

SSI/SSDI Teleconference Review for PATH Funded Programs

One of the important services that PATH funded programs provide is assistance to clients in applying for basic benefits. Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) are among the first and most important benefits for which PATH clients may be eligible. These benefits are often critical in stabilizing clients; promoting recovery; connecting people with housing and services; and assisting people to work. The Social Security Administration (SSA) administers the SSI and SSDI programs.

Many PATH services providers describe the disability benefit application process as being difficult, especially for the disenfranchised individuals served by PATH funded agencies. Service providers are mystified when individuals who appear clearly disabled are denied on their first application. The appeal process for denied cases can take from six months to several years. However, almost 34% of Title XVI denials are reversed at the hearing level; and at least some of these cases would have been allowed at the initial level if strong supporting medical evidence had been provided. Providing supporting medical evidence can be challenging with the PATH client population.

The July 8, 2003 PATH Teleconference on SSI/SSDI application processes will help administrators and supervisors in making effective use of their resources in assisting SSI/SSDI applicants. This teleconference presumes that the participants will have a basic understanding of the SSI/SSDI application process. Participants who would like a review of the application process should consult the transcript of a prior PATH SSI teleconference located on the PATH web site (www.pathprogram.samhsa.gov).

The July 8 teleconference will identify key points in the application process; actions needed to support applicants at these key points; and resource implications for providing effective assistance, including the possible use of PATH funding. For example, PATH funds can be used to support staff training or to provide representative payee services. In addition, modifications of internal agency procedures may result in more efficient and cost-effective assistance to applicants.

The following set of questions will assist you in reviewing your program's structure, policies and procedures in five key areas:

1. Communication with SSA and Disability Determination Service (DDS) agencies
2. Staff preparation
3. Training
4. Medical records and forms
5. Continuing eligibility and continuing disability reviews.

1. Communication with SSA and DDS agencies

Creating stable communication links between your agency and your local SSA Field Office and your state DDS office, especially your Professional Relations Officer (PRO), is of critical importance. It is much easier for reviewers to have someone at your agency they can contact for additional information or clarification. It is also easier for your staff to ensure that applications are complete if they have a relationship and direct communication with these important offices. In addition to saving time and increasing the rate of successful applications, it is also cost effective – both for staff time and for the individual who is seeking the benefits.

The following questions are designed to help you think about how your agency communicates with SSA and DDS and what modifications could be made.

A. Designated contacts

- Does your organization have a designated liaison to the local SSA field office?
- Does your organization have a designated liaison to the state DDS office?
- Have you established contact with the PRO in your state DDS office?
- What are your capabilities to use the Internet for information exchange?

B. Procedures

- Does SSA send a claims representative or field representative to your organization to take claims on site?
- Do you allow case managers the time to assist/advocate for consumers whose symptoms include denial of illness, poor cooperation, paranoia, or other symptoms that might prevent successful interaction with SSA and DDS staff?
- Is responding to SSA and DDS inquiries a priority?
- Do you know if your state DDS has established specialized procedures for processing claims from homeless individuals?

2. Staff

The staff working in PATH funded programs can play a major role in ensuring that applications are successful. Program staff should ideally have access to medical professionals that are considered by SSA to be “acceptable medical sources,” which can ensure adequate documentation of the PATH client’s medical and/or psychological disability. Ensuring access to physicians and/or psychiatrists who can document disabilities can be underwritten with PATH funds, and is not only of benefit to the client, but also cost effective for the program/agency.

The following questions are designed to help you assess how you provide disability documentation for your clients.

A. Assessing disabilities

1. How do you provide psychiatric assessments of your consumers?

- Psychiatrist on staff – available in office, by appointment only
- Psychiatrist on staff – available in office, appt. and walk-in, emergency
- Psychiatrists on staff – available to go out in the field to assess, diagnose, and treat.
- Refer to other local provider
- Do you have continuity in the treating relationship (i.e., do consumers have a regular psychiatrist for medication management, or do they see whoever is available when they need a refill or change?

2. Does your organization use psychologists to do assessments of seriously mentally ill consumers? If so:

- Do you use staff psychologists?
- Do they go into the field to assess and diagnose patients?
- Do you refer to private psychologists or other organizations?

- B. What are the credentials of the case managers in your organization?¹
- C. What credentials are required of case management clinical supervisors?
- D. Are case managers organized in teams? Is there a mix of various disciplines among your team members? Do teams have someone that SSA views as an “acceptable medical source” for the purpose of establishing the existence of a medical impairment? If not, does the team have ready access to such services?
- E. What level of turnover do you experience in case managers? Case management supervisors?
- F. Do you have general practitioners, internists, or other medical specialists on staff?
- G. Do your case managers get copies of medical records for treatment of physical conditions for inclusion in your record?

3. Training

Each staff member involved in the application process needs to understand the entire process and documentation requirements. Training plans should identify trainers, the staff who would most benefit from training, and the frequency with which training should be provided. Depending on the level of staff turnover in your agency, you may want to consider training managers and supervisors, as well as front line staff. This “train the trainer” model is a cost effective method and ensures continuity of policies and procedures. PATH funds can be used to underwrite this type of training.

These questions are designed to assess your agency’s current training on SSI/SSDI.

- A. Do you routinely train new case managers/social workers/psychologists/psychiatrists on the disability application process?
- B. Does SSA or the DDS provide training on the application process?
- C. How many hours of training do you provide for case managers on the disability application process?
- D. Do you provide training for the SSA field office staff or DDS staff in how to interact successfully with people who have serious mental illness?
- E. Do you provide training to your staff physicians and psychologists on SSA’s definition of disability and SSA’s evidentiary requirements?
- F. Do you train your staff on continuing eligibility review and documentation requirements?

4. Medical Records: Forms and Procedures

Modifying agency forms to include necessary SSI/SSDI information can avoid duplication, reduce costs and increase efficiency. Ensuring that requests for medical information are processed promptly and that proper releases are easily accessible will also increase efficiency and reduce costs. The following questions are to help you review your medical records procedures and your current intake forms.

- A. Medical Record Procedures
 - Do you have a centralized medical records storage system?
 - What are your procedures for responding to requests for medical records?
 - Who is responsible for screening the release form?

¹ Staff knowledge of the SSA application process and requirements will be covered under “Training”.

- Who is responsible for determining what records should be sent?
- Who actually copies the information?
- Do you instruct case managers to call the DDS disability examiner when you receive a request for medical evidence from the DDS?
- Do you enclose a cover form to DDS requests for information that gives the DDS an agency contact to call for follow-up?
- Do you fax medical records?
- How much do you charge for providing copies of medical records?
- Do you have procedures for authorizing release of information from other treating sources that might support a claim for disability benefits?
- Do you have clear instructions for all of your staff on guidelines for release of information to SSA, including providing medical records, information about consumer address changes, etc.?

B. Forms

- Do you consult with the DDS on form design, so that your agency forms contain the information that the DDS needs?
- Do you use Axis III fields on your forms to document the presence of medical conditions?

5. Continuing Eligibility & Continuing Disability Reviews

Continuing Disability Reviews (CDRs) are part of the SSI/SSDI process. The challenges for PATH clients that create problems for continuing to receive benefits include not having a permanent address and failing to receive notices of CDRs and other communications from SSA.

The following questions concern your agency's role in facilitating continued benefits for PATH clients.

- A. Does your agency routinely receive duplicate notices from SSA on behalf of your clients?
- B. Does your agency serve as a representative payee for consumers who need one?
- C. If so, how do you organize those services (i.e., one big account, individual accounts)?
- D. Do you provide training for staff who serve as payees?
- E. Do you routinely report required changes (e.g., lengthy hospitalizations, marriage, address changes, for client for whom you are payee)?
- F. Do you quickly provide medical records for evaluation of continuing disability?
- G. Do you instruct your staff to make responses to SSA for continuing disability a priority?