

**DISABILITY EVALUATION ANALYST  
DISABILITY DETERMINATION SERVICE DIVISION**

**DEFINITION**

Under the general direction of the Team Manager (DESA I), and after successful completion of a formal training period, the Disability Evaluation Analyst (DEA) is responsible for a caseload consisting of initial claims for benefits under the Social Security, Supplemental Security Income, and/or Medi-Cal Disability programs. The DEA is responsible, in conjunction with a Medical Consultant (MC), for establishing an applicant's eligibility for disability benefits by obtaining medical and vocational evidence, determining impairment severity, and evaluating the ability to engage in substantial work activity.

The DEA is a full participant on the team and is involved in decision-making regarding team endeavors related to the team's quality, work flow and production.

**% OF TIME  
PER TASK**

**TYPICAL TASKS**

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|-----|--|
| 50% | Adjudicates Social Security, Supplemental Security Income, and/or Medi-Cal applications for disability benefits filed under the Social Security Act. Documents cases with required medical and vocational information and makes decisions by applying appropriate provisions of the law using regulations provided by the Social Security Administration (SSA).<br><br>Obtains, analyzes, and evaluates medical and vocational information from various sources, reviewing for consistency, validity, and sufficiency. Follows up with doctors, hospitals, and other community resources to ensure the timely receipt of evidence. Contacts medical and non-medical sources to obtain additional information and to clarify or supplement evidence, as needed. When necessary, prepares a complete vocational evaluation based on the applicant's residual functional capacity. Prepares summaries to document case development. Prepares a written determination providing a medical-legal rationale for the decision. Prepares a personalized denial notice to disallowed applicants and less than fully favorable allowances. |
| 25% | Confers with medical consultants and others, as necessary, to resolve complex case issues. Obtains consultative medical examinations, psychological evaluations, or workshop evaluations in instances where the available information is insufficient or absent.   |
| 20% | Contacts claimants, employers, relatives, friends, staff members of institutions and social agencies, and others to obtain non-medical evidence concerning manifestations of the disability, work performance, daily activities and other pertinent information. Evaluates vocational rehabilitation potential of applicants for referral to the appropriate rehabilitation agency. Runs, reads, and interprets SSA computer queries to determine jurisdiction, onset date, prior work and earnings information, as well as prior file information, in order to properly adjudicate cases.   |
| 5%  | Participates in regularly scheduled team meetings. Attends case related training. Works on special projects identified by management.  |

### SUPERVISION RECEIVED

Under the general direction of a Team Manager (DESA I), the Disability Evaluation Analyst works independently on a full caseload of initial disability claims, after an initial training period. Progress of claim development is reviewed on a periodic basis to ensure proper adjudicative practices are being followed. After the rendering of a decision, a sampling of case decisions is reviewed for completeness and program consistency.

### SUPERVISION EXERCISED

None.

### ADMINISTRATIVE RESPONSIBILITY

None.

### PERSONAL CONTACTS

The DEA has ongoing contact with staff in other teams, bureaus and support sections in the Branch. The incumbent has routine contact with physicians, hospitals and other treatment sources, in both the public and private sector. The DEA makes a wide variety of public contacts to document the claim file and has routine contact with SSA District Offices and/or County Welfare Departments.

### ACTIONS AND CONSEQUENCES

Average cash benefits paid on an approved disability claim are \$600 per month. Re-examination of allowances are done at one-year, three-year and seven-year intervals, depending on the medical condition. The average cost of an erroneous allowance on one claim would range from \$7,200 to \$50,000, depending on the reexamination schedule. On the other hand, failure to grant an eligible individual would result in financial hardship for the applicant.

### OTHER INFORMATION

The incumbent's case-related activities require the use of a special computer application utilized by the Disability Determination Service Division for case processing. Case files may be paperless and require processing by computer including reading medical evidence, providing an online summation/analysis of the evidence, and keying in of information. Incumbents in this position should have the ability to perform sustained (lengthy and uninterrupted periods) of reading and analysis of data from a PC monitor. Uses computer to read and send e-mail messages.