“Physicians are the natural lawyers for the poor.”

– **Rudolf Virchow (1821-1902), founder of modern cellular pathology and advocate for social medicine**

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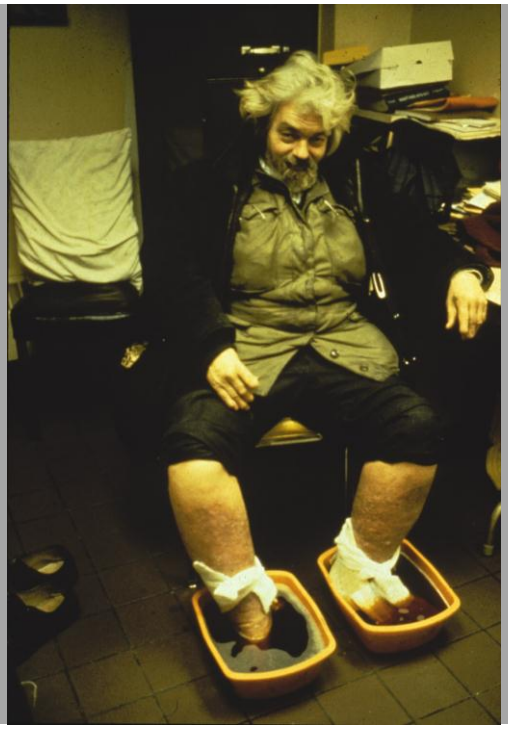
The Problem:

- Doctors are bombarded with requests for letters documenting disability in their patients.
- Letters take too much time, not reimbursed, and most of us have never been trained in the federal criteria for disability.
- Chicago survey showed that almost 80% of MDs have never heard of the *Listing of Impairments* or "The Blue Book".

The Reward:

Documenting disability can become the cornerstone of a trusting and enduring patient-doctor relationship.



Housing and Health: a delicate tango

- **Poverty and homelessness: powerful social determinants of health that present daunting obstacles to health and health care services.**
- **SSI/SSDI can provide both health insurance and income, and is often the only hope for ending homelessness for individuals and families.**
- **Gaining SSI/SSDI is perhaps the most effective health intervention for our homeless and poor patients.**

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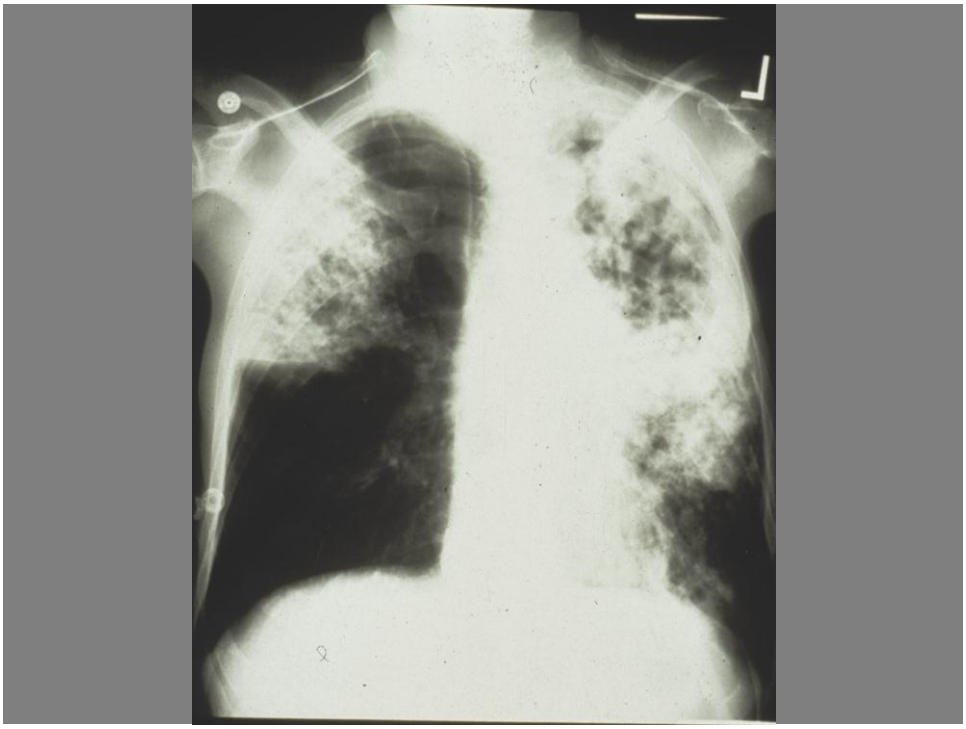
What is "disability"?

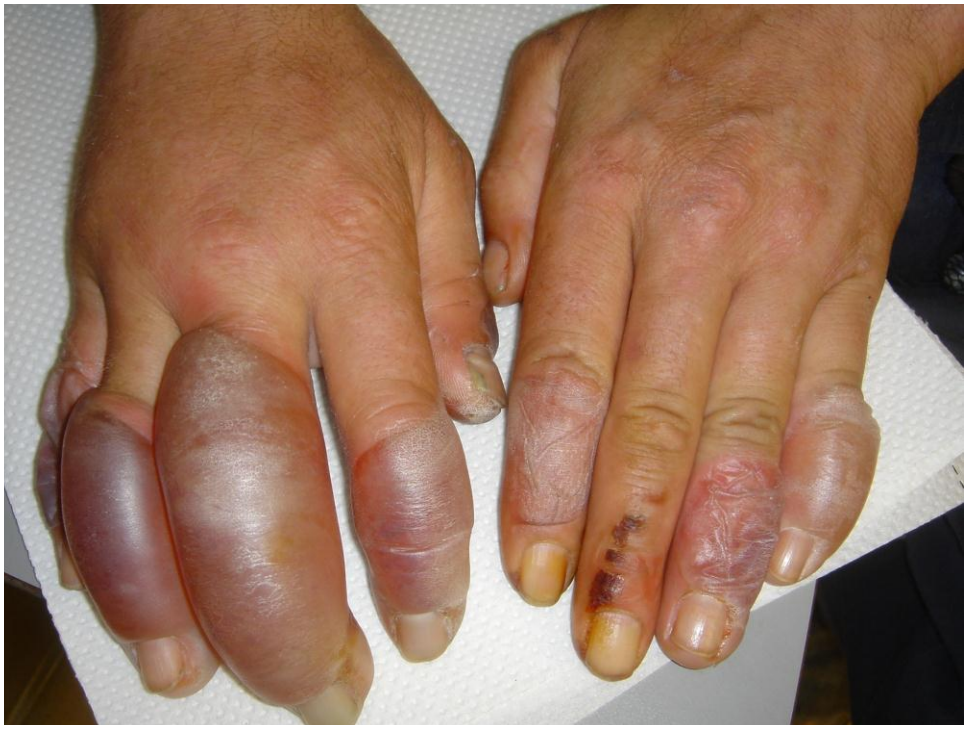
How does one apply?

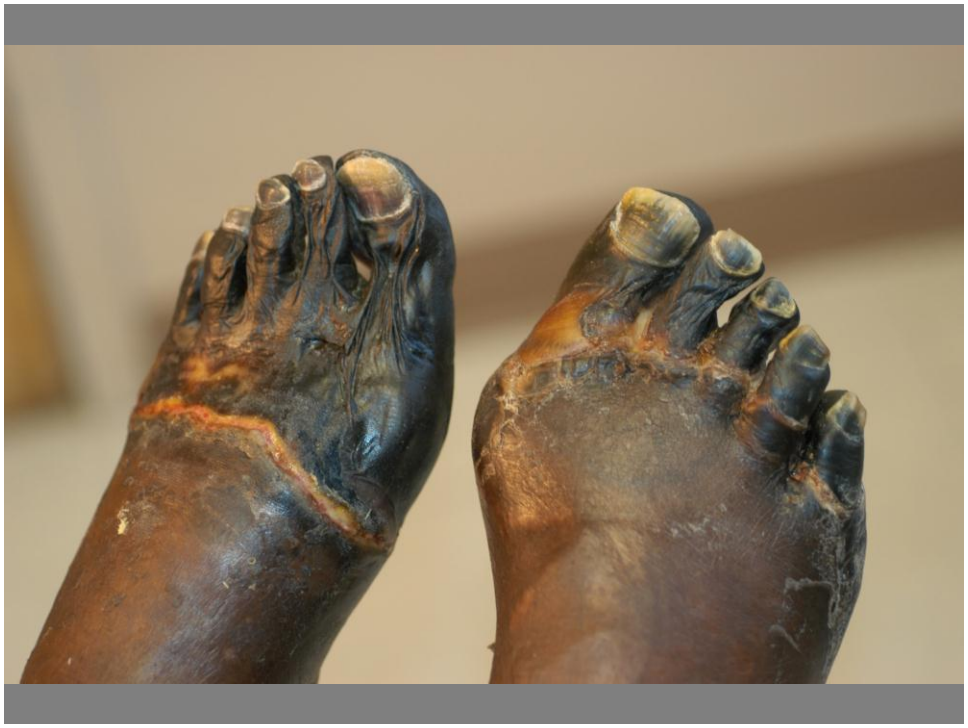
SSA Definition of "Disability"

- A disabled adult is defined as 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 expect to result in **death** or which has lasted or can be expected to last for a continuous period of **not less than 12 months**…







Disability…not our call…

- NOT a medical diagnosis
- SSA decides if someone is disabled, not medical providers
- Our role is to document clearly the impairments

Social Security Administration

SSI

- Supplemental Security Income
- Title XVI of the Social Security Act
- Federally-financed, needs-based, optional state supplement as well
- Guarantees national income level ($579/m in 2005) for eligible persons who are aged, blind or disabled and have limited income and resources
- Eligible for Medicaid in 39 states and DC

SSDI

- Social Security Disability Income
- Title II of Social Security Act
- Federally-financed but not needs-based
- Provides income for disabled persons with a recent work history
- Eligible for Medicare after 24 months of benefits; Medicaid also if poor

5-Step Sequential Evaluation Process of SSA

1. Substantial gainful activity (6-8 hours a a day, 5 days a week)
2. Severe impairment (threshold test to screen out weak claims)
3. Impairment that meets or equals the severity of a listed impairment
4. Residual functional capacity (to perform work done in last 15 years on a regular basis)
5. RFC to do any work available in significant numbers in the national economy

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Medical Records and the "Evidence" Needed

Medical Evidence

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

Requests for Records

- Medical records notoriously unhelpful for homeless persons:
  - scattered institutions
  - poor documentation
  - little continuity or consistency
  - MDs unaware of the criteria used by SSA and rarely address these in their medical notes

Requests for Medical Records: How to Respond ??

- Records may be photocopied and sent to DDS (not very good!)

or

- Complete the questionnaire provided by SSA or advocacy agency (a little better)

or

- Get "treating source" to write a narrative letter (the best!!!!)

"Acceptable Medical Sources"

- "Documentation of the existence of a claimant's impairment must come for medical professionals defined by SSA regulations as acceptable medical sources."

- MD or DO
- Psychologist
- Optometrist (visual acuity and visual fields)
- Podiatrist (foot and ankle impairments)
- Speech-Language Pathologist

NPs, PAs, LCSWs:

must have consultation and co-signature

"Best Medical Evidence"

- According to SSA, the best medical evidence comes from the **"treating source".**
- By law, the statement of a treating source carries more weight than any other evidence, including the report of an outside examiner.

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The Critical Importance of "Treating Sources"

- "...most able to provide a detailed longitudinal picture of the claimant's impairments and may bring a *unique perspective*…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" and "greatly reduce or eliminate the need for additional medical evidence to complete the claim."

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The Holy Grail

The Blue Book and the Listing of Impairments

The Blue Book

- ***Disability Evaluation Under Social Security*** **is often referred to as:**

"The Listing of Impairments"
or
"The Blue Book"

- **Now available online:**

http://www.socialsecurity.gov/disability/professionals/bluebook

The Listing of Impairments

- 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*."
- The absence of a listing-level impairment does not mean the individual is not disabled.

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Listing of Impairments Part A: Adults

- 1.00 Musculoskeletal System
- 2.00 Special Senses and Speech
- 3.00 Respiratory System
- 4.00 Cardiovascular System
- 5.00 Digestive System
- 6.00 Genito-urinary System
- 7.00 Hemic and Lymphatic System
- 8.00 Skin
- 9.00 Endocrine System and Obesity
- 10.00 Multiple Body Systems
- 11.00 Neurological
- 12.00 Mental Disorders
- 13.00 Neoplastic Diseases
- 14.00 Immune System

- SSA #64-039, 1/03

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1.05 Amputation

- A. Both hands; OR
- B. One or both lower extremities at or above the tarsal region, with stump complications resulting in medical inability to use a prosthetic device to ambulate effectively…; OR
- C. One hand and one lower extremity at or above the tarsal region, with inability to walk effectively, as defined in 1.00B2b.

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3.03 Asthma

- With:

  A. Chronic asthmatic bronchitis. Evaluate under the criteria for COPD in 3.02A.

  OR

  B. Attacks (as defined in 3.00C), in spite of prescribed treatment and requiring physician intervention, occurring at least once every 2 months or at least 6 times a year. Each in-patient hospitalization for longer than 24 hours for control of asthma counts as 2 attacks, and an evaluation period of at least 12 consecutive months must be used to determine the frequency of attacks.

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3.03 Asthma (2)

- **3.00B defines attacks as: “prolonged symptomatic episodes lasting one or more days and requiring intensive treatment, such as intravenous bronchodilator or antibiotic administration or prolonged inhalational bronchodilator therapy in a hospital, emergency room, or equivalent setting.”**

COPD (Emphysema)

Height (inches)	FEV1 (L/min)
60 or less	1.05
61-63	1.15
64-65	1.25
66-67	1.35
68-69	1.45
70-71	1.55
72 or more	1.65

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5.05 Chronic Liver Disease (2)

F. Confirmation of chronic liver disease by liver biopsy and one of the following:

1. Ascites for at least 3 months, demonstrated by abdominal paracentesis or associated with persistent albumin of 3.0 mg/dl or less; or

2. Serum bilirubin of 2.5 mg/dl or greater for at least 3 months; or

3. Abnormal PT and LFTs for 3 months

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5.05 Chronic Liver Disease

- Chronic Liver Disease (e.g. portal, post-necrotic, or biliary cirrhosis; chronic active hepatitis; Wilson's disease). With:

A. Esophageal varices with a documented h/o massive hemorrhage attributable to these varices. Consider under disability for 3 years following the last massive hemorrhage…; or

B. Performance of a shunt operation for esophageal varices. Consider under disability for 3 years following surgery…; or

C. Serum bilirubin of 2.5 mg or greater for 5 months; or

D. Ascites for 5 months with albumin 3.0 or less; or

E. Hepatic encephalopathy; or

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6.06 Nephrotic Syndrome

- **Nephrotic syndrome, with significant anasarca, persistent for at least 3 months despite prescribed therapy. With:**

A. Serum albumin of 3.0 gm or less and proteinuria of 3.5 gm per 24 hours or greater; or

A. Proteinuria of 10 gm per 24 hours or more.

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9.08 Diabetes Mellitus

- With:
- A. Neuropathy demonstrated by significant and persistent disorganization of motor function in two extremities resulting in sustained disturbance of gross and dexterous movements, or gait or station (see 11.00C); or
- B. Acidosis occurring at least on the average of once every 2 months documented by appropriate blood chemical tests; or
- C. Retinitis proliferans; evaluate the visual impairment under the criteria in 2.02, 2.03, or 2.04

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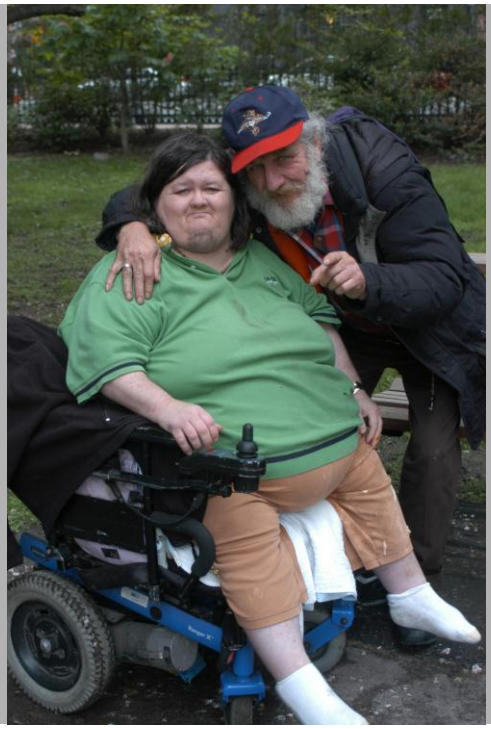

3.09 Cor Pulmonale

- **Secondary to chronic pulmonary vascular hypertension. Clinical evidence of cor pulmonale (documented according to 3.00G) with:**

  A. Mean PA pressure > 40 mm Hg; or

  B. Arterial hypoxemia (3.02C2); or

  C. Evaluate under applicable criteria in 4.02

1.04 Disorders of the Spine

- **Disorders of the spine (e.g. herniated nucleus pulposus, spinal arachnoiditis, spinal stenosis, osteoarthritis, degenerative disc disease, facet arthritis, vertebral fracture) resulting in compromise of a nerve root (including the cauda equina) or the spinal cord.**
- **WITH:**

  A. Evidence of nerve root compression characterized by neuro-anatomic distribution of pain, limitation of motion of the spine, motor loss (atrophy with associated muscle weakness or muscle weakness) accompanied by sensory or reflex loss and, if there is involvement of the lower back, positive straight-leg raising test (sitting and supine); OR

  B. spinal arachnoiditis; OR

  C. Lumbar spinal stenosis resulting in pseudoclaudication.

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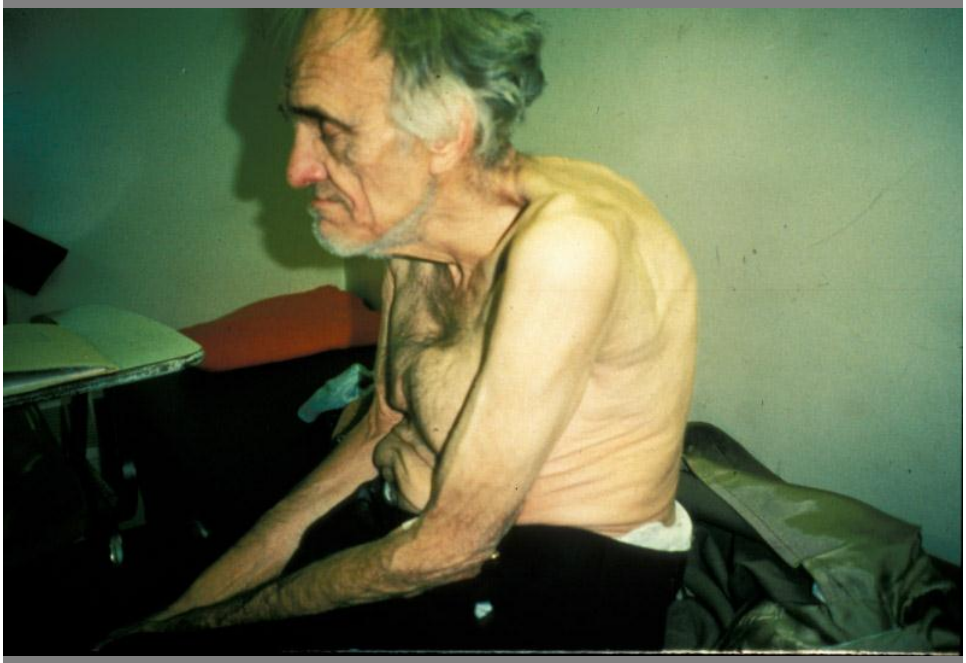

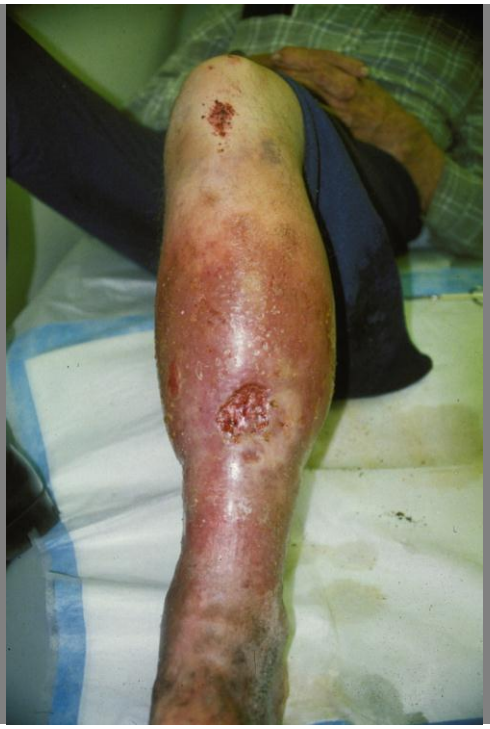

4.11 Chronic Venous Insufficiency

- Chronic venous insufficiency of a lower extremity. With incompetency or obstruction of the deep venous system and one of the following:
- A. Extensive brawny edema;

OR

- B. Superficial varicosities, stasis dermatitis, and recurrent or persistent ulceration which has not healed following at least 3 months of prescribed medical or surgical therapy.

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4.11 Chronic Venous Insufficiency

- Chronic venous insufficiency of a lower extremity. With incompetency or obstruction of the deep venous system and one of the following:
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OR

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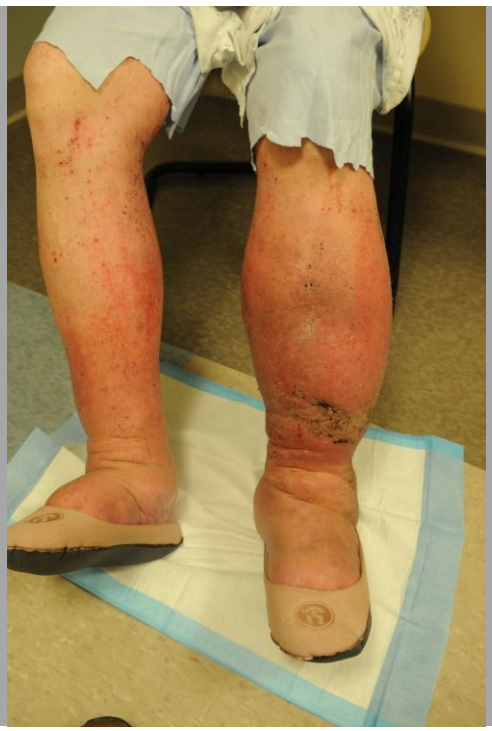


Traumatic Brain Injury

A tough dilemma…

The Neuropsychological Function of Homeless Street-Dwellers in Boston

James J. O'Connell M.D.
Jill S. Roncarati PA-C
Stephen M. Kelly

INTRODUCTION

Homelessness, for approximately 80% of those who experience it, is a temporary circumstance. This percentage of homeless shelter occupants on any given night may expect to soon recover from their misfortune and regain a position in domiciled society. According to shelter-tracking statistics in New York City and Philadelphia, another nine

Table 2

Tests of Overall Cognitive Function (WASI/WAIS subtests)	N	Average or above	Low Average to Mild Impairment	Mild to Moderate Impairment	Moderate to Severe Impairment
Verbal IQ	24	4	2	7	11
Performance IQ	18	6	0	5	7
Full-Scale IQ	24	5	4	4	11

Primary care physicians can and should document impairments related to mental illness

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.**

12.04 Affective Disorders (2)

- **A. Medically documented persistence, either continuous or intermittent, of one of the following: depressive syndrome, manic syndrome, bipolar syndrome**

  and

- **B. Resulting in at least two of the following:**
  - **1. Marked restriction of ADLs; 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**

12.04 Affective Disorders (3)

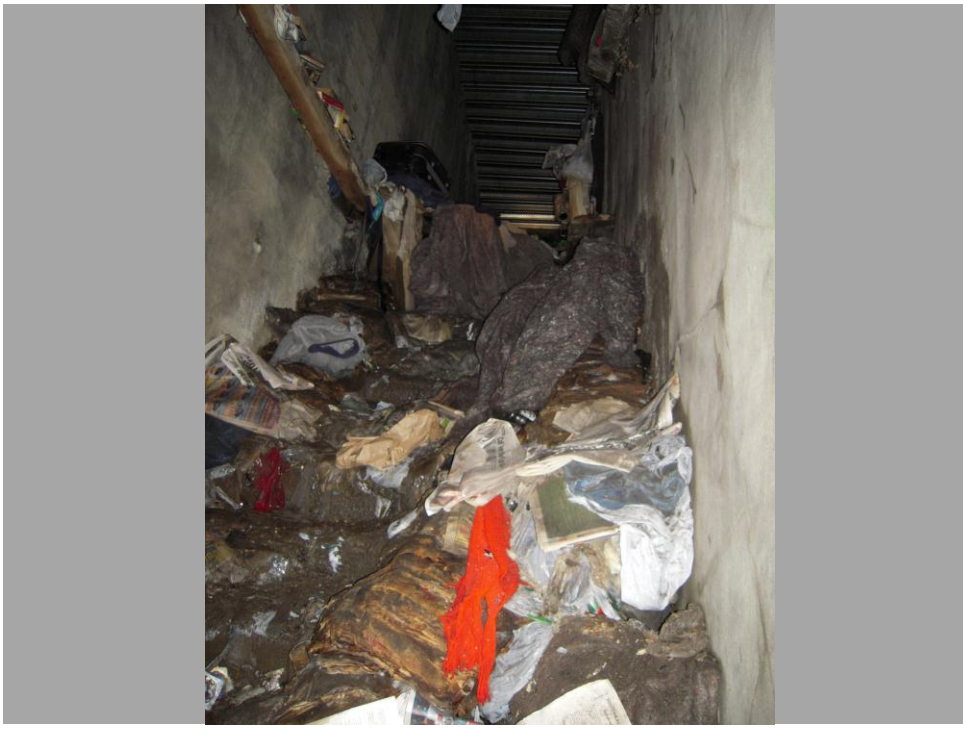
OR:

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 psychological 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.




DISCLOSURE
MICHAEL
CRICHTON