

City and County of San Francisco Supplemental Security Income Case Management Program: Recommendations for Santa Clara County

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EXECUTIVE SUMMARY

Despite the fact that many people who are homeless and disabled should qualify for Supplemental Security Income (SSI), it is very difficult for these individuals to obtain the benefits without assistance. The Affordable Care Act (ACA) granted the option for states to expand Medi-Cal eligibility to a group of individuals, primarily adults (age 19 to 64) without disability and who do not have minor children. Even though the implementation of ACA

removed barriers for the uninsured General Assistance (GA) clients to receive medical care, the benefits of moving disabled homeless persons on to SSI are tremendous to both the clients and the county. A regular source of income, access to payment for medical/mental health care, and ability to secure permanent housing are the important components to stabilize individuals and to benefit the cities and the county.

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Introduction

In Santa Clara County, the Supplemental Security Income (SSI) Advocacy program was established in 1985 by the Board of Supervisors in order to assist disabled General Assistance (GA) recipients with their applications for SSI benefits. The goal of the program is to obtain SSI and/or Retirement Survivors Disability Insurance (RSDI) approval for disabled and aged applicants and recipients. The mission of Santa Clara County is to promote the economic social well-being of individuals, families and communities. However, some GA recipients are truly unable to work due to their age or disability, and heavily rely on services provided by the SSI Advocacy unit to improve the quality of their lives.

Background

In late 2004, the San Francisco County Adult Assistance Program (CAAP), also known as GA, launched an SSI advocacy initiative that focused on shifting SSI-eligible individuals off the county-funded CAAP cash benefits program and linking clients with the more appropriate, federally funded cash benefit programs. The launched program was very similar to the one established in Santa Clara County; however, it was taken into a higher level by the establishment of a very close collaboration between key staff members and the local Social Security Administration (SSA) office, setting the objectives focused on the SSI award rates and performance measures.

In 2013, the San Francisco County Human Services Agency (HSA) conducted an annual SSI Advocacy cost-benefit analysis for the last four years of program operation, and found a return on every dollar spent, from \$4.00 to \$5.16 annually.

County Adult Assistance Program (CAAP)

The San Francisco General Assistance (GA) program is state mandated, locally funded, and regulated. It provides cash assistance for the indigent residents of San Francisco who have no other means of financial support. In order to receive a GA grant, clients are required to participate in work activities unless they are exempt.

There are approximately 8,700 unduplicated CAAP clients aided annually in San Francisco County. About 70% of this population is 40+ years old, and about 42% are 50+ years old. Many of these clients have untreated medical, dental, and behavioral health conditions.

The San Francisco SSI Advocacy program provides front-end work readiness and disability assessment of all CAAP clients. A triage unit screens all CAAP clients and directs them to the program that best fits their needs. It is staffed with master's-level mental health clinicians who are contracted through Richmond Area Multi-Services, Inc. (RAMS), and provides a semi-structured assessment that includes: a medical review, mental health, substance abuse, education/training, employment history, vocational goals, and observations of the triage clinician. On

FIGURE 1
Sample of Triage outcomes,
July 2013 to February 2014

	#	%
Age Exempt, No Disability	910	12%
Able to Work, No Restrictions	2850	37%
Able to Work, Light Duty	1966	25%
Temporary Exemption	232	3%
Likely Disabled	1818	23%
Total Assessed	7776	

average, the triage unit screens about 900 clients each month.

SSI Case Management (CM) Program

The SSI Case Management process is a complex workflow that consists of five separate phases. Clients are being evaluated for disability by a physician and/or psychologist. Clients who are determined non-disabled are referred to vocational services, and others who are found disabled are taken into the case management process.

- I. **Referral Phase.** The primary task in the referral phase is to collect basic information and prepare initial paperwork prior to contact with client. About 85% of referrals are received from triage; additional referrals are received primarily from housing programs and shelters that are funded by HSA. If the referral is from triage staff, then the initial appointment is already scheduled with a case manager by the CM Lotus Notes calendar, and the client is informed of the upcoming appointment at the time of triage. The timeline for this process is up to 30 days.
- II. **Assessment/Engagement Phase.** During the assessment/engagement phase, CM meets and assesses client needs, and begins to collect evidence needed and determines whether

FIGURE 2
Outcome if disability evaluation completed by
physician and/or psychologist for FY 2010/2011

Discipline	Outcome	#	%
Psychologists	Disabled	223	76%
	Able-Bodied	69	24%
Physicians	Disabled	391	65%
	Able-Bodied	212	35%
Total	Disabled	614	69%
	Able-Bodied	281	31%

or not the client will be accepted into the SSI CM Program. This assessment can take up to 30 days. At the end of the phase, CM presents the case to the supervisor who will then decide whether or not to move forward and schedule the client for an initial assessment with the Disability Evaluation and Consultation Unit (DECU).

- III. **Development Phase.** The main task in the development phase is to complete all of the forms, gather medical evidence, and submit the final application to SSA. The key element in this phase is the collaboration between CM and SSA claims representatives. The CM requests a Protected Filing Date (PFD) for the SSI application, which is established by CM on the day the client was accepted by the DECU clinician. After the PFD is received, CM has 60 days to submit the client's application.
- IV. **Liaison Phase.** Approximately 6 weeks after the application packet is delivered to SSA, CM follows up with a master files at the Disability Determination Services Department (DDSD) to see if the file has been opened and which analyst has been assigned to the case. Once DDSD opens a case for SSI evaluation, the assigned analyst calls CM and faxes over a barcode page, which is later used to deliver

missing or additional evidence electronically. After an additional 3 weeks, CM may follow up again to verify the status of the case.

- V. **Post Decision.** If SSI is awarded, CM ensures client is in “pay status” with SSA, and is discontinued from CAAP. If the SSI claim is denied, CM determines whether or not to pursue reconsideration, completes a closing form and, if applicable, refers client to an administrative law judge (ALJ).

The most important key elements in a “state of the art” program, such as SSI Case Management, are staffing, performance measures, and funding.

Staffing

The CAAP SSI Program began as a pilot in 2003 using existing staff, and has gradually expanded since then. As of fiscal year 2013, funding supports three SSI Case Management units filled with eighteen full-time employed (FTE) case managers, three FTE medical records clerks, and three FTE supervisors. In addition to the three units of case managers, San Francisco County employs eight FTE clinical psychologists, 1 FTE supervising psychologist, 3.6 FTE physician specialists, and 0.8 FTE supervising physician.

Performance Measures

Performance measurement estimates the parameters under which programs are reaching the targeted results. SSI case managers must submit six SSI claims per month and maintain an award rate above 80 percent. In the past four years, an average of 10% of CAAP clients were awarded SSI through the ongoing efforts of the SSI Case Management team alone.

Funding Sources

The program is being funded by the general fund and Title 19 the Community Service Block Grant (CSBG).

Conclusion

San Francisco County is operating a very efficient, “one stop” service delivery business model, and the overall business operation is well organized. The SSI Case Management program is managed using a well thought out and documented business process, and efficient workflows and protocols. Performance measures, a collaborative relationship between CM and SSA/DDS, and highly qualified staff enable San Francisco County to reach high SSI award rates; increase the annual savings per client (by getting them off CAAP funded by the general fund); double client income; and increase access to housing and federally funded health care.

Recommendations

The general fund budget for fiscal year 2014 in Santa Clara County is \$2.4 billion and covers all mandated services for this year. The economy in Silicon Valley is also steadily improving, and the tax roll has been growing at the rate of 7.8 percent, helping to restore value that was lost during the recession. While the implementation of the Affordable Care Act has enabled clients to receive free medical services, getting the disabled population on SSI would represent access to disability-specific health care specialists, stabilization of their living situation, and cost savings to the cities and the county.

It is recommended that Santa Clara County:

- Review the current triage screening process, develops a formal screening tool to better identify individuals who might be eligible for SSI benefits, and screens all clients who are applying for GA benefits;
- Streamline referrals to the SSI Advocacy unit by scheduling appointments with a social worker at the triage/screening stage;
- Shift the social worker philosophy to “SSI benefits help disabled clients achieve their therapeutic goals by improving access to healthcare and by giving them the financial means to stabilize their living situation and better meet their nutritional needs”;

- Develop performance measures and outcome objectives with efforts focused on SSI award rates;
- Provide training regarding SSA disability criteria to staff;
- Improve collaboration between SSA and DDSD; and
- Hire additional resources, which would include a psychologist/physician consultative, administration support, and medical records technicians.

However, there are some challenges that will be associated with moving to a “one stop” comprehensive SSI Case Management model. Some challenges to be considered are:

- **Labor/Staffing** – It may be difficult getting the union to agree to change the existing case-load standard of 55 cases per social worker, and changing their philosophy towards being a case manager. Some staff may be resistant to change and performance measures criteria.

- **Cost** – The cost of running an SSI Case Management program in San Francisco is over \$2 million per year. Currently, Santa Clara County expenditures on SSI Advocacy program are about \$1 million per year. With the recommendations as stated above, the cost will drastically increase. Therefore, it is recommended that Santa Clara County reviews Title 19 of the Community Service Block Grant and possibly the CalWORKs Block Grant to leverage toward improving and hiring more staff for the SSI Advocacy unit.

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