

February SOAR Dialogue Call



NC COALITION to
HOMELESSNESS end



Announcements



Using the SSA Blue Book

The Blue Book

- SSA's listing of medical conditions and their criteria
- Categorized by body system

[Adult Listings \(Part A\)](#)

Disability Evaluation Under Social Security

[Childhood Listings \(Part B\)](#)

Listing of Impairments - Adult Listings (Part A)

[General Information](#)

The following sections contain medical criteria that apply to the evaluation of impairments in adults age 18 and over and that may apply to the evaluation of impairments in children under age 18 if the disease processes have a similar effect on adults and younger children.

[Evidentiary Requirements](#)

[Listing of Impairments \(overview\)](#)

1.00	2.00	3.00
Musculoskeletal Disorders	Special Senses and Speech	Respiratory Disorders

[Disability Claims](#)

4.00	5.00	6.00
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Meeting a Listing

- Whenever possible, we want to prove clients meet a listing so they can be approved faster!





Physical Listings

Physical Listing

- Tend to be more technical than mental health
- Typically only need to meet A, B, or C
- May need to look up terms



Physical Listing Example

11.04 Vascular insult to the brain, characterized by A, B, or C:

A. Sensory or motor aphasia resulting in ineffective speech or communication (see [11.00E1](#)) persisting for at least 3 consecutive months after the insult.

OR

B. Disorganization of motor function in two extremities (see [11.00D1](#)), resulting in an extreme limitation (see [11.00D2](#)) in the ability to stand up from a seated position, balance while standing or walking, or use the upper extremities, persisting for at least 3 consecutive months after the insult.

OR

C. Marked limitation (see [11.00G2](#)) in physical functioning (see [11.00G3a](#)) and in one of the following areas of mental functioning, both persisting for at least 3 consecutive months after the insult:

1. Understanding, remembering, or applying information (see [11.00G3b\(i\)](#));
or
2. Interacting with others (see [11.00G3b\(ii\)](#)); or
3. Concentrating, persisting, or maintaining pace (see [11.00G3b\(iii\)](#)); or
4. Adapting or managing oneself (see [11.00G3b\(iv\)](#)).



Let's Break it Down

- Start with Criteria A:
 - Sensory aphasia: cannot comprehend what others say but can speak fluently
 - Motor aphasia: trouble producing spontaneous speech, cannot find the words
 - Must also persist at least 3 month after the stroke
- Look both for the word aphasia itself
- But also look for examples of client not understanding or having trouble with words



Physical Listing Example

11.04 Vascular insult to the brain, characterized by A, B, or C:

A. Sensory or motor aphasia resulting in ineffective speech or communication (see 11.00E1) persisting for at least 3 consecutive months after the insult.

OR

B. Disorganization of motor function in two extremities (see 11.00D1), resulting in an extreme limitation (see 11.00D2) in the ability to stand up from a seated position, balance while standing or walking, or use the upper extremities, persisting for at least 3 consecutive months after the insult.

OR

C. Marked limitation (see 11.00G2) in physical functioning (see 11.00G3a) and in one of the following areas of mental functioning, both persisting for at least 3 consecutive months after the insult:

1. Understanding, remembering, or applying information (see 11.00G3b(i));
or
2. Interacting with others (see 11.00G3b(ii)); or
3. Concentrating, persisting, or maintaining pace (see 11.00G3b(iii)); or
4. Adapting or managing oneself (see 11.00G3b(iv)).



Let's Break it Down

- Then Criteria B:

- Blue Book gives us more information here:

1. Disorganization of motor function means interference, due to your neurological disorder, with movement of two extremities; i.e., the lower extremities, or upper extremities (including fingers, wrists, hands, arms, and shoulders). By two extremities we mean both lower extremities, or both upper extremities, or one upper extremity and one lower extremity.

! All listings in this body system, except for 11.02 (Epilepsy), 11.10 (Amyotrophic lateral sclerosis), and 11.20 (Coma and persistent vegetative state), include criteria for disorganization of motor function that results in an extreme limitation in your ability to:

- Stand up from a seated position; or
- Balance while standing or walking; or
- Use the upper extremities (including fingers, wrists, hands, arms, and shoulders).



Physical Listing Example

11.04 Vascular insult to the brain, characterized by A, B, or C:

A. Sensory or motor aphasia resulting in ineffective speech or communication (see 11.00E1) persisting for at least 3 consecutive months after the insult.

OR

B. Disorganization of motor function in two extremities (see 11.00D1), resulting in an extreme limitation (see 11.00D2) in the ability to stand up from a seated position, balance while standing or walking, or use the upper extremities, persisting for at least 3 consecutive months after the insult.

OR

C. Marked limitation (see 11.00G2) in physical functioning (see 11.00G3a) and in one of the following areas of mental functioning, both persisting for at least 3 consecutive months after the insult:

1. Understanding, remembering, or applying information (see 11.00G3b(i));
or
2. Interacting with others (see 11.00G3b(ii)); or
3. Concentrating, persisting, or maintaining pace (see 11.00G3b(iii)); or
4. Adapting or managing oneself (see 11.00G3b(iv)).



Let's Break it Down

- More on Criteria B:

2. **Extreme limitation** means the inability to stand up from a seated position, maintain balance in a standing position and while walking, or use your upper extremities to independently initiate, sustain, and complete work-related activities. The assessment of motor function depends on the degree of interference with standing up; balancing while standing or walking; or using the upper extremities (including fingers, hands, arms, and shoulders).

a. Inability to stand up from a seated position means that once seated you are unable to stand and maintain an upright position without the assistance of another person or the use of an assistive device, such as a walker, two crutches, or two canes.

b. Inability to maintain balance in a standing position means that you are unable to maintain an upright position while standing or walking without the assistance of another person or an assistive device, such as a walker, two crutches, or two canes.

c. Inability to use your upper extremities means that you have a loss of function of both upper extremities (including fingers, wrists, hands, arms, and shoulders) that very seriously limits your ability to independently initiate, sustain, and complete work-related activities involving fine and gross motor movements. Inability to perform fine and gross motor movements could include not being able to pinch, manipulate, and use your fingers; or not being able to use your hands, arms, and shoulders to perform gross motor movements, such as handling, gripping, grasping, holding, turning, and reaching; or not being able to engage in exertional movements such as lifting, carrying, pushing, and pulling.

Let's Break it Down

- More on Criteria B:
 - Look for examples in records about client
 - Standing
 - Balancing
 - Using upper extremities
 - Also use your own observations of these movements



Physical Listing Example

11.04 Vascular insult to the brain, characterized by A, B, or C:

A. Sensory or motor aphasia resulting in ineffective speech or communication (see [11.00E1](#)) persisting for at least 3 consecutive months after the insult.

OR

B. Disorganization of motor function in two extremities (see [11.00D1](#)), resulting in an extreme limitation (see [11.00D2](#)) in the ability to stand up from a seated position, balance while standing or walking, or use the upper extremities, persisting for at least 3 consecutive months after the insult.

OR

C. Marked limitation (see [11.00G2](#)) in physical functioning (see [11.00G3a](#)) and in one of the following areas of mental functioning, both persisting for at least 3 consecutive months after the insult:

1. Understanding, remembering, or applying information (see [11.00G3b\(i\)](#));
or
2. Interacting with others (see [11.00G3b\(ii\)](#)); or
3. Concentrating, persisting, or maintaining pace (see [11.00G3b\(iii\)](#)); or
4. Adapting or managing oneself (see [11.00G3b\(iv\)](#)).



Let's Break it Down

- Then criteria C:
 - Reduces criteria to marked rather than extreme
 - Brings in four areas of mental functioning
 - Should look familiar from MSR



Physical Listing Example

11.04 Vascular insult to the brain, characterized by A, B, or C:

A. Sensory or motor aphasia resulting in ineffective speech or communication (see 11.00E1) persisting for at least 3 consecutive months after the insult.

OR

B. Disorganization of motor function in two extremities (see 11.00D1), resulting in an extreme limitation (see 11.00D2) in the ability to stand up from a seated position, balance while standing or walking, or use the upper extremities, persisting for at least 3 consecutive months after the insult.

OR

C. Marked limitation (see 11.00G2) in physical functioning (see 11.00G3a) and in one of the following areas of mental functioning, both persisting for at least 3 consecutive months after the insult:

1. Understanding, remembering, or applying information (see 11.00G3b(i));
or
2. Interacting with others (see 11.00G3b(ii)); or
3. Concentrating, persisting, or maintaining pace (see 11.00G3b(iii)); or
4. Adapting or managing oneself (see 11.00G3b(iv)).



Let's Break it Down

- More on Criteria C:

2. Marked Limitation. To satisfy the requirements of the functional criteria, your neurological disorder must result in a marked limitation in physical functioning and a marked limitation in one of the four areas of mental functioning (see 11.00G3). Although we do not require the use of such a scale, "marked" would be the fourth point on a five-point scale consisting of no limitation, mild limitation, moderate limitation, marked limitation, and extreme limitation. We consider the nature and overall degree of interference with your functioning. The term "marked" does not require that you must be confined to bed, hospitalized, or in a nursing home.





Mental Health Listing

Mental Health Listing

- Can be a bit more subjective
- Different than DSM
- Requires meeting A and B or A and C



Mental Health Listing Example

12.15 Trauma- and stressor-related disorders (see [12.00B11](#)), satisfied by A and B, or A and C:

A. Medical documentation of all of the following:

1. Exposure to actual or threatened death, serious injury, or violence;
2. Subsequent involuntary re-experiencing of the traumatic event (for example, intrusive memories, dreams, or flashbacks);
3. Avoidance of external reminders of the event;
4. Disturbance in mood and behavior; and
5. Increases in arousal and reactivity (for example, exaggerated startle response, sleep disturbance).

AND

B. Extreme limitation of one, or marked limitation of two, of the following areas of mental functioning (see [12.00F](#)):

1. Understand, remember, or apply information (see [12.00E1](#)).
2. Interact with others (see [12.00E2](#)).
3. Concentrate, persist, or maintain pace (see [12.00E3](#)).
4. Adapt or manage oneself (see [12.00E4](#)).

OR

C. Your mental disorder in this listing category is “serious and persistent;” that is, you have a medically documented history of the existence of the disorder over a period of at least 2 years, and there is evidence of both:

1. Medical treatment, mental health therapy, psychosocial support(s), or a highly structured setting(s) that is ongoing and that diminishes the symptoms and signs of your mental disorder (see [12.00G2b](#)); and
2. Marginal adjustment, that is, you have minimal capacity to adapt to changes in your environment or to demands that are not already part of your daily life (see [12.00G2c](#)).



Let's Break it Down

- Start with Criteria A as this is required:
 - Experienced a trauma
 - Re-experiencing (flashbacks, dreams, intrusive memories)
 - Avoiding reminders
 - Disturbed mood or behavior
 - Arousal/reactivity (startle response, sleep disturbance)



Mental Health Listing Example

12.15 Trauma- and stressor-related disorders (see 12.00B11), satisfied by A and B, or A and C:

A. Medical documentation of all of the following:

1. Exposure to actual or threatened death, serious injury, or violence;
2. Subsequent involuntary re-experiencing of the traumatic event (for example, intrusive memories, dreams, or flashbacks);
3. Avoidance of external reminders of the event;
4. Disturbance in mood and behavior; and
5. Increases in arousal and reactivity (for example, exaggerated startle response, sleep disturbance).

AND

B. Extreme limitation of one, or marked limitation of two, of the following areas of mental functioning (see 12.00F):

1. Understand, remember, or apply information (see 12.00E1).
2. Interact with others (see 12.00E2).
3. Concentrate, persist, or maintain pace (see 12.00E3).
4. Adapt or manage oneself (see 12.00E4).

OR

C. Your mental disorder in this listing category is “serious and persistent;” that is, you have a medically documented history of the existence of the disorder over a period of at least 2 years, and there is evidence of both:

1. Medical treatment, mental health therapy, psychosocial support(s), or a highly structured setting(s) that is ongoing and that diminishes the symptoms and signs of your mental disorder (see 12.00G2b); and
2. Marginal adjustment, that is, you have minimal capacity to adapt to changes in your environment or to demands that are not already part of your daily life (see 12.00G2c).

Let's Break it Down

- Then Criteria B:
 - 4 functioning domains that we detail in the MSR
 - Understand, remember, apply info
 - Interact with others
 - Concentrate, persist, maintain pace
 - Adapt or manage oneself
 - Always make sure you are connecting how these domains impact them in a work setting



Mental Health Listing Example

12.15 Trauma- and stressor-related disorders (see [12.00B11](#)), satisfied by A and B, or A and C:

A. Medical documentation of all of the following:

1. Exposure to actual or threatened death, serious injury, or violence;
2. Subsequent involuntary re-experiencing of the traumatic event (for example, intrusive memories, dreams, or flashbacks);
3. Avoidance of external reminders of the event;
4. Disturbance in mood and behavior; and
5. Increases in arousal and reactivity (for example, exaggerated startle response, sleep disturbance).

AND

B. Extreme limitation of one, or marked limitation of two, of the following areas of mental functioning (see [12.00F](#)):

1. Understand, remember, or apply information (see [12.00E1](#)).
2. Interact with others (see [12.00E2](#)).
3. Concentrate, persist, or maintain pace (see [12.00E3](#)).
4. Adapt or manage oneself (see [12.00E4](#)).

OR

C. Your mental disorder in this listing category is “serious and persistent;” that is, you have a medically documented history of the existence of the disorder over a period of at least 2 years, and there is evidence of both:

1. Medical treatment, mental health therapy, psychosocial support(s), or a highly structured setting(s) that is ongoing and that diminishes the symptoms and signs of your mental disorder (see [12.00G2b](#)); and
2. Marginal adjustment, that is, you have minimal capacity to adapt to changes in your environment or to demands that are not already part of your daily life (see [12.00G2c](#)).



Let's Break it Down

- Finally Criteria C:
 - Applicable for clients who have had diagnosis for at least 2 years
 - Have ongoing treatment history
 - AND minimal capacity to meet demands of daily living



Mental Health Listing Example

12.15 Trauma- and stressor-related disorders (see 12.00B11), satisfied by A and B, or A and C:

A. Medical documentation of all of the following:

1. Exposure to actual or threatened death, serious injury, or violence;
2. Subsequent involuntary re-experiencing of the traumatic event (for example, intrusive memories, dreams, or flashbacks);
3. Avoidance of external reminders of the event;
4. Disturbance in mood and behavior; and
5. Increases in arousal and reactivity (for example, exaggerated startle response, sleep disturbance).

AND

B. Extreme limitation of one, or marked limitation of two, of the following areas of mental functioning (see 12.00F):

1. Understand, remember, or apply information (see 12.00E1).
2. Interact with others (see 12.00E2).
3. Concentrate, persist, or maintain pace (see 12.00E3).
4. Adapt or manage oneself (see 12.00E4).

OR

C. Your mental disorder in this listing category is “serious and persistent;” that is, you have a medically documented history of the existence of the disorder over a period of at least 2 years, and there is evidence of both:

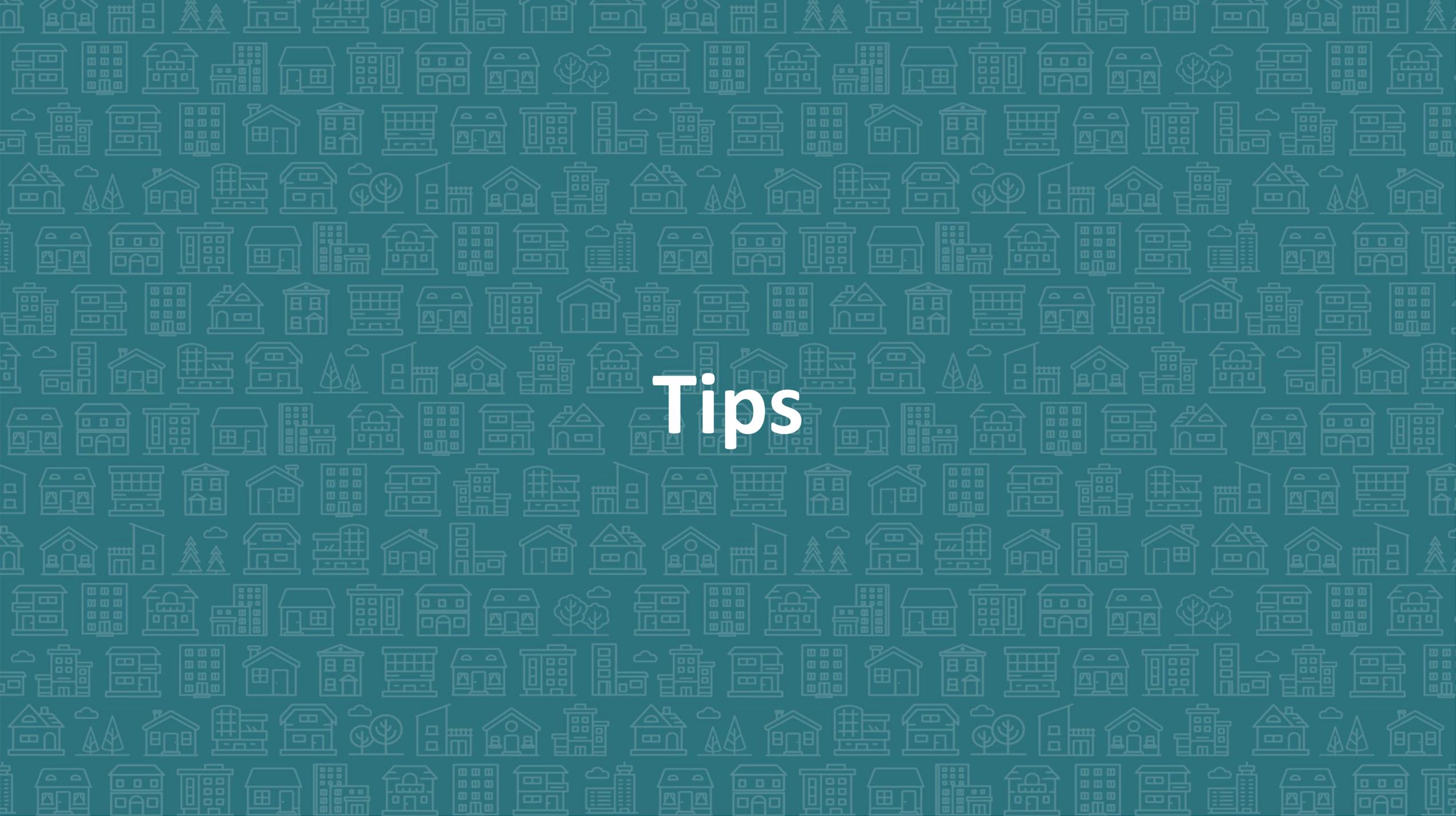
1. Medical treatment, mental health therapy, psychosocial support(s), or a highly structured setting(s) that is ongoing and that diminishes the symptoms and signs of your mental disorder (see 12.00G2b); and
2. Marginal adjustment, that is, you have minimal capacity to adapt to changes in your environment or to demands that are not already part of your daily life (see 12.00G2c).

Let's Break it Down

- Finally Criteria C:

b. The criterion in C1 is satisfied when the evidence shows that you rely, on an ongoing basis, upon medical treatment, mental health therapy, psychosocial support(s), or a highly structured setting(s), to diminish the symptoms and signs of your mental disorder (see 12.00D). We consider that you receive ongoing medical treatment when the medical evidence establishes that you obtain medical treatment with a frequency consistent with accepted medical practice for the type of treatment or evaluation required for your medical condition. We will consider periods of inconsistent treatment or lack of compliance with treatment that may result from your mental disorder. If the evidence indicates that the inconsistent treatment or lack of compliance is a feature of your mental disorder, and it has led to an exacerbation of your symptoms and signs, we will not use it as evidence to support a finding that you have not received ongoing medical treatment as required by this paragraph.

c. The criterion in C2 is satisfied when the evidence shows that, despite your diminished symptoms and signs, you have achieved only marginal adjustment. "Marginal adjustment" means that your adaptation to the requirements of daily life is fragile; that is, you have minimal capacity to adapt to changes in your environment or to demands that are not already part of your daily life. We will consider that you have achieved only marginal adjustment when the evidence shows that changes or increased demands have led to exacerbation of your symptoms and signs and to deterioration in your functioning; for example, you have become unable to function outside of your home or a more restrictive setting, without substantial psychosocial supports (see 12.00D). Such deterioration may have necessitated a significant change in medication or other treatment. Similarly, because of the nature of your mental disorder, evidence may document episodes of deterioration that have required you to be hospitalized or absent from work, making it difficult for you to sustain work activity over time.



Tips

Writing MSR

- Look at client's most recent records
 - List of diagnoses
- Go to the Blue Book
 - What are the criteria for each of these diagnoses?
 - Make a list
- Go back to records
 - Where do you see proof of this criteria in their records?
 - Highlight it and cite it in your MSR



Writing MSR

- Explicitly write that client meets listing XX.X as evidenced by xx symptoms
- Cite medical records
- Cite collateral sources such as family, friends, case managers
- Use your own observations
- Use quotations from client



Help with Medical Terminology

- Google
- Medlineplus.gov
- Asha.org
- Others?



Insufficient Records

- What if client's records are old, incomplete, inconclusive, etc?
 - Support client to build more records by seeing a provider
 - You can advocate with provider and explain what needs to be evaluated



Contact NCCEH

hello@ncceh.org

919.755.4393

Contact us re: SOAR

soar@ncceh.org

919.755.4393

NCEndHomelessness 

@NCHomelessness 

nc_end_homelessness 



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