PACER's Project Launch Presents:

Evaluating Disability Applications and the Function Report

Minnesota Disability Determination Services

EMPLOYMENT AND
ECONOMIC DEVELOPMENT

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Sequential Evaluation

1. **SGA?** Determine if/when the claimant stopped performing paid work, typically earning $1260+/month in 2020
2. **Severity?** Ability to work must be more than minimally affected
3. **Listings?** SSA categorizes impairments and lists disability criteria in the “Blue Book” or write Residual Functional Capacity (RFC)
4. **Past work?** Ability to perform work done in the past
5. **Other work?** Ability to do *any* work in the national economy means person is not disabled

Developing a Disability Claim

- Field Office (FO) accepts application and transfers claim to DDS

- Claim assigned to an examiner who obtains evidence
  - Medical records from sources listed on application
  - Function Report and Work History Report
  - Collateral info from school, work, or third party, if needed
- If evidence is insufficient to assess, the examiner may order a Consultative Exam (CE)
  - About 25-30% of claims require a CE

Information Needed for an Assessment

- Current medical and/or psychological records
- Impairment established by Acceptable Medical Source (AMS)

  Findings from physical or mental exam (i.e., not just the diagnosis)

AMS	Non-AMS
Doctor (MD, DO)	Therapists (LMFT, MFT, MA, CCPT)
Psychologist (LP)	Counselors (LPCC, MMHC, LPC, LADC)
Nurse Practitioner (NP, APRN, CNP)	Social Workers (LICSW, LCSW, SW)
Physician's Assistant (PA)	Physical/Occupational Therapist (PT/OT)
Speech Pathologist (SLP)	Naturopath (ND)
Audiologist (AuD)	Chiropractor (DC)
Optometrist (OD)	School Personnel

- Functional information questionnaire
- School evaluations and IEP, if available

Evaluating a Disability Claim

- State Agency Medical Consultants (SAMCs) review evidence and write medical assessments
- Examiner performs vocational assessment for adults
- An adult is disabled when s/he cannot perform *any* work in the national economy

Once a Decision Is Made

- DDS transfers claim back to FO
- FO makes final eligibility determination and notifies claimant/ family. If favorable, benefits start
- If decision is not favorable, claimants/ family have option to appeal within 60 days

Key Factors in Reviewing Evidence

Recency

- Evidence should be within the relevant time period (approx. 1 year before filing application)

Relevance

- Evidence should include information about disabling impairments and come from an appropriate source for that impairment (e.g., mental health evidence from a mental health practitioner)

Consistency

- Evidence should be consistent across sources, and match information coming from the applicant

Function Report – Activities of Daily Living

Form 3373 (**Function Report – Adult**) covers information about everyday life, ability to perform daily tasks, and how impairments affect function

Form 3380 (**Function Report – Adult – Third Party**) asks for the same information from collateral source (parent, friend) if claimant cannot answer fully

The Function Report Is Critical!

- Functional information is <u>required</u> for mental health conditions
- Covers everyday activities/limitations that are not usually discussed in medical records
- Allows DDS to get a perspective on the claimant’s real life
- <u>You</u> choose what information to include

5 Limitations and Workability

A key section that examiners focus on!

SECTION B - INFORMATION ABOUT YOUR ILLNESSES, INJURIES, OR CONDITIONS

5. How do your illnesses, injuries, or conditions limit your ability to work?

My severe anxiety and agoraphobia makes it extremely difficult to go to work. My anxiety interferes with my ability to complete job duties due to an inability to concentrate. If another individual enters my work space my mind goes blank and I start to panic. I start sweating, my heart starts to race, I feel nauseous, and my hands start to shake. All I can think of is please leave! I have constant and chronic insomnia which interfers with my ability to work as I am always tired, I cannot stay on task, I forgot crucial information, and I am always restless. I am constantly behind pace and when I receive new data I am so anxious I cannot apply it.

I have had panic attacks on the job if assigned to work in a group. Flashbacks that haunt me have resulted in PTSD and I have tried to manage my behavior but the anxiety is simply too great, too over-whelming. At times I fear everyone and everything which not only interfers in my ability to work but in my ability to function outside of my apartment.

*My severe anxiety and agoraphobia makes it extremely difficult to go to work. My anxiety interferes with my ability to **complete job duties due to an inability to concentrate.** If another individual enters my work space, **my mind goes blank** and I start to shake. All I can think of is 'please leave!' I have constant and **chronic insomnia** which interferes with my ability to work **as I am always tired, I cannot stay on task, I forget crucial information, and I am always restless**. I am constantly **behind pace** and when I receive new data I am so anxious **I cannot apply it**. I have had panic attacks on the job if assigned to **work in a group**. Flashbacks that haunt me have resulted in PTSD and I have tried to manage my behavior but the anxiety is simply too great, too overwhelming. At times **I fear everyone and everything** which not only interferes with my ability to work but in my **ability to function outside of my apartment.***

EMPLOYMENT AND ECONOMIC DEVELOPMENT

Describing Limitations

Less Helpful

- Listing allegations/impairments
- Listing symptoms
- “I have never worked.”

More Helpful

- Describing effect of symptoms
- Providing details and specifics about the condition(s)
- Including everyday function

SECTION B - INFORMATION ABOUT YOUR ILLNESSES, INJURIES, OR CONDITIONS

5. How do your illnesses, injuries, or conditions limit your ability to work?

Fatigue, spasticity, cognitive dysfunction, troubles with comuper screens
numbness, Lheritte sign with movement

ABOVE: Fatigue, spasticity, cognitive dysfunction, trouble with computer screens, numbness, Lhermitte’s sign with movement

5. How do your illnesses, injuries, or conditions limit your ability to work?

I have pain in my abdomen for 90% of the day, severe
Fatigue, severe nausea, Pain in lower back and rectum
these make it hard to sleep at night and function
throughout the day, I have to be constatly by a bathroom as I
go between 10-20 times a day. The pain limits my ability to preform
my Job well and coold barely make it through a shift.

RIGHT: I have pain in my abdomen for 90% of the day, severe fatigue, severe nausea, pain in lower back and rectum. These make it hard to sleep at night and function throughout the day, I have to be constantly by a bathroom as I go between 10-20 times a day. The pain limits my ability to perform my job well and could barely make it through a shift.

EMPLOYMENT AND ECONOMIC DEVELOPMENT

6-12 Ability to Care for Self and Others

6. Describe what you do from the time you wake up until going to bed.

wake up, make breakfast return calls, housework lunch nap visit parents return calls go for walk or light exercise dinner television sleep

Wake up, make breakfast, return calls, housework. Lunch, nap, visit parents. Return calls, go for walk or light exercise, dinner, television, sleep.

. PERSONAL CARE (Check here ☐ if NO PROBLEM with personal care.)

a. Explain how the illnesses, injuries, or conditions affect this person's ability to:

Dress Kevin puts shoes on wrong feet

Bathe None

Care for hair None crew cut

Shave Needs help shaving

Feed self None

Use the toilet None

Other Wears improper clothes attire

- Provide information on routines. OK to use good/bad day examples
- A good spot to note any PT/OT, speech, VRS, Transitions, jobs, etc.
- Use #12 Personal Care to describe challenges
- Give details! What help or adaptations are needed?

13-14 Meals and Chores

- Represent skills accurately!
- Use specifics and examples

  PBJ ≠ grilled cheese
- What kinds of reminders, prompts, or supports are needed?
- How would the process and end result compare to someone without impairments?

MEALS

a. Does the disabled person prepare his/her own meals? ☐ Yes ☑ No

If "Yes," what kind of food is prepared? (For example, sandwiches, frozen dinners, or complete meals with several courses.) Kevin can make a bowl of cereal or a sandwich if need be is not allowed to cook on stove

How often does he/she prepare food or meals? (For example, daily, weekly, monthly.)
seldom

How long does it take him/her? A short time

Any changes in cooking habits since the illness, injuries, or conditions began? None

b. If "No," explain why he/she cannot or does not prepare meals.
I do not trust Kevin around stove and he just doesn't understand

HOUSE AND YARD WORK

a. List household chores, both indoors and outdoors, that the disabled person is able to do.
(For example, cleaning, laundry, household repairs, ironing, mowing, etc.)
Kevin can do minimal task such as vacuuming – taking out garbage

b. How much time do chores take, and how often does he/she do each of these things?
A bit longer than normal

c. Does he/she need help or encouragement doing these things? ☐ Yes ☑ No

If "YES," what help is needed?

15-18 Getting Out and About

- Looking for general information about routines
  - "Do you go outside [of your home to attend appointments, events, or to shop]?" ≠ do you sit on the porch?
- Show variation with location, distance, or activity
- Money handling refers to ability to use money
- OK to add more details to form!

17. MONEY

a. Are you able to:

Pay bills	☒ Yes	☐ No	Handle a savings account (with help)	☒ Yes	☐ No
Count change	☒ Yes	☐ No	Use a checkbook/money orders (whith help)	☒ Yes	☐ No

Explain all "NO" answers.

b. Has your ability to handle money changed since the illnesses, injuries, or conditions began? ☒ Yes ☐ No

If "YES," explain how the ability to handle money has changed.

I am ALot more cautious and dubble check & count The amount and Not afrad To ask QuesTions even if iT means a call becuse I forgot a question

YES – with help

I am a lot more cautious and double-check and count the amount and not afraid to ask questions even if it means a call because I forgot a question

18-19 Hobbies and Socializing

18. HOBBIES AND INTERESTS

a. What are your hobbies and interests? (For example, reading, watching TV, sewing, playing sports, etc.)

watching tV. Reading, Painting, Playing with makeup, going for walks

b. How often and how well do you do these things?

I can play with make up and watch tV often and well because I can sit down

c. Describe any changes in these activities since the illnesses, injuries, or conditions began.

I can no longer go for walks, I end up having accidents when too far from a bathroom.
Too tired to do other activities

19. SOCIAL ACTIVITIES

a. How do you spend time with others? *(Check all that apply.)*

- [ ] In person
- [ ] On the phone
- [ ] Email
- [x] Texting
- [ ] Mail
- [x] Video Chat (for example Skype or Facetime)
- [ ] Other *(Explain)*

b. Describe the kinds of things you do with others.

I facetime and text people

How often do you do these things? daily

b. I can play with makeup and watch TV often and well because I can sit down

c. I can no longer go for walks, I end up having accidents when too far from a bathroom. Too tired to do other activities

- Opportunity to describe adaptations to activity
- OK to write in variations for how much you can take part or how you perform the activity—or not
- Describe changes, limitations, or successes

20a Information about Abilities

- **A key section that examiners focus on!**
- We use this section to check for hidden problems and/or consistency
- Be targeted and avoid checking all boxes
- Please add specifics or context
- OK to write on form to give examples and clarify ☺

SECTION D - INFORMATION ABOUT ABILITIES

20. a. Check any of the following items that your illnesses, injuries, or conditions affect:

☐ Lifting	☒ Walking	☒ Stair Climbing	☒ Understanding
☒ Squatting	☒ Sitting	☐ Seeing	☒ Following Instructions
☒ Bending	☒ Kneeling	☒ Memory	☐ Using Hands
☒ Standing	☒ Talking	☒ Completing Tasks	☒ Getting Along With Others
☐ Reaching	☐ Hearing	☒ Concentration	

Please explain how your illnesses, injuries, or conditions affect each of the items you checked. (For example, you can only lift [how many pounds], or you can only walk [how far].)

b. Are you: ☐ Right Handed? ☒ Left Handed?

c. How far can you walk before needing to stop and rest?

If you have to rest, how long before you can resume walking?

d. For how long can you pay attention?

Example: Client numbered each checked box and wrote a key to describe how each area affects him: *8 & 6 – Can get down but very hard to get back up*

EMPLOYMENT AND ECONOMIC DEVELOPMENT

20. a. Check any of the following items that your illnesses, injuries, or conditions affect:

☒ Lifting	☒ Walking	☒ Stair Climbing	☐ Understanding
☒ Squatting	☒ Sitting	☐ Seeing	☐ Following Instructions
☒ Bending	☒ Kneeling	☐ Memory	☐ Using Hands
☒ Standing	☒ Talking	☒ Completing Tasks	☒ Getting Along With Others
☒ Reaching	☒ Hearing	☒ Concentration	

Please explain how your illnesses, injuries, or conditions affect each of the items you checked. (For example, you can only lift [how many pounds], or you can only walk [how far].)

too many physical limitations

Too many physical limitations.

23. a. Check any of the following items the disabled person's illnesses, injuries, or conditions affect:

☒ Lifting	☒ Walking	☒ Stair Climbing	☒ Understanding
☒ Squatting	☒ Sitting	☐ Seeing	☒ Following Instructions
☒ Bending	☒ Kneeling	☒ Memory	☒ Using Hands
☒ Standing	☒ Talking	☒ Completing Tasks	☒ Getting Along With Others
☒ Reaching	☐ Hearing	☒ Concentration	

Please explain how his/her illnesses, injuries, or conditions affect each of the items you checked. (For example, he/she can only lift [how many pounds], or he/she can only walk [how far])

Dont Know, to most of the boxes but I can tell you my daugter needs her cain to walk. She dosent remember things that may have happened the day prior. She cant focus on one thing without starting another

b. Is the disabled person: ☐ Right Handed? ☒ Left Handed?

c. How far can he/she walk before needing to stop and rest? Dont know

If he/she has to rest, how long before he/she can resume walking? Dont know

Don't know to most of the boxes, but I can tell you my daughter needs her cane to walk. She doesn't remember things that may have happened the day prior. She can't focus on one thing without starting another.

What matches the allegations and other information in the claim? Do we need to investigate something new?

20. a. Check any of the following items that your illnesses, injuries, or conditions affect:

- [x] Lifting
- [x] Squatting
- [x] Bending
- [x] Standing
- [x] Reaching
- [x] Walking
- [ ] Sitting
- [x] Kneeling
- [ ] Talking
- [ ] Hearing
- [x] Stair Climbing
- [ ] Seeing
- [ ] Memory
- [x] Completing Tasks
- [x] Concentration
- [ ] Understanding
- [ ] Following Instructions
- [ ] Using Hands
- [ ] Getting Along With Others

Please explain how your illnesses, injuries, or conditions affect each of the items you checked.
(For example, you can only lift [how many pounds], or you can only walk [how far].) Can't lift more than 5lbs, have trouble bending over, Joint Pain in Knees. fatigue and pain make it hart to focus, Cant walk more than a couple blocks.

b. Are you: [x] Right Handed? [ ] Left Handed?

c. How far can you walk before needing to stop and rest? 20-30min

If you have to rest, how long before you can resume walking?

at least 10min

Can't lift more than 5 lbs, have trouble bending over, joint pain in knees, fatigue and pain make it hard to focus, can't walk more than a couple blocks.

20. a. Check any of the following items that your illnesses, injuries, or conditions affect:

- [ ] Lifting
- [ ] Squatting
- [ ] Bending
- [ ] Standing
- [ ] Reaching
- [ ] Walking
- [ ] Sitting
- [ ] Kneeling
- [x] Talking
- [x] Hearing
- [ ] Stair Climbing
- [ ] Seeing
- [x] Memory
- [x] Completing Tasks
- [x] Concentration
- [x] Understanding
- [x] Following Instructions
- [ ] Using Hands
- [x] Getting Along With Others

Please explain how your illnesses, injuries, or conditions affect each of the items you checked.
(For example, you can only lift [how many pounds], or you can only walk [how far].)
I mumble, stutter, say things strangely. I don't pay attention and don't listen. I daydream vividly or think deeply about something even while in conversation which makes me not hear or remember what they said before. I don't like doing what I'm told. I don't like being around others,

I mumble, stutter, say things strangely. I don't pay attention and don't listen. I daydream wildly or think deeply about something even while in conversation, which makes me not hear or remember what they said before. I don't like doing what I'm told. I don't like being around others.

20b—l Information about Abilities

c. How far can you walk before needing to stop and rest? a few miles
If you have to rest, how long before you can resume walking?

a couple minutes

d. For how long can you pay attention? 5 min, depends

e. Do you finish what you start? *(For example, a conversation, chores, reading, watching a movie)* ☐ Yes ☒ No

f. How well do you follow written instructions? (For example, a recipe)

Either I follow to a fault or not at all.

g. How well do you follow spoken instructions?

I have trouble remembering what I'm told in person.

h. How well do you get along with authority figures? (For example, police, bosses, landlords or teachers)

Not very well. I don't like them.

i. Have you ever been fired or laid off from a job because of problems getting along with other people? ☐ Yes ☒ No

j. How well do you handle stress?

not well, Stress is a huge trigger for my disease

k. How well do you handle changes in routine?

not well, I need a routine to help manage my symptoms

- Be specific, be consistent
- Questions provide possible examples, no need to answer literally
- Provide examples as needed—people react differently in different situations
- No wrong answers

TOP: *f. Either I follow to a fault or not at all.*
g. I have trouble remembering what I'm told in person.
h. Not very well. I don't like them.

BOTTOM: *j. Not well, stress is a huge trigger for my disease*
k. Not well, I need a routine to help manage my symptoms.

21-22 Assistive Aids and Medications

- What tools make the impairments more manageable?
- OK to include everyday objects
- When and how often does the person use these aids? What context?
- Only list medications that give side effects. We have a medications list in our records

21. Do you use any of the following? *(Check all that apply.)*

- [ ] Crutches
- [x] Walker
- [ ] Wheelchair
- [x] Cane
- [ ] Brace/Splint
- [ ] Artificial Limb
- [ ] Hearing Aid
- [x] Glasses/Contact Lenses
- [ ] Artificial Voice Box
- [ ] Other *(Explain)*

Which of these were prescribed by a doctor?

Walker, cane, glasses

When was it prescribed?

Aug 18, 2020 (walker & cane) glasses I've worn since a child.

When do you need to use these aids?

Cane and glasses daily. Walker when I walk for exercise around the yard/house or down the block & back.

Walker, cane, glasses
August 18, 2020 (walker & cane), glasses I've worn since a child.
Cane and glasses daily. Walker when I walk for exercise around the yard/house or down the block and back.

Final Remarks

- Use Section E to highlight or add information
- OK to attach extra page(s)
- PDF accessible online to type; must print and mail/fax to DDS
- Note who wrote the form, fill in the date the form was completed
- Update any contact information!

Key Points to Remember

- Consistency and supportability compared to medical records
- Fills in what is often missing from medical records

- NO wrong answers or wrong way to complete the form
- Use details, examples, and context
- Return form promptly
- OK to request alternate form 3380

Questions and Contact:

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www.ssa.gov/disability

https://www.ssa.gov/forms/ssa-3373-bk.pdf

PACER Center is here to help!

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