

Critical Components for Assisting Homeless SSI/SSDI Applicants

Critical Components	Requirements	Strategies
1. Case managers and/or outreach workers; possibly benefits specialists	<ul style="list-style-type: none"> ▪ Provide sufficient staff to do outreach and engagement and assist applicants ▪ Professional clinical and writing skills are needed for case managers ▪ If benefits specialists assist, ensure they have the skills to assist homeless applicants 	<ul style="list-style-type: none"> ▪ Provide continuing training, locally-based, for case managers assisting applicants ▪ Arrange for local/state capacity to provide training by having trainers attend a <i>Stepping Stones to Recovery</i> Train-the-Trainer program and assign them to continuing training functions, area wide
2. Case manager maintains contact and communication with applicant	<ul style="list-style-type: none"> ▪ Interest in doing outreach ▪ Flexibility and ongoing effort to maintain contact ▪ Clarity on SSI/SSDI process 	<ul style="list-style-type: none"> ▪ Provide housing and other essential services ▪ Provide eligibility assistance to homeless people in hospitals and jails ▪ Provide immediate response to access services so applicants feel heard and understood and contact is maintained
3. Applicant signs for case manager to be his/her representative	Use SSA 1696 Appointment of Representative form	<ul style="list-style-type: none"> ▪ Provide training for case managers on how to engage applicants ▪ Provide assistance to applicants who appoint case manager as their representative; offer others information on how to apply for SSI on their own
4. Staff who assist applicants obtain records of prior treatment and write medical summary report	<ul style="list-style-type: none"> ▪ Assign trained staff to work pro-actively with medical records directors ▪ Inform them of information needs ▪ Offer to copy records ▪ Ensure medical providers are aware of what needs to be sent ▪ Staff write medical summary report that is co-signed by a treating physician or psychologist 	<ul style="list-style-type: none"> ▪ Use SSA and agency release for each treatment source ▪ Provide cover letter regarding sending on information to SSA ▪ Ensure agency release is HIPAA compliant
5. Assisting agency staff provides/arranges for medical assessment by physician or psychologist	If needed, provide or arrange for physicians or psychologist to conduct assessments, including diagnosis and functioning, for applicants on an outreach basis	Arrange for training of physician or psychologist regarding information needed by DDS
6. Agency reviews application prior to submission	Expert uses protocol to review application for accuracy, completeness and clarity	Expert receives special training regarding review techniques.
7. Agency submits information electronically to DDS	<ul style="list-style-type: none"> ▪ Access by case managers to hardware and software needed to do electronic submissions ▪ Clarity on electronic submission process 	Provide training on the use of SSA's electronic process
8. Agency communicates and collaborates with SSA and DDS	Request that SSA and DDS: <ul style="list-style-type: none"> ▪ Flag cases from assisting agencies ▪ Expedite the review ▪ Assign claims representatives to assist and disability examiners who specialize in applications from homeless people ▪ Communicate directly with assisting agencies about their information needs for particular applications ▪ Contact assisting agency if CE needed 	Request that SSA and DDS: <ul style="list-style-type: none"> ▪ Flag cases from assisting agencies ▪ Expedite the review ▪ Assign claims representatives to assist and disability examiners who specialize in applications from homeless people ▪ Communicate directly with assisting agencies about their information needs for particular applications ▪ Contact assisting agency if applicant needs CE

<p>9. Avoid need for Consultative Examinations (CEs)</p>	<ul style="list-style-type: none"> ▪ Provide or arrange for physicians and psychologists (outdoors, if needed) to conduct needed evaluations prior to submitting all documentation to DDS so that CEs are not necessary ▪ Ensure collection of all existing medical and functional information that is relevant to the claim. <p><i>If CE is required:</i></p> <ul style="list-style-type: none"> ▪ Re-examine approach to all components above. ▪ Request that applicant's treating physician (preferred, according to SSA policy guidelines) be allowed to conduct the exam ▪ Make sure applicant gets to the exam; have representative accompany if possible 	<ul style="list-style-type: none"> ▪ Provide and train the physician or psychologist who will conduct the thorough evaluation SSA needs to determine disability ▪ Prepare for needed diagnostic evaluations by having other clinical staff and case managers assist in collection of historical information ▪ Make least use of most expensive clinicians
<p>10. Need for representative payee must be resolved.</p>	<p>Develop representative payee services in existing or future SSI initiative programs.</p>	<p>Initially, many homeless adults with mental illness need payees. Goal is to become own payee</p>
<p>11. Agency provides integrated employability strategy</p>	<ul style="list-style-type: none"> ▪ Incorporate in case management training strategies for encouraging consideration of and participation in employment at earliest possible time. ▪ Ensure case managers are aware of work incentives under SSI and SSDI <i>using Stepping Stones to Recovery</i> training 	<ul style="list-style-type: none"> ▪ Invite DOL, vocational service providers to be part of SOAR initiative and to assist in helping case managers assist homeless adults in accessing and keeping employment ▪ Make referrals to DOL Disability Program Navigators (DPN's) in local One-Stop Career Centers, or Community Work Incentives Coordinator (formerly the BPAO's). DPN's are located in 30 States plus the District of Columbia and CWICS are in every State and US Territory. See: www.socialsecurity.gov/disabilityresearch/navigator.html for a list of States with DPNs and SEE www.socialsecurity.gov/work/whatsnew.html for a list of the 99 WIPA locations.
<p>12. Assessment of results</p>	<p>Track key data elements:</p> <ul style="list-style-type: none"> ▪ Date initial application submitted ▪ Date initial decision rendered ▪ Outcome of initial decision (approved/ denied) ▪ Housing status at time of application (housed/homeless) ▪ Use of Appointment of Representative Form 1696 (Yes/No) 	<ul style="list-style-type: none"> ▪ If SSA and DDS flag cases, they will have these data and can provide periodic reports on outcomes – allowance rates, length of time to decision, etc. ▪ Add data elements to existing HMIS ▪ Adapt/adopt tracking systems used for this purpose by other states (e.g., Ohio, Oregon)
<p>13. Sustaining your effort</p>		<ul style="list-style-type: none"> ▪ Use outcome data to make the case for sustaining or expanding SSI outreach ▪ Explore using retroactive Medicaid payments to fund reimbursement for medical evaluations ▪ Work with hospitals, State Medicaid and General Assistance offices to recoup money spent on uncompensated care and general assistance benefits; bring them to the table with the explicit understanding that as they benefit, their assistance in continuing or expanding SSI outreach efforts is needed