

25TH ANNUAL HUNTINGTON'S DISEASE CONFERENCE

**WHEN DOES DISABILITY BEGIN-
EMPLOYMENT TO DISABILITY**

Friday, June 25, 2010

1:00pm to 2:30pm

**PRESENTATION
PRESENTED
BY**

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HOW DOES SOMEONE QUALIFY FOR SOCIAL SECURITY DISABILITY BENEFITS WITH A DIAGNOSIS OF HUNTINGSTON'S DISEASE

Please refer to your handout package

**THE SOCIAL SECURITY
LISTING
REQUIREMENTS FOR
HUNTINGTON'S CHOREA**

**(AS STATED IN THE SOCIAL
SECURITY BLUE BOOK: LISTINGS
FOR ADULT IMPAIRMENTS)**

11.17 *Degenerative disease not listed elsewhere, such as Huntington's Chorea, Friedreich's ataxia, and spino-cerebellar degeneration. With:*

- A. Disorganization of motor function as described in 11.04B; or
- B. Chronic brain syndrome. Evaluate under 12.02.

11.17 A

1.04B. Significant and persistent disorganization of motor function in two extremities, resulting in sustained disturbance of gross and dexterous movements, or gait and station (see 11.00C).

11.00C. *Persistent disorganization of motor function* in the form of paresis or paralysis, tremor or other involuntary movements, ataxia and sensory disturbances (any or all of which may be due to cerebral, cerebellar, brain stem, spinal cord, or peripheral nerve dysfunction) which occur singly or in various combinations, frequently provides the sole or partial basis for decision in cases of neurological impairment. The assessment of impairment depends on the degree of interference with locomotion and/or interference with the use of fingers, hands and arms.

11.17B

12.02 *Organic mental disorders:*

Psychological or behavioral abnormalities associated with a dysfunction of the brain.

History and physical examination or laboratory tests demonstrate the presence of a specific organic factor judged to be etiologically related to the abnormal mental state and loss of previously acquired functional abilities.

The required level of severity for these disorders is met when the requirements in both A and B are satisfied, or when the requirements in C are satisfied.

A. Demonstration of a loss of specific cognitive abilities or affective changes and the medically documented persistence of at least one of the following:

1. Disorientation to time and place; or
2. Memory impairment, either short-term (inability to learn new information), intermediate, or long-term (inability to remember information that was known sometime in the past); or
3. Perceptual or thinking disturbances (e.g., hallucinations, delusions); or
4. Change in personality; or
5. Disturbance in mood; or
6. Emotional lability (e.g., explosive temper outbursts, sudden crying, etc.) and impairment in impulse control; or
7. Loss of measured intellectual ability of at least 15 I.Q. points from premorbid levels or overall impairment index clearly within the severely impaired range on neuropsychological testing, e.g., Luria-Nebraska, Halstead-Reitan, etc;

AND

B. Resulting in at least two of the following:

1. Marked restriction of activities of daily living; or
2. Marked difficulties in maintaining social functioning; or
3. Marked difficulties in maintaining concentration, persistence, or pace; or
4. Repeated episodes of decompensation, each of extended duration;

OR

C. Medically documented history of a chronic organic mental disorder of at least 2 years' duration that has caused more than a minimal limitation of ability to do basic work activities, with symptoms or signs currently attenuated by medication or psychosocial support, and one of the following:

1. Repeated episodes of decompensation, each of extended duration; or
2. A residual disease process that has resulted in such marginal adjustment that even a minimal increase in mental demands or change in the environment would be predicted to cause the individual to decompensate; or
3. Current history of 1 or more years' inability to function outside a highly supportive living arrangement, with an indication of continued need for such an arrangement.

**As you can see, it's a
complicated formula to qualify
for benefits**

**You might want to get some
help with your claim.**

**PLEASE COME BACK FOR THE
CONTINUATION OF OUR TALK ON
SOCIAL SECURITY DISABILITY.**

**AT 2:30PM WILL WILL CONTINUE WITH
SOCIAL SECURITY DISABILITY
STRATEGIES**

YOU WON'T WANT TO MISS IT!