



Appendix E – NH DDU Disability MERS

Claimant Name:

Case Number:

APTD MEDICAL ELIGIBILITY REVIEW SUMMARY

Reviewer's name:
Date:

1. Date of Birth:

2. APTD Application Date:

3. Requested to attend CE(s)? [] Yes. [] No.

4. Attended and cooperated with all Consultative Examination(s)? [] Yes. [] No. [] n/a.

5. Impairment List

Table with 4 columns: Impairment/s-Alleged, Step II status, Impairment/s-Confirmed, Step II status. Multiple empty rows.

THE FIVE STEP SEQUENTIAL EVALUATION

STEP I: DOES THE APPLICANT PERFORM SUBSTANTIAL GAINFUL ACTIVITY (SGA)?

[] No. [] Yes.

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**STEP II: IS THE INDIVIDUAL LIMITED BY HIS/HER IMPAIRMENT OR COMBINATION OF IMPAIRMENTS?
(Diminimis standard) ***

Is the individual limited by his/her impairment or combination of impairments? An impairment can be considered as not severe only if it is a slight abnormality which has such a minimal effect on the individual that it would not be expected to interfere with the individual's ability to work. Examples of these are walking, standing, sitting lifting, pushing, pulling, reaching, carrying or handling; seeing, hearing, and speaking; understanding, carrying out, and remembering simple instructions; use of judgment, responding appropriately to supervision, coworkers, and usual work situations; and dealing with changes in a routine work setting. [Pain may be a contributing factor to the applicant's ability to perform SGA.](#)

Yes.

No.

Severity /duration Rationale (document any impairment being stopped at step II):

STEP III: DOES THE IMPAIRMENT OR COMBINATION OF IMPAIRMENTS MEET OR EQUAL A SSI LISTING?

Yes. No. Obtain RFC(s). (duration is NOT addressed at step III if no listing level impairment is found)

Listings considered:

Disability Onset date and rationale:

DURATION - Has the impairment lasted or is expected to last 48 continuous months or result in death?

Yes. Document rationale.

No. Document rationale. Obtain RFC(s).

Duration rationale:

OR

Defer to voc for approval. Do not provide any listing sheets. Forward to obtain a RFC(s).



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VOCATIONAL REVIEW WORKSHEET

Education:	Literacy in any Language:	SSDI age:
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Physical RFC	<input type="checkbox"/> Sedentary	<input type="checkbox"/> Light	<input type="checkbox"/> Medium	<input type="checkbox"/> Projected
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Mental RFC	<input type="checkbox"/> work impairments	<input type="checkbox"/> no work impairments	<input type="checkbox"/> Projected
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PREVIOUS RELEVANT WORK (SGA Only Work)

Job Title (per Form 177)	Dates	SVP	Phys Demands	DOT #

IF APPLICANT IS UNABLE TO RETURN TO WORK WITH CURRENT RFC, ESTABLISH AN ONSET DATE AND ASSESS STEP IV AND V BASED ON DURATION USING PROJECTED RFC.

Projected RFC YES NO

Onset date of work impairment (if needed) with rationale:

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APTD VOCATIONAL REVIEW

STEP IV: IS THE CLAIMANT CAPABLE OF PAST RELEVANT WORK (WITHIN PAST 15 YRS.)?

- Yes. Document rationale in text box below. Case is a denial. Review is complete.
- No. Document rationale in text box below. Continue to STEP V.

STEP V: IS THE CLAIMANT CAPABLE OF OTHER WORK? UTILIZE "GRID" RULING IF APPLICABLE.

- Yes. Document rationale in text box below. Case is an APTD denial. Review is complete.
- No. Document rationale in text box below. Case is an APTD approval. Review is complete.

Occupational Category	SVP	PHYS DEMANDS	Job Title	DOT #	# in NH	# in MA

Transferable Skills from PRW (if needed)

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1.	4.
2.	5.
3.	6.

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Claimant Name:

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Summary:

STEP 1: The applicant is performing substantial gainful activity. YES NO

STEP 2: The applicant has an impairment that more than minimally impacts his/her ability to perform basic work activities. YES NO

STEP 3: The applicant has an impairment that meets/equals a listing in the "Blue Book" AND meets the duration requirement set forth in RSA 167:6, VI. YES NO Defer to Voc

STEP 4: The applicant is able to return to previous relevant work within 48 months of the onset of the severe impairment. YES NO

STEP 5: The applicant is able to perform other work within 48 months of the onset of the severe impairment. YES NO

We recommend that the applicant be: **APPROVED** **DENIED**

Next review date: _____

Reviewer Signature:	Date:
Signature VOC:	Date:
Signature PRT:	Date:
Signature MRT:	Date:

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Claimant Name:

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ANB MEDICAL ELIGIBILITY REVIEW SUMMARY

Reviewer's name:

Date:

1. Date of Birth:

2. ANB Application Date:

3. Requested to attend CE(s)? Yes. No.

4. Attended and cooperated with all Consultative Examination(s)? Yes. No. n/a.

5. Impairment List

Impairment/s-alleged	Step II Status	Impairment/s-confirmed	Step II Status

STEP I: IS THE APPLICANT CURRENTLY WORKING?

No.

Yes.

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**STEP II: IS THE INDIVIDUAL LIMITED BY HIS/HER IMPAIRMENT OR COMBINATION OF IMPAIRMENTS?
(Diminimis standard) ***

An impairment can be considered as not severe only if it is a slight abnormality which has such a minimal effect on the individual that it would not be expected to interfere with the individual's ability to work. Examples of these are walking, standing, sitting lifting, pushing, pulling, reaching, carrying or handling; seeing, hearing, and speaking; understanding, carrying out, and remembering simple instructions; use of judgment, responding appropriately to supervision, coworkers, and usual work situations; and dealing with changes in a routine work setting. Pain may be a contributing factor to the applicant's ability to perform SGA.

Yes.

No.

Severity / duration Rationale (document any impairment being stopped at step II):

STEP III: DOES THE IMPAIRMENT OR COMBINATION OF IMPAIRMENTS MEET OR EQUAL A SSI LISTING?

Yes.

No. (Duration is NOT addressed at Step III if no listing level impairment is found)

Listings considered:

Onset date and rational of when impairment met/equaled a listing(s):

DURATION - Has the impairment lasted or is expected to last 48 continuous months or result in death?

Yes. Document rationale.

No. Document rationale. Obtain RFC(s).

Duration rationale (of impairment(s) at listing level):

ANB process stops after STEP III.



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Case Number:

Summary:

STEP 1: Is the applicant currently working? YES NO

STEP 2: The applicant has an impairment that more than minimally impacts his/her ability to perform basic work activities. YES NO

STEP 3: The applicant has an impairment that meets/equals a listing in the “Blue Book” AND meets the duration requirement set forth in RSA 167:6, VI. YES NO

We recommend that the applicant be: **APPROVED** **DENIED**

Next review date: _____

Reviewer Signature:	Date:
Signature PRT:	Date:
Signature MRT:	Date:

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Claimant Name:

Case Number:

MEAD MEDICAL ELIGIBILITY REVIEW SUMMARY

Reviewer's name: Date:

1. Date of Birth:

2. MEAD Application Date:

3. Requested to attend CE(s)? Yes. No.

4. Attended and cooperated with all Consultative Examination(s)? Yes. No. n/a.

5. Impairment List

Impairment/s-Alleged	Step II status	Impairment/s-Confirmed	Step II status

THE FIVE STEP SEQUENTIAL EVALUATION

STEP I: DOES THE APPLICANT PERFORM SUBSTANTIAL GAINFUL ACTIVITY (SGA)?

No. Yes.



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**STEP II: IS THE INDIVIDUAL LIMITED BY HIS/HER IMPAIRMENT OR COMBINATION OF IMPAIRMENTS?
(Diminimis standard) ***

Is the individual limited by his/her impairment or combination of impairments? An impairment can be considered as not severe only if it is a slight abnormality which has such a minimal effect on the individual that it would not be expected to interfere with the individual's ability to work. Examples of these are walking, standing, sitting lifting, pushing, pulling, reaching, carrying or handling; seeing, hearing, and speaking; understanding, carrying out, and remembering simple instructions; use of judgment, responding appropriately to supervision, coworkers, and usual work situations; and dealing with changes in a routine work setting. Pain may be a contributing factor to the applicant's ability to perform SGA.

Yes.

No.

Severity /duration Rationale (document any impairment being stopped at step II):

STEP III: DOES THE IMPAIRMENT OR COMBINATION OF IMPAIRMENTS MEET OR EQUAL A SSI LISTING?

Yes.

No. Obtain RFC(s). (duration is NOT addressed at step III if no listing level impairment is found)

Listings considered:

Disability Onset date and rationale:

DURATION - Has the impairment lasted or is expected to last 48 continuous months or result in death?

Yes. Document rationale.

No. Document rationale. Obtain RFC(s).

Duration rationale:

OR

Defer to voc for approval. Do not provide any listing sheets. Forward to obtain a RFC(s).



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Claimant Name:

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VOCATIONAL REVIEW WORKSHEET

Education:	Literacy in any Language:	SSDI age:
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Physical RFC	<input type="checkbox"/> Sedentary	<input type="checkbox"/> Light	<input type="checkbox"/> Medium	<input type="checkbox"/> Projected
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Mental RFC	<input type="checkbox"/> work impairments	<input type="checkbox"/> no work impairments	<input type="checkbox"/> Projected
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PREVIOUS RELEVANT WORK (SGA Only Work)

Job Title (per Form 177)	Dates	SVP	Phys Demands	DOT #

IF APPLICANT IS UNABLE TO RETURN TO WORK WITH CURRENT RFC, ESTABLISH AN ONSET DATE AND ASSESS STEP IV AND V BASED ON DURATION USING PROJECTED RFC.

Projected RFC YES NO

Onset date of work impairment (if needed) with rationale:



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APTD VOCATIONAL REVIEW

STEP IV: IS THE CLAIMANT CAPABLE OF PAST RELEVANT WORK (WITHIN PAST 15 YRS.)?

- Yes. Document rationale in text box below. Case is a denial. Review is complete.
- No. Document rationale in text box below. Continue to STEP V.

STEP V: IS THE CLAIMANT CAPABLE OF OTHER WORK? UTILIZE "GRID" RULING IF APPLICABLE.

- Yes. Document rationale in text box below. Case is an APTD denial. Review is complete.
- No. Document rationale in text box below. Case is an APTD approval. Review is complete.

Occupational Category	SVP	PHYS DEMANDS	Job Title	DOT #	# in NH	# in MA

Transferable Skills from PRW (if needed)	
1.	4.
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Claimant Name:

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Summary:

STEP 1: The applicant is performing substantial gainful activity. YES NO

STEP 2: The applicant has an impairment that more than minimally impacts his/her ability to perform basic work activities. YES NO

STEP 3: The applicant has an impairment that meets/equals a listing in the “Blue Book” AND meets the duration requirement set forth in RSA 167:6, VI. YES NO Defer to Voc

STEP 4: The applicant is able to return to previous relevant work within 48 months of the onset of the severe impairment. YES NO

STEP 5: The applicant is able to perform other work within 48 months of the onset of the severe impairment. YES NO

We recommend that the applicant be: **APPROVED** **DENIED**

Next review date: _____

Reviewer Signature:	Date:
Signature VOC:	Date:
Signature PRT:	Date:
Signature MRT:	Date:

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HC-CSD MEDICAL ELIGIBILITY REVIEW SUMMARY

Reviewer's name:

Date:

Date of Birth:

HC-CSD Application Date:

Initial Review Other

Impairment List

Impairment/s-Alleged	Step II status	Impairment/s-Confirmed	Step II status

THE FOUR STEP SEQUENTIAL EVALUATION

STEP I: DOES THE CHILD PERFORM SUBSTANTIAL GAINFUL ACTIVITY (SGA)?

(If you are working. If you are working and the work you are doing is substantial gainful activity, we will find that you are not disabled regardless of your medical condition or age, education, or work experience.)

No.

Yes.

STEP II: IS THE CHILD'S MEDICALLY DETERMINABLE IMPAIRMENT(S) SEVERE?

(You must have a medically determinable impairment(s) that is severe. If you do not have a medically determinable impairment, or your impairment(s) is a slight abnormality or a combination of slight abnormalities that causes no more than minimal functional limitations, we will find that you do not have a severe impairment(s) and are, therefore, not disabled)

Yes.

No.

Severity Rationale (document any impairment being stopped at step II):

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STEP III: DOES THE CHILD'S IMPAIRMENT(S) MEET, MEDICALLY EQUAL, OR FUNCTIONALLY EQUAL THE LISTINGS? (ATTACH LISTINGS)

Your impairment(s) must meet, medically equal, or functionally equal the listings. An impairment(s) causes marked and severe functional limitations if it meets or medically equals the severity of a set of criteria for an impairment in the listings, or if it functionally equals the listings.

If your impairment(s) does not meet the duration requirement, or does not meet, medically equal, or functionally equal the listings, we will find that you are not disabled.

Listings considered:

1. DOES THE IMPAIRMENT OR COMBINATION OF IMPAIRMENTS MEET A SSI LISTING?

Yes. No. See MRT Summary.

2. DOES THE IMPAIRMENT OR COMBINATION OF IMPAIRMENTS MEDICALLY EQUAL A SSI LISTING?

If you have an impairment(s) that is not described in the Listing of Impairments in appendix 1 of subpart P of part 404 of this chapter, we will compare your findings with those for closely analogous listed impairments. If the findings related to your impairment(s) are at least of equal medical significance to those of a listed impairment, we will find that your impairment(s) is medically equivalent to the analogous listing.

If you have a combination of impairments, no one of which meets a listing described in the Listing of Impairments in appendix 1 of subpart P of part 404 of this chapter (see §416.925(c)(3)), we will compare your findings with those for closely analogous listed impairments. If the findings related to your impairments are at least of equal medical significance to those of a listed impairment, we will find that your combination of impairments is medically equivalent to that listing.

Yes. No. See MRT Summary.

3. DOES THE IMPAIRMENT OR COMBINATION OF IMPAIRMENTS FUNCTIONALLY EQUAL A SSI LISTING?

(If you have a severe impairment or combination of impairments that does not meet or medically equal any listing, we will decide whether it results in limitations that functionally equal the listings. By "functionally equal the listings," we mean that your impairment(s) must be of listing-level severity; *i.e.*, it must result in "marked" limitations in two domains of functioning or an "extreme" limitation in one domain. We will assess the functional limitations caused by your impairment(s); *i.e.*, what you cannot do, have difficulty doing, need help doing, or are restricted from doing because of your impairment(s). When we make a finding regarding functional equivalence, we will assess the interactive and cumulative effects of all of the impairments for which we have evidence, including any impairments you have that are not "severe.")

Yes. No. See MRT Summary.



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<input type="checkbox"/>	OTHER (Specify) _____	(Explained in MRT Summary)
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3A. DOMAIN EVALUATIONS

1. Acquiring and using information:	No limitation	less than marked	marked	extreme
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Examples of limited functioning in acquiring and using information.** The following examples describe some limitations we may consider in this domain. Your limitations may be different from the ones listed here. Also, the examples do not necessarily describe a “marked” or “extreme” limitation. Whether an example applies in your case may depend on your age and developmental stage; e.g., an example below may describe a limitation in an older child, but not a limitation in a younger one. As in any case, your limitations must result from your medically determinable impairment(s). However, we will consider all of the relevant information in your case record when we decide whether your medically determinable impairment(s) results in a “marked” or “extreme” limitation in this domain.

- (i) You do not demonstrate understanding of words about space, size, or time; e.g., in/under, big/little, morning/night.
- (ii) You cannot rhyme words or the sounds in words.
- (iii) You have difficulty recalling important things you learned in school yesterday.
- (iv) You have difficulty solving mathematics questions or computing arithmetic answers.
- (v) You talk only in short, simple sentences and have difficulty explaining what you mean.

Evidence supporting rating:

2. Attending and Completing Tasks:	No limitation	less than marked	marked	extreme
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Examples of limited functioning in attending and completing tasks. The following examples describe some limitations we may consider in this domain. Your limitations may be different from the ones listed here. Also, the examples do not necessarily describe a “marked” or “extreme” limitation. Whether an example applies in your case may depend on your age and developmental stage; e.g., an example below may describe a limitation in an older child, but not a limitation in a younger one. As in any case, your limitations must result from your medically determinable impairment(s). However, we will consider all of the relevant information in your case record when we decide whether your medically determinable impairment(s) results in a “marked” or “extreme” limitation in this domain.

- (i) You are easily startled, distracted, or overreactive to sounds, sights, movements, or touch.
- (ii) You are slow to focus on, or fail to complete activities of interest to you, e.g., games or art projects.
- (iii) You repeatedly become sidetracked from your activities or you frequently interrupt others.
- (iv) You are easily frustrated and give up on tasks, including ones you are capable of completing.
- (v) You require extra supervision to keep you engaged in an activity.

Evidence supporting rating:



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3. Interacting and Relating With Others: **No limitation** **less than marked** **marked** **extreme**

Examples of limited functioning in interacting and relating with others. The following examples describe some limitations we may consider in this domain. Your limitations may be different from the ones listed here. Also, the examples do not necessarily describe a “marked” or “extreme” limitation. Whether an example applies in your case may depend on your age and developmental stage; e.g., an example below may describe a limitation in an older child, but not a limitation in a younger one. As in any case, your limitations must result from your medically determinable impairment(s). However, we will consider all of the relevant information in your case record when we decide whether your medically determinable impairment(s) results in a “marked” or “extreme” limitation in this domain.

- (i) You do not reach out to be picked up and held by your caregiver.
- (ii) You have no close friends, or your friends are all older or younger than you.
- (iii) You avoid or withdraw from people you know, or you are overly anxious or fearful of meeting new people or trying new experiences.
- (iv) You have difficulty playing games or sports with rules.
- (v) You have difficulty communicating with others; e.g., in using verbal and nonverbal skills to express yourself, carrying on a conversation, or in asking others for assistance.
- (vi) You have difficulty speaking intelligibly or with adequate fluency.

Evidence supporting rating:

4. Moving About and Manipulating Objects: **No limitation** **less than marked** **marked** **extreme**

Examples of limited functioning in moving about and manipulating objects. The following examples describe some limitations we may consider in this domain. Your limitations may be different from the ones listed here. Also, the examples do not necessarily describe a “marked” or “extreme” limitation. Whether an example applies in your case may depend on your age and developmental stage; e.g., an example below may describe a limitation in an older child, but not a limitation in a younger one. As in any case, your limitations must result from your medically determinable impairment(s). However, we will consider all of the relevant information in your case record when we decide whether your medically determinable impairment(s) results in a “marked” or “extreme” limitation in this domain.

- (i) You experience muscle weakness, joint stiffness, or sensory loss (e.g., spasticity, hypotonia, neuropathy, or paresthesia) that interferes with your motor activities (e.g., you unintentionally drop things).
- (ii) You have trouble climbing up and down stairs, or have jerky or disorganized locomotion or difficulty with your balance.
- (iii) You have difficulty coordinating gross motor movements (e.g., bending, kneeling, crawling, running, jumping rope, or riding a bike).
- (iv) You have difficulty with sequencing hand or finger movements.



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(v) You have difficulty with fine motor movement (e.g., gripping or grasping objects).

(vi) You have poor eye-hand coordination when using a pencil or scissors.

Evidence supporting rating:

5. Caring For Yourself:	No limitation	less than marked	marked	extreme
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Examples of limited functioning in caring for yourself. The following examples describe some limitations we may consider in this domain. Your limitations may be different from the ones listed here. Also, the examples do not necessarily describe a “marked” or “extreme” limitation. Whether an example applies in your case may depend on your age and developmental stage; e.g., an example below may describe a limitation in an older child, but not a limitation in a younger one. As in any case, your limitations must result from your medically determinable impairment(s). However, we will consider all of the relevant information in your case record when we decide whether your medically determinable impairment(s) results in a “marked” or “extreme” limitation in this domain.

(i) You continue to place non-nutritive or inedible objects in your mouth.

(ii) You often use self-soothing activities showing developmental regression (e.g., thumbsucking, re-chewing food), or you have restrictive or stereotyped mannerisms (e.g., body rocking, headbanging).

(iii) You do not dress or bathe yourself appropriately for your age because you have an impairment(s) that affects this domain.

(iv) You engage in self-injurious behavior (e.g., suicidal thoughts or actions, self-inflicted injury, or refusal to take your medication), or you ignore safety rules.

(v) You do not spontaneously pursue enjoyable activities or interests.

(vi) You have disturbance in eating or sleeping patterns.

Evidence supporting rating:

6. Health and Physical Well-Being:	No limitation	less than marked	marked	extreme
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Examples of limitations in health and physical well-being. The following examples describe some limitations we may consider in this domain. Your limitations may be different from the ones listed here. Also, the examples do not necessarily describe a “marked” or “extreme” limitation. Whether an example applies in your case may depend on your age and developmental stage; e.g., an example below may describe a limitation in an older child, but not a limitation in a younger one. As in any case, your limitations must result from your medically determinable impairment(s). However, we will consider all of the relevant information in your case record when we decide whether your medically determinable impairment(s) results in a “marked” or “extreme” limitation in this domain.

(i) You have generalized symptoms, such as weakness, dizziness, agitation (e.g., excitability), lethargy (e.g., fatigue or loss of energy or stamina), or psychomotor retardation because of your impairment(s).

(ii) You have somatic complaints related to your impairments (e.g., seizure or convulsive activity, headaches, incontinence, recurrent infections, allergies, changes in weight or eating habits, stomach discomfort, nausea, headaches, or insomnia).



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(iii) You have limitations in your physical functioning because of your treatment (e.g., chemotherapy, multiple surgeries, chelation, pulmonary cleansing, or nebulizer treatments).

(iv) You have exacerbations from one impairment or a combination of impairments that interfere with your physical functioning.

(v) You are medically fragile and need intensive medical care to maintain your level of health and physical well-being.

Evidence supporting rating:

3B. Definition of Marked and Extreme Limitations.

Marked limitation See POMS DI 25225.020B (20 CFR 416.926a(e)(2)).

The impairment(s) **interferes seriously** with the child's ability to independently initiate, sustain, or complete domain-related activities. Day-to-day functioning may be seriously limited when the child's impairment(s) limits only one activity or when the interactive and cumulative effects of the child's impairment(s) limit several activities.

- "More than moderate" but "less than extreme" limitation (i.e., the equivalent of functioning we would expect to find on standardized testing with scores that are at least two, but less than three, standard deviations below the mean), or
- Up to attainment age 3, functioning at a level that is more than one-half but not more than two-thirds of the child's chronological age when there are no standard scores from standardized tests in the case record, or
- At any age, a valid score that is two standard deviations or more below the mean, but less than three standard deviations, on a comprehensive standardized test designed to measure ability or functioning in that domain, and the child's day-to-day functioning in domain-related activities is consistent with that score.

For the "**Health and Physical Well-Being**" domain, we may also find a "marked" limitation if the child is frequently ill or has frequent exacerbations that result in significant, documented symptoms, or signs. For purposes of this domain, "frequent" means episodes of illness or exacerbations that occur on an average of 3 times a year, or once every 4 months, each lasting 2 weeks or more.

We may also find a "marked" limitation if a child has episodes that:

- Occur more often than 3 times in a year or once every 4 months but do not last for 2 weeks, or
- Occur less often than an average of 3 times a year or once every 4 months but last longer than 2 weeks, if the overall effect (based on the length of the episode(s) or its frequency) is equivalent in severity.

Extreme limitation See POMS DI 25225.020C (20 CFR 416.926a (e) (3)).

The impairment(s) **interferes very seriously** with the child's ability to independently initiate, sustain, or complete domain-related activities. Day-to-day functioning may be very seriously limited when the child's impairment(s) limit several activities. "Extreme" describes the worst limitations, but does not necessarily mean a total lack or loss of ability to function.

- "More than marked" limitation (i.e., the equivalent of the functioning we would expect to find on standardized testing with scores that are at least three standard deviations below the mean), or
- Up to attainment of age 3, functioning at a level that is one-half of the child's chronological age or less when there are no standard scores from standardized tests in the case record, or
- At any age, a valid score that is three standard deviations or more below the mean on a comprehensive standardized test designed to measure ability or functioning in a domain, and the child's day-to-day functioning in domain-related activities is consistent with that score.



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For the “**Health and Physical Well-Being**” domain we may also find an “extreme” limitation if the child is ill or has frequent exacerbations that result in significant, documented symptoms or signs substantially in excess of the requirements for showing a “marked” limitation. However, if the child has episodes of illness or exacerbations of the impairment(s) that would rate as “extreme” under this definition, the impairment(s) should meet or medically equal the requirements of a listing in most cases.

Disability Onset date and rationale:

DURATION - Has the impairment lasted or is expected to last 12 continuous months or result in death?

Yes. Document rationale.

No. Document rationale.

Duration rationale:

STEP IV:

Does the child meet the requirements of institutional level of care in accordance with RSA 167:3-g? "Degree of care" means the level of intensity or extent of medical care, treatment, or intervention required by the child as determined by the medical setting in which the child is being evaluated. In order to determine the most appropriate degree of care under which to evaluate the child, the joint medical review team shall review:

- (a) The child's medical condition.
- (b) The child's community care needs.

Hospital

1. The joint medical review team shall determine that the degree of care provided by a hospital is appropriate for the child if the following criteria are met:
 - (a) The child requires hospitalization for an indefinite period of time; and
 - (b) Either of the following are met:
 - (1) The child requires a complex care schedule and the use of sophisticated equipment designed to alert caregivers to potential life-threatening problems; or
 - (2) The child has the constant potential for aspiration, respiratory obstruction or arrest, and/or other life threatening complications requiring the need for prompt, recurrent, skilled interventions to sustain life.

Yes.

No.

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Child Name:

Case Number:

Explanation:

Psychiatric Hospital

2. The joint medical review team shall determine that the degree of care provided by a psychiatric hospital is appropriate for the child if all the following criteria are met:
- (a) The child meets the definition of a child with a serious emotional disturbance established by Department of Health and Human Services Notice, dated May 20, 1993, 58 Federal Register 29422 (1993).
 - (b) The child has specific symptoms and functional impairments that require professional and community interventions.
 - (c) The child has problems of a chronic and severe nature requiring an intensive amount of professional supervision which are determined by an inability to function in each of the following major life areas:
 - (1) Family relations.
 - (2) Interpersonal and/or social skills.
 - (3) Educational and/or vocational skills.

Yes. No.

Explanation:

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Case Number:

Nursing Facility

3. The joint medical review team shall determine that the degree of care provided by a nursing facility is appropriate for the child if any one of the following criteria are met:
- (a) The child is dependent on technologically sophisticated medical equipment such as, but not limited to, ventilators, gastrostomy tubes, or central venous lines to sustain life.
 - (b) The child requires observations or judgments more than once per hour throughout a 24-hour period or continuously, to maintain health status.
 - (c) The child requires direct interventions from skilled nursing or skilled rehabilitative professionals to maintain health status.
 - (d) The child is dependent daily on less sophisticated medical equipment such as, but not limited to, catheters, nebulizers, or oxygen to sustain life.
 - (e) The child requires observations and judgments less often than once per hour and not less often than once every 3 hours throughout the 24-hour period to maintain health status.
 - (f) The child requires basic nursing and rehabilitative interventions under the direction and supervision of skilled nursing or skilled rehabilitative professionals.

Yes. No.

Explanation:



Child Name:

Case Number:

Intermediate Care Facility for the Intellectually Disabled (ICF)

4. The joint medical review team shall determine that the degree of care provided by an intermediate care facility is appropriate for the child if each of the following criteria are met:
- (a) The child has a developmental disability as defined in RSA 171-A:2, V.
 - (b) The child requires a continuous and pervasive active treatment program throughout the child's daily routine.
 - (c) There is a need for the continuity of treatment to and from all home and community-based settings.
 - (d) Either of the following are met:
 - (1) The child requires continuous medical monitoring for a chronic severe health problem; or
 - (2) The child requires continuous supervision, monitoring, and redirection of behaviors associated with any condition, related to an intellectual disability, that results in impairment of general intellectual functioning or adaptive behavior.

NOTE: RSA 171-A:2, V states the following:

"Developmental disability" means a disability:

(a) Which is attributable to an intellectual disability, cerebral palsy, epilepsy, autism, or a specific learning disability, or any other condition of an individual found to be closely related to an intellectual disability as it refers to general intellectual functioning or impairment in adaptive behavior or requires treatment similar to that required for persons with an intellectual disability; and

(b) Which originates before such individual attains age 22, has continued or can be expected to continue indefinitely, and constitutes a severe disability to such individual's ability to function normally in society.

Yes. No.

Appendix E – NH DDU Disability MERS



Child Name:

Case Number:

Explanation:

Medical Review Team Summary:

Appendix E – NH DDU Disability MERS



Child Name:

Case Number:

Final Determination: **APPROVED** **DENIED**

Next review date: _____

Signature RN:	Date:
Signature MRT:	Date:
Signature PRT:	Date:



Appendix E – NH DDU Disability MERS

Child Name:

Case Number:

**HC-CSD MEDICAL ELIGIBILITY REVIEW SUMMARY
FOR CONTINUING DISABILITY REVIEW
Pursuant to He-W 508.09**

Reviewer's name:

Date:

Date of Birth:

Age at Time of Review:

HC-CSD Review Date:

Previous Listing Considered:

Previous Level of Care: Hospital Psychiatric Hospital Nursing Facility ICF

Impairment List

Impairment/s-Alleged	Step II status	Impairment/s-Confirmed	Step II status

THE FOUR STEP SEQUENTIAL EVALUATION

STEP I: DOES THE CHILD PERFORM SUBSTANTIAL GAINFUL ACTIVITY (SGA)?

(If you are working. If you are working and the work you are doing is substantial gainful activity, we will find that you are not disabled regardless of your medical condition or age, education, or work experience.)

No. Yes.

STEP II: IS THE CHILD'S MEDICALLY DETERMINABLE IMPAIRMENT(S) SEVERE?

(You must have a medically determinable impairment(s) that is severe. If you do not have a medically determinable impairment, or your impairment(s) is a slight abnormality or a combination of slight abnormalities that causes no more than minimal functional limitations, we will find that you do not have a severe impairment(s) and are, therefore, not disabled)

Yes. No.

Severity Rationale (document any impairment being stopped at step II):



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Child Name:

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STEP III: DOES THE CHILD’S IMPAIRMENT(S) MEET, MEDICALLY EQUAL, OR FUNCTIONALLY EQUAL THE LISTINGS? (ATTACH LISTINGS)

Your impairment(s) must meet, medically equal, or functionally equal the listings. An impairment(s) causes marked and severe functional limitations if it meets or medically equals the severity of a set of criteria for an impairment in the listings, or if it functionally equals the listings.

If your impairment(s) does not meet the duration requirement, or does not meet, medically equal, or functionally equal the listings, we will find that you are not disabled.

Listings considered:

1. DOES THE IMPAIRMENT OR COMBINATION OF IMPAIRMENTS MEET A SSI LISTING?

Yes. No. See MRT Summary.

2. DOES THE IMPAIRMENT OR COMBINATION OF IMPAIRMENTS MEDICALLY EQUAL A SSI LISTING?

If you have an impairment(s) that is not described in the Listing of Impairments in appendix 1 of subpart P of part 404 of this chapter, we will compare your findings with those for closely analogous listed impairments. If the findings related to your impairment(s) are at least of equal medical significance to those of a listed impairment, we will find that your impairment(s) is medically equivalent to the analogous listing.

If you have a combination of impairments, no one of which meets a listing described in the Listing of Impairments in appendix 1 of subpart P of part 404 of this chapter (see §416.925(c)(3)), we will compare your findings with those for closely analogous listed impairments. If the findings related to your impairments are at least of equal medical significance to those of a listed impairment, we will find that your combination of impairments is medically equivalent to that listing.

Yes. No. See MRT Summary.

3. DOES THE IMPAIRMENT OR COMBINATION OF IMPAIRMENTS FUNCTIONALLY EQUAL A SSI LISTING?

(If you have a severe impairment or combination of impairments that does not meet or medically equal any listing, we will decide whether it results in limitations that functionally equal the listings. By “functionally equal the listings,” we mean that your impairment(s) must be of listing-level severity; *i.e.*, it must result in “marked” limitations in two domains of functioning or an “extreme” limitation in one domain. We will assess the functional limitations caused by your impairment(s); *i.e.*, what you cannot do, have difficulty doing, need help doing, or are restricted from doing because of your impairment(s). When we make a finding regarding functional equivalence, we will assess the interactive and cumulative effects of all of the impairments for which we have evidence, including any impairments you have that are not “severe.”)

Yes. No. See MRT Summary.



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Child Name:

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OTHER (Specify) _____ (Explained in MRT Summary)

3A. DOMAIN EVALUATIONS

1. Acquiring and using information:	No limitation	less than marked	marked	extreme
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Examples of limited functioning in acquiring and using information.* The following examples describe some limitations we may consider in this domain. Your limitations may be different from the ones listed here. Also, the examples do not necessarily describe a “marked” or “extreme” limitation. Whether an example applies in your case may depend on your age and developmental stage; e.g., an example below may describe a limitation in an older child, but not a limitation in a younger one. As in any case, your limitations must result from your medically determinable impairment(s). However, we will consider all of the relevant information in your case record when we decide whether your medically determinable impairment(s) results in a “marked” or “extreme” limitation in this domain.

- (i) You do not demonstrate understanding of words about space, size, or time; e.g., in/under, big/little, morning/night.
- (ii) You cannot rhyme words or the sounds in words.
- (iii) You have difficulty recalling important things you learned in school yesterday.
- (iv) You have difficulty solving mathematics questions or computing arithmetic answers.
- (v) You talk only in short, simple sentences and have difficulty explaining what you mean.

Evidence supporting rating:

2. Attending and Completing Tasks:	No limitation	less than marked	marked	extreme
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Examples of limited functioning in attending and completing tasks. The following examples describe some limitations we may consider in this domain. Your limitations may be different from the ones listed here. Also, the examples do not necessarily describe a “marked” or “extreme” limitation. Whether an example applies in your case may depend on your age and developmental stage; e.g., an example below may describe a limitation in an older child, but not a limitation in a younger one. As in any case, your limitations must result from your medically determinable impairment(s). However, we will consider all of the relevant information in your case record when we decide whether your medically determinable impairment(s) results in a “marked” or “extreme” limitation in this domain.

- (i) You are easily startled, distracted, or overreactive to sounds, sights, movements, or touch.
- (ii) You are slow to focus on, or fail to complete activities of interest to you, e.g., games or art projects.
- (iii) You repeatedly become sidetracked from your activities or you frequently interrupt others.



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Child Name:

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-
- (iv) You are easily frustrated and give up on tasks, including ones you are capable of completing.
 - (v) You require extra supervision to keep you engaged in an activity.

Evidence supporting rating:

3. Interacting and Relating With Others: **No limitation** **less than marked** **marked** **extreme**

Examples of limited functioning in interacting and relating with others. The following examples describe some limitations we may consider in this domain. Your limitations may be different from the ones listed here. Also, the examples do not necessarily describe a “marked” or “extreme” limitation. Whether an example applies in your case may depend on your age and developmental stage; e.g., an example below may describe a limitation in an older child, but not a limitation in a younger one. As in any case, your limitations must result from your medically determinable impairment(s). However, we will consider all of the relevant information in your case record when we decide whether your medically determinable impairment(s) results in a “marked” or “extreme” limitation in this domain.

- (i) You do not reach out to be picked up and held by your caregiver.
- (ii) You have no close friends, or your friends are all older or younger than you.
- (iii) You avoid or withdraw from people you know, or you are overly anxious or fearful of meeting new people or trying new experiences.
- (iv) You have difficulty playing games or sports with rules.
- (v) You have difficulty communicating with others; e.g., in using verbal and nonverbal skills to express yourself, carrying on a conversation, or in asking others for assistance.
- (vi) You have difficulty speaking intelligibly or with adequate fluency.

Evidence supporting rating:

4. Moving About and Manipulating Objects: **No limitation** **less than marked** **marked** **extreme**

Examples of limited functioning in moving about and manipulating objects. The following examples describe some limitations we may consider in this domain. Your limitations may be different from the ones listed here. Also, the examples do not necessarily describe a “marked” or “extreme” limitation. Whether an example applies in your case may depend on your age and developmental stage; e.g., an example below may describe a limitation in an older child, but not a limitation in a younger one. As in any case, your limitations must result from your medically determinable impairment(s). However, we will consider all of the relevant information in your case record when we decide whether your medically determinable impairment(s) results in a “marked” or “extreme” limitation in this domain.



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Child Name:

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- (i) You experience muscle weakness, joint stiffness, or sensory loss (e.g., spasticity, hypotonia, neuropathy, or paresthesia) that interferes with your motor activities (e.g., you unintentionally drop things).
- (ii) You have trouble climbing up and down stairs, or have jerky or disorganized locomotion or difficulty with your balance.
- (iii) You have difficulty coordinating gross motor movements (e.g., bending, kneeling, crawling, running, jumping rope, or riding a bike).
- (iv) You have difficulty with sequencing hand or finger movements.
- (v) You have difficulty with fine motor movement (e.g., gripping or grasping objects).
- (vi) You have poor eye-hand coordination when using a pencil or scissors.

Evidence supporting rating:

5. Caring For Yourself: **No limitation** **less than marked** **marked** **extreme**

Examples of limited functioning in caring for yourself. The following examples describe some limitations we may consider in this domain. Your limitations may be different from the ones listed here. Also, the examples do not necessarily describe a “marked” or “extreme” limitation. Whether an example applies in your case may depend on your age and developmental stage; e.g., an example below may describe a limitation in an older child, but not a limitation in a younger one. As in any case, your limitations must result from your medically determinable impairment(s). However, we will consider all of the relevant information in your case record when we decide whether your medically determinable impairment(s) results in a “marked” or “extreme” limitation in this domain.

- (i) You continue to place non-nutritive or inedible objects in your mouth.
- (ii) You often use self-soothing activities showing developmental regression (e.g., thumbsucking, re-chewing food), or you have restrictive or stereotyped mannerisms (e.g., body rocking, headbanging).
- (iii) You do not dress or bathe yourself appropriately for your age because you have an impairment(s) that affects this domain.
- (iv) You engage in self-injurious behavior (e.g., suicidal thoughts or actions, self-inflicted injury, or refusal to take your medication), or you ignore safety rules.
- (v) You do not spontaneously pursue enjoyable activities or interests.
- (vi) You have disturbance in eating or sleeping patterns.

Evidence supporting rating:

6. Health and Physical Well-Being: **No limitation** **less than marked** **marked** **extreme**

Examples of limitations in health and physical well-being. The following examples describe some limitations we may consider in this domain. Your limitations may be different from the ones listed here. Also, the examples do not necessarily describe a “marked” or “extreme” limitation. Whether an example applies in your case may depend on your age and developmental stage; e.g., an example below may describe a limitation in an older child, but not a limitation in a



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younger one. As in any case, your limitations must result from your medically determinable impairment(s). However, we will consider all of the relevant information in your case record when we decide whether your medically determinable impairment(s) results in a “marked” or “extreme” limitation in this domain.

(i) You have generalized symptoms, such as weakness, dizziness, agitation (e.g., excitability), lethargy (e.g., fatigue or loss of energy or stamina), or psychomotor retardation because of your impairment(s).

(ii) You have somatic complaints related to your impairments (e.g., seizure or convulsive activity, headaches, incontinence, recurrent infections, allergies, changes in weight or eating habits, stomach discomfort, nausea, headaches, or insomnia).

(iii) You have limitations in your physical functioning because of your treatment (e.g., chemotherapy, multiple surgeries, chelation, pulmonary cleansing, or nebulizer treatments).

(iv) You have exacerbations from one impairment or a combination of impairments that interfere with your physical functioning.

(v) You are medically fragile and need intensive medical care to maintain your level of health and physical well-being.

Evidence supporting rating:

3B. Definition of Marked and Extreme Limitations.

Marked limitation See POMS DI 25225.020B (20 CFR 416.926a(e)(2)).

The impairment(s) **interferes seriously** with the child’s ability to independently initiate, sustain, or complete domain-related activities. Day-to-day functioning may be seriously limited when the child’s impairment(s) limits only one activity or when the interactive and cumulative effects of the child’s impairment(s) limit several activities.

- “More than moderate” but “less than extreme” limitation (i.e., the equivalent of functioning we would expect to find on standardized testing with scores that are at least two, but less than three, standard deviations below the mean), or
- Up to attainment age 3, functioning at a level that is more than one-half but not more than two-thirds of the child’s chronological age when there are no standard scores from standardized tests in the case record, or
- At any age, a valid score that is two standard deviations or more below the mean, but less than three standard deviations, on a comprehensive standardized test designed to measure ability or functioning in that domain, and the child’s day-to-day functioning in domain-related activities is consistent with that score.

For the “**Health and Physical Well-Being**” domain, we may also find a “marked” limitation if the child is frequently ill or has frequent exacerbations that result in significant, documented symptoms, or signs. For purposes of this domain, “frequent” means episodes of illness or exacerbations that occur on an average of 3 times a year, or once every 4 months, each lasting 2 weeks or more.

We may also find a “marked” limitation if a child has episodes that:

- Occur more often than 3 times in a year or once every 4 months but do not last for 2 weeks, or
- Occur less often than an average of 3 times a year or once every 4 months but last longer than 2 weeks, if the overall effect (based on the length of the episode(s) or its frequency) is equivalent in severity.

Extreme limitation See POMS DI 25225.020C (20 CFR 416.926a (e) (3)).



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Child Name:

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The impairment(s) **interferes very seriously** with the child’s ability to independently initiate, sustain, or complete domain-related activities. Day-to-day functioning may be very seriously limited when the child’s impairment(s) limit several activities. “Extreme” describes the worst limitations, but does not necessarily mean a total lack or loss of ability to function.

- “More than marked” limitation (i.e., the equivalent of the functioning we would expect to find on standardized testing with scores that are at least three standard deviations below the mean), or
- Up to attainment of age 3, functioning at a level that is one-half of the child’s chronological age or less when there are no standard scores from standardized tests in the case record, or
- At any age, a valid score that is three standard deviations or more below the mean on a comprehensive standardized test designed to measure ability or functioning in a domain, and the child’s day-to-day functioning in domain-related activities is consistent with that score.

For the “**Health and Physical Well-Being**” domain we may also find an “extreme” limitation if the child is ill or has frequent exacerbations that result in significant, documented symptoms or signs substantially in excess of the requirements for showing a “marked” limitation. However, if the child has episodes of illness or exacerbations of the impairment(s) that would rate as “extreme” under this definition, the impairment(s) should meet or medically equal the requirements of a listing in most cases.

Disability Onset date and rationale:

DURATION - Has the impairment lasted or is expected to last 12 continuous months or result in death?

Yes. Document rationale.

No. Document rationale.

Duration rationale:

STEP IV:

Does the child meet the requirements of institutional level of care in accordance with RSA 167:3-g? "Degree of care" means the level of intensity or extent of medical care, treatment, or intervention required by the child as determined by the medical setting in which the child is being evaluated. In order to determine the most appropriate degree of care under which to evaluate the child, the joint medical review team shall review:

- The child's medical condition.
- The child's community care needs.

Hospital

1. The joint medical review team shall determine that the degree of care provided by a hospital is appropriate for the child if the following criteria are met:

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- (a) The child requires hospitalization for an indefinite period of time; and
- (b) Either of the following are met:
 - (1) The child requires a complex care schedule and the use of sophisticated equipment designed to alert caregivers to potential life-threatening problems; or
 - (2) The child has the constant potential for aspiration, respiratory obstruction or arrest, and/or other life threatening complications requiring the need for prompt, recurrent, skilled interventions to sustain life.

Yes. No.

Explanation:

Psychiatric Hospital

2. The joint medical review team shall determine that the degree of care provided by a psychiatric hospital is appropriate for the child if all the following criteria are met:
 - (a) The child meets the definition of a child with a serious emotional disturbance established by Department of Health and Human Services Notice, dated May 20, 1993, 58 Federal Register 29422 (1993).
 - (b) The child has specific symptoms and functional impairments that require professional and community interventions.
 - (c) The child has problems of a chronic and severe nature requiring an intensive amount of professional supervision which are determined by an inability to function in each of the following major life areas:
 - (1) Family relations.
 - (2) Interpersonal and/or social skills.
 - (3) Educational and/or vocational skills.

Yes. No.

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Child Name:

Case Number:

Explanation:

Nursing Facility

3. The joint medical review team shall determine that the degree of care provided by a nursing facility is appropriate for the child if any one of the following criteria are met:
 - (a) The child is dependent on technologically sophisticated medical equipment such as, but not limited to, ventilators, gastrostomy tubes, or central venous lines to sustain life.
 - (b) The child requires observations or judgments more than once per hour throughout a 24-hour period or continuously, to maintain health status.
 - (c) The child requires direct interventions from skilled nursing or skilled rehabilitative professionals to maintain health status.
 - (d) The child is dependent daily on less sophisticated medical equipment such as, but not limited to, catheters, nebulizers, or oxygen to sustain life.
 - (e) The child requires observations and judgments less often than once per hour and not less often than once every 3 hours throughout the 24-hour period to maintain health status.

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Child Name:

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(f) The child requires basic nursing and rehabilitative interventions under the direction and supervision of skilled nursing or skilled rehabilitative professionals.

Yes. No.

Explanation:

Intermediate Care Facility for the Intellectually Disabled (ICF)

4. The joint medical review team shall determine that the degree of care provided by an intermediate care facility is appropriate for the child if each of the following criteria are met:
 - (a) The child has a developmental disability as defined in RSA 171-A:2, V.
 - (b) The child requires a continuous and pervasive active treatment program throughout the child's daily routine.
 - (c) There is a need for the continuity of treatment to and from all home and community-based settings.
 - (d) Either of the following are met:
 - (1) The child requires continuous medical monitoring for a chronic severe health problem; or

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Child Name:

Case Number:

(2) The child requires continuous supervision, monitoring, and redirection of behaviors associated with any condition, related to an intellectual disability, that results in impairment of general intellectual functioning or adaptive behavior.

NOTE: RSA 171-A:2, V states the following:

"Developmental disability" means a disability:

(a) Which is attributable to an intellectual disability, cerebral palsy, epilepsy, autism, or a specific learning disability, or any other condition of an individual found to be closely related to an intellectual disability as it refers to general intellectual functioning or impairment in adaptive behavior or requires treatment similar to that required for persons with an intellectual disability; and

(b) Which originates before such individual attains age 22, has continued or can be expected to continue indefinitely, and constitutes a severe disability to such individual's ability to function normally in society.

Yes. No.

Explanation:

Medical Review Team Summary:

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Child Name:

Case Number:

Final Determination: **APPROVED** **DENIED**

Next review date: _____

Signature RN:	Date:
Signature MRT:	Date:
Signature PRT:	Date:

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Claimant Name:

Case Number:

MOAD MEDICAL ELIGIBILITY REVIEW SUMMARY

Reviewer's name:
Date:

1. Date of Birth:

2. MOAD Application Date:

3. Requested to attend CE(s)? [] Yes. [] No.

4. Attended and cooperated with all Consultative Examination(s)? [] Yes. [] No. [] n/a.

5. Impairment List

Table with 4 columns: Impairment/s-Alleged, Step II status, Impairment/s-Confirmed, Step II status. Multiple empty rows for data entry.

THE FIVE STEP SEQUENTIAL EVALUATION

STEP I: DOES THE APPLICANT PERFORM SUBSTANTIAL GAINFUL ACTIVITY (SGA)?

[] No. [] Yes.

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Claimant Name:

Case Number:

**STEP II: IS THE INDIVIDUAL LIMITED BY HIS/HER IMPAIRMENT OR COMBINATION OF IMPAIRMENTS?
(Diminimis standard) ***

Is the individual limited by his/her impairment or combination of impairments? An impairment can be considered as not severe only if it is a slight abnormality which has such a minimal effect on the individual that it would not be expected to interfere with the individual's ability to work. Examples of these are walking, standing, sitting lifting, pushing, pulling, reaching, carrying or handling; seeing, hearing, and speaking; understanding, carrying out, and remembering simple instructions; use of judgment, responding appropriately to supervision, coworkers, and usual work situations; and dealing with changes in a routine work setting. Pain may be a contributing factor to the applicant's ability to perform SGA.

Yes.

No.

Severity /duration Rationale (document any impairment being stopped at step II):

STEP III: DOES THE IMPAIRMENT OR COMBINATION OF IMPAIRMENTS MEET OR EQUAL A SSI LISTING?

Yes.

No. Obtain RFC(s). (duration is NOT addressed at step III if no listing level impairment is found)

Listings considered:

Disability Onset date and rationale:

DURATION - Has the impairment lasted or is expected to last 48 continuous months or result in death?

Yes. Document rationale.

No. Document rationale. Obtain RFC(s).

Duration rationale:

OR

Defer to voc for approval. Do not provide any listing sheets. Forward to obtain a RFC(s).

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Claimant Name:

Case Number:

VOCATIONAL REVIEW WORKSHEET

Education:	Literacy in any Language:	SSDI age:
------------	---------------------------	-----------

Physical RFC	<input type="checkbox"/> Sedentary	<input type="checkbox"/> Light	<input type="checkbox"/> Medium	<input type="checkbox"/> Projected
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Mental RFC	<input type="checkbox"/> work impairments	<input type="checkbox"/> no work impairments	<input type="checkbox"/> Projected
------------	---	--	------------------------------------

PREVIOUS RELEVANT WORK (SGA Only Work)

Job Title (per Form 177)	Dates	SVP	Phys Demands	DOT #

IF APPLICANT IS UNABLE TO RETURN TO WORK WITH CURRENT RFC, ESTABLISH AN ONSET DATE AND ASSESS STEP IV AND V BASED ON DURATION USING PROJECTED RFC.

Projected RFC YES NO

Onset date of work impairment (if needed) with rationale:

--

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Claimant Name:

Case Number:

APTD VOCATIONAL REVIEW

STEP IV: IS THE CLAIMANT CAPABLE OF PAST RELEVANT WORK (WITHIN PAST 15 YRS.)?

- Yes. Document rationale in text box below. Case is a denial. Review is complete.
 No. Document rationale in text box below. Continue to STEP V.

STEP V: IS THE CLAIMANT CAPABLE OF OTHER WORK? UTILIZE "GRID" RULING IF APPLICABLE.

- Yes. Document rationale in text box below. Case is an APTD denial. Review is complete.
 No. Document rationale in text box below. Case is an APTD approval. Review is complete.

Occupational Category	SVP	PHYS DEMANDS	Job Title	DOT #	# in NH	# in MA

Transferable Skills from PRW (if needed)	
1.	4.
2.	5.
3.	6.

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Claimant Name:

Case Number:

Summary:

STEP 1: The applicant is performing substantial gainful activity. YES NO

STEP 2: The applicant has an impairment that more than minimally impacts his/her ability to perform basic work activities. YES NO

STEP 3: The applicant has an impairment that meets/equals a listing in the "Blue Book" AND meets the duration requirement set forth in RSA 167:6, VI. YES NO Defer to Voc

STEP 4: The applicant is able to return to previous relevant work within 48 months of the onset of the severe impairment. YES NO

STEP 5: The applicant is able to perform other work within 48 months of the onset of the severe impairment. YES NO

We recommend that the applicant be: **APPROVED** **DENIED**

Next review date: _____

Reviewer Signature:	Date:
Signature VOC:	Date:
Signature PRT:	Date:
Signature MRT:	Date:

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Claimant Name:

Case Number:

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Claimant Name:

Case Number:

ADULT MEDICAL ELIGIBILITY REVIEW SUMMARY – Continued Disability Review

Reviewer's name: Date:

1. Date of Birth:

2. Scheduled Review Date:

3. Requested to attend CE(s)? Yes. No.

4. Attended and cooperated with all Consultative Examination(s)? Yes. No. n/a.

CPD (comparison point decision)

5. Impairment List

CPD Impairment(s)	Impairments Alleged	Stop/Continue
	Impairments Confirmed	

<input type="checkbox"/> Disability Continues – further development of the Problem List is curtailed. <input type="checkbox"/> CPD file is not available/CPD data is insufficient to complete CPD Impairment(s) List.
--

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Claimant Name:

Case Number:

Is there any currently relevant medical evidence available?

- Yes. Go to STEP 1.
- No. CDR is denied. Document rationale below.

STEP 1. Does the applicant perform Substantial Gainful Activity (SGA)?

- Yes No Undetermined

STEP 2. Does any impairment(s) meet or equal a listing in the current Listing of Impairments?

- Yes. Disability Continues. No. Continue to STEP 3.

Listings Considered:

- Defer to Disability Continuance STEPs 3 thru 5.
- Defer to Disability Continuance STEPs 6 thru 8.

STEP 3. Is there Medical Improvement (MI) (decreased severity)?

Note that a significant decrease in medical severity of any one of the impairments present at the time of the CPD shows MI. Consider current symptoms, signs, or laboratory findings related to the comparison point decision (CPD) impairment(s) and identify changes or improvement as the basis for finding MI (decreased medical severity). Although the decrease in severity may be of any quantity or degree, disregard minor changes in the individual's symptoms, signs, or laboratory findings that obviously do not represent MI and could not result in a finding that disability has ended. The MI determination must be based on improvements in the symptoms, signs, or laboratory findings associated with the individual's documented CPD impairment(s).

- Yes. Continue to STEP 4.
- No. Continue to STEP 5.
- Defer to Disability Continuance STEPs 4 and 5.
- Defer to Disability Continuance STEPs 6 thru 8.
- CPD file is not available/CPD data is insufficient to complete "MIRS" (Medical Improvement Review Standard - STEPS 3,4,5). Continue to STEP 6.



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Claimant Name:

Case Number:

STEP 3 MI Comparison (continued)

EVIDENCE AT CPD	CURRENT EVIDENCE

If comparison of medical signs, symptoms, and laboratory findings shows MI, cite rationale below:

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Claimant Name:

Case Number:

STEP 4. Is Medical Improvement (MI) related to ability to work?

- * If CPD determination was based on the impairment(s) meeting or equaling a listing, continue to STEP 4a.
- * If the CPD determination was based on medical-vocational factors using an RFC assessment(s), continue to STEP 4b.

STEP 4a. Is the prior listing(s) currently met or equaled (as that listing appeared at CPD)?

Consider whether the CPD impairment(s) still meets or equals that prior listing.

Consider the prior listing section in light of the relevant prior introductory material under that body system heading. In most cases, consider only the listing section cited in the CPD. If CPD documentation clearly shows another listing section(s) was met or equaled at CPD, also consider other sections.

- Yes. MI does not (or would not) relate to the ability to work. Continue to STEP 5.
- No. MI relates to the ability to work. Continue to STEP 6.
- No Show CE(s) or Failure to Cooperate. Some relevant medical evidence available, but insufficient to determine. Continue to STEP 6.

STEP 4b. Does comparison of the CPD RFC(s) with a MIRS RFC(s) show improvement?

Compare the CPD RFC(s) and medical improvement review standard (MIRS) RFC(s) to determine whether improvement is related to the ability to work. Consider only impairments present at the time of CPD.



Appendix E – NH DDU Disability MERS

Claimant Name:

Case Number:

Do not consider any medical improvement that occurred to be related to the ability to work unless an increase in the current residual functional capacity (RFC) is based on changes in the symptoms, signs, and laboratory findings.

- Yes. MI relates to the ability to work. Continue to STEP 6.
- No. MI does not (or would not) relate to the ability to work. Continue to STEP 5.
- No Show CE(s) or Failure to Cooperate. Some relevant medical evidence available, but insufficient to determine. Continue to STEP 6.

STEP 4b RFC Comparison

RFC at CPD	CURRENT RFC

Appendix E – NH DDU Disability MERS



Claimant Name:

Case Number:

If RFC comparison shows MI related to Ability to Work, cite rationale below:

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STEP 5: Are there exceptions to medical improvement?

Even though there has been no MI or MI is not related to the ability to work, evidence shows that the person should no longer be considered disabled or never should have been considered disabled.

- No. Disability Continues.
- Yes: Group 1 exception. Check the exception(s) in that applies. Document rationale below.

Continue to STEP 6.

- Advances in Medical or Vocational Therapy or Technology
- Vocational Therapy
- New or Improved Diagnostic or Evaluative Techniques
- Prior Error, which Includes:

The prior error exception can apply to any medical determination or decision on the issue of disability, not just the comparison point decision (CPD).

- Error on the face of the record
- Required and material evidence was missing
- New evidence related to the prior determination or decision

- Yes: Group 2 exception. Check the exception(s) in that applies. Document rationale below.

Disability is denied.

- Prior determination was fraudulently obtained
- You do not cooperate with us



Appendix E – NH DDU Disability MERS

Claimant Name:

Case Number:

You fail to follow prescribed treatment which would be expected to restore your ability to engage in SGA.

STEP 6: Is there a current impairment(s) or combination of impairments that is severe?

- Yes. Continue to STEP 7.
- No. Disability is denied. Document rationale below.
- No. CPD file is not available/CPD data is insufficient to complete "MIRS" (Medical Improvement Review Standard - STEPS 3,4,5). Disability Continues.

VOCATIONAL REVIEW WORKSHEET

Education:	Literacy in any Language:	SSDI age:
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Physical RFC	<input type="checkbox"/> Sedentary	<input type="checkbox"/> Light	<input type="checkbox"/> Medium	<input type="checkbox"/> Projected
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Mental RFC	<input type="checkbox"/> work impairments	<input type="checkbox"/> no work impairments	<input type="checkbox"/> Projected
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PREVIOUS RELEVANT WORK (SGA Only Work)

Appendix E – NH DDU Disability MERS



Claimant Name:

Case Number:

Job Title (per Form 177)	Dates	SVP	Physical Demands	DOT #

STEP 7. Is the claimant capable of past relevant work (SGA only)?

- Yes. Document rationale in text box below. Case is a CDR denial. Review is complete.
- Yes. CPD file is not available/CPD data is insufficient to complete "MIRS" (Medical Improvement Review Standard - STEPS 3,4,5). Disability Continues.
- No. Document rationale in text box below. Continue with review.
- Insufficient evidence. Continue to STEP 8.

STEP 8. Is the claimant capable of other work? Utilize "Grid" ruling if applicable.

- Yes. Document rationale in text box below. Case is a CDR denial. Review is complete.
- Yes. CPD file is not available/CPD data is insufficient to complete "MIRS" (Medical Improvement Review Standard - STEPS 3,4,5). Disability Continues.
- No. Document rationale in text box below. Disability Continues. Review is complete.

Appendix E – NH DDU Disability MERS



Claimant Name:

Case Number:

Occupational Category	SVP	PHYSICAL DEMANDS	Job Title	DOT #	# in NH	# in MA

Transferable Skills from PRW (if needed)	
1.	4.
2.	5.
3.	6.

We recommend that the applicant be: **APPROVED** **DENIED**

Next review date: _____

Signature RN:	Date:
Signature VOC:	Date:
Signature PRT:	Date:
Signature MRT:	Date:

Med PA Sign Off

Psych PA Sign Off

Med & Psych PA Sign Off