
Medicaid Disability Manual

If the additional evidence obtained from the treating source(s), the individual, and/or third parties is insufficient to make a determination, consideration should be given to the purchase of a consultative examination. Depending on the individual case, a consultative examination may be obtained from a pain specialist, pain clinic, neurologist, orthopedist, and/or other specialist(s) regarding pain and its effect on the individual.

- (c) When alleged symptoms and pain-related limitations are clearly out of proportion to the physical findings and a favorable determination cannot be made on the basis of the evidence, the possibility of a mental impairment should be investigated.
- (2) When it is determined that the symptoms or pain can reasonably be expected on the basis of the medical evidence, the impact of such pain on RFC must be considered in terms of any additional physical or mental limitations it may impose on the individual's ability to work.

Consider information about the following:

- daily activities;
- location, duration, frequency, and intensity of symptoms or pain;
- precipitating and aggravating factors;
- the type, dosage, effectiveness and side effects of medications taken to alleviate pain or symptoms;
- treatment other than medication and any other measures used to relieve pain or other symptoms; and
- consistency of the information provided.

- (a) Symptoms and pain caused by physical impairments may result in limitations in an individual's ability to perform exertional activities, such as standing, lifting, walking; non-exertional activities, such as kneeling, stooping, climbing, concentrating; or a combination of both exertional and non-exertional activities.

Mental consequences of physical findings (e.g., anxiety, depression) that occur as a natural result of a physical disease process and which are not indicative of a discreet mental illness should be considered as a non-exertional impairment under a physical RFC. The "Psychiatric Review Technique Form" (DOH-5250) and the "Mental Residual Functional Capacity Assessment Form" (LDSS-3817) should not be completed.

- (b) Pain or symptoms that have been documented to have no linkage to a physical body system but is present purely as a mental disorder (e.g., Somatization Disorder, Psychogenic Pain Disorder) must be evaluated

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based on the degree of mental impairment and any resulting limitation on the individual's activities, interests, personal habits and ability to relate to others. The "Psychiatric Review Technique Form" (DOH-5250) may be used and where appropriate the "Mental Residual Functional Capacity Assessment Form" (LDSS-3817) may be completed. (These forms can be found in CentraPort and the DOH intranet library.)

Once the RFC has been established, the evaluation of the individual's ability to do past relevant work or other work in the national economy should be determined by following the procedures outlined in this manual.

3. Pain and Medical Improvement

Medical improvement is any decrease in the medical severity of the individual's impairment(s) since the time of the most recent favorable decision. Where medical improvement is an issue, the signs, symptoms and laboratory findings at the time of the most recent favorable decision must be compared with the current signs, symptoms and lab findings.

A lessening of symptoms such as pain reported by the individual can be the basis for a finding that medical improvement has occurred even if there is no corresponding improvement in signs or laboratory findings. However, if such signs or laboratory findings have worsened, these would have to be considered in assessing medical improvement.

If medical improvement has occurred, it must be determined whether the medical improvement is related to the individual's ability to work and if so, whether the individual is currently able to engage in substantial gainful employment.

M. Evaluation of Children from Birth to Attainment of Age 18

1. General

A child is considered disabled if he/she has a medically determinable physical or mental impairment or combination of impairments that causes marked and severe functional limitations and that can be expected to cause death or that has lasted or can be expected to last for a continuous period of not less than 12 months. To be determined disabled, the impairment must meet, medically equal, or functionally equal the requirements of the medical listings of impairments found in Appendix I, Part B. If the medical criteria in the children's listings do not apply, then the adult listings in Appendix I, Part A may be used. Generally a child may be found disabled if the impairment causes a marked limitation in two broad areas of function or an extreme limitation in one area.

2. Sequential Evaluation Process

As is the case for adults, the sequential evaluation process must be followed. (Please see the sequential evaluation flow chart for children which follows Section M.6.)

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The steps of the sequential evaluation process for children's cases are:

- Step 1 - determining if the child is engaged in substantial gainful activity;
- Step 2 - determining if the child has a severe impairment(s); and
- Step 3 - determining if the child's impairment(s) meets or medically equals a listing, or functionally equals the listings and meets the duration requirement.

- (a) Substantial Gainful Activity - Is the child engaging in substantial gainful activity?

The basic statutory definition of disability requires an inability to engage in substantial gainful activity. The same rules for determining whether an adult is engaging in substantial gainful activity also apply to children. (Please refer to Section E. 1.) Except for some older children who may be employed, most children will not be engaged in substantial gainful activity, and it will be necessary to continue with the sequential process.

If a child is at least 16 years of age and engaging in substantial gainful activity, eligibility for the Medicaid Buy-In Program for Working People with Disabilities must be considered, and the case sent to the State DRT for disability determination. If the child is not engaging in SGA, the sequential evaluation process will proceed to the next step.

- (b) Severity of Impairment - Does the child have a "severe" impairment or combination of impairments?

The child must have a medically determinable impairment that is severe. If the impairment is severe, the case will be reviewed further to see if the impairment(s) meets or medically equals a listing, or functionally equals the listings. If the child does not have a medically determinable impairment or his/her impairment(s) is a slight abnormality or combination of slight abnormalities that causes no more than minimal functional limitations, the child will be found not to have a severe impairment and will, therefore, be determined not disabled.

- (c) Meeting or Equaling the Listings - Does the child have a medically determinable impairment(s) that meets or equals the severity of a listing? An impairment causes marked and severe functional limitations if it meets or medically equals the severity of a set of criteria for an impairment in the listings, or if it functionally equals the listings.

(1) Therefore, if the child has an impairment(s) that meets or medically equals the requirements of a listing or that functionally equals the listings, and that meets the duration requirement, the child will be found disabled.

(2) If the child's impairment(s) does not meet the duration requirement or does not meet or medically equal a listing, or functionally equal the listings, the child will be found not disabled.