The Evaluation of Sickle Cell Disease By SSA

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Definition of disability for Social Security

• Adults: A medically determinable physical or mental impairment that will last for a year or more or result in death and prevent the person from engaging in substantial gainful activity

• Children: A medically determinable physical or mental impairment that will last for a year or more or result in death and is marked and severe.
SSA uses a sequential evaluation to determine disability

• Two ways to qualify for SSDI or SSI:
  • 1.) meet or equal a “Listed Impairment” (adult or child listing)
  • 2.) • adults that have a “residual functional capacity” that prevents them from working.

  • Children who have marked deficits of functioning in 2 of 6 domains or an extreme deficit in one domain.
Listings for SCD

• 7.05 Hemolytic anemias, including sickle cell disease, thalassemia, and their variants, with:
  • Documented painful (vaso-occlusive) crises requiring parenteral narcotic medication, occurring at least six times within a 12-month period with at least 30 days between crises.
  • Hemolytic anemia requiring at least three hospitalizations within a 12-month period occurring at least 30 days apart. Each hospitalization must last at least 48 hours.
  • Hemoglobin measurements of 7.0 g/dL or less, occurring at least three times within a 12-month period with at least 30 days between measurements.
  • Beta thalassemia major requiring life-long RBC transfusions at least once every 6 weeks to maintain life.
Listing regarding repeated complications

• 7.18 Repeated complications of hematological disorders ...resulting in significant, documented symptoms or signs (e.g., pain, severe fatigue, malaise, fever, night sweats, headaches, joint or muscle swelling, or shortness of breath), and one of the following at the marked level:
  • Limitation of activities of daily living.
  • Limitation in maintaining social functioning.
  • Limitation in completing tasks in a timely manner due to deficiencies in concentration, persistence, or pace.
Pain and other subjective factors

• Pain, severe fatigue, and malaise, may be important factors in our determination whether your hematological disorder meets or medically equals a listing, or in our determination whether you otherwise have marked and severe functional limitations.

• If you have such an impairment(s), we will evaluate the intensity, persistence, and functional effects of your symptoms using our rules and regulations.

• We assess the credibility of your complaints about your symptoms and their functional effects.
RFC for adults – step 5

• SSA bases the RFC assessment on all the relevant evidence in the record, including the effects of treatment.

• SSA must consider all of a person's work-related limitations, whether due to SCD or other impairment(s).

• For example, adults with SCD may have pain, severe fatigue, and shortness of breath that may affect their ability to stand and walk.

• In addition, a person experiencing repeated acute pain crises may have difficulty maintaining concentration and have frequent absences from work.
Functional Domains for Children

• Acquiring and using information
• Attending and completing tasks
• Getting along with others
• Caring for self
• Moving about and manipulating objects
• Health and well being

• Need two at marked or one extreme
Prior Adult Listing 2004-2015

• 7.05 Sickle cell disease, or one of its variants.
• A. Documented painful (thrombotic) crises occurring at least three times during the 5 months prior to adjudication; or
• B. Requiring extended hospitalization (beyond emergency care) at least three times during the 12 months prior to adjudication; or
• C. Chronic, severe anemia with persistence of hematocrit of 26 percent or less
Prior Children’s Listings 2004-2015

• 107.05 Sickle cell disease. With:
  • A. Recent, recurrent severe vaso-occlusive crises (musculoskeletal, vertebral, abdominal); or
  • B. A major visceral complication in the 12 months prior to application; or
  • C. A hyperhemolytic or aplastic crisis within 12 months prior to application.
Problems

• Reliance on kind of treatment
  • Opiates as a yardstick?
  • Hospitalizations – spacing and duration of stays as a reliable measure?
  • Will reliance on treatment become outmoded?

Crises
  • are 6 crises a realistic number? Why the increase from 3? Why 30 days apart? How to document crises?

Application for transitioning youth
  • Health Insurance for those losing SS coverage

What does “marked” mean?

Consideration of Mental Health – still vague
Questions

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