

MEMORANDUM

TO: Regional Steering Committee on Homelessness and Housing

FROM: HomeBase

RE: Increasing Access to SSI in Northern California

DATE: September 29, 2006

Introduction

Most recently, at the March 2005 conference, the RSC discussed “Supplemental Security Income (SSI) Eligibility Changes.” The RSC was also instrumental in guiding HomeBase’s development of the *Mainstreaming the Response to Homelessness* Spring 2003 and Fall 2003 conferences, which focused on best practices and methods to increase usage of mainstream benefits resources for homeless people. SSI benefits are particularly significant as they often make up a sizable portion of the financial resources that homeless and formerly homeless individuals and families utilize.

Safety Net Benefits include income supports such as Social Security Administration programs (SSA/SSDI/SSI) and health insurance such as MediCal and Medicare. These programs offer crucial support that can prevent people from becoming homeless again and, for those already homeless, provide resources to assist them in regaining housing and stability.

Supplemental Security Income (SSI) is a monthly benefit program for persons who are blind, have severe disabilities, or are at least 65 years old and have limited income and resources. Social Security Disability Insurance (SSDI) is a federal entitlement program that is available to individuals who are elderly or disabled who worked in the past. During this past work experience these individuals paid into the Social Security Trust Fund through FICA taxes.

SSI and SSDI have the same disability requirement. People who are homeless may be eligible for one or both programs if they have a physical or mental problem. The problem must keep them from working and be expected to last at least one year or result in death. In the alternative, the requirements may be met if the individual is blind or at least 65 years old.

Receipt of SSI benefits in California (as in most states), brings the added benefit of automatic eligibility for Medicaid (in California, called MediCal), the Federal/state health insurance program for low-income persons with disabilities and others.

The Issue

Despite the significant advantages of SSI/SSDI benefits, the Interagency Council on Homelessness' 1999 study revealed that while 40% of homeless persons may be qualified for SSI, only 11% receive those benefits.

HomeBase asked California homeless services and housing providers, government mainstream benefits providers and homeless people in various forums around the State to identify barriers to receiving SSI/SSDI benefits. One of the most common responses to that inquiry was that applicants must prove that they meet the Social Security Administration's complex and strict definition of disability without proper medical documentation. The conditions of homelessness translate into intermittent and irregular health care treatment by providers who are untrained in linking homeless people to SSI/SSDI benefits.

Without medical evidence from applicants' own treating doctors or medical history, the system too often relies upon cursory medical examinations performed by high-volume medical examiners whose livelihoods are closely tied to SSI/SSDI administration contracts, and not to the well-being of the patients/applicants who are seeking to prove their disability. Thus, the combination of inadequate development of existing medical records and superficial examinations often results in premature denial of disability benefits without the review that the law requires.

The Solution

HomeBase is designing a training program with written materials that will instruct health and/or mental health care practitioners on the step-by-step best practice processes to medically support their patients in applying for SSI/SSDI benefits. HomeBase will plan, convene and conduct one-day regional trainings which will enable health care providers et al to appropriately assess and document disabilities for which SSI/SSDI benefits to homeless people are available.

We are considering two training series: one for case managers and one for health and/or mental health care providers. The case manager training would focus on writing letters to the SSA in support of the consumer's claim and working with health care providers in assisting with SSI/SSDI applications. The training for health and/or mental health care providers would focus on documenting disability for SSI/SSDI claims.

HomeBase is also certified to train under the federally sponsored SSI/SSDI Outreach, Access, and Recovery Initiative (SOAR). SOAR technical assistance aims to increase outreach to and access by homeless people to SSI/SSDI benefits. This work includes "system change" engagement with the local SSA and Disability Determination Office, as well as training for line staff. A majority of states have had this work underway for a few years, linked to the Policy Academies. Many California state staff believe that this needs to be undertaken at a regional or county level.

What do you think? Would this training be helpful to your agency/community?

Could we do a regional training for the Bay Area counties?

Would it be better to reach the constituency by small groupings?

Do you have suggestions for topics to include in this training?

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