Health Based SSI Advocacy:
Bringing the Doctor to the Client

~ with Tom Neill, Ph.D and Shane McCall, M.D. MPH
San Francisco - County Adult Assistance Program

San Francisco Human Services Agency

Today we are going to talk about

- The population we serve
- The Social Security disability criteria and what is necessary to complete an SSI application
- Models of SSI Advocacy Program
- Our program design and how we developed it.
- How we pay for the program
- The impact we have on our clients lives, our agency, and the county

Populations We Serve

- Research
- What we found from our work

3

Social Determinants of Health

Social Determinants of Health

- Socioeconomic status (SES)
  - Major determinant of injury, disease, disability and mortality
  - Widening life expectancy disparity between poorest and wealthiest Americans

https://healthinequality.org/

Social Determinants of Health

- Low SES and other social determinants of health are associated with the following:
  - Higher prevalence of injury, physical inactivity, obesity, tobacco and alcohol use, & others
  - Higher prevalence of many medical conditions, and poorer outcomes

Our Population

- Demographics
- Medical problems associated with poor social determinants of health
- Medical conditions that commonly qualify our clients for SSI/SSDI/CAPI

Our Population (cont.)

- Most common way for our clients to meet medical criteria for SSI/SSDI/CAPI
  - Combination of various physical impairments

    plus **vocational factors**
  - Case of Mr. Y

Poverty, Stress and Crisis

- Many who live in poverty struggle with daily crises
- Limits ability to keep appointments
- Stress affects general health
- Limits executive functioning
  - Manage emotions and frustrations
  - Communicate effectively
  - Solve problems
  - Resilience

Poverty and Mental Health

- SAMHSA
  - Rate of mental illness is **highest** among those below the federal poverty line
  - Bidirectional**: poverty may exacerbate mental illness and mental illness may lead to poverty**
  - **Decreased productivity**, higher health care costs, and poor general health
  - Severe MI **shortens average life** span by 25 years

Who Comes to CAAP - Institutional Selection

1. Individuals who, with some help, **can get a job**.
2. A second group is unable to work due to a **disabling condition**
3. A third group **use substances habitually** so that they fail employment and do not qualify for SSA.

Mental health

- Widest range of types of mental disorders
- **Trauma** often repeated trauma and neglect which began in childhood
- **Depression**
- **Schizophrenia**

Schizophrenia

- 1%, 10%, 60%
- CAAP Caseload 5000; 500 with Schizophrenia;
- Heterogeneous Disorder
  - Vary in how symptoms appear and their severity
- Common stereotype
- Negative symptoms
- **Variety in functioning: some work, some have made major contributions to society, most are disabled**

SSA criteria and SSI application

SSA As Black Box

- SSA Myths
  - The application takes years
  - You have to **apply several** times. They never award you the first time.
  - You need a **lawyers** to get it.
  - SSI is for people who are **permanently disabled**.
- Here is what it takes
  - Application and supporting documents completed and submitted
  - Supported by reliable medical documentation

3 PROGRAMS: SSDI, SSI & CAPI

- **SSDI - Social Security Disability**
  - **Worker Paid** into Social Security
  - Determined to be **blind or disabled**
- **SSI – Supplemental Security Income**
  - **Need Based**
  - Determined to be **blind, aged, or disabled**
- **CAPI - Cash Assistance Program for Immigrants**
  - Not eligible for SSI due to their immigration status or date of entry.
  - Same Disability Criteria as SSI, processed by DDS

Review of Applications

- **Social Security** reviews for eligibility
- **Department of Social Services, Disability Determination Section** (**DDS**) renders a disability decision.
- Determination of SSA Disability is both a **Medical and Legal decision**

Basic Disability Criteria

- The individual has a serious mental or medical condition
- The condition affects daily life and is functionally limiting
  - Daily Living, Social, Persistence and Pace, Adaptation
- The disability has lasted or will last 12 months.
  Note: Does not need to be “permanent”
- The condition is not due intoxication or withdrawal of substances

Separating Substance Use from Disability

1. MH symptoms predate substance use
2. MH Symptoms persist during abstinence
3. Effect of substance is different from symptoms.
   - Alcohol can cause Depression
   - Amphetamine and Cocaine cause psychosis, anxiety and depression
4. Medical conditions can be disabling independent of substance use.

Keys to SSI Advocacy

- Stay connected to the client
- Understand the application process to be able to complete and submit necessary material
- Provide supporting medical evidence
- Collaborative relationships with SSA and DDS

SSI Advocacy Models

- Models
  - Case Management – probably the most widely used strategy
  - Legal – longest history often combined with case management and or medical services
  - Medical with the ability to provide consultative exams as medical evidence
- The model should fit the setting and population

Barriers to completing applications

- Clients
  - Difficulty keeping appointments
  - Lack of coherent description medical records
  - Fail to recognize or actively deny illness
  - Co-occurring substance use

Challenges with Providers

- May see SSI eligibility as a moral decision and a disincentive to health
- Limited time during clinic appointments
- Lack of training on disability with a focus on symptom reduction and not functioning
- Public health's goal is to maintain clients at the lowest and least restrictive level of care.

SSI Criteria

SSI Sequential Medical-Vocational Evaluation

- 1. Currently working (substantial gainful activity)?
- 2. Severe impairment(s)?
- 3. Meets a listed impairment & meets the duration requirement?
- 4. Impairment which prevents doing past relevant work?
- 5. Capable of doing other work?
  - *Evaluate medical-vocational characteristics*

Step 1

- Currently working and earning enough to be considered “substantial gainful activity”?

If **no**, then go to Step 2.

Step 2

- Severe" impairment?
  - Impairment or combination of impairments that significantly limits the individual's physical or mental ability to perform one or more basic work activities needed to do most jobs

If **yes**, then go to Step 3.

Step 3

- SSI Listing?
  http://www.socialsecurity.gov/disability/professionals/bluebook/AdultListings.htm

- Duration Requirement?

  If **yes to 12 months or longer** (but **no** to meeting a listing), then go to Step 4.

Disability Evaluation Under Socia

Listing Of Impairments - Adult Li

The following sections contain medical criteria that ap
age 18 and over and that may apply to the evaluation
the disease processes have a similar effect on adults a

This electronic version contains the new Mental Disor
Disorders Listings effective 1/17/2017.

1.00
Musculoskeletal System

2.00
Special Sens
Speech

4.00
Cardiovascular System

5.00
Digestive Sy

7.00

8.00

Example of SSI Listing

"1.02 *Major dysfunction of a joint(s) (due to any cause)*: Characterized by gross anatomical deformity (e.g., subluxation, contracture, bony or fibrous ankylosis, instability) and chronic joint pain and stiffness with signs of limitation of motion or other abnormal motion of the affected joint(s), and findings on appropriate medically acceptable imaging of joint space narrowing, bony destruction, or ankylosis of the affected joint(s). With:

A. Involvement of one major peripheral weight-bearing joint (i.e., hip, knee, or ankle), resulting in inability to ambulate effectively, as defined in 1.00B2b;

OR

B. Involvement of one major peripheral joint in each upper extremity (i.e., shoulder, elbow, or wrist-hand), resulting in inability to perform fine and gross movements effectively, as defined in 1.00B2c."

https://www.ssa.gov/disability/professionals/bluebook/1.00-Musculoskeletal-Adult.htm#1_02

Step 4

- If applicant does not meet a specific medical listing, does he or she have an impairment which prevents him or her from doing past relevant work?

Step 4 (cont.)

- Residual Functional Capacity Determination
- Sources of Information
  - History or self-report
  - Physical Exam/Mental Status Exam
  - Radiology/Lab results
  - Medical Records
  - Third party reports

Step 4 (cont.)

- Does applicant's residual functional capacity preclude him or her from performing any past relevant work?

If **yes**, then go to Step 5.

Step 5: "Grids"

- Medical-Vocational Characteristics
  - Age
  - Education
  - Physical/mental demands of past work experience
  - Residual Functional Capacity (physical)

Exertional Impairments

- Limit one's ability to stand, walk, sit, lift, carry, push, pull, etc.
- Examples of medical conditions

Exertional Levels of Work

- Sedentary
- Light
- Medium
- Heavy
- Very Heavy

Criteria for Different Ages

- 45-49:
  - *Disabled* if limited to **sedentary** and **illiterate or unable to communicate in English** & **work history of unskilled or none**
- 50-54:
  - *Disabled* if limited to **sedentary work**
  - *Disabled* if limited to **light work** and **illiterate or unable to communicate in English** & **work history of unskilled or none**

Criteria for Different Ages (cont.)

- 55 y/o or greater:
  - *Disabled* if limited to **light or sedentary work**.

- 60 y/o or greater:
  - *Disabled* if limited to **light or sedentary work**
  - *Disabled* if limited to **medium work** and with **6th grade education (or less) or unable to communicate in English**, *and* **work hx of unskilled**

Simplified Grids

	Applicant's Residual Functional Capacity is limited to:		
AGE◈	*MEDIUM*	*LIGHT*	*SEDENTARY*
<50	Not Disabled	Not Disabled	Not Disabled
50-54	Not Disabled	Not Disabled	**Disabled**
55+	Not Disabled	**Disabled**	**Disabled**

◈ If illiterate or unable to communicate in English and work history of unskilled or none, then Grids begin at age 45 instead of age 50.

Special Medical-Vocational Profiles

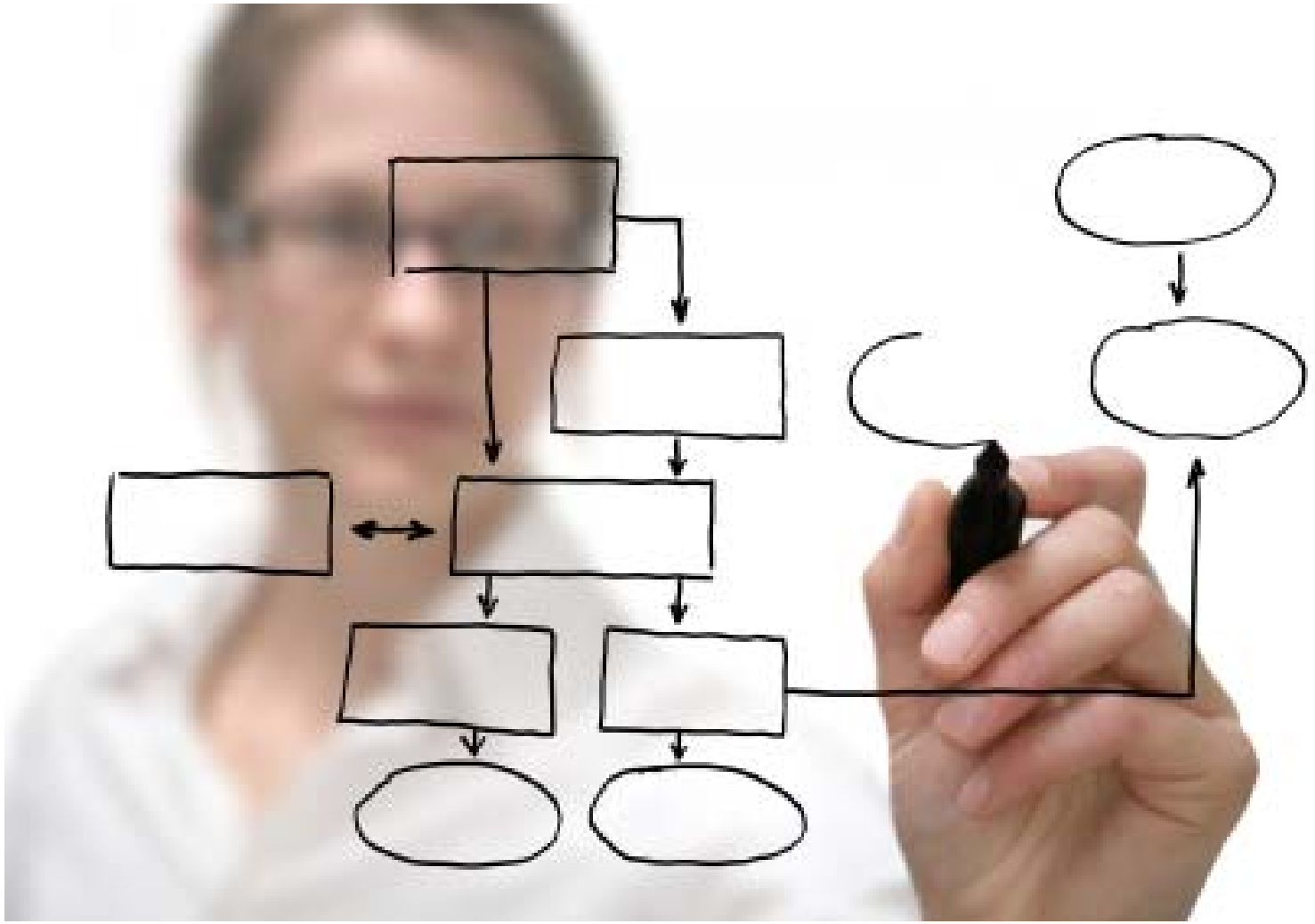
Severe impairment, **plus** one of the following:

- Arduous, unskilled work for 35 years, 6th grade education or less and not able to do past relevant work
- 55+ y/o, no PRW, & 11th grade education or less
- 60+ y/o, 30 or more years unskilled (or skilled/semi-skilled without transferable skills) work but no longer able to perform this work, & 11th grade education or less

Presumptive Disability/Blindness

- Amputation at hip
- Total Deafness
- Total Blindness
- Bed confinement & immobility
- Stroke with marked residual deficit
- Severe intellectual disability or other Neurodevelopmental impairment
- Symptomatic HIV or AIDS
- Chronic dialysis
- Hospice or life expectancy less than 6 mo.
- Others

Program Design



How did we get started?

- CAAP/GA referred clients to a DPH Advocacy Program, but lack of connection and communication
- CAAP Director wanted the service in-house
- CAAP Triage - frontend client screening was in place
- Advocates raised concerns Triage missed “hidden disabilities.”
- DECU formed to assist Triage through training and review of assessments
- Began a pilot 2001 using some of the time of DECU staff

Guiding Principles

- Since our clients do not have effective health care, we **bring the doctor**/CM to the client
- Since our clients often fail to keep appointments, the program is **embedded in the CAAP** business process.
- Collaborate with SSA and DDS - **provide the information needed to make a decision**

CM/DECU Process

- **Triage** screens and schedules clients with CM
- **CM Type of** disability; how to maintain contact; medical and non-medical sources
- **Doc initial** - Is client disabled? Link to care
- CM Set **protective filing date** for SSI
- CM completes application materials, etc.
- Docs Complete CE

SSI, SSDI & CAPI Applications

- There are both **paper applications** delivered to field office and **online applications** completed on SSA website.
- Include descriptions of **work history**, **medical conditions** they have and **treatment** they received.
- Supplemental Forms on criminal justice, kitchen facilities
- **Adult function report** completed by the client, provides information about the daily activities.
- Community Outreach Questionnaire for **mental health** disabilities
- Third party function report for **physical** disabilities

Medical Assessment

- Physician meets with client in a one-hour time slot
  - Face-to-face time of around 50 minutes
  - History-taking
  - Physical exam
  - Order additional testing
  - May refer for treatment

Psychological Assessment

- Psychologist meets with client in a two-hour time slot & evaluates the following:
  - Client's Current Situation (i.e. presenting problem)
  - Activities of Daily Living
  - History of Psychological Treatment
  - History of Substance Use and Treatment
  - Family and Social History (i.e. history of abuse, etc.)
  - Vocational History
  - Current Mental Status Exam
  - Neuropsychological Testing (when indicated)
  - Urine Toxicology Testing (when indicated)

Medical & Psychological Assessments (cont.)

- May consult with outside providers, other contacts, DECU clinician, & SSI Case Manager
- Review medical records and latest test results
- Develop a diagnosis(es) & determine severity of impairments
- Document in a note
- Notify SSI Case Manager of recommendation

Providing Medical Evidence

- Physician and/or psychologist:
  - Consultative Examination
  - Completes final report
    - incorporates pertinent medical record documentation
    - addresses discrepancies
    - statement about ability to manage funds
  - Provides report to SSI Case Manager

Adjudication

- Case managers **shepherd the claim** through the adjudication process.
- When client is **awarded**, ensure the client gets into pay status
- If client is **denied**, review ***Disability Determination Explanation*** to determine if we appeal
- If **denied at recon**, review decision, and refer to Attorney to represent at at ALJ

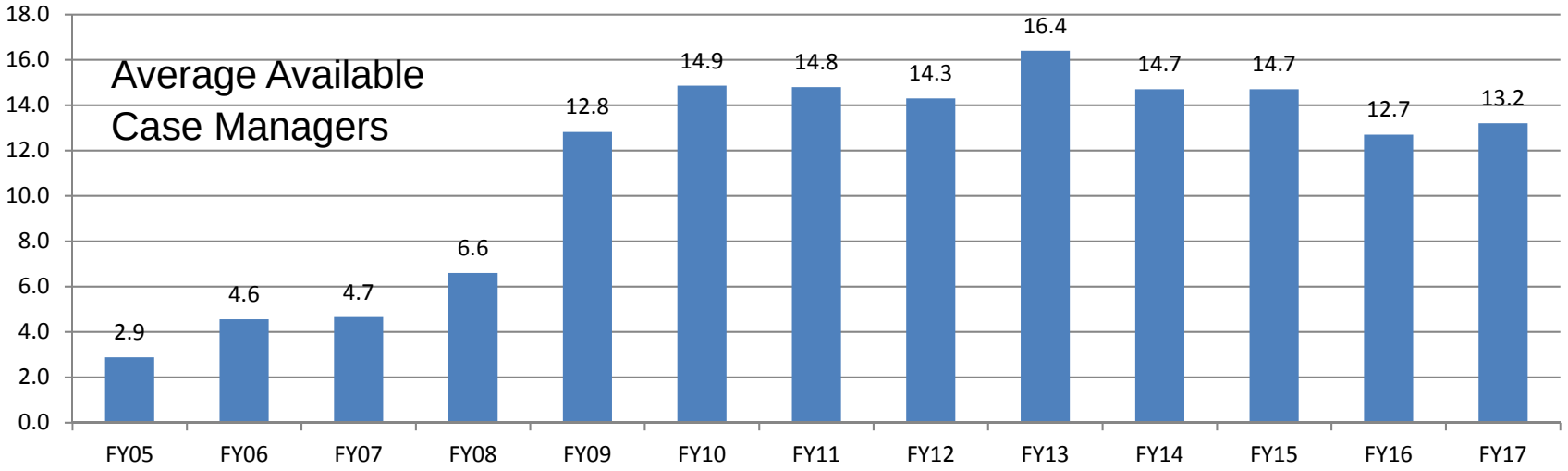
How We Pay

and Outcomes

Funding - How We Pay

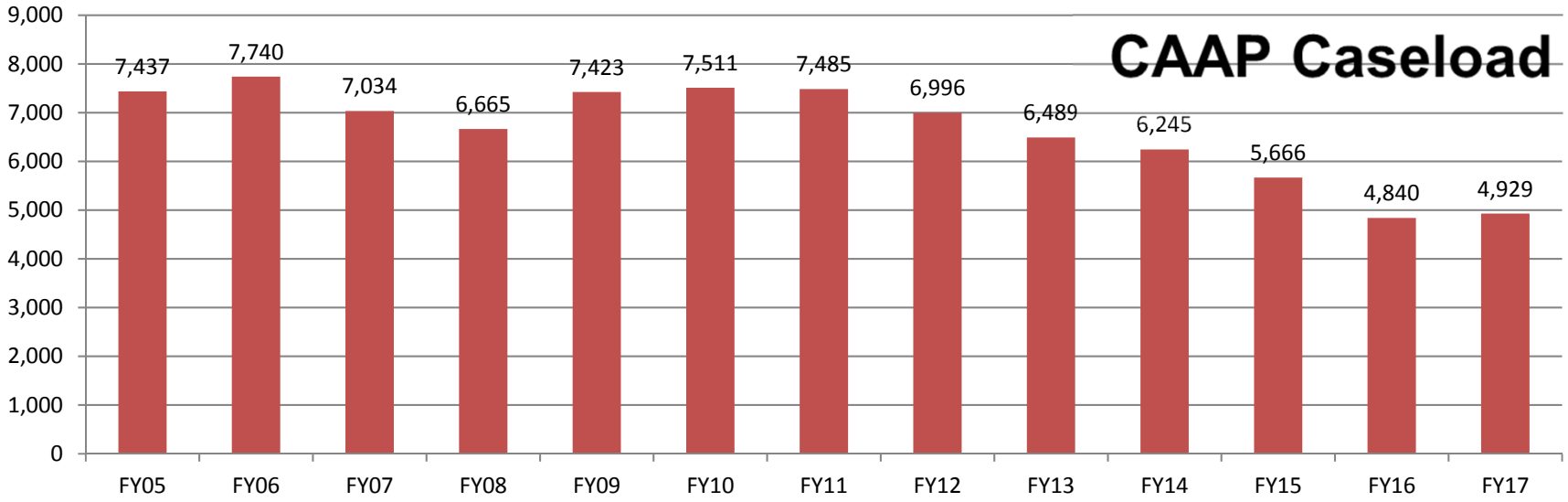
- Local General Fund
- Title XIX Community Services Block Grant
  - Identify clients unmet health needs, link to services
  - Reimbursement: Case managers 50%, Psychologist and physicians at 75%.
- Interim Assistance Reimbursement (IAR)
  - County welfare agencies can recoup aid paid during the period in between the SSI application date and the allowance
  - The client must sign authorization for the county
- Reduced Grant Aid Costs

Building to Scale



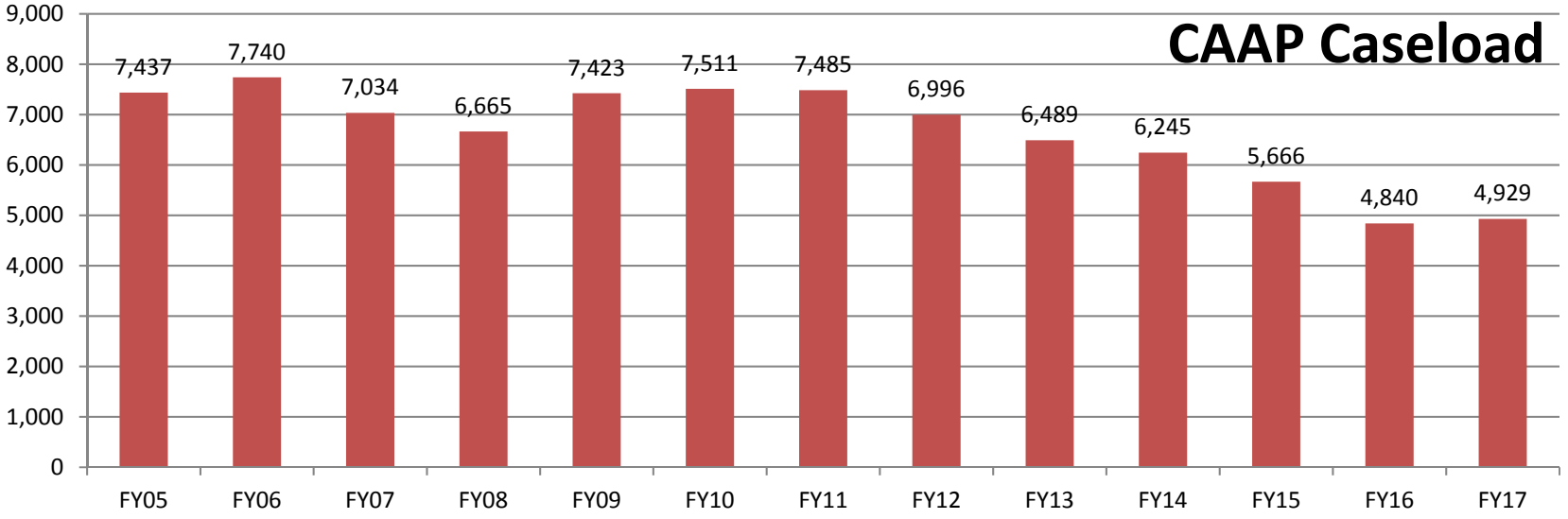
- Pilot 2001, Hired program staff in 2004
- Built to Scale in 5 years; Now over 40 Staff
- Staffing ratio: For every 2 case managers there is 1 clinician

CAAP Caseload Size



- CAAP hovered at 7,000 until the end of the recession in 2010, now under 5,000
- Decrease - Better Economy with Effective SSI Advocacy and Employment Services

SSI Advocacy Impact



73	107	229	323	507	624	812	723	699	686	621	516	564	Awards
1%	1%	3%	5%	7%	8%	11%	10%	12%	11%	11%	11%	11%	% of CAAP
FY05	FY06	FY07	FY08	FY09	FY10	FY11	FY12	FY13	FY14	FY15	FY16	FY17	

Return on Investment

- HSA conducted an annual Cost Benefit Analysis, 4 years, 2009 to 2012
- Compared salary costs less CSBG against IAR, Foregone CAAP/GA Grants, and DPH MH costs
- The studies found a return from $4 to $5.16 annually

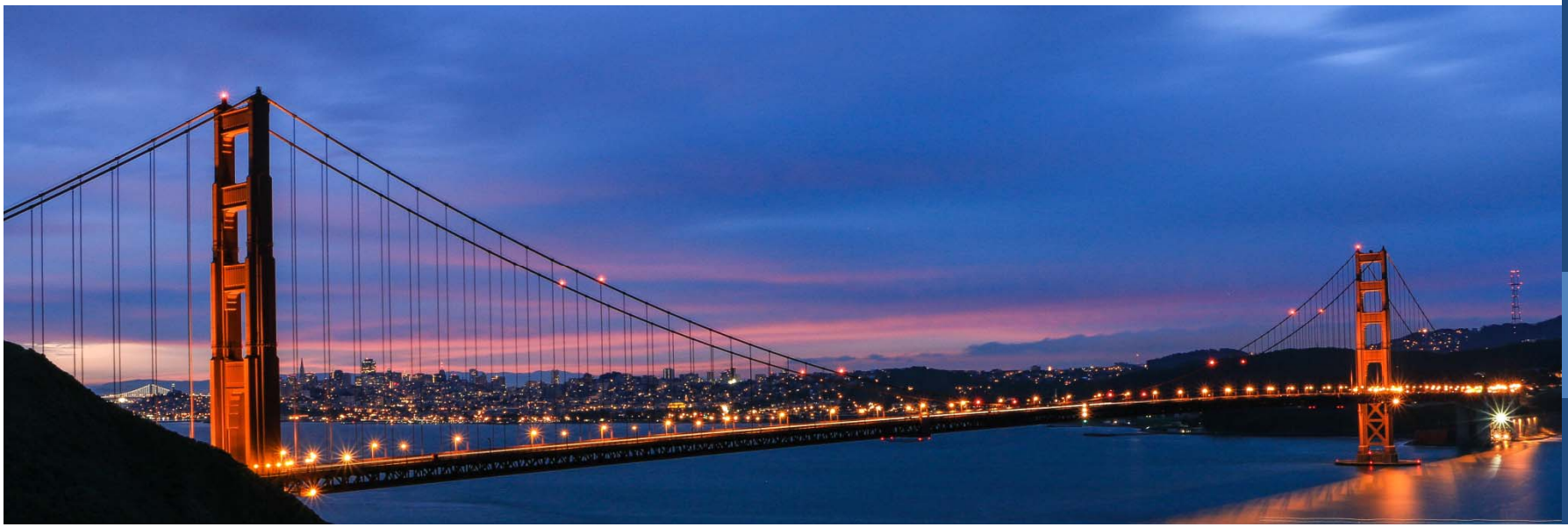
Return on every dollar spent (SF-HSA and SF DPH Combined)	FY09	FY10	FY11	FY12
	$4.35	$4.00	$5.16	$4.07

Benefits to Client

- Increased income
- Better housing options
- Health education and validation
- Link to services

Benefit to the County

- Save General Fund
- Reduction in CAAP Caseload and Grants
- IAR - Interim Assistance Reimbursement
- Reduction in Medical and Psychiatric Emergency visits and Arrests



SSI Advocacy as Economic Stimulus

Daniel Fleming of the Economic Roundtable*

$880	**Average Grant**
6,645	**Awarded during life of program**
$70,1 M.	**Annual Federal Stimulus to County**
$576,950	**Every year the stimulus increases**

"As these funds are spent by recipients then re-spent by providers of goods and services and their suppliers and employees, they create multiplier effects in the regional economy."

Every time we help a client attain a better life, we help improve the quality of life for all San Franciscans.

* Dividends of a Hand Up, Public Benefits of Moving Indigent Adults with Disabilities onto SSI, 2011, Economic Roundtable, A Nonprofit, Public Policy Research Organization

Questions?

Cut??

Homelessness

- Homelessness is not just due to poverty and lack of affordable housing
- Homelessness is a marker for a mental or medical disability.

Physicians and Psychologists

- Psychologist and/or physician completes evaluation and written report or CE.
- Pull together medical and non-medical evidence and **address inconsistencies**

Special Medical-Vocational Profiles

Severe impairment plus one of the following:

1. Arduous, unskilled work for 35 years, 6th grade education or less and not able to do past relevant work

1. 55+ y/o, no PRW, & 11th grade education or less

1. 60+ y/o, 30 or more years unskilled (or skilled/semi-skilled without transferable skills) work but no longer able to perform this work, & 11th grade education or less

Vocational Stratifiers

- Age
- Education
- Previous work experience

SSA Disability 101

What we have found from our work