Assisting People with Disabilities File For SSA Disability Benefits *

You're ready to help but...

Disability is something most people do not like to think about. Your client may be someone who is reluctant to file for Social Security and Supplemental Security Income Disability benefits - *Why*?

- Homeless – merely 'surviving the day' may surpass recordkeeping, making appointments, filling out paperwork and following through in the SSA disability process in importance.

- Language & Cultural barriers - non-English speaking individuals may be naturally reticent to expose their communication difficulties, to say nothing of discussing personal problems with strangers. Similarly, subtle cultural differences may inhibit the risk taking perceived as necessary in navigating this 'government business'.

As the health worker, third party advocate, case manager or friend of a person with a disability, you can be the key individual who ***initiates action*** by listening to and encouraging your client to file a disability claim - *Why*?

- Your willingness to assist in this business world task may instill in your client the initial confidence to *get the ball rolling*.

- Your willingness to learn some basic aspects of the SSA disability process and to assist in their **practical** implementation will demonstrate to your client that 'this can be done'.

The Social Security disability process can be intimidating and time consuming. As a partner, you will reduce both of these issues for your client, as you help Social Security arrive at an accurate & timely decision for your client. Here are some **practical** and **efficient** ways in which you can help your client file for Social Security disability benefits.

(* *SSA Disability Benefits* herein means all Social Security administered adult disability benefits, referring to the common elements of the *medical-disability* process, as opposed to the non-medical aspects of various adult benefits.)

How to Assist Your Client

[Social Security Definition of Disability - adult]
"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 has lasted or can be expected to last for a continuous period of not less than 12 months."

- **Elicit** all your client's medical conditions and write them down.
Now **expand** them in terms of SSA's definition of disability by asking and noting -

- *How do these things **affect** your ability to work?*
- *How do these things **prevent** you from working?*
- *Since **when** have they forced you to reduce your work?*

- **Refine** the specific disabilities of your client by asking and listing associated **symptoms**. For example -

- *I get so depressed I don't wash and I get fired due to poor hygiene.*
- *My pain is so bad I sometimes forget my job instructions.*

- **Indirect** symptoms may be present and call for your skill in eliciting and relating them to inability to work. For example -

- (Memory problems affecting simple tasks) – *I regularly forget how to set my alarm correctly, miss my bus, show up late to work and lose my job.*

For physical impairments, the disability examiner *takes into consideration* the effects of symptoms such as pain, shortness of breath, or fatigue on a claimant's ability to function. For mental impairments, the disability examiner *measures severity* according to functional limitations, which are assessed by using these four criteria:

- activities of daily living;
- social functioning;
- concentration, persistence, or pace and
- episodes of decompensation.

By understanding the potential importance of functional limitations (imposed by a medically determinable mental impairment), you can begin to see how seemingly unrelated behavior may be quite relevant to your client's disability claim.

For example, *activities of daily living* include adaptive activities such as cleaning, shopping, cooking, taking public transportation, paying bills, maintaining a residence, caring appropriately for your grooming and hygiene, using telephones and directories, and using a post office. Likewise, *social functioning* refers to an individual's capacity to interact independently, appropriately, effectively, and on a sustained basis with other individuals. Social functioning includes the ability to get along with others, such as family members, friends, neighbors, grocery clerks, landlords, or bus drivers. *Concentration, persistence or pace* refers to the ability to sustain focused attention and concentration sufficiently long to permit the timely and appropriate completion of tasks commonly found in work settings. Limitations in concentration, persistence, or pace are best observed in work settings, but may also be reflected by limitations in other settings.

Take a look at SSA's **Listings of Impairments** for detailed explanations like the above, and see how your client's disabilities may meet them –

www.ssa.gov/disability/professionals/bluebook/listing-impairments.htm

Such preparation on your part helps *connect your client's conditions to the SSA guidelines* used by the disability examiner in developing your client's disability claim. Describing your client's disabilities, symptoms and relevant behavior in terms that a disability examiner regularly uses will allow the ***examiner to know your client*** much more thoroughly, although the two people may never meet.
This approach can be challenging. It calls upon your ability to do *research*, to *analyze* sometimes dissimilar pieces of information and to *write clearly*, composing a **picture of your client** in terms that will enhance the chances of meeting SSA's definition of disability. In approaching your client's situation in this manner, you are doing much more than 'filling in the blanks'. You are relating your client's statement about disability to SSA's definition of disability, fleshing-out details that might be taken for granted by your client and not considered as potentially relevant. You will be presenting a much more *thorough description of your client* to the Social Security Administration.

Further practical steps - it generally takes from 3 to 5 months to process claims for disability benefits, but you can help shorten the process by making a list of:

- Names, addresses (zips) and phone numbers of the doctors, caseworkers, hospitals and clinics that took care of your client and dates of visits;
- Names and dosage of all the medicine your client takes;
- Medical records of doctors, therapists, caseworkers, hospitals, and clinics that your client may already have, as well as laboratory and test results if known;
- A summary of the **type** of work done by your client, annotating approximate '*from*' & '*to*' dates for the last 15 years.

Whew!
Preliminary preparation is exhausting, so it's time to -

Put It Together
i3368PRO

If you are a professional, representative or organization assisting adults age 18 or older in applying for disability benefits and are familiar with the form SSA-3368-BK Disability Report, go to

www.socialsecurity.gov/i3368pro.

Using the online Adult Disability and Work History Report gives you:

- Security and privacy for your information.
- Step by step instructions and examples to help you and your client complete the report.
- A process to collect information that applies to your client, similar to the interview process in a Social Security office.
- The ability to ***work at your own pace*** and that of your client, stopping when you want and *coming back to finish later.*

By placing your client's medical information with Social Security **electronically**, you have already **expedited** the development of medical information -

- The SSA claims representative who will be assigned your client's claim will electronically transfer your client's medical information to the Disability Determination Services (DDS) for development. When an application is filed, the medical information you have supplied electronically spends no time on the SSA claims representative's desk, in the SSA mailroom, at the post office and with the mail carrier, before reaching the DDS office.
- Electronic medical information means quicker transfer not only initially but during other steps in the disability process.
- The electronic medical information may be simultaneously accessed by SSA and DDS if needed.

Assisting Outside the Box

Your assistance to your client can *go beyond* the stated questions on forms. You have the opportunity to solicit and obtain *supplemental information* that may round out the medical records the DDS disability examiner requests.

For example, **statements** from family members and friends, as well as from service providers, regarding their observations about your client's daily **functioning ability**, may supplement medical data. While necessary to a claim, medical reports may not convey important characteristics of your client that the disability examiner could utilize. Similarly, clearly written statements from former employers indicating job task functioning ability (or inability) may provide important collateral details to previously provided information. *Your* familiarity with your client may allow *you* to prepare a statement about your client's functioning ability.
Be specific, concise and clear. Short, accurate statements of a few sentences may serve better than an essay. Don't sacrifice substance over style, however.

Remember *indirect* symptoms?
Think of the **non-obvious** ways in which your client's behavior and daily functioning may impact the inability to work. For example - *'My client John Doe has always arrived at least thirty minutes late for each of our four meetings. He has forgotten to bring with him a total of three things for two of these meetings that I had requested of him. Mr. Doe always states he understands when I ask him about a detail, but on two occasions when I re-visited the detail later in our conversation he did not know what I was referring to.'*

Such <u>collateral statements</u> should be signed and dated, with relationship to your client stated, regardless of who writes them in support of your client. (Write your client's name and SSN in the upper right-hand corner of the statement.)

<u>*You*</u> may be the person who solicits such statements of other parties. You may also be the individual to pick them up and see that they get to the DDS.

In addition, you may wish to consider pursuing medical records yourself, if such records appear to be important for your client's claim but might otherwise be overlooked.
For example - Mr. Doe tells you he has gone to the free clinic for annual flu shots for five years. He also tells you that the last time he went, an ambulance was called by the clinic to transport him to the general hospital. He doesn't know why. You may wish to try and obtain copies of clinic records of the last visit yourself, with your client's authorization.
Or perhaps emphasize to the DDS disability examiner that the *last* clinic visit might be about more than just a flu shot. You could alert the clinic staff about a possible DDS request for medical records, checking with DDS later to see if you could assist in following up with the clinic.
Similar to fleshing-out a broader picture of your client beyond specific questions asked by pointing out symptoms and daily functioning, such assistance helps both your client and SSA from overlooking possible **key information**, getting it in the hands of the disability examiner for consideration.

You may wish to prepare and attach a **summary cover sheet** to any paper material (e.g. signed medical authorization forms and supplemental collateral statements) you provide to Social Security, or to enter summarizing **remarks** on the **electronic cover sheet** of the *i3368PRO*.

For example, "*Claimant is a 45 year old male with High Blood Pressure, Diabetes, Depression and Emphysema. He requires supplemental oxygen, has persistent pain in his chest and rarely leaves his residence due to depression. Collateral statements from his former employer XYZ and from Dr. J. Doe have been requested and will be forwarded to the DDS as soon as they are available.*"

"Medical reports are enclosed from

- *ABC Hospital*
- *The Free Clinic*
- *Dr. Z. Smith*

Please contact me at (xxx) xxx-xxxx if I may further assist you.
Sincerely,
MDB, Disability Case Worker"

Such a summary will provide a quick view of your client to the DDS examiner, helping him or her to **focus** on the relevant aspects of your client as an individual who is unable to work due to disability. Should you assist persons with disabilities on a regular basis, your reputation as a thorough and reliable advocate will grow, and such a summary may further help expedite the overall disability development process.

Time consuming? Yes - without a doubt.

Helpful? Certainly – your extra effort may be the ingredient that allows your client's examiner to arrive at a favorable decision.

Lastly, assistance may be crucial if your client is scheduled by the DDS for a special **consultative examination** (CE).

There can be several reasons that the DDS disability examiner might schedule a CE for your client. The important thing is...

Make sure your client
ATTENDS THE CE.

Do not allow your client to miss a scheduled CE, as that failure may eventually be the reason for a denial decision. At a minimum, contact the DDS if there is a problem regarding the scheduled CE.

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The degree to which you help your client file for SSA Disability Benefits is, of course, up to you. *Your* increasing familiarity with SSA's disability policies and processes, implementing some practical tips and suggestions, can help Social Security reach a decision much more quickly.

But most importantly, **your client** reaps the reward. The more that you encourage your client to initially file a disability claim and provide thorough medical information to SSA electronically, the more you will be confident that your client is making his or her best case for a timely and accurate disability decision.

- Mike Baksa Social Security Administration

(Public Affairs Specialist Mike Baksa may be reached at michael.baksa@ssa.gov)

Applying for Disability Online

To apply for disability benefits: Whether or not you have already contacted Social Security, we need you to:

- Give us information about your medical condition, medical records, and your work and education history.
- Complete a formal application for benefits.

You can apply online, apply in person or over the phone, or get more information about disability and this application process

Applying Online

Using the online Adult or Child Disability and Work History Report gives you:

- Security and privacy for your information.
- Step by step instructions and examples to help you complete the report.
- A process to collect information that applies to you, similar to the interview process in a Social Security office.
- The ability to work at your own pace, stopping when you want and coming back to finish later.

Applying in Person or Over the Phone

If you prefer not to do this report on the Internet, you can use any of the following ways to complete a Disability Report:

- Call our toll-free number, **1-800-772-1213**. Explain that you don't want to use the online disability process but do want to set up an appointment to apply for disability benefits. If you are deaf or hard of hearing, call our toll-free "TTY" number, **1-800-325-0778**. Representatives are available Monday through Friday from 7 a.m. to 7 p.m.
- Contact your local Social Security Office and explain that you do not want to use the online disability process but would like to set up an appointment to apply for disability benefits.

Completing the Medical Questionnaire via Internet

Steps for logging in:

1. Go to www.socialsecurity.gov/adultdisabilityreport (adult)

   or to www.socialsecurity.gov/childdisabilityreport (under 18)

   if you are a 3rd party (professionals, representatives, and organizations assisting adults age 18 or older in applying for disability benefits.) **go** to The Internet Adult Disability and Work History Report - PRO (I3368PRO) at www.socialsecurity.gov/i3368prohelp/

2. Begin entering data.

The internet form, i3368, (Adult Disability and Work History Report) or i3820 (Child Disability Report) allows the claimant to:

- complete the medical questionnaire (i3368 – Adult or i3820 - Child) and the SSA-3369 Work History Report (if applicable) online
- generate medical releases based on the medical source information provided online, and
- transmit the i3368/69 or i3820 to the Social Security Administration (SSA) electronically

While completing the i3368 or i3820 online, **claimants are afforded step-by-step guidance** that includes examples and explanations on:

- how to complete the form
- why we ask for medical, work and educational information, and
- how that information is used to determine whether or not the individual is considered disabled.

Upon completion of the i3368 or i3820 the claimant is directed to:

- print, sign, date and have witnessed one SSA-827 (medical release) for each medical source or other source, plus two extra SSA-827's, and
- mail the SSA-827s to the local **Social Security (SS)** office.

i3368 or i3820 Requirements

A potential claimant must meet **all** of the requirements below to complete an i3368 or i3820.

- The claimant **cannot** be using a Macintosh (MAC) PC, IOpener, or MSN TV.
- The claimant **must**:
  - live in the United States
  - be age 18 or older and under Full Retirement Age
  - not have filed and been denied for disability benefits within the past 60 days
  - have an Internet browser that supports 128 bit encryption

  - **NOTE**: A claimant whose Internet browser does not support 128 bit encryption can upgrade the Internet browser by contacting his/her browser software company (usually Microsoft or Netscape). A link to those two companies is provided on SSA's Website.

Claimants who **do not meet all** requirements will not be able to complete the i3368 or i3820 and will be advised to contact a local SS office or the 800 number to complete a paper SSA-3368 or SSA-3820 or to use the Internet portable document format (.pdf) version of the SSA-3368 of SSA-3820.

i3368 or i3820 Features

The following features are offered to i3368 or i3820 applicants:

"Reentry "allows the claimant to exit an i3368 or i3820 at any time before completion and return to it at a later time without loss of data using his or her unique reentry number.

> **NOTE: Claimants have three chances to enter the correct SSN and reentry number**. After the third unsuccessful attempt, they are locked out from reentering that partial i3368 or i3820 and advised to either start a new one or contact SSA for alternate ways to complete a Disability Report. (See below for information regarding a partial i3368 or i3820.) Neither the 800 number nor the local SS office can provide the reentry number.

"Partial" describes an i3368 or i3820 that is partially completed and not yet finally transmitted to SSA. A claimant can reenter the partial i3368 or i3820 and complete it using the reentry number. If the claimant cannot reenter a partial i3368 or i3820 because he/she cannot remember the reentry number, a new form can be started.

> **NOTE: i3368 or i3820 claimants are limited to three partials.** Only the most recently started partial i3368 or i3820 is the active record.

"Changes to i3368 or i3820" allows the claimant to make changes to the information entered on the screens while in the i3368 or i3820 initially or upon reentering.

> **NOTE:** The claimant cannot make changes to the i3368 or i3820 once he/she has transmitted it to SSA by using the send button. If the claimant needs to add or change information after the i3368 or i3820 has been finally transmitted, he/she can:
> – write out the information and mail or take it to the local SS office,
> or – call the local SS office with the new or changed information.

Security of data

SSA uses the most secure commercially available encryption programs to ensure that caller information is safeguarded as it travels over the Internet.

Medical/Professional Relations

Disability Evaluation Under Social Security (Blue Book- January 2005)

This edition of Disability Evaluation Under Social Security, (also known as the Blue Book), has been specially prepared to provide physicians and other health professionals with an understanding of the disability programs administered by the Social Security Administration. It explains how each program works, and the kinds of information a health professional can furnish to help ensure sound and prompt decisions on disability claims.

The Adult and Childhood Listings of Impairments are included in this publication. These listings are just part of how we decide if someone is disabled. We also consider past work experience, severity of medical conditions, age, education, and work skills.

Our Disability Determination Process

Most Social Security disability claims are initially processed through a network of local Social Security Administration (SSA) field offices and State agencies (usually called Disability Determination Services or DDSs). Subsequent appeals of unfavorable determinations may be decided in a DDS or by an administrative law judge in SSA's Office of Hearings and Appeals.

Social Security representatives in the field offices usually obtain applications for disability benefits in person, by telephone, by mail, or by filing online. The application and related forms ask for a description of the claimant's impairment (s), treatment sources, and other information that relates to the alleged disability. (The "claimant" is the person who is requesting disability benefits.)

The field office is responsible for verifying non-medical eligibility requirements, which may include age, employment, marital status, or Social

Security coverage information. The field office then sends the case to a DDS for evaluation of disability.

The DDSs, which are fully funded by the Federal Government, are State agencies responsible for developing medical evidence and rendering the initial determination on whether or not a claimant is disabled or blind under the law.

Usually, the DDS tries to obtain evidence from the claimant's own medical sources first. If that evidence is unavailable or insufficient to make a determination, the DDS will arrange for a consultative examination (CE) to obtain the additional information needed. The claimant's treating source is the preferred source for the CE, but the DDS may obtain the CE from an independent source. After completing its development of the evidence, trained staff at the DDS makes the initial disability determination.

Disability Evaluation Under Social Security (Blue Book- January 2005)

Part II - Evidentiary Requirements

Medical Evidence

Under both the title II and title XVI programs, medical evidence is the cornerstone for the determination of disability.

Each person who files a disability claim is responsible for providing medical evidence showing that he or she has an impairment(s) and severity of the impairment(s). However, the Social Security Administration (SSA) will help claimants get medical reports from their own medical sources when the claimants give SSA permission to do so. This medical evidence generally comes from sources who have treated or evaluated the claimant for his or her impairment(s).

Acceptable Medical Sources

Documentation of the existence of a claimant's impairment must come from medical professionals defined by SSA regulations as "acceptable medical sources." Once the existence of an impairment is established, all the medical and non-medical evidence is considered in assessing impairment severity.

"Acceptable medical sources" are:

- licensed physicians (medical or osteopathic doctors);
- licensed or certified psychologists;
- licensed optometrists (measurement of visual acuity and visual fields);
- licensed podiatrists (for purposes of establishing impairments of the foot, or foot and ankle only, depending on the State in which the podiatrist practices);
- and qualified speech-language pathologists (for purposes of establishing speech or language impairments only).

Social Security also requests copies of medical evidence from hospitals, clinics, or other health facilities where a claimant has been treated. All medical reports received are considered during the disability determination process.

Medical Evidence from Treating Sources

Currently, many disability claims are decided on the basis of medical evidence from treating sources. SSA regulations place special emphasis on evidence from treating sources because they are likely to be the medical professionals most able to provide a detailed longitudinal picture of the claimant's impairments and may bring a unique perspective to the medical evidence that cannot be obtained from the medical findings alone or from reports of individual examinations or brief hospitalizations. Therefore, timely, accurate, and adequate medical reports from treating sources accelerate the processing of the claim because they can greatly reduce or eliminate the need for additional medical evidence to complete the claim.

Other Evidence

Information from other sources may also help show the extent to which a person's impairment(s) affects his or her ability to function. Other sources include public and private social welfare agencies, non-medical sources such as teachers, day care providers, social workers and employers, and other practitioners such as naturopaths, chiropractors, and audiologists.

Medical Reports

Physicians, psychologists, and other health professionals are frequently asked by SSA to submit reports about an individual's impairment. Therefore, it is important to know what evidence SSA needs. Medical reports should include:

- medical history;
- clinical findings (such as the results of physical or mental status examinations);
- laboratory findings (such as blood pressure, x-rays);
- diagnosis;
- treatment prescribed with response and prognosis;
- **a statement providing an opinion about what the claimant can still do despite his or her impairment(s), based on the medical source's findings on the above factors.** This statement should describe, but is not limited to, the individual's ability to perform work-related activities, such as sitting, standing, walking, lifting, carrying, handling objects, hearing, speaking, and traveling. **In cases involving mental impairments, it should describe the individual's ability to understand, to carry out and remember instructions, and to respond appropriately to supervision, coworkers, and work pressures in a work setting.** For a child, the statement should describe his or her functional limitations in learning, motor functioning, performing self-care activities, communicating, socializing, and completing tasks (and, if a child is a newborn or young infant from birth to age 1, responsiveness to stimuli).

Part III - Listing Of Impairments (Overview)

The Listing of Impairments describes, for each major body system, impairments that are considered severe enough to prevent a person from doing any gainful activity (or in the case of children under age 18 applying for SSI, cause marked and severe functional limitations). Most of the listed impairments are permanent or expected to result in death, or a specific statement of duration is made. For all others, the evidence must show that the impairment has lasted or is expected to last for a continuous period of at least 12 months. The criteria in the Listing of Impairments are applicable to evaluation of claims for disability benefits or payments under both the Social Security disability insurance and SSI programs.

The criteria in the Listing of Impairments apply only to one step of the multi-step sequential evaluation process. At that step, the presence of an impairment that meets the criteria in the Listing of Impairments (or that is of equal severity) is usually sufficient to establish that an individual who is not working is disabled.

However, the absence of a listing-level impairment does not mean the individual is not disabled. Rather, it merely requires the adjudicator to move on to the next step of the process and apply other rules in order to resolve the issue of disability.

12.00 Mental Disorders - Adult

[http://www.ssa.gov/disability/professionals/bluebook/12.00-MentalDisorders-Adult.htm#Top]

Section

12.01 Category of Impairments, Mental

12.02 Organic Mental Disorders

12.03 Schizophrenic, paranoid and other psychotic disorders

12.04 Affective disorders

12.05 Mental retardation

12.06 Anxiety-related disorders

12.07 Somatoform disorders

12.08 Personality disorders

12.00 Mental Disorders

A. *Introduction*: The evaluation of disability on the basis of mental disorders requires documentation of a medically determinable impairment(s), consideration of the degree of limitation such impairment(s) may impose on the individual's ability to work, and consideration of whether these limitations have lasted or are expected to last for a continuous period of at least 12 months. The listings for mental disorders are arranged in nine diagnostic categories: Organic mental disorders (12.02); schizophrenic, paranoid and other psychotic disorders (12.03); affective disorders (12.04); mental retardation (12.05); anxiety-related disorders (12.06); somatoform disorders (12.07); personality disorders (12.08); substance addiction disorders (12.09); and autistic disorder and other pervasive developmental disorders (12.10). Each listing, except 12.05 and 12.09, consists of a statement describing the disorder(s) addressed by the listing, paragraph A criteria (a set of medical findings), and paragraph B criteria (a set of impairment-related functional limitations). There are additional functional criteria (paragraph C criteria) in 12.02, 12.03, 12.04, and 12.06, discussed herein. We will assess the paragraph B criteria before we apply the paragraph C criteria. We will assess the paragraph C criteria only if we find that the paragraph B criteria are not satisfied. We will find that you have a listed impairment if the diagnostic description in the introductory paragraph and the criteria of both paragraphs A and B (or A and C, when appropriate) of the listed impairment are satisfied.

The criteria in paragraph A substantiate medically the presence of a particular mental disorder. Specific symptoms, signs, and laboratory findings in the paragraph A criteria of any of the listings in this section cannot be considered in isolation from the description of the mental disorder contained at the beginning of each listing category. Impairments should be analyzed or reviewed under the mental category(ies) indicated by the medical findings. However, we may also consider mental

impairments under physical body system listings, using the concept of medical equivalence, when the mental disorder results in physical dysfunction. (See, for instance, 12.00D12 regarding the evaluation of anorexia nervosa and other eating disorders.)

12.09
Substance addiction disorders

12.10
Autistic disorder and other pervasive developmental disorders

The criteria in paragraphs B and C describe impairment-related functional limitations that are incompatible with the ability to do any gainful activity. The functional limitations in paragraphs B and C must be the result of the mental disorder described in the diagnostic description, that is manifested by the medical findings in paragraph A.

The structure of the listing for substance addiction disorders, 12.09, is different from that for the other mental disorder listings. Listing 12.09 is structured as a reference listing; that is, it will only serve to indicate which of the other listed mental or physical impairments must be used to evaluate the behavioral or physical changes resulting from regular use of addictive substances.

The listings are so constructed that an individual with an impairment(s) that meets or is equivalent in severity to the criteria of a listing could not reasonably be expected to do any gainful activity. These listings are only examples of common mental disorders that are considered severe enough to prevent an individual from doing any gainful activity. When you have a medically determinable severe mental impairment that does not satisfy the diagnostic description or the requirements of the paragraph A criteria of the relevant listing, the assessment of the paragraph B and C criteria is critical to a determination of equivalence.

If your impairment(s) does not meet or is not equivalent in severity to the criteria of any listing, you may or may not have the residual functional capacity (RFC) to do substantial gainful activity (SGA). The determination of mental RFC is crucial to the evaluation of your capacity to do SGA when your impairment(s) does not meet or equal the criteria of the listings, but is nevertheless severe.

RFC is a multidimensional description of the work-related abilities you retain in spite of your medical impairments. An assessment of your RFC complements the functional evaluation necessary for paragraphs B and C of the listings by requiring consideration of an expanded list of work-related capacities that

may be affected by mental disorders when your impairment(s) is severe but neither meets nor is equivalent in severity to a listed mental disorder.

B. *Need for medical evidence:* We must establish the existence of a medically determinable impairment(s) of the required duration by medical evidence consisting of symptoms, signs, and laboratory findings (including psychological test findings). Symptoms are your own description of your physical or mental impairment(s). Psychiatric signs are medically demonstrable phenomena that indicate specific psychological abnormalities, e.g., abnormalities of behavior, mood, thought, memory, orientation, development, or perception, as described by an appropriate medical source. Symptoms and signs generally cluster together to constitute recognizable mental disorders described in the listings. The symptoms and signs may be intermittent or continuous depending on the nature of the disorder.

C. *Assessment of severity:* We measure severity according to the functional limitations imposed by your medically determinable mental impairment(s). We assess functional limitations using the four criteria in paragraph B of the listings: Activities of daily living; social functioning; concentration, persistence, or pace; and episodes of decompensation.

Where we use "marked" as a standard for measuring the degree of limitation, it means more than moderate but less than extreme. A marked limitation may arise when several activities or functions are impaired, or even when only one is impaired, as long as the degree of limitation is such as to interfere seriously with your ability to function independently, appropriately, effectively, and on a sustained basis. See §§ 404.1520a and 416.920a.

1. *Activities of daily living* include adaptive activities such as cleaning, shopping, cooking, taking public transportation, paying bills, maintaining a residence, caring appropriately for your grooming and hygiene, using telephones and directories, and using a post office. In the context of your overall situation, we assess the quality of these activities by their independence, appropriateness, effectiveness, and sustainability. We will determine the extent to which you are capable of initiating and participating in activities independent of supervision or direction.

We do not define "marked" by a specific number of activities of daily living in which functioning is impaired, but by the nature and overall degree of interference with function. For example, if you do a wide range of activities of daily living, we may still find that you have a marked limitation in your daily activities if you have serious difficulty performing them without direct supervision, or in a suitable manner, or on a consistent, useful, routine basis, or without undue interruptions or distractions.

2. *Social functioning* refers to your capacity to interact independently, appropriately, effectively, and on a sustained basis with other individuals. Social functioning includes the ability to get along with others, such as family members, friends, neighbors, grocery clerks, landlords, or bus drivers. You may demonstrate impaired social functioning by, for example, a history of altercations, evictions, firings, fear of strangers, avoidance of interpersonal relationships, or social isolation. You may exhibit strength in social functioning by such things as your ability to initiate social contacts with others, communicate clearly with others, or interact and actively participate in group activities. We also need to consider cooperative behaviors, consideration for others, awareness of others' feelings, and social maturity. Social functioning in work situations may involve interactions with the public, responding appropriately to persons in authority (e.g., supervisors), or cooperative behaviors involving coworkers.

We do not define "marked" by a specific number of different behaviors in which social functioning is impaired, but by the nature and overall degree of interference with function. For example, if you are highly antagonistic, uncooperative, or hostile but are tolerated by local storekeepers, we may nevertheless find that you have a marked limitation in social functioning because that behavior is not acceptable in other social contexts.

3. *Concentration, persistence or pace* refers to the ability to sustain focused attention and concentration sufficiently long to permit the timely and appropriate completion of tasks commonly found in work settings. Limitations in concentration, persistence, or pace are best observed in work settings, but may also be reflected by limitations in other settings. In addition, major limitations in this area can often be assessed through clinical examination or psychological testing. Wherever possible, however, a mental status examination or psychological test data should be supplemented by other available evidence.

On mental status examinations, concentration is assessed by tasks such as having you subtract serial sevens or serial threes from 100. In psychological tests of intelligence or memory, concentration is assessed through tasks requiring short-term memory or through tasks that must be completed within established time limits.

In work evaluations, concentration, persistence, or pace is assessed by testing your ability to sustain work using appropriate production standards, in either real or simulated work tasks (e.g., filing index cards, locating telephone numbers, or disassembling and reassembling objects). Strengths and weaknesses in areas of concentration and attention can be discussed in terms of your ability to work at a consistent pace for acceptable periods of time and until a task is completed, and your ability to repeat sequences of action to achieve a goal or an objective.

We must exercise great care in reaching conclusions about your ability or inability to complete tasks under the stresses of employment during a normal workday or workweek based on a time-limited mental status examination or psychological testing by a clinician, or based on your ability to complete tasks in other settings that are less demanding, highly structured, or more supportive. We must assess your ability to complete tasks by evaluating all the evidence, with an emphasis on how independently, appropriately, and effectively you are able to complete tasks on a sustained basis.

We do not define "marked" by a specific number of tasks that you are unable to complete, but by the nature and overall degree of interference with function. You may be able to sustain attention and persist at simple tasks but may still have difficulty with complicated tasks.

Deficiencies that are apparent only in performing complex procedures or tasks would not satisfy the intent of this paragraph B criterion. However, if you can complete many simple tasks, we may nevertheless find that you have a marked limitation in concentration, persistence, or pace if you cannot complete these tasks without extra supervision or assistance, or in accordance with quality and accuracy standards, or at a consistent pace without an unreasonable number and length of rest periods, or without undue interruptions or distractions.

4. *Episodes of decompensation* are exacerbations or temporary increases in symptoms or signs accompanied by a loss of

adaptive functioning, as manifested by difficulties in performing activities of daily living, maintaining social relationships, or maintaining concentration, persistence, or pace. Episodes of decompensation may be demonstrated by an exacerbation in symptoms or signs that would ordinarily require increased treatment or a less stressful situation (or a combination of the two). Episodes of decompensation may be inferred from medical records showing significant alteration in medication; or documentation of the need for a more structured psychological support system (e.g., hospitalizations, placement in a halfway house, or a highly structured and directing household); or other relevant information in the record about the existence, severity, and duration of the episode.

The term *repeated episodes of decompensation, each of extended duration* in these listings means three episodes within 1 year, or an average of once every 4 months, each lasting for at least 2 weeks. If you have experienced more frequent episodes of shorter duration or less frequent episodes of longer duration, we must use judgment to determine if the duration and functional effects of the episodes are of equal severity and may be used to substitute for the listed finding in a determination of equivalence.

D. *Documentation:* The evaluation of disability on the basis of a mental disorder requires sufficient evidence to (1) establish the presence of a medically determinable mental impairment(s), (2) assess the degree of functional limitation the impairment(s) imposes, and (3) project the probable duration of the impairment(s). See §§ 404.1512 and 416.912 for a discussion of what we mean by "evidence" and how we will assist you in developing your claim. Medical evidence must be sufficiently complete and detailed as to symptoms, signs, and laboratory findings to permit an independent determination. In addition, we will consider information from other sources when we determine how the established impairment(s) affects your ability to function. We will consider all relevant evidence in your case record.

12.03 ***Schizophrenic, paranoid and other psychotic disorders***: Characterized by the onset of psychotic features with deterioration from a previous level of functioning.

The required level of severity for these disorders is met when the requirements in both A and B are satisfied, or when the requirements in C are satisfied.

A. Medically documented persistence, either continuous or intermittent, of one or more of the following:

1. Delusions or hallucinations; or

2. Catatonic or other grossly disorganized behavior; or

3. Incoherence, loosening of associations, illogical thinking, or poverty of content of speech if associated with one of the following:

a. Blunt affect; or

b. Flat affect; or

c. Inappropriate affect;

OR

4. Emotional withdrawal and/or isolation;

AND

B. Resulting in at least two of the following:

1. Marked restriction of activities of daily living; or

2. Marked difficulties in maintaining social functioning; or

3. Marked difficulties in maintaining concentration, persistence, or pace; or

4. Repeated episodes of decompensation, each of extended duration;

OR

C. Medically documented history of a chronic schizophrenic, paranoid, or other psychotic disorder of at least 2 years' duration that has caused more than a minimal limitation of ability to do basic work activities, with symptoms or signs currently attenuated by medication or psychosocial support, and one of the following:

1. Repeated episodes of decompensation, each of extended duration; or

2. A residual disease process that has resulted in such marginal adjustment that even a minimal increase in mental demands or change in the environment would be predicted to cause the individual to decompensate; or

3. Current history of 1 or more years' inability to function outside a highly supportive living arrangement, with an indication of continued need for such an arrangement.

12.04 ***Affective disorders***: Characterized by a disturbance of mood, accompanied by a full or partial manic or depressive syndrome. Mood refers to a prolonged emotion that colors the whole psychic life; it generally involves either depression or elation.

The required level of severity for these disorders is met when the requirements in both A and B are satisfied, or when the requirements in C are satisfied.

A. Medically documented persistence, either continuous or intermittent, of one of the following:

1. Depressive syndrome characterized by at least four of the following:

a. Anhedonia or pervasive loss of interest in almost all activities; or

b. Appetite disturbance with change in weight; or

c. Sleep disturbance; or

d. Psychomotor agitation or retardation; or

e. Decreased energy; or

f. Feelings of guilt or worthlessness; or

g. Difficulty concentrating or thinking; or

h. Thoughts of suicide; or

i. Hallucinations, delusions, or paranoid thinking; or

2. Manic syndrome characterized by at least three of the following:

a. Hyperactivity; or

b. Pressure of speech; or

c. Flight of ideas; or

d. Inflated self-esteem; or

e. Decreased need for sleep; or

f. Easy distractibility; or

g. Involvement in activities that have a high probability of painful consequences which are not recognized; or

h. Hallucinations, delusions or paranoid thinking; or

3. Bipolar syndrome with a history of episodic periods manifested by the full symptomatic picture of both manic and depressive syndromes (and currently characterized by either or both syndromes);

AND

B. Resulting in at least two of the following:

1. Marked restriction of activities of daily living; or

2. Marked difficulties in maintaining social functioning; or

3. Marked difficulties in maintaining concentration, persistence, or pace; or

4. Repeated episodes of decompensation, each of extended duration;

OR

C. Medically documented history of a chronic affective disorder of at least 2 years' duration that has caused more than a minimal limitation of ability to do basic work activities, with symptoms or signs currently attenuated by medication or psychosocial support, and one of the following:

1. Repeated episodes of decompensation, each of extended duration; or

2. A residual disease process that has resulted in such marginal adjustment that even a minimal increase in mental demands or change in the environment would be predicted to cause the individual to decompensate; or

3. Current history of 1 or more years' inability to function outside a highly supportive living arrangement, with an indication of continued need for such an arrangement.

Benefits Offered by Social Security

Supplemental Security Income (SSI): Up to $674 a month for disabled* individuals without significant work history. Individuals with SSI qualify for **Medicaid**.

Social Security Disability Income (SSDI): This benefit is for disabled individuals who have significant work history; your monthly benefit will be based on how much you paid into Social Security. Individuals receiving SSDI qualify for **Medicare** starting two years after you became disabled.

To apply for SSI or SSDI: Call **1-800-772-1213** or **720-283-2526** and say "I am calling to set up an appointment to apply for disability benefits." You can also call these numbers with questions about Social Security benefits and information; you can also find a lot of information at **www.ssa.gov**.

For your interview you will need the following information:

- Your Social Security number;
- Your birth or baptismal certificate;
- Names, addresses and phone numbers of the doctors, caseworkers, hospitals and clinics that took care of you and dates of your visits;
- Names and dosage of all the medicine you take;
- Medical records from your doctors, therapists, hospitals, clinics and caseworkers that you already have in your possession;
- Laboratory and test results;
- A summary of where you worked and the kind of work you did; and
- A copy of your most recent W-2 Form (*Wage and Tax Statement*) or, if you are self-employed, your federal tax return for the past year.

Appeals: Many people with legitimate disabilities are turned down for Social Security Benefits when they first apply. If this happens you have the right to appeal the decision.

The following attorneys may be able to help you with your appeal:

Jennifer Gormly: 303-703-1666
Karen Robinson: 303-780-9400
Mary Rogacki: 720-971-~~3671~~ 3617

* In this context disabled means you have a medical condition that prevents you from working.

Medicare vs. Medicaid

Medicare:

- Federal program
- Has three segments: Part A for hospital insurance, Part B for medical care insurance, and Part D for Prescription drug insurance
- Monthly premium for Part B and some Part D plans
- For individuals 65 and over or people receiving SSDI
- Less coverage and higher co-pays than Medicaid
- Some state and government assistance for low-income individuals available
- Medigap policies can be bought to improve your coverage
- Medicare Advantage plans can improve your coverage (especially if you also have Medicaid).
- Questions: Call SHIP (State Health Insurance Assistance Programs) 1-800-696-7213, 1-800-MEDICARE (1-800-633-4227), or visit www.medicare.gov (you can review and sign up for Advantage and Medigap plans online as well).

Medicaid:

- State income-based program
- No monthly premiums
- For people receiving SSI, Long Term Care, or Family Medicaid through TANF
- Low co-pays and better coverage then Medicare
- If you also have Medicare you may be eligible for Medicare Advantage plans which often offer better and less expensive coverage

***If you do not qualify for Medicare or Medicaid and have no insurance coverage you can call the **Colorado Indigent Care Plan (CICP)** at 303-692-2229