



The Continuing Disability Review: How to Prepare for a Social Security Disability Benefit Review

Social Security Administration's Review Process

Social Security disability benefits are not always permanent. When you were awarded either Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) benefits you received a **Notice of Award** from the Social Security Administration (SSA) that had a paragraph entitled **Things to Remember**. That paragraph states when your benefits will be reviewed. This is called a **Continuing Disability Review (CDR)** and usually takes place every 1, 3, 5 or 7 years depending on your disability. SSA does not always conduct a review within the timeframe stated but you can expect a review at some point. The purpose of the review is to determine if you have medically improved enough to work.

SSA also reviews a child's SSI benefits periodically. Then, at age 18 SSA conducts an **Age 18 Redetermination**. This occurs because SSA's definition of "disability" changes from childhood to adulthood so a new determination must take place. For more information on this review see our guide entitled SSI: What Happens at 18?

What steps do I take to prepare for these reviews?

Keeping accurate and up to date medical evidence is key to documenting that your disability continues. It is important to see your doctors at least twice a year even if your condition has not changed and there are no new treatment options. This will keep your condition and its symptoms and limitations documented for the eventual review. It can be helpful to keep a log of your symptoms and limitations that you have on a daily or regular basis. Prepare a summary of this and bring it to each doctor's appointment using the following format and examples (be sure to state the frequency, duration, and intensity of each symptom and how it limits you). These are some examples of statements that will help SSA determine if you have improved enough to work:

- Can't focus longer than 15 minutes: affects reading, understanding instructions, learning new information. This occurs daily (or 2-3 times a week) and prevents me from completing tasks such as following a recipe, filling out forms, or completing simple household task.
- Memory is a daily problem: forget appointments, to pay bills, to take medicine, conversations, important information, etc. I am frequently confused. This interferes with

me safely managing my household responsibilities and taking care of myself.

- Can't cope with changes or stress; my mood changes often and I am frequently irritable and have meltdowns daily/weekly.
- Physical limitations: pain prevents me from standing and sitting longer than 30 minutes and walking more than one block. I can only occasionally lift and carry 1-5 pounds safely. This prevents me from walking to mailbox, sustained seated work, managing household task alone, and concentrating.

Other things to keep in mind regarding the reviews

Any statements you make regarding your condition must be backed up by current medical evidence which can only be done if you see your doctors regularly and report all your symptoms and limitations.

If your condition has worsened since SSA first awarded benefits it can be helpful to have a new evaluation or other test results available within 1 year of when you expect the review to occur.

The worst thing you can do when receiving disability benefits is to stop seeing your doctors or other health professionals. SSA may interpret this as medical improvement. It is up to you to keep your conditions documented.

SSA also conducts "work reviews" for beneficiaries who work to determine if an individual is eligible for monthly benefits. This is different from the Continuing Disability Review.

SSA waives a review for anyone in the Ticket to Work program.

How will I know SSA is reviewing my case?

The SSI Age-18 Re-determination is automatic. You will receive a form around your 18th birthday.

For the adult Continuing Disability Review, you will receive a letter and one of two forms from SSA.

- The short form is for people with the most significant disabilities who are not as likely to improve. Simply fill in the bubbles, make no comments on the form, and return in the envelope provided immediately. Delayed returns can result in denial.
- The long form is for people whose disabilities are more likely to improve. This form asks you to report any changes in your condition for better or worse and for the names and addresses of the doctors you've seen since SSA first approved benefits. Any tests, hospitalizations or surgeries that are related to your disability should be included at this time. The form will also ask if you have worked. Be sure to state whether this work was short term (especially if under 3 months) and if it ended because of your disability. Be sure to explain if you had any accommodations and/or difficulties on the job. Be sure to

state if you are using a Ticket to Work and are involved in a program of vocational rehabilitation or use a job coach.

For more information on SSA's reviews see:

<https://www.ssa.gov/ssi/text-cdrs-ussi.htm>

What if SSA decides I am no longer disabled?

If the information Social Security collects suggests that you have medically improved enough to work your case your benefits will end. If you disagree you have a right to appeal.

Appealing a Continuing Disability Review denial

If you are still unable to work you should appeal your case immediately following the instructions in the letter (you have 60 days to file the appeal with a 5-day grace period). This appeal is called a **Request for Reconsideration-Disability Cessation Right to Appear**. To appeal you must file SSA-789 within 60 days of receiving your cessation notice (denial letter). But if you want your disability benefits to continue while you appeal the cessation, you must file the form within 10 calendar days of the denial. Make this decision very carefully as often keeping the benefits in place while you appeal can cause an overpayment of benefits if your case is ultimately denied.

Here is the link to the SSA-789 form: <https://www.ssa.gov/forms/ssa-789.pdf>

If SSA denies this appeal you can appeal again within 65 days and this is called a **Request for Hearing by Administrative Law Judge**. This appeal requires you to file HA-501.

Here is the link <https://www.ssa.gov/forms/ha-501.pdf>

How can Section 301 continue my benefit if SSA decides I am no longer disabled?

If SSA was unaware during the review process that you are receiving vocational rehabilitation be sure to notify them when you appeal by stating that you may qualify under **Section 301** which allows SSA to continue your benefits even if they think your condition has improved enough to work.

For more information on SSA's Section 301 rule see:

<https://secure.ssa.gov/poms.nsf/lnx/0414505010>

Do I need to get professional help with an appeal?

Not usually. The information requested is straightforward. It can be helpful to have a family member, friend, or medical professional assist you to ensure the information is accurate and

complete and submitted within the deadline. If SSA denies you twice and you decide to file a Request for Hearing you can seek representation. A representative's fee is paid out of your past due benefits if your case is approved. However, if you elect to continue receiving your benefits during this period it can be difficult to find a representative as there would be no past due benefits from which to collect a fee.