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Tips for Clinical Providers to Leverage SOAR Techniques to Support Disability Applications

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

INTRODUCTION

Obtaining Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) from the Social Security Administration (SSA) provides vital and life-saving income for individuals who are unable to work or are unable to work at a rate to earn a sustainable income. In addition to income, these benefits provide stable access to health insurance which allows people to access the necessary health care to treat their health conditions. People who are homeless have extremely high prevalence of disabling conditions[1] and the staff and providers who work with them are in a unique position to support the individual in the process of obtaining these benefits.

Staff and providers who work at health centers, especially those who serve people who are homeless, are uniquely positioned to support individuals as they complete the SSI/SSDI application process. This publication provides tips for ways health center staff and providers who are working with someone applying for disability benefits can support their application.

DISABILITY BENEFITS IMPROVE STABILITY

SSI and SSDI provide a variety of essential benefits that increase stability and can help a person work on other goals including housing and improved health. These include:

- **Dependable income:** SSI and SSDI provide consistent monthly support without the frequent redeterminations common in other assistance programs. Eligibility is maintained through 'Continuing Disability Reviews' (CDRs), which occur at intervals based on whether medical improvement is expected. There are no lifetime limits on these benefits; as long as the individual continues to meet the SSA's medical and financial criteria, the support remains in place.
- **Health insurance:** Both SSI and SSDI provide a pathway to federal health insurance. For many, a disability determination remains the most reliable path to coverage. SSI recipients are typically eligible to receive Medicaid while people with SSDI benefits are eligible for Medicare (after waiting a 24-month qualifying period) and may also be eligible for Medicaid depending on their income (this is called dually eligible).
- **Eligibility for housing programs:** Many communities have housing units dedicated to individuals with documented disabling conditions. An SSI or SSDI award letter provides verifiable proof of a disabling condition, allowing applicants to bypass further medical documentation when applying for supportive housing, though standard income criteria still apply.

What is the difference between SSI and SSDI?

Both SSI and SSDI are financial benefits offered by the Social Security Administration for individuals who are unable to work. A person receives SSDI when they have contributed Social Security taxes during employment and become unable to work. A person receives SSI when they have not had employment where they were paying Social Security taxes or where their work history was not long enough (40 quarters) or was not recent enough (20 quarters must have been in the last 10 years). If a person's SSDI incomes is lower than the current rate of SSI, that person will receive their SSDI and also receive SSI. These individuals are eligible for Medicaid immediately upon receiving the SSI benefit.[2]

PROVIDING SUPPORT TO PEOPLE APPLYING FOR DISABILITY BENEFITS

There are a variety of ways staff of a health center can support an individual as they complete the application process for disability benefits from the SSA. Due to the instability of homelessness and the often disjointed care people are able to access due to this instability, health care for the homeless programs and other health centers who serve people who are homeless can support people as they apply for disability benefits in a variety of ways. The SSI/SSDI Outreach Access and Recovery (SOAR) model is a comprehensive approach to support people who are homeless that are completing the disability benefit process.

CHALLENGE FACED BY APPLICANT	ROLE OF HEALTH CENTER STAFF
Completing functional assessment forms – These forms are lengthy, overwhelming, and often feel redundant but are essential in connecting a person's diagnoses with their ability to work. People have a difficult time completing these forms due to a variety of reasons including literacy, health literacy, and frustration tolerance. A common hurdle in the application process is that applicants frequently describe their lack of access to resources rather than their functional inability to perform a task due to their medical condition. Without specific details on how a disability limits daily activities, evaluators cannot accurately determine the applicant's capacity to work.	• Assist individuals in accurately documenting how their health conditions impact their functional capacity for work. • Use the following qualifiers at the start of the questions being asked on functional assessment forms: ◆ When you feel your worst... ◆ When you are feeling the symptoms of your (health diagnosis) the most… ◆ If you had access to the resources necessary to (activity of daily living), would you be able to…
Obtaining Past Medical Records – Requesting, obtaining, organizing, and sending medical records is difficult, time consuming, and costly for an average person.	Healthcare organizations can often retrieve medical records from other providers more efficiently and at no cost for purposes of care coordination and service delivery. Obtaining these records and submitting them to the Disability Determination Services (DDS) examiner is a critical strategy for ensuring the examiner has the evidence needed to make a timely decision.

SPECIFIC STRATEGIES HEALTH CENTER STAFF CAN USE WHEN SUPPORTING INDIVIDUALS THROUGH THE DISABILITY APPLICATION PROCESS

- **Focus on ability to perform activity, not access to resources –** For homeless individuals, it is common to lack the resources necessary to perform daily activities. However, it is crucial that the application clearly separates this lack of access from their inability to perform the task due to their health condition. While it is best practice for clinicians to use a strengths-based approach, the application requires a clear documentation of limitations. The focus must be on sustainability: even if an individual can occasionally complete a task through extreme effort, true functional capacity depends on whether they can perform it consistently without draining the physical and mental capacity required for other essential daily activities.
- **Connect functional abilities with health conditions –** Often missing from medical records is the direct connection between a person's diagnosed condition(s) and the functional impairments. While both things can be documented in the medical

records separately, an examiner cannot assume they are connected. Including phrases such as:
  - Because of the patient's (health diagnosis) they are unable to…
  - When the patient is experiencing (symptoms) they cannot…
- **Think broadly about periods of decompensation –** While some individuals experience lengthy hospitalizations due to their health conditions, many others become entangled in the justice system. Frequently, actions resulting from untreated health conditions—particularly severe mental illness—lead to incarceration rather than clinical care. These same behavioral symptoms often precipitate a cascade of negative outcomes, including employment termination, estrangement from family, and ultimately, homelessness.
- **Discuss past work episodes and how they impacted health –** Many people have attempted to work and the stress of work has caused instances of decompensation. These may not have resulted in hospitalizations, but may have caused poor work performance reports or job loss.
- **Partner with "Acceptable medical sources" to co-sign materials –** Health centers typically have interdisciplinary care teams that work with each patient, including providers who are viewed by Disability Determination Services (DDS) as being "acceptable medical sources". Having medical records that are written by nurses, social workers, peers, and case managers co-signed by those "acceptable medical sources" makes those records more valuable to the person's disability claim.

CONCLUSION

The SSI/SSDI application process involves rigorous documentation and multiple procedural stages, which may limit accessibility for individuals who lack stable housing and support systems. Health Centers and health care providers that prioritize understanding the application procedures and invest time and resources into supporting individuals navigate the application process can improve health outcomes for their patients through increased access to health care, prescriptions, and housing.

RESOURCES

- Policy Research Associates: SOAR: SSI/SSDI Outreach Access and Recovery
- NHCHC: Leveraging SOAR in Health Centers & Medical Respite Care Programs

CITATIONS

1 Gutwinski S., Schreiter S., Deutscher K., & Fazel S. (2021). The prevalence of mental disorders among homeless people in high-income countries: An updated systematic review and meta-regression analysis. PLoS Med 18(8). https://doi.org/10.1371/journal.pmed.1003750

2 https://www.ssa.gov/benefits/disability/qualify.html