**Social Security Administration:**

**iAppeals Background Information Related to Non-Substantive Change Request**

***Note:*** *This document contains background information necessary to understand the minor, non-substantive changes SSA is making to iAppeals. The iAppeals online application is a dynamic pathing application that encompasses information from three separate OMB-approved Information Collection Requests (ICRs):* ***0960-0144 – Disability Report – Appeal (SSA-3441); 0960-0269 – Request for Hearing by Administrative Law Judge (HA-501);*** *and* ***0960-0622 – Request for Reconsideration (SSA-561)****.* The actual wording changes being made for these three ICRs are explained in a separate document (also included as part of this Paperwork Reduction Act submission).

**Appeals Occur During Initial and Continuing Disability Reviews**

* SSA may deny a claimant’s request for disability benefits:
  + 1) When a claimant first applies for benefits; or
  + 2) When a current recipient of benefits undergoes a Continuing Disability Review, and is determined by us to no longer qualify for benefits.
* The *Social Security Act* and SSA’s regulations allow claimants and current disability recipients to appeal this denial. The information below depicts the claims cycle for initial and continuing disability reviews.
* Note that claimants or current disability recipients can proceed to each subsequent phase if they are denied at the preceding one. However, they can choose to stop the appeals process at any time.

***Initial claims cycle:***

Initial claim application/initial determination is denied 🢡 Reconsideration 🢡 Hearings level (Administrative Law Judge) 🢡 Appeals Council (appellate judges) 🢡 Federal court (outside of SSA)

***Medical continuing disability reviews cycle[[1]](#footnote-1):***

CDR is conducted and SSA decides disability payments should be stopped 🢡 Evidentiary hearing before a disability hearing officer 🢡 Hearings level (Administrative Law Judge) 🢡 Appeals council (appellate judges) 🢡 Federal court (outside of SSA)

**The Role of iAppeals in the Appeals Process**

* Prior to the widespread use of the Internet, SSA used multiple paper forms for different parts of the appeals cycle. These forms are still available if people prefer to use them.
* Years ago, as part of our efforts to increase electronic access to our programs, SSA developed iAppeals, an online application. iAppeals is a comprehensive, Internet-based system encompassing information from multiple paper forms. It uses dynamic pathing, so that users of the system only see questions that are relevant to their current stage.
* Accordingly, iAppeals spans four existing OMB numbers: 0960-0144 – Disability Report – Appeal (SSA-3441); 0960-0269 – Request for Hearing by Administrative Law Judge (HA-501); 0960-0622 – Request for Reconsideration (SSA-561); and 0960-0277[[2]](#footnote-2) - Request for Review of Hearing Decision/Order (HA-520).
* This means iAppeals is used at multiple points during the initial and Continuing Disability Review cycles. For example, the public can use iAppeals to file a request for reconsideration (0960-0622); to submit a request for a hearing by an administrative law judge (0960-0269) or at the Appeals Council level (0960-0277); and to provide actual supporting information used to evaluate the appeal at those levels (0960-0144).

**Deadlines for Requesting Appeals, and the Implications of Filing by Paper vs. iAppeals**

* SSA’s regulations prescribe that, to have one’s request for an appeal granted, one must request the appeal no later than 60 days from the date of SSA’s denial notice to the applicant.
* Whether an appeal request is submitted by paper or via iAppeals, SSA will not conduct the actual reconsideration, administrative law judge hearing, or Appeals Council hearing until the claimant/disability recipient submits all relevant supporting information (such as medical reports, test results, documentation from relevant people in the claimant’s/disability recipient’s life, etc.).
* However, in practice the process has worked somewhat differently at the outset for paper vs. iAppeals submissions.
  + For paper appeals, if someone mails in or submits in person a paper declaring their intent to file an appeal, and they do so within the allotted 60 days, they are considered to have met the legal filing date. They do not need to submit relevant supporting information by that point. (However, as previously stated, they do need to submit all relevant information and evidence for the reconsideration or hearing to actually take place.)
  + For iAppeals, the system documents not only one’s intent to file, but the information one needs to submit as part of that appeal. The system cannot allow an appeal to be submitted until all relevant fields are completed, and relevant information is uploaded. This means that although claimants or disability recipients could began an electronic appeal in iAppeal within the allotted time, if they do not submit it with all fields complete by the 60-day mark, they will have missed the filing date[[3]](#footnote-3).
* This situation has led to some claimants or disability recipients inadvertently failing to file their appeals by the required date.

**Working with the Public to Resolve the iAppeals Filing Date Issue**

* To date, SSA has taken the following measures to address this issue:
  + We allowed the public to start an application in iAppeals, save it, and return to complete it at a later date (provided it is still submitted by day 60);
  + We provided language within the application informing the public that their application is not considered filed until it is submitted;
  + The system will not allow the application to be submitted until all relevant fields are complete; and
  + In response to concerns raised by advocates, we have reiterated and clarified our policy to them.

**Purpose of Non-Substantive Change Request**

* In an effort to help reinforce for the public that they need to provide all relevant information in iAppeals to keep their filing date, we are proposing the following minor changes:
  + **1) Revision of the Terms of Service screens.**

When beginning the iAppeals application, respondents are asked to read and accept Terms of Service. SSA is planning to make multiple minor wording and paragraph organization changes to the Terms of Service to a) make them easier to read and b) ensure they are even clearer than previously, particularly regarding the need to submit a complete application.

* + **2) Addition of a new “Submit” tab.**

At the end of the iAppeals application, we propose to add a new “Submit” tab that gives the public one last chance to attach any relevant documents. More importantly, the tab includes language stating that we cannot consider the appeals request to be submitted until they click on the “Submit” button.

While this language is not new, it was previously part of the information entry screens in iAppeals. By sectioning it off into its own tab, we are underscoring the fact that people must hit “submit” to have filed an appeal.

**Next Steps**

* In summary, the above minor changes are designed to help reinforce our existing policy to benefit the public. As this document indicates, we are not modifying existing appeals policy in this change request; rather, we are making minor changes to our information collection materials to ensure our policy is as clear as possible.
* Please refer to the separate non-substantive change request document that delineates, word by word, the specific changes we are making to the Terms of Service. Note that we are submitting the same change request for each of three OMB Numbers that are contained within iAppeals (0960-0144; 0960-0269; and 0960-0622). As stated above, although the paper forms for each of the OMB numbers is different, there is only one iAppeals application that encompasses content from all three OMB numbers.

1. For the purposes of this non-substantive change request, by “appeals” we are referring to medical appeals – i.e., appeals of denials that were made based on medical considerations. Non-medical appeals (e.g., due to a change in financial circumstances) are handled differently. [↑](#footnote-ref-1)
2. Note that although iAppeals comprises information relating to form HA-520 in general, none of the changes we are making in this non-substantive change request affect the part of iAppeal corresponding to this form. [↑](#footnote-ref-2)
3. To clarify, this iAppeals policy only requires that claimants or current disability recipients submit all the information documented by iAppeals. It does not override existing regulations that allow claimants to provide additional supporting evidence by a prescribed number of days in advance of a hearing, e.g., the National Uniformity rule (20 CFR 404.938/416.1438). [↑](#footnote-ref-3)