North Carolina Coalition
securing resources ▪ encouraging public dialogue ▪ advocating for public policy change
to End Homelessness
NCCEH
NC SOAR: SSI/SSDI, Outreach, Access and Recovery
soar@ncceh.org www.ncceh.org 919.755.4393

SOAR Applications:
The Physician's Role in SSI/SSDI Disability Determination for Homeless Patients
August 2011

Many homeless patients are caught in a cycle of crisis services, inpatient hospital stays, episodes of homelessness, and incarcerations. This cycle is further complicated when patients have chronic medical and mental health conditions but cannot access appropriate services or ongoing treatment. For homeless patients who cannot work due to illness, one of the only ways to break this cycle is with income and health care benefits provided by federal disability benefits.

With income and health insurance, patients can meet their basic needs by accessing housing and services, and therefore are better able to address their medical and mental health conditions. One study in Chicago demonstrated that providing homeless adults with housing and case management services reduces their days in the hospital by 29% and emergency department visits by 24%, compared with usual care. [1]

Physicians can play an important role in helping these homeless patients obtain housing and health care benefits, as well as increasing the therapeutic benefit of their treatment, by assisting them with federal disability benefit applications.

SOAR (SSI/SSDI Outreach, Access, and Recovery) is a national program sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) that focuses on expediting applications for federal disability benefits for individuals who are homeless or at risk of homelessness.

What are Disability Benefits?

SSI and SSDI are federal disability benefit programs available through the Social Security Administration (SSA) that provide monthly income and health insurance.

Supplemental Security Income (SSI) is a need-based SSA benefit for individuals who have a disability, are blind, or are age 65 and over. Individuals who receive SSI must show that they are disabled and have resources less than $2,000. The maximum SSI federal benefit in 2011 is $674 per month. In North Carolina, SSI also provides automatic eligibility for Medicaid.

Social Security Disability Insurance (SSDI) is a benefit for people who have a disability or are blind. It is based on earnings that the individual put into the Social Security system through the FICA tax. To qualify, individuals need to

[1] Sadowski LS, Romina AK, VanderWeele TJ, Buchanan D. Effect of a housing and case management program on emergency department visits and hospitalization among chronically ill homeless adults: A randomized trial. *Journal of the American Medical Association.* 2009; 301(17):1771-1778.

have worked for the equivalent of 10 out of the past 15 years while contributing to FICA through their paychecks. Individuals who receive SSDI are eligible for Medicare 2 years after they become eligible for SSDI payments.

There are many differences between the programs, but both programs use the same process to determine if an applicant has a medical disability.

Criteria for Eligibility

SSA defines "disability" as an impairment that affects a person's ability to work and "work" as earning Substantial Gainful Activity (SGA). SGA amounts are set annually by Congress, and in 2011, SGA is $1,000 in gross income per month. Therefore, individuals who are unable to earn at least $1,000 per month due to a medical or mental health condition meet SSA's definition of disability and can apply for SSI/SSDI benefits.

Applicants must also meet medical eligibility to obtain SSI/SSDI benefits. SSA uses a tool known as *The Blue Book* to outline their agency's medical criteria under what are known as "listings." Each listing addresses the specific symptoms, medical tests, and functioning issues that must be documented in order for a medical condition to qualify as a disabling impairment. *The Blue Book* is SSA's version of a diagnostic manual like the DSM-IV, but it does not use the same language as the medical and mental health field. For example, instead of listing Major Depressive Disorder or Bipolar Disorder separately, all mood disorders are under the listing Affective Disorders.

Physicians often find that referring to specific listings helps them to determine if a patient's condition would qualify them for disability benefits. Physicians and the public can access *The Blue Book* on SSA's website: http://www.socialsecurity.gov/disability/professionals/bluebook/AdultListings.htm.

The basic medical eligibility requirements outlined in *The Blue Book* are:

1. ***Medically Determinable Physical or Mental Impairment***
   An individual's illness(es) must either meet or be equivalent to the criteria for a listing in *The Blue Book*. In order to meet a listing, applicants must have medical records that show they have been diagnosed by a doctor with a condition that meets the specific symptoms or test results outlined in the listing.
2. ***Duration***
   The impairment tied to the illness(es) must have lasted or be expected to last 12 months or more OR be expected to result in death.
3. ***Functional Information***
   The applicant must demonstrate that significant functional impairment related to the illness(es) exists. Functioning information for medical conditions focuses primarily on physical activities such as walking, standing, sitting and carrying. Functioning information for mental health conditions includes Activities of Daily Living, Social Functioning, Concentration, Persistence or Pace, and Repeated Episodes of Decompensation.

Often, medical records do not address all of these criteria, especially functioning information. Health care providers can ensure that all the necessary criteria are addressed by improving documentation in medical records and writing supporting documents that clearly address these medical criteria. **Any supporting documentation from physicians and care providers needs to address these eligibility criteria by linking medical and functional information.**

Who Determines Eligibility?

To determine eligibility, SSA contracts with an agency called the Disability Determination Services (DDS) in Raleigh, NC. This state agency follows the federal rules to assess disability eligibility. Within DDS, an appropriately trained physician or psychologist reviews all claims before they are approved or denied by a DDS Examiner.

The DDS Examiners consider two types of evidence when determining eligibility:

- ***Medical*** — provided by acceptable medical sources including M.D.s, Ph.D. psychologists, optometrists (for visual problems), podiatrists (for feet problems), and speech therapists/pathologists (for speech problems).
- ***Collateral*** — provided by all other professionals and lay individuals, including physician's assistants, nurse practitioners, nurses, and social workers.

Medical evidence is considered to have greater weight than collateral evidence. **This is why physicians play a key role in supporting SSI/SSDI applications—without their signature, supporting documents would only be considered as collateral evidence.**

When the documentation sent to DDS does not include input from treating physicians, DDS sends individuals to consultative evaluations (CEs). CEs are one-time evaluations with contracted physicians in the community that may be brief and not provide a full picture of a person's disabling condition. Many individuals do not feel comfortable disclosing information to a doctor they do not know, and some may provide the new doctor with inaccurate information or deny their illness. Furthermore, individuals who are homeless often miss these appointments because of logistical problems, such as a lack of transportation. DDS can deny an application after repeated missed appointments. **However, if physicians can provide DDS with sufficient medical documentation to determine disability, then the CE process can be avoided.**

Why Are Applications for Benefits Denied?

Applying for disability benefits is a complicated process that requires applicants to have medical evidence to support their applications. For persons experiencing homelessness, it can prove even more difficult. Due to the transitory nature of homelessness and a lack of health insurance, many individuals receive only sporadic health care or crisis services rather than continuous, long-term treatment for their medical and mental health conditions. Obtaining copies of records or even simple identification can be a struggle for a homeless person. Even the nature of one's disability may make it impossible to follow the complicated process of applying for disability.

Because of these challenges, SSA often does not receive a clear picture of a person's medical disability, leading them to deny the application.

How Does SOAR Help?

The SOAR program in North Carolina links individuals who are homeless or at risk of homeless with SSI/SSDI benefits by educating case workers in the community about the SSA determination process and training them to take a proactive role in the SSI/SSDI application process. SOAR teaches case workers to write supportive documentation for cases known as Medical Summary Reports. These Medical Summary Reports summarize the applicants' personal history, treatment history, and functioning information. The information provided in these reports is the key to successful applications.

By providing SSA with all of the needed information to determine disability, SOAR case workers in North Carolina have an 80% approval rating for their applications, with decisions made in an average of 106 days. In contrast, non-SOAR applications for homeless applicants have only a 15% approval rating nationwide, and many individuals are stuck in an appeals process for years.

What Can Physicians Do to Support SOAR?

Physicians and SOAR trained case workers should collaborate to write Medical Summary Reports that clearly link an individual's diagnosis to his or her functioning impairments. Without a treating physician's involvement, the Medical Summary Report will not include the full picture of the individual's medical disability. In the same way, case workers can inform physicians how their patient's medical condition affects their functioning in day-to-day life outside of the physician's office.

When doctors and case workers collaborate and sign Medical Summary Reports, DDS has a more complete picture to determine disability. When physicians co-sign reports with SOAR case workers, the Medical Summary report becomes medical evidence, providing clear, succinct information that supports the application for benefits.

Physicians are key partners with SOAR case workers in preparing Medical Summary Reports and improving documentation for disability applications. Treating physicians can partner with SOAR in North Carolina through:

SOAR Medical Summary Reports

- **Reviewing** and offering edits for Medical Summary Reports prepared by SOAR case workers. For examples of Medical Summary Reports, please visit the national SOAR website: http://prainc.com/SOAR/training/med_summary.asp
- **Co-signing** Medical Summary Reports with SOAR case workers to elevate the report to the level of medical evidence.

Improving Documentation in Medical Records

- **Learning how to document functioning information** in medical records by participating in the online training *Documenting Disability*: http://www.nhchc.org/DocDisability/DocDisOnline.html. Physicians **receive up to 4.0 AMA PRA Category 1 Credit CMEs** for participating in this course that outlines how to document functioning status of patients in medical records and offers more information about the SSI/SSDI application process.

What Are the Liability Implications?

Co-signing Medical Summary Reports imposes no liability. When it comes to assisting patients with SSI/SSDI applications, physicians are often concerned about liability. However, the Social Security Act states that physicians and other care providers who submit information to DDS on behalf of an applicant cannot be held criminally or civilly liable as long as the information was provided in good faith. To see Sec. 1157 [42 U.S.C. 1320c—6] of the Social Security Act that addresses limited liability, please follow this link to Social Security's website: http://www.socialsecurity.gov/OP_Home/ssact/title11/1157.htm.

For more information about SOAR in North Carolina, please visit ncceh.org/ncsoar/
or contact Emily Carmody, NCCEH Project Specialist, at 919.755.4393 or soar@ncceh.org.