

Social Security continuing aggressive reviews

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Responding to ongoing media criticism and Congressional pressure Social Security has been regularly increasing its Continuing Disability Reviews and expanding its “Cooperative Disability Investigations Units” with the Office of the Inspector General.

Social Security has the responsibility to monitor recipients of disability benefits to determine whether they remain eligible for the program. This is primarily done via Continuing Disability Reviews (CDR). In Fiscal Year 2017 more than 2,250,000 CDRs were initiated by Social Security. Some of these were just mailer check-ups, others were full blown medical reviews.

A review of an ongoing Social Security disability eligibility is extremely traumatic for the disabled person. That review letter conjures up memories of the long application, denial and appeal process and the fear of loss of the benefits which provides their support.

The best way to prepare for a CDR is **BEFORE** the notification arrives.

The test for a CDR is whether there is medical evidence of “medical improvement” sufficient to allow the recipient to return to work.

The “medical improvement” test is based upon the same type of medical proof that was used to initially approve benefits i.e. the medical records and charts of the treating medical specialists. Those notes will be reviewed to see if the patient’s symptoms are improving, and, if so, whether that improvement is enough to allow a return to work.

Often Claimants for disability benefits are working with attorneys who stress the importance of medical care and treatment to prove that they are totally disabled.

After the benefits are awarded some recipients then stop treating as aggressively for their medical problems. Then, a year or two later a letter comes from an adjudicator informing the recipient that eligibility is being reviewed and asking what physician records are available for review. When the adjudicator is told that there has been no recent medical treatment then a consultative examination is arranged and those rarely are helpful to the recipient.

A beneficiary of SSDI or SSI assistance who counts on the findings of a consultative examination to support ongoing benefits is taking a huge risk.

Therefore, **the rule** is: People must be going to their doctors, even after their benefits are approved. First, we want people to get better and return to work. Second, if they are not improving, then there is medical proof to support the ongoing symptoms and problems.

If medical improvement is noted, a letter will be sent explaining the finding and outlining the rights to appeal. If an appeal is filed within 10 days of the date of that letter the beneficiary can continue receiving benefits all the way through an Administrative Law Judge hearing which can take a year or more.

To help in this process SSA has created Cooperative Disability Investigations Units to help investigate fraud in the program. New units were just opened in Albuquerque, Honolulu and Indianapolis. These units work with SSA, DDS, and law enforcement staff at both the federal and local levels to search out fraud and abuse. There are now 43 units in 37 states with the goal of having CDI coverage for all 50 states by 2022.

Working together we can help decrease the risk disabled persons face from CDRS. October was National Case Managers month and our team of experienced Social Security disability representatives works closely with Case Managers, therapists, counselors and other agencies throughout the community to assist in their invaluable efforts to ease the burdens of the most needy. We thank all who serve this way and would appreciate the opportunity to visit at your agency to provide training and insights into the Social Security Disability system.