Understanding the SSI Disability Determination Process for Children with Speech Disorders and Language Disorders
Applicant Actions

Applications for Title XVI child claims cannot be completed online

Child (or person applying for child) can complete the Child Disability Report (SSA-3820) online

The SSA-3820 provides a detailed explanation of the child’s medical history that is essential to the disability determination
FO Actions

Initial Application
Medical records / sources of medical evidence
Work history

Income / Asset Test (SSI)
Earned/unearned income
Resource limits
Deemed Income/Assets

SGA Determination
FO Actions

Completing the SSA-3367 (Disability Report)

FO is responsible for completing the 3367 before transferring jurisdiction of a claim to the DDS

Form records basic information available to the FO interviewer that does not involve requesting input from the applicant, and includes information used to determine onset, as well as earnings record, prescribed period and prior claim information, observations made by the interviewer, etc.
FO Actions

Requesting Child Function Report Forms
SSA-3375, -3376, -3377, -3378, -3379

These forms collect information on how the child’s impairment(s) affects his or her functional abilities.

The form to use is the one corresponding to the child’s age at the time of completion (or if mailed, the child’s age at the time of mailing).
DDS Actions

Collect all Available Medical Evidence
Request medical evidence
Consultative exams may be purchased

Three Step Sequential Process
Working?
Severe Impairment(s)?
Medical Listings
Functional Equivalence
DDS Actions

Requesting Form SSA-5665 (Teacher Questionnaire) and Form SSA-5666 (Request for Administrative Information)

Teacher Questionnaire asks for information directly from teachers or instructors based on their personal observations of a child’s day-to-day functioning in the education setting, in both academic activities and social interactions.

Request for Administrative Information asks for information from administrative personnel that can be obtained from a child’s existing education records; for example, from psychological and academic testing, speech-language therapy progress notes, comprehensive triennial evaluations, and Individualized Education Programs.
Sequential Evaluation Process for Children

1. Substantial Gainful Activity?
   Yes → not disabled
   No → next step

2. Severe Impairment(s)?
   No → not disabled
   Yes → next step

3. a. Meets/medically equals a listing?
   Yes → disabled
   No → last “step”

3. b. Functionally equals the listings?
   Yes → disabled
   No → not disabled
Case Examples

If the child’s impairment(s) does not meet or medically equal a listing, we evaluate the child’s functioning to determine if his or her impairment(s) functionally equals the listings.

Approximately 80 percent of child claims coded with the primary impairment of “speech and language delays” (3153) are allowed based on functionally equaling the listings.

Allowance – Male, Age 4

Denial – Female, Age 4
Definition of Disability for Children

A child is disabled if he or she has a medically determinable physical or mental impairment or combination of impairments that:

- Causes marked and severe functional limitations, **and**
- 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
Functional Equivalence Standard

Standard is listing-level severity; that is:

• **Marked** limitation in two domains of functioning, or
• **Extreme** limitation in one domain of functioning
Case Example – Allowance

Male, Age 4

DISABILITY REPORT - CHILD - Form SSA-3820

(3820) Section 3 - The Child's Illnesses, Injuries, or Conditions and How They Affect Him/Her

A. What are the child's disabling illnesses, injuries, or conditions?

DEVELOPMENTAL DELAY SPEECH DELAY (EXPRESSIVE LANGUAGE) FINE MOTOR SKILLS DELAY
Developmental delays, speech delays, fine motor skills

B. When did the child become disabled? 07/18/2010

C. Do the child's illnesses, injuries, or conditions cause pain or other symptoms? Yes
Types of Evidence in File

Speech & Language Records
Occupational Therapy Records
Physical Therapy Records
Pediatric Records
Child Find, Early Intervention IEP
Psychological Consultative Exam
Speech & Language Consultative Exam
Form SSA-3377 (Child Function Report, completed by child’s foster mom)
Form SSA-3377

<table>
<thead>
<tr>
<th>2. C. Is the child totally unable to talk?</th>
<th>Does the child have problems talking clearly?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ YES (Go to 2.D.)</td>
<td>✗ Yes (answer questions below)</td>
</tr>
<tr>
<td>□ NO (Continue)</td>
<td>No (continue to question 2.D.)</td>
</tr>
</tbody>
</table>

If "yes," please mark the block that best describes the child in each of the two statements below, and then describe any other speech problems:

- Speech can be understood by people who know the child well:
  - □ Most of the time, or
  - ✗ Some of the time, or
  - □ Hardly ever.

- Speech can be understood by people who don't know the child well:
  - □ Most of the time, or
  - □ Some of the time, or
  - ✗ Hardly ever.

If the child has other problems talking, please explain:

Conley's speech sounds more like mumbles than anything. He doesn't get the sounds right. Like cat would sound like hat. He seems to put an "h" sound in front of his word. Even when asked to speak slower, it's still really hard to understand him & I'm with him 24h's a day.
Domain Evaluation

Domain 1 - Acquiring and Using Information

Rating: Less Than Marked
Evaluation(s):

Speech – Language: Child is dx/tx for SLP delay noted to improve with SLP tx. 7/24/14 SLP report:
Pathology: PLS-% receptive SS 76, expressive 72, GFTA-2 SS 73, 7th %

Pediatrics: NA

Psychology: See additional explanation (ae)
Domain Evaluation

Domain 2 – Attending and Completing Tasks

Rating: Less Than Marked
Evaluation(s):

Speech – Language
Pathology:

Pediatrics: NA

Psychology: see ae
Domain Evaluation

Domain 3 – Interacting and Relating with Others

**Rating:** Extreme

**Evaluation(s):**

**Speech - Language**
Severe speech delays noted. Intelligibility 25% without context at 4 and 1/2 years of age. Secondary language delays also present with MLU 3.7 at age 4.6.

**Pediatrics:**

**Psychology:** see ae
Domain Evaluation

Domain 4 – Moving About and Manipulating Objects

Rating: No Limitation

Evaluation(s):

Speech - Language: NA
Pathology:

Pediatrics: Child can brush teeth, ride tricycle, use folk and spoon, puts toys away per ADL's.

Psychology: na
Domain Evaluation

Domain 5 – Caring for Yourself

Rating: Less Than Marked

Evaluation(s):

Speech - Language: NA
Pathology:

Pediatrics: NA

Psychology: Can brush teeth, puts toys away, use fork and spoon, may put clothes on backwards. see ae.
Domain Evaluation

Domain 6 – Health and Physical Well-being

**Rating:** No Limitation

**Evaluation(s):**

**Speech - Language:** NA

**Pathology:**

**Pediatrics:** MER in 2013 shows growth charts in age 3 HT in 38”, WT 38 lbs. Rx glasses with VA OD 20/20 OS 20/40. 12/1 IEP DP physical scale SS 95, suggesting average range that gross and fine motor skills are not an area of concern. ADL's note can catch a ball, ride a tricycle, Write some letters, some problems with scissors.
DDS Medical Determination

Child allowed based on his impairment “functionally equaling the listings”

Child’s impairment results in extreme limitation in **Domain 3** – Interacting and Relating with Others
### SSA-831 Form

<table>
<thead>
<tr>
<th>15. CLAIMANT DISABLED</th>
<th>16A. PRIMARY DIAGNOSIS</th>
<th>BODY SYS.</th>
<th>CODE NO.</th>
<th>16B. SECONDARY DIAGNOSIS</th>
<th>CODE NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. 🀄 Disability Began</td>
<td>Speech and Language Disorder</td>
<td>11</td>
<td>3153</td>
<td>None established (Medical evidence in file but insufficient to establish diagnosis)</td>
<td>6490</td>
</tr>
<tr>
<td>B. ☐ Disability Ceased</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>17. DIARY TYPE</th>
<th>MO./YR.</th>
<th>REASON</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRN</td>
<td>12/17</td>
<td>3</td>
</tr>
</tbody>
</table>

The primary impairment code (entered in Item 16A of the form) in an allowance refers to the basic condition that rendered the child disabled.

The secondary impairment code (entered in Item 16B of the form) in an allowance is the most significant diagnosis following the primary diagnosis in severity.
Case Example – Denial

Female, Age 4

DISABILITY REPORT - CHILD - Form SSA-3820

(3820) Section 3 - The Child's Illnesses, Injuries, or Conditions and How They Affect Him/Her

A. What are the child's disabling illnesses, injuries, or conditions?
   
   Speech problems

B. When did the child become disabled? 11/21/2014

C. Do the child's illnesses, injuries, or conditions cause pain or other symptoms? No
Types of Evidence in File

Speech & Language Records
IEP Records
DDS created “Speech and Language” Questionnaire
Form SSA-3377 (Child Function Report, information taken over the phone with the parent and in file as a report of contact)
Domain Evaluation

Domain 1 - Acquiring and Using Information

Rating: No Limitation

Evaluation(s):

Speech - Language Pathology: 12-8-14 0542: The SLP reported that the clmt. was currently in speech therapy 1x/wk for articulation. Strengths: language, voice, and fluency skills are age appropriate. Needs: to increase articulation skills.

Communication impairment does not interfere w/academic progress.

There are no limitations in this area since SLP rpt states that communication impairment does not interfere w/academic progress and the fx info from clmt's mother indicates clmt's impairment does not limit her progress in understanding and using what she has learned.

The clmt.'s current IEP dated 11-21-14 to 11-20-15 indicated that the clmt.'s language skills were age appropriate.

Speech - Language Pathology: Please see the above SLP block for additional information.

SLP summary: Based upon the MER in file that relates to speech and language areas for this clmt., the sxs are deemed to be partially credible. Great weight had been attributed to the overall functional communication evidence. Clmt. has adequate language abilities. LTH 01-08-15
Domain Evaluation

Domain 2 – Attending and Completing Tasks

Rating: No Limitation
Evaluation(s):

Speech - Language  No indication of limitations in this area.
Pathology:

Speech - Language  n/a
Pathology:
Domain Evaluation

Domain 3 – Interacting and Relating with Others

Rating: Less Than Marked
Evaluation(s):

Speech – Language Pathology: 12-8-14 0542: The SLP reported that the clmt. was currently in speech therapy 1x/wk for articulation. Clmt's speech is intelligible 75% of time to familiar and unfamiliar listeners. Intelligibility improves w/repetition. Child is stimulable for production of error sounds. SLP also noted that the clmt.'s most recent evaluation, 09/25/14, reflects current communication fx. Goldman-Fristoe Test of Articulation 55: 112 (avg range 85-115). Clmt able to produce most age level sounds at word level. However, in sentences and conversational speech she consistently substituted "t" for the "k" sound and "d" for the "g" sound. She has a couple of later developing sound errors ("th" and "ch") that affected her intelligibility as well. Communication impairment may interfere w/ social-emotional growth as other may not be able to understand her at times. This may cause frustration. Clmt. has a current IEP dated 11-21-14 to 11-20-15. Clmt. has goals to work on increasing speech intelligibility. Voice and fluency were deemed to be age appropriate.
Fx info from clmt's mother indicates clmt is hard to understand b/c she has a ba stutter. Mother estimates that w/ the exception of herself (mother), clmt is hardly ever understood by anyone, whether they know her or not. She also states that clmt can take part in conversations, but b/c others can't understand her, clmt is often asked to repeat herself.

Speech – Language Pathology: Please see the above SLP block for additional information. SLP summary: Based upon the MER in file that relates to speech and language areas for this clmt., the sxs are deemed to be partially credible. Great weight had been attributed to the overall functional communication evidence. Clmt. has weaknesses with speech intelligibility. LTH 01-08-15
Domain Evaluation

Domain 4 – Moving About and Manipulating Objects

**Rating:** No Limitation

**Evaluation(s):**

**Speech - Language**  No indication of limitations in this area.

**Pathology:**

**Speech - Language**  n/a

**Pathology:**
Domain Evaluation

Domain 5 – Caring for Yourself

Rating: No Limitation
Evaluation(s):

Speech - Language  No indication of limitations in this area.
Pathology:

Speech - Language  n/a
Pathology:
Domain Evaluation

Domain 6 – Health and Physical Well-being

**Rating:** No Limitation

**Evaluation(s):**

**Speech - Language**  No indication of limitations in this area.

**Pathology:**

**Speech - Language**  n/a

**Pathology:**
DDS Medical Determination

Child’s impairment **does not** “functionally equal the listings”

Child’s impairment is severe, but does not result in **marked and severe functional limitations**
The primary impairment code (entered in Item 16A of the form) in a denial refers to the condition for which the evidence shows to have the most significant effect on the child's functioning.

The secondary impairment code (entered in Item 16B of the form) in a denial is the most significant diagnosis following the primary diagnosis in severity.
DISCUSSION