NAHO
Medicaid Disability Adjudication

One set of disability rules, many jurisdictions

October 22, 2020

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NOTES

- My opinions belong to me and not any entity, agency, person, place, or thing I have ever worked for
  - Not my current employer or any future one
- I'm human and I might be wrong about something. Check the sources!
- As noted throughout the presentation, procedure varies *widely* by state.
- Terms: Petitioner / Appellant for individual appealing, and Respondent / Agency for Medicaid agency

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PRESENTATION OVERVIEW

1. Procedural versus Substantive Law
2. Procedural Laws, Rules, and Regs
3. Substantive: Categories for Disabled Adults & Children
4. Substantive Law: Disability for Adults
5. Substantive Law: Disability for Children
6. Continuing Disability Review
7. Adopted Disability
8. Breakout Groups

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PART 1

PROCEDURAL VERSUS SUBSTANTIVE LAW

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WHY START HERE?

- "Procedural" means process through which the case comes to you, and what procedures you must follow when processing the case
  - Examples:
    - Who makes the decision prior to yours?
    - Must you apply the Rules of Evidence? Of Civil Procedure?
    - Where is the applicant or beneficiary's next level of appeal / review after you?
    - Who from the respondent / defending agency appears at your hearing? Can you issue subpoenas?
  - **Procedure is largely STATE / locality governed, but *Goldberg* provides some minimums**
- "Substantive" means what are the rules governing how you must evaluate the evidence—the substance of the case
  - THESE are federal regs and law

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PART 2

PROCEDURAL LAWS, RULES, & REGULATIONS

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SOME *GOLDBERG* PROCEDURAL MINIMUMS

- Social Security Act § 1902(a) & 42 CFR § 431.200-.250
- Notice describing reason for denial (what leads to your hearing)
- Your hearing notices—are they meaningful?
- Applicant / beneficiary *must be given access to all docs used to make decision*
  - As must you!
- Cross examine adverse witnesses, present own documents & testimony

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PROCEDURAL: A LITTLE MORE FROM THE FEDS

- Can* (probably will be) be *de novo* (see 42 C.F.R. 431.200)
  - Do you have local evidentiary hearings? Or is that you?
- Under federal law, the disability determination must be made in-agency or by the state agency processing for SSA
- Adopted disability requirements are discussed later

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PROCEDURAL

- Outside the high-level *Goldberg* and a few regs, the sources of procedure are largely in your state laws, regulations, and policy
  - Check your state APA! Often *lots* in there
- In SC, for instance:
  - The state APA applies the rules of evidence, and allows subpoenas and depositions, but does *not* apply Civil Rules
  - Agency *regs* allow HOs to conduct proceedings, incorporate some *Goldberg* requirements
  - Agency *policy* creates designated Respondent's unit that, upon notice of the appeal, gathers the disability file and produces it for HO and appealing party

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PROCEDURAL—WHY THIS MATTERS (1)

How do you get the file created from the denial decision?

Must Order it from the Respondent agency? Do they produce it automatically per policy or reg?

Who can you *require* to be at the hearing, especially for the agency / prior decision maker?

How do you enter that file into the record, especially if you don't have a first-hand decisionmaker for Respondent agency?

If the rules of evidence apply, review your state's business records exception

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PROCEDURAL—WHY THIS MATTERS (2)

Can you hold the record open after the hearing?

Very common in administrative settings, check your APA

Can you assign the burden of proof, or is it set by state rule or regulation?

What can you put in your hearing notice?

Copies of applicable regs, evaluation forms can help guide the Petitioner's focus

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PART 3

SUBSTANTIVE: CATEGORIES FOR DISABLED ADULTS & CHILDREN

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FEDERAL LAWS & REGS FOR CATEGORIES

- *All* state Medicaid plans must cover disabled adults & children meeting SSI disability rules and certain income limits
  - Social Security Act* § 1902(a)(10)(A)(i)(I) or (IV) & 1905(a)(vii)
  - Aged, Blind, Disabled
- *Some* state Medicaid plans cover disabled children who meet SSI disability with looser income rules but more care requirements
  - Social Security Act § 1902(a)(10) (A)(ii)(XIX), (e)(3)
  - TEFRA or Katie Beckett or a (sometimes) waiver
- Disability rules for children are the same for ABD, TEFRA, & (most) TEFRA lookalike waivers

* 42 U.S.C. § 1396a, 1396d

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PART 4

SUBSTANTIVE LAW:

ADULT DISABILITY RULES

WELCOME TO THE 20 CFR!

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ADULT DISABILITY CRITERIA

As stated at https://www.ssa.gov/OP_Home/cfr20/416/416-0920.htm:

20 C.F.R. § 416.920. Evaluation of disability of adults, in general.

(a) General—(1) Purpose of this section. This section explains the five-step sequential evaluation process we use to decide whether you are disabled, as defined in § 416.905.

(2) Applicability of these rules. These rules apply to you if you are age 18 or older and you file an application for Supplemental Security Income disability benefits.

(3) Evidence considered. We will consider all evidence in your case record when we make a determination or decision whether you are disabled. See § 416.920b.

(4) The five-step sequential evaluation process. The sequential evaluation process is a series of five "steps" that we follow in a set order. See paragraph (b) of this section for an exception to this rule. If we can find that you are disabled or not disabled at a step, we make our determination or decision and we do not go on to the next step. If we cannot find that you are disabled or not disabled at a step, we go on to the next step. Before we go from step three to step four, we assess your residual functional capacity. (See paragraph (e) of this section.) We use this residual functional capacity assessment at both step four and at step five when we evaluate your claim at these steps. These are the five steps we follow:

(i) At the first step, we consider your work activity, if any. If you are doing substantial gainful activity, we will find that you are not disabled. (See paragraph (b) of this section.)

(ii) At the second step, we consider the medical severity of your impairment(s). If you do not have a severe medically determinable physical or mental impairment that meets the duration requirement in § 416.909, or a combination of impairments that is severe and meets the duration requirement, we will find that you are not disabled. (See paragraph (c) of this section.)

(iii) At the third step, we also consider the medical severity of your impairment(s). If you have an impairment(s) that meets or equals one of our listings in appendix 1 to subpart P of part 404 of this chapter and meets the duration requirement, we will find that you are disabled. (See paragraph (d) of this section.)

(iv) At the fourth step, we consider our assessment of your residual functional capacity and your past relevant work. If you can still do your past relevant work, we will find that you are not disabled. See paragraphs (f) and (h) of this section and § 416.960(b).

(v) At the fifth and last step, we consider our assessment of your residual functional capacity and your age, education, and work experience to see if you can make an adjustment to other work. If you can make an adjustment to other work, we will find that you are not disabled. If you cannot make an adjustment to other work, we will find that you are disabled. See paragraphs (g) and (h) of this section and § 416.960(c).

(5) When you are already receiving disability benefits. If you are already receiving disability benefits, we will use a different sequential evaluation process to decide whether you continue to be disabled. We explain this process in § 416.994(b)(5).

(b) If you are working. If you are working and the work you are doing is substantial gainful activity, we will find that you are not disabled regardless of your medical condition or your age, education, and work experience.

(c) You must have a severe impairment. If you do not have any impairment or combination of impairments which significantly limits your physical or mental ability to do basic work activities, we will find that you do not have a severe impairment and are, therefore, not disabled. We will not consider your age, education, and work experience.

(d) When your impairment(s) meets or equals a listed impairment in appendix 1. If you have an impairment(s) which meets the duration requirement and is listed in appendix 1 or is equal to a listed impairment(s), we will find you disabled without considering your age, education, and work experience.

(e) When your impairment(s) does not meet or equal a listed impairment. If your impairment(s) does not meet or equal a listed impairment, we will assess and make a finding about your residual functional capacity based on all the relevant medical and other evidence in your case record, as explained in § 416.945. (See paragraph (g)(2) of this section and § 416.962 for an exception to this rule.) We use our residual functional capacity assessment at the fourth step of the sequential evaluation process to determine if you can do your past relevant work (paragraph (f) of this section) and at the fifth step of the sequential evaluation process (if the evaluation proceeds to this step) to determine if you can adjust to other work (paragraph (g) of this section).

(f) Your impairment(s) must prevent you from doing your past relevant work. If we cannot make a determination or decision at the first three steps of the sequential evaluation process, we will compare our residual functional capacity assessment, which we made under paragraph (e) of this section, with the physical and mental demands of your past relevant work. See paragraph (h) of this section and § 416.960(b). If you can still do this kind of work, we will find that you are not disabled.

(g) Your impairment(s) must prevent you from making an adjustment to any other work. (1) If we find that you cannot do your past relevant work because you have a severe impairment(s) (or you do not have any past relevant work), we will consider the same residual functional capacity assessment we made under paragraph (e) of this section, together with your vocational factors (your age, education, and work experience) to determine if you can make an adjustment to other work. (See § 416.960(c).) If you can make an adjustment to other work, we will find you not disabled. If you cannot, we will find you disabled.

(2) We use different rules if you meet one of the two special medical-vocational profiles described in § 416.962. If you meet one of those profiles, we will find that you cannot make an adjustment to other work, and that you are disabled.

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JUST KIDDING

I HAVE A FLOW CHART

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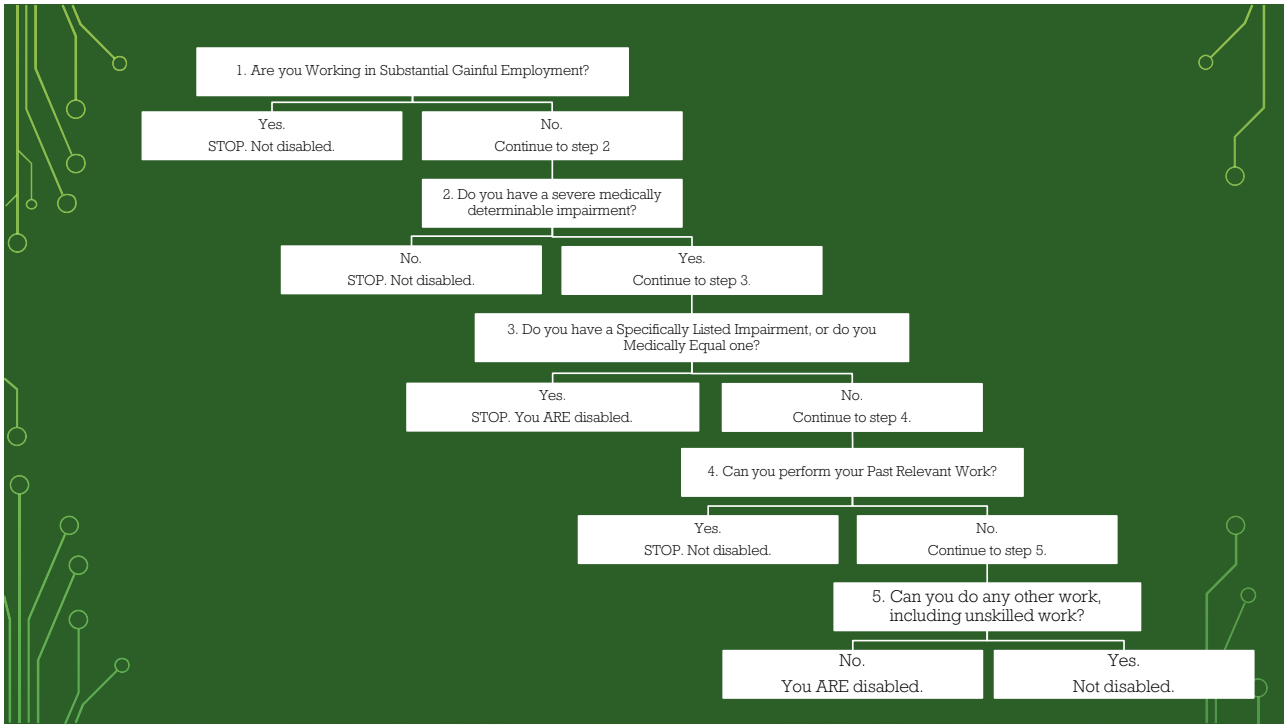

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Subpart I—Determining Disability and Blindness

General

416.901 Scope of subpart.
416.902 Definitions for this subpart.

Determinations

416.903 Who makes disability and blindness determinations.
416.903a Program integrity.
416.903b Evidence from excluded medical sources of evidence.
416.904 Decisions by other governmental agencies and nongovernmental entities.

Definition of Disability

416.905 Basic definition of disability for adults.
416.906 Basic definition of disability for children.
416.907 Disability under a State plan.
416.908 [Reserved]
416.909 How long the impairment must last.
416.910 Meaning of substantial gainful activity.
416.911 Definition of disabling impairment.

Evidence

416.912 Responsibility for evidence.
416.913 Categories of evidence.
416.913a Evidence from our Federal or State agency medical or psychological consultants.
416.914 When we will purchase existing evidence.
416.915 Where and how to submit evidence.
416.916 If you fail to submit medical and other evidence.
416.917 Consultative examination at our expense.
416.918 If you do not appear at a consultative examination.

Standards To Be Used in Determining When a Consultative Examination Will Be Obtained in Connection With Disability Determinations

416.919 The consultative examination.
416.919a When we will purchase a consultative examination and how we will use it.
416.919b When we will not purchase a consultative examination.

Standards for the Type of Referral and for Report Content

416.919f Type of purchased examinations.
416.919g Who we will select to perform a consultative examination.
416.919h Your medical source.
416.919i Other sources for consultative examinations.
416.919j Objections to the medical source designated to perform the consultative examination.
416.919k Purchase of medical examinations, laboratory tests, and other services.
416.919m Diagnostic tests or procedures.
416.919n Informing the medical source of examination scheduling, report content, and signature requirements.

THE STEPS

- They are SEQUENTIAL. Don't forget your sequence!
- They are driven by the regs in 20 CFR § 416.901 *et seq.* starting here

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STEP 2 & FRIENDS

- https://www.ssa.gov/OP_Home/cfr20/416/416-0000.htm is your friend
- Because we are focusing on *disability*, we are going to start at step 2 (whose requirements are spread throughout several regs)
  - *Most states will do the SGA / financial assessment first*
- Duration requirement: 20 CFR § 416.909—12 months or death
- Is it "medically determinable"
  - I've rarely addressed this, its largely an evidentiary issue– § 416.921

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STEP 2 & MORE

ACCEPTABLE MEDICAL SOURCES IN § 416.902

Doctor	Physician Assistant	Optometrist	Advanced Practice Registered Nurse
Psychologist	Podiatrist	Audiologist	Speech Language Pathologist

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STEP 2 CONT.

"Severe"? Well, "not severe" is what they define. § 416.922

Remember—the regs on this have changed in the last couple years.

- Always look at current regs and SSRs

No longer just signs, symptoms, and laboratory findings, but you still need "objective medical evidence" and it must be from…

An acceptable source (see prior)

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Listing of Impairments - Adult Listings (Part A)

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.

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

STEP 3: THE LISTINGS

- The listing of Impairments: 20 CFR Part 404, Subpart P, Appendix 1
- https://www.ssa.gov/disability/professionals/bluebook/AdultListings.htm
- Each has a specific set of criteria

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STEP 3: MEETING LISTINGS

- The good news: the listings themselves are relatively clear.
- *However*, this clarify may be impeded by what evidence you receive (or don't get) from the initial decision-maker (that pesky procedural stuff)
  - *Do you receive copies of the underlying medical records? Consultative Examinations? The PRTF?*
- Look at the evidentiary standards in § 416.913

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STEP 3: MEETING LISTINGS- EVIDENCE § 416.913

- Objective Medical Evidence
- Medical Opinion
- Other Medical Evidence
- Evidence from Nonmedical Sources
- Prior Administrative Medical Finding

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STEP 3: MEETING LISTINGS-EVIDENCE

- § 416.920 and related
  - Looking for consistency, relevance, and overall picture
  - Inconsistent evidence does *not* require a finding of non-disabled
  - Again, this goes back to the general judicial functions of weight and credibility findings—in line with the acceptable sources, and the hierarchy on the prior page

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STEP 3: MEETING LISTINGS

- Let's look at a few listings.
  - *4.05 Recurrent arrhythmias, not related to reversible causes, such as electrolyte abnormalities or digitalis glycoside or antiarrhythmic drug toxicity, resulting in uncontrolled (see 4.00A3f), recurrent (see 4.00A3c) episodes of cardiac syncope or near syncope (see 4.00F3b), despite prescribed treatment(see 4.00B3 if there is no prescribed treatment), and documented by resting or ambulatory (Holter) electrocardiography, or by other appropriate medically acceptable testing, coincident with the occurrence of syncope or near syncope (see 4.00F3c).*
- Note citing the preamble: the definitions and medical requirements for a particular condition are there

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STEP 3: MEETING LISTINGS

- Uncontrolled (see 4.00A3f)
  - *Uncontrolled means the impairment does not adequately respond to standard prescribed medical treatment.*
- Recurrent (see 4.00A3c)
  - *Recurrent means that the longitudinal clinical record shows that, within a consecutive 12-month period, the finding(s) occurs at least three times, with intervening periods of improvement of sufficient duration that it is clear that separate events are involved.*

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STEP 3: MEETING LISTINGS

- Mental Health
  - These are all contained in listing 12 and quite detailed regarding symptoms.
  - Remember your acceptable medical sources, evidentiary requirements in the regs
  - § 416.920a specifically addresses methods for mental health conditions
  - If you have a PRTF from the initial determination, remember you are not necessarily arguing against it—generally, you are sitting *de novo,* but it is informative—remember your evidence list (prior admin finding)
  - Rember your A, B, and C criteria

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STEP 3: MEETING LISTINGS

In Mental Health Listings, the B Criteria are often critical

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).*

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STEP 3: MEETING LISTINGS

- 12.04 Depressive, bipolar and related disorders (see 12.00B3), satisfied by A and B, or A and C
- In one case like this, I reviewed four SSRs, 13-2p, 16-3p, 85-15, 85-16, and the POMS DI 22511.005
  - Including those regarding interaction of DAA disorders, nonexertional limitations, exacerbation periods, longitudinal records, and the relevance of supportive environments
- 13-2p is (right now) a great review of whether DAA is material
- POMS manual is less common & changes frequently, but occasionally is helpful regarding procedures
  - https://secure.ssa.gov/apps10/poms.nsf/chapterlist!openview&restricttocategory=04

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STEP 3: MEDICALLY EQUALING

Three Ways: 20 C.F.R. § 416.926(b):

1) You have a listed impairment but you do not exhibit one or more of the findings in the listing, or you exhibit all of the findings, but one or more of the findings is not as severe as specified in the particular listing, we will find that your impairment is medically equivalent to that listing if you have other findings related to your impairment that are at least of equal medical significance to the required criteria.

2) You have an impairment that is not listed but is closely analogous to a listed one

3) If you have a combination of impairments, no one of which meets a listing we will compare your findings with those for closely analogous listed impairments. If the findings related to your impairments are at least of equal medical significance to those of a listed impairment, we will find that your combination of impairments is medically equivalent to that listing.

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STEP 3: MEDICALLY EQUALING

- Procedural crossover note: we do not have the same setup as actual SSA / SSI disability, therefore *we* may make these determinations.
- Look at the objective criteria for the listing and review your evidence. Where are your variations? Do you have an acceptable medical source?
- Check SSRs. They are binding subregulatory guidance from the Social Security Commissioner, and they are your friends. (Search on ssa.gov).
  - For instance, an SSR on "Primary Headache Disorders" (migraines) establishes a framework for medical equivalence to Listing 11.02 (epilepsy) and spells out evidence needed.
  - https://www.ssa.gov/OP_Home/rulings/di/01/SSR2019-04-di-01.html

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STEP 4: ABILITY TO PERFORM PAST RELEVANT WORK

- This will include modifiers from the Petitioner's last 15 years of work, their education, age, and strength limitations
- Many times, if a person has no work, this is collapsed into step 5 (aka an "expedient")
- Strength limitations and postural limitations--

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STEP 4: ABILITY TO PERFORM PAST RELEVANT WORK

- Strength limitations and postural limitations—
  - Residual functional capacity
  - Postural limitations
  - Age
  - Education
- Review the regulatory differences and requirements for Sedentary, Light, Medium, and Heavy
  - You *should* receive an evaluation from the previous level
  - Special rules regarding those with missing limbs, etc.
- If not, look to 20 CFR 416.967 and subsequent

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STEP 5: ABILITY TO ADJUST TO OTHER WORK FOR WHICH YOU CAN BE TRAINED

- Again, what are limitations determined in step 4?
- "The Grid" -- https://www.ssa.gov/OP_Home/cfr20/404/404-app-p02.htm
  - Age, education, skill set (unskilled), strength limitations
  - Identification of other jobs is *very* broad--
- Review SSRs, postural limitations, environmental, and mental
  - E.g., one armed unskilled worker with PTSD

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STEP FIVE: THE GRID

Is updated frequently—most recently on April 27!

https://www.ssa.gov/OP_Home/cfr20/404/404-app-p02.htm

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 [1]	Do.
201.03	.....do	.....do	Skilled or semiskilled—skills transferable [1]	Not disabled
201.04	.....do	High school graduate or more—does not provide for direct entry into skilled work [2]	Unskilled or none	Disabled
201.05	.....do	High school graduate or more—provides for direct entry into skilled work [2]	.....do	Not disabled
201.06	.....do	High school graduate or more—does not provide for direct entry into skilled work [2]	Skilled or semiskilled—skills not transferable [1]	Disabled
201.07	.....do	.....do	Skilled or semiskilled—skills transferable [1]	Not disabled
201.08	.....do	High school graduate or more—provides for direct entry into skilled work [2]	Skilled or semiskilled—skills not transferable [1]	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 [3]	Unskilled or none	Disabled
201.13	.....do	High school graduate or more—provides for direct entry into skilled work [3]	.....do	Not disabled
201.14	.....do	High school graduate or more—does not provide for direct entry into skilled work [3]	Skilled or semiskilled—skills not transferable	Disabled
201.15	.....do	.....do	Skilled or semiskilled—skills transferable	Not disabled
201.16	.....do	High school graduate or more—provides for direct entry into skilled work [3]	Skilled or semiskilled—skills not transferable	Do.
201.17	Younger individual age 45-49	Illiterate or unable to communicate in English	Unskilled or none	Disabled
201.18	.....do	Limited or less—at least literate and able to communicate in English	.....do	Not disabled
201.19	.....do	Limited or less	Skilled or semiskilled—skills not transferable	Do.
201.20	.....do	.....do	Skilled or semiskilled—skills transferable	Do.
201.21	.....do	High school graduate or more	Skilled or semiskilled—skills not transferable	Do.
201.22	.....do	.....do	Skilled or semiskilled—skills transferable	Do.
201.23	Younger individual age 18-44	Illiterate or unable to communicate in English	Unskilled or none	Do.[4]
201.24	.....do	Limited or less—at least literate and able to communicate in English	.....do	Do.[4]
201.25	.....do	Limited or less	Skilled or semiskilled—skills not transferable	Do.[4]
201.26	.....do	.....do	Skilled or semiskilled—skills transferable	Do.[4]
201.27	.....do	High school graduate or more	Unskilled or none	Do.[4]
201.28	.....do	.....do	Skilled or semiskilled—skills not transferable	Do.[4]
201.29	.....do	.....do	Skilled or semiskilled—skills transferable	Do.[4]

um sustained work capability limited to light work as a result of severe medically determinable impairment(s). (a) The functional capacity to perform a full range of light work includes the

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PART 5

SUBSTANTIVE LAW:

CHILDREN'S DISABILITY RULES

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CHILDREN: SIMILAR RULES

- Again must have a finding of no SGA and severe impairment
- Must meet, medically equal, OR functionally equal
  - No flow chart, but the "functional equivalence" diverges significantly from steps 4 and 5 for adults

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MEETS OR MEDICALLY EQUALS

- Appendix B contains the listings for children
  - Like adults, they contain detailed requirements
  - Watch out for one-year limited duration listings like low birth weight or certain heart defects
  - https://www.ssa.gov/disability/professionals/bluebook/ChildhoodListings.htm
- Medical Equivalence for children is also under the same guidance

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FUNCTIONAL EQUIVALENCE FOR CHILDREN

- All in § 416.926a
- Six functional domains in which a child may be rated No Limitation, Less Than Marked, Marked, or Extreme
- Two Marked or one Extreme = meets the requirement

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FUNCTIONAL EQUIVALENCE FOR CHILDREN

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FUNCTIONAL EQUIVALENCE FOR CHILDREN

- Each domain has detailed requirements as well as age descriptors
  - Review 20 CFR § 416.926a in detail for age, domain—frequently updated
- Test scores and standard deviations, with caveats
- Health and physical wellbeing and functional equivalence
- SSRs are still the best

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FUNCTIONAL EQUIVALENCE FOR CHILDREN

- Common issues:
  - Caring for Yourself is not just ADLs, it is also emotional self-regulation
  - Interacting and Relating With Others is emotional regulation with others
  - SSRs! SSRs! Lots of guidance on Whole Child, and what is and is not "double counting," e.g., an issue that affects more than one domain

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PART 6

CONTINUING DISABILITY REVIEW

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CDRs—also have a required sequence

01
Reviewed from most recent favorable decision (CPD)

02
Agency must see if condition is improved since CPD. If not, review stops.

03
If it has improved, must see if person is still disabled from the same condition.

04
If not disabled from same condition, must do a review to see if person is disabled from *any* condition.

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CDRs – regulations

§ 416.994
Adults

More involved in CPD step 3 as to whether the improvement, if found, *relates to your ability to work*

§ 416.994a
Children

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CDRs – COMMON ISSUES

- Burden of proving CPD change is on agency under the federal procedure
  - Failure to correctly state last CPD
  - One-year listings
- Lost folder regulations
  - Cannot just disregard and jump to new review

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PART 7

ADOPTED DISABILITY

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Adopted Disability - 42 C.F.R. § 435.541

- If SSA has made a finding of not disabled, Medicaid agency must adopt unless:
  - It is over 12 months old
  - New allegation
  - Change in condition
  - Refusal of SSA to re-evaluate

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PART 8

SMALL GROUP BREAKOUTS

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Small Groups

- You will be put into small group breakout rooms
- We will bring everyone back to give "best ofs" from their discussions.

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