

Lesson 3 - Advocate Case Processing - Initial Contact



The Initial Interview

You've just received a call from a man named Karl. He is responding to your new radio ad below:

“If you've applied for Social Security disability benefits and been denied or you're thinking about applying, find out your percent chance of winning at no charge. Call for your free case review and learn your chances of receiving benefits. There's no obligation. Call [YOUR COMPANY PHONE] now! [Repeat number].”

This is an enticing offer because Karl is interested in applying for Social Security disability benefits. His reason for calling you is strictly to find out if he has a chance to win. He was attracted by your ad's promise of a free review.

Note: During the initial contact with a new potential customer, don't immediately jump to his/her chances of winning because that depends on whether he/she is represented.

Before addressing his chances of winning, you need to explain the value of your service. When you do share the percent chance with the customer, make it clear that the top percentage is valid only if you represent the case.

Make it clear that his chances would drop by 30% if he/she goes it alone. If you simply give an unqualified percentage say 88%, the customer will think he doesn't need your help.

Sample Interview Form:

Client Interview Form

Client's name _____ . SSN _____ .
Address _____ City _____ State _____ Zip _____
Phone (____) _____ . Age _____ . Education _____ .
Name of Third party _____ .
Address _____ .
Phone (____) _____ . Relationship _____ .

When did your impairment begin? (date) _____
When did you stop working? (date) _____
What are your disabilities? _____
When did you first become disabled? (date) _____.
When did you last apply for disability benefits? _____.
When did you receive your denial letter? _____.
Have you applied for reconsideration? _____.
Have you received a reconsideration decision? _____.
Do you have a copy of your denial letter? _____.
If so, have the claimant read it to you over the phone or send you a copy.
Name and duties of past work, most recent first:

Name of doctors seen since you were denied _____
Dates above doctors were seen _____.
Dates of hospitalizations since your denial _____.
Dates of admission _____

Hospital names: _____.
Is your condition worse? _____. Better _____.
Or The same? _____

If you feel your condition is worse, explain how _____

Has the impairment affected your mental state in any way? If so, explain:

Are there any additional or new medical problems? _____

Date of phone interview _____.

Start Karl's interview by explaining your service. Put him at ease by assuring him that you're not trying to sell him anything. Tell him a little about how the disability process works and what your company can do to help win his case.

Then let Karl tell his disability story. Control the conversation and try to quickly move it forward. You ask his permission to probe more deeply into his case. Luckily, Karl is interested by now and ready to answer your questions. Karl is very interested in knowing if he is eligible for benefits, so he is open to answering these basic interview questions:

- What is your impairment?
- When did it start?
- When did you stop working?
- Are you getting regular medical treatment for the condition?

- How does the condition affect your ability to work?
- Has your workplace been modified to allow you to continue working?
- What physical limitations are you experiencing?
- Are you in pain because of your condition?
- Describe the pain – is it mild, moderate or severe? Scale of 1 (little pain) to 10.
- Have you been incarcerated at any time while you've been disabled?
- Did you become impaired while committing a crime?
- What was your job title and annual income?

The above are important questions when screening a possible disability case. They are designed to determine:

1. If the impairment meets SSA's definition of total disability
2. The most likely onset date for the claimant's impairment
3. If he/she is being treated on a regular basis
4. Are there limitations caused by the impairment
5. If he/she is still working
6. How SSA will categorize the case (SSI, SSDI)
7. Whether or not there are legal issues that could destroy the case

Karl has a serious impairment that limits him but he still continues to work. You then check to see if he is working under "**Special Circumstances**".

SSA defines **Special Circumstances in a working environment as an artificial work place created solely to enable a disabled person to continue working.**

Example: Karl's company installed a special device after he lost the ability to use both his hands. This device, custom-made for Karl, allows him to operate a special machine. Without it, Karl could no longer perform the duties of his job.

SSA cannot deny a person back to a past job that was performed under special circumstances, which makes it easy to rule out his past work.

Case Type: Using the interview questions listed above you can also make a guess as to what kind of case this might be:

- If the claimant has never worked or has not worked for over five years, SSA will probably designate the case as an SSI. If the case is an SSDI, it may have a DLI (Date Last Insured) in the past.
- If the claimant worked sporadically or inconsistently, the case could be a concurrent SSI/SSDI case.
- If the claimant has a strong and consistent work history, the case is probably an SSDI claim.

Of the three options, SSDI claims generate the highest advocate fees. Luckily, SSDI claims are also the majority case type adjudicated by SSA. If in doubt about case type, you can further refine your questions by asking about the applicant's current assets. For example, if he/she has neither current assets nor a significant work history, you're probably dealing with an SSI claim. If the claimant has assets and a descent work history, it will probably be an SSDI claim.

While it is ultimately up to SSA to designate case type, having an idea early on helps you screen out cases (SSI) you don't want to pursue. Why waste time for example, continuing an interview on an SSI child case if you don't accept such cases. If the case is an SSI, give the claimant your best advice and refer it to someone who process SSI claims.

Symptoms: Determining symptoms like pain are very important. Pain is one of the most useful tools for reducing a claimant's RFC. The lower the RFC, the more likely you'll win the case.

Criminal History: The crime-related questions are important because claimants with criminal histories can be trouble. Not only are you dealing with a person of questionable morality, impairments developed while committing a crime are **not** eligible for benefits.

If a claimant spends time in jail, SSA will not pay for that time even if there is a legitimate disability. SSA is not big on criminals, so if there is any indication of trouble with the law, we recommend not taking the case. Again, give your best advice and refer it to someone else.

If your initial screening questions indicate that the case is worth pursuing, attempt to engage the claimant in a deeper conversation for a fuller assessment. Explain your reasons for asking more detailed questions. In a non-threatening manner, make sure he/she understands the consequences of being dishonest with you or the SSA.

Allow the claimant some discussion time. There will be ample time during his/her narrative for you to inject further questions. Listen politely while keeping control of the conversational flow.

The Client Interview In Olivia

Your Olivia software is designed to perform an intake interview and store the client's personal data within the system. Here is a short instructional video for the Olivia software showing the steps within the interview process. The Interview process within Olivia starts with adding a new client to the system. On the client interview page, the input boxes represent the data you want to collect.

Within your Olivia software, you'll find additional videos covering other aspects of the interview process. See Training in your Olivia account.

Perform a Case Assessment?

You're only paid for the cases you win. It makes sense to use every tool at your disposal to increase your odds for success. If you do not have our Olivia software, you can use the form below to perform a manual assessment.

Case Assessment Form

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____

Please answer each question below as honestly as possible:

What is your current age? _____.
Highest grade completed in school? _____.
When did your impairment stop you from working? _____.
Are you seeing a medical source for treatment of your impairments? _____.
Does your impairment interfere with your ability to do normal activities? _____.
Do you have more than one serious impairment? _____.
Do you have both mental and physical impairments? _____.
Since it began, has your condition required surgery? _____.
Have you had one or more hospitalizations as a result of your impairment? _____.
Are you taking prescription medication that has caused unpleasant side effects? _____.
Does your impairment restrict your ability to stand or walk? _____.
Does your condition restrict your ability to sit? _____.
Does your condition cause severe pain? _____.
Does your impairment restrict the use of your hands? _____.
Does your impairment significantly reduce your ability to see? _____.
Does your impairment significantly reduce your ability to hear? _____.
Has your impairment resulted in the loss of an employment skill? _____.
Has your impairment caused a physical deformity? _____.
Have you experienced a decline in your ability to memorize, think clearly or concentrate?
_____.
Do you feel your condition is worsening with time? _____.
Please list all impairments that you feel have reduced your ability to work.

This information is used to determine your chances of receiving Social Security disability benefits.

The Client Assessment In Olivia

Once data has been inputted into Olivia's intake screen and saved, you're ready to perform an assessment. Your Olivia software enables you to perform an auto case assessment. Here is a short video showing the steps within the assessment process.

Within your Olivia software training segment, you'll find additional videos covering other aspects of the assessment process.

Those clients who contact you for assistance typically fall into one of three categories:

1. People who have never applied for disability benefits before
2. People who have applied and are awaiting a decision
3. People who have applied and want to appeal

Category One: Claimant Has Never Applied

Even if the case is strong you are in for a lot of case development work that may not result in an allowance determination. In some states, the denial rate is up to 80% at the Initial Level.

Many Advocates avoid these initial cases but they shouldn't. Yes, an Initial Level case takes a little more work. But if you get in on the ground floor you can control the strategic direction of the case right from the start. This makes it far easier to win on appeal levels.

If you do avoid the client's initial level case, maintain a connection with the applicant. Give advice, what we call guidance to the claimant. Your guidance should be mostly hands-off and

indirect. We designed a Guidance approach for situations where you don't want to accept a case now but want to keep your options open for the future.

This guidance approach makes the initial level applicant feel that you'll be there for him/her in the event SSA rejects the case. This forms a bond of trust between you and the client that will all but assure that he will sign on with you if the case is denied. The applicant who uses your guidance approach will be reassured with goodwill toward your firm.

Scoring the Claimant's Case

If you get a high assessment score – over 70% - consider accepting the case. If you don't want to do cases at the initial level, encourage the applicant to try on his/her own and send a Guidance Package to help him/her through the process. At this point, you're acting not as a representative but as a free coach. The Guidance Package approach keeps the claimant connected and willing to share his case progress with you. You can easily decide later to jump into the case on appeal.

If the case is weak - below 60% or lower for an inexperienced advocate - tell the claimant that you would like SSA to make a decision before you officially enter the case. Assure the applicant that you'll support him throughout the Initial application process at no charge and send him your Guidance Package. If the case is denied, you will know its weaknesses from the PDN and can prepare a strategy for the first appeal.

The Purpose of the Guidance Package is two-fold:

A Guidance Package is your link to a potential client. It acts should tell the client a little about the process and what to expect. It also acts as a marketing kit for your advocacy service. The suggestions you provide in the packet should lead the applicant directly back to your doorstep if the case is denied.

Our Guidance Package approach has proven to be one of the most effective marketing techniques for assuring the long-term growth of an advocacy service. Anyone who uses your guidance approach will become a promoter of your business and spread goodwill about your firm. So even if you never represent the case, you have created a supporter with little effort on your part.

Receiving a tangible product in the (mail or via our new Olivia software) helps create goodwill. If the claimant later becomes a client, he will be pre-trained by the materials in your guidance packet.

The Guidance packet can contain anything you want, but should always include:

- Cover letter on company letterhead introducing your firm and welcoming the applicant to your Guidance Support Program.
- Brochure explaining your service.
- Brief explanation of the disability application process.
- Instructions on how to complete SSA forms.
- Schedule for communication and follow-up.
- Your contact information.

Cover Letter: Present the Guidance Package as part of your "Guidance Support Program" for people who are applying for benefits for the first time. Make it clear that the program is free and does not signify representation by your firm. Indicate that you're not going to act on the case unless there is an initial denial of benefits. If the claimant follows the instructions in the

Guidance Package, you'll be ready to spring into action on his behalf the moment he receives a denial notice.

Brochure: Explain your Guidance Support Program and your company's basic services. Be sure to mention that guidance is free. Explain your basic fee structure (**do not state amounts!**) and when fees are due if you become the authorized representative in the future.

Instructions: Itemize the Guidance Package contents and explain what to do with each element. **Note:** Our new Olivia software enables you to build and deliver your packets right within the system.

Do not direct the applicant to sign and return any forms within the Guidance Packet right away. You can send him a Form 1696 Appointment of Representative and Medical Release Form for signing. But the forms should not be signed and returned until you are ready to take on the case.

Explanations: Tell the applicant what to expect and exactly what to do if SSA denies the case at the Initial Level. For the Guidance Package approach to be effective, you must provide the applicant with a convenient method of signing on with you if the case is denied.

Schedule: Creating a follow-up and communication schedule reminds the applicant of your availability should the case be denied. We recommend contact once every four to six weeks during the Initial case processing period.

Note: You are **not** the applicant's authorized representative during the guidance period. Although you want to be available to answer simple questions, you don't want him/her to become a burden. Therefore we suggest that you share only superficial case information during this process and point the applicant to SSA for more detail. Reassure him/her that if the case is denied, you'll begin taking aggressive action on his/her behalf – that is, **if** that is your plan! If you feel a case is too weak for you to handle, don't make false promises. There is nothing worse than giving a person in need false hope, and that is **never** our intention.

Category Two: Claimant applied but has no decision.

The claimant has applied for disability but no decision has been made. You have the option to simply follow the case using the guidance approach or accepting the case immediately. You would only accept the case immediately if you felt it was a viable case.

Category 3: Claimant's Case was denied and he want to appeal

If the case has merit, sign him up! Send the client an Information Package to become the authorized representative. If the case is weak, think twice before committing to the case.

The Information Package

Most potential clients will contact you by phone. If you are using case assessment marketing, he will be seeking a free case review to find out his/her chances of receiving Social Security disability benefits. This is your opportunity to:

1. Put the person at ease. No obligation or fee unless we win.
2. Explain your service.
3. Ask screening questions.
4. Perform a case assessment to determine viability.
5. Begin the client rep relationship

If the case appears viable, accept it. You formalize the business relationship by sending the client your contact and the appropriate SSA forms. You send these materials in what we call an Information Package. We also use those yellow “*sign-here*” sticky notes at every signature line. Call to make sure that the claimant received your information package. Follow up again in a week if you haven’t gotten the signed forms back.

The **Information Package** should contain the following:

- Cover letter with your company letterhead
- Brochure explaining your service
- Explanation of the disability process
- Instructions for completing the forms
- Your business contact information
- SSA Form 1696: Appointment of Representative
- SSA Fee Petition form
- Medical Release forms
- Optional: SSA case level application forms

Use company letterhead on all case correspondence except SSA forms and other official government documents. You may add any items that you want to the info pack, keeping in mind that the purpose of the package is to:

- Formalize your representation.
- Increase your credibility with a new client.
- Inform your new client about the disability process and what to expect.

Encourage your new client to return the signed forms and your signed contract as quickly as possible so you can begin representing the case. You **do not** send a copy of the signed contract to SSA unless SSA specifically requests a copy. You officially become the authorized representative by completing the following SSA forms:

- **Signed** Form SSA 1696 Authorization to Represent
- **Signed** SSA 827 Medical Release Form
- **Signed** your contract.

Become the Authorized Representative

We are describing the manual approach to becoming a client's representative. This entire process can also be performed online. In your manual submittal to SSA, include a cover letter on your company stationery stating who you are and your relationship to the client.

Include the client's Social Security number (**last 4 digits only**) and send the package via **certified mail** to the DO handling the case. Upon receipt SSA will begin the client intake process. You'll receive notice of authorization to represent by mail. If not received in two weeks, contact SSA again. Ask who is handling the case or if it has been transferred to another location.

Meanwhile, assume that you are the client's authorized representative and act accordingly. If you're in doubt, contact SSA and check your representative status while processing the case. Generally SSA will inform you in writing if there's a problem.

Even if you don't receive an authorization letter, SSA may contact you to request information about the case. This action would verify that you are in fact the authorized representative in the eyes of SSA. Keep copies of all signed paperwork associated with the case. Always follow SSA instructions and make sure you keep the client informed.

Compromised Clients

If the claimant has a mental disorder or is otherwise mentally compromised, handle the case through a third party. Do not accept the case if there is no responsible third party to assist you with the case.

Note: Retain a copy of all Social Security forms, questionnaires, letters and medical evidence in a digital, Olivia or paper file. If the claimant has a mental disorder, get a third party signature on your contract, 1696 and the Fee Petition form. Interview the third party directly to determine his/her relationship to the claimant and the degree of willingness to help.

Manual vs. Automated Case Assessment

Does the Case Assessment process sound a little tricky? It is! It takes many years to develop the ability to accurately assess a case's worthiness. It takes many more years to translate that experience into an effective user-friendly software tool. Our Olivia case assessment system known as the Case Assessor, automatically determines case viability.

The Olivia case assessor enables you to perform a complete and accurate case assessment in ten minutes. You can also automatically generate letters, reports and updates through the new Olivia Assessor tool.

When doing an assessment, try to get your hands on at least one piece of evidence that verifies the claimant's alleged impairment. Until you're very experienced in this field, your manual assessments will be considerably less accurate than those performed by our software. The assessment tool enables you to maximize your chances of winning a case. It also gives a tremendous operational advantage to a new advocacy service.

Choosing to Accept a Case

In the beginning, accept cases with assessment scores of 70% or more. As you gain experience you can lower this score to 60% and still win the majority of the cases you represent.

Keep in mind that even if you experience early losses you're in good company. When I first started, I lost my first nine cases. I almost gave up - but Thank God I didn't! I kept struggling until finally there was a win. That win gave me one of the best days of my life and I've never looked back.

Rejecting Weak Cases

If the applicant's case is weak, explain why in laymen's terms. Send him a **kind** rejection letter encouraging him to contact you if his condition worsens. Rejection is difficult for the client. Create a form letter that makes the client feel relevant. Our Olivia software can help you with this task. Be sure to send a **Guidance Package** to the rejected client to show your willingness to reevaluate the case if his condition worsens.

Rejected cases are often those that are not yet ready for representation. Use Olivia to build a database that tracks your "rejected" cases and do follow up calls on slow days. This gives the impression that your service continues to show concern even for those you have rejected. This is excellent public relations!

The practice of maintaining contact with rejected applicants can significantly energize your company down the road. If a claimant's condition worsens, he will remember your kind concern and ask for your assistance again. At that point, reassess his condition to determine if the case is ready.

Case Assessment Review

This is a good time to revisit the steps for screening potential clients:

1. Perform a phone interview
2. If the interview is promising, proceed with a case assessment.
3. If the assessment score is <70% or if you do not want to take the case at this time, send the applicant a Guidance Package.
4. If the assessment score is ≥70% and you elect to take the case, send the client an Information Package to sign him up.
5. In the case of a compromised applicant, be sure to interview his third party before accepting the case.
6. Follow up with your new client until you receive the signed forms.
7. Send the signed forms to SSA, retaining copies for your records.
8. Follow up with SSA until you receive official authorization to represent.

Case Development Process

After you have completed the steps above and become the client's authorized representative, you're ready to move on to the case development phase. You've already performed the:

1. Client Interview
2. Case Assessment
3. Case Acceptance or Intake

a. Intake Phase One: Information Package to Client

b. Intake Phase Two: Forms to SSA to become the authorization rep.

Now it's time to request the claimant's medical documentation. This process is called case development.

4. Case Development

a. Phase One: Request medical documentation.

b. Phase Two: Acquire copies of medical documentation.

Case development is defined as the act of requesting the client's medical evidence. This material will be evaluated to determine case strategy and your argument. Keep in mind that SSA is responsible for collecting all appropriate evidence in a case. You can help SSA by letting them know what evidence is available. You learn this from the client and share this information with SSA at the beginning of the case.

You can request that SSA acquire the evidence and then you can request evidence from SSA. You can also request evidence directly from the client's medical source. Allowing SSA to request the evidence means that SSA pays for the release of the evidence. If you request the evidence from a medical source, you (the claimant) must pay the fee.

The Case Evaluation

A case evaluation is a formal review of the client's medical evidence. This can only occur after you have received copies of all appropriate evidence in the case. The evidence will also include the claimant's vocational history. The client's vocational history plus his medical evidence is all you need to begin a case evaluation.

A case evaluation enables you to use the client's medical evidence in the formation of your case strategy and formal argument. Your Olivia software is designed to help you acquire and store the client's medical and vocational evidence. With Olivia, you can perform document requests, follow-ups and other activities associated with evidence collection.

Medical Documentation: How Much is Enough?

It can be tricky to determine how much medical evidence is enough. Generally, you want to acquire all evidence covering the period of disability. Make sure the evidence discusses the primary and secondary diagnosis. The evidence should also contain data that describes the claimant's signs, symptoms and limitations. When requesting evidence during the case development phase, always:

Request evidence for the period of disability: The period of disability is usually from the onset of impairment to the present date. In some cases the onset date is the date when your client's condition forced him/her to stop working.

Only request evidence relevant to the impairment: If your client suffers from heart disease, request evidence specific to that condition. For instances, if the claimant has heart disease, you would request the cardiologist examination, hospital summary reports, surgical summary reports, pulmonary laboratory tests, EKGs, heart related blood tests and chest x-rays. If your client alleges heart disease, it wouldn't make sense to request medical evidence about his/her acne.

The **primary diagnosis** is the disease or injury that prevents the performance of work and has caused the individual to apply for disability benefits. The secondary diagnosis is a slightly

lesser condition that also limits the claimant's ability to work. If an impairment does not limit the claimant in some way, you needn't bother with it. SSA must combine the effects of all impairments in determining the final disability decision.

SSA creates the **Proposed** RFC. You create the **Perceived** RFC. Combining the effects of two or more disorders helps to further reduce an RFC and makes it easier to argue that a person is unable to work. If your perceived RFC is backed by the medical evidence, SSA may accept it and allow benefits. This is the Whole Body approach that we introduced you to in the Study Guide.

Case Evaluation: Vocational Analysis

You can begin Case Evaluation once you have all documentation that is:

- a) Within the disability time period
- b) From appropriate medical sources.
- c) Causing the claimant's limitations.

A case evaluation involves:

1. Pulling together all information about the client's medical conditions.
2. Acquiring claimant's past work history.
3. Compare the physical demands of the claimant's past work with his proven limitations to determine if he can return to this work. If not:
3. Compare claimant's limitations to the demands of other less demanding work to determine if he can perform this work.
5. Formulate an RFC from the evidence that directs a decision of disabled.

You might not have noticed, but the above five steps mirror the sequential analysis process. Basically, your job in case evaluation is to:

1. Identify the primary and secondary impairments suffered by the client.
2. Review the medical and vocational evidence to identify the impairments that limit your client. Highlight signs that prove the impairment exists and the physical and/or mental limitations caused by the impairment.
3. Use the evidence to create your case strategy and formal argument. Define how the limitations caused by the impairments interfere with your client's ability to perform past work.
4. Determine how the claimant's limitations prevent him from doing other less demanding work.
5. Summarize your findings and create the Formal Argument.

A Word on Consultative Examinations

If SSA feels that there is not enough evidence to make a decision, they will order a consultative examination. SSA has the option at any time to request that an applicant attend a consultative examination. As the authorized representative, you can dispute the examination if you feel that it is not required. Usually it is required so you would mostly go

along with it. You can give the claimant an advantage by requesting the claimant's primary care doctor perform the exam if appropriate. You can dispute the examination results if you feel:

- It was poorly performed.
- The report is incomplete or ignores relevant issues.
- Exam performed by the wrong type of doctor.
- Your client complains about the quality of the examination.
- The report is grossly inconsistent with previous medical findings.

Even if the examination was performed brilliantly you don't have to accept the report. You may dispute any finding that contradicts your position on an issue, as long as you can justify your opinion. You can challenge the doctor, the findings and/or the test or examination quality.

The most effective challenge is a direct attack on the examination itself. It's not uncommon for a doctor who is unfamiliar with your client's case to perform a hurried examination and then write a report that makes your client appear less limited than he has alleged.

This is a common situation that you can address by pointing out that the examination was merely a **snapshot** of your client's complex condition that could have caught him on a good day. Point out that the preponderance of evidence supports limitations as previously alleged.

The Formal Argument

The purpose of a case evaluation is to extract the key-points that can be used to support your claimant's alleged limitations. The Formal Argument reflects your case strategy. It presents the case from your perspective, highlighting those findings that best support the allegation of a total disability.

To create the argument, outline your client's vocational limitations and support them with key-points from the medical and vocational evidence. Define how the limitations interfere with his ability to perform past work. Done correctly, this takes about two paragraphs of the argument. Then go on to show how the evidence supports the claimant's inability to perform other less demanding work. In most cases you will need to argue for a less than sedentary RFC to win.

The process of extracting Key-points from medical evidence is covered in Module Two. Writing a formal argument is covered in Module Five. Both of these processes are made easier with your Olivia software.

Make sure you submit your completed argument to SSA before they make a final decision. You have the option of submitting a formal argument on the initial, first and second appeals. Submit your argument as soon as possible regardless of case level to assure it gets considered. If it doesn't, use it on the next appeal level.

Normally on the Reconsideration or First Appeal Level you can usually get the case evidence faster because SSA already has it in their files. If there is new evidence at this level, make sure it is requested by both you and SSA. Submit your argument as soon as you receive the new evidence. It's also wise to inform the SSA adjudicator that additional evidence is on its way. Request that a decision **not** be made until it is received and considered.

Keep a copy of your Formal Argument

You can send your client a copy of the formal argument if you wish, but this is optional. It may not be a good idea to send the client your argument if you feel you have a less than loyal client who might decide to hire someone else for the appeal. Ready access to your professionally developed argument would save the new advocate a lot of work at your expense. You can avoid this by signing up a client for both the first and second appeals.

Where Do I Send The Argument?

The address on SSA's correspondence with the applicant can indicate where the case is located. Generally, where a case is located depends on the case level. Send Initial Level materials to the client's DO or DDS. Reconsideration or First Appeal evidence usually goes to the DDS or a hearings unit. At the ALJ appeal level send evidence to wherever the hearing will be held - a satellite office, DO or the Regional Office.

The Case Decision

Depending upon the level of the case, the decision will be made by SSA when all of the relevant medical and vocational information has been acquired. Ideally, the case decision will be an allowance. If not, apply for the appeal. Make sure your client has agreed by sending them another 1696 and fee petition form for signature. Usually, the case decision is sent to both the client and his representative. Staff shortages may interfere with this norm depending on your state.

To be sure that you are notified of any decision, instruct the client to contact you if he receives any correspondence of any type from SSA. If the case is an allowance, you move on to billing. The award letter sent to you and your client will contain the benefit amount that the client will receive along with information on back benefits if appropriate. The client's award letter enables you to determine how much your final fee will be. Advocates are usually paid 25% of back benefits up to \$6000 per case.

Client Billing

Upon notice of an allowance decision, you are ready to begin the billing process. Billing of a disability case involves sending SSA a copy of your fee petition with attachment indicating the amount of your fee. Please note that you can automatically create a fee petition attachment using your Olivia software. Using Olivia to create your fee petition attachment will save you hours of work. You would also bill the client. We will cover billing in greater detail later in this module. Note: You do not need to send a copy of your fee contract unless SSA specifically requests it during the billing process.

Summation

This lesson focused on Case Processing from an operational standpoint. We detailed the types of potential clients you will encounter and how to screen them. We outlined an approach to customer service that allows you to choose the most promising cases while still providing support to those you turn down. Lastly, we provided you with tips for efficient case development, case evaluation and argument creation.

There are basically nine steps to processing of a Social Security disability claim. These basic steps in case processing are:

Step 1 - The Interview - Purpose is to extract information about the client and the case.

Step 2 - The Assessment - Purpose is to determine the approximate percent chance of winning the case.

Step 3 - Case Intake - Purpose is to inform SSA that you are the authorized representative.

Step 4 - Case Development - Purpose is to acquire all medical documentation.

Step 5 - Vocational Review - Purpose is to rule out past and other work.

Step 6 - Case Evaluation - Purpose is to extract key supporting facts from the claimant's evidence.

Step 7 - Argument Creation - Based on strategy supported by the evidence.

Step 8 - Case Decision - Argument sent to SSA who makes the final decision.

Step 9 - Case Billing - The act of billing claimant for services rendered. This can only occur if you've received a favorable decision.