[DO NOT PUBLISH]

IN THE UNITED STATES COURT OF APPEALS

FOR THE ELEVENTH CIRCUIT

No. 20-10201
Non-Argument Calendar

D.C. Docket No. 1:18-cv-25248-FAM

ANDREA HOLLAND,
on behalf of Amina West,

Plaintiff-Appellant,

versus

COMMISSIONER OF SOCIAL SECURITY,

Defendant-Appellee.

Appeal from the United States District Court
for the Southern District of Florida

(January 6, 2021)

Before JORDAN, BRANCH, and ED CARNES, Circuit Judges.

PER CURIAM:

Andrea Holland, on behalf of her daughter, Amina West, appeals the district court's order affirming the Administrative Law Judge's decision denying her application for Child's Insurance and Supplemental Security Income (SSI). Holland presents several arguments on appeal that we distill into two issues: (i) whether substantial evidence supports the ALJ's determination that Amina's impairments did not meet, medically equal, or functionally equal the severity of a listed impairment, and (ii) whether the ALJ properly assessed the medical and non-medical opinion evidence of record.

I.

In November 2015 Holland applied for SSI on behalf of Amina, alleging a disability onset date of January 1, 2015, when Amina was four years old. In the disability report, Holland stated that Amina suffered from attention deficit hyperactivity disorder (ADHD) and impulsive behavior. She noted that Amina was in kindergarten and was not receiving special education.

The Social Security Administration denied Holland's claim initially and again on reconsideration. Holland requested a hearing before an ALJ, who issued a decision denying her claim. The Administration's Appeals Council, which manages the agency's internal appeals process, denied Holland's request for review. Holland then filed an action in the district court. A magistrate judge issued a report recommending that the district court affirm the ALJ's decision.

Holland objected, the Commissioner responded, and the district court issued an order and judgment adopting the magistrate judge's report and affirming the ALJ's decision.

II.

We review de novo the legal principles on which the ALJ's decision is based, but we review the resulting decision only to determine if it is supported by substantial evidence. Moore v. Barnhart, 405 F.3d 1208, 1211 (11th Cir. 2005). Substantial evidence is "less than a preponderance," id., but "more than a scintilla," Winschel v. Comm'r of Soc. Sec., 631 F.3d 1176, 1178 (11th Cir. 2011). It is "such relevant evidence as a reasonable person would accept as sufficient to support a conclusion." Id. "We may not decide the facts anew, reweigh the evidence, or substitute our own judgment for that of the [ALJ]." Id. Taken together, those principles mean that we defer to the ALJ's decision so long as it is supported by substantial evidence, even if other evidence may preponderate against it. See Crawford v. Comm'r of Soc. Sec., 363 F.3d 1155, 1158–59 (11th Cir. 2004).

III.

Holland contends that substantial evidence does not support the ALJ's determination that Amina's impairments did not meet, medically equal, or

functionally equal the severity of a listed impairment. That contention calls into play the legal framework needed to assess the propriety of the ALJ's decision.

A child under the age of 18 is disabled if she has a medically determinable impairment that results in marked and severe functional limitations and is expected to last for at least one year. 42 U.S.C. § 1382c(a)(3)(C)(i); 20 C.F.R. § 416.906. To determine whether a child is disabled, the ALJ must apply a three-step analysis: (1) whether the child is working; (2) whether the child has a severe impairment or combination of impairments; and (3) whether that impairment or combination of impairments meet, medically equal, or functionally equal the severity of an impairment in the Administration's "Listing of Impairments." See 20 C.F.R. § 416.924(a)-(d). The parties agree that Amina is not working and that her ADHD is a severe impairment, so the question is whether there is substantial evidence to support a conclusion that her impairment does not meet, medically equal, or functionally equal the severity of an impairment in the Listing.

A.

Holland argues that substantial evidence does not support the ALJ's determination that Amina's impairments did not meet or medically equal the impairments in the Listing. A child's impairments "meet" an impairment in the Listing if she actually suffers from the limitations specified by it for her severe impairment. Wilson v. Barnhart, 284 F.3d 1219, 1224 (11th Cir. 2002). And

limitations "medically equal" an impairment in the Listing if they "are at least of equal medical significance to those of a listed impairment." 20 C.F.R. § 416.926(a)(2). Applicable here, Listing 112.11 governs neurological disorders for children age 3 to 18. To prove a disability the claimant must establish, among other things:

> Extreme limitation of one, or marked limitation of two, of the following areas of mental functioning:
>
> 1. Understand, remember, or apply information.
> 2. Interact with others.
> 3. Concentrate, persist, or maintain pace.
> 4. Adapt or manage oneself.

20 C.F.R. pt. 404, subpt. P., app. 1, § 112.11 ("Listing 112.11").

The ALJ determined that Amina's impairments did not meet or medically equal those limitations. After reciting the elements of Listing 112.11,[1] the ALJ ruled that Amina's ADHD did not rise to the level of a listed impairment because, among other things, Amina earns average grades in school without special education or other educational allowances, and she is able to complete homework and household chores. The ALJ recognized that Amina's impairments limited her ability to interact with others but ruled that this limitation was "less than marked"

[1] The ALJ cited Listing 112.14, which governs neurological disorders for infants and toddlers, instead of Listing 112.11, which governs neurological disorders for children 3 to 18. But that error is harmless because the ALJ's decision makes clear that he considered the elements of Listing 112.11 and compared to them Amina's limitations. See Diorio v. Heckler, 721 F.2d 726, 728 (11th Cir. 1983).

because she has no trouble communicating with others, demonstrates no difficulty relating to medical professionals, and shows no difficulty sustaining friendships. The ALJ's findings are consistent with the conclusions of two agency consultants, Drs. Plasay and Rudmann, who are both acquainted with the evidentiary standards of the disability program, and who both found that the medical evidence indicated that Amina's limitations in interacting with others were "less than marked." The ALJ's determination that Amina's ADHD did not meet or medically equal Listing 112.11 is supported by substantial evidence. See Winschel, 631 F.3d at 1178.

B.

Holland argues that the ALJ erred in determining that Amina's impairments do not "functionally equal" an impairment in the Listing of Impairments. To functionally equal a listed impairment, a claimant must have marked limitations in two or an extreme limitation in one of the following six domains: (1) acquiring and using information; (2) attending and completing tasks; (3) interacting and relating with others; (4) moving about and manipulating objects; (5) caring for oneself; and (6) health and physical well-being. 20 C.F.R. § 416.926a(b)(1), (d). A child's limitation is "marked" where it is "more than moderate" but "less than extreme" and "interferes seriously with [the child's] ability to independently initiate, sustain, or complete activities." Id. § 416.926a(e)(2)(i).

The ALJ determined that Amina had marked limitations in the fifth domain, caring for oneself, but no limitations or "less than marked" limitations in the other domains. As a result, he determined that Amina's impairments did not functionally equal an impairment on the Listing of Impairments. Holland asserts that "there is ample evidence to support a finding that Amina has at least 'marked' limitation in the domains of 'attending and completing tasks' and 'interacting with others.'" But the standard is not whether there is "ample evidence" to support Holland's argument; it is whether there is "substantial evidence" to support the ALJ's decision to the contrary. There is.

As to "attending and completing tasks," the analysis looks at how well a child can focus and maintain attention; begin, carry through, and finish activities; avoid impulsive thinking; and manage her time. See 20 C.F.R. § 416.926a(h). The ALJ acknowledged that difficulties in this domain are inherent with ADHD and noted that Amina's difficulties manifested as fidgeting, difficulty concentrating, and disruptive behaviors at school. But he noted that despite those challenges, Amina achieved passing grades without special education services and was able to complete school assignments and household chores, albeit with prompts.

As to "interacting and relating with others," the analysis focuses on how well a child can initiate and sustain emotional connections with others; develop and use the language of the community; cooperate with others; comply with rules;

respond to criticism; and respect and take care of the possessions of others. See 20 C.F.R. § 416.926a(i). The ALJ found Amina's limitations in this domain were less than marked because, despite incidents of aggressive behavior toward herself and her peers, she had no difficulty relating to medical professionals, had no difficulty communicating with others, and had no difficulty sustaining friendships, trying new experiences, or playing sports. Moreover, Holland herself stated in a function report that Amina enjoyed being with other children her own age, showed affection toward other children, and played games like tag and hide-and-seek. The ALJ's determination is consistent with the opinions of Drs. Plasay and Rudmann, which it gave great weight; both doctors found that Amina had "less than marked" limitations in this domain.

We conclude that substantial evidence supports the ALJ's determination that Amina's impairments did not functionally equal an impairment in the Listing of Impairments. The existence of evidence that is arguably inconsistent with the ALJ's conclusion is not grounds for reversal. See Crawford, 363 F.3d at 1158–59. Even if the evidence were to predominate against the ALJ's findings, we must not disturb them unless there is nothing more than a scintilla of evidence to support them. Id. There is much more than a scintilla of evidence to support the ALJ's decision.

IV.

Holland contends that the ALJ "erred as a matter of law" by failing to properly consider both medical and non-medical opinion evidence of record. She argues that the ALJ downplayed the seriousness of treating psychiatric records, which she asserts are medical opinions, and cursorily summarized Amina's school records, which indicated that she had a history of behavioral problems, including physical aggression toward her peers.

Holland cites cases for the proposition that an ALJ must consider medical opinions of record and "state with particularity the weight he gave to different medical opinions and the reasons therefor." Sharfarz v. Bowen, 825 F.3d 278, 279 (11th Cir. 1987); see also Winschel, 631 F.3d at 1178–79. She is correct that an ALJ's failure to state the weight he gave to a medical opinion is reversible error. See Winschel, 631 F.3d at 1179. But she is incorrect about what counts as a "medical opinion." A medical opinion, in this context, must provide judgments about Amina's functional limitations or the severity of her impairments. See 20 C.F.R. 416.927(a)(2) ("Medical opinions are statements from acceptable medical sources that reflect judgments about . . . what you can still do despite impairment(s), and your physical or mental restrictions."); see also Winschel, 631 F.3d at 1178–79 ("Medical opinions . . . reflect judgments about the nature and severity of the claimant's impairment(s), including . . . what the claimant can still do despite the impairment . . . .") (alterations adopted). But the evidence about

which Holland complains — records of psychiatric treatment by Drs. Bernadotte and Salgado — did not provide those judgments, so they were not medical opinions. In any event, the record indicates that the ALJ did consider the medical records from those two doctors; he simply did not draw from them the conclusion that Holland asserts here.

Finally, Holland argues that the ALJ erred by discounting educational and disciplinary records from Amina's school, which reflected a number of behavioral problems. But the ALJ explicitly stated that he "reviewed the various educational evidence submitted into the record." Although Holland asserts that the ALJ should have provided a more detailed accounting of that evidence, he was not required to do that. See Dyer v. Barnhart, 395 F.3d 1206, 1211 (11th Cir. 2005) ("[T]here is no rigid requirement that the ALJ specifically refer to every piece of evidence in his decision, so long as the ALJ's decision . . . is not a broad rejection which is not enough to enable the district court or this Court to conclude that the ALJ considered her medical condition as a whole."). Moreover, although he was not required to, the ALJ did acknowledge the behavioral issues cited in Amina's school records but stated that he gave that evidence little probative weight because they comprised the opinions of educators as opposed to medical professionals.

AFFIRMED.