

The Social Security *Disability Determination Services Process*

Social Security disability claims are processed through a network of local Social Security Administration (SSA) field offices and State agencies usually called Disability Determination Services or DDS.

Subsequent appeals of unfavorable determinations may be decided in the DDS or by an Administrative Law Judge (depending on level at appeal) in the Office of Hearings and Appeals.

Social Security Administration claim representatives in the field offices obtain applications for disability benefits in person, by telephone, by mail, or over the internet. The application and related forms ask for a description of the claimant's impairment(s), treatment sources, and other information that relates to the alleged disability. (The "claimant" is the individual who is requesting disability benefits.)

The SSA field office is responsible for verifying non-medical eligibility requirements, which may include age, employment, marital status, and other such Social Security program coverage information. The field office then sends the case to the DDS for evaluation of disability.

The DDS, which is fully funded by SSA, is a State agency responsible for compiling available medical evidence from the claimant's sources and rendering the determination on whether or not a claimant is disabled or blind under the law.

The DDS will obtain medical records from the claimant's own medical sources. If that evidence is insufficient to make a determination, the DDS will arrange for a consultative examination (C/E) appointment to obtain additional information. The claimant's treating source is the preferred source for the C/E, but the DDS may obtain the C/E from an independent source. No treatment is provided for at this appointment. The medical evidence is used as support for the claim decision. SSA does not accept a statement of disability or inability to work, without medical record evidence to document and support.

The claimant's vocational history is reviewed. The DDS may secure additional detail, about work performance or duties, as this is a factor considered in determination of work capacity.

The disability determination is made by an adjudicative team consisting of a medical physician and/or psychological consultant and a thoroughly trained disability adjudicator. If the team finds that additional evidence is needed, the consultant or examiner may re-contact medical source for supplemental information. After completing its evidence gathering, the DDS will make the disability determination.

The DDS may send the case on to Disability Quality Bureau for inspection or the SSA field office for appropriate action. If the DDS found that the claimant is disabled, SSA completes any outstanding non-disability development, computes the benefit amount, and begins paying benefits. If the claimant was found not to be disabled, the file is kept in the field office in case the claimant decides to appeal the determination.

If the claimant files an appeal of an initial unfavorable determination, a different DDS adjudicative team from the one that handled the case originally makes the disability determination.

The process is similar when the DDS handles a continuing disability review case. Disability cases are reviewed and updated at various times to assure the person is eligible to continue to receive benefits. A determination is made by updating the medical records to find if the claimant has an impairment or condition which is disabling. If this is so, the claim will be continued on benefits, if not, a decision is made to cease benefits. The claimant retains appeal rights and may request to receive benefits during the appeal process.