27038-54-38

FEB 11 1997

TAS

cc Richard Green
- Diana

NOTE TO BRIAN COYNE

SUBJECT: Welfare Reform Childhood Disability Redetermination Appointment Notices--
ACTION

Attached for your final approval are the proposed notices that will be used to make redetermination appointments for childhood disability recipients. We have already told these recipients that we would review their cases and now we are ready to start the review. We based this notice language on existing appointment letters for continuing disability reviews.

The notice at tab A is for recipients under age 18, whose disability must be redetermined using the new definition of disability for children. The notice at tab B is for age 18 recipients whose disability must be redetermined using disability rules for adults. Both notices include the pro-bono language per the decision of the February 3 Executive Staff Meeting. The pro-bono language is located in the section entitled "If You Have Any Questions." No news?

The final approved language is needed as soon as possible. Operations plans to start sending these notices immediately. The approximate volume for these two notices is 340,000.

I recommend your approval since all of the Deputies and the General Counsel have concurred (see tab C). If you have any questions or wish to discuss, please call me.

Carolyn W. Colvin
Deputy Commissioner
Programs and Policy

Attachments:
Tab A - Under Age 18 Notice
Tab B - Age 18 Notice
Tab C - Deputy level comments/concurrences

OEO Distribution List DATE: 2/11/97

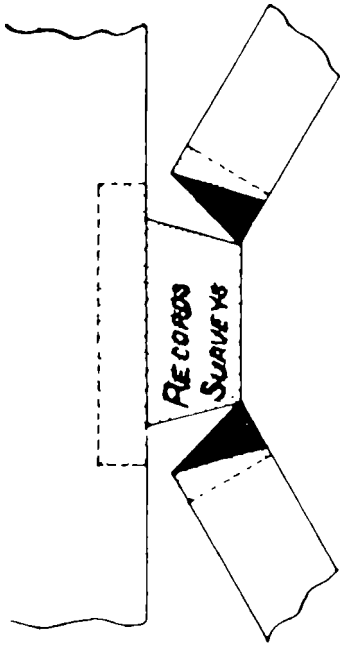
COSS	DCPP	OIG	AO
PDC ✓	DCS	OCACT	DIR ✓
COS	DCLCA	DPRT	OTHER
SEO ✓	DCFAM	OSM	
DCO	DCCOM	CPO	
DCHR	OGC	PO	

HOW TO USE
THESE SEPARATORS

Use one page for each separation.

Select appropriate tab, add further identification if desired, and cover it with scotch tape.

Cut off and discard all tabs except the one covered by tape.



TABBED SEPARATOR SHEET

Form **SSA-697** (5-80)

Social Security Administration
Supplemental Security Income
Notice of Disability Redetermination

Street Address
City, State, ZIP Code
Phone:
Office Hours:
Date: December 5, 1996
Claim Number: XXX-XX-XXXX

Representative Payee for
Jane G. Beneficiary
101 Main Street
My City, ST 00001

Important Notice - You must contact us or Jane G. Beneficiary's SSI may stop.

Earlier, we wrote to tell you that we would review Jane G. Beneficiary's disability case to decide if she is disabled under the new definition of disability for children. We told you that we would contact you if we needed more information. We now need more information.

What You Need To Do

Choice 1
Please call us and ask for _____.

Choice 2
We would like you to come to our office on _____.
When you come in, please ask for _____.
If you cannot come in on the date shown or would prefer to talk with us by telephone, please call us as soon as possible.

The office address, telephone number, and office hours are shown above.

The Information We Will Need

When you come in or call, please try to have all of the following things with you. Even if you do not have everything, you still must call us or come in. We will help you get anything you do not have.

- This letter.

See Next Page

- The enclosed form(s). Please be sure to complete as much of the form(s) as you can before you come in or call.

- The names of any medicines she uses.

- Any other information that shows her condition, such as information about:
  - -- hospital stays and/or surgeries, including the dates and reasons;
  - -- visits to doctors and/or clinics, including the dates and reasons;
  - -- counseling and/or therapy;
  - -- schools and/or special classes or tutoring; and
  - -- teachers and/or counselors who have knowledge of her condition.

We may ask for further information later.

~~How We~~ Decide If She Is Disabled

Choice 1
[Federal Disability Determination Services paragraph] Our doctors and other trained staff will decide if she is disabled under the new definition of disability for children.

Choice 2
[State Disability Determination Services paragraph] Our doctors and other trained staff will decide for us if she is disabled under the new definition of disability for children. They work for your State but use our rules to make their decisions.

When we decide, we will write and let you know our decision. Our letter will tell you whether she is disabled under the new rules.

We may find that she is not disabled under our rules and her SSI could stop. If this happens, you can appeal our decision. You can also ask us to continue to pay benefits while you appeal.

If We Do Not Hear From You

We may stop Jane G. Beneficiary's SSI if you do not answer this letter by Month/Day/Year or contact us by this date to tell us why we haven't heard from you. Before we stop her SSI, we will send you another letter to explain our decision. The letter will also explain your right to appeal the decision and how to continue getting benefits during the appeal.

Information About Medical Assistance

If Jane Beneficiary's SSI benefits stop, any medical assistance she has that is based on SSI may also stop. If this happens, your medical assistance agency should contact you. However, you should know that children do not have to be disabled to qualify for medical assistance. Many children in households with little or no income may still be eligible for medical assistance.

If You Have Any Questions

We will be glad to answer any questions that you have. Whether we talk to you by phone or in person, you can have a friend, lawyer or someone else help you. There are groups that can help you find a lawyer or give you free legal services if you qualify. Our office has a list of groups that can help you. If you get someone to help you, you should let us know.

Remember, if you cannot come in or would prefer to talk to us by phone, please call us right away.

Field Office Manager

Enclosure(s)
[The enclosures may include any of the following:
Form Number SSA-3375 - Function Report - Child
Form Number SSA-3820 - Disability Report - Child
Form Number SSA-827 - Authorization for Source to Release Information to the Social Security Administration]

Proposed Language

Important Notice - You must contact us or __(1)__ SSI may stop.

Earlier, we wrote to tell you that we would review __(2)__ disability case to decide if __(3)__ disabled under the new definition of disability for children. We told you that we would contact you if we needed more information. We now need more information.

What You Need To Do

Choice 1
Please call us and ask for __(fill-in by field office)__

Choice 2
We would like you to come to our office on __(fill-in by field office)__.
When you come in, please ask for __(fill-in by field office)__.
If you cannot come in on the date shown or would prefer to talk with us by telephone, please call us as soon as possible.

The office address, telephone number, and office hours are shown above.

The Information We Will Need

When you come in or call, please have all of the following things with you. Even if you do not have everything you still must call us or come in. We will help you get anything you do not have.

- This letter.
- The enclosed form(s). Please be sure to complete as much of the form(s) as you can before you come in or call.
- The names of any medicines __(4)__.
- Any other information that shows __(5)__ condition, such as information about:
  - -- hospital stays and/or surgeries, including the dates and reasons;
  - -- visits to doctors and/or clinics, including the dates and reasons;
  - -- counseling and/or therapy;
  - -- schools and/or special classes or tutoring; and
  - -- teachers and/or counselors who have knowledge of __(6)__ condition.

We may ask for further information later.

How We Decide If __(7)__ Disabled

Choice 1
[Federal Disability Determination Services paragraph] Our doctors and other trained staff will decide if __(8)__ disabled under the new definition of disability for children.

Choice 2
[State Disability Determination Services paragraph] Our doctors and other trained staff will decide for us if __(9)__ disabled under the new definition of disability for children. They work for __(10)__ State but use our rules to make their decisions.

When we decide, we will let you know our decision. Our letter will tell you whether __(11)__ disabled under the new rules.

We may find that __(12)__ not disabled under our rules and __(13)__ SSI could stop. If this happens, you can appeal our decision. You can also ask us to continue to pay benefits while you appeal.

If We Do Not Hear From You

We may stop __(14)__ SSI if you don't respond to this request by __(15)__ or contact us by this date to tell us why we haven't heard from you. Before we stop __(16)__ SSI, we will send you another letter to explain our decision. The letter will also explain your right to appeal the decision and how to continue getting benefits during the appeal.

Information About Medical Assistance

If __(17)__ SSI benefits stop, any medical assistance __(18)__ that is based on SSI may also stop. If this happens, __(19)__ medical assistance agency should contact you. However, you should know that children do not have to be disabled to qualify for medical assistance. Many children in households with little or no income may still be eligible for medical assistance.

Fill-ins:

(1) Choice 1 - Beneficiary's full name, possessive, in format, **Jane G. Beneficiary's**
Choice 2 - your

(2) Choice 1 - Beneficiary's full name, possessive, in format, Jane G. Beneficiary's
Choice 2 - your

(3) Choice 1 - she is
Choice 2 - he is
Choice 3 - you are

(4) Choice 1 - she uses
Choice 2 - he uses
Choice 3 - you use

(5) Choice 1 - her
Choice 2 - his
Choice 3 - your

(6) Choice 1 - her
Choice 2 - his
Choice 3 - your

(7) Choice 1 - **She Is**
Choice 2 - **He Is**
Choice 3 - **You Are**

(8) Choice 1 - she is
Choice 2 - he is
Choice 3 - you are

(9) Choice 1 - she is
Choice 2 - he is
Choice 3 - you are

(10) Choice 1 - her
Choice 2 - his
Choice 3 - your

(11) Choice 1 - she is
Choice 2 - he is
Choice 3 - you are

(12) Choice 1 - she is
Choice 2 - he is
Choice 3 - you are

(13) Choice 1 - her
Choice 2 - his
Choice 3 - your

(14) Choice 1 - Beneficiary's full name, possessive, in format; Jane G. Beneficiary's
Choice 2 - your

(15) MM/DD/YY

(16) Choice 1 - her
Choice 2 - his
Choice 3 - your

(17) Choice 1 - Beneficiary's full name, possessive, in format; Jane G. Beneficiary's
Choice 2 - your

(18) Choice 1 - she has
Choice 2 - he has
Choice 3 - you have

(19) Choice 1 - her
Choice 2 - his
Choice 3 - your

Referral Paragraph with Pro-bono Language

If You Have Any Questions

We will be glad to answer any questions that you have. Whether we talk to you by phone or in person, you can have a friend, lawyer or someone else help you. There are groups that can help you find a lawyer or give you free legal services if you qualify. Our office has a list of groups that can help you. If you get someone to help you, you should let us know.

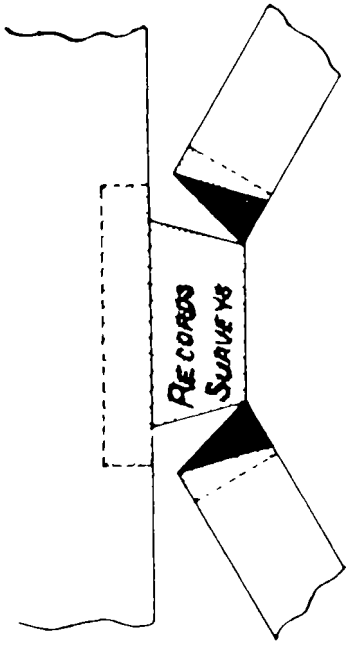
Remember, if you cannot come in or would prefer to talk to us by phone, please call us right away.

HOW TO USE
THESE SEPARATORS

Use one page for each separation.

Select appropriate tab, add further identification if desired, and cover it with scotch tape.

Cut off and discard all tabs except the one covered by tape



TABBED SEPARATOR SHEET

Form **SSA-697** (5-80)

Social Security Administration
Supplemental Security Income
Notice of Disability Redetermination

Street Address
City, State, ZIP Code
Phone:
Office Hours:
Date: December 5, 1996
Claim Number: XXX-XX-XXXX

Representative Payee for
John G. Beneficiary
101 Main Street
My City, ST 00001

Important Notice - You must contact us or John G. Beneficiary's SSI may stop.

Earlier, we wrote to tell you that we would review John B. Beneficiary's disability case to decide if he is disabled under the disability rules for adults. We told you that we would contact you if we needed more information. We now need more information.

What You Need To Do

Choice 1
Please call us and ask for_____.

Choice 2
We would like you to come to our office on _____.
When you come in, please ask for _____.
If you cannot come in on the date shown or would prefer to talk with us by telephone, please call us as soon as possible.

The office address, telephone number, and office hours are shown above.

The Information We Will Need

When you come in or call, please have all of the following things with you. Even if you do not have everything, you still must call us or come in. We will help you get anything you do not have.

- This letter.

See Next Page

- The enclosed form(s). Please be sure to complete as much of the form(s) as you can before you come in or call.

- The names of any medicines he uses.

- Any other information that shows his condition, such as information about:
  - -- hospital stays and/or surgeries, including the dates and reasons;
  - -- visits to doctors and/or clinics, including the dates and reasons;
  - -- work activity;
  - -- counseling and/or therapy;
  - -- schools and/or special classes or tutoring; and
  - -- teachers and/or counselors who have knowledge of his condition.

We may ask for further information later.

How We Decide If He Is Disabled

Choice 1
[Federal Disability Determination Services paragraph] Our doctors and other trained staff will decide if he is disabled under the disability rules for adults.

Choice 2
[State Disability Determination Services paragraph] Our doctors and other trained staff will decide for us if he is disabled under the disability rules for adults. They work for your State but use our rules to make their decisions.

When we decide, we will let you know our decision. Our letter will tell you whether he is disabled under the disability rules for adults.

We may find that he is not disabled under the disability rules for adults and his SSI could stop. If this happens, you can appeal our decision. You can also ask us to continue to pay benefits while you appeal.

If We Do Not Hear From You

We may stop John G. Beneficiary's SSI if you do not answer this letter by Month/Day/Year or contact us by this date to tell us why we haven't heard from you. Before we stop his SSI, we will send you another letter to explain our decision. The letter will also explain your right to appeal the decision and how to continue getting benefits during the appeal.

Information About Medical Assistance

If John Beneficiary's SSI benefits stop, any medical assistance he has that is based on SSI may also stop. If this happens, your medical assistance agency should contact you.

If You Have Any Questions

We will be glad to answer any questions that you have. Whether we talk to you by phone or in person, you can have a friend, lawyer or someone else help you. There are groups that can help you find a lawyer or give you free legal services if you qualify. Our office has a list of groups that can help you. If you get someone to help you, you should let us know.

Remember, if you cannot come in or would prefer to talk to us by phone, please call us right away.

Field Office Manager

Enclosure(s)
[The enclosures may include any of the following:
Form Number SSA-3373 - Function Report - Adult
Form Number SSA-3368 - Disability Report - Adult
Form Number SSA-827 - Authorization for Source to Release Information to the Social Security Administration]

Proposed Language

Important Notice - You must contact us or __(1)__ SSI may stop.

Earlier, we wrote to tell you that we would review __(2)__ disability case to decide if __(3)__ disabled under the disability rules for adults. We told you that we would contact you if we needed more information. We now need more information.

What You Need To Do

Choice 1
Please call us and ask for __(fill-in by field office)__

Choice 2
We would like you to come to our office on __(fill-in by field office)__.
When you come in, please ask for __(fill-in by field office)__.
If you cannot come in on the date shown or would prefer to talk with us by telephone, please call us as soon as possible.

The office address, telephone number, and office hours are shown above.

The Information We Will Need

When you come in or call, please have all of the following things with you. Even if you do not have everything, you still must call us or come in. We will help you get anything you do not have.

- This letter.
- The enclosed form(s). Please be sure to complete as much of the form(s) as you can before you come in or call.
- The names of any medicines __(4)__.
- Any other information that shows __(5)__ condition, such as information about:
  - -- hospital stays and/or surgeries, including the dates and reasons;
  - -- visits to doctors and/or clinics, including the dates and reasons;
  - -- work activity;
  - -- counseling and/or therapy;
  - -- schools and/or special classes or tutoring; and
  - -- teachers and/or counselors who have knowledge of __(6)__ condition.

We may ask for further information later.

How We Decide If __(7)__ Disabled

Choice 1
[Federal Disability Determination Services paragraph] Our doctors and other trained staff will decide if __(8)__ disabled under the disability rules for adults.

Choice 2
[State Disability Determination Services paragraph] Our doctors and other trained staff will decide for us if __(9)__ disabled under the disability rules for adults. They work for __(10)__ State but use our rules to make their decisions.

When we decide, we will let you know our decision. Our letter will tell you whether __(11)__ disabled under the disability rules for adults.

We may find that __(12)__ not disabled under the disability rules for adults and __(13)__ SSI could stop. If this happens, you can appeal our decision. You can also ask us to continue to pay benefits while you appeal.

If We Do Not Hear From You

We may stop __(14)__ SSI if you do not answer this letter by __(15)__ or contact us by this date to tell us why we haven't heard from you. Before we stop __(16)__ SSI, we will send you another letter to explain our decision. The letter will also explain your right to appeal the decision and how to continue getting benefits during the appeal.

Information About Medical Assistance

If __(17)__ SSI benefits stop, any medical assistance __(18)__ that is based on SSI may also stop. If this happens, __(19)__ medical assistance agency should contact you.

Fill-ins:

(1) Choice 1 - Beneficiary's full name, possessive, in format, **John G. Beneficiary's**
Choice 2 - **your**

(2) Choice 1 - Beneficiary's full name, possessive, in format, John G. Beneficiary's
Choice 2 - your

(3) Choice 1 - she is
Choice 2 - he is
Choice 3 - you are

(4) Choice 1 - she uses
Choice 2 - he uses
Choice 3 - you use

(5) Choice 1 - her

Choice 2 - his
Choice 3 - your

(6) Choice 1 - her
Choice 2 - his
Choice 3 - your

(7) Choice 1 - **She Is**
Choice 2 - **He Is**
Choice 3 - **You Are**

(8) Choice 1 - she is
Choice 2 - he is
Choice 3 - you are

(9) Choice 1 - she is
Choice 2 - he is
Choice 3 - you are

(10) Choice 1 - her
Choice 2 - his
Choice 3 - your

(11) Choice 1 - she is
Choice 2 - he is
Choice 3 - you are

(12) Choice 1 - she is
Choice 2 - he is
Choice 3 - you are

(13) Choice 1 - her
Choice 2 - his
Choice 3 - your

(14) Choice 1 - Beneficiary's full name, possessive, in format; Jane G. Beneficiary's
Choice 2 - your

(15) MM/DD/YY

(16) Choice 1 - her
Choice 2 - his
Choice 3 - your

(17) Choice 1 - Beneficiary's full name, possessive, in format; John G. Beneficiary's
Choice 2 - your

(18) Choice 1 - she has

Choice 2 - he has
Choice 3 - you have

(19) Choice 1 - her
Choice 2 - his
Choice 3 - your

Referral Paragraph with Pro-bono Language

If You Have Any Questions

We will be glad to answer any questions that you have. Whether we talk to you by phone or in person, you can have a friend, lawyer or someone else help you. There are groups that can help you find a lawyer or give you free legal services if you qualify. Our office has a list of groups that can help you. If you get someone to help you, you should let us know.

Remember, if you cannot come in or would prefer to talk to us by phone, please call us right away.

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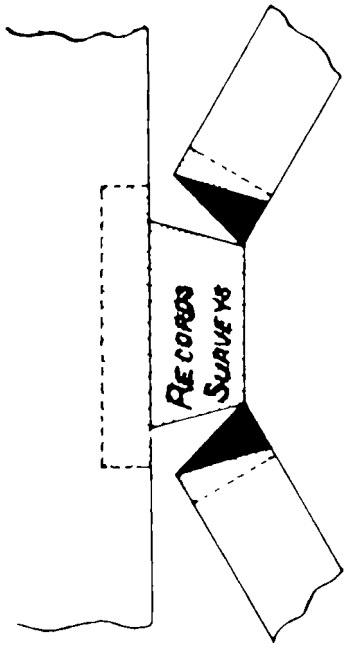

TABBED SEPARATOR SHEET

Form **SSA-697** (5-80)

OPTIONAL FORM 99 (7-90)

FAX TRANSMITTAL # of pages ▸ 13

To David Warner	From Berry Cocke
Dept./Agency OHC OLCA	Phone # 410-965-4725
Fax # 358-6074	Fax #

NSN 7540-01-317-7368 5099-101 GENERAL SERVICES ADMINISTRATION

C. TRANSMITTAL

DATE: 01/03/97 TIME 4:15

☐ Other _____

RESPONSE FROM JUDY NEEDED BY: DATE: 01/08/97 TIME: 16:00

ATTN: Paulette/Regina

Please take the following action:

Give to Web/David for Judy

TO: JUDY L. CHESSER

THRU: Diane B. Garro _____
David Warner _____

FROM: Margy LaFond MJL

SUBJECT: Welfare Reform Childhood Disability Redetermination Appointment Notices–ACTION

REMARKS:

Attached is a request from Carolyn Colvin for comment and concurrence on redetermination appointment notices. We recommend that you concur with these notices by signing the attached Note to Carolyn Colvin.

cc: DG

_____**DECISION NEEDED:**

Approve: JLC. Disapprove: _____ Date: 1/15/97

COMMENTS FROM JUDY:

NOTE TO CAROLYN COLVIN

SUBJECT: Welfare Reform Childhood Disability Redetermination Appointment Notices--ACTION

We concur with the notices in your request of December 23, 1996 (attached). Please keep us advised of the results of any intergovernmental consultation.

Judy L. Chesser

Attachment

SOCIAL SECURITY

Office of the General Counsel

MEMORANDUM

DATE: January 8, 1997

TO: Carolyn Colvin

FROM: Arthur J. Fried

SUBJECT: Revised Draft Appointment Notices Regarding Redeterminations of Childhood Disability Claims and Disability Claims at Age 18

We have reviewed the revised draft notices advising claimants that the Social Security Administration has initiated the redetermination required by sections 211(d) or 212(b) of Pub. L. No. 104-193. We have no legal objections to the notices, subject to the comments and changes noted on the attached copy of the drafts. If you have any questions about the comments or changes, I would be pleased to discuss them, or you may contact Jeff Blair at extension 53157.

Attachments

Mark up 11/8/97

Social Security Administration
Supplemental Security Income
Notice of Disability Redetermination

Street Address
City, State, ZIP Code
Phone:
Office Hours:
Date: December 5, 1996
Claim Number: XXX-XX-XXXX

Representative Payee for
Jane G. Beneficiary
101 Main Street
My City, ST 00001

IMPORTANT NOTICE - YOU MUST CONTACT US OR JANE G. BENEFICIARY'S SSI MAY STOP

Earlier, we wrote to tell you that we [expected to] would review Jane G. Beneficiary's disability case to decide if she is disabled under the new definition of disability for children. We told you that we would contact you if we needed more information [about her medical condition when we started the review.] We are now starting the review. We now need more information.

What You Need To Do*

* Comment
How will the FO decide which choice to make?
- According to Operations, the FO would base choice upon situation and workload

Choice 1
Please call us and ask for _____

Choice 2
We would like you to come to our office on _____.
When you come in, please ask for _____.
If you cannot come in on the date shown or would prefer to talk with us by telephone, please call us as soon as possible.

The office address, telephone number, and office hours are shown above.

The Information We Will Need

When you come in or call, please have all of the following [items and information] things with you. Even if you do not have [all of the information] we need to hear from you] We will help you get anything you do not have.
- You still must call us or come in

- This letter. everything

See Next Page

- The enclosed form(s). Please be sure to complete as much of the information on the form(s) as you can before you come in* or call
- The names of any prescriptions or other medicines she uses.
- Any other information or evidence that you believe shows that she is disabled
  - -- hospital stays and/or surgeries and the reason;
  - -- doctors and/or clinic visits and the reason;
  - -- schools and/or special classes or tutoring; and
  - -- counseling and/or therapy; and
  - -- teachers and/or counselors.

[However, we may need additional or more detailed information. If we do, and you do not have the information with you, you can bring it in or send it to us later.]

How We Decide If She Is Disabled

Choice 1

[Federal Disability Determination Services] Our doctors and other trained staff will decide if she is disabled under the new definition of disability for children.

Choice 2

[State Disability Determination Services] Our doctors and other trained staff will decide for us if she is disabled under the new definition of disability for children. They work for your State but use our rules to make their decisions.

When we finish the review, we will write and let you know what we have decided. Our letter will tell you whether she is disabled under the new definition of disability.

We may find that she is not disabled under our new rules and her SSI could stop. If this happens, you can appeal our decision. You can also ask us to continue to pay benefits while you appeal.

If We Do Not Hear From You

We may stop Jane G. Beneficiary's SSI if you don't respond to this request by Month/Day/Year or contact us by this date to tell us why we haven't heard from you. Before we stop her SSI, we will send you another letter to explain our decision. The letter will also explain your right to appeal the decision and how to continue getting benefits during the appeal.

* Comment To be consistent with the first sentence of the section

** We may ask for further information later

** Comment It's not clear why this is here. We're asking them to bring any information with them

*** Comment: This text only has been used in the context of a single decisionmaker model. Since these will not be single decisionmaker test cases (a DHO will not make the initial determination) use the standard language indicated

Information About Medical Assistance

If Jane Beneficiary's SSI benefits stop, any medical assistance she has that is based on SSI may also stop. If this happens, your medical assistance agency should contact you. However, you should know that children do not have to be disabled to qualify for medical assistance. Many children with low or no income may still qualify for medical assistance if they live in households with financial need.

If You Have Any Questions

We will be glad to answer any questions that you have when you come in. When you come in to our office, you may bring someone to help you. Remember, if you cannot come in or would prefer to talk to us by phone, please call us right away.

Field Office Manager

Enclosure(s)
[The enclosures may include any of the following:
Form Number SSA-3375 - Function Report - Child
Form Number SSA-3820 - Disability Report - Child
Form Number SSA-827 - Authorization for Source to Release Information to the Social Security Administration]

Marilyn 11/8/97

Social Security Administration
Supplemental Security Income
Notice of Disability Redetermination

Street Address
City, State, ZIP Code
Phone:
Office Hours:
Date: December 5, 1996
Claim Number: XXX-XX-XXXX

Representative Payee for
John G. Beneficiary
101 Main Street
My City, ST 00001

* Comment: See the addition on the childhood notice

Earlier, we wrote to tell you that we expected to review John G. Beneficiary's disability case to decide if he is disabled under the disability rules for adults. We told you that we would contact you if we needed more information about his medical condition when we started the review. We are now starting the review. we now need more information.

What You Need To Do *

* Comment: See the comment on p 1 of the childhood notice

Choice 1
Please call us and ask for _____

Choice 2
We would like you to come to our office on _____.
When you come in, please ask for _____.
If you cannot come in on the date shown or would prefer to talk with us by telephone, please call us as soon as possible.

The office address, telephone number, and office hours are shown above.

The Information We Will Need

When you come in or call, please have all of the following items and information with you. Even if you do not have all of the information, we need to hear from you. We will help you get anything you do not have. you still must call us or come in

- This letter.

See Next Page

- The enclosed form(s). Please be sure to complete as much of the information on the form(s) as you can before you come in. or Call * * Comment See the childhood notice
- The names of any prescriptions or other medicines John Beneficiary uses.
- Any other information or evidence that you believe shows that he is disabled:
  - -- hospital stays and/or surgeries and the reason;
  - -- doctors and/or clinic visits and the reason;
  - -- work activity;
  - -- schools and/or special classes or tutoring;
  - -- counseling and/or therapy; and
  - -- teachers and/or counselors.

xx we may ask for further information later
However, we may need additional or more detailed information. If we do, and you do not have the information with you, you can bring it in or send it to us later.

How We Decide If He Is Disabled

* Comment See the comment on the childhood notice

Choice 1

* Our doctors + other
[Federal Disability Determination Services paragraph] Trained staff will decide if he is disabled under the disability rules for adults.

Choice 2

Our doctors + other
[State Disability Determination Services paragraph] Trained staff will decide for us if he is disabled under the disability rules for adults. They work for your State but use our rules to make their decisions.

decide
When we finish the review, we will write and let you know what we have decided. Our letter will tell you whether he is disabled under the disability rules for adults.

Our decision is

We may find that he is not disabled under the disability rules for adults and his SSI could stop. If this happens, you can appeal our decision. You can also ask us to continue to pay benefits while you appeal.

If We Do Not Hear From You

do not answer letter
We may stop John G. Beneficiary's SSI if you don't respond to this request by Month/Day/Year or contact us by this date to tell us why we haven't heard from you. Before we stop his SSI, we will send you another letter to explain our decision. That letter will also explain your right to appeal the decision and how to continue getting benefits during the appeal.

Information About Medical Assistance

If John Beneficiary's SSI benefits stop, any medical assistance he has that is based on SSI may also stop. If this happens, your medical assistance agency should contact you. *

* Comment:
Should there be language similar to the language on p. 3 of the childhood notice concerning other ways to qualify?

If You Have Any Questions

We will be glad to answer any questions that you have when you come in. When you come in to our office, you may bring someone to help you. Remember, if you cannot come in or would prefer to talk to us by phone, please call us right away.

Field Office Manager

no, does not apply to adult w/ this category

Enclosure(s)
[The enclosures may include any of the following:
Form Number SSA-3373 - Function Report - Adult
Form Number SSA-3368 - Disability Report - Adult
Form Number SSA-827 - Authorization for Source to Release Information to the Social Security Administration]

JAN 8 1997

S1KC15

TO : Ms. Carolyn W. Colvin

SUBJECT: Welfare Reform Childhood Disability Redetermination Appointment Notices (Your Note, 12/23/96)--INFORMATION

We reviewed the subject notices and have no substantive comments to offer. We have signed off on the "concur" line of your memorandum, as requested.

Dale W. Sopper

26351-54-142

DEC 23 1996 TAS

TO: See Below

SUBJECT: Welfare Reform Childhood Disability Redetermination Appointment Notices--ACTION

REPLY REQUESTED BY JAN - 8 1997

We are sending the attached notices to you for your comment and concurrence. These notices are needed for implementation of the Welfare Reform legislation that affects disabled children who receive Supplemental Security Income.

Field offices will use the Field Office Notice Software to prepare those notices. They will be sent to disabled children (and their representative payees) to start our review of their cases. We based this notice language on existing appointment letters for continuing disability reviews. The notice at tab A is for recipients under age 18, whose disability must be redetermined using the new definition of disability for children. Tab B is for age 18 recipients, whose disability must be redetermined using disability rules for adults.

The approximate volume for these two notices is 340,000, of which 60,000 is for age 18 recipients.

After your review, we will forward the proposed notices to Brian Coyne for intergovernmental consultation.

Addressees:
Ms. Chesser
Mr. Fried
Mr. Sopper
Ms. Wainwright
Ms. Warden

cc:
Ms. Daniels
Ms. O'Connell

If you have any questions, please let me know. The staff contact is Della LeConte, on extension 54016.

Carolyn Colvin
Deputy Commissioner
for Programs and Policy

Attachments:
Tab A - Notice for children under age 18
Tab B - Notice for children age 18

Concur _____ Date 1/8/97

JAN - 8 1997

NOTE TO CAROLYN W. COLVIN

SUBJECT: Welfare Reform Childhood Disability Redetermination Appointment Notices (Your Memo, 12/23/96)--INFORMATION

We have reviewed the subject notices which will be sent to Supplemental Security Income Recipients whose disability must be reviewed using either a new disability standard for children or the disability rules for adults. For clarity, we have suggested a few minor revisions to the text.

Thank you for the opportunity to review and comment on these notices.

Joan Wainwright
Deputy Commissioner for
Communications

Attachment

OPTIONAL FORM 99 (7-90)

FAX TRANSMITTAL # of pages ▶ 2

To Della La Corte	From M. Elsey
Dept./Agency	Phone #
Fax # 69430	Fax #

NSN 7540-01-317-7368 5099-101 GENERAL SERVICES ADMINISTRATION

COMMENTS

TAB A - Recipients Under Age 18

Page 1 The Information We Will Need

In the second sentence, insert "still" between "we" and "need."

Page 2 The third bullet should read as follows:

- Any other information or evidence that shows she is disabled. This can include information about:

  --hospital stays and/or surgeries along with the dates and reason;

  --visits to doctors and/or clinics, including dates and the reasons;

  --Counseling and/or Therapy - accidentally left off by OCO MM

  --schools and/or special classes or tutoring; and

  --teachers and/or counselors who have knowledge of her condition.

Page 2 -How We Decide If She Is Disabled

Under Choice 2, begin the second paragraph with "After" rather than "When." — See OGC comment

Page 3 - Information About Medical Assistance

In the last sentence, substitute "little" for "low."

TAB B - Age 18 Recipients

We suggest the same corrections shown above for pages one and two of this notice.

26351-54-142

DEC 23 1996

TAS

TO: See Below

SUBJECT: Welfare Reform Childhood Disability Redetermination Appointment Notices--ACTION

REPLY REQUESTED BY JAN - 8 1997

We are sending the attached notices to you for your comment and concurrence. These notices are needed for implementation of the Welfare Reform legislation that affects disabled children who receive Supplemental Security Income.

Field offices will use the Field Office Notice Software to prepare those notices. They will be sent to disabled children (and their representative payees) to start our review of their cases. We based this notice language on existing appointment letters for continuing disability reviews. The notice at tab A is for recipients under age 18, whose disability must be redetermined using the new definition of disability for children. Tab B is for age 18 recipients, whose disability must be redetermined using disability rules for adults.

The approximate volume for these two notices is 340,000, of which 60,000 is for age 18 recipients.

After your review, we will forward the proposed notices to Brian Coyne for intergovernmental consultation.

RECEIVED
97 JAN -7 PM 4:49
SA-OPP

Addressees:
Ms. Chesser
Mr. Fried
Mr. Sopper
Ms. Wainwright
Ms. Warden

cc:
Ms. Daniels
Ms. O'Connell

If you have any questions, please let me know. The staff contact is Della LeConte, on extension 54016.

Carolyn Colvin
Deputy Commissioner
for Programs and Policy

Attachments:
Tab A - Notice for children under age 18
Tab B - Notice for children age 18

Concur Martha Byhabtu for Janice Warden Date 1/3/95

OPTIONAL FORM 99 (7-90)

FAX TRANSMITTAL

To Della de Conte	# of pages ▶ 1
Dept./Agency	From Kerry Hassas
Fax # 966-9430	Phone # 786-3744
NSN 7540-01-317-7368	5099-101 GENERAL SERVICES ADMINISTRATION

January 17, 1997

TO: Della LeConte
Notice Policy Staff

SUBJECT: Welfare Reform Childhood Disability Redetermination Appointment Notices

The Medicaid Bureau concurs with the language in the notices.

/s/

Judith Moore
Director, Medicaid Bureau
Health Care Financing Administration

FACSIMILE SHEET##################

SOCIAL SECURITY ADMINISTRATION

Office of the Commissioner
Suite 823, 500 E Street, SW,
Washington, DC 20254-0001

Date: 1/29/97

Number of Pages: 5

From: **Brian D. Coyne**

Chief of Staff

Telephone Number: (202) 358-6013

Fax Number: (202) 358-6076

To: Diane Fortuna

Location/Organization:

Telephone Number:

Fax Number: 456-7431

Message:

Notice Language on Childhood Disability for Those we determine that we don't have to review.

Thoughts? Counts? Do you want to briefly show it to advocates? Let me know.

Brian Coyne

3704-53-596

1997 JAN 27 AM 9:19
BALTIMORE, MARYLAND

OFFICE OF THE DEPUTY COMMISSIONER FOR PROGRAMS AND POLICY

ROUTING AND TRANSMITTAL SLIP

TO: **Mr. Bryan Coyne, OC**

Date: JAN 24 1997

__ Action	__ File	__ Note and Return
X Approval	X For Clearance	__ Per Conversation
__ As Requested	__ For Correction	__ Prepare Reply
__ Circulate	__ FYI	__ See Me
__ Comment	__ Investigate	__ Signature
__ Coordination	__ Justify	

SUBJECT: **Welfare Reform Childhood Disability Screened Out Cases**

We are forwarding for your final approval the attached proposed notice that is to be sent to representative payees of disabled children who receive SSI and are affected by Welfare Reform. Previous notices were sent to the beneficiaries via their payees advising them that their cases might be reviewed for redetermination of their disability. This notice now advises them that their case will not be reviewed at this time and that benefits will continue. It's being sent to beneficiaries whose disability can be determined without a medical redetermination.

I recommend your approval since all of the deputies have concurred and we have incorporated all of OGC's recommendations. I do not believe this notice needs to be cleared outside of SSA. If you have questions or wish to discuss, please call me. Staff may contact Michele Elsey on extension 5-0233.

Carolyn W. Colvin

FROM: Carolyn W. Colvin
ADDRESS: 100 Altmeyer **PHONE: 50100**

cc: J. Dyer
D. Eisinger

JAN 2 2 1997

TAS

TO : Ms. Colvin

SUBJECT: Welfare Reform Childhood Disability Screened Out Cases--ACTION

Attached at tab A is a proposed notice that is needed for implementation of the Welfare Reform legislation that affects disabled children who receive Supplemental Security Income.

These disabled children (and their representative payees) have already been told about the new law that changes the definition of disability for children. In that first notice, we told them that their cases may be reviewed. The attached notice will be sent to recipients when we determine that no review is needed. It tells them that we don't plan to review their cases at this time, but may conduct periodic reviews at a later date. The approximate volume is 25,000.

The Deputy Commissioners have concurred with the language and we have incorporated their comments. Their concurrences and comments are attached at tab B.

At this point, we need your decision on whether the proposed notice language needs to be sent to advocacy groups for review or whether it can go directly to Brian Coyne for his approval. We have discussed the need for advocate review with the Office of Disability (OD). We and OD believe that such a review is not necessary because it is a "good news" notice. In the comments at tab B, OLCA also indicated that advocate review may not be necessary.

The final approved language is needed as soon as possible so Systems can begin programming the notice.

If you decide that advocacy review is not needed, please forward this proposed notice language to Mr. Coyne for his approval. Please call me if you have any questions.

Sara Hamer
Associate Commissioner
Office of Program Support

Attachments:
Tab A - Sample Notice
Tab B - Deputy Concurrences/Comments

Screened out cases (deferral notice)

Social Security Administration
Supplemental Security Income
Important Information

Date: December 13, 1996
Claim Number:

John Jones for
Jane Doe
101 Main Street
City, STATE 00001

This letter is for informational purposes only. You do not need to call us.

We told you in an earlier letter that we expected to review Jane Doe's case to decide if she is disabled under a new Supplemental Security Income (SSI) law.

We find that we don't have to review her case at this time, and her payments will continue as usual. You don't need to do anything now.

The new law requires us to do a review at least once every three years to see if children who receive SSI are still eligible for payments. If we review her case in the future, we will send you another letter at that time explaining what you need to do.

Things To Remember

You must report any change in her situation that may affect her SSI payment. For example, you should tell us if she moves, if anyone else moves from or into her household, if her marital status changes, if there is a change in income or resources for her or members of the household, if her medical condition improves or if she goes to work.

OPTIONAL PARAGRAPH (2489)
This information is also being sent to (your representative payee or name of recipient.)

OPTIONAL PARAGRAPH (1000)
The other letter you received with this one is [an English/a Spanish] translation of the same information contained in this letter.

See Next Page

If You Have Any Questions

If you have any questions, you may call us toll-free at 1-800-772-1213, 7 a.m. to 7 p.m. Monday through Friday. We can answer most of your questions over the phone. Our busiest times are the first week of the month and Mondays. So, we may be able to handle your call more quickly if you can call us at other times. You can write or visit any Social Security office. The address of the office that serves your area is:

123 Main Street
Anywhere, USA 00000

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

Janice L. Warden
Deputy Commissioner
for Operations