

+-----+  
 | ADMINISTRATIVE DIRECTIVE |  
 +-----+

TRANSMITTAL: 92 ADM-29

TO: Commissioners of  
 Social Services

DIVISION: Income  
 Maintenance

DATE: July 13, 1992

SUBJECT: Centralized SSI Referral and Tracking Process

SUGGESTED

DISTRIBUTION: Income Maintenance Directors  
 Medical Assistance Directors  
 Services Staff  
 Staff Development Coordinators  
 DCAP Coordinators

CONTACT  
 PERSON:

Division of Income Maintenance  
 Bureau of Field Operations  
 Tom Nathan, 1-800-342-3715, extension 4-9227

ATTACHMENTS:

Attachment A - Disability Desk Aid - not available on-line  
 Attachment B - DSS-2474 - not available on-line  
 Attachment C - State Data Exchange (SDX) - not available on-line  
 Attachment D - HR/SSI Automated Match Report - not available on-line  
 Attachment E - Best Practices - not available on-line

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
91 ADM-32		350.7(c) 369.2(h) 370.2(c)(5) 370.5	Chapter 53 of the Laws of 1992	PASB VIII-Q-1 IX-I-2 FSSB X-I-4	

I. PURPOSE

This directive advises Social Services Districts (SSDs) of changes made by Chapter 53 of the Laws of 1992 which require ADC and HR applicants and recipients who appear to be eligible for Supplemental Security Income (SSI) to apply for and pursue SSI benefits as a condition of eligibility. It further requires that each SSD have a system in place to identify, assess, refer, assist and track applicants/recipients subject to these requirements.

II. BACKGROUND

Applicants/recipients of ADC/HR who appear to be eligible for SSI must, as a condition of eligibility or continuing eligibility, apply for and cooperate with all requirements set forth by the Social Security Administration (SSA) for making a determination of SSI benefits. As a cost containment measure, Chapter 53 of the Laws of 1992 requires the Department to promulgate on an emergency basis, regulations designed to facilitate this process at the SSD level. Districts will be required to establish procedures for early identification, assessment, referral and conversion of eligible persons from ADC/HR to SSI.

Many SSDs over the past few years have voluntarily chosen to participate in the Disabled Client Assistance Program (DCAP). Locally developed DCAP procedures may address many or all of the requirements of the mandated centralized SSI referral and tracking process. If a SSD chooses to use its DCAP procedures to meet these new requirements, it must assure that these procedures apply to all appropriate HR and ADC applicants and recipients.

III. PROGRAM IMPLICATIONS

Each SSD must establish an enhanced process which will identify and assist appropriate public assistance applicants/recipients in applying for and receiving SSI benefits. This process must include:

- A. the use of medical and related information to facilitate SSI application processing;
- B. the establishment of social services district tracking procedures which will enable the district to determine whether potentially disabled recipients have completed the federal disability benefit application and appeals process; and
- C. the provision of assistance by the district necessary to aid recipients in completing all such procedures, including referral to any not-for-profit agency which provides legal services under the Disability Advocacy Project to persons who have been denied SSI (see Section 35 of the Social Services Law).

By transferring public assistance applicants/recipients to SSI, both the district and the State realize a dollar savings by maximizing federal funding. Based on a Statewide average HR grant of \$350, each HR case which converts to SSI represents an average annual savings of approximately \$2,000 to the social services district and \$900 to the State. In addition to these estimated grant savings, both the district and the State would realize significant dollar savings from full federal participation in the Medical Assistance (MA) costs for these cases. Furthermore, HR and ADC clients who are transferred to SSI generally benefit from increased household income.

As a result of Chapter 41 of the Laws of 1992, HR cash recipients who are between the ages of 21-64 and not certified to be blind or disabled will receive a limited package of MA benefits. To ensure that blind or disabled individuals are not inappropriately given limited MA benefits for prolonged periods pending eligibility determinations by the Social Security Administration, social services districts will be responsible for referring these individuals for MA-Only disability reviews as well as to SSA for SSI.

IV. REQUIRED ACTION

A. HR/ADC Eligible Persons

Each district must establish procedures to assure conversion of eligible persons from HR or ADC to the federally supported SSI program. The following mandated elements must be included:

1. Identification of a management level staff person who will be responsible for overseeing the district's operation of their centralized SSI referral and tracking process. Responsibilities should include serving as liaison with outside agencies (e.g. NYSDSS, SSA, ODD, legal services groups) and assuring that all required actions are taken by SSD staff.
2. Screening for early identification of applicants/recipients potentially eligible for SSI. Potential SSI eligibility can be identified from numerous sources. These include but are not limited to:
  - a. medical information provided by the applicant/recipient (e.g., bills, letters/memos from health providers);
  - b. client participation in supportive or rehabilitative programs;
  - c. medical records in a recipient's MA file;
  - d. results of a disability exam or an employability assessment;
  - e. observation by a worker or a review of documentation

provided by other individuals (see attached Disability Desk Aid used in DCAP);

- f. school, criminal, special education, etc., records; and
  - g. reports from providers and advocate referral programs.
3. Inclusion of all available client medical information in the SSI referral process. The form DSS-2474, "SSI Referral and Certification of Contact", should be used as described in 91 ADM-32 to transmit this information. (See Attachment B).
  4. Methodology by which the SSD will centrally track all clients referred for SSI benefits and/or who have applied for SSI themselves and how this information will be used to assure appropriate follow-up action is taken to pursue each step in the SSI application/appeals process. Items to be considered in developing this system should include the following:
    - a. use of the DSS-2474 to identify the initial referral;
    - b. use of State and/or locally produced reports for the purpose of tracking SSI case status. (See Attachment C, "State Data Exchange" (SDX) and Attachment D, "HR/SSI Automated Match Listing" for examples of available information);
    - c. use of SSA notices to clients as a source of information; and
    - d. use of a turn-around document or other method to track procedures for verifying that necessary agency and client actions are completed.
  5. Establishment of procedures to provide assistance to recipients in the SSI application and appeals process. Such help should include:
    - a. providing the client with any clarifying information regarding the SSI application/appeals process or the provision of documentation;
    - b. assuring that clients attend consultative medical examinations required by SSA, including arranging or providing transportation for them when necessary;
    - c. obtaining treating source records and assessments, including those from disability and/or employability exams required by the SSD;
    - d. assisting or representing a client in their appeal at the SSA Administrative Law Judge hearing levels (this

can be done under an agreement with other agencies such as legal services groups, community based organizations or medical providers).

B. Food Stamps

Applicants/recipients are not required to pursue SSI benefits as a condition of eligibility for food stamps. Workers, however, may encourage applicants/recipients for food stamps to take advantage of this additional source of income. When a PA case is closed or denied because the household refused to pursue SSI, a separate determination of eligibility for food stamps must be made.

Additionally, when SSI benefits are received, the case should be reviewed for eligibility for restored benefits as set forth in the Food Stamp Source Book, Section X-I-4.

C. Medical Assistance

In accordance with the provisions of 86 ADM-27, "Retroactive Aid Category Changes", local district Income Maintenance staff must determine if an A/R is potentially disabled. The worker must refer such individuals to SSI and to the local/State MA Disability Review Team (as appropriate) concurrently. In situations where the Disability Review team finds an individual to be disabled, the Individual Categorical Code on WMS must be changed to 12 (disabled). In addition, the district must send the individual a notice advising them of the change in category, and the effect this has on his/her eligibility for MA. This notice will be addressed in an upcoming release.

V. ADDITIONAL INFORMATION

Department staff from the Bureau of Field Operations are available to assist SSDs in the preparation and implementation of their procedures. In addition, Bureau of Field Operations staff will coordinate training activities, on an as needed basis, which will include representatives from the Office of Disability Determinations, the Social Security Administration and the State or local disability review team. Also, Attachment D of this directive provides a list of "best practices" as identified in SSDs currently using a centralized SSI process.

VI. EFFECTIVE DATE

This directive is effective immediately.

---

Oscar R. Best, Jr.  
Deputy Commissioner  
Division of Income Maintenance

BEST PRACTICES  
SSI REFERRAL AND TRACKING

State staff have reviewed procedures in over 25 local districts which operate Disabled Client Assistance Programs or other effective processes for maximizing the transfer of PA applicants/recipients to SSI. The following are several best practices used by local districts for your consideration.

I. Identity of Referrals

Information on all persons who are referred to apply for SSI should be controlled through a centralized SSI unit. The primary sources of SSI referrals are:

- A. PA Intake referral of all clients who appear to be disabled based on medical information provided by the A/R, client's allegation or worker's observations;
- B. Employment Unit referral of all persons determined by the employability exam to be permanently (or for some conditions, temporarily) unable to work; and
- C. MA-Disability Unit referral of all persons with high medical needs, including clients referred by NYSDSS Office of Audit and Quality Control from their high dollar MA-FNP review.

II. Control of Internal Referrals

The major component for effectively controlling and tracking SSI referrals is the designation of a staff person or unit with authority to coordinate all necessary client required follow-up activity. Best practices include:

- A. The client is personally referred to the central SSI unit for assistance in the SSI application process. This feature is common to all the highly successful programs reviewed.
- B. If the referring unit is to continue to be responsible for assisting a client, a copy of the DSS-2474, SSI Referral and Certification of Contact must be sent to the central SSI unit.

III. Client Assistance Activities

The key element for helping a client obtain SSI benefits is to assure that applications for SSI provide as much information as possible. Best practices for achieving this include:

- A. Conducting an extensive client interview during which all disabling conditions are identified and described in detail for the SSI application, including identification of limitations on the Description of Client's Daily Activities form developed for DCAP (copy attached).

- B. Gathering of medical documentation to be submitted with the SSI referral.
- C. Inclusion of the MA-SURS report to identify recent medical diagnosis and treating providers.
- D. Obtaining the results of the employability exam prior to referral of the client to SSI and including it with the referral.
- E. Referral of the client to a medical provider for examination and documentation of the disabling condition.
- F. Establishing a "protective filing" date for SSI by calling or writing the SSA office regarding the client's intent to apply for SSI. The date of this contact then becomes the SSI application and SSI eligibility date provided the application is made to SSA within 60 days.
- G. Completing a "short" SSI financial application and obtaining client signatures on this form and all necessary SSA medical releases. This enables the unit to submit the SSI application directly to SSA.

#### IV. Referral to SSA

Applications for SSI have to be processed through the local SSA District Office (DO).

- A. This can be done by having SSD staff complete the SSA disability application, short financial form and SSA medical releases and mailing the completed package to the DO. This has proven to be an effective method for maximizing the transfer of recipients to SSI.
- B. When a client is required to make application in person at the DO, the DSS-2474, "SSI Referral and Certification of Contact" should identify all material given to the client for use in completing the SSI application at the DO. Additionally, the client must be told that failure to return a signed DSS-2474, SSI Referral and Certification of Contact within a set number of days is basis for denial or discontinuance of PA benefits.

#### V. Appeal to Denials

All requests for appeal to denial of SSI benefits have to be requested within 60 days of receipt of the denial notice. Denial codes should be reviewed to ascertain whether the denial was due to client's failure to respond to SSA requests, in which case client should be contacted and reminded that cooperation in the SSI application process is a condition of eligibility for PA, or whether it was due to the disability not being considered severe enough to prevent the client from working. This latter reason accounts for the preponderances of all denials. Best practices for appealing these denials include:

- A. At the reconsideration level, providing additional medical information (e.g., reports of hospitalization or other medical treatment occurring subsequent to filing the SSI application; results of employability and/or medical assistance disability assessments developed for agency programs).
- B. At subsequent levels, arranging for client to be represented at the Administrative Law Judge or Court level hearing by use of SSD staff or through referral to other community resources (e.g., legal aid society; local attorneys; volunteer organizations; friends and relatives).
- C. At all levels, assuring that client gets to all required consultative medical exams and hearings through transportation provided, when necessary, by agency staff, private vendor, relative or friend of client with payment guaranteed by the agency.

#### VI. Tracking of Referrals

Information on client specific SSI application/appeal related information should be shared with the unit/person in the agency responsible for assisting the client in the pursuit of SSI benefits. Best practices for doing this include:

- A. Use of the weekly HR/SSI automated match lists to verify that a HR client's SSI application has been processed through a SSA district office.
- B. Use of the SDX bi-weekly updates to identify completed SSI actions (i.e., application received; case denied; failure of client to cooperate; award of SSI benefits) for purpose of notifying the client of any action required to obtain benefits or appeal denials.
- C. Requiring clients to contact the SSD upon receipt of any notice, letter or call from SSA or the Office of Disability Determinations to discuss the client's responsibility.