



# Revised Medical Criteria for Evaluating Mental Disorders

*Effective: January 17, 2017*



## Overview of Revisions

*SSA Revisions and Updates to SOAR Resources*





## Final Rule – Mental Disorder Listings

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- These will go into effect on January 17, 2017
- A full revision hasn't taken place since 1990 and SSA proposed these rule changes in November 2010
- The new rules reflect advances in medical knowledge, public comments from the 2010 proposal, and updates contained in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)
- SOAR Newsflash: <https://soarworks.prainc.com/article/ssa-revises-mental-disorder-listings>
- Contains link for Federal Register Notice for the new rule



## Timeline for Updates

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- SOAR TA Center released all new, updated training materials and tools on November 16<sup>th</sup>
- We hosted a national webinar with SSA to discuss the changes and new materials on November 16<sup>th</sup>
  - Recording: <https://soarworks.prainc.com/article/soar-webinar-listings>
- SOAR Leaders, Trainers, and Online Course trainees will have access to training materials for the new mental health listings *two months before the rule goes into effect!*
- The SOAR Community will be fully prepared for implementation on January 17th





## What materials are updated?

- **SOAR Online Course**
  - Articles related to mental health listings and functional areas
  - Case study progress notes to include additional functional information
- **SOAR Tools**
  - MSR Interview Guide and Template, Identifying Applicants, Quality Review Checklist, Sample MSRs, Coordinated Entry Guidance, Sample OTR Request, etc.
- **Training Slides**
  - SOAR Fundamentals slides
  - This NEW training on mental disorder listings and functional information changes



## Updates to Listing Categories

Current listing category	New listing category
12.02 Organic mental disorders	12.02 Neurocognitive disorders
12.03 Schizophrenic, paranoid and other psychotic disorders	12.03 Schizophrenia spectrum and other psychotic disorders
12.04 Affective disorders	12.04 Depressive, bipolar, and related disorders
12.05 Intellectual disability	12.05 Intellectual disorder
12.06 Anxiety related disorders	12.06 Anxiety and obsessive-compulsive disorders
12.07 Somatoform disorders	12.07 Somatic symptom and related disorders
12.08 Personality disorders	12.08 Personality and impulse-control disorders
12.09 Substance addiction disorders	12.09 [Removed and reserved]
12.10 Autistic disorder and other pervasive developmental disorders	12.10 Autism spectrum disorder
	12.11 Neurodevelopmental disorders
	12.12 [Reserved]
	12.13 Eating disorders
	12.14 [Reserved]
	12.15 Trauma- and stressor-related disorders





## Updates to Functional Areas

- **Understand, remember, or apply information**
  - Memory, following instructions, solving problems, etc.
- **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.

ADLs and Episodes of Decompensation will be considered throughout all functional areas!



## Mental Disorder Listings

*Documenting Paragraph A Criteria*





## Wait! What are the Listings?

- Categorized lists of illnesses and conditions with severity criteria
- Two parts, Part A: Adult Listings and Part B: Childhood Listings
- The criteria in the Listings apply only to one step of the multi-step sequential evaluation process
- Categorized by body system (e.g. musculoskeletal, cardiovascular). There are currently 14 categories
- Mental disorders are found in category 12 and are further categorized into 11 diagnostic categories
- <http://www.ssa.gov/disability/professionals/bluebook/AdultListings.htm>



## Meeting a Listing: Medical Criteria

12.00 Mental Disorder Listings	Medical Criteria
12.02 Neurocognitive disorders	A & B or A & C
12.03 Schizophrenia spectrum and other psychotic disorders	
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	A & B
12.08 Personality and impulse-control disorders	
12.10 Autism spectrum disorder	
12.11 Neurodevelopmental disorders	
12.13 Eating disorders	
12.15 Trauma- and stressor-related disorders	A & B or A & C





## Medical Criteria

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- 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!



## Paragraph A, B, and C Criteria

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- 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”





## Evidence Needed for Evaluation

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1. Medical evidence from an acceptable medical source
2. Information from the applicant and those who know the applicant
3. Information from other service providers and professionals who interact with and observe the applicant



## 12.02 Neurocognitive disorders (formerly *Organic Mental Disorders*)

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**Characterized by:** a clinically significant decline in cognitive functioning.

**Symptoms and signs:**

- Disturbances in: memory, executive functioning, visual-spatial functioning, language and speech, perception, insight, or judgment
- Insensitivity to social standards.

**Disorders:** major neurocognitive disorder; dementia of the Alzheimer type; vascular dementia; dementia due to a medical condition or substance-induced cognitive disorder associated with drugs of abuse, medications, or toxins



**SOAR Tip:** Many individuals experiencing homelessness are exposed to conditions or violence that cause significant damage to the brain over time.





## 12.02 Neurocognitive disorders

### *Medical Criteria*

A. Medical documentation of a significant cognitive decline from a prior level of functioning in **one or more** of the cognitive areas:

1. Complex attention
2. Executive function
3. Learning and memory
4. Language
5. Perceptual-motor
6. Social cognition

The SOAR Online Course has definitions, signs, and symptoms for each of these areas!



## 12.03 Schizophrenia spectrum and other psychotic disorders

*(formerly Schizophrenic, Paranoid and Other Psychotic Disorders)*

- **Characterized by:** delusions, hallucinations, disorganized speech, or grossly disorganized or catatonic behavior causing a clinically significant decline in functioning.
- **Symptoms and signs:**
  - Inability to initiate and persist in goal-directed activities
  - Social withdrawal
  - Flat or inappropriate affect
  - Poverty of thought and speech
  - Loss of interest or pleasure
  - Disturbances of mood
  - Odd beliefs and mannerisms
  - Paranoia (severe and unfounded fears)
- **Disorders:** schizophrenia, schizoaffective disorder, delusional disorder, and psychotic disorder due to another medical condition





## SOAR WORKS 12.03 Schizophrenia spectrum and other psychotic disorders

### *Medical Criteria*

#### A. Medical documentation of **one or more** of the following:

1. Delusions or hallucinations
2. Disorganized thinking (speech)
3. Grossly disorganized behavior or catatonia



**SOAR Tip:** Delusions and hallucinations may take many forms – review the SOAR Online Course article on Listing 12.03 for definitions and examples!



## 12.04 Depressive, bipolar and related disorders

### *(formerly Affective Disorders)*

- **Characterized by:** irritable, depressed, elevated, or expansive mood, or by a loss of interest or pleasure in all or almost all activities, causing a clinically significant decline in functioning
- **Symptoms and signs:**
  - Feelings of hopelessness or guilt
  - Suicidal ideation
  - Clinically significant change in body weight or appetite
  - Sleep disturbances
  - Increase or decrease in energy
  - Psychomotor abnormalities
  - Disturbed concentration
  - Pressured speech
  - Grandiosity
  - Reduced impulse control
  - Sadness
  - Euphoria
  - Social withdrawal

**Disorders:** bipolar disorders (I or II), cyclothymic disorder, major depressive disorder, persistent depressive disorder (dysthymia), and bipolar or depressive disorder due to another medical condition





## 12.04 Depressive, bipolar and related disorders

### *Medical Criteria*

A. Medical documentation of the requirements of paragraph 1 *or* 2:

1. Depressive disorder, characterized by <i>five or more</i> of the following:	2. Bipolar disorder, characterized by <i>three or more</i> of the following:
<ul style="list-style-type: none"> <li>◦ Depressed mood</li> <li>◦ Diminished interest in almost all activities</li> <li>◦ Appetite disturbance with change in weight</li> <li>◦ Sleep disturbance</li> <li>◦ Observable psychomotor agitation or retardation</li> <li>◦ Decreased energy</li> <li>◦ Feelings of guilt or worthlessness</li> <li>◦ Difficulty concentrating or thinking</li> <li>◦ Thoughts of death or suicide</li> </ul>	<ul style="list-style-type: none"> <li>◦ Pressured speech</li> <li>◦ Flight of ideas</li> <li>◦ Inflated self-esteem</li> <li>◦ Decreased need for sleep</li> <li>◦ Distractibility</li> <li>◦ Involvement in activities that have a high probability of painful consequences that are not recognized</li> <li>◦ Increase in goal-directed activity or psychomotor agitation</li> </ul>



## 12.05 Intellectual disorder

### *(formerly Intellectual disability)*

- **Signs and symptoms:** poor conceptual, social, or practical skills evident in adaptive functioning
- **Disorders:** intellectual disability, intellectual developmental disorder, or historically used terms such as mental retardation



**SOAR Tip:** When gathering records, check with the applicant's previous schools for educational records, Individual Education Plans (IEPs), and IQ test results. Do not assume that the records do not exist because they are old. You may be pleasantly surprised!





## “A” OR “B” Applies **only** to 12.05

Unique A and B criteria, used only for  
*12.05 Intellectual Disorder*

- A. Used when cognitive impairment prevents taking IQ test
- B. Used for those able to take a standardized test



## 12.05 Intellectual disorder *Medical Criteria - A*

**A. Satisfied by 1, 2, and 3** (used when cognitive impairment prevents taking IQ test)

Criteria 1	Criteria 2	Criteria 3
Significantly subaverage general intellectual functioning evident in your cognitive inability to function at a level required to participate in standardized testing of intellectual functioning; and	Significant deficits in adaptive functioning currently manifested by your dependence upon others for personal needs (for example, toileting, eating, dressing, or bathing); and	The evidence about your current intellectual and adaptive functioning and about the history of your disorder demonstrates or supports the conclusion that the disorder began prior to your attainment of age 22.





## 12.05 Intellectual disorder

### *Medical Criteria - B*

**B. Satisfied by 1, 2, *and* 3** (used for those able to take a standardized test.)

Criteria 1	Criteria 2	Criteria 3
Significantly subaverage general intellectual functioning evidenced by a <b>or</b> b: a) A full scale IQ score of 70 or below b) A full scale IQ score of 71-75 and verbal or performance IQ score of 70 or below; and	Significant deficits in adaptive functioning currently manifested by extreme limitation of one, or marked limitation of two, of the four areas of mental functioning; <b>and</b>	The evidence about your current intellectual and adaptive functioning and about the history of your disorder demonstrates or supports the conclusion that the disorder began prior to your attainment of age 22.



## 12.06 Anxiety and obsessive-compulsive disorders

### *(formerly Anxiety Related Disorders)*

- **Characterized by:** excessive anxiety, worry, apprehension, and fear, or by avoidance of feelings, thoughts, activities, objects, places, or people.
- **Symptoms and signs:**
  - Restlessness
  - Difficulty concentrating
  - Hyper-vigilance
  - Muscle tension
  - Sleep disturbance
  - Fatigue
  - Panic attacks
  - Obsessions and compulsions
  - Constant thoughts and fears about safety
  - Frequent physical complaints
- **Disorders:** social anxiety disorder, panic disorder, generalized anxiety disorder, agoraphobia, and obsessive-compulsive disorder





## 12.06 Anxiety and obsessive-compulsive disorders

### *Medical Criteria*

A. Medical documentation of the requirements of paragraph 1, 2, **or** 3:

1. Anxiety disorder, characterized by <i>three or more</i> :	2. Panic disorder or agoraphobia, characterized by one or both:	3. Obsessive-compulsive disorder, characterized by one or both:
<ul style="list-style-type: none"> <li>◦ Restlessness</li> <li>◦ Easily fatigued</li> <li>◦ Difficulty concentrating</li> <li>◦ Irritability</li> <li>◦ Muscle tension</li> <li>◦ Sleep disturbance</li> </ul>	<ul style="list-style-type: none"> <li>◦ Panic attacks followed by a persistent concern or worry about additional panic attacks or their consequences</li> <li>◦ Disproportionate fear/anxiety about at least two different situations (e.g. using public transportation, being in a crowd or in a line, being outside of your home, being in open spaces)</li> </ul>	<ul style="list-style-type: none"> <li>◦ Involuntary, time-consuming preoccupation with intrusive, unwanted thoughts</li> <li>◦ Repetitive behaviors aimed at reducing anxiety.</li> </ul>



## 12.07 Somatic symptoms and related disorders

### *(formerly Somatoform Disorders)*

- **Characterized by:** physical symptoms or deficits that are not intentionally produced or feigned, and that, following clinical investigation, cannot be fully explained by a general medical condition, another mental disorder, the direct effects of a substance, or a culturally sanctioned behavior or experience.
  - These disorders may also be characterized by a preoccupation with having or acquiring a serious medical condition that has not been identified or diagnosed.
- **Symptoms and signs:**
  - Pain and other abnormalities of sensation
  - Gastrointestinal symptoms
  - Fatigue
  - High level of anxiety about personal health status
  - Abnormal motor movement
  - Pseudoseizures
  - Pseudoneurological symptoms, such as blindness or deafness
- **Disorders:** somatic symptom disorder, illness anxiety disorder, and conversion disorder





## 12.07 Somatic symptom and related disorders

### *Medical Criteria*

#### A. Medical documentation of *one or more* of the following:

1. Symptoms of altered voluntary motor or sensory function that are not better explained by another medical or mental disorder;
2. One or more somatic symptoms that are distressing, with excessive thoughts, feelings, or behaviors related to the symptoms;
3. Preoccupation with having or acquiring a serious illness without significant symptoms present.

**SOAR Tip:** Be aware that a history of trauma may be associated with somatic disorders. Focus on documenting the maladaptive behavior that the individual is exhibiting.



## 12.08 Personality and impulse control disorders

### *(formerly Personality Disorders)*

- **Characterized by:** enduring, inflexible, maladaptive, and pervasive patterns of behavior. Onset typically occurs in **adolescence or young adulthood**.
- **Symptoms and signs:**
  - Patterns of distrust, suspiciousness, and odd beliefs
  - Social detachment, discomfort, or avoidance
  - Hypersensitivity to negative evaluation
  - Excessive need to be taken care of
  - Difficulty making independent decisions
  - Preoccupation with orderliness, perfectionism, and control
  - Inappropriate, intense, impulsive anger and behavioral expression grossly out of proportion to any external provocation or psychosocial stressors
- **Disorders:** paranoid, schizoid, schizotypal, borderline, avoidant, dependent, obsessive-compulsive personality disorders, and intermittent explosive disorder





## 12.08 Personality and impulse control disorders

### *Medical Criteria*

#### A. Medical documentation of *one or more* of the following:

1. Distrust and suspiciousness of others
2. Detachment from social relationships
3. Disregard for and violation of the rights of others
4. Instability of interpersonal relationships
5. Excessive emotionality and attention seeking
6. Feelings of inadequacy
7. Excessive need to be taken care of
8. Preoccupation with perfectionism and orderliness
9. Recurrent, impulsive, aggressive behavioral outbursts

Learn about the characteristics of different personality disorders in the SOAR Online Course!



**REMOVED:**

## 12.09 Substance Addiction Disorders

Removed for three reasons:

1. Cannot use 12.09 alone to meet the definition of disability
2. Considered as a reference listing (only refers to medical criteria in other listings and SSA is trying to eliminate reference listings)
3. Found to be redundant because other listings are used to evaluate the physical/mental effects of the substance use (e.g. Liver damage)



*There were no changes to how SSA considers materiality or evaluates substance use*





## 12.10 Autism spectrum disorder (formerly *Autistic disorder and other pervasive developmental disorder*)

- **Characterized by:** qualitative deficits in the development of reciprocal social interaction, verbal and nonverbal communication skills, and symbolic or imaginative activity; restricted repetitive and stereotyped patterns of behavior, interests, and activities; and stagnation of development or loss of acquired skills early in life
- **Symptoms and signs:**
  - Abnormalities and unevenness in the development of cognitive skills
  - Unusual responses to sensory stimuli
  - Behavioral difficulties, including hyperactivity, short attention span, impulsivity, aggressiveness, or self-injurious actions
- **Disorders:** autism spectrum disorder with or without accompanying intellectual impairment, and autism spectrum disorder with or without accompanying language impairment.



## 12.10 Autism spectrum disorder *Medical Criteria*

### A. Medical documentation of both of the following:

1. Qualitative deficits in verbal communication, nonverbal communication, and social interaction
2. Significantly restricted, repetitive patterns of behavior, interests, or activities.



**SOAR Tip:** Diagnostic categories change over time. You may find that someone was diagnosed with ADHD 10 years ago who would not get that diagnosis today. Focus on the symptoms that led to the diagnosis to help meet the medical criteria required.







# NEW!

## 12.11 Neurodevelopmental disorders

- **Characterized by:** onset during the developmental period, that is, during childhood or adolescence, although sometimes they are not diagnosed until adulthood.
- **Symptoms and signs:**
  - Underlying abnormalities in cognitive processing (e.g. deficits in learning and applying verbal or nonverbal information, visual perception, memory, or a combination of these)
  - Deficits in attention or impulse control
  - Low frustration tolerance
  - Excessive or poorly planned motor activity
  - Difficulty with organizing (time, space, materials, or tasks)
  - Deficits in social skills
  - Symptoms and signs specific to tic disorders include sudden, rapid, recurrent, non-rhythmic, motor movement or vocalization
- **Disorders:** specific learning disorder, borderline intellectual functioning, and tic disorders (e.g. Tourette syndrome)



## 12.11 Neurodevelopmental disorders

### *Medical Criteria*

A. Medical documentation of the requirements of paragraph 1, 2, or 3:

Criteria 1	Criteria 2	Criteria 3
<b>One or both of the following:</b> a. Frequent distractibility, difficulty sustaining attention, and difficulty organizing tasks; <u>or</u> b. Hyperactive and impulsive behavior (e.g. difficulty remaining seated, talking excessively, difficulty waiting, appearing restless, or behaving as if being “driven by a motor”)	<b>Significant difficulties learning and using academic skills</b>	<b>Recurrent motor movement or vocalization</b>





## NEW!

# 12.13 Eating disorders

- **Characterized by:** disturbances in eating behavior and preoccupation with, and excessive self-evaluation of, body weight and shape
- **Symptoms and signs:**
  - Restriction of energy consumption when compared with individual requirements
  - Recurrent episodes of binge eating or behavior intended to prevent weight gain, such as self-induced vomiting, excessive exercise, or misuse of laxatives
  - Mood disturbances
  - Social withdrawal, or irritability
  - Amenorrhea
  - Dental problems
  - Abnormal laboratory findings
  - Cardiac abnormalities
- **Disorders:** anorexia nervosa, bulimia nervosa, binge-eating disorder, and avoidant/restrictive food disorder



## 12.13 Eating disorders

### *Medical Criteria*

- A. Medical documentation of a persistent alteration in eating or eating-related behavior that results in a change in consumption or absorption of food and that significantly impairs physical or psychological health.



**SOAR Tip:** Individuals who have an eating disorder may also experience other physical and mental health conditions related to their eating disorder, such as depression, anxiety, cardiovascular problems, or dental issues. These conditions may meet the criteria for other Listings.





NEW!

## 12.15 Trauma- and stressor-related disorders

- **Characterized by:** experiencing or witnessing a traumatic or stressful event, or learning of a traumatic event occurring to a close family member or close friend, and the psychological aftermath of clinically significant effects on functioning
- **Symptoms and signs:**
  - Distressing memories, dreams, and flashbacks related to the trauma or stressor
  - Avoidant behavior
  - Diminished interest or participation in significant activities
  - Persistent negative emotional states (for example, fear, anger) or persistent inability to experience positive emotions (for example, satisfaction, affection)
  - Anxiety
  - Irritability
  - Aggression
  - Exaggerated startle response
  - Difficulty concentrating
  - Sleep disturbance
- **Disorders:** posttraumatic stress disorder and other specified trauma- and stressor-related disorders (such as adjustment-like disorders with prolonged duration without prolonged duration of stressor)



## 12.15 Trauma- and stressor-related disorders

### *Medical Criteria*

#### 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).





# Functional Areas

*Documenting Paragraph B Criteria*



## Paragraph “B” Functional Criteria

B Criteria – Effective through January 16, 2017	New B Criteria – Effective on January 17, 2017
Activities of Daily Living	Understand, Remember, or Apply Information
Social Functioning	Interact with Others
Concentration, Persistence, or Pace	Concentrate, Persist, or Maintain Pace
Episodes of Decompensation	Adapt or Manage Oneself





## DDS Evaluation of Functioning

DDS is evaluating the applicant's ability to function in a work setting:

- Independently
- Appropriately
- Effectively, and
- On a sustained basis



## Understand, remember, or apply information



Refers to the abilities to learn, recall, and use information to perform work activities.

**SOAR Tip:** Remember that it can be difficult for many of us to recall exact dates of employment or names of doctors visited years or decades ago. It is important to focus on the struggles with memory and understanding that impact the applicant's ability to learn new tasks and apply them at work.





## Interact with others

Refers to the abilities to relate to and work with supervisors, co-workers, and the public.



**SOAR Tip:** Impairments in this area may include a history of altercations, evictions, firings, fear of strangers, avoidance of interpersonal relationships, or social isolation.



## Concentrate, persist, or maintain pace

Refers to the abilities to focus attention on work activities and stay on task at a sustained rate.



**SOAR Tip:** DDS will evaluate the amount of extra supervision or assistance the applicant needs to complete a task 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.





## Adapt or manage oneself

Refers to the abilities to regulate emotions, control behavior, and maintain well-being in a work setting.



**SOAR Tip:** The applicant must be able to function in these areas consistently over time. One day they may be able to handle taking the bus without incident and get where they're going, but the next day they can't. This, of course, might mean that they could get to work one day, but not another.



## Integrating Activities of Daily Living (ADLs)

Rather than ADLs being one separate area of functioning, ADLs are now a **source of information** about all four of the paragraph B areas of mental functioning.

- The principle is that any given activity, including an ADL task, may involve the simultaneous use of multiple areas of mental functioning

For instance, difficulties in an ADL task may result from:

- Difficulty in understanding what to do,
- Being unable to engage in the task around others,
- Trouble concentrating on the task at hand, or
- Becoming so frustrated in the task that the person loses self-control in the situation





## 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.**



## For More Information

- The SOAR Online Course contains comprehensive information- you should really read all of the articles. Twice.
- New articles in the course contain in-depth information on the mental disorder listings, sample functional descriptions for the new areas of functioning, and key questions to ask applicant’s when gathering information
- Review sample MSRs in the SOAR Library!
- Link to updated resources:  
<https://soarworks.prainc.com/article/soar-resources-updates>

