

**Opportunities for Ohioans with Disabilities (OOD)
Division of Disability Determination (DDD)**

**Ohio DDD
Independent Mental Consultative
Examination (CE) Guidelines**

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Ohio DDD Guidelines for Independent Mental Consultative Examinations of Social Security Administration Claimants

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Ohio DDD Guidelines for Independent Mental Consultative Examinations of Social Security Administration Claimants

Introduction

The Social Security Administration (SSA) states that independent consultative examiners of SSA disability claimants “must have a good understanding of SSA’s disability programs and their evidence requirements.” These Guidelines are provided to contribute to your understanding of SSA’s disability programs and the role of the independent examiner.

Additional references include SSA’s publication, *Consultative Examinations: A Guide for Health Professionals*, referred to as “The Green Book” and accessible at <http://www.socialsecurity.gov/disability/professionals/greenbook>. The Green Book includes general program information, but emphasizes requirements for consultative exams.

For more specific program information, SSA’s *Disability Evaluation Under Social Security*, referred to as The Blue Book (and “the Listings”), is accessible through www.socialsecurity.gov/disability/professionals/bluebook. The Blue Book discusses in detail SSA’s disability programs and how program criteria are applied in evaluating mental and physical disability claims. Unlike the Green Book, the Blue Book does not focus on the role of the independent examiner. The Blue Book identifies and discusses the conditions considered by SSA most likely to result in disability.

SSA’s Disability Programs

SSA provides disability benefits under two programs: Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI).

SSA’s disability programs provide benefits for qualifying applicants found mentally or physically incapable of work. There is no short-term disability or partial disability component to SSA’s disability programs. SSDI and SSI are permanent total disability programs only. A claimant can allege mental disability, physical disability or both.

SSA’s medical criteria for deciding whether an individual is disabled are the same across the SSDI and SSI programs. SSA’s medical criteria, however, are not necessarily the same as criteria applied by other government disability programs or by private sector disability plans. For the professional conducting independent evaluations of SSA claimants, the evaluation process is the same whether the claimant is applying for SSDI, SSI or both.

The main purpose of SSA’s disability programs is to determine disability benefit eligibility and disburse benefits to disabled individuals. SSA’s disability programs are not involved in formulation or provision of treatment.

The Claim Process

The SSA disability claim process begins when the claimant files a claim through SSA. A claim can be filed in person at the local SSA field office, or by mail, phone, or through SSA’s website.

SSA verifies nonmedical eligibility requirements which may include age, employment, or Social Security coverage information. SSA also takes a statement of disability from the claimant. SSA recognizes that people can be disabled by physical conditions, by mental conditions, or by combinations of physical and mental conditions.

The claimant’s self-report is not enough to establish disability. The program is medically-based, and requires medical evidence of disability. The claimant is responsible for providing sources of treating and evaluating clinicians who can provide evidence of his or her condition(s) and evidence of any resulting physical or mental functional limitations for work.

Once SSA establishes nonmedical eligibility, takes the statement of disability, and gathers contact information on

treating or evaluating clinicians, then SSA shifts jurisdiction of the claim to the Disability Determination Service (DDS) in the state where the claimant resides. SSA has arrangements with each of the 50 states under which each state operates a DDS. DDSs are federally-funded, state-run agencies that adjudicate SSA disability claims. In the state of Ohio, the DDS is Opportunities for Ohioans with Disabilities, Division of Disability Determination (DDD).

Claim adjudication involves the DDS gathering and evaluating evidence, and determining whether the claimant is disabled under the meaning of the law and SSA regulations.

Claim adjudication begins with the DDS compiling the evidence in the claim. The DDS reviews the claimant's statement of disability and may seek to clarify details if needed, usually by phone and/or by written questionnaire. With the claimant's permission, the DDS requests records from the clinicians identified as providing past or current treatment or evaluation services. Evidence in a claim also can include non-clinical information such as educational records, statements by third parties familiar with the claimant's functioning, and other types of information.

At the DDS, a disability claims adjudicator develops the claim. An in-house physician, psychologist, or speech and language pathologist may consult on the claim depending on the conditions under consideration. The adjudicator and any consultants working on the claim comprise the adjudicative team.

When evidence in a claim is inadequate for DDD to reach a determination, DDD may arrange and pay for an independent consultative examination (CE) of the claimant. Depending on the issues in the claim, a licensed psychologist, physician or a certified speech and language pathologist might conduct the evaluation. The independent examiner evaluates the claimant in person and submits the results to the DDD in a written report. This becomes part of the claim evidence, reflecting an expert opinion on a medico-legal issue. The adjudicative team considers the report along with all other evidence in the file to reach a determination based on SSA policy.

Once the evidence is compiled, the adjudicator conducts a structured evaluation of the evidence. The in-house consulting physician, psychologist, or speech and language pathologist interprets medical evidence within his or her field of expertise. The team considers all of the available evidence to determine whether any impairment is established, and if so, whether any work-related functional limitations result from it.

During this process, medical source opinions in the evidence are weighed. Weight is assigned based on the quality and consistency of the objective evidence offered by the professional in support of his or her opinions.

The adjudicative team formulates an assessment of the claimant's abilities and limitations under SSA's physical and mental work functional ability criteria. The disability decision is a legal determination based on relevant physical, psychological, speech and language evidence, as well as on educational, psychosocial, and other non-medical factors as required by SSA. Through this adjudicative process, the DDS determines whether the claimant is disabled according to policy and law.

BUSINESS PROCESS PROCEDURES

Examinee Referral Process, Vouchers & Authorized Procedures

Before receiving any evaluation requests from DDD, you will have identified to DDD available dates and times in your schedule. Your appointment notification will come via Electronic Records Express (ERE).

DDD Medical Administration schedulers will work from the schedule you provided. When a claimant is scheduled for evaluation, DDD generates a voucher reflecting the claimant's identifying information, the evaluation date and time, and all authorized procedures. Authorized procedures are listed on the voucher with the corresponding CPT code and payment rate. DDD will notify you of the scheduled evaluation by forwarding the voucher to you via ERE.

Only evaluation procedures listed on the voucher are authorized. Only authorized procedures should be conducted. If you believe an additional or alternative procedure is essential, any change will require authorization from a Professional Relations Officer or the DDD Medical Administration Department at 1-800-282-2695.

The PRO can quickly pull-up the claimant's file, consider your request, and provide a timely response. Payment will not be rendered for unauthorized procedures.

Occasionally, DDD determines need for a special alert to the examiner regarding an evaluation. The special alert might indicate a history of suicidal statements or threatening statements by the claimant. Any special alert will appear on the voucher.

The voucher serves not only to notify you of the scheduled evaluation. It serves additional important functions. The voucher is to be used by you as the cover page for your completed report when you submit the report to DDD. Via the bar code on the voucher, the report can be directed to the correct file.

Additionally, the voucher serves to assure the submitted report is credited for payment to your name, tax ID, and address. It is your responsibility to inspect the voucher to assure your payment name, address, and tax ID are reflected accurately. Accurate independent examiner information on the voucher is essential for prompt and correct payment. To implement a change in your billing information, you must call Medical Administration 800-282-2695.

Interpreters

On occasion, an interpreter will need to be present for an examination. Consultants will receive advanced notice that an interpreter will be present. If you have any questions about an interpreter being present, please contact a Professional Relations Officer.

Rescheduling of Evaluations

If the location where an evaluation is to be conducted is closed due to weather or other unforeseen circumstances, the consultant is required to speak to a member of DDD's Medical Administration. A voicemail is not sufficient for this matter. The consultant is not permitted to contact the claimant regarding the rescheduling of an appointment. Medical Administration will be responsible for the rescheduling of the appointment.

Signature Requirements

Acceptable medical sources in claims are defined by SSA as licensed psychologists and licensed psychiatrists, physicians, and other medical professionals. SSA indicates all consultative evaluation reports must be personally signed by the individual who actually performed the evaluation. The licensed consultant must examine the claimant, sign the report, and take overall responsibility for the report. Electronic Records Express (ERE) presents the option to sign the report electronically.

Time Requirements for Submitting Reports

Written reports of evaluations must be submitted to DDD no later than seven (7) business days following the date of the appointment. Timeliness is essential to ensure that we meet the needs of claimants.

Methods for Report Submission

Report submission methods include the Gateway fax or Electronic Records Express (ERE). The voucher must appear as the first page of the report to assure the report is assigned to the correct claim and credited to your name, address, and tax ID for payment.

Payment Schedule and Payment Method

The fee schedule for independent evaluations is available and may be obtained from any Professional Relations Officer at 800-282-2695.

It takes approximately 14-21 days from the time payment is approved in the DDD system until the check is issued. Payment will not be made for a report submitted without the voucher as the first page. Checks are mailed. At this time electronic deposit is not an option. If a problem with payment emerges, contact any Professional Relations Officer at 800-282-2695.

Referrals at the Appeals Level

On occasion you will evaluate a claimant whose claim is at the appeals level. In those situations, in addition to conducting a consultative evaluation and writing a report, you might be asked by DDD to complete a HA-1152 (Medical Source Statement of Ability To Do Work-Related Activities form). Authorization for completion of the form will appear on the voucher accompanying the referral. Request for completion of the form will have originated with the administrative law judge evaluating the appealed claim. The form is to be completed based on your evaluation of the claimant, and the completed form is to be signed and submitted with your report.

At-Risk Claimants

When an evaluation involves a claimant presenting a known or possible elevated risk, the consultative examiner will be notified by special alert on the voucher. Notification by the special alert might indicate the claimant has an infectious disease such as HIV+, TB, or hepatitis, or a history of making suicidal statements or threatening statements. It is important to review all vouchers for this and all other information prior to the claimant's appointment.

Occasionally in the course of conducting an evaluation an emergency may arise that requires the examiner to take action to implement professional duties to protect or report. In these situations, the consultant needs to inform DDD at the earliest opportunity in writing of actions taken to implement the relevant professional duty. Precipitating circumstances and actions taken should be described in the report.

In the event a psychiatric or medical emergency arises during evaluation, appropriate referral or transport arrangements to the necessary evaluative/treatment facility should be made by the consultant. DDD cannot and will not be responsible for any costs involved. The claimant should be advised of this.

Potential Conflicts of Interest

If you or anyone in your office discovers an existing or prior relationship to the examinee, the evaluation should be brought to a close as quickly as possible while handling the matter respectfully for the examinee. DDD then needs to be informed as soon as possible.

Special Settings for Evaluations

In-Home Evaluations

In-home evaluations are very infrequent and only performed when arranged and pre-approved by DDD. The consultative examiner never decides to relocate a scheduled office evaluation to the claimant's residence. If a consultative examiner discovers information suggesting the claimant is physically or psychiatrically unable to attend an evaluation, the consultant must contact DDD as soon as possible with this information. DDD will determine whether need for an in-home evaluation is supported, and if so, DDD will reschedule the location of the exam. In the rare instance of an in-home evaluation, the report is expected to include the functional observations afforded by an in-home evaluation.

In-Jail / In-Prison Evaluations

Occasionally, an evaluation of an incarcerated claimant is required. Prior to requesting an evaluation of an incarcerated claimant, DDD will have confirmed with jail or prison staff that the facility permits external professionals to conduct mental evaluations of inmates for SSA disability claims.

Once within the facility, the consultant has an opportunity for naturalistic observations of the claimant's functioning and this information is expected to appear in the report. Details regarding whether the claimant was interviewed in a professional interview room or while in segregation and whether facility staff raised special concerns can be informative. Sometimes jail or prison staff will raise concerns about risk to the examiner in interviewing a particular inmate, or voice concerns about an inmate's mental capacity to participate informatively in evaluation.

Other Facilities

At times evaluations are needed in other non-office settings such as long-term care facilities or libraries. Consultative examiners willing and interested in conducting any of the special examinations mentioned above, should contact a PRO.

Confidentiality of Reports & Claimant Data

Independent consultants are to function in compliance with requirements of all applicable laws, regulations, and rules, and in compliance with the requirements of the applicable professional licensing board and other applicable professional oversight bodies pertaining to maintaining confidentiality of SSA claimant evaluations and the handling of claimant data.

For DDD purposes, records of the evaluation must be retained by the examiner for a minimum of one year. This requirement does not supersede any other records retention requirements such as those established by law.

In some cases the examiner is in possession of background materials regarding the claimant. Some examiners

retain background materials with the report. If the examiner does not retain background materials and instead discards them, the materials must be shredded. Background materials are not to be re-released to any party.

Two separate laws, the Freedom of Information Act and the Privacy Act, have special significance for Federal agencies. Under the Freedom of Information Act, Federal agencies are required to provide the public with access to their files and records. This means the public has the right, with certain exceptions, to examine records pertaining to the functions, procedures, final opinions, and policy of Federal agencies.

The Privacy Act permits an individual or his or her authorized representative to examine records pertaining to him or her in a Federal agency. For SSA disability applicants, this means the individual may request to see the medical or other evidence used to evaluate his or her application for disability benefits under the Social Security Administration disability programs.

SSA screens all requests to see medical evidence in a claim file to determine if release of the evidence directly to the individual might have an adverse effect on that individual. If so, the report will be released only to an authorized representative designated by the individual.

Requests for Release of Reports to Parties Other than DDD

At times, independent examiners receive requests from various parties for direct release of reports of evaluations they have conducted on referral by DDD. These requests can come from claimants, psychologists or psychiatrists, attorneys, or family members, for example. The party may even present the examiner with a completed authorization to release information.

Reports of consultative exams conducted on referral by DDD are not to be released directly by the examiner to any party other than DDD.

Any party requesting a copy of a consultative exam needs to be directed to DDD Medical Administration. If DDD retains legal jurisdiction of the claim, DDD will process the request. DDD is unable to release the report from a claim not under its jurisdiction, so if the claim is under SSA's jurisdiction, DDD will refer the party making the request to the relevant SSA office. Any background records provided to the examiner by DDD are not to be released to any party.

Incomplete Reports

DDD reviews CE reports to determine if the specific information requested has been furnished. DDD will contact the medical source for any missing information or to prepare a revised report when the report submitted is inadequate. When the consultant is asked for additional information or a revised report, the additional work product will be provided by the examiner at no additional cost to DDD. These addendum reports are important to adjudicating a claim and are expected to be received within 3 business days.

Complaints

On occasion, a complaint is received from a claimant. Every complaint is reviewed by a Professional Relations Officer and consultants will be notified in writing and will have an opportunity to respond.

Subpoenas & Depositions

In the event you receive a subpoena to appear in court or at an administrative hearing, or to give deposition, contact your assigned Professional Relations Officer. Depending on the circumstance, DDD may be able to give you immediate guidance, or DDD may need to seek legal advice from SSA. In the unlikely event you receive a subpoena from an administrative law judge with SSA's Office of Hearings and Appeals (ODAR), DDD will contact ODAR before giving you guidance. In that situation, the professional opinion typically is provided via "interrogatory" (see below) rather than by personal appearance. In the event you must testify, your sworn testimony should be limited to your direct knowledge of the facts concerning the claimant.

Interrogatories

If you receive a request for completion of an interrogatory report from an ODAR office, immediately contact your assigned Professional Relations Officer.

Protection of Personally Identifiable Information is important. You are required to immediately report any

suspected loss of information - even if it is outside of normal business hours. Please contact your assigned Professional Relations Officer at 800-282-2695 to make this report. If PII is lost due to criminal activity, contact local law enforcement too.

Personally Identifiable Information (PII)

What is PII?

PII is any personal information maintained by an agency, including:

- Any information used to distinguish or trace an individual's identity, e.g., name, Social Security Number, date/place of birth, mother's maiden name, biometric records.
- Other information identify individuals, e.g., medical, education, financial, or employment information.

How can you safeguard PII?

- Store confidential information in locked file cabinets or desk drawers.
- Prevent others from viewing PII on your computer screen.
- Consistently lock or log off your computer when you are away.
- Ensure that PII is destroyed (e.g., shredded using a crosscut shredder) when no longer needed.
- Train and remind support staff to safeguard PII.
- Do not send PII by email.

How to transport PII?

- Store PII on devices that are encrypted using National Institute of Standards and Technology standards.
- Lock PII in a briefcase or satchel.
- Do not leave briefcase, satchel, laptop, or computer in unlocked vehicle or in plain view in a locked vehicle.
- Secure briefcase, satchel, or laptop in trunk or other concealed storage area.

What should CE Provider do if PII loss is suspected?

- Immediately report the PII loss to the DDS. If you suspect PII loss outside of normal business hours, leave a voicemail or email your DDS contact.
- Contact local law enforcement if theft is involved.
- Apply State laws and licensing board requirements when reporting PII loss and notification protocols.

What should make up the report to DDS?

- Your contact information.
- Description of suspected loss, e.g., nature of the loss, number of records, type of equipment or media.
- Approximate time and location of loss.
- Safeguards in place at time of loss.
- Other parties involved who have been contacted.
- Details about reports made to law enforcement.
- Any other pertinent information.

Protection of Personally Identifiable Information is important. You are required to immediately report any suspected loss of information - even if it is outside of normal business hours. Please contact your assigned Professional Relations Officer at 800-282-2695 to make this report. If PII is lost due to criminal activity, contact local law enforcement too.

Role of the Independent Consultative Examiner in Mental Disability Claims

When existing claim evidence is inadequate to reach the disability determination, DDD may purchase consultative examination of the claimant. The consultative psychological or psychiatric examination is a forensic examination. Peer-reviewed literature, continuing education, professional organizations' publications, professional oversight bodies, and other psychology and psychiatry forums define professional expectations for forensic practice. These *Guidelines* do not instruct on forensic practice as that information is available elsewhere. Instead, the *Guidelines* describe SSA's and DDD's unique needs from consultative examiners.

To contribute to claim adjudication, the consultative examination must focus on the claimant's mental abilities needed for work. The examiner's interpretations and opinions must align with SSA disability program concepts explained below. Complexities of SSA's mental disability program are beyond the scope of these *Guidelines*.

MENTAL DISABILITY FOR WORK

Most people are able to work. Yet, some people are unable to work as the result of a DSM psychiatric disorder. To be psychiatrically disabled for work:

- a person must have a DSM psychiatric disorder;
- the DSM psychiatric disorder must result in such severe reduction of mental abilities needed for work that even simple, full-time, competitive work is precluded for 12 months or longer.

MENTAL ABILITIES NEEDED FOR WORK

DDD must reach multiple decisions in the course of adjudicating a disability claim. Before deciding the issue of disability, DDD must decide the claimant's mental abilities for work. SSA identifies four mental abilities needed for any job in any work setting. To be able to work, a person does not need an optimal amount of these abilities, but enough of each ability to conduct simple competitive-level work activities in a work setting:

1. ability to understand, carry out, and remember instructions;
2. ability to sustain concentration and persist in work-related activity at a reasonable pace;
3. ability to maintain effective social interaction on a consistent and independent basis, with supervisors, co-workers, and the public;
4. ability to deal with normal pressures in a competitive work setting.

THE ROLE OF "FUNCTIONING"

The SSA disability program is practical. The disability program focuses on the claimant's functioning. Functioning is a person's ability *to do* – to act on the environment. DDD seeks the expertise of an independent consultation for the Functional Assessment. The Functional Assessment is the consultative examiner's opinion on what the claimant can do in the workplace, and what, if anything, the claimant cannot do in the workplace as the result of a DSM disorder.

A person's actual mental functional abilities for work might not match what he or she wants to do or prefers to do. For example, a person might want to do more than his or her mental functional abilities can support or a person might prefer to do less than his or her mental functional abilities can support. What a person wants to do or prefers to do is not the focus of the disability program. The disability program considers what a person is *able* to do in the workplace.

FUNCTIONAL ASSESSMENT OF ABILITIES & LIMITATIONS

In every report of examination, provide a Functional Assessment explaining the claimant's abilities, and any limitations, in each of the four abilities needed for work. The preferred Functional Assessment format is:

1. What is your assessment of the claimant's abilities and limitations in understanding, carrying out, and remembering instructions, both one-step and complex?
2. What is your assessment of the claimant's abilities and limitations in sustaining concentration and persisting in work-related activity at a reasonable pace?
3. What is your assessment of the claimant's abilities and limitations in maintaining effective social interaction

- on a consistent and independent basis, with supervisors, co-workers, and the public?
4. What is your assessment of the claimant's abilities and limitations in dealing with normal pressures in a competitive work setting?

(See Appendix for sample Functional Assessments.)

Functional abilities are the claimant's abilities to do. Functional limitations are deficiencies in the claimant's abilities to do caused by behaviors arising from a DSM disorder. Importantly, the claimant's DSM disorder is not the limitation. Depression, Paranoid Personality Disorder, or Schizophrenia is not a limitation. To illustrate, a man's speech is linguistically disorganized by Schizophrenia. When asked, "How are you this morning?", he responds, "I plan to stay at the equator of some of these halts and it is hot, humid and a nice cold glass of juice, and I try to stay at the equator but it doesn't run rampant and it is just time and who needs that type of contact." Psychotically disorganized, incomprehensible speech limits his mental ability for effective social interaction in the workplace.

In the consultative examination for DDD:

- *Only limitation in work ability resulting from a DSM disorder is relevant.*
- *Logically, to conclude limitation, you must diagnose a DSM disorder from which the limitation results.*
- *The nature and magnitude of any limitation is conveyed by your description of expected deficient behaviors in the workplace that result from the DSM disorder.*

INFERRING MENTAL ABILITIES & LIMITATIONS

Because people's mental abilities and limitations are not observable directly, inference has a role in the consultative exam.

Mental Abilities

A cashier is working in a crowded convenience store. An observer sees him transacting one customer's credit card purchase while directing another customer to an item in the back of the store while making small talk with yet a third customer. Reasonable inferences about the cashier's mental abilities can be based on his observed behaviors. To transact the credit card purchase he must *understand, recall, and carry-out* a correct sequence of learned instructions based on abstractions of credit and electronic data. He must maintain sufficient concentration at each step to avoid error. He must make concurrent *social* judgments, such as the level of interaction preferred by the customer at the counter. He must cope with pressures, including customers' impatience, periods of high customer volume, equipment glitches, and knowledge he works under elevated workplace violence risk.

Mental Limitations

A man is observed bagging groceries in a market. He overloads bags showing no recognition of items' volume or weight. He loads torn bags in the cart. His work pace slows as he tells the customer he plans to buy a video game. She looks puzzled and says nothing. Items stack up on the conveyor. The cashier glances impatiently at him. After loading the final bag in the cart, he accompanies the customer to the parking lot. She protests that she needs no help to her car. He seems oblivious, talking over her about having \$120 hidden at home where he lives with his grandmother. Observed behaviors suggest deficits in understanding and implementing simple instructions, concentrating on tasks, and interacting appropriately. For an inference of limitation to be accurate, observed behaviors must represent the person's usual functioning across everyday settings apart from the disability claim. This man is in his fifth year of subsidized and supported job placement as a bagger. Pediatricians and school psychologists identified Mental Retardation (Intellectual Developmental Disorder) in childhood. Across five years of supported work, the retention specialist has focused on improving bagging decisions, attention to task, work speed, and social boundaries. Current observed behaviors and inferred functional limitations are consistent with his history of limitations from Intellectual Developmental Disorder.

Because you will not observe the claimant on the job, you will form inferences about Functional Assessment abilities, and any DSM-related limitations, based on evidence available to you. At minimum, evidence available to you includes the claimant's self-report and your direct behavioral observations of the claimant while at your office. Depending on the case, available evidence also may include your psychological test findings, background

records provided by DDD or the claimant, and/or interview of a 3rd party accompanying the claimant.

WHAT ISN'T A MENTAL LIMITATION?

Limitations that do not result from a DSM disorder are not mental limitations.

Situational Factors. Lacking transportation, living in a region without available jobs, or being a full-time family caregiver can limit ability to work, but these circumstances are not mental limitations.

Ordinary Variations. Adults do not always function at their peak in the workplace. Workers who have no DSM disorder can vary in workplace effectiveness day-to-day, week-to-week, month-to-month, and year-to-year. Functional variations within the range of how adults generally vary in workplace functioning are not mental limitations.

Non-clinical Distress. Work imposes psychological load on the worker. This applies to anyone in any job. People with no DSM disorder are not in continuous quiescence about their work. Sometimes they are distressed over the events, people, and demands of work. This is normal. They may complain about work intensely and persistently. Psychological distress about work within the range of how adults generally react to work is not a mental limitation.

Non-clinical Shortcomings. Nonclinical shortcomings and flaws are part of every person's unique psychological makeup. They reduce a person's contribution to the workplace. For example, personal concerns sometimes syphon attention from work tasks or an assigned task is forgotten. Perhaps sharp words are said to a coworker or the boss's directive is ignored. Sometimes misjudgments are made. Flawed workplace behavior that does not result from a DSM disorder is not a mental limitation. *In the Functional Assessment, if you discuss non-clinical workplace shortcomings expected from the claimant, you must state clearly to readers that the behaviors below clinical threshold do not result from a DSM disorder, and therefore do not rise to the level of a limitation.*

Opinions Outside the Referral Issue. The SSA disability program considers several non-psychiatric factors that can limit a person's ability to work. You are not asked for an opinion on any of these topics.

- **Physical.** Frequently claimants will state physical concerns to you. DDD does not seek your opinion on physical matters, regardless of how compelling the claimant's physical presentation may be. Under the disability program, only licensed physicians are experts on physical matters. Though psychiatrists are licensed physicians, DDD refers claimants to psychiatrists for mental, not physical, examinations and opinions. Physical presumptions or opinions are outside the scope of the mental disability examination.

On the other hand, summarizing the claimant's physical complaints as medical history *data* is appropriate. Additionally, any distinguishing physical *observations* can be useful to adjudication when provided as mental status data. "Using a cane held in his right hand, he walked independently to and from the interview room" is appropriate as a mental status observation.

- **Speech-Language Disorders.** Only licensed speech-language pathologists (SLPs) are experts on speech and language disorders under SSA's disability program and are licensed by the Ohio Board of Speech-Language Pathology and Audiology. Despite appearing in the DSM, speech-language diagnoses fall outside the scope of the consultative mental examination. Your behavioral *observation* on speech-language can be provided appropriately as mental status *data*.

Some psychiatric disorders manifest speech signs, distinct from speech-language disorders, well within the scope of the mental examination such as disorganized speech in Schizophrenia, pressured speech in Mania, and concrete speech in Intellectual Developmental Disorder.

- **Return to Past Work and Other Vocational Issues.** In some cases the disability program considers whether a claimant retains abilities to return to past work. Psychologists and psychiatrists are not vocational experts under the disability program, so your opinion is not sought on the claimant's ability to return to past work. Though you would provide the claimant's account of actions conducted as a convenience

store cashier, you would not give an opinion on whether the claimant can work as a convenience store cashier. Neither would you give a more general vocational opinion, such as whether the claimant can conduct unskilled or skilled work.

- **Advanced Age, Low Education, Lack of Work Experience.** The disability program may consider the vocational impact of these factors, but they are non-psychiatric and outside the scope of your consultative opinions.
- **Disability Decision.** Disability is a legal determination made by DDD and SSA. DDD does not seek your opinion on disability.

SIGNS & SYMPTOMS

Signs and symptoms are two distinct forms of evidence.

- **Signs** are clinical abnormalities manifesting in observable behavior. Signs are observed by the clinician. Signs are objective evidence.

Ex.1. *“His clothing was soiled. His hair looked oily and matted. He presented noticeable body odor. He chose the furthest from me of four seats. His eye contact was overly intense. He bristled at routine exam questions declaring, ‘I’m not an idiot.’ When asked his daily routine he angrily demanded, ‘Who told you to ask me that?’”*

Ex.2. *“When asked about her educational experiences she responded, ‘A need more to andre everything more important by doing what my foot tells me a sense of need for consternation in from I think and speak limits me is more by my aspiration and I notice there situations and feel that need to stop.’”*

- **Symptoms** are self-reported problems with one’s own thoughts, emotions, and/or behaviors. Symptoms are subjective. Symptoms are the claimant’s allegations.

Ex.1. “I’m sad. I cry all day. Regrets and guilt consume me.”

Ex.2. “I see things that aren’t there.”

The claims adjudicator takes the claimant’s report of symptoms over the phone and in writing. The adjudicative team does not have the opportunity to observe the claimant directly for clinical signs. Evidence of the presence or absence of signs comes from clinicians (including consultative examiners) submitting their direct behavioral observations of the claimant.

Distinction between signs and symptoms must be clear in the report. One way is to identify the source of each data point clearly. “Mr. Jones said...According to Mr. Jones...Mr. Jones was observed to...Though Mr. Jones reported..., he was observed to...Mr. Jones said....” Another way is by location of the data point in the report. Generally, symptoms cluster in the Chief Complaint and Behavioral Health Information. Signs cluster in Mental Status behavioral observations. Signs and symptoms also are distinguished by analyzing them as separate forms of evidence in the interpretative and opinion sections of the report. As illustrated above, some claimant quotes are symptoms while other claimant quotes are signs. Though signs concentrate in certain sections of the report and symptoms in others, signs and symptoms will weave across the report in the claimant’s account of problems, and in your account of the claimant’s unique behavioral presentation.

THE EXAMINATION AND REPORT

As the consultative examiner, you directly examine the claimant in your professional office. SSA requires psychologists spend a minimum of 60 minutes and psychiatrists a minimum of 40 minutes for each examination. Though SSA defines these minimum times, you are responsible for meeting all requirements of your profession

for an adequate independent examination. DDD requires the examination include your clinical interview of the claimant with mental status exam. In some cases, DDD also requests psychological testing. A report of examination written by you and submitted to DDD is required for every examination. Each report needs to include your DSM diagnostic conclusion plus your Functional Assessment opinion.

Who Reads Your Report?

Disability claims adjudicators and in-house psychological/psychiatric consultants read your report. The adjudicator is a non-clinician, knowledgeable on SSA disability policy and law, who has been trained by DDD and SSA in evaluating behavioral health evidence, including consultative examiners' reports. When reading your report, the adjudicative team appraises the reliability of the information it contains. In this setting, "reliability" refers to how much adjudication can rely on your data, interpretations, and opinions as accurate. Your report is one piece of evidence in the claim file.

The claimant has the right to access your report, though claimant requests for reports are infrequent. If the claimant has a claim attorney, the attorney will likely read the report. If the claimant appeals DDD's decision, an Administrative Law Judge will read the report. Keep all rightful readers in mind while writing the report.

Report Elements

SSA expects your report to include all elements required by your profession for an adequate independent examination.

Identifying Information

Include the claimant's Social Security number and a basic physical description. Some examiners note confirming identity by looking at a government-issued picture ID such as a driver's license or state ID.

Referral Source

Opportunities for Ohioans with Disabilities, Division of Disability Determination is the referral source.

Purpose of the Examination

The purpose of the mental disability examination is to:

- Examine for the presence or absence of a psychiatric disorder and provide a DSM diagnostic conclusion;
- Provide Functional Assessment of the claimant's abilities, and any limitations resulting from a DSM disorder, in:
 1. understanding, carrying out, and remembering instructions, both one-step and complex;
 2. sustaining concentration and persisting in work-related activity at a reasonable pace;
 3. maintaining effective social interaction on a consistent and independent basis, with supervisors, co-workers, and the public;
 4. dealing with normal pressures in a competitive work setting.

Disclosure to Claimant of Examination Purpose; Disclosure to Claimant of Non-Confidentiality; Claimant Informed Consent to Examination; Claimant Authorization to Release Information

Laws and Rules Governing the Practice of Psychology (<http://psychology.ohio.gov/Laws-Rules/Psychology-Law-and-Rules>), Specialty Guidelines for Forensic Psychology (APA, 2013), and multiple additional resources define how to meet professional requirements for these aspects of the independent psychological examination and report.

Identify All Sources of Data and Procedures

Identifying your sources and methods is one important means of informing readers on the limits of your examination and opinions.

Examples of Sources of Data

- *Collateral Records*. Name records in sufficient detail for readers to determine whether you read a specific

piece of evidence. Claim forms such as Form SSA-3368 provided by DDD are not clinical records. Claim forms such as SSA-3368 contain allegations entered by the claimant or someone completing the form on the claimant's behalf.

- *3rd Parties.* If, with the claimant's and 3rd party's permission, you interview a case manager, family member or other party accompanying the claimant to your office, name that person along with his or her reported relationship to the claimant. State whether you interviewed the 3rd party separate from the claimant. If you permit a 3rd party's presence throughout the adult examination, explain the clinical basis for that decision.

Examples of Procedures

The clinical interview and mental status exam requested by DDD are procedures. Other examples of procedures include:

- *Questionnaires.* Describe the psychological demands of any questionnaire (ex. reading level, length, office environment for completing it) you use and the quality of the claimant's written responses. No questionnaire substitutes for your face-to-face examination. Over-reliance on questionnaire entries falls short of claimants' and DDD's expectations. It would misguide readers to present the claimant's questionnaire entries in the report as if they were interview statements. Including questionnaire responses in the report is fine; they just need to be disclosed unambiguously as such.
- *Psychological testing.* Any tests administered need to be named.
- *Supervisee participation.* Participation by any supervisee or extender in examination of an SSA disability claimant must meet Ohio Board of Psychology requirements, and be disclosed to readers.
- *Language interpreter.* DDD prearranges qualified language interpreter services when need is foreseeable. If an interpreter participates, note the interpreter's name and impact on the examination process.

Record Reviews & 3rd Party Statement Summaries

Professional resources available elsewhere instruct psychologists and psychiatrists on appropriate approaches to records and 3rd party statements.

Record Reviews. Summarize records sufficiently to demonstrate you read them and identify what you think pertinent. Exhaustive recounting of records provided by DDD is unnecessary. You should explain in the report how records were considered in reaching your conclusions. Reconcile noteworthy inconsistencies between available records and your conclusions.

3rd Party Statements. When a psychiatric case manager, long-term care staff member, family member, or another party accompanies the claimant to the examination, you might decide interviewing that party is important to understanding the claimant. Document in the report your means of appropriately securing the claimant's and 3rd party's permission to talk with the 3rd party about the claimant, along with the 3rd party's name and reported relationship to the claimant. Make clear whether the 3rd party was interviewed separate from the claimant. Summarize pertinent 3rd party statements, and comment on factors affecting your reliance on that information.

Circumstances of Filing

Different filing circumstances can have different mental ability implications. Filing on recommendation of the state hospital treatment team with case management support, for example, can have different functional implications than filing on one's own.

Chief Complaint

Provide verbatim quote of the claimant's spoken statement of disability.

Current & Lifetime Behavioral Health Information

Behavioral health information includes the claimant's complaints of current and lifetime disturbances of emotions, thoughts, and/or behaviors, whether treated or untreated, that reasonably can be considered psychiatric allegations. Behavioral health information is to be construed broadly. Developmental disorders and neurocognitive

disorders are behavioral health information in this setting.

DDD must understand the *nature, severity, duration, treatment response, and impact on work ability* of a DSM disorder. The claimant's account is needed of:

- the primary psychiatric problems reported as the reason for not working;
- the onset of those psychiatric problems;
- any occupational difficulties resulting from the psychiatric problems;
- any impact on the psychiatric problems of attempt(s) to return to work.

Include the claimant's account of circumstances prompting services. Also provide names of examining and treating clinicians/facilities, psychiatric medications, the frequency, structural intensity, and duration of services, any reported diagnoses, the level of compliance and outcome of services, and/or the name of any clinician who reportedly has recommended the claimant pursue mental work disability.

Though not always, the severity of a DSM disorder can correspond to the intensity of treatment or other forms of structure in place to address psychological deficits. Examples of intensive structure include:

- Guardianship, group home, or long term care based on DD/psychiatric disturbance
- Supervised/monitored apartment, in-home psychiatric aide
- Civil hospitalization (voluntary/involuntary)
- Forensic hospitalization (involuntary)
- Partial hospitalization, day treatment, intensive outpatient program
- Ohio Department of Rehabilitation and Correction residential treatment unit
- Conditional release
- Community probate
- Psychiatric respite
- Medication by injection (voluntary/involuntary, probate/trial court order)
- Case management/community support services

The claimant who requires intensive structure may lack ability to tell you or DDD about the structure or functional deficiencies necessitating it. The claimant with Intellectual Developmental Disorder residing in a group home may not understand his diagnosis, the relevance of group home placement to his disability claim, or the nature of his work limitations. Be alert for indications of past or present intensive structure, inquire into it skillfully, and relay this important information to DDD. Often DDD can access direct documentation of intensive structure once identified by the consultative examiner.

Lay readers cannot be assumed to recognize the work functional implications of intensive structure because it is far removed from common adult experience. Work functional implications of the claimant's need for guardianship, group home placement, multiple involuntary hospitalizations, or other intensive structure needs to be interpreted for readers.

Work Information

Work information includes past and current work, full-time and part-time work, military and civilian work, paid and unpaid work, unsupported and supported work, inmate work assignments, and any other form of work. Most often, the claimant's self-report is the main source of work information available to you. In some cases, vocational rehabilitation or inpatient psychiatric records are available that discuss work.

Inferring Mental Abilities from Work Actions

Work information is some of the most relevant report material. Readers need the claimant's account of actions conducted on jobs. Information about actions conducted on jobs can be one basis for inferring mental abilities and any DSM-based limitations.

Self-Assessment of Work Abilities & Limitations versus Self-Report of Workplace Actions

Providing the claimant's self-assessment of abilities and any limitations is a different form of information than providing the claimant's description of actions conducted on jobs.

Claimant's self-assessment

Q: "Did you understand what supervisors told you to do?"

A: "Yes, but they had to show me more than other people."

Claimant's description of job actions

Q: "You stocked groceries for National Market. How did you know what to put where?"

A: "It's hard when you start. Then you learn the store. You read the signs marking the aisles. Someone told you what to load, though. You put it on the shelf, label out. (Q) Yes, you're watchin' details. (A) Mild salsa. Hot salsa. Don't mix 'em up. Expiration dates."

Self-assessment data do not substitute for the claimant's account of actions on jobs. Information about actions at work should be detailed enough to support inferences about work abilities applied and about any DSM-disorder based limitations.

How Do Work Actions Inform Functional Assessment Abilities & Limitations?

A claimant reports to the consultative examiner history of working as a deli clerk for 10 years. The consultant's inquiry might elicit the claimant's account of:

1. applying measurements (determining product weight, monitoring food temperature, calibrating slice width), calculating pricing, applying food safety procedures, explaining products to customers. The claimant's account of such work actions can clarify abilities and any limitations ***understanding, carrying out, and remembering instructions, both one-step and complex.***
2. using hazardous equipment (food slicer, knives), filling multi-item orders, serving customers in order of their arrival, and meeting volume requirements. The claimant's account of related actions can clarify abilities and any limitations ***sustaining concentration and persisting in work-related activity at a reasonable pace;***
3. serving difficult customers, navigating coworkers in close quarters behind the counter, applying employer policy to customer complaints. The claimant's account of such actions can clarify abilities and any limitations ***maintaining effective social interaction on a consistent and independent basis, with supervisors, co-workers, and the public;***
4. adjusting to the ebb and flow of customer volume, working short-staffed, adapting to company policy changes, coping with unwanted shift reassignments can clarify abilities and limitations ***dealing with normal pressures in a competitive work setting.***

Current Work

If the claimant reports current work, the name of the employer and the job title are needed as is information on how long the job has been held, actions conducted on the job, hours worked daily/weekly, and any reported mental limitations on the job.

What if the Claimant Reports Many Jobs?

If the claimant reports history of many jobs, a sampling of work actions is needed. Current and recent work are likely pertinent. If the claimant reports remote work at a higher occupational level mention actions in that role.

Additional Types of Work Information Needed

In addition to work actions, provide the claimant's account of:

- employer names, jobs titles, job durations, circumstances of jobs ending;
- any work problems resulting from reported disorder;
- attempts to return to work with outcomes;
- level of independence applying for jobs, getting hired, and keeping jobs;
- any vocational services for a psychiatric condition, special treatment supports to foster work, or psychiatrically-based work accommodations;
- any psychiatric fitness for duty evaluation(s) including employer name, precipitating circumstances, evaluation date, examining clinician's name, and outcome;
- any past or current mental disability leave from work, circumstances of leave, name of clinician documenting need for leave;
- any reported criminal charge/conviction arising from events at work with the claimant's account of events leading to charge/conviction.

No Work History

When an adult claimant tells you he or she has never worked, that is relevant. There are many possible reasons an adult has never worked. Reasons can be non-psychiatric or psychiatric. Readers need you to provide the claimant's detailed account of why there has been no employment. If the claimant says he or she never worked due to state incarcerations, explore inmate work assignments.

Work-like Actions

Outside of employment, adults routinely conduct non-work actions, tasks, and activities that are nonetheless work-like because they require the four Functional Assessment mental abilities. For example, league bowling can involve keeping a schedule, applying rules, calculating arithmetic, concentrating, tracking progress, interacting as a team member, and tolerating the pressure of evaluation by others. Work-like actions are relevant regardless of whether the claimant reports any formal employment experience. Information about the claimant's work-like actions can arise in collateral records, the claimant's self-report, and in your behavioral observations.

Not Work

Some actions, tasks, and activities, though conducted where others work competitively, do not rise to the level of work or work-like actions. This is because they do not involve the mental abilities needed in competitive work. For example, in enclave placements and other supported work the person requires far more oversight than the supervision provided in competitive work.

Personal History: Family, Social, Medical

Consider relevance to diagnosis and the Functional Assessment in deciding which data to develop and provide. Summarize the reported longitudinal history of relationships with family, peers, domestic partners, and others. Summarize pertinent medical history; include allegations with potential direct psychiatric impact such as Huntington's Disease, traumatic brain injury, or stroke.

Education & Training

Information on reported educational experiences stands to clarify the claimant's current mental abilities and any limitations. This is particularly the case if long-standing deficiencies in learning are alleged or suspected. In every case readers need to be informed on the quality of the claimant's progress through childhood educational requirements. If the claimant reports unremarkable progress through a regular education curriculum, that information is needed. At the other end of the spectrum, if high-intensity special education supports for learning difficulties and/or emotional disturbance are portrayed, those details are needed. Reported educational accommodations need to be described. A claimant might report accommodation of a quiet space, added time, a scribe, a reader for testing, ongoing extra assistance in the regular classroom, part of the day in the resource room, all day in the resource room, or all day in a separate specialized setting. The claimant might report educational services received through day treatment, residential placement, or Department of Youth Services. Simply noting the claimant reported a learning disability or receipt of special services will fall short.

Include the highest grade completed, customary marks, and any history of retention as well as the reason given if the claimant reports leaving prior to completing high school. Provide enough information for readers to discern whether the claimant left school early for non-psychiatric or psychiatric reasons. Getting a job or pregnancy is non-psychiatric. Increased self-mutilation is psychiatric. Include account of nonacademic factors such as relationships with teachers and peers, extracurricular involvements, and the frequency of suspensions/expulsions.

The claimant's report of high school vocational programming, adult vocational rehabilitation or post-secondary supports (campus mental health or office of disability services) can clarify the quality of transition from education to work. Details are needed on vocational training/supports including duration, number of supervised work experiences or placements, and the outcomes of services (ex. successful completion, asked to leave by supervisor, termination of placement by job coach).

Educational and vocational services are potentially independently verifiable by DDD. The school system or vocational vendor should be named. Military service is work, and not considered education or training by SSA.

Legal Information

Legal outcomes such as eviction for squalor arising from dementia or delusional disorder, municipal condemning of the claimant's home in ruins from hoarding, arson conviction for workplace fire-setting in paranoid retaliation, loss of parental rights and responsibilities due to psychotic loss of function, or psychiatric guardianship can be proxy for work ability limitations. On the other hand, convictions for behavior such as embezzlement, fraud, or identify theft can suggest intact mental abilities. The reported basis, setting, and duration of incarceration(s) should be mentioned, and work assignments as an inmate should be explored.

Reported Drug/Alcohol Use

If the claimant reports no history of substance misuse and there are no contradictory direct observations or collateral content, a statement to that effect is needed. If there is evidence of substance misuse, provide information on:

- substance, quantity, frequency, circumstances of misuse;
- any treatments received, including precipitating circumstances, type of treatment, dates of treatment, and outcome;
- any reported impact of substance misuse on work functioning;
- any work sanctions for intoxication or positive toxicology screen(s).

Activities of Daily Living (ADLs)

ADL information can be one gauge of functional abilities and limitations as expressed through behaviors in the general community and home. Functional requirements in the community and home generally are less stringent than workplace requirements. ADL effectiveness can vary with the waxing and waning of some psychiatric disorders.

Claimants need to account for how they spend their waking hours in a typical day. This includes the frequency, independence and effectiveness of activities meeting basic physical and psychological needs. ADLs may include:

- domestic chores and maintaining the household
- procuring and managing basic resources (shopping, making change, accessing needed treatment such as antipsychotic by injection to reduce hospital admissions)
- meeting others' basic needs
- navigating community and transportation modes
- interests, hobbies, recreation in home and community
- claimant's account of what constitutes stress in daily life and how is it managed

Be alert to two ADL extremes:

1. People needing intensive supports can fail to understand the clinical and functional relevance of supports to the work disability examination. Indications of psychiatric guardianship, group home or CMHC apartment placement, psychiatric home aide, enclave/supported work, or other intensive structure may only emerge off-hand from the claimant during ADL inquiry.
2. In contrast, though not employment, some ADLs can rise to the level of work-like activities because they require work abilities. Comprehension, persistence, social ability, and pressure tolerance required as a volunteer choir director, for example, may be work-like.

Consider the claimant's ADLs in light of any applicable sub-cultural customs.

Psychological Testing

Prevailing requirements & practices. Nothing in these *Guidelines* supplants professional requirements for psychologists or psychiatrists regarding testing and test interpretation as defined by laws and rules, ethical principles and code(s) of conduct, practice standards, and other sources of professional requirements. DDD expects the consultative examiner to use the current test edition and to conduct standardized test administration, scoring and interpretation. Name any testing conducted. Disclose who administered, who scored, and who interpreted the testing.

Testing Requests & Related Issues. DDD lists on the voucher any psychological testing requested. A testing request from DDD does not supplant prevailing testing practices. If the voucher lists WAIS-IV testing plus notes a language interpreter will participate, the examiner should contact DDD Medical Administration to question the request because English-language intelligence testing of non-English-speaking examinees is contraindicated. More generally, if you think a different test than the one requested is more suitable, DDD must be contacted for preauthorization prior to test substitution.

Supervisees. DDD accepts testing administered by a supervisee under your direct supervision that meets Ohio Board of Psychology requirements, as long as you conduct the clinical interview with mental status exam, interpret test results, and write the report. Disclose supervisee participation to readers.

Test Scores, Testing Interpretation, Validity Opinion. Multiple in-house psychologists are available at DDD to explain to the adjudicative process the test results you submit. SSA and DDD expect to receive complete Wechsler intellectual testing subtest and composite scores. Equivalent score detail is needed on other testing. In addition to your narrative interpretation of scores, provide scores in a labeled grid or other format that is easy-to-process visually. Discuss consistency of scores with educational, vocational and functional background as well as with extra-test observations. Provide a validity opinion on test findings, identify any factors reducing score validity.

In every claim, adjudication considers whether the claimant's intellectual level falls in the 1) Intellectual Developmental Disorder range; 2) Borderline Intellectual Functioning range; or 3) above Borderline Intellectual Functioning. Wechsler intellectual testing is the most frequently requested testing. SSA requires the examiner to compare IDD range scores with the claimant's longitudinal adaptive level for consistency.

Mental Status

The adjudicative team has no opportunity to observe the claimant directly. The consultative examiner is expected to concentrate observed positive and negative signs in the mental status section. The mental status section is not to be comprised of symptoms.

Risk Assessment. The risk assessment is an exception to the mental status emphasis on behavioral observations. Risk assessment explores symptoms, behavioral health history, and signs, along with other factors. Many professional resources are available to guide you in meeting societal and professional risk assessment requirements during the consultative examination.

Specific Mental Status Dimensions. SSA requires in narrative form observations on the dimensions below. Checklists are insufficient. Depending on the clinical and functional hypotheses emerging in the case, different dimensions will warrant different emphases.

- orientation in all 4 spheres
- eye contact, dress, grooming, hygiene; manner & approach to evaluation
- affect & mood
- general motor behavior, ex. psychomotor retardation or agitation, restlessness
- suicidal/homicidal ideation/risk assessment
- quality of speech, thought processes & content, perceptual abnormalities
- concentration & attention, working/recent/remote memory
- judgment/insight
- intellectual assessment with estimated level of intelligence

Sample of Intellectual Assessment Questions. Readers expect quotes of the claimant's responses to a sampling of intellectual assessment questions. The following are not model questions, but only illustrate how simply questions with responses can be provided.

- 18 – 6 = “12”
- 11 X 12 = “132”
- 11 X 12 = “I have no idea. I'm not doing that.”

- How are corn and carrots alike? “They’re vegetables. They’re good for you.”
- How are corn and carrots alike? “Historic food.”
- How are corn and carrots alike? “They’re not alike.”
- What does the saying mean what goes around comes around? “Karma.”
- What does the saying mean what goes around comes around? “Are they an enemy or friend? Are they idiots?”

Use questions that are age-appropriate and culturally-appropriate to the claimant. Unverifiable items, such as the claimant’s memory of last night’s meal, are not useful.

Estimate of Intellectual Level. DDD must consider in every claim whether the claimant’s intellectual level falls in the 1) Intellectual Developmental Disorder range; 2) Borderline Intellectual Functioning range; or 3) the range above Borderline Intellectual Functioning. You will base your estimate of intellectual level on data available to you. Your estimate will be one piece of evidence considered by DDD in understanding the claimant’s intellectual level. In addition to intellectual assessment questions, other information available to you should contribute to your estimate including: reported educational, vocational, and functional adaptive level; any test findings; background records; your behavioral observations other than the mental status inquiry.

Conclusory Statements. In a mental status conclusory statement, the examiner assigns a value to the mental process rather than submitting the needed observational data. “Concentration was limited” and “pace was slow” are conclusory statements. “She looked out the window more than she looked at the examiner. There were latencies up to 30 seconds before she responded” are useful observational data.

Limits of Mental Status Data. Mental status behavioral observations are important, but they reflect a limited period on a single day. Basing professional conclusions on mental status data alone risks reduced accuracy. The reliability estimate, diagnosis, prognosis, and Functional Assessment require supporting data and reasoning beyond just mental status observations.

Reliability Estimate

SSA requires your reliability estimate. The reliability estimate is a summary statement on what data you relied on and why, and what data you did not rely on and why not, in reaching your conclusions. Instruction is available through continuing education, professional publications, and other resources on assessing the representativeness of examinee behaviors, 3rd party statements, and other forms of evaluation evidence.

Prognosis

SSA requires a statement of prognosis. The disability program is a permanent and total disability program only. In that light, consider what prognostic information might be most useful for adjudication.

Case Formulation

Readers are interested in how you interpret your data. ***A cut-and-paste rehash of your data is not useful.*** The useful case formulation is an interpretive bridge between your data and your Functional Assessment opinion. This is the place to support your diagnostic conclusion, and to resolve inconsistencies in your data. This is where readers look for your integrative analysis of work information with behavioral health information. This is the place to address concerns you anticipate emerging among readers about your findings or conclusions.

DSM Diagnostic Conclusion

In reaching the diagnostic conclusion, professional knowledge of psychiatric conditions and forensic reasoning appropriate to the adjudicative context are applied. Regardless of the topic under discussion with the claimant at any moment, throughout the examination the examiner is comparing the accumulating data (direct behavioral observations, the claimant’s self-report of symptoms and functional history, available collaterals) with models of known mental disorder for goodness of fit. The diagnostic conclusion should flow logically from your data and interpretations. Apply current DSM nomenclature. Provide your diagnostic conclusion under an easy-to-find heading.

V-codes are not psychiatric disorders. Non-clinician readers, however, can mistake v-codes for psychiatric disorders. Other than Borderline Intellectual Functioning (BIF), v-codes do not correspond to any disability program concept. BIF is recognized by the program, however, as having potential negative vocational impact. Therefore, identify BIF if the claimant functions in that range, but otherwise omit v-codes.

Functional Assessment

DDD seeks your Functional Assessment opinion as part of the examination. In its focus on the basic mental abilities needed for work, the consultative examination with Functional Assessment is different from other professional examinations and opinions. The Functional Assessment is the conceptual end product of the mental disability examination. Your Functional Assessment will constitute one piece of evidence within the total claim record considered by DDD in reaching its disability determination. Your Functional Assessment, as formatted below, is your opinion on the claimant's "abilities and limitations" in each of the four mental processes essential for work. Notice Item 2 includes your opinion on the claimant's abilities and limitations for multi-step tasks, in addition to simple tasks.

Provide your Functional Assessment opinion as responses to the following questions:

- 1. What is your assessment of the claimant's abilities and limitations in understanding, carrying out, and remembering instructions, both one-step and complex?**
- 2. What is your assessment of the claimant's abilities and limitations in sustaining concentration and persisting in work-related activity at a reasonable pace?**
- 3. What is your assessment of the claimant's abilities and limitations in maintaining effective social interaction on a consistent and independent basis, with supervisors, co-workers, and the public?**
- 4. What is your assessment of the claimant's abilities and limitations in dealing with normal pressures in a competitive work setting?**

Readers look for a well-reasoned, adequately supported Functional Assessment. The Functional Assessment needs to flow logically from your report data, such as work and behavioral health information, and from your conclusions on diagnosis, intellectual level, prognosis, and the reliability estimate. No single piece of information, including test results, can establish the degree of limitation in a mental functional area.

The Functional Assessment should be integrative. One way this is accomplished is by showing the role of different types of data in reaching your opinion. For example, to illustrate the claimant's abilities and any limitations understanding, carrying out, and remembering instructions, both one-step and complex, you might:

- cite school records;
- cite the claimant's self-report of work actions, behavioral health information, and ADLs;
- cite your direct behavioral observations (positive and negative signs, functional actions);
- cite your test findings.

Such supporting data should be unique to the claimant, unfold logically, and make sense on a practical basis. If you conclude the claimant has limitations, readers need to be able to follow how those limitations result from a DSM disorder. Convey the nature and scale of limitations by describing the deficient behaviors arising from the DSM disorder, and how they would manifest in the workplace. Generally, the more readers can visualize any deficient claimant behaviors you expect in the workplace, the more useful your report.

Capability to Manage Benefit

SSA requires your opinion on the claimant's capacity to manage funds. SSA presumes a person is capable of managing funds unless there is evidence to the contrary. Most people retain self-awareness and ability to address their basic needs, understand the value of money, and understand the most important resources to purchase. To lack ability to manage a benefit, the person would be expected to be disoriented, unable to conduct basic reasoning, have grossly impaired judgment, or be unable to communicate. A person retains ability if able to direct someone else in managing the benefit.

Appendix

Functional Assessment Samples

Functional Assessment Sample 1

What is your assessment of the claimant's abilities and limitations in understanding, carrying out, and remembering instructions, both one-step and complex?

Ms. Smith reported C grades in a regular curriculum until leaving school in the 11th grade for full-time work. She reported history of workplace actions including pricing foods by weight, transacting retail purchases, balancing register receipts, supervising and training others, applying employer policies to customer complaints, and learning software and hardware upgrades. She reported requiring no more instruction to learn these actions than work peers. When asked if depression ever affected her understanding and memory for work tasks she said, "I still did everything." When asked a recent news story she accurately mentioned "car manufacturer recalls." When asked what that means she said, "There's responsibility for product safety." Available office visit notes by physician Dr. Jones reflect Ms. Smith reciting medications with dosages, and do not show complaints or physician concerns about comprehension. During today's observations, Ms. Smith used vocabulary and showed verbal reasoning commensurate with average intellectual functioning. She is able to understand, remember, and carry out one-step and complex workplace instructions.

What is your assessment of the claimant's abilities and limitations in sustaining concentration and persisting in work-related activity at a reasonable pace?

Ms. Smith reported several incidents in 2010 of leaving work early in tears over an unwanted divorce at the time. She said after each incident she returned to her fulltime duties the next day without employer correction. She reported no formal periods of psychiatric leave. She said, "I distracted them (coworkers) and me" by talking about the divorce on the job. She said after the divorce "I gave them five good years straight." She said on the job she operated hazardous equipment without injury. She said she measured product and accepted customer payments, making only occasional minor errors "same as everybody else. No one's perfect." She reported quitting voluntarily "because of my back and neck" in September 2015, and said she has not worked since that time. Physician notes reflect her complaint that "I'm still depressed" despite Zoloft, but make no mention of reduced concentration. Here Ms. Smith said she crochets "probably 10, 20 quilt squares every week." In the busy reception area, she timely completed a four-page background questionnaire requiring 6th grade reading level. I observed her to concentrate consistently and relevantly across this 75-minute interview. She required no repetition of questions. The claimant is able to concentrate and persist in work-related activity.

What is your assessment of the claimant's abilities and limitations in maintaining effective social interaction on a consistent and independent basis, with supervisors, co-workers, and the public?

Ms. Smith reported lifetime-total of four jobs, each involving high volume interaction with the public. She said, "I hid it pretty well" when feeling unfavorably toward a customer or coworker. She reported socializing with preferred coworkers on the job and occasionally outside of work. She said she continues to socialize with one former coworker. She described mistrusting some supervisors. When asked if they singled her out for mistreatment she said, "No. Power just goes to some peoples' heads." She described disobeying one supervisor's directive to sell foods after expiration dates. She said she never was disciplined formally by any employer. When asked if depression ever affected interactions on the job she said, "I was needy during my divorce." Physician office visit notes make no mention of observed or reported social deficiencies. I observed Ms. Smith to behave pleasantly toward office staff here, and she was business-like toward me answering all questions and providing requested elaboration. She reported no history of legal problems other than her divorce. She is able to respond appropriately to supervisors, coworkers, and the public in a work setting.

What is your assessment of the claimant's abilities and limitations in dealing with normal pressures in a competitive work setting?

Ms. Smith reported two lifetime episodes of low mood. She said the first during an unwanted divorce was "the worst of the two." She said, "I got counseling. My friends were great. Time passed and it didn't hurt

as much.” She said the second episode spanning three years “is still with me all the time,” but milder. She said Zoloft through her internist “helps some” and that she has not been referred to behavioral health services. Dr. Smith’s notes reflect quarterly office visits and are consistent with Ms. Smith’s report of no behavioral health referral. Ms. Smith said she never has received intensive services such as psychiatric hospitalization. She said when working, “It went along with the job” to adjust to customer volume surges and to unexpected short staff. She said neither the past counselor nor Dr. Smith ever told her working worsens her depression. Her affect here brightened when she talked about her children and best friend. She reported ending work in September 2015 due to “my back and neck.” She did not report ending work due to psychiatric factors. She is able to respond appropriately to work pressures in a work setting.

Functional Assessment Sample 2

What is your assessment of the claimant’s abilities and limitations in understanding, carrying out, and remembering instructions, both one-step and complex?

Available Toledo Public Schools records at Mr. Jones’s age 14 reflect WISC-III V64 P63 FS63, commensurate teacher and parent Vineland ratings, commensurate school psychologist classroom observations, and school psychologist conclusion “Mild MR” (IDD). Consistent with school intellectual and adaptive data from the developmental period, Mr. Smith produced WAIS-IV VCI=63 PRI=61 FS=60 here. Mr. Jones carried out my instructions for simple immediate actions including “go through that doorway straight ahead” and “please have a seat in the blue chair.” When asked why we lock doors at night, he said, “to be safe.” When asked what to do in an emergency, he said, “Call 911.” When I held the office phone console out instructing, “Point to the buttons you’d push for 911,” he scanned the buttons 15 seconds and then said, “Can’t find ‘em.” School records, current WAIS-IV findings, and current non-test observations converge in support of IDD range functioning. He is able to understand and apply spoken one-step instructions for an immediate action. He is unable, however, to transfer simple familiar knowledge to a simple novel context. In the workplace, even minor irregularities in a familiar simple task will derail him from carrying it out. Though adults generally are able to solve such simple work problems independently, were someone to move a box slightly from where Mr. Jones expects it, he would need supervisory assistance to recognize it. He is unable to learn and reason as needed to carry out simple assignments in a work setting.

What is your assessment of the claimant’s abilities and limitations in sustaining concentration and persisting in work-related activity at a reasonable pace?

Toledo Public Schools ETR at age 14 portrays Mr. Jones distracting peers, and requiring close oversight to attend to tasks. During evaluation here, his manner was off-hand and disinterested despite the high-stakes nature of the evaluation. He introduced irrelevant topics including his ceramic animal collection, “we’re going to Dollar General,” and his favorite movie. A work supervisor under competitive conditions would not have time to redirect Mr. Jones to task each time his attention wanders to irrelevant preoccupations. His need for supervision exceeds competitive workplace resources. School records, current non-test behavioral observations, and current valid WAIS-IV PSI=62 all support work pace so slow it will fall below minimum workplace needs.

What is your assessment of the claimant’s abilities and limitations in maintaining effective social interaction on a consistent and independent basis, with supervisors, co-workers, and the public?

Mr. Jones told me he had “lots of friends” in school. School records portray him as rejected by special education peers and easily exploited by higher functioning same-age students. Here Mr. Jones presented as grossly naïve and excessively friendly. After the examination, he announced to reception staff that he wants to live here (outpatient psychology practice). His social deficiencies arise from intellectual deficit and are intractable. With intervention, he may not repeat a specific inappropriate remark, but another inappropriate remark or inappropriate social interpretation will replace it. Mr. Jones is unable to maintain effective workplace social interaction with coworkers.

What is your assessment of the claimant’s abilities and limitations in dealing with normal pressures in a competitive work setting?

Toledo Public Schools records reflect adaptive functioning in the Intellectual Developmental Disorder

range with educational goals at 18 including recognizing safety signage and telling time to the half hour on a digital clock. Post-secondary goals did not include independent living or competitive employment. Here he acted against his own best interests by over-reporting abilities. Mr. Jones does not retain mental ability to acquire or maintain basic resources like food and clothing, to monitor and allocate time, to sequence and complete routine domestic actions, or to troubleshoot when simple barriers emerge. He lacks ability to conduct the series of simple domestic actions needed to prepare for work. Were a ride to fall through, he lacks cognitive ability to arrange alternative transportation or to notify work of delay. He lacks ability for the simple home and community functioning prerequisite for work. He is unable to deal with normal pressures in a competitive work setting.