

# **P-2370 SOCIAL SECURITY SPECIALIST REFERRAL (23-36)**

Referrals can be made for Reach Up participants to work with a Social Security Specialist (SSS) that contracts with the Division. The SSS will help the participant apply for Social Security.

## **Before a referral is made**

Three-way meetings between the participant, the SSS, and the Reach Up case manager are encouraged whenever possible. Obtain verbal permission from the participant to share their name and contact information with the SSS. Set up an informational meeting to talk through what it really means to apply and what is needed to successfully apply.

If a participant is not connected to a medical provider or not able to provide medical records, try to refer to other resources such as Vermont Chronic Care Initiative (VCCI) to help find providers.

## **Making the referral**

The following is needed for making a referral to the SSS:

- Participant's goal is to apply for Social Security, and they would like to be supported by the SSS.
  - Obtain verbal permission from the participant for the referral to be made. Best practice is to indicate this on an ESD Authorization of Confidentiality ([201WC](#)) and then save in the electronic file.
  - A wet signature on a release is not needed because VABIR is considered a Business Associate and HIPAA protected information can be shared without a release.
- A completed Social Security Specialist Referral form created by VABIR.
- Verification from participant's health provider that their disability is expected to last more than one year. This may include a completed Temporary Medical Deferment form ([210TMD](#))--if the participant is engaged with multiple providers consider getting 210TMDs from each provider.
  - Do not let the verification hinder the referral, but if there is a question if medical records will be able to be collected this should be discussed during a three-way meeting between the participant, the SSS, and the case manager.
  - If someone insists on applying but does not have verification from a provider, a referral can still be made, though this should be the exception

not the rule. Receiving a denial from Social Security may be the encouragement needed for the participant to get into treatment.

- Print out of INFC D WAGE information from ACCESS showing all work history
  - Preferred with the referral but can be provided at a later point if needed. Having print out makes applying easier because it provides information needed versus relying on the participant to provide it. It may be more accurate than what the participant provides.

### ***Quick referral***

Some cases may qualify as a “quick referral”. Speak to the SSS to learn more about this process.

### **Role of Social Security Specialist**

Once a referral is received the Social Security Specialist (SSS) will call the participant to schedule an appointment. The SSS will notify the case manager of the appointment date via email. The SSS will send an email to the case manager when the participant attends the appointment.

It is the responsibility of the SSS to obtain a signed copy of the release (form 1696) for the Social Security Administration (SSA) Most SSSs have an individualized version which lists their name and contact information. SSS are the authorized representatives for participants with SSA.

- The case manager may assist in obtaining a signed copy of the form 1696 for the SSS if they are meeting in person, and the participant has already completed their application for Social Security. This can help speed up the ability of the SSS to check the status of the existing application.

The SSS will meet with the participant to complete the function report and submit the application. This can take one to several appointments depending on the participant’s disability and needs.

The SSS will provide updates to the case manager via email around the participant’s follow through with scheduling meetings and attending appointments, as well as where the participant is in the SS application process (appeal pending, recent denial, etc.).

During the period between when the application is submitted and then reviewed for eligibility, the SSS will not need to meet with the participant, however a minimum of monthly contact should be made with the Reach Up Supervisor or case manager to let them know that the application is still pending. Some SSS will provide the update for the entire SSS caseload to the supervisor, others will reach out to the case managers individually.

## ***Participant does not respond***

If the participant does not respond after three consecutive attempts, the SSS will contact the case manager for them to follow up in terms of Reach Up process. The referral to the SSS will be considered closed at that time. The case manager may re-refer after participant has demonstrated ability to follow through with appointments with case manager, treatment providers, etc.

## ***Home visits***

SSS can take part in home visits with participants but must be accompanied by a Reach Up case manager.

## ***After the application is turned in***

After the application is completed and submitted, it can take three to six months for SSA to look at the application. Most applications are sent to the Boston SSA office. The participant will receive paperwork via mail that must be completed and a phone call from the Boston office (area code 617). The SSS will remind the participant and the case manager of this process, but unfortunately does not get a copy of the mailing.

Certain scenarios can require an "in-state" decision. This includes if the participant is homeless or has absolutely no access to a phone. The local SSA office handles these applications. They are limited in the number of in-state application they can accept.

When a determination on an application or appeal has been reached, the SSS will notify the participant and the case manager of the decision and next steps if any.

## ***Steps in the application process***

*Initial application* – once submitted, SSA/DDS has 120 days to make a determination. If SSA/DDS requests a supplemental psychological or medical evaluation it is vital that the participant attend the scheduled evaluation. Not attending a scheduled evaluation will usually result in a denial. The SSS will inform the case manager if a supplemental evaluation is ordered. The case manager may need to provide support services to assist participant in attending evaluation.

*Reconsideration* – if the initial application is denied, the participant and SSS must submit a request for reconsideration within 60 days of the date on the denial letter. The SSS will communicate with the case manager around needs for additional work/treatment/activities to help prevail in the reconsideration. Once filed, SSA/DDS has 120 days to make a determination.

*Administrative Law Judge (ALJ) Hearing* – the SSS will provide a list of attorneys and representatives and the participant will choose who will represent them in the ALJ phase. The SSS will track the appeal at the ALJ level but is not typically involved beyond the referral to a rep and doing a regular check in with the SSA around hearing dates and hearing results. The ALJ hearing will be set by either videoconference or in a location within 75 miles of the participant's home. It can take 18 to 24 months to have a hearing, depending on the ALJ backlog.

*Hearing by the Appeals Council* – handled by the attorney/representative. Lengthy waiting periods at this level.

*Federal Court Review* – same as above.

## **Expectations for Participant Engagement in the Process**

Participants who have the goal of applying for disability and agreed to work with the SSS, should create a plan with their case manager to support this goal.

It is advised that during the application process, participants continue to engage in treatment of their stated disability. They can also explore what is possible regarding work activities while awaiting a decision. Progressive employment has been shown to be very effective with disability determinations and can also help the participant see what they are truly capable of.