

Organization Information Extracted from: sections 305–317.docx

****PART 1: INFORMATION FOR ROPSSA****

****Section 305. Disability Insurance****

- The Social Security Administration (SSA) provides disability insurance benefits to eligible individuals who become disabled and are unable to work.
- A person is considered disabled if they have a medically determinable impairment that can be expected to result in death or last for a continuous period of twelve months or more.
- Acceptable medical sources for evidence include licensed physicians, psychologists, optometrists, podiatrists, qualified speech-language pathologists, treating sources such as hospitals or health facilities, and other sources like schools, caregivers, social workers, naturopaths, chiropractors, and audiologists.
- The SSA uses a listing of impairments to determine if an individual's condition meets the definition of disability. Most listed impairments are considered permanent or expected to result in death, with specific statements of duration for some.
- For all other non-listed impairments, the claimant must provide proof from an acceptable medical source that the impairment has or is expected to last for a continuous period of twelve months or more.

****Section 308. Acceptable Medical Sources for Evidence****

- Acceptable medical sources include licensed physicians (medical or osteopathic doctors), licensed or certified psychologists, licensed optometrists, licensed podiatrists, qualified speech-language pathologists, treating sources such as hospitals or health facilities, and other sources like schools, caregivers, social workers, naturopaths, chiropractors, and audiologists.

****Section 309. Disability Determination****

- The SSA makes a determination of disability based on medical evidence provided by the claimant through a process called "sequential evaluation."
- This process requires sequential review of the claimant's current work activity, the severity of their impairment(s), their residual functional capacity, their past work experience, and their age, education, and work experience.
- For children, the process requires sequential review of the child's current work activity (if any), the severity of their impairment(s), and an assessment of whether their impairment(s) result in marked and severe functional limitations.

****Section 310. Review of Disability and Examination****

- Continuing disability reviews are conducted to determine if disability continues. The frequency of reviews depends on the nature and severity of the claimant's medical condition and whether it is likely to improve.
- If improvement is expected, the first review will be 12 months after the date of onset of disability. If improvement is possible but cannot be predicted, the claimant's medical condition will be reviewed once every 3 years or earlier if specified by a Medical Examiner. If improvement is not expected, the claimant's medical condition will be reviewed once every 7 years or earlier if specified by a Medical Examiner.

****Section 311. Application for Disability Benefits****

- A person must file an application for disability benefits no sooner than sixty (60) days after the date they claim such disability commenced. The application should include a birth certificate or other proof of age, a certification by their employer as to the date they stopped working due to the disability, and all medical records pertaining to their claimed disability.

****Section 312. Application Approval****

- Any complete application for disability benefits containing all necessary supporting documents will be approved or disapproved not more than sixty (60) days after the date of the application. The sixty (60) day period may be extended for disability claims requiring medical evaluation or testing at the discretion of the Administrator.

****Section 313. Exceptional Circumstances****

- The Administrator may waive the waiting period for application of disability benefits upon making a written determination of special circumstances and urgency. This may also include a finding of "presumption of disability." An applicant may be found "presumptively disabled" and receive cash benefits for up to six (6) months while the formal disability determination is made.

****Section 314. Duration of Benefits****

- Disability benefits will be paid up to and including the month immediately preceding the month the person receiving the benefits resumes employment or until it is determined, by the Administrator, based on one or more medical examinations by a designated physician or physicians, that such person is capable and fit to resume substantial gainful employment.

****Section 315. Reapplication****

- Once a person who has received disability benefits returns to work, they must reapply for disability benefits should they again become disabled. There will be no waiting period for a person applying for disability benefits based on a disability for which they have previously received benefits, provided such prior benefits were received within the three (3) year period preceding the application.

****Section 316. Death of Claimant****

- Any retroactive disability benefit payment approved following the death of a claimant will be payable to the deceased eligible survivors. The benefit thus payable will be computed to commence with the month of the onset of the disability and terminate with the month preceding the person's death.

****Section 317. Disability Fraud****

- Any claimant or guardian of a claimant found by the Administrator to have completed a claim for disability benefits knowing such claim to be false will be reported to the Office of the Attorney Generals for prosecution under 17 PNC [attempted] § 1903 or any other offense deemed appropriate.