

**A Conceptual Harmonization between the SSA Disability Determination Process and an ICF Context: A Guide for Assessing the Mental Residual Functional Capacity of Individuals with Autism Spectrum Disorders**

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The aim of the current project is to create a conceptual crosswalk between SSA's Mental Residual Functional Capacity Assessment (MRFCA) and the International Classification of Functioning (ICF) in terms of a population with Autism Spectrum Disorders (ASD). SSA's MRFCA is cross-walked with the ICF in order to allow for a more in depth and functional breakdown of the purposefully more generic categories of the MRFCA. The SSA/ICF crosswalk will create a stepwise process for a disability examiner to operationalize the items of the MRFCA in order to better understand the functional manifestations associated with the disability state as they occur in a natural (work) environment. For this reason, the crosswalk will act as a supplemental guidance document to employ the MRFCA. ASD was chosen as an exemplar to test this process. A literature review was conducted before the creation of the crosswalk on the symptoms and presentations of ASD, the concepts and terminology of the ICF, and the background of the current disability determination process (DDP). This information was used to inform the content of the crosswalk and to determine implementation strategies and benefits of incorporating the crosswalk into the DDP. The outcomes are the following: (a) A MRFCA supplemental guidance document that will allow a disability examiner to derive a more reliable disability decision when assessing individuals with ASD, and (b) A breakdown of the current DDP process including problem areas and improvement suggestions based on the implementation of the crosswalk. Plans for future research aimed at improving the SSA/ICF crosswalk are also discussed.

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## Background

### Disability Determination Process

Providing benefits to those who have a disability and therefore are unable to work is a responsibility of the Social Security Administration (SSA) set forth in Title II and Title XVI of the Social Security Act (SSR 82-53). Title II addresses benefits paid to those who have worked in “covered” employment and who have paid sufficient taxes to Social Security to be considered insured. Title XVI refers to Supplemental Security Income, which is a cash benefit paid to those who are disabled or aged and make below the substantial gainful activity (SGA) level set forth by the federal government. In order to determine if an individual with a disability is eligible to receive these benefits, they must undergo a sequential evaluation process where a disability examiner or adjudicator assess gainful activity level and degree of impairment in terms of ability to perform work (CFR 416.920; Vocational Expert Handbook). Individuals can be assessed for disability through many different processes including in a claim as a child, in an initial claim as an adult, in an age 18 redetermination, or in a continuing disability review (CDR) (Vocational Expert Handbook). Due to the focus of this project being on assessing individuals on their level of impairment in terms of ability to perform work, the process for assessing children will not be discussed as they are not eligible for work.

Adult disability assessment processes are the current topic of interest. An *age 18 redetermination* refers to an assessment of disability for benefits of an individual who was awarded benefits as a child but is now an adult. With the sequential evaluation process differing for children and adults, once a child with a disability turns 18 he/she must be assessed according to adult criteria. Title XVI requires that *age 18 redeterminations* follow the same protocol as assessments for individuals who make an *initial claim as an adult* (Vocational Expert Handbook). In these determination processes, it is the claimant’s responsibility to prove he/she possesses a mental or physical impairment that prevents the engagement in any SGA and is expected to result in death, or has lasted or is expected to last continuously for no less than 12 months (Title II, XVI). The claimant provides evidence such as medical history records, reports of daily activity, evidence of attempts to work, work evaluations, or recorded observations in order to prove his/her limitation level (SSR 96-8p). An adjudicator then assesses the evidence the claimant brings forth while progressing through the steps of the disability determination process (DDP) (Table 2: Sequential Evaluation Process) (20 CFR 416.920).

If an individual is awarded benefits for a nonpermanent disability through a *redetermination* or *initial claims* assessment, he/she is required to be reevaluated every three years in a *CDR* according to Section 221i of the Social Security Act amendments. If the disability is not considered “nonpermanent,” SSA may administer *CDRs* at their own discretion. The goal of a *CDR* is to ensure that those receiving benefits for extended periods of time are actually remaining at the same level of impairment. *CDRs* differ slightly from *redetermination* or *initial claims* cases in that it is the responsibility of the disability determination service (DDS) to prove the claimant has experienced a significant improvement in terms of ability to perform work based on the information the claimant provides in his/her case report (Nottingham, 2014). A disability examiner must assess the claimant’s impairment according to the stringent Medical Improvement Review Standard (MIRS) in order to prove the occurrence of “a decrease in medical severity of the impairment that was present at the time of the last favorable decision” before terminating benefits (Section 225). If the claimant is not satisfied with the outcome of the *CDR* (or *initial* or *redetermination* claim,) he/she has the option of requesting a hearing for the

case to be heard by a disability hearings officer (DHO) or an administrative law judge (ALJ) (HALLEX I-2-2-1; Nottingham, 2014).

Within this project, the area of greatest interest in the disability determination process (DDP), whether in an *initial claim*, *redetermination*, or possibly a *CDR*, is the implementation of the SSA-4734-F4-SUP Mental Residual Functional Capacity Assessment (MRFCA). The MRFCA is an administrative tool used to assess the extent to which an individual's medical impairments cause mental limitations that inhibit his/her capacity to perform work-related tasks. The MRFCA is composed of three sections. Sections I and II are guides that assist the examiner in completing section III, the Functional Capacity Assessment. Residual functional capacity (RFC) refers to an individual's maximum ability to engage in designated work activities on a continuous basis throughout a typical work-week. The RFC assessment (measured in this case with the MRFCA) includes a discussion of the claimant's abilities based on those criteria. Part I of the assessment is titled "Summary Conclusions" and is composed of 20 work related "abilities" under the four sub-headings of "Understanding and Memory," "Sustained Concentration and Persistence," "Social Interaction," and "Adaptation." The adjudicator assesses each ability on a scale of "Not significantly Limited" to "Markedly Limited" with the exception of the "No Evidence of Limitation" and "Not Ratable on Available Evidence" categories. If any "abilities" are given the rating of "Not Ratable," the examiner must specify what further documentation is needed. This is section II of the MRFCA. After the "Summary Conclusions" section is completed, the ability ratings are discussed in narrative form in section III, (the Functional Capacity Assessment) including an explanation of information that clarifies function or limitation in the specific capacity areas (SSA-4734-F4-SUP MRFCA). The MRFCA is completed by adjudicators at steps 2, 3, 4, or 5 of the sequential review process based on evidence presented in the claimant's case report (Table 2) (SSR96-8p; 20 CFR 404.1520 and 416.920).

### **Problem Statement**

As mentioned previously, the MRFCA is composed of only 20 abilities under four sub-headings. The DDS is required to use this same assessment tool to determine the mental capacity of individuals with an array of varying disabilities that present with a history of different symptoms, behaviors, and limitations. To inform this decision, the DDS utilizes the information the claimant provides in the case report, including medical records. Without extensive knowledge on the presenting disability, the medical records may be difficult to understand and navigate in order to identify what information is relevant to assessing RFC. Furthermore, without a thorough understanding of the presenting condition, it may be challenging to accurately and reliably determine the claimant's capacity for performing the work related "abilities" [United States Government Accountability Office (GAO), 2004]. The necessity of the MRFCA to include a limited number of generic "abilities" in order to assess individuals with a broad array of disabilities in relevant work related tasks is understood. Also understood is the fact that the disability examiner may discuss mental limitations beyond the 20 "abilities" in section I of the MRFCA. However, we believe there is value in implementing a strategy that will allow for a more objective and reliable evaluation of the claimant's mental functioning capacity. We assess this as necessary due to the inability of an examiner to have a comprehensive understanding of every disability's presentations that they encounter. It is also believed to be a possibility that expanding upon the MRFCA implementation stage of the sequential evaluation process will show to be time efficient as less cases may progress to the *hearing stage* (as the probability of the decision being overturned may be decreased due to a more reliable decision being made at

the initial level). This in turn may help to decrease the extreme backlog issue (Nottingham, 2014; Bertoni, 2009; GAO, 2007; GAO, 2004).

The purposed strategy for increasing the reliability of disability determinations consists of the following: (a) The breakdown of each compound MRFCFA ability into separate distinct abilities (some abilities include what is believed to be multiple distinct abilities and therefore are difficult to assess as one), and (b) The incorporation of concepts and terminology from the International Classification of Functioning (ICF) into the MRFCFA process. This incorporation is titled the SSA/ICF Crosswalk and will act as a supplemental guidance document to employing the MRFCFA (Appendix 1: SSA/ICF Crosswalk).

### **The International Classification of Functioning**

According to the introduction of the ICF published by the World Health Organization (WHO) (2001), the goal of the ICF is to standardize the language and framework of health and health related states including disability. It does not classify people, but rather provides a scientific basis for understanding and studying a situation of each person within multiple health related domains. Its domains incorporate aspects of functioning from both the individual and societal perspective. It was developed to act as a clinical tool (vocational, rehabilitation, and outcome assessment), and a social policy tool (social security planning, compensation systems, and policy design). For these reasons, we believe incorporating this tool may improve the DDP by coordinating both the clinical and policy branches of the program.

### **The SSA/ICF Crosswalk**

The SSA/ICF Crosswalk created to expand upon the “abilities” of the MRFCFA incorporates the two ICF domains of Body Functions and Activities and Participation. *Body Functions* refer to physiological or psychological functions of the body systems. *Activities* refer to the execution of a task, and *Participation* refers to the involvement in a life situation (WHO, 2001). These domains are classified at four levels and increase in detail at each level. For example, *b114 Orientation functions* is broken down at the next level into *b1140 Orientation to time*, *b1141 Orientation to place*, and *b1142 Orientation to person*. The crosswalk connects each MRFCFA ability with relevant ICF Body Function categories, and then the Function categories to corresponding ICF Activities and Participation categories (Figure 1: Crosswalk Example). The list of Body Functions highlights specific areas of limitation in functioning that may be present if the individual experiences a limitation in the MRFCFA “ability”. The ICF Activities and Participation categories then highlight other areas that the individual may experience restrictions provided they have a limitation in the MRFCFA “ability” and corresponding Body Function categories.

The inclusion of the ICF Body Functions and Activities and Participation categories may allow the adjudicator to navigate the claimant’s case report with increased ease. The ICF categories highlight specific functions that are imbedded in the MRFCFA “abilities.” By making those functions apparent, the examiner may be able to more easily identify evidence in the claimant’s file that suggests/denies a limitation in a specific area of functioning. The adjudicator may then more accurately use that information to form a disability decision without possessing extensive background knowledge of the disability at hand. For example, by navigating the crosswalk the disability examiner may be better able to recognize that a psychological evaluation record signifying an impairment in impulse control (*b1300 Energy Level*,) coupled with a work evaluation that notes difficulty managing work-related tasks (*d220 Undertaking Multiple Tasks*,) may be evidence for a limitation in MRFCFA ability B6. *The ability to maintain attention and concentration for extended periods of time* (Figure 1: Crosswalk Example). In Sum, without

referencing the crosswalk, the examiner may not be able to conclude what impaired functions could result in impairments in work-related abilities. In order to demonstrate this process of the SSA/ICF crosswalk, the disability of Autism Spectrum Disorders (ASD) was used as an exemplar.

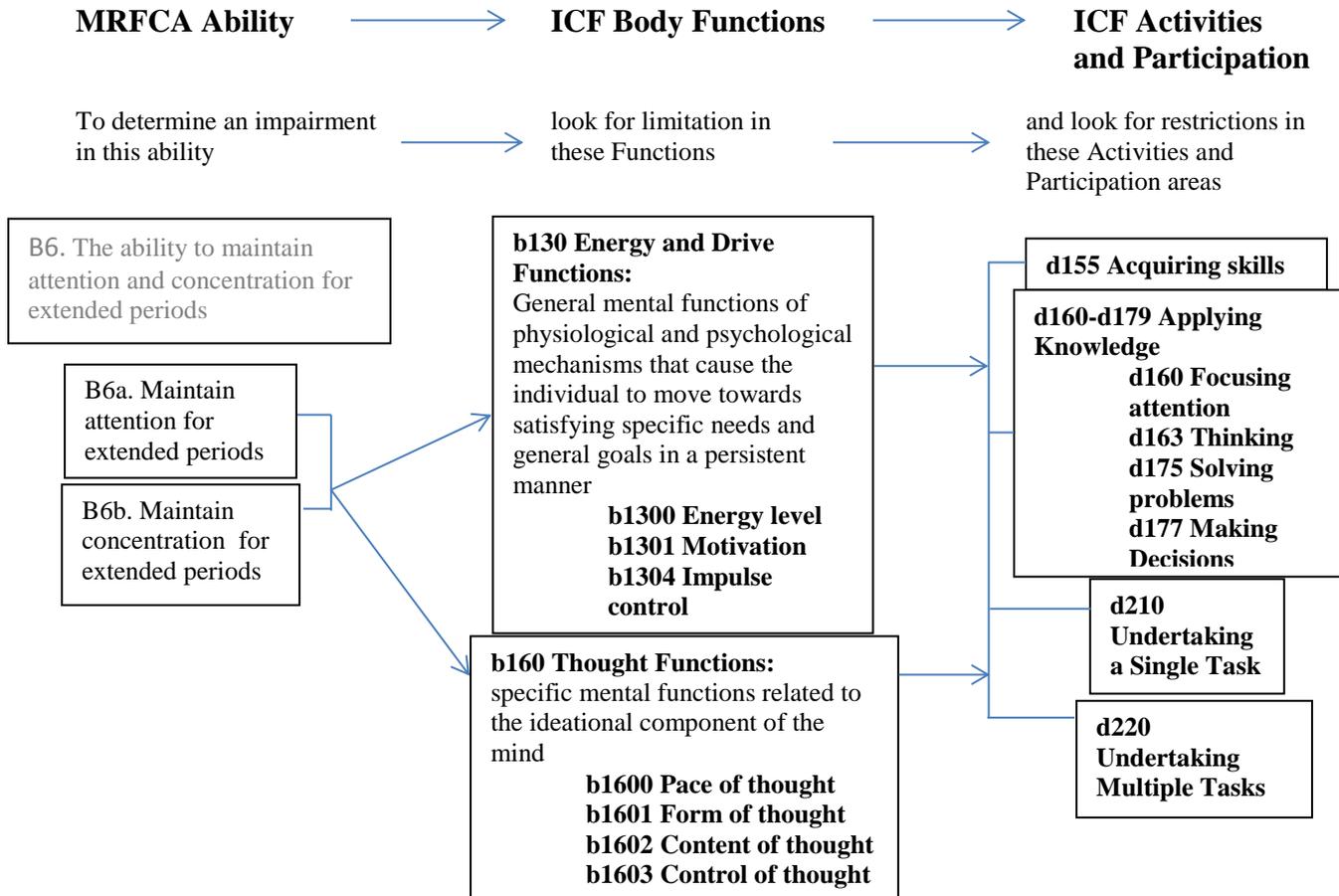


Figure 1: Crosswalk Example

### Autism Spectrum Disorders

The disability of Autism Spectrum Disorder was chosen as an exemplar to illustrate the process of cross-walking SSA’s DDP with the ICF due to the unique challenges that present in terms of employment with this population. Autism Spectrum Disorder (ASD) is a developmental social disability that emerges in infancy or childhood and remains throughout the lifetime. Many individuals with ASD have average or above average intelligence, yet are not able to translate their potential into real-life adaptive skills (Saulnier & Klin, 2007). They experience impairment in social interaction and communication which manifests as difficulty in use of nonverbal behavior, lack of development of peer relationships, failure to seek shared enjoyment, and lack of social or emotional reciprocity (APA, 2014). Individuals with ASD have difficulty with Theory of Mind (ToM), or understanding that others have thoughts and feelings different from one’s own. This results in difficulty understanding the intentions of others or how one’s behavior affects others (Myles & Simpson, 2002). Persons with this disorder may also experience difficulties initiating or sustaining conversations, preoccupations with certain topics,

stereotyped or repetitive language, or abnormal prosody (APA, 2014; Shriberg, Payl, McSweeny, Klin, Cohen, & Volkmar, 2001). These symptoms can all greatly impact the individual's ability to successfully partake in an interview, interact with co-workers, engage with customers, or cooperate with supervisors (Klin, 2000; Buon, Dupoux, Jacob, Chaste, Leboyer, & Zalla, 2012).

In the past years, the prevalence of ASD has been increasing (Centers for Disease Control and Prevention, 2012). In 2008, the Autism and Developmental Disabilities Monitoring Network (ADDM) estimated the prevalence of ASD at 11.3 per 1,000 (one in 88) children aged 8 years. There are approximately 673,000 children in the United States alone living with ASD (Kogan, Blumberg, Schieve, Boyle, Perrin, Ghandour et al., 2007). While intensive therapy may decrease severity, there is no cure; it is a lifelong disability that affects many areas of daily functioning. Individuals have also shown to be less likely to improve in the domain of reciprocal social interaction during adulthood than in childhood, meaning they are less likely to improve in social skill ability during the time when they are most likely attempting to find employment (Seltzer, Krauss, Shattuck, Swe, & Lord, 2003).

The growing prevalence of children with ASD becomes of increasing importance as these children move into adulthood and attempt to enter the workforce. Data collected from the national and state vocational rehabilitation (VR) program for the years 2006 to 2010 found that an increasing number of individuals with ASD sought VR services but only about half received the desired services. Of those who received services, only about 50% gained integrated employment post services (Migliore, Butterworth, & Zalewska, 2012). These results depicting low level of employment are consistent with research conducted by Shattuck, Narendorf, Cooper, Sterzing, Wagner, & Taylor (2012). This ten year prospective study of youth in special education services examined the prevalence and correlates of postsecondary education and employment for youth with ASD. The researchers found that among the 500 individuals with ASD, only 34.7% attended college and more than 50% of those who had been out of school for two years were unemployed. It was also reported that youth with ASD had the lowest rates of participation in employment compared to any other disability and minority groups.

The increasing prevalence of individuals with ASD coupled with the large unemployment rate among this population has large implications for public policy. The Social Security Administration (SSA) has an existing listing for *Autistic disorder and other pervasive developmental disorders* in adults (12.10). The SSA listings are based theoretically upon a medical approach that requires evidence from documentation that demonstrates qualitative deficits in reciprocal social interaction, verbal and nonverbal communication, and imaginative activity, and markedly restricted activities and interests. These presentations result in marked restriction of activities of daily living, maintaining social functioning, maintaining concentration, keeping persistence or pace, or repeated episodes of decompensation. This medical conceptualization does not take into consideration how the functional limitations interact with other elements within the person's (work) environment, such as the requirements of the work tasks, activities within occupations, and the roles and expectations of others within that environment (supervisors, co-workers, customers). Consideration for the fact that the person's response may differ dramatically when elements of the environment change is also not provided (Bernell, 2003).

Because individuals with ASD vary drastically in terms of abilities that may affect employability, predicting the functional and vocational impact of the limitations experienced by this population may be very difficult. The goal of using this population as an exemplar with the SSA/ICF crosswalk is to better distinguish the work-related capacity of this population by

highlighting the unique functional manifestations of the disability. By increasing the ability to more accurately assess this population with extreme work-related challenges, a more accurate disability decision may be made, and a guide to expanding upon and applying the crosswalk to other needed populations may be created.

## Methodology

### Literature Review

**Resources.** An electronic literature search was conducted using databases and resources from the University Library System (ULS) and the Health Sciences Library at the University of Pittsburgh. The Thames Valley Health Libraries Network was referenced for assistance in structuring the review. A list of databases, search engines, and additional resources was created by cross referencing the resources recommended by the Thames Valley Literature Review Standards Group (Level 1. Core Resources, Level 2. Recommended Resources, and Level 3. Additional Resources) with the resources available through the University of Pittsburgh. Databases and search engines used consisted of the following but were not limited to: ERIC, MEDLINE, Scopus, Psycinfo, Cochran, HEPI, OVID, Ebscohost, and Google Scholar. Common journals identified were the *Journal of Autism and Developmental Disorders*, *Research in Autism Spectrum Disorders*, and *Research in Developmental Disabilities*. Sources cited within articles were also located and referenced when appropriate. The following are additional resources other than databases and search engines used for the review: DOT, O\*NET, American Psychological Association website, Social Security Administration website, and electronic theses/dissertations.

**Search terms.** A pilot search was conducted from July 2, 2013-July 10, 2013 to identify recurrent terms related to the topic using the Thames Valley Search Planning Form. The list of terms was submitted to the research team for feedback. The electronic searches were conducted using the individual or combinations of the key terms that included but were not limited to the following: Autism Spectrum Disorders (ASD), high functioning autism, low functioning autism, symptoms, diagnosis, functioning capacity, work, employment, impact, impairments, education, deficits, activities of daily living, and disability determination process. All articles that were found to be relevant were assessed according to inclusion/exclusion criteria

**Inclusion/exclusion criteria.** Selected references were limited to articles in peer reviewed journals and electronic theses/dissertations published between 2000 and 2014 along with information from the previously mentioned websites. The target population was an adult population, however due to the limited amount of research focusing on adults with ASD, longitudinal studies that assessed children with ASD into adulthood or studies that assessed both adolescents and adults with ASD as the same population were also included. All research was given a numerical value (1-5) that corresponded to the level of evidence the study suggests according to the Center for Evidence Based Medicine evidence hierarchy (2009). If the level of evidence suggested by the study did not meet the qualifications for a rating of 1-4 it was not included.

**Structure.** A number count of every article reviewed and every article used to inform the crosswalk from each of the previously listed resources was kept. The research was compiled using evidence based practice article matrices. The information entered in the matrices consisted of: hypothesis/purpose of study, design, participant information, intervention, dependent variable, results, relation of results to current research focus, and evidence level. The information from the matrices was then used to write the narrative and inform the taxonomies of the SSA/ICF crosswalk.

**Taxonomies**

Each MRFCA “ability” that was considered “compound” (combining multiple “abilities” in one) was first broken down into individual “abilities”. Information from SSA’s Listings of Impairments and the evidence based practice article matrices on the topic of functioning capacity of individuals with ASD was then used to create word tables/preliminary taxonomies. The information was categorized in the following domains: Social Interaction, Communication, Memory, Planning/Organizing, and Restricted Repetitive Behaviors. Information from these domains was then grouped with corresponding (MRFCA) “abilities.” These categories served as a guide to determine ICF Functions and Activities and Participation categories that were relevant to each MRFCA “ability.” The final taxonomy was created with the three interconnected domains of MRFCA Abilities, ICF Body Functions (Possible Limitations), and ICF Activities and Participation (Possible Restrictions) (Appendix 1)

**Expert Review**

Two levels of expert review were conducted on the crosswalk in order to: (a) assure relevancy of taxonomy content to ASD symptomology and employment, and (b) assess the degree to which the crosswalk provided a better understanding of the functional capacity needed to complete the MRFCA “abilities” compared to the MRFCA alone. The first level review was completed by three members of the research team; a vocational expert, a rehabilitation counselor/PhD with an expertise in ASD, and a PhD level clinical neuropsychologist/ rehabilitation psychologist. The reviewers were asked to comment on each “ability” taxa of the crosswalk in terms of the relevancy of included ICF Functions and Activities and Participation categories to the MRFCA ability, employment, and ASD. They were then asked to provide commentary on if any other ICF categories should be included or eliminated. Finally they were asked to rate the crosswalk on a scale of 1-5 in terms of degree to which the crosswalk provided a better understanding of the functional capacity needed to complete the MRFCA abilities. Feedback from the first level review was combined and the crosswalk was adjusted accordingly. Any inconsistencies in feedback between the members were discussed in a research team meeting.

In the second level review, three more professionals; a vocational expert and two rehabilitation counselors/PhDs, reviewed the crosswalk with the same criteria. However, due to a result of the first level review, the scale measuring the overall effectiveness of the crosswalk was changed from a 1-5 scale to a “Yes, Somewhat, No” scale to simplify the rating process (it was felt that the expanded scale did not add specificity to the ratings). Feedback was once again compiled and applied to the crosswalk with the discretion of the research team when an inconsistency appeared.

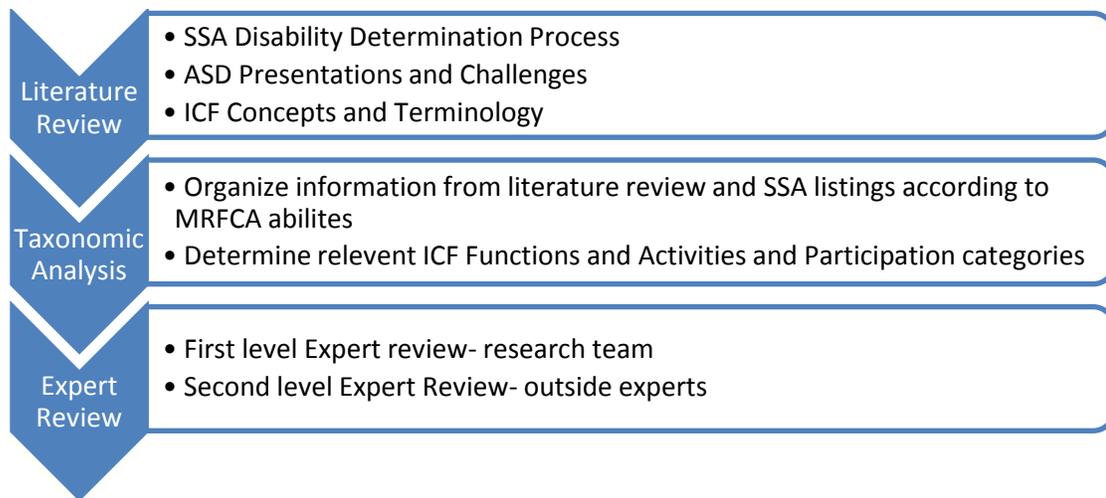


Figure 2: Methodology

## Findings

### Problem Areas in Current Disability Determination Process

**Backlogged cases.** During the literature review, a thorough understanding of the disability determination process (DDP) was obtained including insight into current problem areas. One reoccurring issue presented throughout the literature was the backlog of disability claims. Research done by the United States Government Accountability Office (GAO) in 2007 revealed that from 1997 to 2006 the number of backlogged disability claims doubled, reaching 576,000, with 72% being at the *hearing level*. Along with backlogged cases, the *hearing level* was also experiencing increased wait times. The GAO predicts this problem is a result of multiple factors including an increase in disability claims and a decrease in DDS staff including claims examiners and administrative law judges (ALJ). In fact, the number of initial claims increased by more than 20% from 1999 to 2009 (Bertoni, 2009). Furthermore, SSA predicts the number of disability services applications will continue to increase as the baby boom generation reaches retirement and the disability-prone years. In order to address the problem of backlogged cases due to increased applications and a decrease in staff support, the DDS has tried to re-disperse workloads to offices with a lighter demand as well as postpone the assessment of lower priority cases, such as *CDRs*. The deferment of *CDRs* however created a separate problem of those who no longer qualify still receiving benefits (O'Carroll, 2014).

**Eligibility for services.** Along with those who may not be eligible still receiving services, it was also found that the reverse may be true; those eligible being refused services. Researchers Dwyer, Hu, Vaughan, and Wixon (2003) conducted a study using publicly available survey data to create an indicator of disability consistent with that of SSA's. They then formulated eligibility predictions of non-beneficiaries in the general public of individuals ages 16-64 while controlling for sample selection and restriction influences. The researchers found that 2.9% of the sample population was eligible for services but were not receiving them. One reason for individuals not receiving services when eligible was already briefly discussed, the lack of knowledge of specific disability presentations and outcomes among disability examiners (GAO, 2004). As it is impossible for a disability examiner or adjudicator to be knowledgeable on the limitations and restrictions associated with every disability, adjudicators should be provided with a process that allows them to make informed, accurate, disability decisions based on the

information they are provided and the system they follow. However, the DDS's system has been criticized due to their definition of disability lagging behind medical advances and economic and social changes that influence the connection between impairment and ability to work (GAO, 2004).

### **Current Solutions**

SSA initiated a comprehensive set of reforms known as the Disability Service Improvement Initiative (DSI) in 2006 in order to improve efficiency, accuracy, and timeliness of the DDP. However, the DSI showed mixed reviews and then was postponed in order to concentrate on hearing backlogs and other priorities (O'Carroll, 2014; GAO, 2004). The Budget Control Act of 2011 provided additional funding to address the backlog of CDR cases. The Committee on Oversight and Reform reports that SSA plans to hire and train new employees with the purpose of drastically increasing the number of *CDR* completions in fiscal years 2014 and 2015 (O'Carroll, 2014; LaCanfora, 2014). However despite this improvement plan, the committee still emphasizes the need for SSA to better balance service initiatives including processing new *initial claims* as well as completing *CDRs* and *age 18 redeterminations* in order to ensure that those who are eligible receive services, and those who are not, do not (O'Carroll, 2014).

### **SSA/ICF Crosswalk**

As noted above in the methodology, it was the intent of this project to create a conceptual crosswalk between SSA's DDP and the concepts and terminology of the ICF in terms of individuals with ASD. In order to ensure the relevancy of the crosswalk's content to the areas of ASD symptomology and employment, and to assess if the use of the crosswalk provided a better understanding of the functional requirements of the MRFCAs abilities, experts in related fields were asked to provide feedback.

**First level review.** The content of the crosswalk showed to be relevant to ASD symptomology and to employment, and the ICF categories also showed to be relevant to the corresponding MRFCAs ability. This is evident by the reviewers' commentary and each reviewer rating the overall crosswalk a "5" on the 1-5 scale (Table 1: First and Second Level Review Feedback). There were no inconsistencies between reviewers' feedback, and all suggestions were applied to the crosswalk and then reviewed by the research team.

**Second level review.** The act of navigating the SSA/ICF crosswalk showed to provide a more thorough understanding of the functional capacity required to perform the MRFCAs work related "abilities." This is evident by two of the reviewers rating a "Yes" and one rating a "somewhat" in response to the question "Did this crosswalk as a whole provide an improved understanding of the functional capacity needed to complete the MRFCAs "abilities" compared to using the MRFCAs alone?" (Table 1). All commentary from the reviewers was once again compiled and applied to the crosswalk at the discretion of the research team.

**Implementation.** Results from the literature review on SSA's DDP highlighted the main areas of MRFCAs use being at steps 2, 3, 4, and 5 of the DDP (Table 2). For this reason, it is proposed that the SSA/ICF crosswalk/ supplemental guidance document to the MRFCAs be employed during these stages. It is also suggested that the crosswalk be referenced by DHOs and ALJs at the *hearing level* in order to decrease discrepancies between *initial* and *hearing stage* determinations (Nottingham, 2014). Individuals who are preparing the claimant's case report may also be able to utilize the crosswalk as it may act as a guide in determining what information is important to incorporate in order to demonstrate a limitation in an area of functioning relevant to employment.

Table 1: First and Second Level Review Feedback

Expert Reviewer	<b>Did this crosswalk provide an improved understanding of the functional capacity required to complete the MRFCA abilities?</b> 1 <sup>st</sup> Review: Scale: 1= No Improvement, 5= Extreme Improvement 2 <sup>nd</sup> Review: Scale: Yes                      Somewhat                      No
Vocational Expert	5
PhD, CRC	5
PhD, CRC, ASD expert	5
Vocational Expert	Somewhat
PhD, CRC	Yes
PhD, CRC	Yes

Table 2: Sequential Evaluation Process

1.	Is the claimant engaging in substantial gainful activity?
2.	Does the claimant have a severe impairment?
3.	Does the claimant have an impairment that meets or medically equals a listed impairment?
4.	Can the claimant do past relevant work?
5.	Can the claimant do other work?
	Hearing Level

**Discussion**

The two main outcomes of the current project are the SSA/ICF crosswalk that assists the disability examiners in completing the MRFCA, and the breakdown of the current DDP process including problem areas and improvement suggestions based on the implementation of the crosswalk. The first problem area that was stressed in the research was the large number of backlogged claims, specifically at the *hearing level* (Bertoni, 2009; GAO, 2007; GAO, 2004). Although SSA cannot be expected to control the number of applications for disability benefits, by increasing the reliability of the disability determinations made in the preceding levels, the number of backlogged cases at the *hearing level* (which have accounted for 72% of the backlogged cases) may be able to be controlled (GAO, 2007). This direction of action would be consistent with the GAO’s recommendation for SSA to more closely monitor the reconsideration stage (GAO, 2007; Bertoni, 2009).

Based upon expert review, we expect that a more reliable disability decision may be able to be made by referencing the crosswalk while completing the MRFCA. Feedback indicated that the crosswalk will expand upon the MRFCA “abilities” providing a more thorough understanding of the functions needed to fulfill each work task. It will also highlight the activities and participation restrictions associated with a limitation in each function. This may allow the disability examiner to better assess the functional limitations an individual presents with in order to determine if those limitations inhibit his/her ability to work. By using a tool such as the crosswalk, the revocation of the disability decision by a DHO or ALJ may be less frequent due to a more reliable and valid decision being made at the earlier stages (2, 3, 4, and 5). It is also possible that as discrepancies between the *initial* and *hearing level* decisions abate, less cases will be brought to the *hearing level* (as the probability of verdict changes will decrease,)

therefore a decrease in backlogs would follow over time. Although it may take extra time initially to train examiners in using the crosswalk, the extra time may be compensated for with fewer cases entering the *reconsideration stage*.

Reviewer feedback indicated that employing the crosswalk during the evaluation process may not only decrease the number of backlogs due to the harmonization between *initial* and *hearing level* decisions, but it may also increase the likelihood of a valid disability decision being made, meaning those who are eligible, receive services, and those who are not eligible, do not. SSA has experienced difficulty completing the large quantity of *CDRs* and *age 18 redeterminations* which results in those ineligible for services still receiving benefits. This creates a financial concern for the administration and also results in tax payer dollars being allotted to individuals who do not qualify (O'Carroll, 2014; Bertoni, 2009). On the other hand, some individuals who experience significant impairments that greatly impact their capacity to perform work related tasks still are being refused benefits (Dwyer et al., 2003). One possible explanation for this dilemma is that the disability definition used by SSA is not progressing consistent with the medical technology and economic and social changes that continue to affect the relationship between disability and ability to work (GAO, 2004). By improving the way disability is assessed, a valid disability determination can be achieved. A valid determination will then result in benefits being allotted to those who truly need them.

We interpret that deriving a valid disability decision for a vast array of disabilities may be difficult due to the non-descriptive "abilities" of the MRFCAs. The need of the MRFCAs items to be concise and generic is understood, however we suggest that it is beneficial to explode these items into ICF categories that are consistent with manifestations of disability that present when individuals are faced with demands in their natural environment, specifically the work environment. This becomes increasingly more necessary when disability examiners are assessing disabilities with unique presentations such as ASD. Due to ASD being primarily a social disorder with many manifestations of the disability changing depending on the environment the individual is in, determining how the disability will present on the job while assessing the claimant in a DDS office or while assessing the claimant's case report can be very difficult (Bernell, 2003). Therefore, a guide that: (a) highlights common functional impairments and activity restrictions experienced by this population and (b) connects the limitations and restrictions to specific work related tasks that may be impaired, is predicted to result in a more valid and reliable disability decision for this population.

ASD was chosen as an exemplar not only due its unique presentations that make predicting its vocational impact challenging, but also due to the fact that it is a life-long condition (Seltzer et al., 2003). Although ASD is a disorder that persists throughout the lifetime, individuals have been shown to experience improvements in symptomology; therefore individuals likely will be required to participate in *age 18 redeterminations* and *CDRs* (every 3-7 years). If the individuals are unsatisfied with the verdict during these assessments, they may take their case to a *hearing level*. As discussed earlier, a criticism of the DDP is the large number of backlogs at the *hearing level* as well as discrepancies between *initial* and *hearing level* verdicts (GAO, 2004; 2007). By increasing the validity of the original *CDR/age 18 redetermination* verdict, the increasingly large population of individuals with ASD who may be reassessed every 3-7 years may be less likely to progress to the *hearing level*, therefore decreasing the number of backlogs and preventing excessive time from being spent on an individual claim (Center for Disease Control and Prevention, 2012; O'Carroll, 2014).

Based upon review, we anticipate the crosswalk to be of use with a population of ASD during disability assessment processes including *initial*, *hearing level*, *CDR*, and *age 18 redetermination* stages because it allows for a more thorough understanding of the functional capacity required to perform work related tasks. For example, if during a *CDR* the examiner is attempting to demonstrate that the individual has experienced a significant improvement in maintaining attention to the extent where it is no longer preventing him from performing work, the examiner can reference the crosswalk to recognize that functions such as *organization* and *time management* are related to maintaining attention. Therefore, by referencing documents in the case report (such as reports of daily activities) that suggest the individual's organization and time management skills are intact, the examiner may be better able to demonstrate that the claimant's attentional capabilities are not severe enough to keep him from effectively performing work-related tasks. Likewise, the crosswalk may also serve as a guide to inform what information will be the most helpful to include in the case report in order to allow for an accurate assessment of the individual's functional capacity.

#### **Future Research**

Although we are confident that expanding the MRFCA "abilities" by way of the ICF will allow for a more thorough understanding of disability, as the ICF provides a scientific basis for understanding health related states (WHO, 2001), we recognize that this project is not without limitations. First, the crosswalk in its existing form is cumbersome and may be difficult to understand upon first review. This initially could increase the time an adjudicator spends reviewing a case and perhaps could deter its implementation. We also recognize that the crosswalk review was limited and a larger more objective review process would be beneficial. The following future work is planned and strongly recommended to derive full benefit from the current project: (a) The addition of an environmental (work) component to the crosswalk derived from the Dictionary of Occupational Titles (DOT), (b) The conversion of the crosswalk into decision tree format, and (c) The completion of a pilot study testing the usability and reliability of the product. The goal of incorporating an environmental component is to further increase the accuracy of the disability decision by connecting the functions required in work-related tasks directly to specific work characteristics. The crosswalk will then be amended to a decision tree in order to decrease the complexity and implementation time of the product. This format will narrow the content of the crosswalk based upon the specific disability presentations of each client; decreasing the volume of the document while still providing a thorough description of possible functional limitations as they relate to ability to perform work. Finally, we plan to subject the crosswalk to a more extensive and objective review by disability examiners currently working in the field in order to better assesses the applicability and reliability of the product.

#### **Conclusion**

This project aimed at expanding the MRFCA "abilities" by way of ICF categories in order to allow for a better understanding of the functional capacity needed to complete work related activities. A population of ASD was chosen to act as an exemplar for this process due to its high prevalence and unique presentations that make assessing its vocational impact challenging. A review of the literature surrounding SSA's DDP including problem areas and reported suggestions for improvement was also completed in order to inform instrumentation of the SSA/ICF crosswalk. The expectation is that after more extensively reviewing this product, the process of dissecting the MRFCA "abilities" with ICF categories can be expanded to a vast array of disabilities that present with mental functional limitations.

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