Assisting PATH Clients' Applications for Supplemental Security Income (SSI)/ Social Security Disability Insurance (SSDI) Benefits

An Edited Transcript of the
PATH National Teleconference Call

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Welcome and Introductory Remarks

James Winarski

Good afternoon, everyone, and welcome to this PATH national presentation, *Assisting PATH Clients' Applications for SSI/SSDI Benefits*. My name is Jim Winarski, and I'm the Director of Homeless Programs at Advocates for Human Potential in Sudbury, Massachusetts. We, in collaboration with Policy Research Associates, are the technical assistance contractors for the PATH program, and I will be serving as your moderator for today's presentation.

There are more than 100 people participating on this call from all over the country, including staff from PATH-funded service provider agencies and representatives of State and Federal government. We are pleased to have with us today three nationally recognized experts in the area of Social Security benefits, who have prepared presentations specifically for the PATH audience.

Please note that four documents supporting today's presentation are available for viewing and downloading at the PATH Web site, www.pathprogram.samhsa.gov. These documents include, first, the SSI/SSDI review questions that will guide today's presentation. Second, there is an audio file of a presentation by Jeremy Rosen and Yvonne Perret, *Access to Public Benefits for People Who Are Homeless*, which was given at the *We Can Do This* homelessness training conference. Third, there is a link to the Social Security Administration's Services to Homeless Web site and a link to the transcript from our November 2000 PATH national presentation on the eligibility and appeals process for Social Security Administration (SSA) programs.

Today's telephone presentation will be divided into the five segments that are described in the SSI/SSDI teleconference review document that is posted on the PATH Web site. The segments are as follows:

- Communication with SSA and Disability Determination Service (DDS) agencies
- Staff preparation
- Training
- Medical records and forms
- Continuing eligibility and continuing disability reviews

The primary objectives for this telephone conference are to identify critical points in the application process; to identify actions needed to support applicants at these points; and to examine resource implications for providing effective assistance, including the possible use of PATH funding. Our presenters today will provide a brief introduction for each of these segments. We will open the lines for approximately 10 minutes of questions and answers after each segment and again at the end of the presentation.

Before I introduce our presenters, I would like to introduce a special guest that we have with us today, Ed Beane of the SSA, to say a few words of welcome to kick off today's presentation. Ed is the team leader at SSA for the services to the homeless workgroup. He represents SSA at senior policy meetings with the Interagency Council on Homelessness, and he developed SSA's homelessness plan and the SSA report to Congress titled *Increasing Access and Services to SSA Benefits by the Homeless*.

Edward Beane

Thank you very much, Jim. I also would like to thank Mike Hutner, Director of the PATH program at SAMHSA. I'm absolutely delighted to participate with you today. As part of the fiscal year 2003 appropriation, the Senate language required the SSA to do three things: to participate in the United States Interagency Council on Homelessness; to prepare an agency-wide plan for the implementation of activities designed to end chronic homelessness within 10 years; and to provide a status report to the House no later than September 30, 2002. All three of those activities have been completed, but we expect to continue and hopefully enhance our activities to provide services to the homeless population in the demographic group that we serve.

We developed the www.socialsecurity.gov/homelessness page. It contains the SSA's homelessness plan, the reports to Congress, and the report to Philip Mangano, who is the Executive Director for the United States Interagency Council on Homelessness. The Web page also features thumbnail sketches of some of the collaborations we have undertaken, including the Health Care for the Homeless program at the Health Resources and Services Administration, with Jean Hochron; the Serious and Violent Offender Reentry Initiative at the Department of Justice, with Sherry Nolan; and the PATH program at SAMHSA, with Mike Hutner.

The Web page contains some compelling policy and related program instructions, as they relate to homeless populations and our role in serving them. The first one, on institutionalization and pre-release procedures, is consistent with the Department of Justice's Serious and Violent Offender Reentry Initiative: We can adopt procedures with penal institutions to provide individuals with an opportunity to file for benefits prior to their release from prison, to minimize the gap from application to receipt of SSI or disability insurance payments and, hopefully, the ancillary benefit of Medicaid services.

Another related program instruction is that of the Representative Payment Program, which supports homeless populations with mental illnesses and/or co-occurring

problems, such as drug or alcohol-related illnesses. Representative payees can play a significant role in managing benefits on behalf of an individual who files for and successively receives disability insurance and/or SSI.

The booklet titled *Understanding SSI* is "the Bible" of SSI, and I hope it is beneficial to community-based organizations and providers. It is available on the SSA Web site. This morning, I approved the updated booklet for 2003, which contains a spotlight on homelessness and describes the disability determination process that DDS agencies use. The document should help everyone who serves homeless populations.

We convened our interagency workgroup on homelessness last November. I was extremely pleased to have in attendance not only Philip Mangano, but also one of our presenters here today, Jeremy Rosen. As most of you know, and I quickly learned, Mr. Rosen has played a large role in successfully advocating for additional funding for SSA outreach to homeless populations, regardless of benefit eligibility. I was very pleased that Jeremy could help kick off the workgroup meeting.

We meet monthly to discuss issues and activities relevant to homeless populations. In addition to that, I attend bi-weekly senior policy meetings in Washington to discuss how all the Federal agencies, such as the departments of Housing and Urban Development, Health and Human Services, and Justice, can collaborate in an intergovernmental way, hopefully to bring chronic homelessness to an end within 10 years. From my perspective, the senior policy managers and senior staff at the agencies are committed to doing so, as a result not only of congressional assistance, but also of the President's initiative.

Again, thank you for inviting me here today. Issues related to homelessness will be my focus for the immediate and foreseeable future, and I welcome the opportunity to work with you, Mike Hutner, and other Federal agencies to bring homelessness to an end within 10 years. Thank you, Jim.

Speaker Introductions

James Winarski

Thank you, Ed. We appreciate you taking the time to be with us this afternoon. At this time I'd like to introduce our featured experts in their order of appearance: Yvonne Perret, Jeremy Rosen, and Virginia McCaskey.

Yvonne Perret is a psychiatric social worker who was the program director of the SSI Outreach Project in the Community Psychiatry Division of the University of Maryland Medical System from 1993 through 2002. She also managed the intensive case management program, which helps homeless adults who have serious and persistent mental illnesses gain access to SSI and other benefits and explore the possibility of presumptive SSI benefits. In 2001, the SSI program was named a best practice

program by the National Alliance to End Homelessness. Ms. Perret has 25 years of social work experience, and she has worked in the areas of foster care, geriatrics, child abuse, child neglect, and mental health. She is the author of several articles and of *Children with Disabilities: A Medical Primer*, currently in its fourth edition.

Ms. Perret was president of the Mental Health Association of Maryland from 2000 through 2002. She is vice president of the Adult Services and Prevention Committee and a board member of the National Mental Health Association. She also is the recipient of several awards for advocacy and social work. Ms. Perret will present our first four segments and respond to questions throughout.

Second, we have Jeremy Rosen, who is a staff attorney at the National Law Center on Homelessness and Poverty in Washington D.C. Mr. Rosen received a B.A. from the University of Wisconsin, Madison, in 1994 and a J.D. from George Washington University of Law School in 1998. Before joining the center, Mr. Rosen was a staff attorney with Legal Services of Greater Miami, where he co-directed the Homeless Legal Assistance Project and specialized in government benefits law. At the National Law Center, Mr. Rosen focuses on issues relating to the receipt of SSI, food stamps, Temporary Assistance for Needy Families (TANF), and other mainstream public benefit programs used by homeless people. He monitors nationwide activity affecting the access of homeless people to benefits, and he devises legal and policy strategies to ensure that Federal and State agencies take affirmative steps to help more homeless people receive the income assistance to which they are entitled. Mr. Rosen will present our fifth segment today and respond to questions throughout the conference call.

Third, we have Virginia McCaskey, who works as a policy analyst in the SSA's Office of Program Development and Research. She has been with SSA for almost 6 years and has worked in a variety of settings, including the Office of Employment Support, which develops work incentive policies and materials, and the Office of Disability Programs, which develops policy on disability determination processes. Prior to entering Federal service, Ms. McCaskey worked in community mental health in Indiana for 16 years. Virginia will respond to questions throughout the conference call.

At this time I'd like to turn our telephone conference over to our first presenter, Yvonne Perret.

Yvonne Perret

Thanks, Jim. Initially I'd like to give a very brief introduction to explain why we focus so much on SSI and SSDI. The first and most obvious reason is that it is extremely difficult to serve homeless people unless they have a stable place to live and access to needed services, which they cannot get unless they have a steady source of income. SSI can provide that source. Once SSI is acquired, it can also be used as a building block for people to begin or return to work and to further their recovery, which obviously are extremely difficult to do if their basic needs are not met.

As State deficits continue to build and cuts are made, State entitlements are increasingly threatened. It is extremely important for all mental health providers to know how to access Federal dollars through SSI and Medicaid. In addition, "block granting" of benefits, such as TANF, is increasing as a Federal strategy, and it can pose very difficult problems for people with disabilities. Also, a proposal to cap Medicaid benefits is in the works. We need to focus on ensuring that all people who are eligible for mandatory Medicaid benefits receive them, and certainly SSI is an avenue to access Medicaid.

There is a pressing need for providers who are skilled in helping individuals gain access to benefits. We want to use this call to listen to your program needs and to begin to provide information to help programs evaluate their services related to SSI and SSDI. Your questions are a jumping-off point for starting this dialogue.

Communication with SSA and DDS Agencies

Yvonne Perret

As you know, the SSI/SSDI eligibility determination process is a collaborative one between SSA and the State DDS agencies. The DDS agencies are located in State departments of government, such as the department of education or rehabilitation services. Homeless people have particular issues with the SSI/SSDI process. For example, they may have very severe illnesses that impede their ability to provide information. They often lack the ability to follow through with appointments, due to illness or practical reasons, such as transportation. Homeless people also lack an address and phone, which obviously affects their ability to participate in the process.

It is critical that homeless providers ensure that these issues are addressed and that homeless individuals are an integral part of the process. Setting up meetings with local SSA managers, inviting the DDS professional relations staff to meet with you, and understanding the intricacies and requirements of the application process are ways of moving things along and having effective communication.

Toward that end, we have asked you to talk about the questions that were sent to you. The first question concerns whether your organization has a designated person to be the liaison to the local SSA and DDS offices, or whether this function is performed by a number of staff persons. A related point concerns whether or not you have contact with a professional relations officer in your State DDS office. Both are key strategies for helping to facilitate communication with SSA and DDS agencies.

Question and Answer Period

Q. I'm the discharge planner here at the guidance clinic. Many of my homeless clients don't have their birth certificate and Social Security card when they apply for Social Security disability benefits or SSI. How can we get past that point?

Jeremy Rosen

Sometimes it's important for case managers and other staff at homeless programs to work with people to reconstruct documents they either never had or lost while they were homeless. Birth certificates are an important form of identification for obtaining photo identification and a replacement Social Security card. One way to begin is to work with the person to request a copy of the birth certificate from the vital records office in the State where the person was born.

Technically, however, an identification document is not required when applying for SSI. If applicants know their Social Security number, they should be able to go to the Social Security office and give their number to the claims representative, who can then access personal information such as date of birth, location of birth, and parents' names. The representative can have the applicant verify the information by asking questions such as, "When were you born?" "Where were you born?" "What was your mother's maiden name?" If the applicant responds accurately, the representative can accept the application without ever seeing a photo ID.

Edward Beane

A Social Security card and/or a Social Security number are not even necessary. We can obtain a record based on the individual's name and year of birth, querying our own databases to obtain a number. The lack of a Social Security number should not be a barrier.

Yvonne Perret

We have used that approach a lot, sometimes when an individual has a number that is unclear.

Q. My question pertains to missing Social Security cards. What if an individual is not from this country but did obtain a Social Security card and, having lost it, has no other identification? Can they go through the same system to get it replaced?

Edward Beane

The person can request a replacement card if they have proof of identity. I believe it also depends on your age.

Yvonne Perret

We have been able to use medical records to show identity.

Jeremy Rosen

Yvonne has an excellent point. Sometimes it's necessary to get creative at finding ways to verify identity for people who lack immigration papers, a passport, or other documents. Medical records, school records, military records, and other types of public records can be used. The Social Security Web site lists the types of documentation that may be used and provides a printable copy of the form for requesting a new card, along with instructions.

Yvonne Perret

It obviously would be difficult to get a birth certificate for an individual who was not born in this country, so you may want to use some alternate form.

Virginia McCaskey

For a number of reasons, it would be helpful to try to reconstruct or get copies of any original identity documentation. When I worked in community mental health, this issue came up often. At times, depending on their status, immigrants can request help from the Immigration and Naturalization Service (INS), but family members in the country of origin often can obtain copies of records. It takes time, but individuals who were not born in this country may want to try to obtain copies of their identity documentation.

Q. I work with the Asian population. In my experience, when someone lost his or her Social Security card and we wanted to apply for a new one, the Social Security office sent us to the INS office to obtain documentation before beginning the process to get a new number—even though the person's record had been coded to show lawful alien status.

Jeremy Rosen

Yes, that's been my experience.

Yvonne Perret

Also, lawful alien status is not always coded when a card is issued.

Edward Beane

We require an unexpired document issued by what is now the Department of Homeland Security (DHS). I lead the workgroup for the Asian-American/Pacific Islander Executive Order. Often our staff sends applicants from U.S. territories for Social Security number applications (SS5s). Frankly, this is the first time I've heard of this issue, even from the Asian community; I didn't know we had an Asian homeless community as well.

James Winarski

An Internet listener has suggested getting a baptismal certificate to help obtain other replacement identification.

Jeremy Rosen

I suggest looking at the Social Security Web site. In fact, I am looking at it right now and can confirm that the SSA requires both evidence of identity and evidence of citizenship or lawful immigration status for those born outside of the United States. The Web site contains a detailed list of documents that satisfy those requirements. My best advice is that sometimes, especially for those born outside the United States, it's necessary to get creative. I've actually had people contact relatives in other countries to send documents.

Q. There's no documentation for those who left countries such as Cambodia, Laos, and Vietnam 20 or 30 years ago, even if they have a relative in their home country.

Yvonne Perret

Also, sometimes it is difficult for programs to fund the process of obtaining immigration papers, because it is expensive and time-consuming.

Staff Issues

Yvonne Perret

The next segment focuses on staffing, including what kind of staff programs have and what kind of staff are needed to be effective in gathering and developing information for disability determination. Programs need clinically skilled, curious, creative, and energetic staff who are flexible and understand the information that is needed for disability determination. Outreach workers who engage homeless people and maintain contact with them are essential to helping them through the disability determination process, which can be fairly lengthy.

Ideally, a team approach that includes medical staff and other mental health staff, psychiatrists, nurses, social workers, and case managers can be tremendously effective in providing needed service and gathering information. Even if staff are not housed in one program, helpful collaborative and cooperative agreements can be made. Often, homeless people have had inconsistent treatment histories and may need additional medical or psychiatric workups, as well as a host of other services.

We want to think not only about staff credentials, but also about whether we have the positions and staff that have the creativity, flexibility, and passion for doing this work effectively. Fostering relationships with other providers, such as medical and

psychiatric providers, also can serve the client well. We're asking you to think about and ask questions about how you deal with staff issues and what kinds of concerns you have.

Question and Answer Period

Q. Ed, I wanted to ask you a question about people who are going into local lock-ups and lose their SSI. Is that automatic? Is there any way we could streamline that approach in terms of reinstatement?

Edward Beane

It is automatic. If they're incarcerated more than 1 month, they become ineligible.

Jeremy Rosen

The rule specifically states that individuals who are in jail for an entire month will have their benefits suspended. If they are in jail for more than 12 months, their status will change from suspended to terminated. That requires them to start over from scratch and reapply, which becomes very difficult. Individuals with suspended status, such as those who are incarcerated for 2 months, must go to the local Social Security office upon release with a copy of their release paperwork, and benefits should be restarted fairly promptly. To reiterate, a person's benefits are suspended when they're in jail for a full month. If someone is arrested and is in jail for a few days, their benefits should be unaffected.

Edward Beane

The actual payment status is N02, eligible but not payable. If an individual record is eligible and not payable for 12 consecutive months, then that record is terminated, and the benefit payments can't be reinstated without a full application.

Yvonne Perret

It is very important that individuals bring their release papers with them when they go to the Social Security office upon release. There is no way to speed the process; they are not eligible until release, and it's very difficult to do any re-determination while they're still in prison. However, a Social Security field representative or a community worker may obtain the paperwork and visit the person in prison to begin completing it, so that the paperwork can be put through quickly upon his or her release.

Virginia McCaskey

Specific questions are arising that, ideally, could be answered by calling your field office and asking someone you know. I hear similar questions every time I speak with

providers who serve homeless people. I want to underscore the importance of communication with SSA and DDS agencies. Relationships with field office staff can be helpful in getting to the root of recurring problems and resolving them.

Q. I do outreach. When my team picks people up upon discharge from the hospital who have no identification and are from another country, it's difficult to help them because INS is about 6 months behind. Obviously, 6 months to wait for replacement of a lost green card is a lengthy period for a person with no source of funding and nowhere to live. Are there are any ideas that I could share with my team on how we could better assist these individuals?

Edward Beane

When I was in New England and had relationships with the regional INS staff there, I could call them and get information.

Q. That's not how it works in Chicago, unfortunately. In the past, there was a number you could call to get information, but it is no longer in service. You can stand in a line that is several blocks long on Mondays, Wednesdays, or Fridays, and the client's name may or may not be called. Also, clients are asked for their 18 or 22-digit green card number, which most clients don't have. Even with the number, there is a waiting period of at least 6 months for a green card. I've worked with people who have paid the $135 fee and not received their card within 6 months. Can you offer us any problem-solving strategies? Is there someone at SSA who could deal directly with these kinds of cases?

Edward Beane

This is an ideal issue to address at the senior policy level. The Department of Homeland Security sits on the Interagency Council on Homelessness. I don't know if this issue has arisen before with DHS, but hopefully, we could work together to expedite a resolution.

Yvonne Perret

It's worth calling the manager of the Social Security office you deal with and brainstorming with him or her about how the issue can be addressed, because it is a problem for both your program and SSA. Explore whether a link can be established with INS to facilitate a resolution while the larger policy questions are being discussed. People need to understand what you're up against, and sometimes they don't until you sit down with them and say, "These are the issues we run into, particularly with our homeless clients. How can we work together to facilitate better service?" If that is ineffective, bring the issue to the next level within the office.

Edward Beane

If it doesn't work and you're having difficulty dealing with a manager, e-mail me at ed.beane@ssa.gov.

Jeremy Rosen

In my experience, in Miami, there was a relationship between the Social Security office and the local INS office, and the Social Security office sometimes was able to obtain documentation. If that's not possible, there are important things that Social Security staff can do if they understand the problem. For example, if you apply for benefits and can't verify immigration status, the application typically is denied. However, because I've developed a relationship with local Social Security offices, the offices have agreed to hold applications open with the understanding that I was actively trying to get the documentation. Although it may take several months to obtain the documentation, it's useful to have the application held open, because if it is approved, the client will receive retroactive benefits. It's much better, for example, to apply today, have the application held open for a few months pending documentation, have it processed, and receive benefits dating back to today. Waiting 3 months to obtain documents before applying may result in the client missing out on 3 months of benefits.

James Winarski

It's time for us to move on to our next segment. We are pleased that we have had so many questions regarding frontline issues, but we also wanted to encourage administrators to raise issues or questions about programmatic, strategic responses for developing relationships with SSA offices, keeping in mind that PATH funding may be available to support those strategies.

Training

Yvonne Perret

Training is a critical issue for all staff. It's not just about making sure people know what to do. It is about making sure that all of the observations that each staff person makes about a client's behavior are put together appropriately and comprehensively. To do that, we all have to understand the requirements of the disability determination process. Staff often have had some experience and training in this process, but sometimes they do not have the whole picture and feel frustrated and discouraged. Ensuring that all staff are thoroughly trained means better service and more accurate determinations for our clients. Staff will put their effort where it will have the most impact. Training also can lead to improved morale when staff feel more effective.

Training is a priority for making work effective. That is why we're asking you to consider the questions we sent on training.

Question and Answer Period

Q. For several years, I have been the sole benefits specialist for the department of mental health. Previously, I was a disability examiner for a DDS agency. Why don't DDS agencies use presumptive disability more often, for those who meet the strict eligibility requirements of the department of mental health and receive case management? DDS could accept a letter from us and fulfill the presumptive disability, allowing the client to receive benefits while we fill in the blanks.

Virginia McCaskey

That would be an attractive solution. You know, as a past examiner, that DDS agencies have a vested interest in making a fast decision. The problem with presumptive disability is fear of reversals; it's likely that examiners would be judged harshly on the basis of reversals. There is nothing that would prevent DDS agencies from using presumptive disability, if they were certain that the evidence was solid.

Q. The problem is that presumptive disability is usually found in individuals who have a fatal illness or are blind. When it comes to mental illness, even a letter by the treating physician stating the diagnosis and prognosis does not result in presumptive disability. It would be wonderful if they taught medical students how to write reports for Social Security, so they could provide us with the correct information needed for a determination.

Virginia McCaskey

If you allege an impairment that meets one of about 13 severe conditions, such as a terminal illness or Down Syndrome, SSA regulations permit the field office to make a decision of presumptive disability.

DDS agencies are State offices and have more discretion. The agencies can use presumptive disability at any point during the development of the case if they feel certain that the claim will be successful. There is, however, some variation. DDS agencies are subject to regulations, but we have contracts with the States that allow them discretion in terms of how they implement the requirements. If the DDS agency in your State is not willing to use presumptive disability, schedule a meeting with the administrator and/or the medical relations officer at the DDS to discuss it.

Yvonne Perret

One possibility is to propose a pilot approach toward using presumptive disability, saying, "Let's try it with *x* number of individuals. We will submit the information, gather everything to prove it, and see the outcome." That minimizes the risk of reversals and allows for problems to be addressed.

Edward Beane

A manual we're producing in collaboration with the PATH program is going to be helpful in addressing this issue. Also, field offices can make presumptive disability and blindness decisions. The *Understanding SSI* booklet lists the criteria for presumptive disability that allow the claims representative in the Social Security field office to make an immediate decision. Did you want to know why the DDS agencies don't take advantage of presumptive disability?

Q. Yes, especially because of two factors. First, the department of mental health eligibility requirements are very strict. Second, the requirements correspond to those of Mass Health, which provides the Medicaid function in the State and uses the same manual that the DDS agency uses. Individuals that meet Mass Health or Medicaid eligibility may be denied eligibility for Social Security by the DDS agency, even though the requirements are exactly the same.

Virginia McCaskey

We encounter the same issue in Indiana, where I work. Indiana is a 209B State, which means that it makes separate determinations. There are about 12 States that do not adopt the SSI decision.

Regarding guidelines and training for physicians, SSA has a professional relations branch that has developed a number of training materials for physicians, including a module on mental health. The materials are not yet available, but when they are released, I can make them available for dissemination through the PATH program.

Q. I'm very interested in the idea of developing a relationship with someone in the SSA office, and I hadn't heard of the title or position of professional relations officer before. Is a professional relations officer available in every local office? Also, are the managers and supervisors in the local offices aware that their role includes having a relationship with different agencies to help answer questions?

Virginia McCaskey

The position of professional relations officer—or, as some States call it, medical relations officer—exists in the State DDS agency. There is one officer in every agency. The officers are coordinated at the national level by the professional relations branch in the Office of Disability Programs at the central SSA office. You can call the state DDS agency and ask for the professional relations officer or medical relations officer by title.

These officers have two main functions. One is to find consultative examination providers and establish contracts with them to provide for consultative exams. This is a problem in some areas, particularly with specialty providers, and can delay disability decisions. The other responsibility that the officers have is to educate medical providers

in the State about SSA evidentiary requirements, including reports, and to try to establish good relationships with providers. In many States, the medical relations officer is available to make presentations or train staff in your organization.

Yvonne Perret

Our medical relations officer, in Maryland, is wonderful and does a lot of work with community providers. I encourage you to contact the officer in your State and discuss ways to collaborate.

Jeremy Rosen

In addition, I would stress the importance of developing a relationship with a supervisor or manager, particularly at a local office that is used frequently by your clients. That person is able to make decisions such as whether to hold open a claim while you gather evidence, rather than issuing a denial, or otherwise facilitating or accommodating particular applications.

Virginia McCaskey

It might help to make a brief explanation about the role of the field office and the DDS agency. The field office handles administrative functions, including the development of income and resources, the verification of applicants' identity, and the identification of benefits that individuals may receive if they are found medically eligible. The DDS agency deals with medical eligibility questions. It is important to contact the correct office. For example, if you call the DDS agency to discuss immigration issues, you will be referred to the field office.

Q. How can we assist people whose benefits are suspended when they are hospitalized? While we are working to have their benefits reinstated, they have no resources for medications or housing, and they are forced to live on the street.

Yvonne Perret

For individuals who are receiving benefits and paying rent when they enter the hospital, and who expect to be released within 90 days, the hospital can provide a statement confirming that their release is expected within that time frame. Their SSI check then will continue to be issued for up to 90 days if the funds are needed to pay rent and maintain housing, so that individuals will not lose their living situation. For individuals who are hospitalized for more than 90 days, you can do a pre-release procedure to complete some of the paperwork, but the individuals are not eligible until they are released from the hospital.

Edward Beane

That is true except for individuals with no other source of income whose hospital stay was being paid by Medicaid. Those who were receiving a full SSI payment and no Social Security Disability or Veterans Administration payment are covered by the provisions of Section 9115, which provides for payment continuation in the case of hospitalizations of 90 days or less. Otherwise, individuals' benefits are capped at $30 per month. For those who have another source of income, reinstatement of SSI requires the field office to be notified of their release from the hospital.

Medical Records, Forms, and Procedures

Yvonne Perret

For our purposes, a discussion of medical records should include procedures that programs use to submit medical records that are essential to disability determination. Program staff should keep in mind that, because the DDS agencies use medical records to make disability determinations, the submission of the records is absolutely critical.

It's extremely important to ensure that the information from the record that is provided is comprehensive, addresses the person's illness and impairments that are being treated by your program, and is sent quickly. Often, processing releases from the medical records department is handled by staff who are unfamiliar with the process, and helpful information from the records is not included. Outreach staff must ensure 1) that all pertinent information from the records is sent; 2) that the DDS agency knows about all of the relevant treatment sources; 3) that ongoing contact is made with the agency about information that has been sent and received; and 4) that releases of information are done in accordance with HIPAA and State regulations. Otherwise, the DDS examiner and the medical records staff are unaware that important information is missing. Outreach workers and case managers must ensure that comprehensive information is sent to DDS, or the claim will be decided based on incomplete information.

Jeremy Rosen

It is important not only to provide information from your own agency, but also to recognize that it may be necessary to get medical information from individuals' previous treatment providers, possibly for follow-up by SSA or the DDS agency. Staff who work with clients must be cognizant of the need to ask clients about other places where they have been treated in the past and to try to complete missing information, sometimes using detective work.

Virginia McCaskey

One of the questions we sent to you concerns faxed medical records. Faxing records to the DDS agency can be very important because it saves time. The DDS agencies maintain vendor files, and they send out automated requests for information to the address that your agency has identified as the place for medical records requests to be sent. If you have not previously identified yourself as a contact—for example, on the green disability report form—it's very helpful to include a cover letter with the medical records that you send. The letter should include your direct phone number so that the examiner can contact you to request additional evidence if necessary.

Provide your contact number up front. If you have medical evidence, you can bring it to the field office when you file the claim or you can mail it. In other words, don't wait for the office to send a request.

Yvonne Perret

If an individual is hospitalized or receives an additional diagnosis or new treatment, that information should be provided. It doesn't have to be submitted at the beginning of the process. It is helpful to provide information as things change, because sometimes individuals are connected with services along the way. As long as the process continues, you should continue submitting information.

Question and Answer Period

Q. Our agency has moved to computerized records, and the records are not very specific. In the past, we have tried to include a letter from our psychiatrist or physician describing symptoms and providing other information, but we have had some difficulty with obtaining disability determinations in relatively clear situations. Are there specific issues that should be included in the letters, or if there is a better way to provide that information?

Yvonne Perret

Typically, records are fairly good concerning diagnosis and treatment, but they don't address how a person's impairment affects his or her day-to-day functioning. That is one of the critical pieces for a finding of disability, in the context of functioning related to work. For example, if a person has a great deal of difficulty maintaining personal hygiene due to depression, it would be difficult to maintain a job. There are four categories of functional issues that SSI and the DDS agency use that need to be addressed. Those issues may not be included in your records or letters. The four categories are activities of daily living, social functioning, concentration, and persistence and pace. The latter concerns a person's inability to sustain his or her attempt to work.

In a fairly broad way, activities of daily living include what we all need to do to be able to work. We need to be able to get up on time, get clean, get dressed, feed ourselves, maintain a stable living situation, pay our bills, and either drive or use public transportation. For our purposes, activities of daily living go beyond the minor ones that we think of for occupational therapy evaluations, for example.

Social functioning concerns a person's ability not to be sociable, but to communicate and interact clearly with other people in a sustained way and to continue to function. Can the individual communicate clearly? Is he or she comfortable around other people? Does the person easily become agitated or aggressive? You can gather information on how individuals function in terms of relationships by determining how they relate to people in their lives, including you. In conversation, are they able to be with you? Do you notice them getting very anxious? Is the conversation difficult to follow?

Concentration, persistence, and pace concern a person's ability to stay on task and complete the task in a way that's comparable to other people. In terms of work settings, can the individual remember and follow directions? Can they follow them consistently for more than one day? These questions are related to cognitive functioning. Persistence and pace also concerns whether a person has tried to work three or more times in the last year, become symptomatic, and been unable to sustain the effort to work.

It is important to assess how a person functions and whether impairments are tied to the illness. If they are, you must articulate that. It can be stated in very simple language, rather than in psychiatric language, such as, "Yvonne is so depressed that she cannot get up on time in the morning and only bathes once a month."

Virginia McCaskey

It's probably more effective if you give very specific examples. Within the DDS agency, all cases are sent to a psychiatrist or psychologist for review. There must be a sufficient description of symptoms to support the diagnosis you provided. The functional categories are critical.

In addition, we must take into account the effects of structured settings. For example, if someone is being released from the hospital and must move to a group home because he or she is unable to function independently, it should be noted that the person's functioning is fairly high because of the effects of the structured setting. Also, discuss other types of assistance, such as outreach provided by case managers to a semi-independent apartment setting.

The effects of medication or other treatment also should be discussed. Your reports definitely should note whether an individual experiences significant side effects or has developed long-term problems, such as Tardive Dyskinesia, that cause symptoms. For

a person undergoing a series of electroconvulsive treatments, the reports should note whether they have developed memory or drowsiness problems.

Jeremy Rosen

This issue cannot be stressed enough. I used to work as an attorney trying to put together individual disability cases. We routinely contacted treating physicians and asked them to provide just this type of letter. We always provided a one-page guidance document about the kinds of things that would be helpful to include in the letter. Unfortunately, physicians are very busy and sometimes didn't look at the document. Sometimes we received a letter that, instead of providing information, states a conclusion. *It is important to note that it is the SSA's job to make the conclusion about whether or not a person is disabled*. It doesn't particularly help to just have a conclusion in the letter, such as, "This person has schizophrenia, they're disabled, and they can't work." What's important is that Social Security receives the information, the diagnosis of schizophrenia, and all of the information about the person's functioning and, most likely, inability to function. By providing that information, you allow SSA to reach the conclusion that the person is disabled and unable to work.

Yvonne Perret

Your role is to provide observations of behavior that lead to the conclusion that the person has a disability.

Virginia McCaskey

We do need an acceptable medical source to provide a diagnosis and support for that diagnosis so that we can find that the person does indeed have an impairment. The other types of information on functioning can be provided by a case manager or by a social worker at the agency that has contact with the patient. We can accept information about functioning from family members and from treatment providers who are not psychiatrists or psychologists.

Continuing Eligibility and Continuing Disability Reviews

Jeremy Rosen

As we move into this last segment of the call, we're shifting gears a bit. What we're talking about now is what happens after the individual receives a favorable decision and is ready to begin receiving benefits. The work of the individual client, and you as the case manager in assisting that person, is not over at this point. There are several more steps in the process that are extremely important and that may require your help.

First, you must ensure that your clients remain financially eligible for benefits, so that they don't run into any problem with income, resources, immigration status, or anything

that derails them from having their benefit checks start. Second, you may need to help your client find a representative payee to manage his or her benefits, or you may decide to become a representative payee yourself.

Third, you may need to help a client who is having a continuing disability review. Every few years Social Security will re-evaluate an individual's case to be certain the person continues to be disabled. This involves a new review process where Social Security determines whether or not the person has had any medical improvement. The case manager can help clients turn in documents and fill out forms to help demonstrate, typically, that the individual has not improved.

Question and Answer Period

Q. I want to expand on the point of co-occurring disorders and how the Social Security Administration is going to consider this diagnosis in making any future determinations. Typically if alcohol and drugs are documented, the disability is not accepted. I'm wondering if this is going to be considered in the future as part of determination.

Jeremy Rosen

I think it's important to be clear about the current rules because I know there is a lot of confusion about what they are. The actual Social Security rules *do not say* that because there is alcohol or drug use a person will be denied. That is not the case. What the rules actually do say is that Social Security should evaluate these claims by determining whether or not the individual would remain disabled if, hypothetically, the drug and alcohol use ceased.

For example, I used to represent homeless clients who had a long history of alcohol use, and many of them received disability benefits based on cirrhosis of the liver, because that was an ongoing condition that disabled them. Even if they stopped drinking tomorrow, hypothetically, they had been drinking for so long that this disabling condition would not go away. It was, at that point, a chronic condition. So that, I think, is a standard under which claims should be evaluated.

Yvonne Perret

When you're looking at someone with a mental illness and a substance use disorder, it is very difficult, sometimes, to tease out what affects what. Often, if you can get a comprehensive enough understanding of the substance use and its context, you can arrive at a more accurate conclusion as to whether the person would remain disabled even if he or she became sober. This involves asking a lot about past history, including trauma history and past symptoms of the mental illness that may not have been treated but were there. So it's not necessarily a question of when the person started treatment and for what, but what was going on in their lives.

It behooves to get a much better understanding of what led to the substance use, what's going on with it now, and why the person picks particular substances. Usually it's not a random choice; it's because a certain drug leads to a certain feeling. Sometimes this drug use may be to deal with symptoms of their illness. So if we can find out more about that and explain it, it becomes clearer both to the treatment folks and to the DDS. I hope that helps.

Virginia McCaskey

I don't have any argument with anything that either Jeremy or Yvonne just said. The way that SSA actually approaches this issue is based on changes in the law Congress made a few years ago that no longer permit us to pay benefits on the basis of a substance abuse diagnosis alone. So when there are co-occurring disorders, the way that Social Security approaches the determination is to make a decision first about whether the person is disabled. Then we apply a standard about whether the substance abuse is what we call material to a finding of disability. As Jeremy noted, the fundamental question is, if the person stopped using today, would he or she still be disabled?

So one of the other issues that you might want to address is the client's psychiatric history. Very often, if you go back far enough, you find that some form of depression or other type of psychiatric disorder pre-dated the substance use. This is one of the things that's important in looking at materiality. The other thing is the possible presence of end-stage organ damage or neurological problems that are the result of long-term drinking and that are not going to improve even if the person stops drinking. So those are the kinds of things that I would urge people to address in the medical records that they send to SSA.

Q. How can basic income security help clients achieve recovery and employment goals?

Edward Beane

That's a great question. We've begun discussions between our employment programs and the Department of Labor. I look at it in terms of access to mainstream programs. But what happens from there? I think that if you asked a homeless person what he or she wanted, he or she would say, "I want a place to live." So if we can get someone into a supportive housing situation and help them gain access to treatment, we've elevated them to some degree. There are many programs, such as IDAs and PATH programs, that can help individuals who receive SSI to obtain homes and resources. There are even programs that allow individuals to set aside money to buy their own homes.

Yvonne Perret

It's extremely difficult to think about managing and recovering from depression or a psychotic illness when I'm in a living situation that is so unstable and so frightening, quite frankly. So I think that SSI can provide, as Ed said, a beginning for gaining stability and a place to live, and ensuring that I have the food and other things that I need. Then I can focus on things that go beyond survival. Cleary, we have to address the fundamental needs first, because that's what all of us as humans need on a very basic level. When we talk about SSI, it's certainly not true that people get to have whatever they need, but it's a start. So we who are working with folks really need to think of it as a start and not as an end-point. Sometimes we feel like getting SSI is such a struggle that we breathe a sigh of relief and say, "There, that's done." Well, actually it's just the beginning.

Edward Beane

I couldn't agree with you more. What focuses it even more in my own mind is sitting with other senior policy folks from other agencies. It seems to me that every Federal agency does a wonderful job of articulating what programs and policies they administer, and it ends there. There's no discussion of how we can work together toward a common goal. The key, I think, is going to be Federal agencies educating each other. The current thinking seems to be that if we all hold hands and stick together, we can get something done. But that's just the beginning.

Yvonne Perret

It is important to have input in calls like this and other kinds of forums from people who are really out there doing this work, so that what you intend to have happen when policies are passed is really what happens, because sometimes there are unintended consequences.

Concluding Comments

Yvonne Perret

It's clear to me from the questions that there a lot of concerns about how this whole process works. However we can brainstorm to help answer these questions, I certainly am willing to do so. I think it's hard sometimes to ask questions when some of the parts of the process are unknown. So we'll just keep plugging away at it.

Jeremy Rosen

I agree. Before we end, I'd like to put in a plug for something which may be of assistance, at least in the future. Both Yvonne and I, along with Michael Hutner and the PATH program, and along with Ed and Ginny from Social Security, have spent quite a lot of time working on an SSI manual. The manual is designed to take people through this process from beginning to end, and it includes material that would answer a lot of the questions that we've heard today on this call. We hope this manual will be available by the end of this year or by early next year. I believe it will go to all PATH programs and also will be available on the Internet.

Virginia McCaskey

I'd first like to thank everybody for calling in today. We got a lot of really great questions, not all along the lines of what we were expecting, but it certainly gives us things that we want to continue to work on, such as the immigrant issues and the pre-release procedures and getting information out to people about these issues.

I worked for a long time in community mental health, and if I had known then what I know now, I probably would have been able to get Social Security benefits for everybody the first time. We wouldn't have had too many denials. There is a lot of information out there already, a lot of resources on our Web site and in other places, and it really is worth it to educate yourself about the process to try to do a better job of assisting your clients. If there are further questions or suggestions for Social Security on how we can improve the quality of our information to the public and to service providers, let us know.

James Winarski

I like to thank our presenters today—Yvonne Perret, Ed Beane, Jeremy Rosen, and Virginia McCaskey. Your expertise is most impressive. You did a wonderful job, and I thank you for being a friend of the PATH program. Your help means a great deal to us.

Also, I want to thank our director, Mike Hutner. He's the Director of the PATH program at SAMHSA, and he has been upfront on this issue for a long time. He deserves a great deal of credit for really pushing it forward, because it's an issue of critical importance for the population we serve. It means a great deal.

Also, a special thank you to Margaret Lassiter, who is with Policy Research Associates; Margaret did a tremendous amount of work on this call, the documentation, and the Web site.

Thank you, especially, all of you in the audience, for your interests, for your continued efforts, and for your dedication to serving the most vulnerable people in our nation. My hat's off to you all. I hope this was helpful to you. I encourage you to use the resources

that are listed on our Web site and to remember that the audio link, as well as a transcript of this call, will be posted soon. If you know other folks who weren't able to attend the call, please let them know that this information is available.

This is the end of our call.