

# Reducing SSI Enrollment Barriers for Homeless Claimants

## *Recommendations of the National Health Care for the Homeless Council*

1. **Streamline SSI-related Medicaid eligibility determination systems** and shorten the eligibility determination process.
2. **Create Homeless Claims Units or Homeless Claims Specialists in each State’s Disability Determination Service**, as has been done in Massachusetts, and ensure that the DDS conduct its own outreach to homeless service providers.
3. **Ensure that homeless disability claims are routed to claims representatives who are sensitive to homeless individuals** and knowledgeable about procedures involved in processing their disability claims.
4. **Work with homeless advocates to resolve disproportionately high denial rates for homeless disability claims.** Explore barriers to obtaining consultative examinations.
5. **Educate SSA district office staff about the difficulties faced by homeless people**, including behavioral health problems.
6. **Educate safety net providers about appropriate documentation of impairments** in support of their patients’ applications for disability assistance.
7. **Encourage homeless claimants to identify a third-party contact** who could be helpful in processing their claim, and to provide contact information for their medical providers.
8. **Engage in outreach and SSI application assistance at emergency shelters** and other sites where homeless individuals are found.

Homeless health care providers in several States report that most SSI -Medicaid applications are initially denied. Allowance rates for initial SSI applications vary widely from State to State. Although Massachusetts allows more disability claims for homeless individuals than most other States, denials are over twice as many as allowances (2.3 times as many for homeless claimants versus 1.5 times as many for non-homeless claimants).

### **Reasons for Denials of Homeless vs. Non-Homeless SSI (Title XVI) Claims, 4/02-9/04 Disability Determination Service, M.R.C., Boston MA**

<b>Homeless Claims (N=544)</b>	<b>Non-Homeless Claims (N=12,921)</b>	<b>Reason for Denial</b>
36%	46%	Can do other work
25%	9%	Failure to keep consultative examination (CE) appointment
10%	10%	Lacking severity
9%	17%	Can do past work
9%	7%	Insufficient medical evidence
7%	7%	Condition will not last 12 months
5%	3%	Failure to follow prescribed substance abuse treatment

Sources: The Subcommittee on Homelessness, Mass. DDS Advisory Committee; Post P. *Casualties of Complexity: Why Eligible Homeless People Are Not Enrolled in Medicaid*. National Health Care for the Homeless Council, 2001: [www.nhchc.org/CasualtiesofComplexity.pdf](http://www.nhchc.org/CasualtiesofComplexity.pdf); O’Connell J, Quick P, Zevin B. *Documenting Disability: Simple Strategies for Medical Providers*. National Health Care for the Homeless Council, 2004: [www.nhchc.org/DocumentingDisability.pdf](http://www.nhchc.org/DocumentingDisability.pdf)