

Advantage 2000 Consultants, Inc.

NEW RULES FOR OBTAINING A SOCIAL SECURITY NUMBER AND CARD

Recent provisions in law have changed the rules for assigning a Social Security number and issuing a Social Security card.

Proof of Citizenship and Identity - To obtain a Social Security number or a replacement card, an individual must prove their U.S. citizenship or immigration status, age and identity. For a replacement card, proof of U.S. citizenship and age are not required if they are already on record. Only certain documents can be accepted as proof of U.S. citizenship. These include a U.S. birth certificate, U.S. passport, a Certificate of Naturalization or Certificate of Citizenship. The rules for non U.S. Citizens proving immigration status have not changed.

Also, under the new law, only certain documents can be accepted as proof of identity. An acceptable document must show an individual's name, identifying information and preferably a recent photograph. If you are a U.S.

citizen, Social Security must see your:

- U.S. driver's license
- State-issued nondriver identify card
- U.S. passport

If an individual does not have these specific documents or cannot get a replacement for them within 10 days, SSA may accept other forms of documentation including:

- Employee ID card
- School ID card
- Health insurance card (Not a Medicare card)
- U.S. Military ID
- Adoption decree

For those who are not U.S. citizens, Social Security must see current U.S. immigration documents. Acceptable documents from the Department of Homeland Security include:

- Form I-551 (includes machine-readable immigrant visa with an unexpired foreign passport)
- I-94 with an unexpired foreign passport
- Work permit card (I-766 or I-688B)

Limits to Replacement SSN Cards - New laws effective 2006, reflecting requirements from the Intelligence Reform and Terrorism Prevention Act of 2004 (IRTPA), limit the number of replacement Social Security Number (SSN) cards an individual may receive.

The law now limits you to three replacement cards in a year and 10 during your lifetime. Legal name changes and changes in non-citizen status that require card updates may not count toward these limits. The provision permits SSA to allow for reasonable exceptions from the limits on a case-by-case basis in compelling circumstances.

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CONSULTATIVE EXAMINATIONS

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The Social Security Administration's (SSA) definition of disability is "...*the 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.*" With this definition of disability in mind, it is understandable that medical evidence is the cornerstone for the determination of disability.

Each person who files a Social Security Disability claim is responsible for providing medical evidence showing he has a severe impairment that meets the definition of disability. SSA will request medical reports from the claimant's own medical sources when they provide SSA permission to do so. This medical evidence generally comes from sources that have treated or evaluated the claimant for his impairment.

When a Consultative Examination is necessary

If the evidence provided by the claimant's own medical sources is inadequate to determine if he meets SSA's definition of disability, then additional medical information may be requested. This may be accomplished by re-contacting the claimant's treating source for additional information or clarification, or by arranging for a Consultative Examination (CE).

The type of examination and/or test(s) purchased depends upon the specific additional evidence needed for adjudication. If an ancillary test (e.g., X-ray, PFS or EKG) will furnish the additional evidence needed for adjudication, the Disability Determinations Ser-

vices (DDS) will not request or authorize a more comprehensive examination. If the examination indicates that additional testing may be warranted, the provider must contact the DDS for approval before performing such testing.

Fees for CE's are set by each State and may vary from State to State. Each State agency is responsible for comprehensive oversight management of its CE program and keeping the costs within their budgets and guidelines.

Qualified Medical Source

The DDS will only purchase a CE from a qualified medical source. This means that the medical source must meet the following criteria:

- Be currently licensed in the State
- Possess the training and experience to perform the type of examination or test requested
- Must not be barred from participation in SSA programs
- Must have the equipment required to provide an adequate assessment and record of the existence and level of severity of the individual's alleged impairments
- Must have a good understanding of SSA's disability programs and their evidence requirements
- The physician or psychologist chosen may use support staff to help perform the consultative examination. Any such support staff (e.g., X-ray technician, nurse, etc.) must meet appropriate licensing or certification requirements of the State
- The medical source must also be familiar with the Consultative Examination Guide, or "Green Book"

The Green Book was devel-

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oped to give physicians and health-care professionals basic information about the CE process. The guide explains the SSA Disability programs and the essential elements of CE reports for specialties most often involved in CE's for disability cases.

Once the criteria above is met, sources are selected based on appointment availability, distance from a claimant's home and ability to perform specific examinations and tests.

Elements of a Complete Consultative Examination

A complete CE is one that involves all the elements of a standard examination in the applicable medical specialty. When the report of a complete CE is involved, the report

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CONSULTATIVE EXAMINATIONS

Continued...

should include the following elements:

The claimant's major or chief complaint(s)

Detailed description, within the area of specialty of the examination, of the history of the major complaint(s)

Description, and disposition, of pertinent "positive" and "negative" detailed findings based on the history, examination, and laboratory tests related to the major complaint(s), and any other abnormalities or lack thereof reported or found during examination or laboratory testing

Results of laboratory and other tests (e.g., X-rays) performed in accordance with the requirements provided by the DDS

Diagnosis and prognosis for the claimant's impairment(s)

Statement about what the claimant can still do despite his impairment(s), unless the claim is based on statutory blindness. This statement should describe the opinion of the consulting physician or psychologist about the claimant's ability, despite his or her impairment(s), to do work-related activities such as sitting, standing, walking, lifting, carrying, handling objects, hearing, speaking, and traveling; and, in cases of mental impairment(s), the opinion of the physician or psychologist about the individual's ability to understand, to carry out and remember instructions, and to respond appropriately to supervision, coworkers, and work pressures in a work setting

The consultative physician or psychologist will consider, and provide some explanation or comment on, the claimant's major complaint(s) and any other abnormalities found during the history and examination or reported from the laboratory tests. The history, examination, evaluation of laboratory test results, and the conclusions will represent the information provided by the physician or psychologist who signs the report.

Consultative Examination Report Content

The examination report should include the following:

The claimant's claim number and a physical description of the claimant, to help ensure that the person being examined is the claimant

The detail and format for reporting the results of the medical history, physical examination, laboratory findings, and discussion of conclusions should follow the standard reporting principles for a complete medical examination

The report should be thorough enough to enable an independent reviewer to determine the nature, severity and duration of the impairment, and, in adults, the claimant's ability to perform basic work-related functions. The history and physical examination must be provided as a narrative of the findings.

Conclusions in the report must be consistent with the objective clinical findings found on examination, the claimant's symptoms, laboratory studies, and demonstrated response to treatment.

The report, for adults, should include a description, based



on the provider's own findings, of the individual's ability to do basic work-related activities. It should **not** include an opinion as to whether the claimant is disabled under the meaning of the law.

Signature Requirements

All CE reports must be personally reviewed and signed by the provider who actually performed the examination. The provider doing the examination or testing is solely responsible for the report contents and for the conclusions, explanations or comments provided. The source's signature on a report annotated "not proofed" or "dictated but not read" is not acceptable. A rubber stamp signature or signature entered by another person, such as a nurse or secretary, is not acceptable.

QUIZ

The first 35 million Social Security numbers and cards were not issued by the Social Security Board. What organization was responsible for issuing Social Security numbers from November 1936 until July 1937?

- A. Census Bureau**
- B. Department of the Interior**
- C. Post office**
- D. Bureau of the Budget**

TECH TALK.....



With: Jeff Fields
Customer Relations
Manager

sent in order to be considered SGA. A person may be receiving residual income in a given month that actually exceeds the SGA amount from prior work activity (i.e. real estate commissions or investment income), but may not be providing services when the income is received. In that situation, SGA is not met and the individual would qualify. In self employment situations, the work a person does for himself must be marketable as well. If the work as it's performed considering the accommodations needed is not valued in the job market, it would not meet the services test.

Filing early is the key to minimizing large and uncollectible overpayments.

2.) *Medically Determinable* - If an individual is not engaging in substantial gainful activity, Social Security will always look first at physical or mental impairment(s) to determine disability or blindness. An impairment must result from anatomical, physiological, or psychological abnormalities which can be shown by medically acceptable clinical and laboratory diagnostic techniques. A physical or mental impairment must be established by medical evidence consisting of signs, symptoms, and laboratory findings, not just by a statement of symptoms. It's not enough for a treating physician to agree with or state that the individual is "disabled". Any medical opinion must be supported by objective medical evidence... x-ray, MRI, lab reports, examination notes, consultation notes, assessments, and/or other test results,

Social Security
Disability
Factors of Entitlement Part III:
"Disabled"

etc. Too often people are given a false sense of assurance that they will be approved simply because their doctor agrees or states that they are "disabled". That determination is the exclusive responsibility of the Commissioner of Social Security and is not delegated to a treating source.

3.) *12 Month Duration* - Often LTD Administrators will wait to seek Social Security entitlement and/or assistance thinking that Social Security will deny a claim if it has not lasted 12 months. It is true that many claims are denied due to the fact that they have not lasted 12 months and that there appears to be an opportunity for medical improvement. However, a claim can be awarded before the 12 month duration if the impairment is expected to last with no medical improvement. SSA will deny a claim at the initial level if a person returns to work within 12 months of the onset date. (See the following article by Bonita Combs for additional in depth information on "duration") Work activity, while grounds for a denial, may also qualify as an Unsuccessful Work Attempt if the individual is unable to continue to work due to the impairment. Any denial may be appealed to the next level of review. Filing early is the key to minimizing large and uncollectible overpayments.

In filing for Disability with SSA it is important to understand exactly what the Disability Determination Service and the Administrative Law Judge will be looking for when they review a claim. The issues within the issues are sometimes the difference between an award of benefits and a denied claim.

QUIZ ANSWER
C. The Post Office

In this third installment of our series - Social Security Disability Factors of Entitlement - we will explore the details of the definition of Disability according to the Social Security Act. Being "Disabled" is the 3rd Factor of Entitlement (FOE) and as with the other 5, it must be met in order to qualify for benefits. In written form it is stated as **"...the 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."**

As I mentioned in the introductory article in the Winter 2005 issue of *The Vantage Point*, there are a number of sub issues hidden within this simple statement that go directly to the heart of qualifying for Social Security Disability Insurance (SSDI) benefits.

1.) *Substantial Gainful Activity* (SGA) - The issue here is whether an individual is working. If work activity or self employment generates earnings income that rises to a level set by the Social Security laws, they are considered to be "gainfully" employed and therefore cannot be disabled. SGA is defined as "substantial income in return for significant services". The dollar amount set for SGA in **CY 2006 is \$860 for non-blind, and \$1,460 for blind individuals.** The amount for SGA may be adjusted up each December. Both pieces, significant services and substantial income, must be pre-

Duration and the Return to Work

In March of 2002, in a landmark decision for Social Security, the Supreme Court agreed with Social Security's interpretation of the definition of disability. This interpretation holds that not only the claimant's impairment must be expected to last for 12 months, but the inability to engage in Substantial Gainful Activity (SGA) should be expected to last for 12 months [Barnhart v. Walton]. This ruling has resulted in some confusion in the integration of the adjudication of a claim with the numerous "return to work" incentives provided by Social Security. Following are 3 examples of work activity at various stages of adjudication and how that work activity impacts the claim.

1.) If a claimant has an impairment that is expected to last 12 months by nature of the impairment, but returns to SGA work after 4 months (during the 5 month waiting period) the claim will be denied at the point that SSA becomes aware of the work activity. There are no trial work provisions available. If that work activity ends due to the impairment within 3 months or if work performed with special considerations by the employer ends between 3-6 months it will then be deemed to meet the provisions of an Unsuccessful Work Attempt (UWA). If work activity has been unsuccessful, a new application can be initiated with the original onset date.

2.) If a claimant returns to SGA work 11 months after onset, (after the 5 month waiting period but prior to the 12 month duration requirement) *development* on the claim will cease. If the adjudicating office is waiting on requested medical evidence of record or a consultative examination report, they will hold the file until reasonable effort to

obtain those reports has been made or the reports have been obtained, but no new development will be initiated. There are no trial work period provisions available for this claim. If the claimant's work activity ends under the provisions of an UWA, and the appeal period since the SGA denial is still open, appeal of that denial is an option. If the appeal period has already passed, a new application can be initiated with the original onset date.

...but the inability to engage in SGA should be expected to last for 12 months...

3.) If a claimant returns to work 13 months after onset of disability, and their impairment severity is found to be currently disabling, the claimant may be awarded a period of disability. The work activity may be deemed a part of a Trial Work Period (TWP). During the TWP a beneficiary is entitled to benefits while attempting to work. The first nine months of work activity that the individual earns \$620 dollars or more is considered a trial work period month and his benefits are effected.

Prior to 2002, some Circuit Courts had held that a claimant could be eligible for a TWP after the 5 month waiting period and any work activity during the



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TWP should not bar receipt of disability benefits. In 2002 the Supreme Court overturned this course of action changing the application of the TWP option. It is crucial that an individual who has returned to work notify SSA of work activity. We all have a responsibility; the LTD Case Managers and vendors who are assisting in the SSA process to remind individuals of this obligation. At Advantage 2000 Consultants, we strive to make certain that all claimants are aware of the impact of any work activity on the claims process. If you have any questions or would like to learn more about Return to Work issues, please contact Bonita Combs, Director of Claims Operations.

FUN FACT

The lowest Social Security number was issued to Grace D. Owen of Concord, New Hampshire. She applied for her card on November 24, 1936. It was the first card typed in Concord. It just so happened to be the lowest number issued because of the distribution process selected. The Social Security Board did not have a network of offices yet, so it contracted the U.S. Postal Offices to assign and distribute the cards. The numbers were grouped by the first three digits of the number and assigned geographically starting in the northeast and moving across the country. At first the Board tried to "honor" the first number recipient, but the first 2 people offered this honor declined. In turn, the Social Security number of 001-01-0001 was thrown out to the first person in New Hampshire. A lot of people applied that first day, so who was first? No one really knows, we only know that Ms. Owen had the "first" number.

EMPLOYEE SPOTLIGHT

Janelle began her career in Social Security Disability in 1991. Nine of those 15 years have been with Advantage 2000. Her position as Senior Customer Service Specialist allows her to explain our services to our claimants, screen individuals for application possibilities, and maintain a relationship with individuals until the service forms are returned and a claim representative is assigned.

Ms. Caponi graduated from St. Louis University with a double major in International Business and Spanish. She spent her Junior year of college in Madrid, Spain. Her communication skills in a foreign language allow her to represent Spanish speaking individuals at the Initial and Reconsideration levels.

Janelle Caponi Senior Customer Service Specialist



Janelle has been happily married for 14 years. Her sons, Dominic, 12, and Angelo, 9 keep "mom" pretty busy with baseball, soccer, basketball, swimming meets and chasing after their 4 month old Weimaraner puppy, Bonham. Any spare time Janelle has is enjoyed with her family and friends.

Advantage 2000 is grateful for Janelle's technical and communicative skills as well as her positive attitude and high energy approach to whatever comes her way.

A HELPING HAND...

Advantage 2000 Consultants once again provided their services in the National Multiple Sclerosis Society-Gateway Area's Chapter Annual Legal and Tax clinic. We provided one-on-one consultation for individuals with Multiple Sclerosis, answering their questions about Social Security disability programs, benefit entitlement, return to work and Medicare issues.

The National MS Society sponsors the annual Legal and Tax clinic to provide free volunteer services of attorneys, CPA's, Certified Financial Planners and other professionals to MS patients and their families. Advantage 2000 Consultants is honored to provide our services to these individuals.

Jamie Fonger, one of our Claims Analysts, included A2K in her effort to raise money for the March of Dimes Walk on May 6th. With a little extra help from A2K employees, Jamie and her team raised \$800.00 for premature babies and their families. Thank you, Jamie, for allowing us to help and we look forward to joining in again next year.

