

Developing SSI/SSDI Applications for Individuals with Long COVID

CONSIDERATIONS FOR THE MEDICAL SUMMARY REPORT AND CASE DEVELOPMENT

This resource is a supplement to the Medical Summary Report (MSR) Interview Guide and Template and a tool for case development. It provides guidance for working with individuals who are experiencing symptoms of Long COVID and includes sample questions that may be helpful in your interviews. While Long COVID is not a condition specified in SSA's Listing of Impairments, SSA has issued instructions to its employees about how an allegation or diagnosis of COVID-19 should be evaluated when determining disability.

Basic Facts About Long COVID

Before your first applicant interview, familiarize yourself with some facts about COVID-19 infection and Long COVID. This will help inform your interviews so that the MSR includes details about the about the applicant's impairments both pre- and post-COVID-19 diagnosis.

What is Long COVID?

- Long COVID is a wide range of new, returning, or ongoing health conditions which people can experience four or more weeks after contracting COVID-19.
- Long COVID symptoms vary from person to person and may be present for different lengths of time.
- Studies demonstrate that symptoms of long COVID, like other post-viral conditions, can be far-reaching, involving multiple organ systems and exacerbating preexisting conditions.
- Symptoms can vary in severity, be disruptive to activities of daily living, and present without positive findings on diagnostic testing.
- People may not realize they are experiencing symptoms of Long COVID because their doctors don't understand the condition, or the individual lacked access to proper medical care.
- Long COVID is now a condition protected by the [Americans with Disability Act \(ADA\)](#).

Who can get Long COVID?

- Long COVID can be experienced by anyone who has had COVID-19, even if it was a mild or asymptomatic infection.
- People experiencing homelessness are at an increased risk of severe illness from COVID-19 due to higher rates of chronic illnesses compared to the general population.
- The burden of this illness has also disproportionately impacted Black, Indigenous, Latino and Hispanic communities in the U.S. due to social and health inequities¹.

¹ [Vulnerable Populations | COVID-19 Pandemic Response Resources \(nlc.org\)](#)

What are the symptoms of Long COVID?

People with Long COVID encounter a range of new or ongoing symptoms in the weeks or months after first contracting the COVID-19 virus. Individuals commonly report experiencing different combinations of the following symptoms:

- Anxiety or depression
- Changes in smell or taste
- Chest pain
- Coagulopathy (prolonged/excessive bleeding)
- Cough
- Diabetes or abnormalities in serum glucose (newly developed)
- Difficulty breathing or shortness of breath
- Difficulty thinking or concentrating (i.e., “brain fog”)
- Dizziness on standing (lightheadedness)
- Edema
- Fever
- Gastrointestinal disturbances or discomfort
- Headaches
- Heart palpitations
- Joint or muscle pain
- Mood changes
- Orthostatic intolerance
- Pins-and-needles feeling
- Rash
- Sleep problems
- Symptoms that get worse after physical or mental activities
- Tinnitus
- Tiredness or fatigue
- Weight loss/malnutrition

Preparing for an Interview

Interviewing applicants who have symptoms of Long COVID will be similar to how you interview other applicants living with complex, multi-systemic, episodic, chronic illnesses.

- Prepare a list of questions that emphasizes signs and symptoms.
- Plan for more but briefer meetings when working with applicants with cognitive/fatigue issues who will need more time to complete the interview process.
- Schedule phone interviews instead of in-person appointments if the applicant experiences fatigue and mobility limitations.
- Send additional reminders since concentrating and remembering appointments is harder with brain fog.
- Invite collateral sources to join the meetings who can help fill in the gaps.
- Ask the applicant what works for them -- they know best.

Gathering Information

The questions below will help you gather information to document Long COVID signs, symptoms, impairments, and treatment evidence. Be overinclusive and submit everything possible with emphasized focus on signs and symptoms.

COVID-19 History and Symptoms

- Have you ever tested positive for COVID-19 (using a rapid point-of-care test, self-test, or laboratory test) or been told by a doctor or other healthcare provider that you have or had COVID-19?
- Did you receive post-COVID care?

- How would you describe your COVID-19 symptoms when they were at their worst (e.g., no symptoms, mild symptoms, moderate symptoms, severe symptoms)?
- Did you have any symptoms lasting 3 months or longer that you did not have before having COVID-19?
- Have you experienced or are you experiencing any long-term symptoms (listed above)?

Recent Employment

- What type of work were you doing prior to your diagnosis? What specific job duties are you limited from performing post-COVID? Do you have difficulty with concentration, oversleeping, insomnia, low-stamina, fatigue, increased need for rest or slower pace?
- Has your employer provided you any accommodations or modifications to your work responsibilities because of those limitations?
- Do you have a supervisor or coworker we could talk to about your difficulty functioning at work?
- When did you start noticing significant changes in how you work and how much work you're able to do? Did you have conversations with your supervisor, colleagues, family, or friends?

Treatment Details (Mental, Physical, Substance Use)

- Where have you received treatment or medical care beginning in January 2020 up until now?
- Did you have any difficulty obtaining medical care for COVID? Were you able to access telehealth or in-person visits? Were you able to access hospital care or were there capacity and availability issues that kept you managing your symptoms at home?
- Were you ever placed in isolation or quarantine (e.g., at a shelter, congregate care facility, isolation hotel/motel rooms, or alternative care site)?
- Did you ever have any examinations or test results (e.g., neuropsychological examination, Functional Capacity Evaluation, Electrocardiogram)?
- Have you described your symptoms to your primary care doctor?
- Did any substance use begin or worsen after contracting COVID?
- What were your physical health conditions and symptoms pre-COVID and post-COVID?
- What were your psychiatric/mental health conditions and symptoms pre-COVID and post-COVID?

Functional Limitations

- Do your long-term symptoms reduce your ability to carry out daily activities compared with the time before you had COVID-19?
- Ask the key questions on the Areas of Mental Functioning from the [Medical Summary Report Interview Guide](#).
- What are your exertional limitations (e.g., sitting, standing, walking, lifting, carrying, pushing/pulling)? Quantify these limitations based on duration, strength, and demands.
- How do you stay organized? How long does it take you to complete basic tasks?
- What are some activities that you could do prior to COVID? What did you like to do (e.g., hobbies, exercise)? How has COVID impacted those activities?

Information from the Social Security Administration (SSA)

Since December 16, 2020, SSA has been “flagging” cases in which there is an allegation of COVID-19 ([EM 20060](#)). On August 9, 2022, SSA issued new instructions via Emergency Message (EM), originally shared on April 16, 2021, to its employees about how an allegation or diagnosis of COVID-19 should be evaluated when determining disability ([EM 21032](#)).

Diagnosis: The EM clarifies that a diagnostic test with a positive result for the virus is not required. This is important given the unreliability and unavailability of testing, particularly at the start of the pandemic. To establish a medically determinable impairment (MDI), SSA needs to see one of the following:

- positive viral test for SARS-CoV-2 (not an antibody test), or
- diagnostic test findings consistent with COVID (e.g., a chest x-ray with lung abnormalities), or
- diagnosis of COVID-19 with signs consistent with COVID (e.g., fever, cough, etc.)

Durational Issues: The COVID-19-related impairment must prevent the claimant from working for at least 12 months (see [SSA’s Definition of Disability](#)). However, SSA will consider more than just long-term COVID symptoms when considering duration. Development of new (e.g., kidney disease) or worsening, (e.g., Chronic obstructive pulmonary disease (COPD)) MDI(s) may also help meet the 12-month duration requirement. Another example would be the rehabilitation period that could be necessary following a period of ventilator therapy.

Listing-Level Severity: SSA must also determine whether the MDI is of “listing level” severity. “COVID-19, on its own, cannot meet a listing, but it may equal a listing as an unlisted impairment or as part of a combination of impairments ([DI 24508.010](#)). COVID-19 may affect respiratory, cardiovascular, renal, neurological, or other body systems. In most cases, the listing relevant to a new MDI(s) caused by COVID-19, or any MDI(s) that has worsened because of COVID-19 will be the appropriate listing to consider.”

For example, Social Security could use the listing for neurocognitive disorders (12.02) to evaluate long-term COVID-19 sufferers who are experiencing cognitive difficulties. Those who have both physical and mental problems could “equal” the listing for traumatic brain injuries.

Symptoms may arise in any system in the body and may change, or come and go, over time. Systems include but are not limited to the cardiovascular, respiratory, gastrointestinal, neurological, musculoskeletal, metabolic, renal, dermatological, otolaryngological, hematological, autonomic systems, and mental systems.

Functional Limitations: If the claimant doesn’t meet or equal a listing, SSA will assess their residual functional capacity (RFC) to determine whether they have any functional limitations caused by symptoms of COVID-19 or any resulting MDI(s). SSA will consider symptoms as well as stamina and endurance when considering whether the applicant can perform sustained work activity. For example, those who were ventilated or hospitalized with severe COVID-19 may suffer from post-intensive care syndrome (PICS). Patients with PICS often suffer from long-term muscle weakness, fatigue, cognitive deficits, and/or mental health issues like anxiety or depression.

Lack of Treatment: The EM does mention lack of treatment in the context of COVID-19 which can be very helpful for SOAR applicants. Citing [POMS DI 24501.021C](#), the EM notes that issues related to the COVID-19 pandemic, (e.g., evictions, medical facility closures, quarantines, job loss, insurance loss, etc.), may affect a person’s ability to seek treatment to minimize symptoms. Disability examiners are instructed to consider whether a person’s lack of treatment is the result of these COVID-19 related issues when evaluating the consistency of their statements with the objective medical evidence.

SOAR Practice Tips

Make Sure a COVID-19 Flag is Present

Include COVID-19 as a medical condition or allegation in an initial claim, request for reconsideration, or hearing request to ensure Field Offices and Workload Support Units add a COVID-19 flag. If the claim is pending at Disability Determination Services (DDS) or with an Administrative Law Judge (ALJ), alert adjudicators that the applicant experiences symptoms related to COVID-19. SSA, DDS, or the Office of Hearings Operations (OHO) can add a flag if it was missed at a previous level and is appropriate to an applicant's claim. Claims with COVID-19 flags will help SSA track and collect data about COVID-19 related disability claims.

Obtain Supportive Medical Evidence

Include physical, mental, and cognitive symptoms of post-COVID syndrome on the Disability Report. Remember, medical records don't always tell the entire story! Statements and other information provided by both medical and non-medical sources should be collected. A description of symptoms from a person familiar with the applicant should be obtained, especially if an impairment prevents them from adequately describing their symptoms. Lack of treatment records may be due to an inability to access medical services during the pandemic. Encourage the applicant to keep going to their doctor or specialists to document their persistent symptoms. Use the Remarks section of the Disability Report to explain the reason the applicant may not have received COVID-19 testing or treatment. If testing has been scheduled, describe the type of testing and specialty area.

- For respiratory issues, get a referral to a pulmonologist who can administer lung function tests.
- For fainting after prolonged sitting or standing, or chest pain, get a referral to a cardiologist.
- For exhaustion after limited activity, they may need to see a rheumatologist.
- For cognitive issues, request a neurological evaluation.

Provide Regular COVID-19 Updates to SSA Decisionmakers

For cases pending at DDS or ALJ levels, provide regular updates related to COVID-19, including testing, treatment, residual symptoms, new limitations, or restrictions. A case may require medical deferment ([DI 25505.035](#)) to determine whether COVID-19, or a new or worsening MDI resulting from COVID-19, meets the 12-month duration requirement.

Resources

- [Join the SAMHSA SOAR TA Center list-serv](#) and [subscribe to SSA updates](#) to stay informed about guidance and best practices related to Long COVID.
- [Centers for Disease Control \(CDC\): Long COVID or Post-COVID Conditions](#)
- [Health and Human Services \(HHS\) Guidance on "Long COVID" as a Disability Under the Americans with Disabilities Act \(ADA\)](#)
- [National League of Cities: Impact of COVID on Vulnerable Populations](#)
- [Substance Abuse and Mental Health Services Administration \(SAMHSA\) COVID-19 Resources](#)
- [SAMHSA Report: Overview of the Impacts of Long COVID on Behavioral Health](#)
- [SSA Emergency Message \(EM\) Evaluating Cases with Coronavirus Disease \(COVID-19\)](#)
- Survivor CORPS: Post COVID Care Center Interactive Map