**ATTACHMENT NO. 1**

**SSI ADVOCACY DATA FIELDS: CASE VARIABLES**

**REQUEST FOR PROPOSALS**

**RFP NO. 2017-SSA-WBA-BHCS-SSISSDIAS**

**SUPPLEMENTAL SECURITY INCOME/SOCIAL SECURITY DISABILITY INSURANCE (SSI/SSDI) ADVOCACY SERVICES FOR ALAMEDA COUNTY SOCIAL SERVICES AGENCY (SSA) AND**

**ALAMEDA COUNTY BEHAVORIAL HEALTH CARE SERVICES (BHCS) CLIENTS**

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| **Attachment No. 1--SSI Advocacy Data Fields: Case Variables** | | |
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| **Variable Name** | **Variable Type** | **Description** |
| ssiNumber | Numeric | Client ID number for SSI Advocacy assigned by SSI Database |
| CaseType | String | Acceptable Values: SSI/SSDI, CAPI, CDR, SSI Post Issue |
| Contract | String | Assigned by SSI Database |
| ReferralSource | String | Created by Database or advocate. Advocate values include walk in, public defender, BHCS Provider Name |
| DateCaseOpened | Date | The date representation began |
| DateClosed | Date | The date representation ended |
| ClosedReason | String | Acceptable Values: Allowed, Change in Eligibility Status, Client Withdrew, Deceased, Employed, Insufficient Merit to Proceed, Left Area, Lost Contact, Referred for New Representation, Prison, Napa State Hospital |
| Date1696Filed | Date | The date the Social Security Representation form (1696) was submitted |
| InitialApplicationDate | Date | The date initial application was filed |
| InitialDecisionDate | Date | Date decision on initial application was made by Social Security |
| InitialDecisionResult | String | Acceptable values are: Approved or Denied |
| ReconFileDate | Date | Date request for reconsideration was filed |
| ReconDecisionDate | Date | Date decision on request for reconsideration was made by Social Security |
| ReconDecisionResult | String | Acceptable values are: Approved or Denied |
| HearingRequestDate | Date | Date request for hearing was filed |
| HearingDecisionDate | Date | Date decision on hearing decision was made by Social Security |
| HearingDecisionResult | String | Acceptable values are: Approved or Denied |
| ACfileDate | Date | Date request for review by Appeals Council was filed |
| ACdecisionDate | Date | Date decision by Appeals Council was made by Social Security |
| ACdecision | String | Acceptable values are: Approved, Denied, or Remanded |
| DCfileDate | Date | Date petition to Federal Court was filed |
| DCdecisionDate | Date | Date decision by Federal Court was made |
| DCdecision | String | Acceptable values are: Approved, Denied, or Remanded |
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