A. Purpose

This Emergency Message (EM) provides procedural instructions to technicians and adjudicators for processing DIB claims with a Notice of Award dated on or after July 23, 2020, based on a diagnosis of amyotrophic lateral sclerosis (ALS). This EM also informs technicians that beginning May 24, 2021, the Modernized Claims System (MCS) will process DIB allowances based on ALS with the correct month of entitlement, excluding the five-month waiting period.

B. Background


On March 29, 2021, we issued EM-21003 REV 2 to inform technicians and adjudicators of a technical amendment to the ALS Disability Insurance Access Act of 2019 (Public Law 117-3), which was signed into law on March 23, 2021. The amendment makes the elimination of the five-month waiting period applicable to DIB
claims based on ALS that are approved on or after July 23, 2020. As a result, DIB claims with a Notice of Award date on or after July 23, 2020, are no longer subject to the five-month waiting period.

C. Procedures
Follow the procedures below:

Teleservice Center (TSC)
If an individual has questions regarding disability benefits for individuals with ALS, in addition to explaining the usual requirements and process for filing an application, explain the exemption of the five-month waiting period for DIB claims based on ALS with a Notice of Award dated on or after July 23, 2020. Refer to OB 21-006 SEN REV for further guidance.

Field Office (FO)
If an individual has questions regarding disability benefits for individuals with ALS, in addition to explaining the usual requirements and process for filing an application, explain the exemption of the five-month waiting period for DIB claims with a Notice of Award dated on or after July 23, 2020.

The FO will follow the instructions below for:
• Obtaining an initial claim involving ALS,
• Processing a DIB allowance based on ALS,
• Handling withdrawal requests for already established ALS DIB claims, in order to file a new disability claim or,
• Explaining to current DIB beneficiaries whose claims were approved based on ALS with a Notice of Award dated on or after July 23, 2020, and who served the five-month waiting period, that we are reviewing all eligible claims and we will make the corrections to the earlier month of entitlement.

NOTE: You may access the required remarks in the procedures below via Toolbar Support, under Remarks, in order to save time and ensure consistency in documentation. For more information on using Toolbar Support, see Toolbar.

1. Initial DIB claims procedures

When taking a claim where the individual alleges ALS as the disabling condition, the technician will:

• Add an issue in the Modernized Claims System (MCS) to the
DW01 screen of “ALS” with a tickle date matching the Disability Determination Services (DDS) Decision tickle date and “No 5-mo wait period” in the remarks.
- Add the ALS flag (electronic or paper) following existing policy when transferring a case to the DDS or the Office of Hearings Operations (OHO).

2. Processing disability allowance determinations based on ALS

Identify a primary or secondary diagnosis of ALS by **impairment code 3350** on either:

- The SSA-831 Disability Determination and Transmittal: Item 16a or 16b (Primary and Secondary Diagnosis, Body System Code, and Impairment Code) or,
- The Disability Determination Services Query (DDSQ) record: the disability identification data (DSI) field lists the primary diagnosis; the secondary diagnosis (SDI) field lists the secondary diagnosis.

The date of entitlement (DOE) begins with the first full month within the effective life of the application throughout which the individual is under a disability and meets all the non-medical eligibility requirements (e.g. DIB insured status). For example, if the disability application filing date is May 3, 2021, and the date of disability onset (DDO) is January 5, 2021, the DOE will be February 2021. If the DDO is January 1, 2021, the DOE is January 2021. The DOE can be no earlier than 12-months prior to the application filing date.

**NOTE:** Effective May 24, 2021, MCS Earnings Computation (EC) will process DIB allowances based on ALS without the five-month waiting period. For DIB allowances based on ALS processed prior to implementation of the MCS EC systems changes, the FO processed the claim via an A101 using the following procedures. The FO can continue to use these procedures if an A101 is required due to an MCS processing limitation or exception.

**A101 procedures:**

Follow the procedures below to process an allowance for DIB based on ALS via a high priority A101 when a MCS processing limitation or exception exists.
- Review the Disability Allowance/Denial (DICL) screen to ensure the primary or secondary diagnosis (DIG) code contains the ALS
code 3350.
• Establish an A101 following normal business process. See MS 03514.001 for more information on the A101 process.
• For cases processed after the MCS systems changes, the Primary Insurance Amount (PIA) computations will propagate. However, technicians should carefully review for accuracy. If a manual PIA computation is required, see Note under the Program Service Center (PSC) instructions below.
• Ensure that the following screens are completed accordingly:
  o AIN1 screen: Waiting Period Start (MMCCYY): remove the date
  o PIAD screen: EFF DATE = First full month of disability (do not factor in the waiting period). Remember there is a maximum of 12-months to pay retroactive benefits. GN 00204.030
  o BEN2 screen: HI and/or SMI Involved (Y/N)= Y, DIB Entitlement Date = DOED; Disability Award Code = X (no waiting period), Diagnosis Code must show 3350 in either the primary or secondary diagnosis code field
  o BCL1 screen: Date of Entitlement Start Date field = DOED
  o HIDA screen: Start Date = DOED; Basis = D; Period = W
  o SMID screen: Start Date = DOED; Basis = D; Period = I.
  o SMTP screen: Start Date = DOED
  o SMPR screen: SMI Premium History; Start date = DOED
  o MBEN screen: EFF date = DOED
  o BCRN screen: add remark “ALS Claim- 5 month waiting period does not apply per ALS Disability Insurance Access Act of 2019. Send manual award notice” (you can find this remark in the Remarks section of Toolbar Support as “ALS Claim-BCRN”).

NOTE: Continue to follow DI 11036.001 to code the Medicare entitlement screens, as a reminder there is no Medicare waiting period for ALS beneficiaries.

Once the PSC processes the A101, review the Master Beneficiary Record (MBR) to ensure entitlement dates to Social Security benefits and Medicare posted correctly.

3. Handling request to withdraw (WD) a disability application approved before July 23, 2020

You may receive inquiries from claimants diagnosed with ALS
requesting to WD their disability claim in order to file a new application that meets the criteria for the five-month waiting period exemption. In discussing the request, follow GN 00206.001. Each claimant must consider his or her own personal factors and situation to determine if the WD of his or her application and filing a new application is the best option. Do not make the decision for the claimant. For DIB claims, there is no time limit to request a WD of their claim. Due to the Coronavirus Disease 2019 (COVID-19) pandemic, we implemented the following temporary process in order to expedite the WD process. If the claimant decides to WD his or her claim, follow the instructions below:

Discuss the effect the WD has on Medicare coverage and Supplemental Security Income (SSI) benefits (if applicable) and follow current procedures listed in GN 00206.001.

**IMPORTANT:** The maximum retroactivity of DIB benefits is 12-months from the application filing date. If a claimant withdraws his or her claim and files a new application, the 12-month retroactivity is limited to the new application filing date. In some cases, this could mean the claimant’s earliest month of entitlement on the new application is later than his or her current month of entitlement and he or she would not be entitled to the additional five months of benefits that he or she intended to obtain. In addition, benefits paid prior to the new month of entitlement would be an overpayment.

Once you have discussed with the claimant the factors that he or she should consider, if the claimant decides to pursue the withdrawal, take the following steps:

Secure a WD request from the number holder (NH) and auxiliaries (if applicable). During the COVID-19 pandemic, obtain the WD request by telephone and record it on the SSA-521, if he or she did not submit the request by mail.

Complete the following required information on the SSA-521:

- Select option 2, “Other” for reason for withdrawal.

- In the remarks indicate, “Claimant is withdrawing his or her prior disability application due to the five-month waiting period exemption for DIB based on ALS. Claimant wishes to refile a new disability application to be eligible for the exemption of the five-month waiting period.” You can find this remark in Remarks section of Toolbar Support as “ALS Withdrawal SSA-521”.
• In the remarks, annotate “No wet signature collected due to COVID-19 exception. Information collected by phone on MM/DD/YYY”.

• Repayment of Benefits- If the claimant has received monetary benefits, indicate on the form, “Claimant acknowledges that the agency will offset any benefits he or she previously received against benefits awarded based on this application. Claimant acknowledges that he or she will be responsible to repay benefits received from the prior application if the new application is not approved.” You can find this remark under the Remarks section of Toolbar Support as “ALS Withdrawal-Benefits Paid SSA-521”.

• Contact auxiliaries on the record and secure their consent following this same process, see GN 00206.005A.

• Create a Modernized Development Worksheet (MDW) for control purposes.

• Forward the completed SSA-521 request to PSC 1 via email (b)(2) with the Subject line as “ALS Withdrawal Request”. The email to PSC 1 should include the following information:

  • The SSA-521 attached to the email message
  
  • In the body of the email: include the date we received the withdrawal request, the current address of the beneficiary, current Ledger Account File (LAF) code, and any actions taken related to the withdrawal request (e.g. date new DIB claim filed)

  • For paper disability claims, scan the SSA-521 into NDRed and file the SSA-521 paper form in the disability folder.

  • Add the following special message to the Master Beneficiary Record (MBR) via the Miscellaneous Online Edited Transaction System (MONET): “ALS WD REQUESTED MM/DD/CCYY forwarded to PC# on MM/DD/CCYY”.

To assist ALS claimants during the pandemic, the claimant can file a new disability application simultaneously with his or her WD request. After the SSA-521 has been completed and uploaded, create a new claim in MCS through normal procedures. Obtain the proper attestation for the NH and auxiliaries following normal
procedures in GN 00201.015B.1.a.

When receipting in the new claim, (see FO process above) complete the following:

- Establish an issue of “ALS” on the DW01, receipt with the new filing date, and
- Add “new claim after WD” in the remarks.
- The filing date for the new application is the same date that the SSA-521 is verbally completed by phone, if claimant indicated his or her intent to file a new claim.
- In EDCS on the 3367 “Capability/Remarks” section, add the following remark: “Prior DIB claim WD, new claim filed MM/DD/YY to be eligible for the five-month waiting period exemption of ALS beneficiaries. Please review evidence obtained in prior claim in making a determination for this claim.” Create a SSA-5002 with the same remark. You can find this remark under the Remarks section of Toolbar Support as “ALS Withdrawal-3367 and SSA-5002”.
- After DDS makes a new determination, review the MBR to ensure that the prior claim has been withdrawn and process the allowance.

**REMEMBER:** If the DIB beneficiary’s award notice is on or after July 23, 2020, advise the beneficiary that we will correct his or her record to establish the correct month of entitlement without a waiting period. No additional action is needed from the beneficiary. PSC 1 will process the amended award and send the beneficiary a notice of the change.

**Program Service Center (PSC)**

When processing a favorable allowance of a DIB claim where the disability finding is based on a primary or secondary diagnosis of ALS, do not apply the five-month waiting period when establishing the DOE. The DOE begins with the first month within the effective life of the application throughout which the individual is under a disability and meets all the non-medical eligibility requirements (i.e. DIB insured status) and no earlier than 12-months prior to the application filing date.

Identify a primary or secondary diagnosis of ALS by impairment
code 3350 on either:
- The SSA-831 Disability Determination and Transmittal: Item 16a or 16b (Primary and secondary Diagnosis, Body System Code, and Impairment Code).
- The DDSQ record: DSI field lists the primary diagnosis; SDI field lists the secondary diagnosis.

Process all ALS A101s as high priority. Beginning May 24, 2021, MCS, MACADE, and AURORA contains new notice award language to use for favorable ALS DIB claims.

The Northeastern PSC (PSC 1) will process pipeline cases. Pipeline cases are those cases with a Notice of Award dated on or after July 23, 2020, but processed prior to the implementation of this new law. We applied the five-month waiting period to these cases and PSC 1 will correct these cases. PSC 1 will also process any WD requests with new DIB claims submitted due to the new ALS legislation.

EF101 procedures

For correcting pipeline cases that cannot be completed through the A101 process, the following EF101 screens should be completed:

- **EFAIN1** screen: Waiting Period Start (MMCCYY): remove the date
- **EFPIAD** screen: EFF DATE = First full month of disability (do not factor in the waiting period). Remember there is a maximum of 12-months to pay retroactive benefits. GN 00204.030
- **EFBEN2** screen: HI and/or SMI Involved (Y/N)= Y, Disability Involved (Y/N)= Y
- **EFBNDIB** screen: DAC X no waiting period
- **EFBCLM** screen: Date of Entitlement Start Date field = DOED
- **EFHIDA** screen: Start Date = DOED; Basis = D; Period = W
- **EFBSMD** screen: Start Date = DOED; Basis = D; Period = I.
- **EFSMTP** screen: Start Date = DOED (if applicable)
- **EFSMPRT** screen: SMI Premium History; Start date = DOED
- **EFMBEN** screen: EFF date = DOED
- **EFBCRN** screen: add remark “ALS Claim, 5 month waiting period does not apply; ALS Disability Insurance Access Act of 2019 case.” You can find this remark under the Remarks section of Toolbar Support as “ALS Claim-EFBCRN”.

**NOTE**: Informational/Certified Earnings Records System (ICERS)
and the Interactive Computation Facility (ICF) require systems updates to compute benefits without a waiting period. Until those updates are possible, follow this work-around in ICERS to eliminate the five-month waiting period. Technicians should confirm the claimant’s insured status prior to running the computation.

To determine the appropriate PIA, use ICERS and:
1. On the Informational/Certified Earnings Records (ICIC) screen, enter the filing date and the onset date as well as other pertinent information. Enter a “Y” on “Prior Period(s) Disability (Y/N)” field.
2. On the MBR Disability Data (ICMD) screen, enter a fictitious prior period of DIB with entitlement date of January and cessation date of March of the year of entitlement. Also, enter an onset date of January 1 of the entitlement year.
3. On the DRAMS Disability Data (ICDR) screen, enter January of the entitlement year as the “Start Date”, February of the entitlement year as the “End Date”, and enter N on the Disregard All Prior Periods of Disability field.
4. Entering this prior period of DIB will correctly compute the date of entitlement and the PIA, including when the date of entitlement is between January and March of that year.

**EXAMPLE:** Beneficiary’s onset date is 09/15/2020 with a month of entitlement of 10/2020. On the ICERS ICMD screen, add a fictitious prior period of DIB from 01/2020 and cessation month 03/2020 with an onset of 01/01/2020. On the ICDR screen, the start date is 01/2020 and the end date is 02/2020. ICERS will determine the PIA effective with 10/2020 and will not impose a waiting period.

PSC 1 will send an amended notice that includes UTI DIB113. Exhibit Letter E4062 includes the correct notice language for the pipeline cases.

For ALS beneficiaries who have submitted a WD but not a new DIB application, PSC 1 will create an MDW for control purposes and communicate with the FO by email of the need to obtain a new application.

If we receive a WD request for a pipeline case, PSC 1 will contact the beneficiary to explain our plans to correct the entitlement dates and discuss cancelling the WD request.

**Medicare**
For the pipeline cases PSC 1 will correct, the adjustment also changes the Medicare entitlement date. Medicare Part A (HI) entitlement date will align with the DIB entitlement date. The Medicare Part B (SMI) coverage is optional and beneficiaries may have refused Part B. PSC 1 will change the Medicare Part B (SMI) entitlement date to match the DOED for individuals with active SMI. Equitable relief does not apply since there are less than six months of retroactive coverage. For individuals who previously refused or withdrew from Part B (SMI), we will not change their enrollment decision.

Disability Determination Services (DDS)

Death in the waiting period or DIB claims filed after death cases
For DIB claims filed based on ALS in which the claimant dies within five-months of the established onset date or a DIB claim filed on behalf of the claimant after death, do not process as a “No Determination” (ND). Prepare a disability determination and follow DI 23580.001 for additional guidance.

New DIB claim filed after withdrawal of prior DIB claim
If a DIB beneficiary WD the current DIB entitlement and files a new DIB application in order to meet the requirement of an approval date that is on or after July 23, 2020, the DDS will process a new determination. Use the evidence from the prior determination when making a determination on the current claim.

Direct all program-related and technical questions to your Regional Office (RO) support staff or PSC Operations Analysis (OA) staff. RO support staff or PSC OA staff may refer questions, concerns or problems to their Central Office contacts.

References
DI 10105.070 Waiting Period for Disability Insurance Benefits (DIB)
DI 11036.001 Amyotrophic Lateral Sclerosis (ALS) - Medicare Waiting Period Waived- FO
DI 23022.100 Amyotrophic Lateral Sclerosis (ALS)
DI 23580.001 Amyotrophic Lateral Sclerosis (ALS) - Medicare Waiting Period Waived- Disability Determination Services
GN 00206.001 Withdrawal (WD) of a Title II Benefit Application
GN 00206.005 Requirements for Withdrawal (WD) of a Benefit Application
HI 00801.146 Entitlement to HI for the Disabled
SM 00850.515 - Processing Following an Action to Correct a DOB or DOED
EM-21003 REV 2 Elimination of the Five-month Waiting Period for Disability Insurance Benefit (DIB) Claims Approved Based on Amyotrophic Lateral Sclerosis (ALS) with a Notice of Award Date of July 23, 2020 or Later.
OB 21-006 SEN REV: Elimination of the Five-month Waiting Period for Individuals with Disability Insurance Benefits (DIB) claims Approved Based on Amyotrophic Lateral Sclerosis (ALS) with a Notice of Award date of July 23, 2020 or Later.
RS 00605.015 - 1978 New Start (NS) Computation Method (Average Indexed Monthly Earnings (AIME)) Primary Insurance Amount (PIA)
RS 00605.021 - Computation of the PIA Under the 1978 NS Method
RS 00605.220 - The Freeze Computation - RIB, DIB, and Survivor PIA
RS 00605.225 - Non-Freeze Computation
MS 03514.001 Automated SSA-101 Process- Overview

EM-21040 SEN - Processing Instructions- Disability Insurance Benefit (DIB) Claims for Individuals with Amyotrophic Lateral Sclerosis (ALS) approved on or after July 23, 2020 - One-Time Only Instructions - 05/26/2021

Link to this document: