

Joint Comments from Homeless Advocacy Organizations on  
Continuing Disability Review Failure to Cooperate Process  
RIN 0960-AG19

submitted to  
the Social Security Administration  
February 3, 2006

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Jo Anne B. Barnhart  
Commissioner of Social Security  
P.O.Box 17703  
Baltimore, MD 21235-7703

**Re: NPRM on Continuing Disability Review Failure to Cooperate Process, 20 CFR parts  
404 and 416 (70 FR 72416-72419 [Dec. 5, 2005]) RIN 0960-AG19**

Dear Commissioner Barnhart:

These comments are submitted on behalf of the following organizations that advocate for people experiencing homelessness:

National Health Care for the Homeless Council (<http://www.nhchc.org>)  
National Law Center on Homelessness & Poverty (<http://www.nlchp.org>)  
National Alliance to End Homelessness (<http://www.endhomelessness.org>)  
National Coalition for the Homeless (<http://www.nationalhomeless.org>)

In the preamble to the proposed changes, you state that you are proposing to change the rules to permit suspension of benefits in the continuing disability review (CDR) process where an individual fails to cooperate in the CDR process. Presently, that is not the case. Your stated rationale for this change is to “make the...rules...consistent, implement a more efficient CDR process, encourage beneficiaries to cooperate during the CDR process, and make the process less burdensome.”

We feel that this proposed change will have an adverse impact on homeless individuals who are undergoing the CDR process. In many instances these people have had to wait a very long time to even qualify initially for SSI/SSDI benefits, and the same pitfalls that prevent them from getting on in the first place now appear to be further embedded in the CDR process. There is increasing awareness of the role that medical impairment and disability play in prolonging homelessness. Homelessness itself is an indicator of functional impairment and often a marker of disability. The fact that people with disabilities constitute the “chronically homeless” population in America is extremely troubling.

The most important sources of assistance for Americans with disabilities are two Federal programs administered by the Social Security Administration (SSA) — Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI). SSI and SSDI constitute a safety net for persons with disabilities, providing both cash assistance and eligibility for health insurance under Medicaid and/or Medicare. The timely receipt of SSI or SSDI benefits dramatically improves access to food, stable housing, and health care. Persons who qualify for SSI/SSDI are more likely than others to obtain available low-cost housing and receive priority for certain types of subsidized housing. Both the Medicaid coverage that accompanies the receipt of SSI and the Medicare benefits that follow receipt of SSDI improve access to comprehensive health care, including mental health services and addiction treatment.

Restricted access to SSI/SSDI benefits is exacerbated by average waiting periods of 1–3 years between application and eligibility determination, and significantly higher denial rates for homeless claimants. People experiencing homelessness often fail to obtain SSI or SSDI despite the high likelihood that they would meet eligibility requirements, due to a variety of system barriers. Obstacles include lack of access to health services, insufficient documentation of functional impairments, remote application offices, lack of transportation, and complex application processes. Often barriers are intensified by the functional impairments of mental illness and the lack of personal stability necessary to see a complex application process through to completion. Advocates have found that aggressive application assistance, patient advocacy, and case management are needed to help homeless individuals both obtain and keep their federal disability benefits.

In short, individuals who are homeless are among the most vulnerable citizens who receive SSI/SSDI benefits. Their heightened vulnerability means that SSA should already have in place safeguards that will protect benefits for this population during the CDR process. Unfortunately, SSA is taking a punitive action (suspension of benefits) without having any such safeguards. These can include both effective mechanisms of locating homeless individuals and personnel in district offices and DDS who are trained in working with homeless advocates and homeless individuals. Presently, SSA does not identify SSI/SSDI recipients who are homeless in any meaningful way. While individual DDS, district offices, or even Regions have attempted to address some of these issues, there has been no national effort put in place. SSA may send out a CDR request for updated information, and the homeless person may have moved on months ago, if not longer, and is no longer at that address. Without specific policies and practices in place to ensure that SSA has effective mechanisms to locate homeless recipients, their benefits may be suspended unnecessarily.

The “simple visit” to the district office to reestablish benefits, after suspension for failure to cooperate, is again fraught with difficulty for homeless people. It will require obtaining the current medical information in the shortest timeframe possible. Again, as stated above, the barriers posed by a complex process can be intensified by the functional impairments of mental illness and the lack of personal stability necessary to see a complex application process through to completion. Before implementing this new procedure SSA has to ensure that it has the policies in place to ensure that homeless individuals continue to receive the benefits to which they are entitled.

Thank you for the opportunity to comment.

Sincerely,

Patricia Post, MPA  
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