Documenting Disability

Simple Strategies for Medical Providers

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Overview

- Greater understanding of the disability determination process for SSI/SSDI
- To document disability or not to document…
- Common misconceptions
- Mental health conditions and substance use disorders
- Success strategies for documenting disability

Documenting Disability
Simple Strategies
for Medical Providers

Health Care for the Homeless Clinicians' Network
Ntional Health Care for the Homeless Council
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SSA Definition of Disability

- "A person age 18 or older who is…unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months…"

A health condition severe enough to keep you out of work for a year

The 5-Step Sequential Evaluation

- Is the claimant engaged in substantial gainful activity?
  - 30-40 hours per week
- Medically determinable severe impairment?
  - Screen out weak claims (threshold test)
- Meet or equal a listing?
- Given the claimant's residual functional capacity (RFC), can he/she perform past relevant work?
- Given the claimant's RFC, are their jobs in the national economy that he/she can do?

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The Counterpoint

- No formal training
- Can be time consuming and frustrating
- Little compensation
- Difficulty accessing needed tests or prior records
- It's the job of the outpatient provider with the ongoing relationship
- Age of "Recovery", not "Disability"

But…

We are in the Business of Improving Health

- Mortality is increased by:
  - Lower income
  - Lack of adequate housing
  - Poor social cohesion
  - Limited education
  - Multi-morbidity

And…

"In order to treat some people equally, we must treat them differently."

Harry A. Blackmun
U.S. Supreme Court Justice
1970-1994

Why We Should Do This

- "Facilitating applications for disability benefits is perhaps the single most important intervention that clinicians can offer to minimize the health risks associated with poverty and to assure a better quality of life…"

Jim O'Connell, M.D.
Boston HCH Program

Sometimes income support is the best medicine.

Why We Should Do This

- We care about the people that we serve
- Consistent with all four pillars of medical ethics
  - Autonomy
  - Beneficience
  - Nonmaleficience
  - Justice

The Key To Success

- Breaking the cycle of homelessness and transinstitutionalization
  - State Hospitals
  - Jails and Prisons
  - Homeless Shelters/Homeless Services
- You are the most stable treatment source for high utilizers of the state hospital system

Everyone Wins

- The person that you are serving
- State Division of MH/SA/DD Services
- The State Hospital System

Everyone Wins

- Access to housing improves
  - Discharge planning streamlined
- Access to services enhanced
  - Healthier consumers
- Reimbursement for services occurs
  - Healthier clinics

Everyone Wins

- Fewer bounce-backs and shorter length of stay
  - Supports dynamic and therapeutic milieu
- Enhanced therapeutic benefit
  - Remember Maslow
- Fantastic ROI
  - Healthier communities

Finally…

- We can do better!
  - Insufficient medical evidence accounts for 1/3 of denials
- Low hanging fruit
  - 30-80% of uninsured HCH consumers qualify

The gains outweigh the pain!

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- *Common misconceptions*
- Mental health conditions and substance use disorders
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Common Misconceptions

- I have to say whether or not I think my patient is disabled
- I'm really not the best person to do this
- I might make my patient angry if I don't think he/she is disabled
- This will compromise my role as a treating clinician

Disability vs Impairment

- ***Disability*** is determined by Disability Determination Services (DDS) / Administrative Law Judge
- ***Impairment*** is determined by health providers

Role of the Treating Clinician

"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."

- SSA, Consultative Examination Guide

You are the mortar that holds the bricks of the story together

Treating Sources

- "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."

SSA, Consultative Examination Guide: www.socialsecurity.gov/disability/professionals/greenbook/ce-evidence.htm

Who is a "Treating Source"?

- Clinician with an ongoing treatment relationship
- Treating sources
  - Physicians
  - Psychologists (with terminal degree)
  - Optometrists (vision only)
  - Podiatrists (foot and ankle only)
- Require consultation and co-signature
  - Nurse practitioners
  - Physician assistants
  - Social workers

Outside Consultative Exams

- DDS can arrange these
- Alternative to the "Treating Source"
- Piecework, high volume system
- Incentive to be fast (not thorough)
  - Paid by the exam
- Usually internists or family practitioners

The Take Home Message So Far

- You may feel under-qualified to document impairments but if you know your patient you are more qualified than anyone else
- Think biosocially when treatment planning
  - Income is treatment
  - Housing is healthcare
  - Advocacy matters
- It takes a team to break the cycle of homelessness

A Reason to Celebrate!

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- Common misconceptions
- ***Mental health conditions and substance use disorders***
- Success strategies for documenting disability

Behavioral Health Conditions

"I'm right there in the room, and no one even acknowledges me."

The Homeless Population

- 66% of homeless adults have a mental health condition and/or substance use disorder
- Majority have had prior contact with the mental health treatment system
  - Commonly "lost to follow-up" while homeless

Burt, 1999

Medical Morbidity and Mortality

- Public mental health consumers are much ***less likely to receive care*** for chronic physical health conditions than the general population
- Serious mental illness is associated with ***increased morbidity and mortality*** due to general medical conditions

NASMHPD 2006

Why Should We Be Concerned About Morbidity and Mortality?

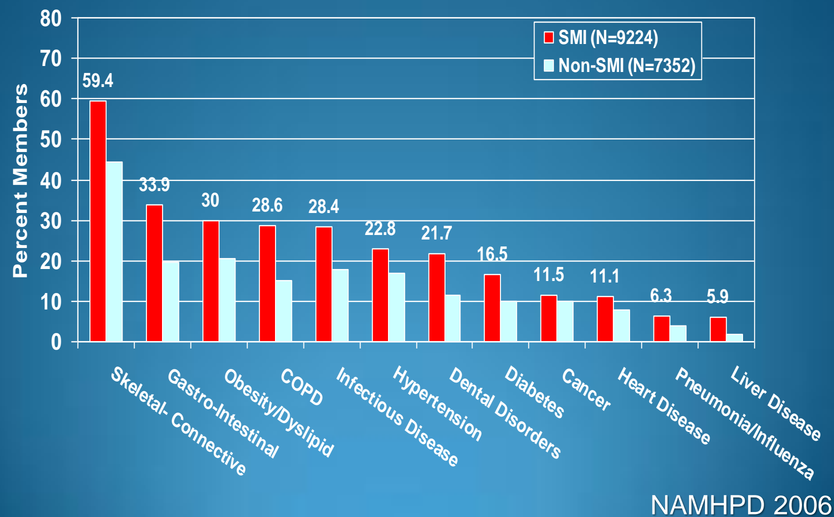
- Individuals with serious mental illness served by our healthcare system on average ***die 25 years earlier*** than the general population.

NASMHPD 2006

Causes of Morbidity and Mortality in People with Serious Mental Illness

- Approximately 60% of premature deaths in persons with schizophrenia are due to medical conditions
  - Cardiovascular disease
  - Diabetes
  - Respiratory diseases
  - Infectious diseases
- Suicide and injury account for 30-40% of excess mortality

NASMHPD 2006



Homeless and Mentally Ill

- Morbidity and mortality is predominantly due to chronic medical conditions

BUT

- Behavioral health conditions are the root causes of poor self care, suboptimal utilization of medical resources, not modifying risk factors

The Disconnect Between Disability and Morbidity/Mortality

- Homeless individuals with serious mental illness are ***more likely to qualify for disability*** on the basis of their ***mental health condition*** than their other medical conditions
- Critical to document mental health problems and support disability applications based on mental impairments
  - May not otherwise qualify

The Four Legged Stool

1. Safe, stable housing
2. Meaningful daytime activity
3. Sober peer support network
4. Positive alliance with a treatment provider

Stabilize three or more legs => 2/3 of individuals with co-occurring serious mental illness and substance use disorders will have a good outcome

Drake; Alverson

Overview

- Greater understanding of the disability determination process for SSI/SSDI
- To document or not to document…that is the question
- Common misconceptions
- The elephants in the living room
  - Mental health conditions
  - Substance use disorders
- ***Success strategies for documenting disability***

First Things First

- Consult the "Blue Book"
  - Published by Social Security
  - Listing of impairments
  - Disability criteria for specific conditions
- If "Meet a Listing" are disabled

www.socialsecurity.gov/disability/professionals/bluebook/index.htm

Disability Evaluation Under Social Security (Blue Book- June 2006) Listing of Impairments - Adult Listings (Part A)

http://www.ssa.gov/disability/professionals/bluebook/AdultListings.htm

1.00 Musculoskeletal System	2.00 Special Senses and Speech	3.00 Respiratory System
4.00 Cardiovascular System	5.00 Digestive System	6.00 Genitourinary System
7.00 Hematological Disorders	8.00 Skin Disorders	9.00 Endocrine System
10.00 Impairments that Affect Multiple Body Systems	11.00 Neurological	12.00 Mental Disorders
13.00 Malignant Neoplastic Diseases	14.00 Immune System	

Expediting Disability Determinations

- Develop and document a clinical relationship
- Document medical evidence of health conditions
- Document functional deficits
  - Activities that can or cannot be performed
  - Partner with multidisciplinary team

Clinical Relationship

- Duration and number of visits
- Review and encourage treatment adherence
- Use motivational interviewing skills to facilitate acceptance of treatment recommendations
  - Express empathy
  - Roll with resistance
  - Avoid argumentation
  - Develop discrepancy
  - Support self-efficacy

Medical Impairments

- "Anatomical, physiological, or psychological abnormalities which can be shown by medically acceptable clinical and laboratory diagnostic techniques."
- "Medical evidence consisting of signs, symptoms, and laboratory findings"
  - Not only self reported subjective symptoms
  - May need to order tests or studies to show "objective" evidence

Listings: Examples

Chronic Pulmonary Insufficiency:

- ✓ pO_2 <55 if pCO_2 < 40; pO_2 <65 if pCO_2 <30
  (Table available at www.ssa.gov/disability/professionals/bluebook)
  or
- ✓ COPD with FEV_1 < 1.05 to 1.65 L, or
- ✓ Restrictive disease with FVC < 1.25 to 1.85 L, or
- ✓ DLCO <10.5 ml/min/mm Hg or <40% predicted

Asthma:

- ✓ With chronic asthmatic bronchitis, as above, or
- ✓ Exacerbations req. intervention ≥ 6/year (hospitalization > 24 hours counts as 2 attacks);
  must evaluate over 12 mos.

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Example

35 year old woman with asthma, using albuterol, salmeterol, and budesonide as prescribed, with 4 office visits last year for exacerbations requiring prednisone, and one hospitalization.

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Listings: Example

Chronic Liver Disease:

- ✓Esophageal varices with a documented hx massive hemorrhage or
- ✓Shunt
  - ✓Considered for 3 years after last episode, or
- ✓Serum bili ≥ 2.5mg/dL x 5 mos, or
- ✓Ascites (paracentesis or albumin ≤3.0) x 5 mos, or
- ✓Hepatic encephalopathy (Listing 12.02A), or

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Listings: Example

Chronic Liver Disease (continued):

- ✓Confirmed on liver biopsy (independent of SSA), plus
  - ✓Ascites (paracentesis or albumin ≤3.0) x 3 mos, or
  - ✓Bili ≥2.5 x 3 mos, or
  - ✓Elevated LFTs AND INR x 3 mos.

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Meeting a Mental Impairment Listing

- The focus
  - Activities of daily living
  - Concentration, persistence and pace
  - Social functioning
  - Repeated episodes of decompensation
    - Three episodes over a year
    - Each episode of at least 2 week duration
- Impairments have lasted or are expected to last for a continuous period of at least 12 months

Blue Book Mental Disorders

- Organic mental disorders
- Schizophrenic, paranoid, other psychotic disorders
- Affective disorders
- Anxiety-related disorders
- Somatoform disorders
- Personality disorders
- Mental retardation
- Substance addiction disorders
- Autistic disorder, other pervasive developmental disorders

Mental Impairment Listing Example

Psychotic Disorders ((A and B) or C):

A. Delusions or hallucinations or catatonic or grossly disorganized behavior, OR incoherence, loosening of associations, illogical thinking, or poverty of content of speech plus blunt, flat, or inappropriate affect, or emotional withdrawal, isolation

B. PLUS two of:
- ✓Marked restriction of ADLs
- ✓Markedly impaired social functioning
- ✓Marked impairment of concentration, persistence, pace
- ✓Repeated episodes of decompensation

OR

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Mental Impairment Listing Example

Psychotic Disorders (cont):

C. Two year h/o more than minimal limitation of ability to work attenuated by medical or psychological tx, AND
- ✓Repeated episodes of decompensation, or
- ✓Minimal increase in demand would cause decompensation, or
- ✓Inability to perform outside highly structured setting x 1 year

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Record Requests

- Send records
  - Critical
- Fill our questionnaires from SSA, disability lawyers, advocacy agencies
  - Frequently helpful, especially for mental impairment cases
- Write a letter
  - Often best

Questionnaires from Lawyers

- Good
  - Forms designed for a specific disorder
  - Help you focus on relevant information
  - Efficiently summarize overall function and limitations
- Bad
  - Need the right form for optimal results
  - May not help you prioritize where to give more or less detail
  - Relevant information is case specific, forms are not

Writing a Letter

- The Good
  - Can help you focus on the key impairments
  - Allows you to paint an overall picture of limitations
  - Fairly efficient with practice
- The Bad
  - Can be time consuming
  - Requires YOU to focus on key information
  - Need a bit of practice with the listing of impairments to be effective

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Writing a Disability Letter

- ***Review*** the relevant Listings
- ***Compare*** Listings with findings and symptoms
- ***Write*** the letter
  - Add as much relevant information as possible, even if meeting a Listing
  - Specify all Listings met
- ***Attach*** relevant portions of the medical record

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Content of Letter: Meets a Listing

- Treating physician
- Length of clinical relationship
- Document the details that show listing is met
- Medical history (include number of hospitalizations)
- Can the patient manage his/her funds?

Impairment "Equivalent to a Listing"

- Does not meet a specific listing
- Combination of health conditions causes disability
- Greater focus on functional limitations, work history, educational status
- Degree of overall functional limitations match severity and duration of a person meeting a Listing

Functional Abilities

Exertional
- Sitting
- Standing
- Walking
- Lifting
- Carrying
- Handling objects
- Hearing
- Speaking
- Traveling

Non-exertional
- Understanding
- Carrying out and remembering instructions
- Responding appropriately to supervision, co-workers, and work pressures
- Concentration, persistence, pace
- Social interaction

(*Documenting Disability*, pp.26-27)

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Activities of Daily Living (ADLs)

D ressing
E ating
A mbulating
T oileting
H ygiene

M eds
S hopping
H ousework
A ccounting
F ood prep
T ransportation

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Substance Use Disorders

- Excluded as a basis for disability
- Comment whether consumer would still have severe limitations if substance use ceased (if known)
- Long-term or permanent sequelae of substance use disorders may meet a listing in the body system where they occur
  - Eg. - chronic liver disease in digestive system, hepatic encephalopathy in mental disorders

Substance Use Disorders: Burden of Proof

- Often difficult to separate impairments from Drug Abuse and Alcoholism (DA&A) from other mental impairments
- Burden of proof rests with DDS/SSA
- Per DDS, ***claim should be awarded*** if impossible to separate
  - Comment on this in your letters
- Cases often go to an Administrative Law Judge

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Successful Practices

- SSI/SSDI Outreach, Assessment and Recovery (SOAR)
- Routine documentation of functional limitations
- Ongoing training for the clinical team
- Application screening system

In Summary

- Method to the madness of the disability determination process
- Think biosocially
- Engagement, income and housing are treatment
- Identify and document your elephants, including functional limitations
- Success strategies can be successful when documenting disability

Thank you