

Special Issue: Children's SSI (Supplemental Security Income)

This month, the *MLPP News* takes an in-depth look at the Children's SSI Program. What is SSI for children, and what are the eligibility criteria? How old must a child be to receive SSI? In order for children to receive disability benefits, must they be permanently disabled? These questions, along with two recent MLPP case summaries, are included to provide some basic guidance to clinicians and advocates who work with disabled children from low income families.



The ABCs of SSI for Children: Exploring Mental Disabilities

Alexis Williams, MLPP Intern

What is Supplemental Security Income (SSI)?

SSI is a need-based, federal benefit for disabled individuals.

When does a child qualify for SSI?

Individuals under the age of eighteen are considered to be "children" for purposes of SSI eligibility. The standard used to determine whether a child qualifies for SSI is different from that used for an adult. A child is considered disabled, for purposes of SSI eligibility, when he or she:

1. has a medically determinable physical or mental impairment,
2. resulting in marked & severe functional limitations, and
3. it can be expected to result in death or it has lasted, or can be expected to last, for a continuous period of at least 12 months.

Any child with substantial gainful employment (full time work) does not qualify for SSI.

How does the Social Security Administration determine whether a child has an impairment or combination of impairments?

To qualify for SSI, a child's impairment or combination of impairments must either:

1. meet the listings published by the Social Security Administration (SSA) in the federal regulations;
2. medically equal one of the SSA listings; or
3. functionally equal one of the SSA listings.

The SSA considers the combined effect of all medically determinable impairments, even those that may not be severe when taken alone.

Will a child receive retroactive benefits if the Social Security Administration determines that the child has been disabled for some time?

Yes, a child will receive retroactive benefits. However, large payments covering more than six months will be placed in a dedicated account. The funds may only be used for those expenses primarily related to the child's disability and the SSA will monitor the use of the funds in the dedicated account.

When does a child qualify for SSI for a physical disability?

As noted above, if a child meets or functionally equals one of the medical "listings," s/he is deemed eligible for SSI benefits. The categories of physical listings include growth impairment; musculoskeletal impairment; special senses and speech; respiratory system; cardiovascular system; digestive system; genitourinary system; hematological disorders; skin disorders; endocrine system; impairments that affect multiple body systems; neurological; malignant neoplastic diseases; and immune system. Listings are available on-line at www.ssa.gov/disability/professionals/bluebook/ChildhoodListings.htm.

What happens when a child's condition does not meet or equal the listings?

SSA must determine whether the child's condition is functionally equivalent to one of the listings. SSA does this by examining six domains of functioning, namely:

(continued)

1. acquiring and using information;
2. attending and completing tasks;
3. interacting and relating with others;
4. moving about and manipulating objects;
5. caring for yourself; and
6. health and physical well being.

To functionally equal the listings, the child's impairment or combination of impairments must result in "marked" limitations in two domains of functioning or an "extreme" limitation in one domain. See 20 CFR § 416.926a(d).

When does a child qualify for SSI for a mental disability?

The SSA has listings for eleven mental disorders:

1. organic mental disorders;
2. schizophrenic, delusional (paranoid), schizoaffective, and other psychotic disorders;
3. mood disorders (major depressive syndrome, manic syndrome, or bipolar or cyclothymic syndrome);
4. mental retardation;
5. anxiety disorders;
6. somatoform, eating and tic disorders;
7. personality disorders;
8. psychoactive substance dependence disorders;
9. autistic disorder and other pervasive developmental disorders;
10. attention deficit hyperactivity disorder; and
11. developmental and emotional disorders of newborn and younger infants (birth to attainment of age one).

Generally, each listing provides a set of medical findings and impairment-related functional limitations that must be met for a child to be considered impaired under the listing. If a child does not meet a listing, the SSA will determine whether the evidence supports an impairment or a combination of impairments that functionally or medically equals one of the listings. The "mental disorder" listing may be found on SSA's website at www.ssa.gov/disability/professionals/bluebook/112.00-MentalDisorders-Childhood.htm.

How does the SSA determine whether a child has a mental impairment?

The existence of the mental disorder and its duration must be established through medical evidence consisting of symptoms, signs, and laboratory findings. Laboratory findings include psychological and developmental test findings. In their findings, health professionals should also consider

information obtained from parents and other individuals involved in the child's life. These individuals are familiar with a child's daily living, social functioning, and ability to adapt to different settings and, accordingly, their information should be used to establish the consistency of the medical evidence and the severity of the impairment over time. Records from early intervention programs and school records can likewise be helpful by establishing the severity and duration of the impairment.

I am the primary care physician for a mentally ill child but my specialty is not in pediatric psychiatry. Should the child's primary care records be included in the SSI application?

Yes. If your area of expertise is not in children's mental health, it may be necessary to obtain evidence from a psychiatrist, psychologist or developmental pediatrician. But, a reasonable effort should be made to provide records from the treating pediatrician because it will help establish the severity and duration of the impairment, where a single evaluation by a psychologist or psychiatrist cannot.

If a child's mental disorder is stabilized by hospitalization, will the child's hospitalization adversely affect his or her SSI eligibility?

No, the child's level of functioning in a hospital setting will not be used to determine the child's SSI eligibility. Rather, the SSA recognizes that when a child is hospitalized for a mental disorder, or the child is placed in another highly structured setting, the child's functioning may appear higher than it would in a normal setting. The SSA will thus determine the child's ability to function outside of a highly structured setting. Specifically, the SSA will determine, according to the child's age, to what degree the child can function independently, appropriately and effectively. However, hospitalization alone does not automatically qualify a child for SSI.

How does medicating a child affect his or her SSI eligibility?

The SSA will consider how the child functions while taking the medication. The SSA must also consider any functional limitations that remain, any side-effects of the medication, how frequently the medication is needed, and any evidence regarding how the medication helps or does not help the child. For example, though Thorazine may reduce a child's psychotic symptoms, the SSA would still consider any persisting psychotic symptoms and any adverse side effects, such as sedation, experienced as a result of the medication.

Where I can learn more about children's SSI?

The SSA website at www.ssa.gov/pubs/10026.htm is a good resource for information about children's benefits, as well as for forms needed to apply and to appeal unfavorable SSI decisions. An SSA Eligibility Chart and SSI Office Contact Information appear on the last page of this issue.

A Tale of Two Cases: Juan D. and Justin R.

Jay Sicklick, MLPP Director

The MLPP recently represented two children before administrative law judges on appeal. Both cases involved young men with psychiatric impairments – and in both cases, SSA had denied the children's initial applications, and the children's parents followed through the administrative maze to request hearings with an SSA administrative law judge (ALJ). Though the cases were similar in nature, each had a unique niche that made the MLPP's work with its clinical partners essential in overcoming SSA's denials of benefits.

Juan D.

Juan is a nine-year-old boy whose diagnosis included bipolar disorder, ADHD, anxiety disorder, mood disorder, and post traumatic stress disorder.

Despite the fact that Juan had experienced several inpatient admissions to psychiatric hospitals over the past several years, SSA denied the claim on the basis that his condition did not meet the rigorous disability requirements set forth in the federal regulations. The MLPP enlisted the assistance of Juan's clinicians at the Institute of Living and the clinical staff at Riverview Hospital to submit evidence to the ALJ that his conditions met the medical criteria set forth in the regulations – and that his condition was expected to last *at least* one year.

The acute nature of Juan's condition had mandated several hospitalizations, which, prior to MLPP involvement, had not convinced SSA's evaluators that the disability eligibility criteria had been met. The intervention and assistance of Juan's mental health providers, however, collaborating with MLPP advocacy, allowed the ALJ to grant Juan benefits.

Justin R.

Justin is an eleven-year-old boy whose main claims for disability were based on the diagnoses of ADHD and learning disability. Interestingly, neither the ADHD nor the learning disability alone would qualify Justin for benefits – but the combination of the two impairments were significant enough to persuade the ALJ that Justin's conditions are functionally equal to the medical listing contained in the federal regulations.

The MLPP's clinical partners at the Charter Oak Health Center provided vital diagnostic information and expert medical opinion that left the ALJ with little choice but to overturn the SSA's initial denials.

If you or your practice would like more information on the SSI process, please contact Jay Sicklick, MLPP Director, at (860) 714-1412, or e-mail jsicklick@kidscounsel.org.

The August Issue of MLPP News posed a hypothetical for clinicians regarding the screening of a minor for use of illegal substances.

Hypothetical

A parent pulls the treating provider aside and asks her to test the child without the child's knowledge or consent. How should the clinician handle this request? What if the child presents with no indication of substance use/abuse during the visit?

Two community physicians weighed in on this question as follows:

“Your question . . . concerning a parent asking to have the child drug tested without his/her knowledge or consent, is a very real world situation. This situation arises in my practice about 2 or 3 times a year. Years ago, after much thought on this issue, I developed a policy which works well for me: I tell the parent that I will *not* drug test the child without his/her knowledge. However, I would be happy to order the testing if the patient (child) agrees. Pragmatically, if the child agrees to the testing, the likelihood he/she is abusing drugs is extremely low. If the child refuses, the parent's fears are likely well founded. I use this request as a way of opening communication between parent and child. Many times the behaviors which lead the parent to suspect drug abuse can be traced to other stresses upon the child or parent, or to poor child/parent communications. If there is drug use going on, the request for testing often brings the “elephant in the room” out into the light. I feel this policy is also in the spirit of minor patient's assent for treatment.” Dr. L.

“I have a local practice and finished pediatric training in 1973. It took me a while to develop a response to parents' requests for drug screening, but here it is: when parents ask me to screen their child, I tell them that I will be perfectly willing to order that lab work as long as the child (usually adolescent) is in agreement. If the patient agrees, the labs are ordered and the process is simple. When the parent asks me why I will not order the test without the child knowing about it, I tell them that if I order the test without my patient knowing that I am ordering it, then my patient, their child, will never trust me and our doctor/patient relationship will be broken beyond repair. Most parents accept this explanation.” Dr. H.

SSI Eligibility Monthly Maximum Income Chart

Number of Ineligible Children in Household	Earned Income(\$) 1 Parent Household	Earned Income(\$) 2 Parent Household	Unearned Income(\$) 1 Parent Household	Unearned Income(\$) 2 Parent Household
0	2,537	3,139	1,246	1,547
1	2,838	3,440	1,547	1,848
2	3,139	3,741	1,848	2,149
3	3,440	4,042	2,149	2,450
4	3,741	4,343	2,450	2,751
5	4,042	4,644	2,751	3,052
6	4,343	4,945	3,052	3,353

Source: www.socialsecurity.gov/ssi/text-chil-ussi.htm



We want to hear from you!

If you have a case to refer to the MLPP, email jsicklic@kidscounsel.org or call Jay Sicklick at 860-714-1412.

To submit questions for the next edition of MLPP News, email jsicklic@kidscounsel.org or call Jay Sicklick at 860-714-1412.

For information about the Medical-Legal Partnership Project, check the MLPP website at www.ccmckids.org/mlpp or, the CCA website at www.kidscounsel.org.

MLPP is a joint medical-legal collaboration between the Center for Children's Advocacy, Connecticut Children's Medical Center, Charter Oak Health Center, Community Health Services, Inc., and Saint Francis Hospital and Medical Center. The project is funded through generous grants from Bob's Discount Furniture Foundation, Connecticut Bar Association, Connecticut Health Foundation, The Ensworth Charitable Foundation, Hartford Courant Foundation, Hartford Foundation for Public Giving, The George A. and Grace L. Long Foundation, National Center for MLPP, and Universal Health Care Foundation of Connecticut.

Social Security Administration (SSA) Contact Information

SSA National Hotline 800-772-1213

SSA District Offices

305 Main Street
Ansonia, CT 06401
203-735-6201
TTY 800-325-0778

24 Belden Avenue, 5th Fl.
Norwalk, CT 06850
203-849-1911
TTY 203-849-8011

3885 Main Street, 3rd Floor
Bridgeport, CT 06606
203-365-8452
TTY 203-372-8400

101 Water Street
Norwich, CT 06360
860-886-7118
TTY 860-886-7118

225 North Main St, Rm. 400
Bristol, CT. 06010
860-584-2716
TTY 860-585-8933

Two Landmark Sq, Rm. 105
Stamford, CT 06901
203-359-0030
TTY 203-967-9902

131 West St.
Danbury, CT 06810
203-748-3569
TTY 203-744-2172

147 Litchfield Street
Torrington, CT 06790
860-489-1633
TTY 860-626-9568

580 Burnside Ave.
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860-493-1857
TTY 860-525-4697

95 Scovill Street, Suite 100B
Waterbury, CT 06706
203-756-7476
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960 Main Street, 2nd Fl.
Hartford, CT 06103
860-493-1859
TTY 860-525-4697

1320 Main Street
Willimantic, CT 06226
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TTY 800-325-0778

One West Main St, 4th Fl.
Meriden, CT. 06451
203-238-0346
TTY 203-639-1224

SSA Hearings and Appeals

425 Main St, 3rd Fl.
Middletown, CT 06457
860-347-8562
TTY 860-346-2776

Hartford
135 High Street, Suite 135
(860) 240-4333.

100 Arch St.
New Britain, CT 06050
860-229-4844
TTY 860-325-0778

New Haven
157 Church Street
(203) 787-7772

150 Court Street, Rm. 415
New Haven, CT 06510
203-773-5201
TTY 203-624-2332

Springfield, MA
1441 Main Street
(413) 734-2347

2 Shaws Cove, Rm. 203
New London, CT 06320
860-443-8455
TTY 860-442-0620

Children's SSI on the Web

www.ssa.gov/pubs/10026.html

[www.hadvocates.org/
ProgramsChildren/New/
intro.htm](http://www.hadvocates.org/ProgramsChildren/New/intro.htm)