

Going Beyond Income: Case Studies Demonstrating the Importance of Disability Benefits

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Overview

- Common barriers individuals experience in accessing disability benefits/income and how these create unnecessary, expensive, and painful consequences on a variety of levels
- Key tools to overcome those barriers
- Positive, qualitative aspects of benefits acquisition

Homelessness and Associated Issues – Conditions and hospitalizations

- Higher rate of disabilities among those who are homeless
 - Studies suggest between 25% and 40% have severe mental illness
- Individuals who are homeless spend an average of four days longer per hospital visit than non-homeless people (average of \$2,414 per visit, which the study noted was attributable to homelessness)
- More frequent use of high-cost Emergency Room encounters

Salit S.A., Kuhn E.M., Hartz A.J., Vu J.M., Mosso A.L. Hospitalization costs associated with homelessness in New York City. New England Journal of Medicine 1998; 338: 1734-1740. Retrieved March 7, 2013

http://www.endhomelessness.org/pages/cost_of_homelessness

Homelessness and Associated Issues – Prison/Jail

- More likely to be arrested for small crimes, often directly related to lack of income
 - National Law Center noted that 55% of individuals were arrested for camping/sleeping in public and 53% were arrested for panhandling
- Jails and prisons often act as the largest (and most expensive) homeless shelters
 - State Prison = \$20,000 a year
 - Overnight Jail = \$15,000 a year
- Can lead to technical denials, disruption of benefits, or difficulty accessing benefits (loss of relationship with provider, missed appointments)

Addressing income

- For individuals with severe medical and/or mental health, disability benefits is often sole safety net to provide income and health insurance
- It provides a vital stepping stone to other benefits and services, including Housing, Health Insurance and Vocational Support
- Income is vital to accessing and maintaining housing
- There is extensive evidence that access to supportive housing decreases adverse health outcomes and is more cost effective

Examples

- Atlanta, Georgia: A cost-benefit study followed 60 mentally ill individuals supported in housing through Forensic Assertive Community Treatment (FACT) teams. In one year, decreases in hospitalization, incarceration, and arrests accounted for more than \$1 million in savings
- Denver, Colorado: Placing individuals in the Housing First program saved nearly \$600,000 in emergency-related costs over a period of two years. This represents a 73% reduction in total emergency-related costs for the sample

SSI and SSDI: The Basics

- **SSI: Supplemental Security Income (Title 16)**
 - Federal benefit that provides income (\$710 in 2013) to individuals that are low-income and disabled, blind, or aged
 - Medicaid in Maryland
- **SSDI: Social Security Disability Insurance (Title 2)**
 - Federal benefit that provides income (dependent on earnings put into SSA system) to individuals with qualifying earnings history and that are disabled
 - Medicare provided after two years of eligibility in most instances
- Both programs administered by the Social Security Administration (SSA) with disability evaluated by state contracted agency – Disability Determination Services (DDS)

SSA Disability Definition

A disabled adult is defined as:

“... an individual [age 18 or older who is] unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be 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
....”

(42 U.S.C. §1382c(a)(3)(A); 42 U.S.C. §423(d)(1)(A))

The Problem

- Only about 31 percent of all applicants are typically approved on initial application
- Only about 10-15 percent of homeless adults who apply are typically approved on initial application
- Appeals take years and many potentially eligible people give up and do not appeal
- Can lead to prolonged periods of homelessness

Why Is Access To SSI/SSDI So Difficult?

- Complexity of process
- Medical records do not address what SSA/DDS need to make an appropriate decision
 - Functional impairments
 - Inability to work
- Lack of effective communication at all levels of the process (community providers, SSA, DDS)
 - Dealing by mail
 - Online forms
- Inconsistent treatment history
 - Lack of access to psychiatrist or ongoing care

Reasons for Denial

- Medical records do not substantiate level of severity of conditions
- Technical denial
 - No follow-up or communication
 - Missed Consultative Examinations
 - Lacking a diagnosis from an acceptable medical source
 - Inconsistent treatment notes
 - Records don't appropriately capture individual (substance use, symptoms, etc.)

So, How Do We
Address This?

SSI/SSDI Outreach, Access and Recovery (SOAR)

- Seeks to improve access to and expedite the disability determination process for individuals who are homeless/at risk and diagnosed with a mental illness
- Serves the most vulnerable who have often forgone mental health treatment
- Focus is on client goals and benefits in order to engage in services
- Sees accessing income and health insurance as a first step in the recovery process not the end goal

Completing SOAR Applications

- Providers receive training and ongoing technical assistance to ensure they get it 'right first time' and that they understand the disability determination process
- Providers access medical records, produce detailed reports and maintain regular communication with DDS
- DDS provides training to community medical providers to help with documentation issues

What can you do?

- Connection to treatment and services
- Be a consistent contact point
- Education about application process
- Collect medical records
- Completion of narrative

Connection to services

- Need a Medically Determinable Impairment (MDI) = Diagnosis from a physician, psychiatrist, or licensed psychologist
 - Lack of this may lead to a DDS Consultative Examination
 - Inappropriate denials
- Longitudinal evidence
- How symptoms present with medication
- Substance Use
- Current Mental Status Exam

Be a Consistent Contact Point

- SSA communicates via mail
- Will agency become mailing address?
- SSA 1696 – Authorized representative
- SSA 3288 – Consent to release information
- Develop partnerships at SSA and DDS

Disability Application Process

- Provide hands on support, for example completing forms, delivering/ mailing them to SSA
- Seek training if necessary on application process (www.prainc.com/soar)
- Provide evidence to help demonstrate how the individual's impairment(s) impede functioning in the areas of:
 - Activity of Daily Living, Social Functioning, Concentration, Persistence, and Pace
- Help individual develop a comprehensive list of treatment sources
 - ER visits
 - Inpatient psychiatric stays
 - Vocational Rehabilitation Programs
- Obtain medical records and review for problem areas or gaps

Medical records

- Comprehensive list of treatment sources
- Ask for dates of service and where seen
- Include
 - ER visits
 - Inpatient psychiatric stays
 - Vocational Rehabilitation Programs
 - Others?
- Can review medical records for problem areas or gaps
- Permission to re-release and send into DDS

Common problem areas in medical records

- Medication management visits
- Substance use
- Nondescript terminology to refer to client symptoms
 - Client is stable – what does this mean for them?
 - Client is at baseline – what does this mean for them?
 - Client is “doing fine” – if exhibiting symptoms always spell out what they are
 - Discrepancies between client report and your observations
 - No change – if behavior same week-to-week – what is that behavior, how does it look?
- Missed appointments
 - Noncompliance
 - Reasons behind missed appointments?

Narrative

- Written to address gaps in medical records and create full picture of person
- Look at entire person – personal history and when difficulties began
- Include current symptoms and resulting functional impairments
 - What does person experience on a bad day?
 - How wording questions during interview?

Meet Mr. Samuel Banks

- Mr. Samuel Banks first applied for disability in 2009
- He was technically denied because he never received mail and missed a Consultative Exam
- He was denied on another occasion because he had not accessed sufficient treatment outlining his mental health conditions
- When we met him, he was living in a tent North of Baltimore, isolating from others
- He was hesitant to apply because he was nervous to walk into an office and did not have a way to check his mail or receive information from SSA

Supporting Mr. Banks to Apply for Benefits

- First step – assist with information he identified as important
- Meet on outreach – in a Starbucks
- Meet in office – set appointment within clinic
- Internal referral to therapist
- Warm introduction
- Connection to psychiatry services
- Became mailing address for SSA and DSS documentation
- Information sent c/o staff so aware of where we are in process and could follow up as necessary
- Listed as contact point on SSA application
- Received calls from SSA and DDS about case

Supporting Mr. Banks to Apply for Benefits {Cont.}

- Receiving medical care, but no psychiatric services
- Way symptoms present led to isolation and disengagement
- No hospital records
- Had to connect to HCH psychiatry services rapidly
- Collect information on psychiatric symptoms to build record
- Wrote up 7 page report on symptoms and resulting impairments that explained
 - Why no hospitalizations
 - What is current mental status
 - How long experiencing symptoms
 - How functioning impacted

Sample Narrative for Mr. Banks

Example from psychiatric information:

Mr. Banks endorses trouble sleeping due to his symptoms. He states when he is really down he will not sleep at all. In a recent episode he recalls that he had a “very bad night last night, not being able to get to sleep until nearly 3:00 am. and then waking up startled, shaking and or soaking wet with perspiration clawing my way up from bad dreams, nightmares, and/or half-awake hallucinations.” Mr. Banks frequently worries about the same thing over and over again, which make sleep difficult. He states that he his “anxiety keeps me awake” as he is worrying about where he will go or where he will sleep, even when he has a more stable place to sleep.

Example from functional information:

Mr. Banks tends to isolate when he is feeling anxious and cannot interact with new people. For example, when meeting his new psychiatrist, he requested that his therapist “help me through that initial 'wall of anxiety' and walk me over to his/her (?) office to 'break the ice' and make the introductions?” Mr. Banks reports that he has almost no social relationships as they are all “superficial.” He feels that “no one actually wants to be around me” and even if he wanted to make a relationship, it’s hard “to make those first steps.”

Now, Mr. Banks is...

- Approved for disability
- Accessing ongoing clinical care at HCH
 - Working towards feelings of disappointment ????
 - Now focusing on underlying reasons for depression and anxiety
- In line for housing voucher
- Will be able to use income for rental payments
 - 1st month rent
 - Security deposit
 - Furniture

SOAR Works!

Client testimonials

Two successful S(t)OARies...

- Video

What Does Receiving SSI/SSDI Mean for You?

- I [can get] much needed medical tests
- I can survive
- As I had no income or ability to work, SSI means I am able to pay for basic necessities while I am healing
- A safe place to live
- It means being independent...responsible
- SSI means a safety net and most of all security for the future
- It means getting my own apartment

How does Income Change your Current Living Situation?

- I will be able to find permanent housing program, I will no longer be homeless
- I am not so dependent on my family and I can help to support myself...
- Gave me some security knowing a check comes every month to help with rent and bills
- It builds my self-esteem and give me a sense of responsibility
- I can get my own home and be happy
- Me having my own place in my name, this has me feeling very happy, not being in the shelter

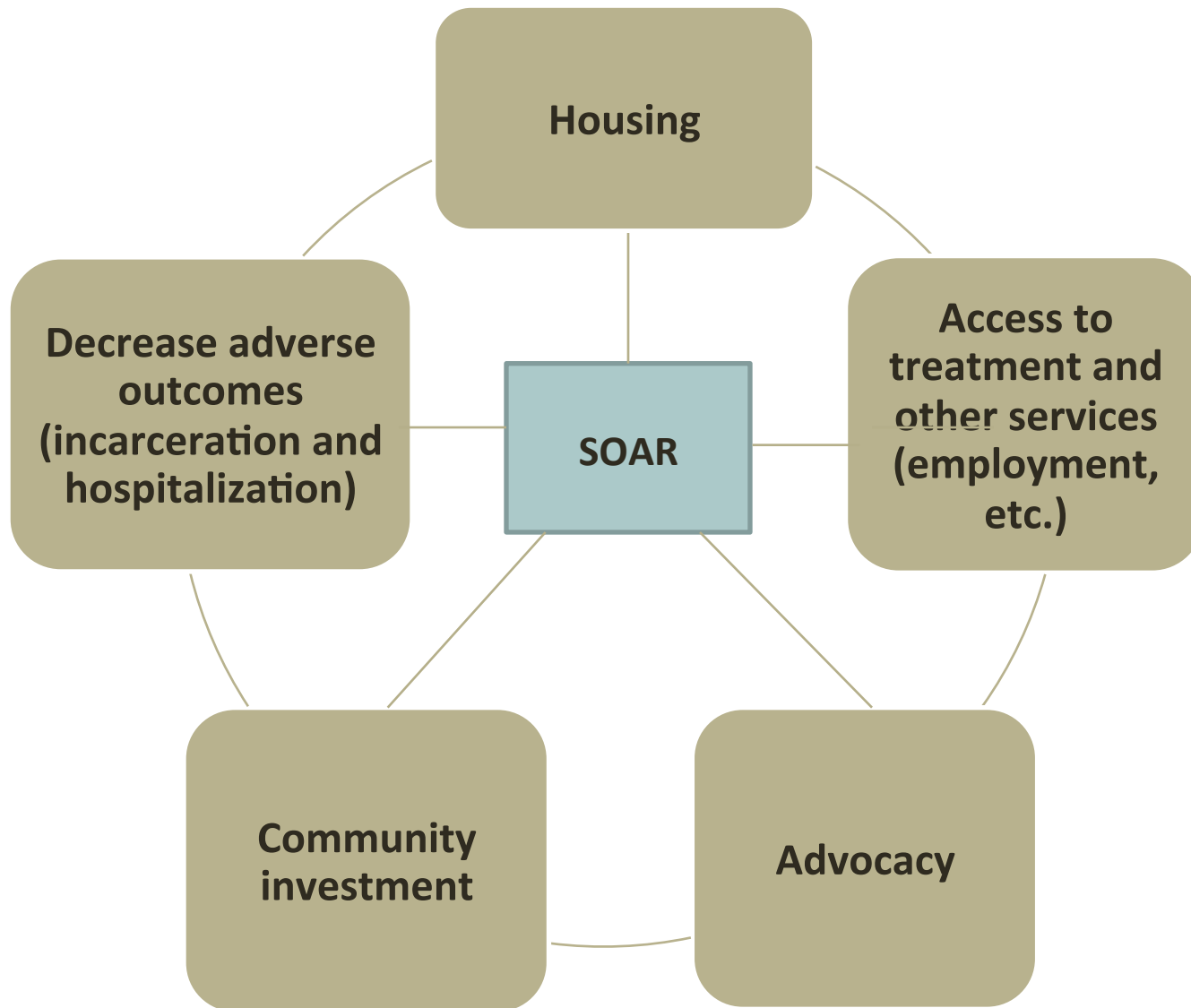
Go Beyond the Numbers

- Goal of SOAR is recovery
- How to utilize partnerships, benefits, and income
 - About engagement in services
- Give a voice to the individual
- Open doors to new treatment sites and housing options
 - RRP
 - Permanent supportive housing
 - Subsidized housing

SOAR claimants

- Accessing clinical services for first time through benefits outreach
- 'Show' rate is substantially higher than normal clinic
- Remain engaged in treatment
- Access to housing and other services
 - These are highly correlated with decreasing incarceration and hospitalizations!

Summary: It's More Than Just Income...



Questions?

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