

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

January 31, 2020

Submitted via www.regulations.gov

Commissioner Andrew Saul
Social Security Administration
6401 Security Boulevard
Baltimore, MD 21235-6401

Re: Notice of Proposed Rulemaking on Rules Regarding the Frequency and Notice of Continuing Disability Reviews, Docket No. SSA-2018-0026, RIN 0960-AI27

Dear Commissioner Saul:

Thank you for the opportunity to comment on the Social Security Administration's (SSA) new proposed regulation that would change how often people receiving Social Security disability benefits would have their disabilities reviewed through continuing disability reviews (CDRs).

The National Health Care for the Homeless Council is a membership organization representing federally qualified health centers and other organizations providing health care to people experiencing homelessness. Our members offer a wide range of services including comprehensive primary care, mental health and addiction treatment, medical respite care, supportive services in housing, case management, outreach, and health education. Many of our members are heavily invested in obtaining SSI/SSDI benefits for our patients using the SSI/SSDI Outreach, Access and Recovery (SOAR) approach, which has been extremely successful in obtaining more timely benefits for those suffering serious mental illness and living on the streets. We work every day to help our patients access both the care and benefits they need so they can obtain housing and escape homelessness. **For the reasons detailed below, we strongly urge SSA to not move forward with this proposed regulation.**

The proposed regulation would cause significant harm to people living in poverty.

As health care providers, we see how every dollar of assistance our clients receive is a step towards stability and improved well-being. For many of our patients, Social Security disability benefits are the key to obtaining stable housing. Without housing, the experience of homelessness only exacerbates existing health care conditions—and often creates new ones. Even with the assistance of the SOAR program, it is difficult for many of our patients to complete paperwork and follow-up on administrative tasks because of their severe physical and mental health conditions. More frequent CDRs only create more administrative red tape for providers and push more vulnerable people who are homeless away from the benefits they need to survive. Additional administrative requirements for both providers and patients serve as an

enormous barrier to our patients' health and well-being and contribute to the downward spiral of poverty and homelessness.

“Even with help from SOAR providers like myself, many of our patients struggle to get enrolled in disability benefits. If this rule went into effect, not only would I be spending spend more time on paperwork, but many more of our sickest clients would end up living on the street.”

- SOAR Coordinator, Health Care for the Homeless, Baltimore, MD

The proposed regulation is a flawed attempt to cut people from needed assistance.

The current SSA approval process for CDRs is already fraught with delays and errors. For poor and vulnerable patients, benefits that are delayed for months (or even longer) can be the difference between gaining housing and remaining on the street. To add more paperwork to a system that is already overburdened is incomprehensible given that people depend on these benefits to survive. Furthermore, while we agree that SSA needs additional resources to fulfill its mission, this proposed rule shifts nearly \$2 billion of taxpayer money into more administrative red tape while at the same time taking \$2.6 billion away from vulnerable people. Why is the Administration willing to increase the very bureaucratic inefficiencies it says it opposes—at the expense of critical services? This is a significant departure from American values and SSA's stated mission to deliver benefits in a “caring manner.” Health Care for the Homeless providers and patients are frustrated and harmed by the existing delays in the system—all efforts should go towards improving the current system, not further burdening it at the expense of those who are poor, sick, and disabled.

As a network of health care providers, individuals with the experience of homelessness, and countless others who rely on Social Security disability benefits to survive homelessness and escape poverty, we share the concerns and fully endorse the comments submitted by our partners. These include the National Alliance on Mental Illness, the Consortium for Citizens with Disabilities, and the National Organization of Social Security Claimant's Representatives. As detailed in their comments, changes to the frequency of CDRs will have devastating consequences to many, especially those in poverty. SSA should abandon this attempt to cut people from coverage and instead spend its resources making benefits more accessible.

If you would like to discuss these comments further, please contact Barbara DiPietro, PhD, Senior Director of Policy, at 443-703-1346 or at bdipietro@nhchc.org.

Sincerely,



G. Robert Watts
CEO