animals
- Medical Devices
- Prosthesis
- Prescription Drugs, OTC drugs and Medical Services
- Non-Medical Appliances and Devices;
- Expendable medical supplies (i.e. incontinence pads, catheters, elastic stockings)
- Assistive technology (software applications, computer support services and special tools)

STEP 2: SEVERE IMPAIRMENT

Social Security defines a severe impairment as an impairment that significantly limits your physical or mental ability to do basic work activities. You are responsible for providing medical evidence showing you have a medically determinable impairment(s), that could reasonably be expected to produce your symptoms, and the severity of the impairment(s).

SSA regulations require "objective medical evidence" from an **"acceptable medical source"** to establish that a claimant has a medically determinable impairment.

Acceptable Medical Sources include: Physicians, Psychiatrists, Psychologists, Optometrists, Podiatrists, Speech Pathologists, Physicians Assistants, Advanced Practice Registered Nurses and Audiologists.

Once the existence of an impairment is

established, SSA considers all evidence from all medical and non-medical sources to assess the extent to which your impairment(s) affects your ability to function in a work setting; or in the case of a child, the ability to function compared to that of children the same age who do not have impairments. Non-medical sources include, but are not limited to: the claimant, educational personnel, public and private social welfare agency personnel, family members, caregivers, friends, neighbors, employers, and clergy.

Basic work activities include:

- Physical functions such as walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling.
- Mental functions such as: understanding, carrying out, and remembering simple instructions; use of judgment; responding appropriately to supervision,

coworkers and usual work situations; and dealing with changes in a routine work setting.

A “non-severe” impairment, has no more than a minimal impact on your ability to do work related activities.

In order to be eligible for benefits, your impairment(s) must prevent you from working for at least 12 months. If you have more than one severe impairment or have a non-severe impairment(s), SSA will consider the combination of your impairments to determine if they would prevent you from working for at least 12 months. If your severe impairment is expected to improve within 12 months, and the remaining improvement is non-severe, you will be found not disabled.

To prove you have a severe impairment, you need objective medical evidence that shows your impairment significantly impacts your ability to do work related activities.

The finding that you have a severe impairment or combination of impairments does not mean you will necessarily win your case. The finding is only the second step in the sequential evaluation process. Next, SSA must decide if your impairment or combination of impairments meets or equals a listing or causes limitations that prevent you from doing any of your past jobs or other work.

STEP 3: LISTINGS – IMPAIRMENTS THAT SSA CONSIDERS DISABLING

At this step, you will be found disabled if your impairment or combination of impairments meets or equals a listed impairment. The listing of impairments describes impairments that SSA considers presumptively disabling. You have the burden to prove your impairment(s) meet or equal a listed impairment. You must satisfy all criteria of the listed impairment.

The Adult Categories of listings can be found at www.ssa.gov and include:

1.00 Musculoskeletal System
2.00 Special Senses and Speech
3.00 Respiratory System
4.00 Cardiovascular System
5.00 Digestive System
6.00 Genitourinary Disorders
7.00 Hematological Disorders
8.00 Skin Disorders
9.00 Endocrine Disorders
10.00 Congenital Disorders that affect Multiple Body Systems
11.00 Neurological Disorders
12.00 Mental Disorders
13.00 Cancer (Malignant Neoplastic Diseases)
14:00 Immune System Disorders

RESIDUAL FUNCTIONAL CAPACITY (RFC)

Your RFC is the maximum ability you have for sustained work activities in a work setting in an ongoing and continuing basis. A regular and continuing basis means work done 8 hours a day for 5 days a week or an equivalent work schedule.

Your Physical RFC is expressed in terms of exertional levels of work, described as: sedentary, light, medium, heavy or very heavy. RFC considers your ability to perform exertional activities or strength demands of work such as sitting, standing, walking, lifting, carrying, pushing and pulling. Your RFC will also include any non-exertional restrictions, such as not being

able to stoop, use your fingers, or remember instructions.

To be considered able to work, you must be able to work full time, attend work regularly, be productive at work, and not need to take frequent rest breaks.

It is important to make sure you obtain functional limitations from your doctors.

VISION LOSS

Social Security considers “legal” or “statutory” blindness as a qualified disability.

Legally blind individuals include people who have been blind since birth in addition to those that have experienced severe vision loss due to conditions like glaucoma, retinopathy, and traumatic injury, among others.

In fact, the blind can qualify for disability and continue to work while receiving monthly benefits, provided they meet all SSA requirements.

If you are not "legally" blind, but your medical evidence shows that your "good eye" has vision which cannot be corrected better than 20/200, you will be found disabled under Social Security's rules. However, if you are 100% blind in one eye and have decent vision in the other, better than 20/200, you will not qualify for benefits.

However, even if you do not meet the legal definition of blindness, you may still qualify for disability benefits if your vision problems alone or combined with other health problems prevent you from working.

HEARING LOSS

Some people by virtue of the type of work they do or other conditions they have

suffer from hearing loss.

The SSA's impairment listing 2.10 states the requirements for automatically being granted disability benefits for hearing loss. To qualify for disability benefits for hearing loss (without cochlear implants), you must meet either one of the two following tests:

Audiometry. Your average hearing threshold sensitivity for air conduction must be 90 decibels (dB) or worse in your better ear, and you must have a bone conduction hearing threshold of 60 decibels (dB) or worse in your better ear. Your hearing loss needs to be calculated by averaging your hearing at the sound frequencies of 500 hertz (Hz), 1,000 Hz, and 2,000 Hz.

OR

Word recognition test. You must not be able to repeat more than 40% of a list of standardized words spoken in a word recognition test (which tests speech

discrimination).

Pure tone, bone conduction, and word recognition tests must be completed by an otolaryngologist (ENT), a licensed physician, or an audiologist working under the supervision of an ENT or physician. All testing is done without your hearing aids in. The SSA can also send you to an audiologist for auditory evoked response testing (which measures brainwave responses to tones) to determine if your hearing is truly as bad as your pure tone audiometry tests indicate.

If you have cochlear implants in one or both ears, you are automatically granted disability benefits for one year after the implantation (regardless if your hearing improves within 12 months). After one year, your disability benefits will not be extended unless your word recognition on a "Hearing in Noise Test" is 60% or less.

If your hearing loss does not meet the SSA's disability listing for profound hearing loss, above, you still might be able to get disability if you can show that there are no jobs you can do with your amount of hearing loss.

SSA considers how your hearing loss affects your ability to communicate, follow instructions, and do various jobs. In deciding your Residual Functional Capacity (RFC), SSA will include restrictions related to your hearing loss on the work you can do.

FIBROMYALGIA

Social Security published a Ruling giving guidance to disability examiners and ALJs on how to assess Fibromyalgia.

To decide if Fibromyalgia is a medically determinable impairment, the ruling directs claims examiners and judges to rely on criteria issued by the American College of Rheumatology. SSA must see medical

signs of an impairment that could reasonably be expected to produce your symptoms. Proving this can be difficult with FM, since the illness is usually characterized by subjective reports of widespread pain, tenderness in the muscles, joints, and soft tissues, fatigue, dizziness, and "fibro fog."

According to the ruling, for fibromyalgia to be considered a medically determinable impairment, you should have evidence of chronic widespread pain, including pain in the back, neck, or chest, and a doctor must have ruled out other diseases (such lupus, hypothyroidism, and multiple sclerosis) through the use of lab tests or x-rays. In addition, you must have one of the following:

- Tender points in at least 11 of 18 tender point areas of the body, with tender points occurring on both sides of the body and both

above and below the waist. (You can see a list of the tender points in SSR 12-2p, SSA's ruling on fibromyalgia.) OR:

- Repeated occurrences of six or more fibromyalgia symptoms, particularly fatigue, cognitive, or memory problems (“fibro fog”), non-restorative sleep, depression, anxiety, or irritable bowel syndrome (IBS). Other possible symptoms include headache, muscle weakness, abdominal pain, Raynaud's phenomenon, seizures and dizziness.

Once SSA has determined that your Fibromyalgia is a medically determinable impairment, they then decide your RFC to determine if you are able to do your past work or any other work. The RFC will be based upon medical records and opinions from doctors and specialists, and statements from you as to your functional

limitations.

One of the things Social Security also considers to evaluate your statements about your pain and symptoms are your activities of daily living (ADLs). In your application, you will be asked to provide information about what you are able to do despite your disability. For example, are you able to cook, clean, do yard work, shop, and care for children? It is important to be specific about how your impairments affect your ability to sit, stand, walk, lift, carry, etc. Try to avoid vague terms such as "not too long," "not too far," or "I can't lift much."

Be sure to consider how your pain and symptoms makes everyday life difficult. For example, you may be able to do some household chores, but it takes you longer as you must stop and rest before you can continue. When you go shopping, do you need someone to come along to carry the bags? What about your social life?

Specifically, do you still go out to see friends, or has it been months since you left your house except to see the doctor?

If your primary care physician has given you a diagnosis of Fibromyalgia, make sure to be evaluated by a Rheumatologist. A diagnosis made by a Rheumatologist will be more persuasive. If you also experience cognitive or mental issues along with Fibromyalgia, it may be helpful to be evaluated by a neurologist as well. Your primary care doctor's opinion can also be helpful to determine what functional limitations you have because of Fibromyalgia.

MENTAL IMPAIRMENTS

When mental impairments are alleged, the ALJ must determine whether these impairments further limit the exertional tasks the claimant is deemed capable of handling. The evaluation of RFC in claimants with mental disorders includes consideration of the ability to understand, to carry out and remember instructions and to respond appropriately to supervision, coworkers and customary work pressures in a work setting.

The areas of functioning that SSA evaluates are:

- Understanding, remembering, and applying information (the abilities to learn, recall, and use information to perform work activities);
- Concentrate, persist or maintain pace (the ability to focus attention on work activities and stay on task at a sustained rate);

- Adapt or manage oneself (the ability to regulate emotions, control behavior, and maintain well-being in a work setting).

SSA requires objective medical evidence from an acceptable medical source, usually a psychologist or psychiatrist, to establish that you have a medically determinable mental disorder.

SSA will then evaluate all evidence, from physicians and other medical sources, which include physician assistants, psychiatric nurse practitioners, licensed clinical social workers, and clinical mental health counselors, to determine the severity of your mental disorder and its effect on your ability to function in a work setting.

SSA will also consider all relevant evidence about your mental disorder and your daily functioning from non-medical sources that are familiar with your condition and how it

affects your daily functioning. Evidence may come from family members, social workers, case managers, etc. SSA will consider whether statements from these people are consistent with the medical evidence.

POST-TRAUMATIC STRESS DISORDER

Post-Traumatic Stress Disorder (PTSD) is a mental illness characterized by severe anxiety resulting from experiencing extreme mental trauma, typically involving the possibility of death or bodily harm. Symptoms of PTSD can include hypervigilance, inability to concentrate, guilt, disinterest in normal

activities, flashbacks, etc. These symptoms can be continuous or episodic and can last a lifetime. They can be disabling because the symptoms can interfere significantly with daily functioning.

SSD claims involving PTSD can be approved if your medical records satisfy the criteria of Listing 12.05. This listing requires medical documentation of all five of the following:

1. Exposure to actual or threatened death, serious injury or violence;
2. Subsequent, involuntary re-experiencing of the traumatic event (for example, intrusive memories, dreams or flashbacks);
3. Avoidance of external reminders of the event;
4. Disturbance in mood and behavior, and
5. Increases in arousal and reactivity (for example, exaggerated startle response, sleep disturbance).

Once a diagnosis of PTSD is made by a psychologist or psychiatrist under the above criteria, Social Security then determines if the applicant has the required level of functional limitations due to post-traumatic stress.

An applicant must have either an extreme limitation in one of the following areas or a "marked" (severe) limitation in two of the following areas:

- Understanding, remembering, or using information (learning new things, applying new knowledge to tasks, following instructions).
- Interacting with others in socially appropriate ways.
- Being able to concentrate on tasks to complete them at a reasonable pace.
- Adapting or managing oneself (regulating one's emotions, adapting to changes, having

practical personal skills like paying bills, shopping, hygiene).

You may also meet this listing if you have medical documentation showing a history of this disorder for over a period of at least 2 years with evidence of: support(s), or a highly structured setting(s) that is ongoing and that diminishes the symptoms and signs of your mental disorder, and Marginal adjustment. Marginal adjustment refers to having minimal capacity to adapt to changes in your environment, or to demands that are not already part of your daily life.

If your symptoms do not meet the criteria set forth in the listing, you may still get SSD benefits by qualifying for a medical-vocational allowance. To be considered for a medical-vocational allowance, a mental consultant for Social Security must determine that your symptoms are severe enough to prevent work even though your condition doesn't meet the listing for PTSD. For instance, individuals with PTSD often have trouble concentrating, memory problems, and fatigue from poor sleep patterns, all of which can interfere with the individual's ability to work and maintain a job. If you have PTSD and other mental disorders or physical problems, you will have a better chance of getting benefits. Multiple problems taken together can increase the chance of getting benefits, especially if you are 55 or older, have little education, or no history of skilled employment.

MEDICAL EQUIVALENCE

Sometimes, your impairment may not meet all the criteria for a specific listed impairment. However, the medical findings may be found to be at least equal in severity and duration to a listed impairment; in this case, SSA will find that your impairment is medically equivalent to a listing.

Medical Equivalence means that your impairment must be at least equal in severity and duration to the criteria of a listed impairment. This can be determined in a couple of ways, neither of which is straightforward.

First, if you have a Listed Impairment but you do not meet the criteria of one or more of the findings specified in the

particular listing, or you have all of the findings, but they are not as severe as specified in the listing. However, if you have other findings related to your impairment that are at least of equal medical significance to the required findings, then medical equivalence applies.

Secondly, you may have an impairment that is not listed in the Listing of impairments, but it can be compared to another listed impairment and your findings related to your impairments are at lest of equal medical significance to those of a listed impairment.

STEP 4: CAN YOU DO YOUR PAST RELEVANT WORK?

You have the burden at this step to prove your impairments prevent you from performing your past relevant work. Past relevant work is any job you performed in the last 15 years; the work lasted long enough for you to learn to do the job, and the work was performed at Substantial

Gainful Activity.

Work performed for a short period of time is generally not considered past relevant work. In addition, volunteer jobs, illegal work (criminal activity), unsuccessful work attempts, or jobs done during a closed period of disability should not be accounted as past relevant work. However, seasonal work and part-time work can be counted as past relevant work.

The ALJ must review your past work to determine if you are still able to perform the physical and mental requirements of your past work given your Residual Functional Capacity (RFC).

In your application, it is very important to list only jobs you performed in the last 15 years and those you did long enough to learn how to do the job.
Avoid listing short-term or part-time jobs.

TREATING PHYSICIAN RULE

As of March 27, 2017, SSA changed the way they evaluate medical evidence. Prior to this date, SSA gave a good deal of weight to your treating doctors' opinion. But SSA replaced the term "treating source" with "your medical source." SSA will no longer give a specific weight to any medical opinion, including your doctors' opinion, but will consider the persuasiveness and consistency of all medical source opinions, to see if the opinions are supported by objective medical evidence, the rational or explanation of the opinion and if it is consistent with other evidence.

The regulation expanded the list of

acceptable medical sources to include advanced practice registered nurses and physician assistants. All medically determinable impairments must still be diagnosed by an acceptable medical source.

SSA considers the "persuasiveness" of all these medical opinions, including those from your medical sources as well as prior administrative opinions from SSA's medical and psychological consultants, using several factors. The most important factor is supportability and consistency.

The factors considered, in order of importance, are: 1) supportability, 2) consistency, 3) relationship with the claimant, combining the current examining and treatment factors, 4) specialization, and 5) other factors, which include familiarity with other evidence in the claim or an understanding of disability policies and evidentiary requirements. On a positive note, in response to comments, SSA

revised the proposed rules to reflect that "all medical sources" will include medical sources that are not acceptable medical sources.

A simple statement by your doctor that you cannot work or that you are "totally disabled," is not sufficient and will not help you win your case. Your doctor must state limitations that prevent you from working in an ongoing and continuous basis. You doctor should be noting exam findings and objective test results to support his or her limitations that show you are not able to work. You doctor should specify your exertional limitations (strength-related) limitations, including the ability to lift, carry, sit, stand, and walk. Non-exertional restrictions should be addressed as well, especially those related to reaching, handling, bending, stooping, climbing, and crawling. Any environmental restrictions, such as exposure to dust, odors, or extreme

temperatures, should also be noted.

If you have a mental impairment, your psychiatrist or psychologist should address your ability to understand, remember, and execute simple and complex instructions; maintain attention and concentration; interact with co-workers and the general public; and stay on-task for an entire eight-hour workday without excessive breaks.

EVIDENCE CONSIDERED TO DETERMINE YOUR RFC

The ALJ must make a Residual Functional Capacity (RFC) assessment based on all of the relevant evidence in the case record, such as:

- Medical history,
- Medical signs and laboratory findings,
- The effects of treatment, including limitations or restrictions imposed by the mechanics of treatment (e.g., frequency of treatment, duration, disruption to routine, side effects of medication),
- Reports of daily activities,
- Lay evidence,

- Recorded observations,
- Medical source statements,
- Effects of symptoms, including pain, that are reasonably attributed to a medically determinable impairment,
- Evidence from attempts to work,
- Need for a structured living environment, and
- Work evaluations, if available.

STRENGTH LEVELS OF WORK

Sedentary Work

Sitting is generally required for six hours of an 8-hour day. Periods of standing and walking should total no more than 2 hours in an 8-hour day. Lifting of no more than 10 pounds at a time, but occasionally (up to 1/3 of the day) lifting or carrying things like docket files, ledgers or small tools.

Light Work

Light work involves lifting no more than 20 pounds at a time, but frequent lifting or carrying objects weighing up to 10 pounds. Light jobs require standing or walking six hours in an 8-hour day, with

some pushing or pulling of arm or leg controls. If you can perform light work, you can generally perform sedentary work, unless you have further limiting factors, such as loss of ability to use your hands.

Medium Work

Medium work involves lifting up to 50 pounds at a time with frequent lifting or carrying of objects weighing up to 25 pounds. Medium work requires standing or walking up to 6 hours in an 8-hour day. If you can perform medium work, you will be found able to do light and sedentary work.

Heavy Work

Heavy work involves lifting up to 100 pounds at a time with frequent lifting and carrying of objects weighing up to 50 pounds. Heavy work requires standing or walking for a total of 6 hours in an 8-hour day. If you can perform heavy work, SSA finds you can do medium, light and

sedentary work.

Very Heavy Work

Very heavy work involves lifting objects weighing more than 100 pounds at a time with frequent lifting or carrying of objects weighing 50 pounds or more. Very heavy work requires standing or walking for a total of 6 hours in an 8- hour day.

OTHER CONSIDERATIONS

Below are some examples of limitations and conditions that have the effect to further limit your ability to work in addition to your exertional limitations.

Sit/Stand Option

Depending on your impairments, you may need the ability to alternate sitting and standing or walking. If this need cannot be accommodated with
normal work breaks and lunch time, you may be found disabled. The question becomes how often you would need to change positions, how long you would

need to stand or walk. The ALJ will call on a Vocational Expert to determine how the need to change positions will affect your ability to work.

Use of Hands

Some people have conditions such as carpal tunnel, rheumatoid or osteoarthritis, neuropathy, etc., that affect their ability to use their hands. The inability to use your hands can have a significant effect on the types of work you can perform.

If you have problems with your hands, Social Security evaluates your ability to work based on your ability to perform the following types of movements:

- If you have problems with your hands, Social Security evaluates your ability to work based on your ability to perform the following types of movements:
- Reaching: extending your hands and arms in any direction

- Handling: seizing, holding, grasping, turning, or otherwise performing movements that require you to use your whole hand
- Fingering: picking, pinching, or otherwise performing movements with your fingers.

If you have trouble writing, buttoning, typing, filing, zipping or grasping and holding things, you probably will have difficulty performing work activities that require you to reach, handle and finger. These limitations are usually magnified if you must use your hands for any repetitive activity.

The ALJ will almost always call on a Vocational Expert to testify as to how limitations with the use of your hands will affect jobs that you could otherwise perform.

STEP 5-CAN YOU DO ANY OTHER WORK?

If the ALJ finds you are incapable of performing your past relevant work, the burden shifts to SSA to prove that you have the ability to do other work, considering your age, education, past work and your limitations.

Social Security will consider the applicant's "residual functional capacity" to perform a job with his or her current condition. One's residual functional capacity is a determination of an applicant's abilities, limitations and restrictions. Some of the areas assessed include:

- How much weight you can lift and carry.
- How long can you sit, stand/walk in an 8-hour day.
- How your mental limitations affect your ability to remember procedures, concentrate, maintain

a schedule and interact with co-workers, supervisors and the public.

- How environmental restrictions affect your ability to work.

Age is a significant factor because the Social Security Administration does recognize that as a person gets older their ability to learn new skills diminishes. Generally, SSA recognizes that it is much more difficult for a person over the age of fifty to learn new skills and that physical capability also diminishes at this age.

If you cannot do other work, SSA will find you disabled. The ALJ will call a Vocational Expert to classify your past work, identify any transferable skills you may have and try to find other jobs you may be able to do with your limitations.

USE OF MEDICAL-VOCATIONAL GUIDELINES (GRID RULES)

If you have solely exertional impairments (meaning just physical impairments), then SSA will apply the Grid Rules to determine whether you are disabled. In using the Grids, the older a claimant is, the easier it is to be found disabled.

If your condition doesn't meet a medical impairment listing, SSA will look to the "grid rules" to determine whether you are disabled. When referring to the grids, SSA considers your education, the skill level of your past work, whether any of those skills could be transferred to a new job, and your physical residual functional capacity. Using these factors, the grid rules state whether you are disabled or not disabled.

However, even if the grids say you should be found "not disabled," there are ways to argue against this and still be approved for benefits.

Age

SSA regulations provide that older age is an increasingly negative vocational factor for individuals with severe impairments. It gets easier to be found disabled as you get older. SSA uses four age categories in the grid rules:

Younger individual-under 50
Ages 18-44
Ages 45-49

Closely approaching advanced age
Ages 50-54

Advanced Age
Ages 55-59

Closely approaching retirement age
Ages 60-64

Education

There are six education categories in the grid rules:

1. Illiteracy (the inability to read or write a simple message in any language);
2. Marginal education (6th grade or less);
3. Limited education (completed 7th-11th grade);
4. High School Graduate or More Education (completed 12th grade and above, includes GED);
5. High School graduate or more- provides for direct entry into skilled or semi-skilled work (for recently completed education that prepared individual to do a specific skilled or semi-skilled job).

Past Work Experience

SSA will classify your past, relevant work as unskilled, semi-skilled, and skilled. This determination is made based on

your description of your past work, how long it took you to be trained for the job, and how your work is classified by the Department of Labor.

Job Skill Levels

Unskilled - Unskilled work is work that needs little or no judgment to do simple duties that can be learned on the job in a short period of time. The job may or may not require considerable strength. For example, SSA consider jobs unskilled if the primary work duties are handling, machine trading, feeding and off bearing (that is, placing or removing materials from machines that are automatic or operated by others) that a person can usually learn to do in 30 days, where little specific vocational preparation and judgment are needed. A person does not gain work skills by doing unskilled work.

Semiskilled - Semiskilled work is work that needs some skills but does not require doing the more complex work duties. Semiskilled jobs may require alertness and close attention to watching machine processes; or inspecting, testing or otherwise looking for irregularities; or tending or guarding equipment, property, material or persons against loss, damage or injury; or

other types of activities that are similarly less complex than skilled work, but more complex than unskilled work. A job may be classified as semiskilled when coordination and dexterity are necessary, as when hands or feet must be moved quickly to do repetitive tasks.

Skilled - Skilled work requires qualifications in which a person uses judgment to determine the machine and manual operations to be performed to obtain the proper form, quality or quantity of material to be produced. Skilled work

may require laying out work, estimating quality, determining the suitability and needed quantities of materials, making precise measurements, reading blueprints or other specifications, or making necessary computations or mechanical adjustments to control or regulate the work. Other skilled jobs may require dealing with people, facts or figures or abstract ideas at a high level of complexity.

MAXIMUM RFC PERMITTED FOR A FINDING OF DISABILITY

Age	Education	Work Experience	Max. RFC	Rule
60-64	6th grade or less	Unskilled	Medium	203.01
	7th to 11th grade	Unskilled	Light	202.01
	11th grade or less	None	Medium	203.02
	11th grade or less	Skilled/Semiskilled Skills not transferable	Light	202.02
	High School grad or more. Does not provide for direct entry into skilled work	Unskilled or none	Light	202.04
	High School grad or more. Does not provide for direct entry into skilled work.	Skilled/Semiskilled. Skills not transferable	Light	202.06
55-59	11th grade or less	None	Medium	203.10
	11th grade or less	Unskilled	Light	202.01
	11th grade or less	Skilled/Semiskilled. Skills not transferable	Light	202.04
	High School Graduate or more does not provide for direct entry into skilled work	Unskilled or none	Light	202.04
	High School Graduate or more does not provide for direct entry into skilled work	Skilled/Semiskilled. Skills not transferable	Light	202.06

50-54	Illiterate or unable to communicate in English	Unskilled or none	Light	202.09
	11th grade or less-at least literate and able to communicate in English	Unskilled or none	Sedentary	201.09
	High School Graduate or more, does not provide for direct entry into skilled work	Skilled/Semiskilled. Skills not transferable	Sedentary	201.12
	High School Graduate or more, does not provide for direct entry into skilled work	Skilled/Semiskilled. Skills not transferable	Sedentary	201.14
45-49	All Educational Levels, Literate and able to communicate in English	Unskilled, none or skilled/semiskilled, but skills not transferable	Sedentary occupational base must be significantly eroded	201.00 (h)
18-44	All Educational Levels including illiterate or unable to communicate in English	Unskilled, none or skilled/semiskilled, but skills not transferable	Sedentary occupational base must be significantly eroded	201.00 (h)

TRANSFERABLE SKILLS

A skill is knowledge of a work activity which requires the exercise of significant judgment that goes beyond the carrying out of simple job duties and is acquired through performance of an occupation which is above the unskilled level (requires more than 30 days to learn). It is practical and familiar knowledge of the principles and processes of an art, science or trade, combined with the ability to apply them in practice in a proper and approved manner. This includes activities like making precise measurements, reading blueprints, and setting up and operating complex machinery. A skill gives you a special advantage over unskilled workers in the labor market. You do not acquire skills by doing unskilled jobs.

"Transferability" means applying work skills which you have demonstrated in vocationally relevant past jobs to meet the requirements of other skilled or

semiskilled jobs. Transferability is distinct from the usage of skills recently learned in school which may serve as a basis for direct entry into skilled work.

This issue arises once you reach the age of 50. The Grid Rules provide that you are not disabled if you have skills that are transferable to jobs within your Reduced Functional Capacity (RFC) that exist in significant numbers. Vocational Expert testimony is needed for this determination. A finding that you have no transferable skills may lead to a finding that you are disabled, if you otherwise meet a grid rule.

If you are 50 or older and limited to sedentary work, you will win your case if you have no skills that transfer to sedentary work. If you are 55 or older, this rule extends to light work, meaning if you're limited to Light work and have no skills that transfer to light work, you will be found disabled.

If you have an unskilled work background, you do not have any transferable skills.

GRIDS AS A FRAMEWORK FOR DECISION MAKING

If your exertional RFC differs from the technical full range definitions of sedentary, light or medium work upon which the three medical-vocational tables are based, then the claimant has exertional limitations that are not described by the grids.

An example of this would be the claimant's RFC for exertional activity falls between sedentary and light work. For such claimants, the grids are used as a framework for decision making.

If you have an impairment that limits your ability to work without directly affecting your exertional abilities, you have what is called a "non-exertional" limitation. Non-exertional limitations include mental, sensory, postural, manipulative or environmental (e.g. inability to tolerate dust or fumes) limitations. The grids are not fully applicable to claimants with non-exertional limitations, meaning, they do not direct a finding of disabled or not disabled. For these claimants, the grids are used as a framework for decision making, too.

RFC FOR LESS THAN A FULL RANGE OF SEDENTARY WORK

If you are under age 50, the grid rules require proof that you can do much less than a full or wide range of sedentary work, described as a significant compromise of the sedentary occupational base. This means, that jobs for claimants under age 50 do not exist in

significant numbers. Although this is difficult, it is not impossible.

For most claimants under age 50, you must be able to show that you can do neither Sedentary nor Light work. It is presumed if you can do neither then you cannot do Medium or Heavy work. To win your case when you are under 50, you will usually look for a combination of exertional and non-exertional impairments. Each additional impairment helps reduce the range of sedentary work that you are capable of doing to get to the point where no jobs exist in significant numbers.

COMBINATION OF EXERTIONAL AND NON-EXERTIONAL IMPAIRMENTS

If your residual functional capacity (RFC), age, education, and work experience coincide with the criteria of an exertionally based rule, and that rule directs a finding of "Disabled" -- there is no need to consider the additional effects of a nonexertional impairment since consideration of it would add nothing to the fact of disability.

There must also be facts based on the evidence in your claim which leads to the conclusion that you are not exertionally capable of doing work different from past work, considering the medical and vocational factors.

When you cannot be found disabled based on strength limitations alone, the rule(s) which corresponds to your vocational profile and maximum sustained exertional

work capability will be the starting point to evaluate what you can still do functionally. The rules will also be used to determine how the totality of limitations or restrictions reduces the occupational base of administratively noticed unskilled sedentary, light, or medium jobs.

A particular additional exertional or nonexertional limitation may have very little effect on the range of work remaining that you can perform, so you come very close to meeting a table rule which directs a conclusion of "Not disabled." On the other hand, if you have an additional exertional or nonexertional limitation that may substantially reduce a range of work to the extent that you are very close to meeting a table rule, this directs a conclusion of "Disabled."

Here are some examples taken from a Social Security Ruling to illustrate:

Sedentary exertion combined with a

nonexertional impairment. Example 1 of section 201.00(h) in Appendix 2 illustrates a limitation to unskilled sedentary work with an additional loss of bilateral manual dexterity that is significant and, thus, warrants a conclusion of "Disabled." The bulk of unskilled sedentary jobs requires bilateral manual dexterity.

An example of nonexertional impairment which ordinarily has an insignificant effect on a person's ability to work is an allergy to ragweed pollen. Many individuals who have this allergy experience no more discomfort during the ragweed season than someone who has a common cold. However, others are more affected by the condition.

Assuming that an individual has a severe impairment of the low back which limits that person to sedentary work, and that the assessment of RFC also restricts him or her from workplaces which involve exposure to ragweed pollen, the implications for adjustment to sedentary work are relatively clear. Ragweed grows outdoors and its pollen is carried in the air, but the overwhelming majority of sedentary jobs are performed indoors. Therefore, with the possible exclusion of some outdoor sedentary occupations which would require exposure to ragweed pollen, the unskilled sedentary occupational base is not significantly compromised. In more difficult cases, the decision maker may need the assistance of a Vocational Expert (VE) to determine the significance of the remaining available jobs considered to be unskilled sedentary work.

Light exertion combined with a nonexertional impairment. The major

difference between sedentary and light work is that most light jobs -- particularly those at the unskilled level of complexity -- require a person to be standing or walking most of the workday. Another important difference is that the frequent lifting or carrying of objects weighing up to 10 pounds (which is required for the full range of light work) implies that the worker is able to do occasional bending of the stooping type. This means that for no more than one-third of the workday, the worker would be able to bend the body downward and forward by bending the spine at the waist. Unlike unskilled sedentary work, many unskilled light jobs do not entail fine use of the fingers. Rather, they require gross use of the hands to grasp, hold, and turn objects. Any limitation of these functional abilities must be considered very carefully to determine its impact on the size of the remaining occupational base of a person who is otherwise found functionally capable of

light work.

Where a person has a visual impairment which is not of Listing severity but causes the person to be a hazard to self and others -- usually a constriction of visual fields rather than a loss of acuity -- the manifestations of tripping over boxes while walking, inability to detect approaching persons or objects, difficulty in walking up and down stairs, etc., will indicate to the decision maker that the remaining occupational base is significantly diminished for light work.

Important Aspects of a Social Security Disability Hearing

VOCATIONAL EXPERT TESTIMONY

A vocational expert (VE) is an "expert witness" called by the Social Security Administration (SSA) to testify at your disability appeal hearing. A VE knows about job availability in the current labor market and the skills needed to perform certain jobs. A VE is present at about 85% of disability hearings.

In response to questions by the administrative law judge (ALJ), the vocational expert gives his or her opinion about what jobs you can perform, given your limitations. The testimony of a vocational expert is vital because the VE's opinion about your ability to work usually determines the outcome of your case.

At your hearing, the judge, and your attorney if you are represented, will ask you questions about your disability and

questions about your work history. The vocational expert will then classify each of your relevant prior jobs, by skill and exertional level, to determine whether you can do your past job, and if not, what transferable skills you have.

Next, the ALJ will ask the VE a series of questions, called hypotheticals, based on your documented limitations. The first question usually asked by the ALJ is whether someone with your documented limitations could still do your old job. If the VE thinks you can still do your past work, the ALJ will deny your claim.

If the VE testifies that you can no longer do your past work, the ALJ will then ask the VE more hypotheticals to see if you can do any other jobs. The VE will then testify as to what jobs, if any, a person who has the work-related limitations described in the hypothetical could do. If the VE believes there are jobs the hypothetical person can perform, he or

she will state the job titles, their DOT codes, and the number of the jobs available in the national economy. If the VE testifies that there are still jobs the person can do despite having your work-related impairments, your claim will be denied.

CROSS-EXAMINATION OF THE VE

Fortunately, your attorney will be allowed to ask the VE follow-up questions after the ALJ has finished asking questions. This is very important, as some ALJ's will not ask hypothetical questions based upon limitations given by your doctors.

Your attorney will try to rule out the jobs that the VE stated someone with your limitations could do, often by including some limitations that the judge left out of the hypothetical. Your attorney's goal is to try to get the VE to say that there are no jobs available that you can do.

For example, if the VE stated that you could do an administrative assistant's job, your attorney could ask the VE whether someone who could only occasionally use their hands for repetitive actions and fine manipulation could do an administrative assistant's job. The VE would probably answer no. If your inability to use your hands is documented in your medical records, and there are no jobs left that the VE has testified that you can do, your claim will be approved.

This is the most important part of the hearing: the cross-examination of the vocational expert. If you don't challenge the VE's opinion on what jobs you can do, you'll likely lose your hearing. Recent government statistics show that claimants are approved for benefits less often when there is a VE at the hearing.

APPEALS COUNCIL

If the ALJ denies your case, you have one more level of Administrative Appeal to the

SSA's Appeals Council. The appeal must be filed within 60 days of the ALJ's decision (plus 5 mailing days, since the Appeals Council assumes the decision was received within 5 days after it was issued).

The chances of approval at this level are minimal. Only about 1% of cases are approved. In 2019, only 14.5% of the cases appealed were remanded or sent back to the hearing level. The rest are denied or dismissed.

The reason to bother filing an appeal to the Appeals Council is that it is a prerequisite to being able to file an appeal in Federal Court.

Additionally, the Appeals Council has the right to review any decision on their own accord within 60 days of the ALJ decision. Usually, they undertake reviews of favorable decisions.

FEDERAL COURT

If the Appeals Council declines your request to review the ALJ decision, you have the right to file a civil suit against the Social Security Administration in Federal District Court. The action must be filed within 60 days of the Appeals Council decision.

This level of appeal is not another attempt to prove you are disabled. This is an attempt to show the court that the ALJ who decided your case did not follow SSA rules or the decision was not based upon substantial evidence. This is a difficult standard.

The chances of success, meaning an outright award of benefits, in Federal Court is unlikely. The Federal Court looks to see if the record supports the ALJ's finding and whether the law was correctly applied. A number of cases are remanded or sent back to the hearing level, directing the ALJ to look at issues that were not

properly considered in the decision.

It costs money to file a Federal Court Action. Currently, the filing fee is $400, to be paid by the claimant, unless the court approves a fee waiver.

Federal Court cases can take 12-18 months for a decision to be made. There is an attorney representing the Social Security Administration and the claimant has little involvement at this level of appeal.

Disability Related Issues

ISSUES AFTER YOU WIN YOUR CASE

There are many issues that may arise after you receive your Fully Favorable Decision. The topics listed below highlight a few of them.

Workers Compensation Offset

If you receive Workers' Compensation benefits and Social Security Disability benefits, the total amount of these benefits cannot exceed 80 percent of your average current earnings. Average Current Earnings (ACE) is not the same thing as your Average Weekly Wage. If your combined benefits exceed 80% of your ACE, then your SSDI benefits will be reduced by the amount over 80%. Workers' Comp. benefits are usually paid weekly. To convert this weekly benefit to a monthly amount, multiply the weekly benefit by 4-1/3 to convert to a monthly

benefit amount.

There is no offset once your reach full retirement age.

How to calculate Average Current Earnings (ACE)

Most often, there are two ways that SSA uses to calculate the ACE:

1. The “High-1” method
2. The “High-5” method

The one that is to be used is the one that produces the highest number. Usually, it is the High-1.

For the High-1 method, look at your regular earnings for the year you became disabled and the five previous years. Choose the one with the highest earnings, and divide the figure by 12.

For the High-5 method, look at your regular earnings for the five CONSECUTIVE years that have the highest earnings. Add the earnings from these five years

together and divide the total by 60 months.

My decision cover sheet says that the Appeals Council may review the decision "On Its Own Motion."

“On Its Own Motion” means that the Appeal Council can, on its own, decide to review a Favorable ALJ decision and decide that the ALJ was wrong, taking away benefits that were awarded to you.

Unfortunately, this has become a more frequent issue than in years past. If the Appeals Council decides to review the favorable ALJ decision, it almost always will send you a notice within 60 days of the date of the judge's decision.

Will I have to pay taxes on my Social Security Disability benefits?

It depends on the amount of your total income. Couples whose combined income exceeds $32,000 and individuals with income exceeding $25,000 will pay income

tax on a portion of their Social Security Disability benefits.

If you fall into one of these groups because you received a large check for past due benefits during the year, you still may not have to pay tax on your Social Security benefits. The IRS has set up a way to recalculate your back benefits and consider them received in the year you should have gotten them, rather than in the current year. Ask the IRS for a copy of Publication 915. The initial 1099 you receive from Social Security will break out how much of your retroactive award applies to years prior to the year you received your retroactive award.

You may choose to have taxes withheld from your ongoing benefits by filing an IRS for W-V4 with Social Security. If you have questions about whether your benefits will be subject to Taxes, you should consult with your accountant.

Can my benefits be garnished?

Generally, creditors may not garnish your SSD or SSI benefits. However, the Federal Government can garnish your SSD benefits if you owe back taxes or if you have defaulted on a student loan that was guaranteed by the federal government.

For tax debt, 15% of your monthly benefits may be withheld to pay the debt. For student loans, the government can take 15% of your monthly benefit if the balance remaining to you is at least $750.

SSD benefits may also be garnished if you have current or back child support arrears, and/or spousal maintenance.

SSI benefits may not be taken to pay back taxes, student loans or child support.

MEDICARE

Medicare is a health insurance program for people 65 years of age and older, some disabled people under 65 years of age, and people with End-Stage Renal Disease (permanent kidney failure treated with dialysis or a transplant), and ALS.

Medicare has two parts. Part A is hospital insurance. Most people do not have to pay for Part A. Part B is medical insurance. Most people pay monthly for Part B.

Medicare eligibility begins after you have received 24 months of Social Security Disability benefits. Social Security will automatically enroll you in both Part A and Part B Insurance. Please note that to receive Part B of Medicare (which pays for doctor visits), you pay a premium that will be deducted from your Social Security Disability monthly check. You do not pay for Part A.

Some people choose to delay Part B as they have other coverage (i.e. through your spouse). It is always prudent to confirm with your existing insurance that you do not need to take Part B before declining the coverage.

TICKET TO WORK (TTW)

What is a Ticket?

The TTW Program is for persons with disabilities who want to work and participate in planning their employment. The TTW Program increases your available choices when obtaining employment services, vocational rehabilitation (VR) services, and other support services you may need to get or keep a job. It is a free and voluntary service. You can use the Ticket if you choose, but there is no penalty for not using it.

You might not be subject to a continuing disability review while you are using your Ticket as long as you are meeting timely progress requirements. But Social Security

can complete any review that begins before you assign your Ticket to Work. If you fail to meet your timely progress requirements, you once again become subject to continuing disability reviews.

What does an Employment Network (EN) do?

Employment networks are available to provide vocational training, job readiness training, resume writing classes, and other vocational services to SSDI and SSI beneficiaries. Some ENs specialize in providing services only to people with specific disabilities, while others serve all beneficiaries regardless of the nature of their disabilities. Some ENs are businesses that rely on the EN system to employ people with disabilities for their own businesses. These ENs are alternatives to the state departments of vocational rehabilitation.

SSDI and SSI beneficiaries may sign up for services with an EN, or with their state department of rehabilitation, by assigning their Ticket to Work to the EN or department of vocational rehabilitation. ENs, like the departments of rehabilitation, must provide services to beneficiaries free of charge.

How long does the Ticket to Work program last?

Once you assign your ticket to an EN or your state department of vocational rehabilitation, you begin a seven-year program of education, job training, and work. Timely progress requirements are required during the first six years, but vary depending on whether you are a student during those years (work requirements apply if you are not a student). During the seventh year, you must complete six months of work at the SGA level AND receive no SSDI or SSI benefits due to work during those six months.

How can I take part in the Ticket Program?

This program is available in all 50 states and 10 United States Territories. Many Social Security Disability Insurance and Supplemental Security Income disability beneficiaries age 18-64 are eligible to obtain services from a state VR agency or another approved provider of their choice. We call these approved providers "Employment Networks." Employment Networks (ENs) are public or private organizations that have agreed to work with Social Security to provide employment services to beneficiaries with disabilities.

Under the Ticket to Work program, vocational services, nonprofits, and other entities become employment networks (ENs).

CONTINUED PAYMENT UNDER VOCATIONAL REHABILITATIONORSIMILARPROGRAM (SECTION 301)

How do I qualify for continued payment under Section 301?

If SSA finds that you are no longer disabled due to medical improvement, or if you are age 18 and they find that your eligibility ends because you do not meet the adult requirements for disability, your benefit payments usually stop. However, if you are participating in an appropriate program of vocational rehabilitation (VR) or similar services, your benefits may continue until your participation in the program ends. To qualify for continued payments under Section 301:

- You must be participating in an appropriate program of VR or similar services that began before your disability ends under our rules; and

- SSA must review your program and decide that your continued participation in the program will increase the likelihood of your permanent removal from the disability benefit rolls.

What is an appropriate program of the VR or similar services?

Here are some examples of appropriate programs:

- An individualized education program (IEP) for an individual age 18 through 21; or
- The Ticket to Work; or
- A Vocational Rehabilitation Agency using an individualized plan for employment (IPE); or
- Support services using an individualized written employment plan; or
- A Plan to Achieve Self-Support (PASS)

How long may my benefits continue?
Under Section 301, your benefits may continue until you:

- Complete your program; or
- Your participation in the program stops; or
- We decide that your continued participation in the program will not increase the likelihood of your permanent removal from the disability benefit rolls.

TRIAL WORK PERIOD

During a Trial Work Period, you may test your ability to work by performing up to 9 months of services (consecutive or not) in a rolling, 5-year period, while still receiving benefits.

A service is any activity, legal or illegal, that is done for pay or profit. Work done without payment is not generally considered a service, including therapy, training, housework, and self-care work.

For 2020, any month where your earnings are $910 or more is considered a month of services that counts toward a Trial Work Period.

If you are self-employed, any month where you work 80+ hours or have net earnings of at least $910 counts.

You are NOT entitled to a Trial Work Period if you:

- Are entitled to a period of disability but not to disability insurance benefits or any other benefits under Title II of the Social Security Act.
- Perform work demonstrating the ability to engage in Substantial Gainful Activity during a required waiting period for benefits.
- Perform work demonstrating the ability to engage in Substantial Gainful Activity within 12 months of the onset of your impairment and before a determination finding you disabled.

When Does The Trial Work Period Begin and End?

Begins: the month you become entitled to benefits, but not before the month you filed your application.

Ends: at the close of whichever of the following calendar months is the earliest:

1. The 9th month (consecutive or not) in which you've performed services.
2. The 9th month (consecutive or not) in which you have performed services within a period of 60 consecutive months, or
3. When new evidence, medical or non-medical, shows that you are not disabled— even if you have not worked a full 9 months.

Benefits for Trial Work Period service months are not payable if you are convicted by a federal court of fraudulently concealing your work activity.

What Happens After The Trial Work Period Ends?

After the Trial Work Period ends, the SSA will review your earnings to determine whether you were able to maintain Substantial Gainful Activity (SGA) during that time.

The Trial Work Period applies only to SSDI recipients.

EXTENDED PERIOD OF ELIGIBILITY

After your trial work period is over, Social Security will decide if you are doing Substantial Gainful Activity (SGA). If you are doing SGA, your benefits won't stop right away, and they won't be terminated permanently.

Immediately after the ninth trial work period (TWP) month, you will enter a 36-month "extended period of eligibility," or "EPE," where you are entitled to special rules. During the 36 consecutive months

after your trial work period ends, your eligibility to receive a monthly SSDI check is determined on a month-to-month basis. If you don't make above the SGA amount in a particular month, you can still get your SSDI check. If you do make over the SGA amount, you won't get a check. There is a one-time exception to this rule known as the "grace period." You are eligible for benefits for the first month and the following two consecutive months during your EPE in which you work above the SGA amount. After that, your benefits will stop if you continue to earn above the SGA amount.

EXPEDITED REINSTATEMENT

You can file an application for expedited reinstatement if your countable gross income falls below the SGA amount or stops altogether at any time within five years after your benefits ceased due to work activity. After this five-year period is up, you must file a new application for

benefits to re- enter the disability system.

CONTINUING DISABILITY REVIEW

The Social Security Administration is required to periodically review the case of every person who is receiving Social Security Disability (SSD) or Supplemental Security Income (SSI) disability benefits. This process is called a “continuing disability review” and is intended to identify recipients who might no longer qualify as disabled. These reviews are conducted between every 1 and 7 years. How often SSA will review your claim depends upon the nature of your impairment and your age. During a CDR, if

Social Security finds that your medical condition has improved enough so that you can work, your Social Security benefits will end.

If Social Security decides to review your claim, they will notify you by mail. They will send you either a copy of the short form, Disability Update Report (SSA-455-OCR-SM), or the long form, Continuing Disability Review Report (SSA-454-BK). The short form is generally for those whose condition is not expected to improve and is only two pages.

If your impairment or condition is one likely to improve, or if your answers on the short form send a red flag to the SSA, the agency will send you the long form, which is similar to the initial disability application and is ten pages long. On it, the SSA asks whether you have seen a doctor or been hospitalized in the past year, whether you have had any recent tests in the past year, such as EKGs, blood tests, or x-rays, and

whether you have been working, among other things.

Social Security will first determine whether your condition has “medically improved.” If the answer is no, your benefits will continue. If the answer is yes, SSA will then decide if the medial improvement affects your ability to work. If your medical improvement does not affect your ability to work, your benefits continue. If the improvement means you are now able to work, your benefits will cease, but you will be given the opportunity to appeal the decision.

To continue benefits during the appeal, you must request the appeal and the request to continue to receive benefits within 10 days of the notice of cessation. This process is repeated at the Reconsideration and at the Request for Hearing levels. If you lose at a hearing and request Appeals Council review, your benefits will not continue pending the

review.

If you lose your appeal at any level, Social Security will ask you to repay the SSDI or SSI cash benefits paid to you while your appeal was pending (but you can ask for a waiver). Social Security will not ask you to repay the value of any Medicare or Medicaid benefits that continued while your appeal was pending.

The general rule is that your disability ceases in the month that the cessation notice is mailed to you. If you don't request a continuation of benefits, your SSDI or SSI benefits will continue during the disability cessation month and the following 2 months (the "grace period").

Do I Need a Lawyer?

You do not need an attorney to pursue your claim. However, the rules can be complicated, and an experienced attorney can explain the rules and help you obtain the evidence necessary to prove your claim.

Statistics show that the chances of winning improves significantly by hiring an attorney to represent you.

WHAT IF I CAN'T AFFORD AN ATTORNEY?

Social Security Disability claims can be difficult to pursue because of the complexity of the Social Security regulations and the appeals process. Most attorneys take Social Security claims on a contingent fee basis. In other words, you can hire an attorney to represent you with no money up front, the attorney gets paid a percentage of the past due benefits only if they win your case. The standard

contingency fee arraignment set by SSA pays the attorney 25 percent of all past due benefits up to a maximum of $6,000 if the case is won before appealing to the federal district court. If a case must be appealed to federal district court, the $6,000 maximum cap is lifted and the fee is up to 25 percent of all past due benefits.

At MCV Law, We Help Our Clients By:

- Aiding in filling out all SSA forms;
- Thoroughly reviewing work history;
- Evaluating a claim and advising on the law and an individual client's options;
- Develop a theory of the case;
- Reviewing medical records and making suggestions for any additional testing required to prove the case;
- Supplementing a claim file with additional medical records;
- Filing any appeals necessary and handling all SSA paperwork;

- Obtaining medical reports and opinion evidence regarding disability;
- Obtain evidence from other sources i.e. school records, VA records, family members, past employers, etc.
- Obtaining and developing evidence regarding Residual Functional Capacity, which is the key to a disability claim;
- Correctly calculating benefits;
- Calculating Workers' Compensation offset:
- Prepare you to testify at your hearing;
- Filing a legal brief arguing the legal, medical and vocational issues in the case;
- Filing a lawsuit in Federal Court if necessary.

To schedule a free consultation with an MCV Law Social Security Disability Lawyer, contact us at https://mcvlaw.com/contact/.