



It Matters

Empowerment Pathways

After the Application: Social Security Benefits for Migraine Patients

After you have completed the process of applying for Social Security Disability, and you have completed your interview, you may now be playing the waiting game. It may take 3-4 months, or longer in some cases, for applicants to hear back from the Social Security Administration (SSA) with their decisions.

As a reminder, Social Security has two Disability programs they administer. Social Security Disability Insurance (SSDI) is calculated based on number of years and the amount someone has paid into the Social Security. Supplemental Security Income (SSI) Disability is a program for people with limited income and assets. Both require that an individual be totally disabled (not partially or temporarily) to qualify for benefits.

I APPLIED... NOW WHAT?

After your application is received by SSA, they will provide a confirmation number for your application either electronically or by mail, which allows you to check the status online. SSA will review your application and all attached documents and will contact you if more information is needed. It is important to respond to SSA timely to avoid issues or denials.

YOU ARE APPROVED!

If SSA approves your application, benefit payments for SSDI do not start until after the 5-month waiting period from the onset date of your disability, no matter how severe your disability. However, the onset date of disability can be backdated from the date of application if the medical evidence supports it. If you are approved for SSI, you begin to receive payments right away.

INSURANCE COVERAGE WITH DISABILITY APPROVAL

After receiving SSDI benefits for 24 months from the onset date of disability, you become eligible for Medicare insurance coverage. If you were approved for SSI, you may receive Medicaid benefits immediately and automatically depending on state you live in. If your state does not automatically grant benefits, you must complete a Medicaid application based on your SSI benefits.

BACK PAY VS RETROACTIVE BENEFITS

To understand if you are eligible for additional benefits, you must first understand the terminology.

Retroactive benefits is the amount of money that you're owed for the time that you were disabled before you applied for Social Security Disability. SSI applicants are not eligible for Retroactive benefits. The maximum amount of retroactive pay that you can receive would be one year's worth of benefits, and that would require you to have been disabled 17 months or more prior to your application date (due to the 5-month waiting period).

Back Pay is the amount of money that you're owed for the time that you were disabled after you applied for Social Security Disability, but before your application was approved. Both programs are eligible for this benefit.

HOW DO I GET MY MONEY?

For the past several years, the government has required that all disability payments be made electronically. Claimants can opt to receive their checks through direct deposit into a checking, savings, or brokerage account at a financial institution such as a bank or credit union, onto a Direct Express debit card, where the government issues the card to you and the Treasury Department loads your disability payment to the card each month, or into an electronic Transfer Account, a low-cost federally insured account to which your payments would be transferred each month.

WHAT DO I DO IF I'M DENIED?

Statistics show that only 30-35% of applicants are approved for disability on the first try. Therefore, it is not surprising to be faced with the option to appeal your disability denial. Denials can be based on medical or non-medical determinations. Medical determination denials mean that examiner did not feel your condition was severe enough to warrant approval for disability benefits, but a non-medical determination is a denial for something that is not disability related. For instance, some people may be denied for being over income or resources if denied for SSI.

There are four levels of appeal from the initial application and denial. They are:

Reconsideration: This is a complete review of your claim by someone who did not take part in the first determination. It must be submitted within 60 days from the date on denial letter

Request for a hearing by an Administrative Law Judge: You have up to 60 days to appeal from date on letter of denial for Reconsideration, but this stage often has long wait times.

Review by the Appeals Council: This level looks at all requests, but your request may be denied if the Council feels the ALJ made their decision in accordance with SS law and regulations.

Federal Court Review: If you disagree with Appeal Council's decision or if the Appeals Council decided not to review your case, you can file a civil suit in a federal district court

DO I NEED A LAWYER?

Many applicants feel they can handle the reconsideration stage themselves, but as appeals progress to the other levels, it may be helpful to hire a lawyer or disability advocate. You can find one by word of mouth, or a lawyer referral service in your area.