# (OAR) WORKS



SSI/SSDI Outreach, Access and Recovery

March 2017

## 2016 SOAR Outcomes

SSI/SSDI Outreach, Access and Recovery (SOAR) helps states and communities increase access to Social Security disability benefits for eligible adults who are experiencing or at risk of homelessness and have a mental illness, medical impairment, and/or a co-occurring substance use disorder. Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the SOAR Technical Assistance (TA) Center develops and provides systems planning, training, and technical assistance to support the implementation of SOAR nationwide.

#### 2016 SOAR Superstars



*Over 2,000 Decisions.* Nine states had over 2,000 cumulative decisions: Ohio, Florida, Utah, California, Georgia, Michigan, Pennsylvania, New York, and Minnesota.



*Over 1,000 Approvals.* Twelve states had over 1,000 cumulative approvals: Florida, Ohio, California, Pennsylvania, Georgia, Utah, Michigan, Tennessee, North Carolina, Minnesota, New York, and Oregon.



**Top Approval Rates.** Our "Top 10" criteria require that states reported outcomes in 2016 and had at least 100 cumulative decisions. The average approval rate for these rock star states was **84 percent**! In order of average cumulative approval rate, the **Top 10** states are: Pennsylvania, Tennessee, Arkansas, North Carolina, South Dakota, Washington, Rhode Island, Alabama, Kansas, and Maryland.



*Consistent Capacity.* Eleven states consistently reported over 100 decisions each year for the past 3 years: Arkansas, Florida, Maryland, Michigan, Nebraska, North Carolina, Ohio, Oregon, Pennsylvania, Tennessee, and Virginia.



*Most Improved Capacity.* Colorado, Florida, Georgia, Minnesota, Nebraska, Nevada, New Jersey, Pennsylvania, Texas, and Virginia showed the most improvement in total decisions and approvals from 2015 to 2016. Collectively, these 6 states increased their approvals from 935 approvals to 1,750 approvals in only 1 year!



*Most Improved Approval Rates.* Louisiana, Massachusetts, Montana, and Wyoming showed the most improvement in their approval rates in 2016 from what they reported the previous year. Collectively, these 4 states doubled their average approval rate from **43 percent to 86 percent**!



*Most Improved Days to Decision.* Four states showed incredible reductions in their average days to decision. Alaska, Arizona, Texas, and Vermont collectively reduced their average days to decision from 120 days in 2015 to 64 days in 2016. That is an average reduction of **56 days**!



#### Overview

Over the last 11 years, the SOAR approach has been used to assist more than 57,000 people who were experiencing or at risk of homelessness with applying for Social Security's disability benefit programs, Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI).

Of these SOAR-assisted applications, **65 percent**, representing 31,356 persons, have been approved for SSI/ SSDI upon **initial** application since SOAR began (Table 1)<sup>1</sup>. An additional 4,756 persons, whose applications were denied initially, were approved on reconsideration or appeal (Table 2). Taken together, since 2006, the SOAR approach is responsible for assisting **36,112** persons who were experiencing or at risk of homelessness to access Social Security disability benefits.

This includes 4,130 approvals on initial applications in 2016 alone. Decisions on SOAR-assisted initial applications were received in an average of **101** days in 2016 with an allowance rate of **67 percent**. This compares to the initial allowance rate of 28 percent for all persons aged 18-64 who applied for SSI or SSDI in 2014<sup>2</sup>.

We estimate that in 2016 alone, SSI/SSDI for the individuals served by SOAR brought over **\$317 million** into the economies of participating states and localities.

#### Appeals

States increasingly are using the SOAR approach to assist with applications in the appeals process, both with reconsiderations and hearings by an Administrative Law Judge (ALJ). In 2016, 1,216 SOAR-assisted decisions were rendered at the appeals level with **60 percent** of all reconsiderations or ALJ hearings resulting in an allowance (see Table 2). SOAR-assisted appeals take an average of **196 days**, compared to the national average hearing office processing time of 570 days<sup>3</sup>.

#### **Funding and Sustainability**

In 2016, 21 states reported that they were successful in securing new or sustaining funding for their SOAR programs, including:

- The existence of **170 full-time SOAR positions**.
- North Carolina secured funding for 4 new dedicated SOAR caseworker positions, including 5 funded by

community hospitals. This brings the total to 31 fulltime dedicated SOAR workers in the state.

- Eleven states (AZ, CT, IL, KS, MD, MI, NM, NV, PA, SC, and TN) reported that they used the Cooperative Agreement to Benefit Homeless Individuals (CABHI) grants from SAMHSA to fund dedicated SOAR positions. South Carolina reported securing a SAMHSA CABHI grant that will in part fund four new SOAR Benefits Specialist positions, one in each HUD Continuum of Care region.
- The average salary for dedicated SOAR benefits specialists as reported by 20 states was \$37,000/year.

Securing funding for dedicated positions remains a priority. Thirty-five states reported that it took on average 27 hours of staff time to complete each SSI/SSDI application.

#### **Implementation of Critical Components**

States with higher approval rates credit their success to their capacity for implementing the SOAR critical components<sup>4</sup> and their attention to submission of high quality applications. The five SOAR critical components of application assistance include using the SSA-1696 Appointment of Representative form, collecting and submitting medical records, writing and submitting a medical summary report, including physician co-signatures on medical summary reports, and conducting a quality review of applications prior to submission. Use of these components statistically increases the likelihood of an approval on initial application for those who are eligible<sup>5</sup>. Paying attention to SOAR critical components has other benefits as well:

- Better Communication with SSA and DDS. Based on data from 47 states, representing 5,572 applications, 98 percent of applications were submitted using the SSA-1696 Appointment of Representative Form as recommended by SOAR.
- Fewer Consultative Exams. Of those applications, only 20 percent required a consultative examination.

#### **Special Populations**

#### Veterans

SOAR worked closely with Veterans Affairs (VA), state, and local Veteran initiatives to ensure those eligible for SSA benefits were able to apply. Community collaborations included working closely with VA Medical Centers, Housing and Urban Development—Veterans Affairs Supportive

<sup>1</sup> The SOAR TA Center requests voluntary submission of SOAR outcomes from states annually from July 1 through June 30 of each year. Unless otherwise noted, these are the data reported in this issue brief.

<sup>2</sup> SSI Annual Statistical Report, 2015. SSA Pub. No. 13-11827. Washington, D.C.: SSA, January 2017

<sup>3</sup> Hearing Office Average Processing Time Ranking Report FY 2017 (For Reporting Purposes: 10/01/2016 through 01/27/2017) (https://www.ssa. gov/appeals/DataSets/05\_Average\_Processing\_Time\_Report.html)

<sup>4</sup> http://soarworks.prainc.com/article/soar-model-key-components

<sup>5</sup> Based on data from January 15, 2005 to February 14, 2014 extracted from the SOAR Online Application Tracking (OAT) system. Data includes 4,200 application outcomes from 35 states.

Housing (HUD-VASH) programs, Supportive Services to Veteran Families (SSVF), and many others.

- Twenty-two states reported assisting Veterans with their disability applications.
- Three hundred and fifty Veterans were helped with their applications using SOAR.
- A December 2016 survey of SOAR and SSVF programs nationwide found that 223 of the 319 SSVF grantees that responded to the survey (70 percent) are actively engaged in using SOAR to help Veterans access SSA disability benefits. Nineteen percent of responding grantees have a SSVF-funded dedicated benefits or SOAR specialist, and more are exploring this option to help Veterans achieve income stability.

# Veterans Spotlight

In San Francisco, the SOAR representative has reached out to the local VA Medical Center and receives referrals of eligible Veterans to the program. The SOAR program at Swords to Plowshares is funded by SSVF and works with Case Managers and Housing Specialists to secure permanent housing for Veterans while they are applying for benefits. Swords to Plowshares and the SSVF program have a close relationship with Case Managers and HUD-VASH Social Workers at the VA. Direct referrals to HUD-VASH are made for eligible Veterans.

#### Youth in Transition

Young adults and youth in transition face particular challenges in applying for SSA disability benefits. The challenge is compounded by the fact that this group is often too old for child services but may not be ready or eligible for adult services.

- Twenty-five states report working with 215 youth ages 18-24 to apply for SSA disability benefits. These initial applications were decided with a 71 percent approval rate in an average of 88 days.
- Appeals at the reconsideration and ALJ hearing level were also successful for this age group. Based on state reports, 32 youth were assisted with appeals with an approval rate of 53 percent in 128 days.
- These outcomes help dispel the myth that it is not possible to achieve approvals with this age group.

#### American Indians and Alaska Natives

American Indian and Alaska Native (AI/AN) status does not preclude someone from receiving SSA disability benefits. SOAR and access to SSI/SSDI benefits can be a key step on the road to recovery by providing a stable source of income to AI/AN individuals. SSI/SSDI supplements existing resources and provides additional health insurance and treatment options. Six states reported collaborations with AI/AN communities this year.

# AI/AN Spotlight

Minnesota reported a new collaboration with their Tribal Nations. State SOAR Leadership attended tribal housing collaborative meetings and provided information about SOAR. Minnesota currently has two Tribal Nations who are SOAR providers.

#### Collaborations

#### Employment

SOAR seeks to end homelessness through increased access to SSI/SSDI income supports. For many persons, accessing these benefits is a first step toward recovery. SOAR extends beyond receiving benefits and also encourages employment as a means to increase income and promote recovery. Fifteen states reported collaborations with employment and/or work incentive programs. Employment tracking is still new for SOAR programs, but of the 27 communities that reported, **103 people were working at the time of their SSI/SSDI application** and reported total additional earnings of **\$40,973**.

In May 2016, the SOAR TA Center invited the 12 states that received a CABHI-States Enhancement grant to participate in a year-long learning community and pilot. Through this program, participating sites received guidance on integrating the Individual Placement and Support (IPS) supported employment model and the SOAR process into their CABHI grant program. After completing this pilot program, states were better able to:

- Serve individuals needing income support services through the IPS and SOAR models as needed.
- Reduce the gap in income support services for those individuals seeking SSI/SSDI and/or employment.
- Reduce homelessness by creating a system with streamlined access to income support services.

#### Hospitals

Hospitals that serve uninsured individuals benefit when their patients obtain SSI and the Medicaid coverage that automatically accompanies the SSI benefit in most states. Medicaid can pay for ongoing health care and, in many states, can also provide retroactive payment for uncompensated care. Hospitals are also able to reduce the use of expensive emergency care services by linking patients to ongoing community treatment and support providers. Collaborations with hospitals were reported by 16 states for some or all of the following:

- Agreements with medical records departments for expedited records at no cost
- Easy access to needed assessments
- Dedicated benefits specialist positions within the hospital
- Grant funding to support local nonprofit SOAR programs
- Discharge planning in state hospitals

#### Criminal Justice

To connect individuals leaving correctional facilities or involved in criminal justice systems or specialty courts to needed treatment, it is critical to leverage state and federal investments, such as SSI and SSDI. These federal programs can promote access to services that increase the likelihood of post-release success and contribute to the reduction in recidivism. Collaborations with corrections were reported by 25 states and communities, including:

- Jail in-reach (13)
- Collaboration with parole and probation to coordinate services (5)
- Specialty courts and jail diversion programs (9)
- Re-entry programs (19)
- Training in state departments of corrections
- Kansas reports 11 SOAR-trained discharge planners in state correctional facilities
- One program in Miami, Florida reported in 2016 a total of 70 decisions in an average of 43 days with an allowance rate of 92 percent.

#### *Projects for Assistance in Transition from Homelessness* (*PATH*)

PATH and SOAR programs directly complement each other's work. The PATH program's objective to connect individuals to mental health services and stable housing is more easily accomplished when people who are homeless have access to the income and health insurance that comes with Social Security disability benefits. SOAR provides PATH case managers the tools necessary to expedite access to these benefits, resulting in improved housing and treatment outcomes. All 50 states report collaboration with the SAMHSA PATH program, including:

- Dedicated benefits specialists on PATH teams
- Eleven states reported funding over 70 dedicated or SOAR-trained positions using PATH funds
- SOAR training for PATH outreach and case management staff
- State PATH Contacts serving as SOAR coordinators and leaders

#### **Cost Savings**

#### Medicaid/Medicare Reimbursement

Once an individual is approved for SSI and Medicaid, treatment providers can retroactively bill Medicaid for services provided up to 90 days prior to the SSI protective filing date. This results in reimbursement for previously uncompensated care as well as payment for ongoing treatment. In 2016, 8 states reported over **\$1.15 million in Medicaid reimbursement** for 132 individuals, or an average of **\$8,746 per person**, as a result of SOAR. Some states are participating in the Medicaid Administrative Claiming (MAC) program, which helps to defray the cost of certain administrative activities related to providing Medicaid services. Two states reported receiving close to \$14,000 in Medicare reimbursement this year for 6 individuals.

#### General Assistance

Some communities offer people who are disabled and have low incomes a monthly cash stipend to help cover essential living expenses while they apply for SSI. This general or interim assistance is provided while the SSI application is pending. Once approved, the state or county is reimbursed for the income provided out of the individual's SSI retroactive payments. Communities can use these funds to support others who need assistance or to fund SOAR efforts to transition people from public assistance to SSI. Seven states reported a total **General Assistance reimbursement of \$168,643** for 96 individuals, an average of **\$1,757 per person** in 2016.

Reimbursement Spotlight

\$8,746 per person in Medicaid reimbursement

\$1,757 per person in General Assistance reimbursement

#### **For More Information**

Learn more about training case managers through the SOAR Online Course and tracking outcomes with the SOAR Online Application Tracking (OAT) system on the SOAR website, <u>https://soarworks.prainc.com</u>.

#### Dislcaimer

The views, opinions, and content expressed in this document do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), SAMHSA, or the U.S. Department of Health and Human Services (HHS).

## Table 1. 2016 SOAR-Assisted Initial Application Outcomes

State	Locality Multiple sites	2016 Decisions 19	2016 Approvals 15	2016 Allowance Rate	2016 Average Days	Years of Data 8	Cumulative Decisions	Cumulative Approvals	Cumulative Allowance Rate 76%
Alabama				79%	133				
Alaska	Anchorage	20	5	25%	100	8	116	68	59%
Arizona	Multiple sites	67	48	72%	74	6	241	147	61%
Arkansas	Multiple sites	122	117	96%	78	8	883	728	82%
California	Multiple sites	667	329	49%	83	various	3,683	2,065	56%
Colorado	State	137	80	58%	101	various	725	467	64%
Connecticut	State	19	9	47%	157	7	268	177	66%
Delaware	State	9	2	22%	141	8	302	214	71%
District of Columbia	Multiple sites	48	38	79%	138	6	244	174	71%
Florida	State	446	284	64%	68	various	3,929	2,657	68%
Georgia	Multiple sites	683	596	87%	154	8	2,906	1,902	65%
Hawaii	State	8	7	88%	172	5	29	25	86%
Idaho	Multiple sites	25	13	52%	79	5	163	93	57%
Illinois	Multiple sites	36	19	53%	90	6	308	201	65%
Indiana	State	4	0	0%	74	8	28	21	75%
lowa	State	17	12	71%	218	6	90	59	66%
Kansas	Multiple sites	156	95	61%	100	7	855	648	76%
Kentucky	Louisville	150	11	73%	na	9	813	516	63%
Louisiana	Multiple sites	32	30	94%	113	5 7	320	206	64%
Maine	State	32	1	33%		5	10	8	80%
					na	7			
Maryland	Multiple sites	139	118	85%	81		829	702	85%
Massachusetts	State	15	15	100%	77	7	488	287	59%
Michigan	State	185	114	62%	102	8	2,687	1,613	60%
Minnesota	State	125	60	48%	122	9	2,074	1,356	65%
Mississippi	Multiple sites	23	20	87%	118	6	142	88	62%
Missouri	Multiple sites	31	17	55%	106	6	151	74	49%
Montana	Multiple sites	27	17	63%	129	5	136	57	42%
Nebraska	Multiple sites	185	113	61%	104	8	1,048	607	58%
Nevada	Multiple sites	61	40	66%	153	8	350	249	71%
New Hampshire	State	N/A	N/A	N/A	N/A	5	7	6	86%
New Jersey	Multiple sites	86	57	66%	115	8	498	300	60%
New Mexico	State	88	61	69%	132	8	560	377	67%
New York	Multiple sites	268	90	34%	192	various	2,085	1,227	59%
North Carolina	State	343	277	81%	99	10	1,789	1,455	81%
North Dakota	State	1	1	100%	N/A	2	4	4	100%
Ohio	State	621	308	50%	72	9	5,148	2,598	50%
Oklahoma	State	146	113	77%	90	9	807	590	73%
Oregon	Portland	201	126	63%	71	9	1,649	1,193	72%
Pennsylvania	Multiple sites	146	109	75%	79	7	346	244	71%
Pennsylvania cont.	Philadelphia	215	200	93%	52	9	1,781	1,745	98%
Rhode Island	State	6	5	83%	186	9	219	169	77%
South Carolina	State	43	33	77%	90	6	194	103	64%
South Dakota	Sioux Falls	19	13	68%	173	4	101	82	81%
Tennessee	Multiple sites	70	57	81%	119	9	602	489	81%
Tennessee cont.	Nashville Multiple sites	140	132	94%	46	10	1,057	1,033	98%
Texas	Multiple sites	74	45	61%	13	8	434	285	66%
Utah	State	12	6	50%	120	9	3,847	1,834	48%
Vermont	State	3	1	33%	68	2	9	4	44%
Virginia	State	225	166	74%	102	9	1,306	933	71%
Washington	State	37	21	57%	102	5	363	281	77%
West Virginia	State	20	15	75%	133	8	103	77	75%
Wisconsin	Multiple sites	95	46	48%	121	7	998	641	64%
Wyoming	Multiple sites	30	27	90%	115	5	203	141	69%
TOTALS		6,213	4,134	67%	101		48.079	31,356	65%

### Table 2: 2016 SOAR-Assisted Appeals Outcomes

State	Locality	2016 Appeals Decisions	2016 Appeals Approvals	2016 Appeals Allowance Rate	2016 Appeals Average Days	Years of Data	Cumulative Appeals Decisions	Cumulative Appeals Approvals	Cumulative Appeals Allowance Rate
Alabama	Multiple sites	N/A	N/A	N/A	N/A	6	4	4	100%
Alaska	State	N/A	N/A	N/A	N/A	5	20	8	40%
Arizona	Phoenix	3	2	67%	125	6	53	31	58%
Arkansas	Multiple sites	100	99	99%	74	6	299	240	80%
California	Multiple sites	6	4	67%	59	5	339	144	42%
Colorado	State	3	3	100%	158	7	79	67	85%
Connecticut	State	3	2	67%	170	5	58	21	36%
Delaware	State	2	2	100%	N/A	1	2	2	100%
District of Columbia	Multiple sites	17	9	53%	154	6	78	43	55%
Florida	State	72	26	36%	25	7	470	246	52%
Georgia	Multiple sites	145	121	83%	81	6	614	294	48%
Hawaii	State	N/A	N/A	N/A	N/A	4	5	5	100%
Idaho	Multiple sites	7	2	29%	126	5	64	23	36%
Illinois	Multiple Sites	6	2	33%	na	5	37	21	57%
Indiana	State	3	0	0%	81	2	4	1	25%
lowa	State	7	3	43%	85	6	45	22	49%
Kansas	Multiple Sites	61	33	54%	83	7	229	142	62%
Kentucky	State	8	4	50%	N/A	7	232	134	58%
Louisiana	Multiple sites	6	6	100%	241	6	116	73	63%
Maryland	Multiple sites	36	24	67%	192	7	216	160	74%
Massachusetts	State	7	1	14%	118	3	8	1	13%
Michigan	State	22	16	73%	415	7	684	468	68%
Minnesota	State	65	13	20%	330	6	278	167	60%
Mississippi	State	1	1	100%	7	5	8	4	50%
Missouri	State	6	5	83%	110	6	26	20	77%
Montana	Billings	3	3	100%	160	5	45	24	53%
Nebraska	Multiple sites	60	24	40%	197	7	397	170	43%
Nevada	Multiple sites	27	13	48%	464	6	158	120	76%
New Jersey	State	15	10	67%	124	7	142	90	63%
New Mexico	State	37	28	76%	222	6	116	67	58%
New York	State	128	104	81%	369	6	534	292	55%
North Carolina	State	71	46	65%	236	7	476	349	73%
Oregon	Portland	102	30	29%	N/A	7	497	244	49%
Pennsylvania	State	9	4	44%	138	3	135	69	51%
Rhode Island	State	1	0	0%	608	5	169	103	61%
South Carolina	State	9	6	67%	259	5	61	32	52%
South Dakota	Sioux Falls	4	3	75%	90	2	10	7	70%
Tennessee	State	13	8	62%	48	6	36	22	61%
Texas	State	22	6	27%	797	4	57	25	44%
Utah	State	4	4	100%	N/A	5	1589	501	32%
Vermont	State	3	1	33%	43	1	3	1	33%
Virginia	State	84	47	56%	192	7	292	171	59%
Washington	State	4	1	25%	211	. 1	4	1	25%
West Virginia	State	N/A	N/A	N/A	N/A	5	83	23	28%
Wisconsin	Multiple Sites	34	18	53%	111	6	205	101	49%
Wyoming	Multiple sites	N/A	N/A	N/A	N/A	5	9	3	33%
TOTALS	manipic sites	1,216	734	60%	196		8,986	4,756	53%