SSA Disability Programs: The Eligibility and Appeals Process

Part I

A Transcript of the
PATH National Teleconference Call

Presenter: Thomas Golden
Respondent: Connie Schlittler
Respondent: Suzanne Grubaugh

November 9, 2000
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Part I: November 9, 2000

I. Welcome and Introductory Remarks

Welcome everyone to another PATH National teleconference. My name is Gary Shaheen, and I'm from Advocates for Human Potential (AHP) in Delmar, NY, the technical assistance contractor for the PATH program. I will be serving as your moderator for today's call. We are pleased that you have decided to join us in one of our series of national teleconference calls that are designed to provide information and technical assistance to programs serving individuals who are homeless and have mental illnesses.

Today we are presenting the first of two teleconference calls on the Social Security Administration's disability programs. The second call will be held on Tuesday, November 21, at 2:00 pm EST.

Before we begin, I'd like to extend our appreciation to Greg Gibson and the State of Texas for all their help in arranging our previous calls. Today we're using a new system, but the calls up to this point could not have been possible without their help. So thanks again, Greg and Linda.

There is a growing interest at the federal, state, and local provider levels in today's topic. To help us keep national momentum going on Social Security issues, we need your help. We are asking that any PATH provider or state PATH contact who has a staff person assigned primarily to benefits management issues please provide us with that person's name, title, e-mail address, and phone number. Send this information to Marjorie Steinman at msteinman@ahpnet.com or fax it to Marjorie's attention at (518) 475-7654. We will use this information to create a list of national disability benefits management specialists.

Before we begin, I would like to review the format for the call. I will begin by asking Dr. Michael Hutner, the PATH Government Project Officer, to say a few words of introduction. I will then introduce our featured presenter, Thomas Golden, and our two respondents, Connie Schlittler, State PATH Contact from the State of Oklahoma, and Suzanne Grubaugh, Dual Diagnosis Money Manager at St. Joseph's Center, a PATH provider from the State of California. Thomas will have 45 minutes to deliver his presentation. I'll then ask each of our two respondents to describe issues they are

facing in the SSI/SSDI eligibility and applications process. We will use the remaining time to open the lines for questions and comments.

A. Comments from Michael Hutner

Thank you, Gary, and to everyone participating on this call. It's an understatement to mention that getting people eligible for SSI benefits is such a critical, and yet often overlooked, prerequisite for helping people obtain housing. We hope to partner with all of you in correcting this. We will try to locate, share, and develop training materials. We also encourage nationwide networking on eligibility issues that can help document the experience of getting people eligible for SSI. For example, how long does it take? What percentage of cases are denied the first time around? Another possibility is to identify specific obstacles and roadblocks to eligibility and share information on exemplary practices developed to address these.

Tom Golden will be referring to a Powerpoint presentation that was sent to each of you prior to this call. If you did not receive it for any reason, you can request a copy from AHP following this teleconference. Also our PATH subcontractor, Policy Research Associates, will be announcing a new PATH website. You will soon receive a request from PRA asking for your e-mail address to help facilitate this project.

Lastly, we are finalizing a publication on participation in the Continuum of Care process. Ann O'Hara and Emily Miller from TAC—the Technical Assistance Collaborative—prepared the document under subcontract to AHP. It's similar in its approach to a document we sent previously on participation in the Consolidated Planning process. This will be available and sent to providers and state PATH contacts in about four to five weeks. Thanks very much.

Gary. Thank you, Michael. I'd like to introduce our speaker and our two state PATH respondents. Then I'll turn it over to Thomas to begin his presentation.

II. Panelist Presentations

A. Introductions

Thomas T. Golden serves on the faculty of Cornell University in the Program on Employment and Disability, in the School of Industrial and Labor Relations. Thomas has directed several national, regional, and state projects on SSA disability, work incentives, and return-to-work programs, and designed an in-service education program for SSA PASS specialists on work incentive programs. He has published on an array of topics related to vocational rehabilitation and SSA's disability, return to work, and work incentive programs, and is currently the president of the National Association for the Education of Community Rehabilitation Personnel. Most recently, Thomas was appointed by President Clinton to serve as a member of the National Work Incentives

Advisory Panel. I'm very pleased to welcome my good friend and colleague, Thomas Golden.

Connie Schlittler is the State PATH Contact for Oklahoma. She has run a Social Security outreach project for more than three years that helps people with mental illnesses who are homeless apply for and obtain SSI/SSDI benefits. They have had great success in gathering the assessments and other supporting material that people need to obtain benefits more quickly. Welcome, Connie. We appreciate your willingness to share your experiences and program strategies with us.

Suzanne Grubaugh has more than 27 years' experience as a social worker, and is currently the Dual Diagnosis Mobile Money Manager at St. Joseph's Center, a PATH provider located in Venice, California. She develops programs to help people with mental illnesses who are homeless obtain and retain benefits. Her work can best be summed up by the heading of the outline she sent to me in preparation for this call. It reads, "Straddling the Chasm Between the Streets and the System." Welcome, Suzanne, and thanks for agreeing to speak with us.

B. Thomas Golden

It's a pleasure to be with you. I'm going to talk to you today not so much from a practice perspective, but more from a policy perspective, to give you an understanding of the disability evaluation and application process of the Social Security Administration to access Supplemental Security Income and/or Social Security Disability Insurance. And I'm excited about the individuals who are going to be responding to the presentation.

I'll start out by giving you a general overview. To begin with, I want to make it clear that there are two disability programs under the Social Security Administration—Social Security Disability Insurance or SSDI, which is outlined in Title II of the Social Security Act, and Supplemental Security Income or SSI, which is outlined under Title XVI.

The Title II or Social Security Disability Insurance program is an entitlement program. It's just like health insurance or life insurance—you pay into the system, and you are able to capture the benefit at a later point when you need it. We all pay into that system through the Federal Insurance Contribution Act (FICA). And that Title II program funds retirement benefits, disability benefits, and dependent benefits.

The Supplemental Security Income program is very different in that it’s an economic need-based program. Its intention is to bring people up to a minimum poverty level, and is designed for individuals who demonstrate a specific economic need and are 65 years of age or older or who have a disability. Most of the folks in the

mental health system fall under this category of benefit, although there are people with work histories who have paid into the system and are eligible for SSDI.

Understanding how the Social Security Administration looks at disability is critical. When people are denied benefits it's often the result of not understanding that perspective and, therefore, not providing the correct information. A person needs to first meet SSA's definition of disability. However, if at any point in the future the person does not continue to meet this definition, they lose their eligibility. So all your work could be in vain if you don't understand that the definition of disability doesn't just apply during initial eligibility, but throughout that person's benefit status.

When we talk about the definition of disability, SSA defines that as the inability of an individual to engage in any substantial gainful activity, called SGA, by reason of a medically determinable physical or mental impairment that is expected to result in death, or which has lasted, or can be expected to last, for a continuous period of not less than 12 months. The first part of the definition, then, is that a person has to have an inability to engage in substantial gainful activity. Here we're talking about the ability to work at or above $700 a month.

The second part of the definition is that a person's inability to engage in SGA has to be because of a medically determinable physical or mental impairment. It must be thoroughly documented by a qualified medical examiner. Finally, there's the duration part of the definition—the disability must be expected to result in death or to last for a continuous period of not less than 12 months.

Let's look at this a little bit more closely. When SSA receives an application, they send it to the state Disability Determination Service, the state agency responsible for making SSA's determination of whether or not a person actually has a disability. A team of individuals takes the file through a sequential evaluation process and tries to maximize the applicant's ability to go through this process smoothly and seamlessly. There are five critically important questions that you're going to need to ask yourself as you're helping a person make an application. These five questions represent the five steps in the sequential evaluation process.

Step 1: Substantial Gainful Activity. The first question is, is the person working at a substantial gainful activity level? In the case of many of the individuals who are homeless, it's more than likely they're not going to be working. But I'm aware of cases in which individuals have had jobs or they're working but getting paid under the table.

Often, I've worked with individuals who report this information, not understanding that it could have an impact on their ability to meet this prong of SSA's definition of disability. The key here is, if you're working with somebody who may be employed or

receiving earnings from work that they are doing, you can bring those earnings down below SGA if they're at an SGA level.

An important point to understand about this substantial gainful activity level is that, while on paper it appears that the consumer you're working with is not earning more than $700 a month, you need to know that SSA has what it calls a secondary SGA level. The secondary SGA level is earnings between $300 and $700 a month. SSA makes a secondary SGA decision by determining whether the individual is making a wage that's commensurate with an individual doing the same job who doesn't have a disability.

If the person is working at a commensurate level—that is to say, if someone else without a disability is making the same type of wages in a similar job—SSA could determine that earnings above $300 a month meet the secondary SGA level. They may then deny the application based on that alone.

There are a couple of things you can do if you're working with a consumer who is working or has reported earnings to SSA. There are two work incentive programs that apply during the initial eligibility phase that are important for you to understand.

One is what we would call a subsidy. A subsidy or an impairment-related work expense is a cost to an individual that is required for them to be able to work. If a person is paying for a service that allows them to be capable of working, SSA could translate that into a dollar amount and subtract that from the individual's earnings, which would bring them below the SGA level. Or if someone else is subsidizing that employment—for example, the employer or an agency that provides some sort of job support or transportation to the job—that could translate to a dollar amount as well. That would enable the individual to meet this first prong of the disability definition.

So, as you make an application, you've got to ask these questions. Is the person I'm working with working, or have they reported to SSA mistakenly that they do have earnings? And if so, have we applied for the work incentive provisions to bring those earnings down below SGA?

There is some good news I want to tell you about with regard to the SGA issue. Right now the Social Security Administration has proposed eliminating the secondary SGA level. What that means is there would no longer be a gray area between $300 and $700; SSA would use the $700 figure as the litmus test.

Those regulations are not yet final, and we're not expecting them until January 1, 2001, or thereafter. But the SGA proposed rulemaking would get rid of secondary SGA and also would index, based on the National Annual Wage Index, the SGA level every year. So that level would go up and not be static at $700.

Keep in mind, if you're working with an individual who is blind, they don't have to meet the initial SGA test here. They will have to go through a test for blindness, to make sure that they meet SSA's definition or criteria for blindness.

Step 2: Severity of Impairment. Let's talk about the second prong of the definition of disability, which is the severity of an individual's medically determinable impairment or combination of impairments. SSA wants to know if the disability is severe in terms of rendering the person incapable of performing substantial work. This is key to the disability determination process because it requires you to have extensive documentation. What does that mean? Well, I've seen this take a couple of different forms. Number one, I've seen individuals who have really good documentation of their disability, but nowhere in it does the doctor make a statement to the fact that this person's disability or impairment renders them incapable of working.

That's a critical sentence to have somewhere in that report, highlighted with neon flashing lights around it, if you will, so they can't come back with a question about whether or not a qualified medical examiner would make that statement. That's the first piece of it. Social Security policy requires that for an impairment, or combination of impairments, to be considered severe, it must significantly limit the person's physical or mental ability to perform one or more basic work activities needed to do most jobs.

So what we're talking about here is tweaking the way doctors write reports to ensure that they reference the specific life area, or the specific physical or mental ability, that is impaired, and directly ties it to a basic work activity that's needed to do most jobs. Examples would include things like walking, standing, seeing, hearing, stooping, or squatting—anything that speaks to a physical capacity. Certain cognitive or psychiatric impairments also could potentially inhibit a person's ability to work.

Based on consideration of the medical factors and evidence alone, SSA makes a decision about whether or not the person's disability is severe. They don't look at anything else besides that. Slight impairments that have no more than a minimal impact on a person's ability to perform basic work are going to result in a determination of "not severe." And a non-severe determination, at this point in the process, means the person is not considered to be disabled and could be found ineligible to receive benefits or could lose benefits they have been receiving.

This is extremely critical as we think about how to quantify an individual's disability. Someone gave an example of how difficult it is to get some consumers to appointments with SSA to fill out the application. That's something you want to document because that is definitely a trait or a characteristic that could stem from a disability that would preclude the individual from functioning successfully in work.

Step 3: The List of Impairments. The third prong in the evaluation process is, if the individual's impairment is determined to be severe, does it meet or medically equal the severity of a listing in what SSA calls their List of Impairments? You can get this List of Impairments from your local Social Security office. It's also available online at the SSA Web site, www.ssa.gov. The List of Impairments provides a description of medical conditions that are considered severe enough to prevent an individual from performing work at a substantial gainful activity level.

If the medical evidence that you provide supports the fact that a person has an impairment that is of the same level of severity as described in the listing, and the impairment meets the time frame I mentioned earlier (either it's going to result in death, or has lasted for at least a continuous period of 12 months or more), then that person will be determined to be disabled based on their medical considerations alone.

Step 4: Capacity to Do Previous Work. Let's move on to the fourth prong of the disability determination. If the impairment is severe but does not meet or equal the severity of the listing, SSA is going to look at whether the individual retains the capacity to do his or her past relevant work considering the person's residual functional capacity.

Even though you can't remember the last time that one of your clients has worked, SSA is very good at tracking a person's employment history. That's something important for you to understand as you're working with an individual. If they have worked in the past, what type of work have they done? In the application, if you can provide specific correlated documentation from your qualified medical examiner that the person doesn't retain the capacity to do any work that they've done in the past, then you're probably going to make it through this level.

Step 5: Capacity to Do Any Work. The final prong of the sequential evaluation process comes into play if past relevant work is precluded. If you've explained that the individual can't work as they have in the past, SSA is going to look at whether or not the individual retains the capacity to do any other kind of work that exists in significant numbers in the national economy.

In making this determination, SSA will consider the individual's residual functional capacity and the vocational factors of age, education, and work experience. Unfortunately, they don't consider where the person lives or whether they have the clothing and basic necessities that would support them being able to work.

SSA will assign individuals with physical impairments a range of work based on their assessed residual functional capacity. The range of work defines the person's maximum sustained work capability for sedentary, light, medium, heavy, or very heavy work. There's a corresponding table that exists for each of these range-of-work categories. It's important, therefore, to be certain that the individual's qualified medical

examiner looks at a person's functional capacity and explains it in regard to these five different levels of work capability.

Now let's say that a qualified medical examiner is not going to get that in-depth and talk about whether or not the individual could compete in the national economy. You might attach some additional supplemental information to the application that could speak to the person's current state, their living arrangements, their lack of resources, etc., to make an argument that even if the person had the physical capacity to do the work, they currently don't have the resources nor the capacity to do so in other areas of their life. That's the sequential evaluation process.

The only way you're going to get a person qualified to receive benefits is to get them through this five-pronged definition of disability. Keep in mind that the Disability Determination Service team is the one that is going to make the decision for SSA. The team consists of a doctor, a disability examiner, and an outside examiner. They're going to take a look at what the problem is, when it began, what the medical tests indicate, and what treatment has been given.

Supplemental Security Income/Federal Benefit Rate. To be eligible to receive SSI, the individual has to meet the definition of disability, or they have to be blind. If they're not disabled, they have to be age 65 or older. And then there's the income and resource test. I'm not going to go into that a great deal because most of the individuals you work with aren't going to have income and resources that would disqualify them.

When SSA talks about income and resources, they're looking once again at SGA. Is the individual earning money? And are they above that $700 amount per month? Do they receive in-kind support? Often, in-kind support received could be counted against them. Or are there other benefits programs or monetary supports they're receiving that can be counted against them?

Keep in mind that SSI is designed to be supplemental income. It's only meant to raise the individual to a base minimum level of income. There's a standard formula they use to account for earned and unearned income to determine whether or not a person is going to be entitled to an SSI check

SSI is based on a figure that Congress sets on an annual basis called the Federal Benefit Rate. And that rate is the maximum dollar amount that individuals or couples can receive in SSI cash benefits each month. However, some states may supplement the Federal Benefit Rate.

New York State is a great example. The state supplements the rate of $512 for people who are single and living alone with about $89. There are close to 26 states that

supplement the Federal Benefit Rate at this point. That information is available in a statistical chart of state supplements on SSA's Web site at www.ssa.gov.

Things like their living arrangement will impact the maximum SSI benefits for which a recipient is eligible. For example, in New York State, the Federal Benefit Rate for a couple is $875 a month. Certain congregate care living environments may have a higher Federal Benefit Rate, but you would need to check your state chart.

Keep in mind that earned income will impact the maximum benefit amount that an individual can receive under the SSI program. The work incentives we talked about earlier provide for exclusions in this SSI formula that could potentially raise an individual's benefit check. If a person does begin receiving benefits and then starts to work, SSA will allow them to keep the first $65 each month. After that, they'll take away $1 of benefits for every $2 that the person earns.

SSA also looks at a person's unearned income, with some exclusions. Let's say an individual receives a veteran's benefit. SSA will allow $20 to be excluded from the total monthly amount they receive. Then, they'll subtract the remainder of the veteran's benefit from the Federal Benefit Rate that this person would receive based on his or her living arrangement, and that would be the amount of the SSI check.

The other part of SSI eligibility is that the individual meets a resource test. This might not be an issue for most of the people with whom you work, but it's worth mentioning. The SSI program has set by statute a resource limitation. This includes real or personal property, which could include cash. The current limits are $2,000 for individuals and $3,000 for couples. The limit cannot be exceeded at the beginning of each month.

That doesn't exclude someone who receives retroactive SSI payments; SSA may give them a month to spend that money and get it down below the resource limit. But, for the SSI program, an individual is going to need to continue to meet the definition of disability, plus continue to meet the income and resource test, throughout their benefit status. If at any time they don't, they're in jeopardy of losing the benefit that you've worked so hard to get them.

Let's talk briefly about benefits for people who are homeless. Individuals eligible for SSI who are living in a public shelter for the homeless could be eligible for up to six months of SSI benefits in a nine-month period. This provision is intended to enable homeless people to plan for more permanent living situations. SSA can make special third-party payment arrangements for people who are homeless. When applying for this provision, it's critical for you to have a fairly good relationship with your local Social Security office and particularly with someone who understands this provision of the law.

There are also emergency advance payments, as well as immediate payments of benefits, that may apply. Unfortunately, we don't have time to go into those. They're fairly complex provisions. The Social Security Administration publishes a handbook that is a really good resource for you on these issues. It was last published in 1997, and is still relevant. It has a very in-depth 20 to 25-page index, where you can reference emergency advance payments, benefits for the homeless, or immediate payments.

You can find the handbook online under the publications link on the Social Security Administration Web site at www.ssa.gov. I'd encourage you to get a copy. There are so many subtleties in this program and variances as you go from one state to another that I consider it to be a necessity if you want to be successful in supporting people going through this process.

Required Documentation. I'd like to say a few words about the type of documentation that SSA requires. While this is very important and while SSA puts a great deal of emphasis on the types of documents you supply, I've seen a lot of people make the mistake of providing a whole laundry list of data. And where they have always fallen down is in not giving good documentation of disability. So if I had to pick three of these pieces of information that are most critical, I would say disability-related information, disability-related information, disability-related information.

This is what SSA is looking at when they go through the sequential evaluation process. Most of the other information helps you complete the application and provides SSA with some historical data. In many cases, for individuals who are homeless and have a serious mental illness, you may not be able to get a lot of good historical data. Don't fret about that. SSA can always obtain that if they need to. What we want to do is give them really good, solid information on the disability itself.

There is a lot of good information you can provide, but don't give them this to the exclusion of giving them data about the disability. Among the information we have found it very helpful to provide is a summary of an individual's work history. That could be difficult for you to get in some cases. Other types of information that might be helpful if available include latest tax bills; copies of leases or rental agreements; proof of utility, food, and monthly living expenses; payroll stubs; insurance policies; or bank books.

The reason we're providing that type of information is because of the SSI income and resource test. To just say that a person is homeless is not going to explain whether or not the person has income or resources. You're going to have to try to get some sort of documentation that can back that up, or make a statement on behalf of your agency or yourself as a professional that will verify that none of these resources exist.

Further, don’t stop with just giving SSA the person’s medical records. Give them contact information for the medical personnel and the facilities where the person has been treated in the past, and their dates of treatment. Give them information that's available on the parents’ or spouse's incomes. Keep in mind that may count against the person during the income and resource test. Provide names and addresses of schools that they've attended, if you're working with a youngster.

Also provide records of any consultative exams that are authorized by the Disability Determination Section, vocational rehabilitation records, or reports that pertain to non-physician health. Offer any personal references or contact information that you have, including copies of legal documents like birth, marriage, divorce, and death certificates; Social Security number; etc.

If the person has life insurance or a burial policy, provide that information to SSA. Finally, if the person receives any other types of benefits, you need to provide SSA with a list of the type and amount of those benefits.

Keep in mind that it's important to apply for SSI as soon as possible, and to file within 60 days, because there are no retroactive payments available under the SSI program. For SSDI, you also want to apply as quickly as possible because there's a five-month waiting period that's evoked from the month of disability onset. The Social Security program does allow for up to 12 months of retroactive payments.

Presumptive Eligibility. SSI also has a presumptive eligibility provision, and I've seen a lot of people be very successful with this. There are approximately 13 presumptive disability categories such as amputation of two limbs, amputation of a leg at the hip, allegation of total deafness, allegation of total blindness, total bed confinement, cerebral palsy, diabetes, Down's syndrome, HIV infection, and allegation of stroke or cerebral vascular accident, among others.

If a person with whom you work meets any of these considerations, they could be paid for a period of up to six months on the basis of presumptive disability or blindness, pending a final determination. During that time the individual still has to go through the disability determination process. However, if a person meets one of these considerations, there's a very good likelihood that the individual is going to be found to be disabled.

Under this provision, if the payments are granted and individuals are ultimately deemed ineligible for SSI, they will not be asked to repay the money. That's an important provision for you to consider. My time is up so I’ll turn this back over to you Gary.

Gary: Thank you, Thomas. I think presumptive eligibility is of great interest to the folks out there. Where would they find the listing of those 13 categories?

Thomas: The manual you sent out is probably their best resource. There's a section in there called “presumptive disability” which lists the categories. The SSA handbook I mentioned earlier also has the listing of impairments. You can print it from their Web site, or search the Internet. It’s in PDF format and is about 200 pages. But it's worth printing and keeping on your desktop.

Gary: That's great. Thomas did provide us with about a 25-page excerpt from his training manual that he's referring to now. If you did not already receive it, we can e-mail or fax it to you following this call.

Thank you so much, Thomas. It was a great presentation. I'd like to turn this over now to Connie Schlittler to talk for about 15 minutes on some of the problems she’s facing in her programs and some of the strategies she’s using to overcome them.

C. Connie Schlittler

Thanks. Greetings from Oklahoma. What I'm going to talk about today is an SSI outreach project that I headed up here in Oklahoma City through a community mental health center. This was an 18-month grant from the Social Security Administration which targeted people with mental illnesses. As a component of that, we also targeted people who were in the homeless shelters. We particularly worked with one of the day shelters. They gave us offices so we could meet with clients during the day.

I'm going to begin by listing some of the barriers to benefits that people who are homeless with mental illnesses face. I’ll then describe how we designed a program to address these barriers.

Someone was telling us at our homeless conference this year that Oklahoma has one of the highest Social Security denial rates, that every single person is denied on the first application. I don't know if other folks hear that in their state. But apparently, Oklahoma does deny about 95% of the folks on their initial applications, which is terrible. They are working on correcting that in the state.

With our project, we were able to get about 50% of the folks with whom we worked benefits on their first application. And that's difficult, given the population that we're talking about. Of course, people who are homeless with mental illnesses often lack a treatment history. Everybody in the PATH programs knows that. They may never have received mental health treatment. If they have, they may not be forthcoming about their treatment history or how to contact those providers. Often, because they lack insight into their mental illness, they may have trouble articulating

their problems or understanding how the mental illness impacts their day-to-day living, which is important to be able to describe to the Social Security Administration.

People are often homeless because they can't find work and, therefore, lack a work history. But again, if they don't have a history, you don't have evidence of what happened on jobs that would cause them to be considered disabled. So it's helpful to try and find or piece together a work history if possible.

Of course, other barriers include all the obvious things that we deal with all the time—lack of transportation to get to the assessment interviews or to the Social Security office, lack of a mailbox, lack of a telephone, lack of a consistent residence, etc. Clients who are homeless have a very difficult time getting to appointments and may require the help of a service provider to do so.

Another problem is lack of a support system. People who are homeless often don't have a family member or someone who has a history with them who can really describe their functional problems, activities of daily living, or work issues that the clients themselves cannot describe.

Literacy is obviously an obstacle. When people can't read, they can't understand the instructions, and they can't fill out the forms. They can't deal with the written notifications of interviews and meetings. Even if they have been approved for benefits, they may never know it if they don't have someone, or someplace, to get their mail and someone to read them what they need to do once they have been approved.

People with mental illnesses may have memory problems. We all have files and ways of helping us trigger our memory. If we're homeless, we don't necessarily have a file cabinet, even though I have had clients who carried around every single piece of paper that they ever received in their life in their bag. But most people don't do that. So it's really hard to remember where they were, where they received treatment, where they worked—all of those things are important.

In our program, we had three full-time Bachelor and Master's level clinicians, as well as our psychiatrist who was on staff at our community mental health center. It's essential to have a psychologist or a psychiatrist on your team.

The clinicians were able to go out, develop relationships, and build rapport, which we do in our PATH outreach projects. They began by helping people initiate the application through a phone call. The Social Security Administration allowed us to literally fill out the forms over the phone.

It can be difficult for our clients to talk on the phone to a disembodied voice. But we were able to work with them face-to-face. So we had to make judgments about SSI

and SSDI. Of course, Social Security helped with that. Our clinicians also prepared mental status exams.

The psychiatrist or psychologist would go through the same questionnaire that the Disability Determination Unit sent out. We would spend a lot of time with the client getting their information and their understanding of their mental status, and helping them answer the questions.

We did not perform any physical exams, and I think if you want to have a really successful project, you would need a psychiatrist or psychologist to do the psychological exams, and then someone to do physical exams. By doing our own in-house psychological exams, we're taking individuals to a doctor we know, rather than sending them to a doctor across town to which the Disability Determination Unit refers them.

Because some of the psychiatrists and psychologists in our system aren't as strong as others in terms of developing evaluations, our clinicians do a lot of the legwork for them up front. This includes taking an extensive psychosocial history, with all of the activities of daily living.

We spent a lot of time talking to people about what they did in the morning when they got out of bed, and literally just walked them through the day. What do you do? Where do you get your food? Where do you brush your teeth? We try to create a picture for the folks who are reviewing this information.

We spent a day with the Disability Determination Unit evaluators talking to them about what's missing in the records and why they cannot make assessments based on the information they receive. We found that painting a picture of the individual and making it vivid to those reviewers helps a lot. You don't have to be an MD to do that.

We have a lot of clients in our mental health system who have all the vocabulary and know all the symptoms. People who are homeless typically don't carry around that language and know all those symptoms to be able to reel them off. Again, we are successful with someone who has never been in the mental health system just by creating a psychosocial history, identifying a diagnosis, getting that confirmed by the psychiatrist, and creating a mental status exam.

We also tried to document the length of time that the person had been disabled, which is difficult to do without treatment records. We drove all over town and pulled the records together ourselves. As you know, the Disability Determination Unit sends a letter to treatment providers asking them to send in their records. A lot of times folks don't respond to those. So we paid for the copies and hand carried the records to the

Social Security Administration ourselves. We had a special release created by an attorney so we could compile all those records and re-release them to SSA.

A lot of people only release the most recent records, particularly our state psychiatric hospital. So we made sure we got the complete record. Another thing that's helpful for disability evaluators to look at is the DSM-IV diagnosis and why a person receives a particular diagnosis. Again, flesh it out for them. Help them to understand the diagnostic category and why that person fits the criteria for schizophrenia or bipolar disorder.

Oklahoma County is looking at replicating this project and applying under the Continuum of Care. So think about how a project like this fits in your continuum. We found that we needed dedicated, full-time employees to do this. It takes a lot of time and a lot of effort to really do all the legwork and to develop the relationships with the clients.

I recommend at least one full-time person, perhaps funded under your continuum, who can work just with people who have mental illnesses and are homeless. We had an 18-month grant of $180,000 for 3 full-time Bachelor and Master's level clinicians, a part-time psychiatrist, and a part-time supervisor.

Remember that the work you do up front is never lost. It greatly helps people when they're in the appeals process to get approved more quickly and with fewer barriers.

Gary: That's great. Thank you so much, Connie, for this great information that speaks directly to our topic. Suzanne, you're next.

D. Suzanne Grubaugh

Thank you, Gary. Connie, I really appreciate the information you offered. And if I may, I'd like to piggyback on what Connie was saying when she was talking about the barriers to benefits application. What I'd like to talk about today is the fact that if the applicant’s disabilities are severe enough to meet the eligibility criteria, then the applicant’s disabilities are probably so severe that they mitigate against that person's successful completion of the application process.

To back up now and fill that in some, we're talking, as front-line workers, about building relationships. We're talking about a process of trust building and networking and advocacy that works toward successful benefits application. Four separate issues are at work here. There are the issues of homelessness and mental illness. The population I serve also has the issue of substance abuse. And then there's the issue of applying for Social Security benefits.

Individuals in any one of these categories face social stigma, prejudice and discrimination, and internalized fears and lack of self-esteem. If a person fits into all four categories, they face a gigantic barrier. So in order to help an individual successfully apply for Social Security benefits, we're not only doing the paperwork that Connie was discussing, and addressing all those very real barriers you face in doing so, we're also addressing self-esteem issues and we're building trust.

When I meet with a person who is homeless, has a chronic mental illness, and abuses substances, it's likely that I am not going to walk up to that person right off the bat and say, “Let's apply for Social Security disability benefits.” Or, if they have not worked, “Let's apply for Supplemental Security Income.” Because I know the person probably doesn't even want to talk with me.

That person has a history of learning how to survive on the streets. They have not learned to trust the system. They've not learned to trust people who comprise the system, because they've heard over and over and over again, ”I can do this for you.” And then they find out that's not the case.

What that translates to is the need for an extended pre-engagement phase during which time the worker tries to create that bond of trust with the applicant. On the other side of that, the Social Security system has rules and regulations, all with corresponding timelines and forms.

However, a person with chronic and persistent mental illness who abuses substances and who's homeless usually does not keep scheduled appointments; they're frequently unable to give informed consent on forms; and they seldom adhere to timelines. And again, for all those very real reasons that Connie mentioned, that results in uncompleted forms, missed deadlines, starting over with the entire application process, and people slipping through the cracks.

What we're losing here is people. We're losing people who could be productive members of society because they can't get through the application process. We're also losing productivity. A caseworker may work for several months to gain the trust of the client. Then when that trust is broken, the client often refuses to re-engage with the caseworker.

On the flip side of that, that caseworker is also attempting to negotiate with Social Security. That caseworker advocates with the Social Security system, very often on an individual basis with the workers in the local office. How many times can a caseworker call Social Security and say, “I know that we had this telephone interview scheduled, but I haven't heard from my client and word on the street is that she was out drinking last night. I don't know if she's going to show up.”

Or maybe the client does show up, but she's been drinking or she's been using and they can't serve the client that day. And again, there's a lack of information. People who are homeless do not carry around forms. They don't carry around past treatment history information or stay anyplace long enough to have that information, even in the system itself.

What I've found to be particularly helpful is the very sort of thing Connie was discussing—the legwork and the outreach. If we have done our legwork and our outreach, and if we've built that degree of trust both with the client and with the Social Security office prior to that telephone call, then we can move the process along. It involves us being very aware of all the components that make this work.

For us, the application process absolutely must begin prior to that phone call. We have to do the legwork. We have to go to the doctor's office. We have to go out on the streets into the abandoned houses and sit with a claimant and help them work through all these pieces of memory. If any part of that falls apart on either side, either with the claimant or with the Social Security worker, we lose people. And we're back to square one.

The most important piece to me is that we're building relationships. That's what this is all about. We build relationships with clients, so they have all the information they need to make a successful application, and we build relationships with Social Security Administration staff, so they understand what we're up against and can help us out.

Gary: That's great, Suzanne. Thank you so much. In talking with you prior to this call, the one thing that really impressed me was how strong this service is within your agency, and also how you access specific funding resources to get this kind of service. I'm sure many of our listeners would be very interesting in finding out how it was funded and what led to its creation within your agency.

Suzanne: I'd be happy to elaborate. My particular position is that of Dual Diagnosis Mobile Money Manager. This position is primarily grant funded. We do bill PATH for some of the functions within the process. The position has been a reality since February of this year when I started. We do a significant amount of outreach. We're out on the street meeting people who are homeless, who have chronic mental illnesses and substance abuse problems, gaining their trust, helping them negotiate the benefits application process, etc. We are a representative payee agency, which means that we accept the client's benefit check. We do not charge the client for this. This comes out of their Medicaid or their Medicare.

We help the person establish and work within a budget. Our primary concerns are food and housing. Within St. Joseph's Center we have 11 programs. So our

monetary advisory program is one piece of all those programs that work together for housing, for education, for employment, and for childcare.

Gary: That's great. Thanks a lot. We'll now begin the question and answer session.

III. Question and Answer Session

Q: This question is for Suzanne. If you call the Social Security office to tell them that your client was out drinking last night and may not make it to the appointment, how do you deal with the issue of confidentiality?

A: *Suzanne*: When I work with my clients I am very clear with them that number one, we have to be completely up front with Social Security. I have them sign a release that allows me to share anything we discuss with Social Security.

Q: My question is for Thomas. Do any of the mental illness diagnoses fall under the presumptive eligibility category?

A: *Thomas*: That's a really good question. It depends on how the illness is defined. But for the most part, the listing of presumptive disability categories is in areas of physical impairment, such as amputation, or developmental disabilities, such as Down's Syndrome, mental retardation, or cerebral palsy.

There is a category of alleged severe mental deficiency that's defined as cognitive impairment rather than as emotional or behavioral impairment. However, keep in mind, the individual may have a secondary diagnosis that meets the criteria.

Q: I work with a lot of people whose primary diagnosis is substance abuse, and it's difficult to get Social Security Disability on that basis. I believe the substance abuse is more of a coping mechanism for the mental illness. How do you get an application approved when you know the primary diagnosis is mental illness but it says substance abuse?

A: *Thomas*: As you know, a primary diagnosis of drug addiction or alcoholism is no longer allowed as a provision. The mental illness or psychiatric impairment needs to be the primary disability. This means your efforts need to go into getting the correct diagnosis of mental illness in order for the individual to be eligible for benefits.

Q: I am working with a consumer who wants to go into the Conservation Corps. We've been informed that as soon as he goes in, his SSI will be cut. Do I contact the SSI office to get him onto a trial work period or extended period of eligibility?

A: *Thomas*: First, those things only apply for Social Security Disability Insurance, and he's not going to be dropped immediately from SSI. There are also some work incentive provisions that will apply. Probably the best thing for you to do is to connect the consumer with a benefits counselor.

The reality is the person's benefits aren't going to stop automatically because they go to work. There's a formula that SSA uses. And keep in mind, the more earnings he makes, the more there's a reduction in his SSI benefit. But the general rule is the individual who is working is always going to make more than he would just sitting home and collecting SSI and living a life of poverty. Your best bet though, if you don't understand the information, is to get him connected to a counselor.

You can find a national listing of the Benefits Planning Assistance and Outreach Projects funded to date on SSA's work Web site (www.ssa.gov/work). More such programs are planned. The Web site also provides some good information on the work incentives program.

Q: Some consumers with mental illness and substance abuse haven't been willing to go along with having a representative payee. Does anyone have any suggestions about how we can manage that issue?

A: *Suzanne*: A person who has chronic mental illness and has a past or current history of substance abuse is required to have a payee, so you have to work within that framework.

Q: I have a book on work incentives that only indicates a $700 guideline for SGA. Could you clarify the $300 to $700 earnings guideline for me please?

A: *Thomas*: Yes. I don't know why SSA did not include that information in the book. My guess is that they didn't want to confuse people with the gray area of the secondary SGA level.

SSA will look at whether or not a person is making a wage commensurate with an individual without a disability in the same job. And, if they are, they could make a secondary SGA determination if the wages are between $300 and $700. About three months ago, SSA proposed getting rid of that secondary SGA level and going only with the primary SGA level of $700.

At the same time, in that national proposed rulemaking, they suggested indexing the SGA level so that every year it would increase based on the National Annual Wage Index. The SSA Web site will have a posting when the rules are final. I believe they proposed the start-up of this as of January 1, 2001.

Q: I'm wondering if any of the panelists have a suggestion about contacting a sympathetic individual in local Social Security offices to work with our target population?

A: *Connie*: It always helps to have someone who's a good listener at the Social Security office. And certainly some interviewers are much better at dealing with people who have mental illnesses. I've had clients approved just on the basis of that initial interview, I think because the mental illness was so overt. I believe the Social Security Administration assigns people based on the first letter of the individual's last name. I would encourage you to talk to the head of your local office and ask them to work with you, and, if possible, to assign a worker who is empathetic and knowledgeable about mental illness.

Suzanne: I'd like to add to Connie's response. For me it's been about networking and about using my own assessment skills, not only when I'm working with clients, but also when I'm working with the worker. As Connie indicated, the workers in the local office here are also assigned alphabetically by the claimant's last name. I've found it very helpful to develop a rapport with the workers to facilitate an effective benefits process

Q: I wasn't aware of a person who is homeless being eligible for a benefit for six months. I work with an individual who resides in a shelter who has no income. The shelter has made allowances for him to stay longer than usual because he has no money to pay rent. Is he entitled to SSI benefits if he's not diagnosed with an illness at this point?

A: *Thomas*: If this person doesn't have a disability and is not over age 65, they are not eligible for SSI. You have to be over 65 or have a disability.

Q: What is the BWE that's listed in the Federal Benefit Rate information?

A: *Thomas*: BWE is Blind Work Expense. It's similar to an impairment-related work expense that's associated with going to work. For example, a person who is blind could use this work incentive for meals that they have to eat while they're at work, or for the costs associated with having a Seeing Eye dog or a service animal while they're working. Their income tax and their FICA can also be deducted as a work expense.

Q: Would job development and job coaching fit under the subsidy and the impairment-related work expenses?

A: *Thomas*: That would be what SSA calls a special consideration. That is a type of subsidy that is basically paid for by a third party. The nice thing about a subsidy is that the expense for that service or support doesn't need to be paid for by the individual. It just needs to be necessary to help them work. There's a broad range of third-party services that are being provided that could potentially be computed as a special consideration subsidy.

Q: I had a client whose attorney refused to work with him any longer because he'd recently been on drugs and alcohol. But this was not his primary diagnosis. Is there any advocacy around the issue of getting people back on benefits who are dealing with drug and alcohol problems?

A: *Thomas*: We hear a lot of people talk about how they don't like these changes. Unfortunately they are not voicing their concerns to the necessary people. They have not gone to SSA, nor to the Congress or State advocates, about the adverse impact this change in benefit status has had on individuals, their quality of life, and their ability to live successfully and independently. We need to make our voices heard around this important policy issue.

Gary: What are your suggestions for advocacy?

Thomas: We're talking about lobbying with a capital L. You're going to have to bend that ear of your Congressperson to make them aware of the disparate impact of this regulation. They have not heard it. They responded to a GAO report to reduce the size of the rolls. And the reality is, the only way to oppose that is by getting Congress to make the change happen. Talking to your representative is one way.

You also have the National Work Incentives Advisory Panel that is charged under the Ticket to Work and Work Incentives Improvement Act to provide counsel to the President, to Congress, and to the Commissioner of the Social Security Administration on an array of issues that deal with supporting the independence and employment of individuals with disabilities who receive SSI or SSDI. All of their meetings are public. They're posted in the Federal Register, and they have public comment periods. I'm sure there's someone on that panel who would pick up this cause.

Q: Is there any type of assistance or advocacy for people who have to pay back overpayments they've received?

A: *Thomas*: Definitely. They can request a waiver of overpayment. I've seen that be extremely successful, especially in the case of an individual who has a psychiatric impairment or a disability that's further exacerbated by stress.

What you need to do is really support that person in applying for a waiver. Make up a monthly budget that shows that this person has no income that they are able to expend on payback. Or show them that the income is so minimal that they're only able to afford $5 a month to pay them back. I think SSA will even go as low as a dollar if I'm not mistaken.

But SSA can grant a waiver of an overpayment, especially if it's a case where the consumer has done everything they needed to do in regard to reporting income, living arrangements, etc. If you have a documentation trail like that, that's the type of information that you need to attach, along with a budget that shows that there's no wiggle room for making larger payments.

IV. Closing Remarks

Gary: I just want to remind folks that we'd really like to get the name and telephone number of any disability management specialists you have on staff. You can provide that to Marjorie Steinman at msteinman@ahpnet.com. Or fax it to Marjorie's attention at (518) 475-7654.

Our thanks to Thomas, Connie, and Suzanne for a job well done; to Dr. Hutner for his leadership on this important topic; and to everyone in the PATH network throughout the United States for joining us today. We hope you'll join us again.