

Case Spotlight

Sickle Cell and SSI in KJ's Case

Jay Sicklick, MLPP Director

The Case Spotlight section provides an in-depth analysis of a recent MLPP case, and demonstrates how the collaborative intervention of pediatric providers and the MLPP staff resulted in the improvement of a family's status. While the MLPP's mission remains to improve children's health outcomes through multidisciplinary intervention, the MLPP strives to improve the quality of life for families by assisting in accessing health care benefits, public entitlements, educational opportunities and disability assistance, thereby improving family status as well as health outcomes. This month, the Spotlight examines a recent Supplemental Security Income (SSI) case handled by the MLPP, and how the MLPP attorney and health provider worked together to successfully argue an appeal before an administrative judge.

Background

KJ is a seven-year-old boy who was diagnosed with sickle cell anemia since birth. Recently, a Connecticut Children's Medical Center (CCMC) specialty provider and social worker contacted the MLPP to assist the family in appealing the denial of SSI benefits. At the time of the referral, the Social Security Administration (SSA) had twice denied KJ's claim, once during the initial application process, and the second time during KJ's initial appeal. After assisting KJ's mother in filing for a hearing with a SSA judge, the MLPP began the investigation and document collection tasks necessary to evaluate his case. It soon became apparent that KJ had suffered considerably over the years due to his sickle cell disease, including requiring several hospitalizations and ongoing treatment for anemia. After consulting with his treating specialist, the MLPP agreed to represent KJ's mother in an appeal with a Social Security Administration

Administrative Law Judge. After securing a retainer agreement with the family, the MLPP initiated a three-point approach to KJ's SSI case.

First, the MLPP analyzed all of the evidence obtained from KJ's primary care and specialty pediatric providers. Specifically, the MLPP consulted with KJ's treating nurse practitioner who provides KJ's ongoing specialty care for his sickle cell anemia. After a strategy meeting, the provider drafted a comprehensive report detailing KJ's sickle cell symptoms, care and treatment, as well as the repercussions suffered by KJ as a sickle cell patient. Of significant note was the specialist's attention to detail as to how KJ's condition can flare up at any time, and the chronic pain he suffers as a result of his impairment.

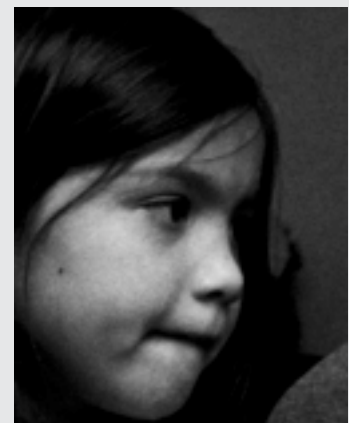
Second, the MLPP staff assembled a package of documents, including preschool records and home health reports, to support the family's contention that KJ's condition causes him to miss preschool, and causes significant chronic pain and discomfort.

Third, the MLPP attorney submitted a legal brief, replete with multiple pages of supporting exhibits, documenting how KJ's condition met the criteria for disability as defined under the federal statute and the Social Security Administration's regulations. The crux of the argument was that KJ's chronic anemia, as referenced by hematocrit levels that hovered around and under "25", rendered him categorically eligible for benefits under the regulatory "listings" of medical impairments.

Case Result

The legal argument, coupled with the strong presentation of evidence, provided sufficient support to convince the SSA

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judge that KJ's condition met the criteria for children's SSI benefits. The judge's office contacted the MLPP to indicate that based solely on the documentary evidence, SSA's denial of benefits would be reversed and he granted the SSI benefits retroactive to March 2003, the SSI application date.

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Why SSI Advocacy is Important

Families who receive SSI traditionally have other expenses related to disability. Children's SSI benefits provide a steady stream of income into households that are, by definition, extremely low-income. As noted in previous Newsletters, children's SSI is a poverty-based disability program available only to those families whose income is extremely low, and whose child meets the rigorous disability criteria. The added income provided through SSI, however (approximately \$565/month per disabled individual) provides additional subsistence monies for families to pay rent, buy food and clothing, and to provide additional resources to at-risk children.

For more information about SSI advocacy, and how the MLPP can provide legal assistance to individual families, or to schedule a training on SSI eligibility, please call: MLPP Director Jay Sicklick at (860) 570-5327; or call MLPP attorney at Connecticut Children's, Gladys Nieves, at (860) 545-8581.

Did You Know?

Did you know that the legislature recently restored Medicaid benefits for all eligible legal residents who have resided in the state for six months or more? As of July 1, 2004, all otherwise eligible legal permanent resident children 19 years of age or younger are once again eligible for HUSKY benefits even if they have not resided in the United State for five years! This recent turn of events provides greater access to medical care for the state's most vulnerable population – recent immigrants who may be in dire need of health care services. Families are urged to call the state's HUSKY hotline at (877) CT-HUSKY to apply for, or inquire about, HUSKY insurance benefits. Remember also that the six month in-state residency requirement is waived for children who are "mentally retarded" or who are victims of domestic violence. Questions about, or individual case problems with HUSKY eligibility should be addressed to the MLPP director at (860) 570-5327, or to Gladys Nieves, the MLPP attorney at Connecticut Children's, by calling (860) 545-8581.

FOCUS

Bullying – A Primer for Pediatric Providers

This month's FOCUS section tackles the issue of bullying. Specifically, what pediatric providers can do when a patient presents with a case of school-based bullying. The Connecticut legislature recently passed a law directing local school districts to take specific actions when bullying cases arise. The following section outlines the statutory requirements compelling school district compliance, and how pediatric advocates can provide assistance and resources to children who are victims of school-based bullying.

Imagine you are faced with a fourteen year old girl who sits in your examining room, terrified to return to school because she claims she has been the victim of harassment, intimidation and bullying at her local middle school. Specifically, the young woman relays stories about a gang of girls at school who push, kick and hit her on a regular basis, all because she's "different" than they are. You know what to do about her anxiety and physical condition, but you wonder what you can do to provide assistance to the family on how to tackle the bullying issue.

The "Bullying" Statute

In 2002, the state legislature passed a bill, P.A. 02-119, signed by Governor Rowland, requiring school districts to specifically address the issue of school-based bullying. The bill defines bullying as "any overt acts by a student or a group of students directed against another student with the intent to ridicule, humiliate, or intimidate the other student while on school

grounds or at a school-sponsored activity which acts are repeated against the same student over time."

The statute requires that each local school district develop a policy to address bullying, which must include:

- Anonymous reporting
- Allowing parents or guardians to file written reports of suspected bullying
- Mandated reporting of bullying within the school by staff or school employees
- Investigation and filing of written reports by school administrators
- Adoption of intervention strategy for bullying
- Inclusion of language in student conduct code regarding bullying
- Notification of parents of "bullies" and "bullees"
- Require school districts to maintain lists of verified bullying acts

The most effective tool that practitioners have to treat a bullying victim is to empower the parents/legal guardians to advocate with the school district to take action against the bullying. Parents should be encouraged to put all complaints in writing to the appropriate school administrator (e.g. the principal or vice-principal) and to send a copy of the letter to the school district superintendent.

The "bullying" statute (Conn. Gen. Stat. § 10-222d), which is short, simple and easy to understand, is available on line by accessing the Center for Children's Advocacy's website at www.kidscounsel.org or by calling the Center at (860) 570-5327.

We Want to Hear from You!

Please submit questions for the next edition of the Medical-Legal Partnership Project newsletter to jsicklic@law.uconn.edu or, call Jay Sicklick at 860-570-5327.

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