SSI DISABILITY OUTLINE – CHILDREN AND ADULTS

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Supplemental Security Income (SSI) is a needs based disability program for adults and children. Eligibility for SSI includes consideration of non-disability factors such as income and assets in addition to whether the child or adult is disabled. .

A. Definition of Disability for Children

"An individual under the age of 18 shall be considered disabled… if that individual has a medically determinable physical or mental impairment which results in **marked and severe functional limitations**."

B. Children's Three Step Sequential Evaluation Process

Step One – Is the child working and is the work substantial gainful activity?

Step Two – Does the child have a medically determinable *severe* impairment? (i.e., more than minimal functional limitations – *de minimis* threshold)

Step Three – Does the child's impairment(s):

a) meet the requirements of a listed impairment in the Listing of Impairments

b) medically equal the requirements of a listed impairment in the Listing of Impairments

c) **functionally** equal a listed impairment in the Listing of Impairments

If yes to a, b, or c, the child is disabled assuming the duration requirement is met.

Duration requirement: has lasted or is expected to last 12 continuous months or to result in death.

The Listing of Impairments includes 15 body systems (*e.g.,* musculoskeletal, cardiovascular, respiratory, neurological, mental disorders, malignant neoplastic diseases, etc.) To meet a Listing, there must be objective medical evidence showing the child meets the requirements of the particular Listing. To equal a Listing, there must be objective medical evidence that, although not meeting all the requirements of a particular Listing, shows it is equivalent in severity to a Listing.

With regard to Mental Disorders under the Listings, there are Part A criteria (diagnosis and clinical signs) and Part B Criteria (marked functional impact in two domains or extreme functional impact in one domain)

Part B Criteria

a) understand, remember, or apply information
b) interact with others
c) concentrate, persist, or maintain pace
d) adapt or manage oneself

Functional equivalence ("c" above) is shown by demonstrating the child is markedly impaired in two domains of functioning or extremely impaired in one domain of functioning.

The domains include:

- acquiring and using information
- attending and completing tasks
- interacting and relating with others
- moving about and manipulating objects
- caring for yourself, physically/emotionally
- health and physical well-being

A ***marked limitation*** is found when the impairment(s) seriously interferes with the child's ability to independently initiate, sustain, or complete activities.

An ***extreme limitation*** is found when the impairment(s) interferes very seriously with the child's ability to independently initiate, sustain, or complete activities.

C. Administrative Appeal Process

- initial application
- reconsideration
- ALJ (administrative law judge) hearing
- Appeals Council
- Federal District Court

D. Developing Documentation for the Disability Claim

Medical and Educational Evidence

- medical records (doctors, clinics, hospitals, specialists, etc.)

- behavioral health records (doctors, clinics, hospitals, therapists, etc.)

- school records (early intervention/Birth to Three, IEPs, educational/psychological/psychiatric/speech and language/etc. evaluations, behavior plans, 504 plan, disciplinary records, report cards, Connecticut standardized test results, etc.)

- Teacher Questionnaire

- medical and behavioral health questionnaires sent to providers

- DCF records including assessments, treatment plans, etc.

- other records bearing upon the child's functioning

E. Assessing the Merits of a Child's Disability Case – Functional Equivalence

Social Security Ruling (SSR) 09-1p – The Whole Child Approach

- the child's functioning is considered in all settings (home, child care, school, community)

- the child's functioning is compared to the unimpaired child and focuses on what the child cannot do

- the kind of help, the degree of help, and the frequency of help the child needs is important (his/her limitations could be masked by support)

- whether the child needs a structured or supportive setting is another consideration

- the more help or support needed, the less independent the child is in functioning, and the more severe the functional limitation

- a child's impairment can impact functioning in more than one domain

SSR 09-2p – Determining Limitations - Assessing Severity

- look to medical and non-medical sources

- need an acceptable medical source to establish the existence of a medically determinable impairment

- *acceptable medical sources* include: physicians (including psychiatrists), osteopathic doctors; licensed or certified psychologists and other school psychologists for the purpose of establishing mental retardation, learning disabilities, borderline intellectual functioning; qualified speech-language

pathologists for the purpose of establishing speech and language impairments, and APRNs

- can use *other sources* in addition to acceptable sources to establish the severity of the impairment (LCSWs, MSWs, teachers, and other professionals)

- look to determine to what degree the impairment(s) limits the child's ability to function age appropriately in a particular domain

SSR 09-3p – Acquiring and Using Information

- learning, thinking, understanding, remembering

SSR 09-4p – Attending and Completing Tasks

- paying attention, concentrating, maintaining a pace, task completion

SSR 09-5p – Interacting and Relating with Others

- initiating and responding to exchanges with others; forming intimate relationships with family, friends, classmates, etc.

SSR 09-6p – Moving about and Manipulating Objects

- gross and fine motor skills

SSR 09-7p – Caring for Yourself

- caring for personal needs, health, and safety; regulation of emotions (coping strategies to regulate feelings, thoughts, urges, intentions)

SSR 09-8p – Health and Physical Well-Being

- addresses cumulative physical effects of physical or mental impairments (side effects of treatment, multiple surgeries or hospitalizations, episodic exacerbation of symptoms, medically fragile requiring intensive care, etc.)

F. Definition of Disability for Adults

Disability is defined as the inability "to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months."

"An individual shall be determined to be under a disability only if his physical or mental impairment or impairments are of such severity that he is not only unable to do his previous work but cannot, considering his age, education, and work experience, engage in any other kind of substantial gainful work which exists in the national economy, regardless of whether such work exists in the immediate area in which he lives or whether a specific job vacancy exists for him, or whether he would be hired if he applied for work…"

What it means in practical terms:

- can't work (past relevant work or **any** other work)
- work means full-time work, 8 hours, 5 days a week
- duration requirement for inability to work – 12 months
- physical and mental impairments are considered
- a disability determination is a medical and a vocational assessment
- vocational factors come into play more at age 50 and above (age, education, work experience)
- substance abuse, if any, must not be a material factor to the disability finding

G. Adult Sequential Evaluation Process

Step One – Is the individual working?

Step Two – Does the individual have a severe impairment?

Step Three – Does the individual have an impairment or combination of impairments that meets or medically equals a listed impairment?

Step Four – Can the individual in light of their residual functional capacity perform their past relevant work?

Step Five - If the individual has no past relevant work or if they cannot perform their past relevant work, can they perform any other work that exists in substantial numbers in the national economy?

H. Administrative Appeal Process

See **"C"** above.

I. SSR 11-2p Evaluating Disability in Young Adults (ages 18-25)

Factors to consider:

- medical sources
- non-medical sources (teachers, counselors, etc.)
- school records and programs
- job experiences
- vocational rehabilitation services
- highly structured settings
- extra help and accommodations
- effects of treatment including medications
- ability to deal with work-related stress
- work activity
- volunteer efforts
- unsuccessful work attempts

J. General Considerations for Both Children and Adult Disability Claims

1. dealing with comments in the medical and educational records that state the child/adult is stable, doing well, improving, or like terms

2. GAF Scores

- how useful?

- what can they tell us about severity of mental impairments?

3. Need for special transportation and/or ability to take public transportation

4. Problems Proving Disability:

- lack of treatment

- lack of cooperation from treating sources (opinions and/or records)

- lack of cooperation from school sources

- non-compliance with treatment

- inconsistency between subjective and objective evidence