

## Continuing Disability Reviews

The Social Security Administration (SSA) performs two types of reviews, a medical continuing disability review and a work continuing disability review.

### Work Review

Under a work review, SSA looks at earnings to determine if an individual is eligible for monthly benefits. In 2016, SSA defines substantial gainful activity (SGA) as earning \$1,130 per month or more.

### Medical Review

A medical review determines if an individual is meeting the medical requirements to collect disability. If the person does not meet the medical requirements, SSA may stop the disability benefits. SSA must determine there has been “medical improvement related to the ability to work<sup>i</sup>.” Medical improvement alone does not constitute a basis for the cessation of benefits.

How often SSA reviews an individual’s case depends on whether their condition is expected to improve. If medical improvement is:

- “Expected,” case will normally be reviewed within six to 18 months after benefits start.
- “Possible,” case will normally be reviewed no sooner than three years.
- “Not expected,” cases will normally be reviewed no sooner than five to seven years.

Examples of situations that may generate a continuing disability review are:

- Occurrence of the date of a scheduled medical reexamination in cases in which impairment is expected to improve or in which improvement is possible;
- Individuals report medical improvement or return to work;
- Substantial earnings post to individual’s employment record;
- A vocational rehabilitation agency reports medical improvement; or
- A report from a third party indicating individual is no longer disabled, not following required treatment, or failing to follow provisions of the Social Security Act.

**NOTE:** SSA must redetermine a child’s SSI eligibility when they turn age 18, using the adult disability rules to decide whether the individual is still disabled.

## EXCLUSIONS

### Ticket to Work

If you are participating in the Ticket to Work program, SSA will not start a CDR during the period in which you are using a ticket.

### Other Work Activity

A disabled beneficiary will not have to undergo a medical CDR based on work activity alone if he or she has received disability benefits for at least 24 months.

### Section 301 & Continued Payments

Section 301 allows adults who improve medically and are no longer considered medically eligible (through a CDR) to continue receiving benefits if:

- They are participating in an approved vocational rehabilitation program (public or private) before their eligibility ended; and
- It is determined by SSA (with information provided by the vocational program) that the program likely will increase the permanent independence and self-sufficiency of the individual.

Ages 18 to 21:

- Those determined to have medically recovered and no longer to be eligible but are participating in an individual education program may continue receiving benefits.

Note: For those whose benefits are continued, Medicare and Medicaid and any state supplements also continue under Section 301.

### **CDR Appeals Process**

If SSA determines an individual is no longer disabled and discontinues benefits, the individual:

- Can appeal SSA's decision within 60 days.
- Can complete a Request for Reconsideration form SSA-789-U4 from the local Social Security field office. Form also available online at <http://www.socialsecurity.gov/forms/ssa-789.pdf>.
- Can have a face-to-face hearing with the person (Disability Hearing Officer) who will make the decision on the appeal.
- Can ask SSA to keep paying benefits during the appeal process.

**Important note:** For benefits to continue during the time case is being decided, the Request for Reconsideration must be submitted **within 10 days** of receiving the denial and include a specific request for continuation of benefits during the appeal.

### **Restarting Benefits or Benefits Reinstatement**

Individuals who become ineligible for SSDI benefits due to work at the SGA level may request to reinstate benefits at a later time, without filing a new application, provided:

- They become unable to work and earn SGA because of the same or related medical condition.
- They file the request for reinstatement with Social Security **within 60 months** from the month their benefits are terminated.

SSA can provide up to six months of provisional benefits (including Medicare) while the case is being reviewed. Beneficiaries do not have to repay provisional benefits no matter the results of the reinstatement process. NOTE: If reinstatement is denied, individuals have the option of reapplying for benefits.

**For more information on CDRs, contact your local Social Security field office or the SSA at (800) 772-1213, and TTY (800) 325-0778.**

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'Social Security Administration, Code of Federal Regulations, § 404.1594  
[http://www.socialsecurity.gov/OP\\_Home/cfr20/404/404-1594.htm](http://www.socialsecurity.gov/OP_Home/cfr20/404/404-1594.htm)

#### **Contact:**

Tai Venuti, [t.venuti@allsupinc.com](mailto:t.venuti@allsupinc.com)

Ph: (618) 236-8573

**Visit [Expert.Allsup.com](http://Expert.Allsup.com) or call (888) 892-0794 for an SSDI eligibility evaluation**

Visit [AllsupES.com](http://AllsupES.com) for information on the Ticket to Work program