Starting a SOAR project:
A TOOL TO REDUCE AND PREVENT HOMELESSNESS

SOAR WORKS
NORTH CAROLINA

NC COALITION to end HOMELESSNESS

SSI and SSDI

	SSI	SSDI
Program	Supplemental Security Income	Social Security Disability Insurance
Program Type	Need	Entitlement
Federal Income Benefit	$674/month	Dependent on earnings paid into SSA system
Associated Insurance Benefit	Medicaid	Medicare after 2 years

‣ While eligibility requirements are different for each program, the disability determination process for both programs is the same; one may apply for both programs simultaneously.

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Why is Access to SSI and SSDI Important for Homeless Recipients?

□ Disability benefits can provide access to:

- ■ Income
- ■ Health Insurance
- ■ Housing
- ■ Stability

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Why Is Access to SSI and SSDI Important for State and Localities?

- ☐ Uninsured homeless people with chronic illnesses are frequent users of expensive uncompensated health care.

- ☐ Providers can recoup the cost of uncompensated health expenses from Medicaid for up to 3 months prior to date of SSI application.

- ☐ Institutions that cover indigent health care costs can save state dollars once Medicaid is approved.

- ☐ SSI, SSDI and Medicaid bring federal dollars into states, localities and community programs.

- ☐ Cost-benefit studies have proven that communities can save money when individuals are housed and can access less costly services.

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The Problem

- The SSI application process is difficult for people who are homeless, many of whom have mental illnesses and co-occurring substance use disorders

- Only about 10-15 percent of those who apply are typically approved on initial application

- Initial applications are often denied because they lack vital medical and functioning information

- Appeals take years and many potentially eligible people give up and do not appeal

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Why Is Access To SSI/SSDI So Difficult?

☐ The application process is complex and can be difficult to navigate. People who are homeless need assistance in order to complete a successful SSI/SSDI application

☐ Medical records for transient persons are often hard to track down or are insufficient for documenting disability. Adequate assessment and documentation is needed explaining how one's disabling conditions limits one's ability to work

☐ Providers who assist SSI/SSDI applicants need staff who understand the disability determination process and who have time to assist in all aspects of developing the application

☐ Relationships with the Social Security Administration (SSA), the state Disability Determination Service (DDS), community medical providers and other key players are essential to changing the outcomes of SSI/SSDI applications

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What We Know Is Possible...

Approval rates of 70-98% **on initial application** for homeless applicants and begin to receive benefits within 60-90 days of application

Preliminary SOAR Outcomes

☐ In Nashville, 98% of their first 87 applications were approved in an average of 56 days

☐ At NY's Sing Sing prison, 89 (88%) pre-release SSI applications were approved in 59 days on average

☐ In North Carolina, 73% of our first 38 applications were approved in an average of 70 days

☐ On average, the people receiving these benefits had been homeless 33 months.

☐ Approval rates are highest in places where more SOAR critical components are in place.

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SSI Improves Access to Housing

- In Covington, KY, 71% of homeless persons approved for SSI were housed in 7 days or less.

- In Columbus, GA, 100% of successful SSI applicants were housed in 30 days.

- In Nashville, TN, 56% of SSI recipients were housed within 30 days after being homeless an average of 77 months.

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Cost Savings

- In Covington, KY, a local hospital partially funded the local SSI outreach project recouping its initial investment in less than a year by recovering uncompensated care from Medicaid

- San Francisco Dept. of Public Health estimates that for every $1 invested in SSI outreach, they recoup $5 in Medicaid reimbursement for uncompensated care

- In *one year* in Baltimore, 20 newly approved SSI recipients accounted for $300,000 in Medicaid reimbursable care from *one* hospital system.

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How Is This Model Different?

▸ Case managers actively assist applicants

▸ Provides step-by-step explanation of SSI application and disability determination process

▸ Focuses on the initial application – "Get it right the first time!"

▸ Avoids appeals whenever possible

▸ Focuses on documenting the disability

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What Does It Take?

Work towards NC SOAR Community Certification

▸ Ensure adequate staffing

▸ Use the SOAR Critical Components
  ◦ Focus on the initial application
  ◦ Become an applicant's representative (SSA Form 1696)
  ◦ Work closely with community medical providers
  ◦ Reach out to hospital and clinic medical records departments
  ◦ Develop medical summary reports signed by a physician or psychologist

▸ Provide quality control

▸ Collaborate with SSA and DDS

▸ Collect and report on outcomes

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How Do You Make This Happen?

1. Reallocate existing resources. Try it on a small scale. You will begin to see these benefits:

   - Being able to get people on SSI and/or SSDI and Medicaid in 90 days or less frees up resources to assist other individuals.

   - Serving people who have an income and health insurance makes it easier and quicker to access housing, treatment, and other supportive services.

   - Time spent up front on assessment and benefits acquisition can be an effective way to engage people who are homeless for long periods of time; and to organize and provide housing, treatment and other services to them.

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How Do You Make This Happen?

2. Involve all partners that stand to benefit from increased access to SSI, SSDI and Medicaid:

   ☐ Mental health centers and primary care clinics

   ☐ Hospitals – public or private

   ☐ Jails or prisons that are focused on reentry

   ☐ State or County general assistance programs

   ☐ Housing programs – public and private

   ☐ Local 10-year plans to address homelessness

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For More Information...

Visit www.ncceh.org/soar

Or contact:

Adriana Diaz, SOAR State Team Lead

NC Coalition to End Homelessness

919-755-4393, extension 5030

soar@ncceh.org