

## Disability Benefits and Homelessness

### Policy Recommendations

1. **Ensure timely and accurate disability determinations for SSI/SSDI claimants who are homeless.**
2. **Ensure the adequacy of SSI/SSDI benefit amounts to meet the needs of homeless recipients.**
3. **Ensure that individuals with substance use disorders who meet current Social Security disability criteria receive SSI/SSDI benefits.**
4. **Protect and strengthen state disability assistance programs.**

*Any strategy to prevent and end homelessness must include adequate income and health benefits for people who have disabilities and are unable to work.*

**Disability causes and prolongs homelessness.** Nearly 16 percent of the non-institutionalized U.S. population is disabled, yet people with disabilities constitute over 40% of the homeless population in America.<sup>1,2</sup> Diminishing affordable housing, depressed wages, higher unemployment, and decreased access to health insurance coverage over the past two decades has placed an increasing number of individuals and families with disabilities at risk of homelessness, and makes getting out of homelessness more difficult as well.

**Disability assistance can also mitigate health risks associated with homelessness.** Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) constitute a safety net for persons with disabilities, providing cash assistance and, usually, eligibility for public health insurance (Medicaid/Medicare). Those who receive SSI/SSDI are also more likely to obtain low-cost housing, including supportive housing. Housing alleviates the extraordinary health risks associated with homelessness, expedites recovery, improves quality of life, and helps beneficiaries achieve stability and resume productivity.

**Barriers to accessing SSI/SSDI benefits can also prolong homelessness.** Homeless SSI/SSDI claimants often are denied benefits for failure to meet the requirements of an arduous application process, rather than for lack of serious medical impairments that meet SSA disability criteria. Systemic barriers include poor access to health care, insufficient documentation of diagnosis and functional impairments by an approved medical source, remote application offices, complex application processes, disability evaluators unfamiliar with the realities of homelessness, and inconsistent implementation of SSA disability determination policy across jurisdictions. Barriers can be exacerbated by an applicant's mental illness or by the lack of stability necessary to maintain contact, keep paperwork organized, and meet deadlines throughout the application review.<sup>3</sup>

<sup>1</sup> The federal HUD definition of chronically homeless is an unaccompanied disabled individual who has been continuously homeless for over one year. <http://www.hud.gov/offices/cpd/homeless/chronic.cfm>.

<sup>2</sup> HUD. 2008 Annual Homeless Assessment Report. <http://www.hudhre.info/documents/4thHomelessAssessmentReport.pdf>

<sup>3</sup> O'Connell et al. (2007). *Documenting Disability: Simple Strategies for Medical Providers*. Health Care for the Homeless Clinicians' Network, National Health Care for the Homeless Council, Inc. <http://www.nhchc.org/DocumentingDisability2007.pdf>

## Disability Policy Recommendations in Detail

### 1. **Ensure timely and accurate disability determinations for SSI/SSDI claimants who are homeless.**

Waiting periods between application and eligibility determination that average 1 to 3 years are especially devastating for homeless claimants. To expedite disability assistance for persons likely to be eligible for SSI or SSDI, the National Health Care for the Homeless Council urges Congress and the Administration to pursue the following changes:

- **Revise the SSA Homelessness Plan to incorporate lessons learned from HOPE,<sup>4</sup> the SSI/SSDI Outreach, Access & Recovery (SOAR) Project,<sup>5</sup> and the Baltimore SSI Outreach Project and increase support for these initiatives.**<sup>6</sup> Demonstration projects have confirmed policies and procedures that can improve allowance rates at initial consideration, and expedite access to SSI/SSDI for applicants who are homeless. Successful strategies include: (1) educating SSA and DDS staff about issues related to homelessness; (2) designating SSA and DDS staff to assist homeless claimants; (3) ensuring that all such applications are flagged for expedited processing; (4) tracking outcomes of applications from homeless applicants separately from those of other applicants; and (5) developing processes to ensure that eligibility determinations are made as soon as possible. Such strategies should be incorporated into a revised SSA Homelessness Plan that includes timelines for implementation.
- **Ensure better cooperation between the Social Security Administration (SSA), State Disability Determination Services (DDS) and community initiatives nationwide to expedite disability benefits for eligible homeless claimants.** Encourage SSA to flag all applications from individuals who are homeless so as to expedite processing at the DDS. Encourage all DDS agencies to establish a Homeless Claims Unit with designated examiners responsible for processing SSI/SSDI claims filed by homeless persons and for expediting disability determinations for such claimants. Direct SSA to consider repeated episodes of homelessness as an indicator of functional impairment. Encourage SSA field offices to develop partnerships with community health and social services providers to help homeless people with SSI/SSDI applications.
- **Ensure prompt decisions at the administrative law judge hearings level.** Case backlogs are resulting in delays of 22 months or longer to get a hearing. Encourage efforts to expedite and improve the accuracy of disability determinations at initial consideration (exemplified by the SOAR initiative) which can reduce these backlogs. Encourage hearings offices to process as many reviews on record as possible to help reduce the hearings backlog.
- **Develop special SSI eligibility determination processes for claimants who are homeless and who have mental illness, and train designated SSA claims representatives to respond appropriately to such claimants.** Add homelessness with diagnosed schizophrenia to criteria for Presumptive Disability, which allows claimants to receive six months of benefits pending determination of their eligibility for extended benefits.
- **Expand the list of "acceptable medical sources" that can provide medical evidence of impairment to include nurse practitioners, physician assistants, and licensed clinical or psychiatric social workers.** In today's economic climate, many clinical services are provided by nurse practitioners, physician assistants, and licensed clinical social workers rather than by physicians and psychiatrists. SSA should reduce barriers to SSI/SSDI enrollment by expanding the list of "acceptable medical sources" that

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<sup>4</sup> The Homeless Outreach Projects and Evaluation (HOPE) program, established by the Social Security Administration, provided grant funding to 41 agencies in 2004 to assist chronically homeless individuals in applying for SSI and SSDI benefits.

<http://www.ssa.gov/homelessness/outreach.htm>

<sup>5</sup> Launched in 2005 with SAMHSA and HUD support, SOAR helps states and communities develop strategies and provide training to case workers who assist individuals in preparing accurate and complete SSI or SSDI applications. Outcomes for 32 states reporting to date indicate that SSI/SSDI allowances for homeless applicants averaged 71% on initial application with decisions received in an average of 89 days. For more information see: [www.prainc.com/soar](http://www.prainc.com/soar)

<sup>6</sup> The University of Maryland Medical System Baltimore SSI Outreach Project began in 1993 as SSA funded outreach demonstration project, designed to assist homeless adults with severe and persistent mental illness in obtaining SSI benefits. Over 10 years, the project achieved a 96% success rate on application for those whom project staff believed to be eligible for benefits.

can provide medical evidence of impairment to include the clinical providers that clients are more likely to see in the programs that serve them.

- **Develop a policy to collect data on the housing status of SSI/SSDI applicants.** Report aggregate numbers of homeless SSI/SSDI claimants, rates of approval, and average length of time between application and final determination.
- **Eliminate the 2-year waiting period for Medicare.** Claimants meeting the stringent eligibility criteria for SSDI are considered to have a significant disability and should have immediate access to health coverage. The 2-year waiting period for Medicare after qualifying for SSDI presents significant barriers to health care for individuals who have already insured themselves for benefits by virtue of their contributions to the Social Security trust fund through a tax on their earnings. Health insurance should be included among SSDI benefits.
- **Expand the list of Compassionate Allowance categories to include disabling health conditions that are disproportionately experienced by homeless applicants**—such as uncontrollable diabetes, traumatic brain injury, and chronic neuropathies.<sup>7</sup>
- **Encourage the U.S. Interagency Council on Homelessness to include in its Federal Strategic Plan to End Homelessness opportunities** to advance the recommendations contained in this policy statement.

## **2. Ensure SSI benefit amounts are adequate to meet the needs of homeless recipients.**

The SSI program was “designed to provide a positive assurance that the Nation’s aged, blind, and disabled people would no longer have to subsist on below poverty-level incomes.”<sup>8</sup> Yet the average SSI payment is \$515.10 per month for individuals age 18-64,<sup>9</sup> thereby ensuring that SSI recipients remain nearly destitute. We urge Congress and the Administration to make the following changes to current policy:

- **Ensure disability benefit levels high enough to enable program participants to meet basic needs, including housing.** Index disability payments to local costs of living (e.g. HUD Fair Market Rent calculations). Minimally, the federal SSI payment should equal the Federal Poverty Level (\$10,830 for an individual in 2010).
- **Update income disregards and asset eligibility criteria** to reflect current living standards. The earned income disregard has remained unchanged since 1972, and the SSI asset limits (\$2,000 for an individual), have not been adjusted since 1989, failing to keep up with inflation.
- **In all states, ensure SSI recipients are automatically linked to Medicaid coverage,** which is essential to persons with disabilities who are homeless. Timely Medicaid coverage should be guaranteed for all persons determined eligible or presumptively eligible for SSI benefits.

## **3. Ensure that individuals with substance use disorders who meet current Social Security disability criteria receive SSI/SSDI benefits**

Welfare reforms in 1996 terminated SSI/SSDI eligibility for individuals whose substance dependence is “a contributing factor material to the determination of their disability” but it was not intended to disqualify individuals with other impairments that meet Social Security disability criteria. We urge SSA and Congress to make the following policy changes:

- **Ensure those individuals who have both substance disorders and co-occurring impairments who meet current Social Security disability criteria are able to receive SSI/SSDI benefits.** The Drug Addiction or Alcoholism (DAA) policy has been inconsistently interpreted and applied at all stages of

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<sup>7</sup> Compassionate allowances (CAL) enable Social Security to provide SSI/SSDI benefits quickly to applicants whose medical conditions are so serious that their conditions obviously meet disability standards. <http://www.ssa.gov/compassionateallowances/>

<sup>8</sup> “Social Security Amendments of 1972, S. Rpt. 92-1230.” *U.S. Senate Committee on Finance*.

<sup>9</sup> Social Security Administration, *Monthly Statistical Snapshot, January 2010*. [http://www.ssa.gov/policy/docs/quickfacts/stat\\_snapshot/](http://www.ssa.gov/policy/docs/quickfacts/stat_snapshot/).

disability determination. The intent of Congress was not to exclude people who are dealing with co-occurring impairments from receiving SSI/SSDI benefits. Congress and the Administration should restate this intent and provide sufficient oversight to ensure that SSI/SSDI eligibility is more consistently granted to persons whose disability is not materially affected by their alcohol or drug use.

- **Restore SSI/SSDI eligibility to persons whose alcohol or drug use is material to their disability.** The continuing exclusion of such persons from benefits fails to recognize medical knowledge about the nature of addictions and creates a barrier to accessing medical services and treatment for patients suffering from progressive and often fatal disorders.

#### **4. Protect and strengthen state disability assistance programs**

Many states have a cash assistance program for individuals who are disabled and awaiting federal SSI/SSDI benefits, which provides a small stipend each month to help meet basic needs. Most of these programs are loan programs, meaning that the state is reimbursed for its expenditures once benefits are awarded. These programs tend to be counter-cyclical; enrollment increases during economic hardship at the same time that states are generating less income and tax revenue. When this happens, states respond by freezing the program, changing eligibility, reducing payment amounts, or otherwise curtailing assistance. Disability assistance programs should be protected from these reactive and counter-productive decisions. Ultimately, if individuals were able to access federal benefits more quickly (e.g., through the SOAR initiative), states would realize those savings with better outcomes.

State disability assistance programs should be strengthened to provide adequate assistance for people who are waiting for federal SSI/SSDI benefits. Currently, the stipend in most states is far below that required to meet basic needs (e.g., in MD, the monthly stipend is \$185; in CO, it is \$200). Individuals experiencing homelessness who are disabled and unable to work usually have to wait much longer to receive SSI/SSDI, and therefore, are homeless longer. Likewise, disabled individuals who have homes and who are unable to work are at risk of slipping into homelessness. States should be encouraged to increase the stipend levels for their disability programs so that recipients are less likely to experience homelessness or prolonged homelessness while awaiting federal benefits.