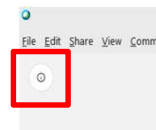


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## Completing Quality SOAR Applications: Understanding Step 3 (The Listings) and Step 5 (The Grids)

Presented by the Substance Abuse and Mental Health  
Services Administration (SAMHSA)  
SOAR Technical Assistance (TA) Center  
U.S. Department of Health and Human Services

January 22, 2020



## Disclaimer

*The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).*



## Webinar Instructions

- Muting
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- Questions and Answers



## Purpose and Objectives

- Learn how to access and utilize SSA's Listings of Impairments and Grid Rules
- Understand why it's important to understand how SOAR applicants may be awarded at Step 3 and Step 5 of SSA's Sequential Evaluation process
- Learn how to reference specific Listings and Grids in the Medical Summary Report (MSR)

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## Agenda

### Presenters

- Jennifer Ankton, Disability Adjudication Supervisor, Bureau of Disability Adjudication, Las Vegas, Nevada
- Meg Retz, Esq., Staff Attorney, Homeless Advocacy Project (HAP), Philadelphia, PA
- Denise Keesee, MS, Community Liaison/Benefits & Eligibility Specialist, Central City Concern/BEST, Portland, Oregon

### Questions and Answers

- Facilitated by the SAMHSA SOAR TA Center

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# Welcome!

Asha Stanly, MSW, LICSW  
Government Project Officer  
Division of State and Community Systems Development  
Center for Mental Health Services  
Substance Abuse and Mental Health Services Administration

January 22, 2020



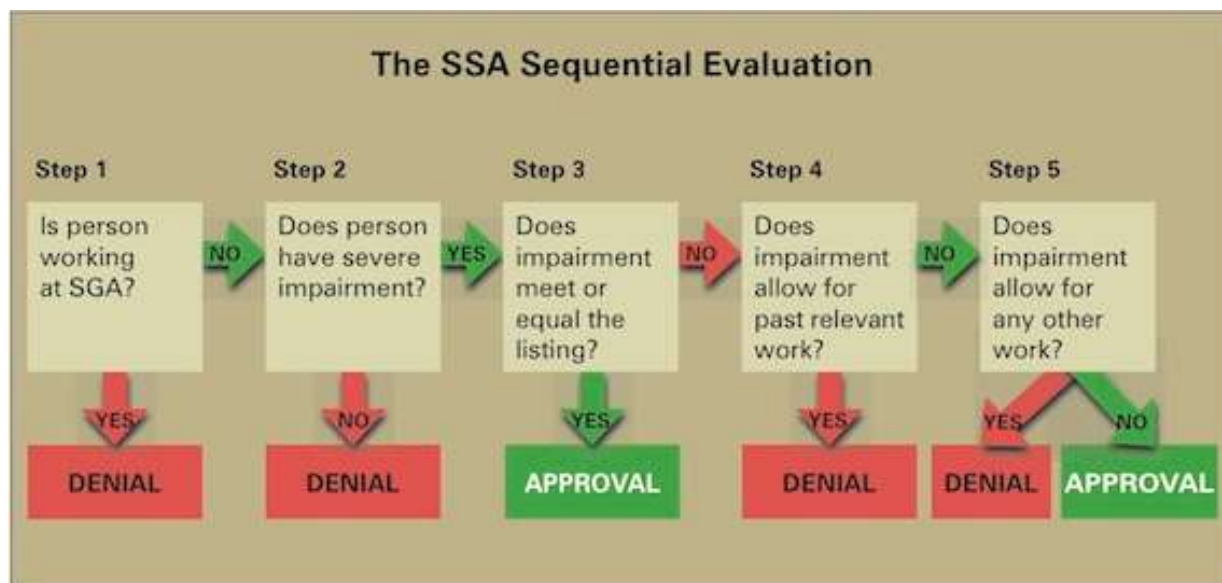
# Overview of Step 3 (The Listings) and Selective Listings

Jennifer Anhton  
Disability Adjudication Supervisor/SOAR Liaison  
State of Nevada Bureau of Disability Adjudication  
Las Vegas, Nevada

January 22, 2020



## The Sequential Evaluation for Adults



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## Step 3 is Key!

- Person can be found disabled at Step 3 and begin receiving benefits
- If adequate evidence is presented that impairment meets or equals the Listings and the applicant is unable to work
- Connecting functional limitations to their inability to maintain work at a substantial gainful level, using appropriate medical documentation, is key

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## SSA Listings of Impairments

### What are the Listings?

- SSA’s Listings of Impairments is a list of disabling impairments organized by body system. It lists specific criteria under which claimants who experience them may qualify medically for Social Security disability benefits.

### Why are they important?

- The Listings are your road map! They tell you exactly the signs and symptoms the applicant needs to have in order to qualify for benefits.

### When should I use it?

- The Listings should be referenced for **every** claim!

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## SSA Listings of Impairments

<https://www.ssa.gov/disability/professionals/bluebook/AdultListings.htm>

<p>Adult Listings (Part A)</p> <p>Childhood Listings (Part B)</p> <p>General Information</p> <p>Evidentiary Requirements</p> <p>Listing of Impairments (overview)</p> <p>Disability Claims Process Video Series</p> <p>Revisions to Rules Regarding the Evaluation of Medical Evidence</p>	<p><b>Disability Evaluation Under Social Security</b></p> <p><b>Listing of Impairments - Adult Listings (Part A)</b></p> <p>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.</p> <table border="0"> <tr> <td style="text-align: center;"><b>1.00</b> Musculoskeletal System</td> <td style="text-align: center;"><b>2.00</b> Special Senses and Speech</td> <td style="text-align: center;"><b>3.00</b> Respiratory Disorders</td> </tr> <tr> <td style="text-align: center;"><b>4.00</b> Cardiovascular System</td> <td style="text-align: center;"><b>5.00</b> Digestive System</td> <td style="text-align: center;"><b>6.00</b> Genitourinary Disorders</td> </tr> <tr> <td style="text-align: center;"><b>7.00</b> Hematological Disorders</td> <td style="text-align: center;"><b>8.00</b> Skin Disorders</td> <td style="text-align: center;"><b>9.00</b> Endocrine Disorders</td> </tr> <tr> <td style="text-align: center;"><b>10.00</b> Congenital Disorders that Affect Multiple Body Systems</td> <td style="text-align: center;"><b>11.00</b> Neurological Disorders</td> <td style="text-align: center;"><b>12.00</b> Mental Disorders</td> </tr> <tr> <td style="text-align: center;"><b>13.00</b> Cancer (Malignant Neoplastic Diseases)</td> <td style="text-align: center;"><b>14.00</b> Immune System Disorders</td> <td></td> </tr> </table>	<b>1.00</b> Musculoskeletal System	<b>2.00</b> Special Senses and Speech	<b>3.00</b> Respiratory Disorders	<b>4.00</b> Cardiovascular System	<b>5.00</b> Digestive System	<b>6.00</b> Genitourinary Disorders	<b>7.00</b> Hematological Disorders	<b>8.00</b> Skin Disorders	<b>9.00</b> Endocrine Disorders	<b>10.00</b> Congenital Disorders that Affect Multiple Body Systems	<b>11.00</b> Neurological Disorders	<b>12.00</b> Mental Disorders	<b>13.00</b> Cancer (Malignant Neoplastic Diseases)	<b>14.00</b> Immune System Disorders	
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## Using SSA's Listing of Impairments

- <https://www.ssa.gov/disability/professionals/bluebook/AdultListings.htm>
- The listings are categorized by body system (e.g. musculoskeletal, respiratory). There are currently 14 body systems for adults. Mental disorders are found in section 12.00
- It is important to remember that the specific diagnoses that someone has received over the years are not as important as the *signs* and *symptoms* that they are currently experiencing
- Focusing on the symptoms will be key to meeting both the medical criteria and in-turn the functional impairment criteria
- SOAR providers are integral in documenting symptoms and functional impairments for individuals experiencing homelessness!

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## Mental Disorder Listings for Adults

12.00 Mental Disorder Listings	Medical Criteria
12.02 Neurocognitive disorders	
12.03 Schizophrenia spectrum and other psychotic disorders	A & B or A & C
12.04 Depressive, bipolar, and related disorders	
12.05 Intellectual disorder	A or B (unique)
12.06 Anxiety and obsessive-compulsive disorders	A & B or A & C
12.07 Somatic symptom and related disorders	
12.08 Personality and impulse-control disorders	
12.10 Autism spectrum disorder	A & B
12.11 Neurodevelopmental disorders	
12.13 Eating disorders	
12.15 Trauma- and stressor-related disorders	A & B or A & C

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## Paragraph A, B, and C Criteria of the Listings

- A. Medical criteria that must be present in the medical evidence
- B. Functional criteria that is assessed on a five-point rating scale from “none” to “extreme”
- C. Criteria used to evaluate “serious and persistent mental disorders”

*This applies to all mental disorder listings except 12.05 Intellectual Disorders*

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## Four Areas of Mental Functioning

- Understand, remember, or apply information
  - Memory, following instructions, solving problems
- Interact with others
  - Getting along with others, anger, avoidance, etc.
- Concentrate, persist, or maintain pace
  - Task completion, focusing on details, distractibility at work, etc.
- Adapt or manage oneself
  - Hygiene, responding to change, setting realistic goals, etc.

Activities of Daily Living will be considered throughout all functional areas!



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## How “B” Functional Criteria are used to Evaluate Mental Disorders

- To satisfy the “B” criteria, your mental disorder must result in extreme limitation of one, or marked limitation of two, of the four areas of mental functioning using a five-point rating scale:
  - No limitation (or none): Able to function
  - Mild limitation: Slightly limited functioning
  - Moderate limitation: Fair functioning
  - Marked limitation: Seriously limited functioning
  - Extreme limitation: Not able to function
- Limitation reflects the degree to which your mental disorder interferes with your ability to function independently, appropriately, effectively, and on a sustained basis.

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## Combination of Impairments

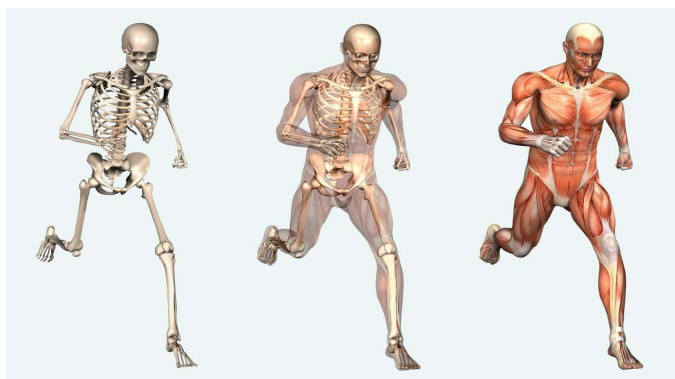
- Applicants can be approved based on a combination of impairments
- Consider and document both mental and physical impairments
- Common physical impairments found in applicants experiencing homelessness covered in the following slides

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## Musculoskeletal System

### The Listings – 1.00



## Musculoskeletal System: Listings 1.00

- Focus is on FUNCTION
- Loss of function may be due to:
  - bone/joint deformity/destruction
  - disorders of the spine
  - inflammatory arthritis
  - amputation
  - fractures
  - soft tissue injuries (burns) requiring prolonged periods of immobility



## Inability to Ambulate Effectively

- Extreme limitation of the ability to walk; *i.e., interferes very seriously with ability to independently initiate, sustain, or complete activities*
- Insufficient functioning to permit independent ambulation without the use of a hand-held assistive device(s) that limits the functioning of **both** upper extremities.



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## Examples – Ineffective Ambulation

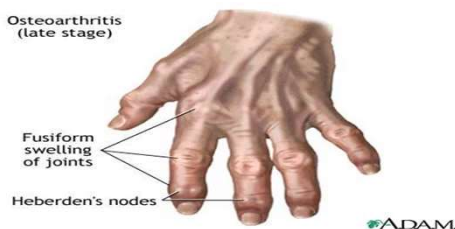
- Inability to walk without the use of a walker, two crutches or two canes,
- Inability to walk a block at a reasonable pace on rough or uneven surfaces,
- Inability to use standard public transportation,
- Inability to carry out routine ambulatory activities (shopping, banking), and
- Inability to climb a few steps at a reasonable pace with the use of a single hand rail



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## Inability to Perform Fine/Gross Movements Effectively

- Extreme loss of function of both upper extremities; i.e., an impairment(s) that interferes very seriously with the individual's ability to independently initiate, sustain, or complete activities.



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## Examples – Ineffective Fine/Gross Movements

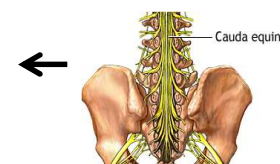
- Inability to carry out ADLs
- Inability to prepare a simple meal and feed oneself,
- Inability to take care of personal hygiene,
- Inability to sort and handle papers or files,
- Inability to place files in a file cabinet at or above waist level.



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## 1.04 Disorders of the Spine

- Limitations due to distortion of the bone and ligaments of the spine with impingement of a nerve root (including the cauda equina\*) or the spinal cord.
  - herniated nucleus pulposus (slipped disc)
  - spinal arachnoiditis (inflammation of arachnoid membrane)
  - spinal stenosis (narrowing of spinal column or nerve opening)
  - osteoarthritis
  - degenerative disc disease
  - facet arthritis (capsule of facet joint is injured)
  - vertebral fracture
  - cauda equina (horsetail) – bundle of spinal nerve roots below the lumbar region that control bowel/bladder function



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## Effects of Obesity

- The combined effects of obesity and musculoskeletal impairments can be greater than the impairments considered separately
- May add additional stress on joints and spine or increase severity of other impairments
- We consider obesity under the musculoskeletal listing if the obesity limitations are equivalent to those in a listing.
- Obesity could cause an individual to be unable to effectively walk and could also have a dysfunction in a weight-bearing joint.

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## Evaluating Musculoskeletal Impairments

- What to look for in Arthritis allegations:
- Range of Motion (ROM) of affected joints
- Joint abnormalities – heat, swelling, effusions, etc.
- X-rays, MRIs, CT scans for affected joints
- Pertinent lab results – RA, antinuclear antibodies, sed rate
- Note how all the above cause functional loss (e.g. grip, ambulation, gait, etc.)

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## Evaluating Musculoskeletal Impairments (cont.)

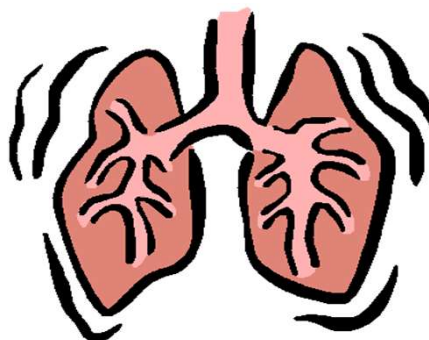
- Assessing back impairments
- ROM of spine
- Sensory, motor, and/or reflex abnormalities
- X-ray, MRI, CT results
- GAIT description, orthopedic maneuvers
- Cane use – we need medical findings to show the individual would be unable to ambulate effectively without an assistive device (e.g. instability, balance issues)



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## Respiratory System Listings

### Respiratory Disorders– 3.00



## Documentation

- Respiratory disorders must be established by medical evidence – a longitudinal clinical record
- Dates of treatment
- Clinical and lab findings
- Treatment administered
- Time period required for treatment
- Clinical response



## Cardiac Listings and Impairments: 4.00



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## Cardiovascular Impairments

- Any disorder that affects the proper functioning of the heart or the circulatory system
- It results from consequences of heart disease:
- Chronic heart failure or ventricular dysfunction
- Pain/discomfort from ischemia
- Syncope or near syncope (fainting) – poor blood flow, arrhythmias, conduction issues (heart not pumping as it should)
- Central cyanosis – poor O<sub>2</sub> in arteries, or pulmonary vascular disease

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## Documentation Needed

- Signs and symptoms – history, physical exams
- Lab studies – echocardiogram, exercise tolerance tests (ETT)
- Treatment and response to treatment
- Longitudinal clinical record - need minimum of 3 months of observations and treatment or make a decision based on current evidence
- Must wait 3 months after event (MI) or corrective procedure (CABG) and then obtain current evidence
- Purchase studies?
  - Yes to doppler, treadmill
  - No to cardiac cath, angiography – nothing invasive



## Effects of Obesity

The higher the BMI the more adverse effect on an individual with a significant cardiac impairment

- Harder for chest and lungs to expand making respiratory work harder to provide O<sub>2</sub>, *resulting in*
- Increased cardiac workload making heart work harder to pump blood to carry O<sub>2</sub>, *causing*
- Increased edema, dyspnea, fatigue and anxiety

As BMI rises, so does risk for HTN, CAD, heart attack, heart failure, sudden cardiac death and arrhythmias



**Consider any additional and cumulative effects of obesity when considering a severe cardiovascular impairment**



## What are these Grids?

Meg Retz, Esq.  
Staff Attorney  
Homeless Advocacy Project (HAP)  
Philadelphia, Pennsylvania

January 22, 2020



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## Step 5: Can the Claimant Perform Other Work?

- Analysis involves consideration of claimant's Residual Functional Capacity (RFC) and vocational factors that include the applicant's age, education, and work experience.
- SSA developed medical-vocational guidelines that are designed to reflect major functional and vocational patterns.
- These guidelines, called the Grids, are numbered rules which direct conclusions of "disabled" or "not disabled" depending upon whether factors in the rule are met.
- The Grids are found at 24 CFR Part 404, Subpart P, Appendix 2 or [http://www.ssa.gov/OP\\_Home/cfr20/404/404-app-p02.htm](http://www.ssa.gov/OP_Home/cfr20/404/404-app-p02.htm).

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## The Grids

- The Grids are primarily applied when an individual has a medical impairment that manifests in exertional limitations.
  - SSA applies the Grid rule that comports with the full range of claimant’s exertional abilities (sedentary vs. light vs. medium vs. heavy).
  - Grids are not fully applicable when limitations are solely non-exertional; that is, when the limitations are not physical in nature.
    - Examples of exertional limitations related to the ability to sit, stand, walk, lift, carry, bend, feel, etc.
    - Examples of non-exertional limitations relate to the ability to concentrate, relate to the public, respond to criticism from a supervisor, etc.

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## The Grids

- Medical Vocational Guidelines are “instructive” where non-exertional limitations predominate.
- Advocates can argue that the Grids do not apply to a claim primarily based on mental illness.

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# The Grids

**Table No. 1—Residual Functional Capacity: Maximum Sustained Work Capability Limited to Sedentary Work as a Result of Severe Medically Determinable Impairment(s)**

Rule	Age	Education	Previous work experience	Decision
201.01	Advanced age	Limited or less	Unskilled or none	Disabled
201.02	.....do	.....do	Skilled or semiskilled—skills not transferable <sup>1</sup>	Do.
201.03	.....do	.....do	Skilled or semiskilled—skills transferable <sup>1</sup>	Not disabled
201.04	.....do	High school graduate or more—does not provide for direct entry into skilled work <sup>2</sup>	Unskilled or none	Disabled
201.05	.....do	High school graduate or more—provides for direct entry into skilled work <sup>2</sup>	.....do	Not disabled
201.06	.....do	High school graduate or more—does not provide for direct entry into skilled work <sup>2</sup>	Skilled or semiskilled—skills not transferable <sup>1</sup>	Disabled
201.07	.....do	.....do	Skilled or semiskilled—skills transferable <sup>1</sup>	Not disabled
201.08	.....do	High school graduate or more—provides for direct entry into skilled work <sup>2</sup>	Skilled or semiskilled—skills not transferable <sup>1</sup>	Do.
201.09	Closely approaching advanced age	Limited or less	Unskilled or none	Disabled
201.10	.....do	.....do	Skilled or semiskilled—skills not transferable	Do.
201.11	.....do	.....do	Skilled or semiskilled—skills transferable	Not disabled
201.12	.....do	High school graduate or more—does not provide for direct entry into skilled work <sup>3</sup>	Unskilled or none	Disabled
201.13	.....do	High school graduate or more—provides for direct entry into skilled work <sup>3</sup>	.....do	Not disabled

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## Case Studies: Using Listings and Grids

Denise Keesee, MS  
 Community Liaison/Benefits & Eligibility Specialist  
 Central City Concern (CCC)/BEST  
 Portland, Oregon

January 22, 2020



## Using the Listings

- Criteria Guided Records Review
  - Locate and print the listing criteria for the most significant diagnoses
    - These diagnoses will be the basis for the case
    - Most, if not all of the criteria should be met based on medical records available
  - Highlight the criteria met and mark records to locate that information in future steps
    - The information in the records will be cited in the MSR and should include specific information that makes it easy for the analyst to locate
    - This is also useful when requesting letters of support, or taking the client to an evaluation

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## Using the Listings

- Incorporating Evidence into the MSR
- Insert information from the functional interview into the appropriate sections of the MSR
  - Use evidence from records that support the statements made in the functional interview
  - Add evidence from observations to support client statements
  - Include evidence that meets the listing and use listing language

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## Work Experience in the MSR

- Describe past work history in detail
  - The goal is to detail the past work performed by the client in an effort to show that they can no longer perform past relevant work.
  - [https://occupationalinfo.org/onet/onet\\_alpha\\_index.html](https://occupationalinfo.org/onet/onet_alpha_index.html)
    - The Occupational Information Network link lists the tasks associated with various jobs
    - Knowing all the tasks associated with a particular job can be helpful in validating why a job can no longer be performed
    - Example: A client with past work in construction performed tasks such as (1) Loads and unloads trucks and hauls and hoists materials. (2) Erects and disassembles scaffolding, shoring, braces, and other temporary structures. If they are restricted to light or sedentary work due to physical health conditions, they can no longer perform these tasks, and therefore can no longer work in construction.

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## Residual Functional Capacity and Past Relevant Work

A client may not meet all of the medical criteria, but the Residual Functional Capacity (RFC) combined with past relevant work (PRW) can meet the disability criteria

- Example: A client of advanced age has medical evidence that meets the criteria for
- 3.02 Chronic respiratory disorders due to any cause except CF
- Based on: Criteria D. Exacerbations or complications requiring three hospitalizations within a 12-month period and at least 30 days apart (the 12-month period must occur within the period we are considering in connection with your application or continuing disability review). Each hospitalization must last at least 48 hours, including hours in a hospital emergency department immediately before the hospitalization.
- BUT they are not always medication adherent and DDS does not make a favorable medical decision
- They are limited to sedentary work due to their conditions, and past relevant work was in paint factories, and as a quality inspector in an automotive parts plant. They cannot return to this work and there are no transferrable skills. Therefore, they are disabled on the med voc grid.

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## Age and Education

- Advancing age is an increasingly limiting factor in a person's ability to adjust to other work
  - Younger Person (under 50)
  - Person Closely approaching advanced age (50-54)
  - Person of advanced age (55 and older)
  - When a person of advanced age does not have a high school diploma, is limited to sedentary work, and has past relevant work that is unskilled, or skills that are not transferrable, the med voc grid indicates that they are disabled
  - This can be useful when medical criteria is not met
  - Example: 60 y.o. without diploma, with manual labor history, vascular insult to the brain, Residual Functional Capacity limited to sedentary

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## Questions and Answers

Please type your questions into the Q&A box on the right of your screen

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## Next Steps

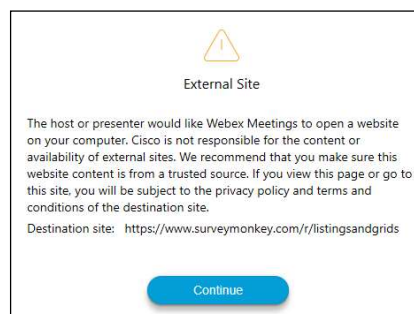
- ✓ Familiarize yourself with the Listings
- ✓ Document medical records and functional limitations in the Medical Summary Report
- ✓ Contact your SAMHSA SOAR TA Center Liaison with questions
- ✓ Follow-up with your DDS Examiner with additional information

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## Thank You

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

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