

SSA Revises Criteria for Evaluating Mental Disorders

On September 26, 2016 the Social Security Administration (SSA) published [new rules](#) updating how they will evaluate mental disorders. We want to reassure you that while this means some changes in how we organize and present evidence, and modifications to our SOAR training, the SOAR TA Center will be working in partnership with you every step of the way to ensure you are fully informed and prepared for this transition.

When do these new rules go into effect?

January 17, 2017

Why is SSA making these changes?

SSA has not fully revised the [Listings for mental disorders](#) since 1990 and proposed these rule changes in November 2010. The new rules reflect advances in medical knowledge, public comments from the 2010 proposal, and updates contained in *the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*.

Listing categories - Effective through January 16, 2017	<u>New</u> listing categories - Effective on January 17, 2017
12.02 Organic mental disorders	12.02 Neurocognitive disorders
12.03 Schizophrenic, paranoid and other psychotic disorders	12.03 Schizophrenia spectrum and other psychotic disorders
12.04 Affective disorders	12.04 Depressive, bipolar, and related disorders
12.05 Intellectual disability	12.05 Intellectual disorder
12.06 Anxiety related disorders	12.06 Anxiety and obsessive-compulsive disorders
12.07 Somatoform disorders	12.07 Somatic symptom and related disorders
12.08 Personality disorders	12.08 Personality and impulse-control disorders
12.09 Substance addiction disorders	12.09 [Removed and reserved]
12.10 Autistic disorder and other pervasive developmental disorders	12.10 Autism spectrum disorder
	12.11 Neurodevelopmental disorders
	12.12 [Reserved]
	12.13 Eating disorders
	12.14 [Reserved]
	12.15 Trauma- and stressor-related disorders

What are the main changes?

1. **Updates to the listing names and the addition of new adult mental disorder listings**
 - a. The titles of the listings will be updated to reflect the terms the American Psychological Association uses to describe the categories of mental disorders in the DSM-5.

- b. Three new adult listings will be added: 12.11 Neurodevelopmental disorders (conditions characterized by an onset in childhood/adolescence); 12.13 Eating disorders; and 12.15 Trauma- and stressor-related disorders (e.g. PTSD).
- c. The listing for [substance addiction disorders \(12.09\)](#) will be removed, as individuals cannot be approved solely based on a substance use disorder and this listing only refers to medical criteria in other listings. The rules about materiality of co-occurring substance use disorders remain the same.

2. Changes to the four areas of functioning

- a. You’ll remember that the four areas of functioning are the “B” criteria in the mental disorder listings.
- b. The new four areas of functioning will be: 1) Understand, remember, or apply information; 2) Interact with others; 3) Concentrate, persist, or maintain pace; and 4) Adapt or manage oneself.
- c. Activities of daily living (ADLs) will no longer be a separate category, and SSA will be viewing ADLs as a primary source of information about all four of the areas of functioning. *For instance, difficulties in an ADL task may result from difficulty in understanding what to do, trouble concentrating on the task at hand, being unable to engage in the task around others, or becoming so frustrated in the task that the person loses self-control in the situation.*
- d. Similarly, episodes of decompensation will also no longer be a separate area of functioning; however, SSA will continue to consider exacerbations and remissions in the applicant’s conditions in the context of how they affect the applicant’s ability to function on a regular and continuing basis, defined as 8 hours a day, 5 days a week, or an equivalent work schedule.
- e. SSA will add clarification that the greatest degree of limitation in any part of areas 1, 3, or 4 will be the degree of limitation for that whole area of functioning. *For example, if an applicant has “marked” limitations in ability to concentrate, but “mild” limitations in ability to persist or pace, the applicant will receive a “marked” rating for area 3 of functioning.*

B Criteria – Effective through January 16, 2017	<u>New</u> B Criteria – Effective on January 17, 2017
Activities of Daily Living	Understand, Remember, or Apply Information
Social Functioning	Interact with Others
Concentration, Persistence, or Pace	Concentrate, Persist, or Maintain Pace
Episodes of Decompensation	Adapt or Manage Oneself

3. **Updated criteria for the evaluation of intellectual disorders (currently the [Intellectual Disability listing 12.05](#))**
 - a. The revised criteria will be very similar to the DSM-5 definition for intellectual disability and focuses on three main elements: significant limitations in general intellectual functioning, significant deficits in adaptive functioning, and evidence that the disorder began before age 22.
 - b. For individuals who are able to take a standardized intelligence test, the revised criteria requires the applicant to have either a full scale IQ score of 70 or below, or a full scale IQ score of 71 through 75 accompanied by a verbal or performance IQ score of 70 or below. *This listing will no longer have categories for IQ scores lower than 70, as they will be encompassed in this definition.*
 - c. The new listing 12.11 for neurodevelopmental disorders will identify claimants with cognitive impairments that result in marked or extreme functional limitations but do not satisfy the criteria for intellectual disorders.

4. **New emphasis on the importance of social workers, case managers, and outreach workers in providing longitudinal evidence about functional impairments**
 - a. SSA explicitly recognizes that individuals experiencing homelessness may have difficulty in providing longitudinal evidence.
 - b. Community service providers may have evidence of the effects of mental illness on an applicant's functioning even if the applicant has not had an ongoing relationship with the medical community or is not currently receiving treatment.
 - c. This is what SOAR providers do best!

What SOAR materials have been updated?

- **[SOAR Online Course](#)**
 - Articles related to mental disorder listings and functional areas
 - Practice Case study progress notes to include additional functional information
- **[SOAR Tools](#)**
 - MSR Interview Guide and Template, Identifying Applicants, Quality Review Checklist, Sample MSRs, Sample OTR Request, etc.
- **Training Slides**
 - SOAR Fundamentals slides for SOAR Leaders
 - NEW training slides on mental disorder listings and functional information changes – *this is perfect for a short re-training for current SOAR providers on the changes*

The full text of the rule can be found [here](#).