

BEST PRACTICES SSI REFERRAL AND TRACKING

State staff have reviewed procedures in a number of districts which operate effective processes for maximizing the transfer of Temporary Assistance (TA) applicants/recipients (A/R) to Supplemental Security Income (SSI). The following are several best practices used by 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. TA Intake referral of all clients who appear to be aged, blind or disabled based on medical and other relevant information provided by the A/R, client's allegation, worker's observations and observations/documentation by other individuals or agencies, including educational, vocational and rehabilitation treatment programs that the individual has attended;
- B. Employment Unit referral of all persons determined by the employability examination to be permanently (or for some conditions, temporarily) unable to work and appear to be potentially eligible based on a review of the medical documentation available.
- C. MA Disability Unit referral of all persons with high medical needs; and
- D. OTDA's Bureau of Audit and Quality Improvement lists of FA and SNA recipients who have a high probability of being SSI eligible.

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 highly successful programs.
- 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.
- C. The employment unit should be included in the review of medical documentation and the determination of whether or not the individual should be required to pursue SSI as a condition of eligibility for temporary assistance.

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 (Attachment F).
- B. Gathering medical documentation to be submitted with the SSI referral.
- C. Inclusion of the MA-SURS report to identify recent medical diagnoses and treating providers.
- D. Obtaining the results of the employability examination 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 Field (District) Office (DO).

- A. This can be done by having district 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. The TA A/R must be informed on the "Documentation Requirements" form (LDSS-2642) of the eligibility requirement to apply for and, if eligible, accept SSI. The worker must provide a date by which the A/R must apply for SSI. If they fail to comply without good cause, the case must be denied, discontinued, or the noncompliant individual sanctioned. To document compliance the worker may access SOLQ, use the SDX-SSI individual status screen or require the A/R to return a signed DSS-2474 to the district within a set number of days.

V. Appeal of Denials

All requests for appeal of 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 the client should be contacted and reminded that cooperation in the SSI application process is a condition of eligibility for TA; 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.

The district must re-evaluate whether the client's condition is severe enough to warrant the initiation of an appeal. Best practices for appealing denials include:

- A. At the hearing 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).

Also, arranging for the client to be represented at the administrative hearing or court level by use of district staff, or through referral to other community resources (e.g., legal aid society, local attorneys, DAP, volunteer organizations, friends and relatives).

- B. At all levels, assuring that the client gets to all required consultative medical examinations and hearings through transportation provided, when necessary, by agency staff, private vendor, relative or friend of client with payment guaranteed by the agency. Where needed, the district must provide necessary child care assistance.

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 to pursue SSI benefits. Best practices for doing this include:

- A. Use of the weekly SNA/SSI automated match lists to verify that an SNA client's SSI application has been processed through an SSA district office.
- B. Use of the SDX-SSI Individual Status screen on WMS. This three page screen provides timely authoritative information on a person's SSI status.
- C. Use of the State Online Query System (SOLQ) that allows authorized district workers to conduct real time queries into SSA's databases.
- D. Use of the SDX bi-weekly updates or the WINR 9143 to identify completed SSI actions (i.e., application received, case denied, or the failure of client to cooperate, award of SSI) for the purpose of notifying the client of any action required to obtain benefits or appeal denials.
- E. Requiring clients to contact the district upon receipt of any notice, letter or call from SSA or the Division of Disability Determinations (DDD) to discuss what the client needs to do to respond to the SSA or DDD request.