

# JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

## Free Webinar: Topics in SSI – SSI and Social Security Applications and Appeals

Webinar Transcript

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Trinh Phan:

Good morning, good afternoon. Thank you for joining us for Topics in SSI. SSI and Social Security Applications and Appeals. Applications are critical because they're how people actually get access to these lifesaving benefits, but help with applications is often not available. In today's presentation, we will share information on recent efforts in California to help individuals facing barriers such as homelessness to make it through the daunting application process. These efforts have highlighted useful approaches in doing this work and have also uplifted some of the challenges in doing this work. We hope this provides helpful information for advocates in making these benefits more available and accessible for the people who need it most.

The presenters are listed here, but they're also listed on a subsequent slide, so I will hold off on that just a bit. Just a few logistics for today's webinar. Everyone is on mute. If you would like to ask a question, please type it into the questions box during the webinar. We should have some time to address questions at the end. If you have problems, any problems accessing the webinar, you can send an email to [trainings@justiceinaging.org](mailto:trainings@justiceinaging.org). This webinar will be recorded. The recording will be available in a few days on Justice in Aging's website. You'll be able to find the recording and other materials by searching our resource library and Vimeo page.

We're pleased to welcome today's presenters who are involved in different aspects of this work in different parts of the state. Our presenters are Monica Sousa from California Rural Legal Assistance, Inc. (CRLA). Rebecca Watson from Change Well Project. Myself, Trinh Phan from Justice in Aging, Tanya McGary from Legal Aid Foundation of Los Angeles, and Melissa Reed from Transition's Mental Health Association. On the agenda for today, we'll start off with a very brief overview of applications and appeals. Rebecca will discuss models for

increasing access to SSI and SSDI, specifically California's HDAP Program. Then we will hear about different models in practice across the state from Melissa, Tanya, and Monica. And finally, I'll discuss improving social security policies in order to increase access to these critical benefits. And then we should have some time for Q and A at the end.

So this first section is going to be a very brief overview of SSI and Social Security Applications and Appeals. This is not at all a full training on this topic, but instead is really just to help orient you to what you will hear in the rest of the webinar. So first, what exactly would people be applying for? Social Security and SSI both provide monthly benefits to older adults and individuals with disabilities. And they're both part of a single system under the umbrella of the Social Security Administration. But the two programs also have important differences. Social Security is by far the larger program. It covers retirement, survivors and disability or SSDI benefits to workers and to certain dependents. The average benefit is \$1,551. SSI is smaller and it has more strings attached. It has income limits and asset limits, and the benefit is lower.

The maximum SSI benefit for an individual is \$914. SSI is important though because it covers individuals who have limited or no work history, for example, because they have less access to jobs in the workforce. And in the context of today's conversation, SSI is important for individuals facing barriers such as homelessness or mental health challenges because sometimes SSI is the only benefit they can qualify for. Now let's go into a little bit more depth on each of these application pathways. First, social security. Applying for social security, it's often pretty straightforward.

For example, if you're applying for retirement benefits, that's relatively quick and easy. Where applications get a lot harder and take a lot more work is with SSDI benefits because for SSDI, you need to prove that you meet the social security definition of disability, which is that you must have a medically determinable physical or mental impairment or impairments that prevents you from working at a substantial level and is expected to last 12 months or result in death. Proving this definition of disability is hard. And so a lot of the application assistance effort focuses on SSDI.

Next SSI. SSI has more restrictions as compared to social security and thus more ways for things to go wrong. When you look at SSI application work, it tends to be a little more time-consuming across the board because of the additional restrictions like the income and asset limits. A lot of the work does tend to focus on the disability applications though. So applying for SSI disability again because of how hard it can be to prove disability. And then in terms of what makes that disability route so hard across the board to figure out if someone is disabled. Social security breaks down their definition of disability into a five-step process. They start first, they look at current work, is the person working now? If they're working at a substantial level, they're not going to be considered disabled.

And then in steps two and three, social security brings in medical factors. So there's a lot of complex and very specific definitions around medical factors of disability that Social Security evaluates in these steps. In step four and five, social security brings in employment and vocational factors. And again, there's a lot of complex and very specific definitions around jobs, employment and what you're able or not able to do. And as you can guess from these steps, proving disability is not easy and it can be very time-consuming. Now I'll turn it over to Rebecca to talk about application barriers.

Rebecca Watson:

So when a person first applies for benefits, they're faced with a choice of what benefit to apply for. The rules are complicated for SSI and SSDI as we heard. And some people won't be able to sort out what benefit they might even be eligible for. They're left to guess on their own with not a lot of guidance. Each benefit has a different application process and lots of individuals run into problems at this first step when they fail to apply for the benefits that they're actually eligible for. Next slide. So once someone decides to apply for a benefit, the application process itself is filled with challenges. An individual applying for SSI essentially has three options, set up a phone appointment to provide information, go into a local office or fill out paper forms on their own. It's more than 50 pages of paper forms for a complete SSI application.

They're all in different parts of the SSA website, so you'd have to know where to find those forms, access them and print them. So that's not really an option for people without an advocate. So for someone to get started, they're either going to need to call SSA or go to a local office. Hold times for calling SSA can be long and recent data show only 66% of calls even get answered. So frequently, it can happen that individuals applying on their own either accidentally give incorrect information or are missing crucial information or simply can't handle the amount of time needed to be interviewed or to fill out all these forms. Next slide.

Once someone has submitted an application, if this is not the end of the process, it's worked on first by SSA and then later assigned to a disability determination services or DDS office for a decision on disability. Applicants are faced with tasks that they'll be asked to manage on their own. So this can be tasks like getting to a DDS scheduled medical exam, which for applicants in rural areas may be many miles away with no public transport. An applicant not only has to manage all these tasks, but as Trent mentioned, SSA has its own definition of disability that requires medical evidence. So to be able to effectively navigate this process on your own, you need to have a high level of literacy, be exceptionally organized, but also be able to read and understand medical evidence. That's a really high bar for our community members.

Next slide. So what do we see is the result of the way this system is built? The result is that very few individuals are approved for SSI or SSDI benefits based on disability when they first apply. Really pretty shockingly high percentage of individuals who apply are denied. Nationally only 36% of individuals applying for

SSI at the initial application stage are approved when they first apply. And the approval rates are a lot worse for individuals experiencing homelessness. A very small fraction, 10 to 15% of people experiencing homelessness who apply unassisted are approved at their initial application. And we're going to go back to Trinh to talk about the appeals process.

Trinh Phan:

Yeah, so even if you manage to complete that difficult application process, you're likely not done because many applications are denied. There is an appeals process if you disagree. And that appeal process has multiple levels, meaning you may need to appeal the same decision multiple times. The first level of appeal is reconsideration. The second level is a request for a hearing in front of an administrative law judge, and the third level is reviewed by the appeals counsel. The fourth level is requesting review of the denial by a federal court. At this point, you have already had your application denied four times and you're now finally leaving the social security system and taking your appeal to federal court. So in conclusion, the appeal process exists and it can make for a very long application process if you need to use it. This last slide is just to list some of the people you may interact with at Social Security when applying.

The local office is the public face of Social Security. These are the representatives you talk with when you call or go into the office. They do a lot of things including for SSI applications, they figure out non-disability parts of the application, like whether you're under the income and resource limit for SSI. You may also interact with the State Disability Determination Services. These are state agencies that social security contracts with for disability determinations. This is who makes those initial decisions of whether someone is disabled or not. And then if you need to appeal, you are likely to run into other parts of the Social Security Administration like the hearings office, which runs the administrative law judge or ALJ hearings process. So that was just an overview to help orient you to the application process. Now I will turn it over to Rebecca.

Rebecca Watson:

So because of these known problems and the low initial application rates, some states have invested in programs to increase access to SSI and SSDI benefits. California is one of these states and we want to profile their housing and disability advocacy program or HDAP. Next slide. So as you heard, claimants or applicants need assistance applying for benefits because of the complexity of these programs and barriers that exist to a successful application. The application is complex and long medical records are needed and individuals need help with both the application process itself and the follow-up necessary for attending exams or responding to requests for information. Let me just explain what this really looks like for community members. In my free time, I'm part of a few social security self-help Facebook groups filled with community members desperately looking for help and answers.

I read the posts to know what the system looks like for someone with no access to help. Real posts include ones like, can you work on SSI? Can you have SSDI

and SSI at the same time? What's the difference between SSI and SSDI? Or Hi, I'm wondering if someone can show me the math SSA uses for income? Or does anyone know if I get disability and my fiancé does also and we marry, will it change? These are all quite complicated questions. People repeatedly post that they're asking because they haven't been able to get information from SSA or even haven't been able to reach them by phone at all. So what does the situation look like at local SSA offices? There was a Washington Post article last fall describing the kind of crisis that was being seen at local offices.

So for example, nearly 20% of SSA offices already had 40 or more people in line by the time they opened, one person fainted in line in Laredo, Texas, others in Florida slept outside overnight to secure a spot for the next morning. Next slide. And what we see as a result of this is that over the history of the SSI program, there have been very low participation rates. So as an example, only about half of low income seniors who would qualify based on age if they meet the other criteria who are eligible for SSI are receiving the benefit, only half. And given that SSI applications based on age are way more straightforward than when someone is applying based on disability, this is really concerning as the participation rates may be even lower for SSI based on disability. The COVID-19 pandemic and the closure of all SSA offices for two years made the situation much worse.

New awards of benefits dropped nearly 30% in the first year of the pandemic, which was the largest single drop in awards in any year since the SSI program began. So we know that many individuals who should get SSI are not. Next slide, and Trinh talked about the appeals process and it's important to note that there's essentially no time requirements for how quickly SSA needs to decide on applications or how fast a hearing has to be held. So between the different stages and waiting, if you have to go up to the hearing level of appeal, by the time you get to your hearing, it will have been about two or two and a half years since you initially applied. This is a really significant, this weight is a really significant burden on individuals. Next slide.

So in California, the housing and disability advocacy program was created with a pilot initially in 2016 to assist individuals with applying for SSI and SSDI benefits. It's funded through the California Department of Social Services and it's administered at the county level. California invested significantly more funds in the program in the last two years to help programs really ramp up services. HDAP focuses primarily on assisting individuals with benefits advocacy who are individuals experiencing homelessness, and it also provides along with the benefits advocacy, housing financial assistance and housing case management. Next slide.

The goal of HDAP is to invest both these housing services and benefits advocacy services in the front end of the SSI, SSDI application process so that the rate of initial applications is dramatically increased for those individuals and we're seeing success in it. Programs are reporting initial application rates that range

between a 50% approval rate up to a 70% approval rate, which is really a significant increase, especially when you consider that the majority of HDAP clients are experiencing homelessness when they enter the program. Next slide. HDAP is particularly investing services in individuals with disabilities but also for older adults. And this is important because statistics show us that in California these individuals are also those who are much more likely to experience homelessness. Nearly one quarter of individuals experiencing homelessness have a disability and almost half of adult only households who came into contact with the California Homelessness Response System in 2020 and 21 were age 50 or older. Next slide.

The core services of HDAP are benefits advocacy and housing case management. The disability benefits advocacy model that HDAP employs its full scope assistance to individuals with all parts of the SSI, SSDI application process. This includes connecting participants to medical care, preparing the applications, gathering medical records, and being a primary point of contact with SSA and DDS. This ensures that nothing gets lost. In addition, HDAP programs seek out participants through outreach and partnering with other parts of the homelessness response system. Next slide, HDAP is having success statewide with more than 1600 applications approved and an overall approval rate of 78%. And we do expect to see those numbers keep increasing with the increase increased funding and the ability to serve more clients in communities across the state. Next slide.

So as Trinh said, these benefits are lifesaving and that's really in more than one way. Approval of disability benefits doesn't just provide increased income, but it's been shown to have other positive effects. Disability benefits income has been shown to decrease the prevalence of crisis events such as psychiatric emergencies, psychiatric inpatient services needed and incarceration. These benefits really bring greater life stability overall to those who receive them and it means decreased reliance on an already overburdened mental health services system and lower incarceration rates for individuals. Next slide. HDAP programs employ several different models for how they staff benefits advocacy programs at a county level. You'll get to hear from the other panelists shortly about a few of these models. Some programs have non-attorney advocates. So this could be either county staff or staff at a contracted community-based organization who work on the initial applications. Some of these counties also contract with legal services organizations to represent HDAP clients and appeals.

But there is a gap as not all programs have done this or have the funding available to do this. And so some programs lack dedicated appeals representation for HDAP clients that are initially denied. And it's really that appeals representation for HDAP clients is only guaranteed where it's been specifically funded because legal services organizations have limited to maybe no funding available for this type of work otherwise. Some other counties have chosen instead to contract directly with legal services organizations for all parts of the work. So this is starting with initial applications and up through appeals

representation. The next slide. So now we want to give you a chance to hear from practitioners who work with HDAP funded programs at community-based organizations and legal services organizations in California to hear about their work on SSI, SSDI applications on appeals and the challenges and successes of this work. And we'll go first to Melissa.

Melissa Reed:

Okay, I'm unmuted. Thank you. I want to thank the group for inviting me. I've actually learned quite a bit already just by being on the panel. I'm not an attorney. I was married to one for 17 years, so that is actually how I kind of got involved in disability work. And during COVID, I pivoted and I now find myself working as a mid-level manager for a very large mental health nonprofit in San Luis Obispo County. So I work for Transitions Mental Health Association in San Luis Obispo. We're a large nonprofit focused on mental health and we are the subcontractor for the Department of Social Services. So as Rebecca was saying, the California Department of Social Services put out some expansion funding. Actually we in SLO this year with HDAP are in expansion mode. We had just one case manager working the disability program in the county since the pilot.

And now this year we have tripled in size. And just in brief what that means is we now have a program coordinator, which is me and I have two case managers, non-attorneys, they're just disability advocates. We do the training, we actually take advantage of the training that Change Well provides. So we follow the case manager model and I do have a housing case manager and an outreach case manager. And if there's time later, maybe I can get into why I separate that out because they're very different populations. Once a homeless person is housed, that's a different level of care and different case management group than the outreach clients with whom we're working.

So in short, our charge is to provide advocacy and supportive services for clients who are homeless and who are likely to be eligible for federal disability benefits. We actually do apply for SSI and SSDI at the same time all the time, whether we know a client has the work credits or not, we still put forth that SSDI application because we feel it captures the medical evidence a little bit better than the SSI application, which is more of the financial landscape.

So when we go to apply, our main focus is getting clients who are homeless on the streets in safe parking or those recently housed looking to get them on in San Luis Obispo County. Our first charge is to get them on what's called GA for disability. I think other counties call it GR. I'm not sure how other states do this, but in San Luis Obispo, we try to get them on GA for disability, which is Cash Aid, our welfare program through the Department of Social Services. And then once they are on GA for disability, we have two advocates funded by employed by the Department of Social Services. And then we at Transitions Mental Health collaborate with those two disability benefit advocates to file all these applications together. So just take an example, somebody named Joe who gets referred who is homeless and disabled, we get Joe on GA for disability that makes him eligible to file an application with our Department of Social Services.

And that's when our case management comes in. We get them to those appointments, we fill out the forms with them, we provide an address if they don't have a secure place to get mail. We make sure they have telephones. So primarily we work with clients to get them on GA for disability and then we work in collaboration with our Department of Social Services. And in fact, I work one day a week at the Department of Social Services just to button up the clients with whom we're working because we also will pick up that piece of getting them to the consultive examinations, connecting them to an attorney once they reach that ALJ phase, doing all the supportive work necessary to make sure they're getting to appointments, whether it's with bus passes or providing our own transportation. I know tomorrow our housing case manager will be up at 5:30 in the morning to get somebody to Santa Barbara for a hearing.

So those are the kinds of ways I think HDAP is really making a difference by getting folks who are otherwise on the streets without transportation all the way to the appellate level and winning their cases. It does take a long time as we're finding, but we are also finding that our clients are having a lot of success when they're attached to an HDAP advocate in collaboration with the Department of Social Services. The other thing to note is our housing in SLO. We house only eight individuals. Our agency has our nonprofit houses, over 400 individuals who were homeless, HDAP houses about eight. And then we also do feed into those other housing programs, which is why it's nice to situate HDAP within our nonprofit. But I did want to mention that I made a decision when we expanded to really turn our housing programs into predominantly sober living environments.

So that substance abuse disorder, while it's prevalent and it is on many of our clients' dossier and medical records, substance abuse disorder, if that's the primary ailment, we find they're not going to have a very successful application. So we need to get clients into recovery. So we find that putting our clients in sober living homes where they can work on their recovery in addition to their physical health, developmental health and mental health just puts forth a much better application. So we do work with folks, we work with folks who are using and are experiencing relapse, but we really, really do try to create a sober living environment for our clients for the benefit of them in addition to their disability case. I would say what's working, geez, just July is when we tripled, so it's hard to know what's working yet, but I will say our collaboration with the county shelters is critical.

We have three shelters here in San Luis Obispo and they're all very well staffed. We have contacts with all of them. We have Echo, Prado and five cities and our outreach case manager is the point person for all of the shelters. They make the referral and then our outreach person picks them up and begins to work with them in collaboration with the Department of Social Services to get them on benefits. So that collaboration with the shelters is in our work and world, very, very important. We also have a really exciting collaboration with our housing

authority. They had approached us about services a few months ago wanting to refer some people to the HDAP program and of course we said yes and they offered and we were able to get vouchers from the housing authority. So now every HDAP enrolled client who receives housing, our housing is temporary housing.

We house an HDAP client for the duration of their case. So as Rebecca said, it could be two or three years, it could also be eight months. But once their case is fully decided in our housing, they do need to move on to permanent supportive housing. And that's one of our challenges I'll get to next, but one of the really nice collaborations that my boss was able to come to fruition was getting section eight vouchers for all aged up enrolled clients. So once they win their case, we are able to get them a voucher and then move them into permanent supportive housing. And then of course our collaboration with DSS, which I've already talked about since our we are subcontracted by DSS, that collaboration just can't be understated at all. And in fact I'm off there today to go through all of our clients with them.

We have, I call kind of a continuum of advocacy. I know continuum of care is very common terminology in our work. So I came up with continuum of advocacy. Basically what we do at HDAP with both our outreach case management and housing case management is that we pick up clients at outreach. They can be living in their car, on the street, in a shelter. We work with them to a level of what we call engagement, which is assessing, okay, yes, this person is HDAP eligible, they do have a disability, there's a theory of the case here that we can put forward. And so our continuum is from outreach to engagement to housing while they apply. And then also hopefully once they are awarded, we do offer a limited amount of post-award support for somebody who has applied for disability the first time, making sure their payments are deposited electronically, setting up the account with them, making sure their back pay is processed in due time and that they understand the spend down process.

I think I already covered our model here as the case management model and that housing and SLO is predominantly sober. So challenges, lots of them, just the nature of our work. Of course interfacing with the local Social Security administration can be difficult. I do spend a lot of time at the Social security office as do my case managers, I find getting accurate information is somewhat difficult and I also, I started this work actually when COVID hit, so social security was working remotely for the majority of the time that I started in this position. So now I'm finding now that the doors are open, I'm really trying to reestablish what I think is actually quite a bit of discord between the nonprofit world and the Department of Social Services and the Social Security Administration. We just don't seem to have the level of communication that we'd like to have.

And I know that's something that we'll be working on in the future now that we're really out of COVID and people are coming to the office. But it is a real

challenge having a good relationship with the Social Security Administration, trying to educate the workers about the level of trauma and just the severity of the lifestyle that our clients are facing. We in SLO have an inability to access free legal aid right now post-award issues. And I've learned from this panel that actually what I need to do is go to work and trying to come up with some more formal arrangements so that we do have a Center for Rural Legal Education. We do have SLO Legal Aid Foundation, but as a nonprofit we don't have access to those services. And I'm learning now that that's because we haven't done the work of establishing those relationships and quite frankly probably putting some money into our grant so that this assistance is also funded.

So if I have somebody who gets kicked off of social security and I think that's a bit far ahead from the conversation today, I am noticing we're going to really need some post-award free legal aid, but that is one of our challenges today. Staff retention and pay, obviously it is homeless service work and I think everybody understands we have a lot of overworked and underpaid folks in our field. And so getting people trained, getting people up to speed can be trying. Maintaining contact with clients who are homeless, the telephone continues to be very difficult. We do have somebody at my nonprofit who comes once a week to distribute free telephones to anybody. We do use our mailing address for people who don't have phones. But like everybody, we do have a difficult time maintaining contact with clients on the streets. It's part of why I've separated housing case management and outreach case management because our outreach case manager really, really works with the other outreach staff to make sure we know where people are because once we lose them, we only have 60 days for a particular appeal.

If we can't find them, we're back to the drawing board. Fortunately, that hasn't happened yet. Graduating clients from HDAP can be a challenge. It's a good problem to have. They're in temporary housing, they're safe. We always provide a safe landing. We don't ever put somebody from temporary housing who's achieved benefits back on the streets. But it is a challenge for us finding them permanent supportive housing once their case has been concluded. Fortunately, with our relationship with the housing authority, which is just getting better and better with the vouchers, it's getting a little easier, but housing is saturated here in our county and I'm sure everybody in California is nodding their head. Moving people into permanent supportive remains a challenge. And then I would say finally just getting clients on GA for disability. I'm not sure if this is the process for many of you listening today, but in SLO, the initial challenge is getting a client on welfare cash aid and in so doing they need to provide a piece of paper from a doctor that basically verifies, a medical professional believes they cannot work for the next 12 months.

So there's a lot of paperwork and a lot of hoops with the GA for disability. But until a client gets on GA for disability, they can't access the HDAP program or the Department of Social Services disability analyst to file an application. So sometimes I find it's a very tedious process and it's one of our challenges, but

getting a client on GA for disability can also be a bit of a litmus test because if we have a client who simply can't find a doctor who thinks that they are disabled, it probably isn't a good case to begin with. We don't have that problem very often. More it's a case of they do get on GA for disability, they do have doctors, but then they fall out of contact, they fail to make an appointment or something like that. So we really work pretty hard with the GA for disability route.

I think I've kind of been through the main points. I've wanted to like everybody, we have a lot of post-COVID uncertainty. I do have one case right now where benefits have been taken away after three years and I'm hoping, of course this is not a trend. Moving forward, I encourage anybody to be in touch with me or anybody on the panel. If you're interested in knowing how we are structured and why we structured ourselves this way, I would really promote collaborating to the extent possible with your local Department of Social services. That is where the HDAP funds are coming from CDSS to begin with. And so our collaboration with Department of Social Services is just really increasing our success rates astronomically that communication with them about when exams are, when forms are due, when appeals are up. I would really encourage folks to think about the outreach world and the housing world as slightly different for case managers.

If you're going to use the case manager approach, we don't have attorneys on staff, we can't afford them. And so at least separating out these two duties helps my case managers at least manage their workload a little bit better without being too scattered in two different worlds of outreach and housing. And then I would just say, and it's partly why I wanted to be on the panel today, is to just learn more about what's available to us. But we do have a continued need for legal resources, particularly post-award along the way. So I think that's kind of what I came to say and thank you very much for having me.

Tanya McGary:

Okay, well my name is Tanya McGary. I'm a supervising attorney at Legal Aid Foundation of Los Angeles, and I'll talk to you about the Countywide Benefits Entitlement Services Team, otherwise known as CBEST. Next slide. So CBEST is a program of the Department of Los Angeles County's Housing Health Services. Housing for Health program is comprised of benefit advocates, clinicians and legal services partners that help people apply for social security benefits. SSI benefits, BA benefits and CAPI, I don't think that's been mentioned yet, but CAPI or Cash Assistance Program for Immigrants is an SSI-like program funded by the State of California for immigrants who do not qualify for SSI solely because of their immigration status. And my organization LAFLA, we represent CBEST clients whose applications for disability insurance SSI, or CAPI benefits have been denied. So we only do appeals and most of our appeal right now are at the hearing before administrative law judge level, but we can't appeal or help clients with benefit denials up to federal court.

And we also do help clients with post entitlement appeals as well. Next slide. So I think the goal of CBEST is to provide client-centered services by collaborating all these different homeless service providers and making sure that the client is the focus and that all of their needs are being met. CBEST can provide case management services, which can be crucial for clients who are homeless and at risk or at risk of becoming homeless, transportation to medical appointments to their hearings. There are medical team that can help clients or help us obtain medical records for clients or assess those medical records to help identify documents that support the client's disability claim. For clients with mental health conditions who may lack evidence to support their claim, we can ask the Department of Mental Health providing evaluation of the client to identify their mental health diagnosis or provide further evidence for their disability claim.

There's also housing placement services and of course the legal services that we provide our clients. Next slide. So once we get a case at the appeal level, we can enlist the RCBEST part at various stages of our process from our initial intake with the clients, there are a number of forms that our clients are asked to complete. We can ask case managers to help us arrange the appointments for clients and help the clients complete those forms if the services are provided remotely. We can enlist the care scheme, which is the medical staff that helps with CBEST clients. With medical records retrieval, and also helping identify evidence that supports the claim for disability.

Of course, we do our own research and writing of briefs when we're providing our advocacy services. But as we get closer to a hearing date, we can once again list case manager assistance to help arrange the hearing prep meetings for clients may even provide a lay witness statement to help support client's appeal or identify other people who may be able to provide that support for the appeal. And then finally, once a client gets to their hearing date, again, we can enlist transportation assistance and case management assistance to ensure that clients can get to their appointments on time, next slide.

And really the goal is to meet the clients where they are, to provide trauma informed services, to provide support with clients who are suffering from different life stressors, substance use, homelessness and mental health challenges that prevent them from being stable. We aim to provide low-threshold services, provide as much support and assistance as clients need, and I am very proud of the success we have had in helping these clients. Our team has a very high approval rate for the clients that we're able to assist, but we do face challenges as other people have mentioned, can be very difficult for clients to get enrolled in CBEST even though the services are provided countywide and Los Angeles is a very large county.

There're limited resources, the CBEST enrollment team is mogul, but there is a bit of a backlog in getting clients enrolled in CBEST. Of course as been mentioned, it can be very challenging to work with social security and get cases processed in a timely fashion. And our clients who are homeless, their phone

numbers change, their address changes multiple times throughout representation. So it's definitely good to have that support from other partners to help us locate the clients and keep them engaged in services. And that is the end for me. Thank you.

Monica S. Sousa: Hey. Hi everyone. My name is Monica Sousa. I am a legal director with our rural justice unit with California Rural Legal Assistance. We're legal aid statewide legal aid. We have offices up and down the state mostly in rural areas. So next slide. So within all the offices, our legal aid focuses on a number of different substantive areas and one being benefits including social security and that varies from office to office. Today what I'll be talking about will be the work that we're doing in our San Joaquin County in Stockton, specifically our Stockton office. So with our model as Rebecca was discussing, is more aligned with the legal services model. And our program is kind of a baby program.

So we just got into this work in late August and this is the first time our county's actually doing this work. And so really excited to be part of this. Initially with many legal aids, resources can be an issue and not be able to do some of this work. And we were doing a lot of benefits advocacy, but mostly with post entitlement issues and we just didn't have capacity to take on these initial applications. And so this has really been really great to be able to do the initial applications and taking on this work by being able to, through this work, we were able to hire two additional staff. We have an attorney and then we have what we call a community worker who is a non-attorney but does both case handling and then a lot of outreach and education.

So with HDAP program, I know we've already talked a little bit about this securing benefits for folks, next slide. And so the way our model is structured is we have, there's us, there's the county, and then there's another third party non-profit and the third party handles the housing piece of it and they do a lot of outreach as well. And so the way it works is the cases come in through this third party non-profit who handles the housing piece and then those cases get referred to our office if they're identified for potentially being able qualifying for the HDAP and for the benefits piece. And so that has worked really, really well with us having both agencies. We'll talk more about some of the barriers we've faced with keeping in contact with clients and things like that. And working together has really made that possible. We assist kind of across the board.

So we assist with initial applications, denials, appeals and hearings. And sometimes the cases come to us at different stages, but what many of them are at initial application and what we see, having them at the initial application stage can really help us to build a stronger application and provide documentation that's needed, medical records and so forth to try to get these approved at the initial application stage. Of course that doesn't always happen and there's going to be denials and appeals and hearings, but really trying to get a solid application in at the beginning to try to get people on the benefits as quickly as possible is definitely our goal.

Next slide. So some of the challenges, especially as I mentioned, some of our offices are in rural areas and even with Stockton in San Joaquin County, we focus on the entire county and some of these areas can be very rural and difficult for folks to obtain transportation. Some of these folks also who have disabilities, sometimes it can be very difficult for them to be able to access services, access their medical records, any case management. And so that can sometimes post a barrier. Their notices, sometimes folks come to us and they don't have their most recent notice, they're not sure where they're at or what stage it's at with the Social Security department.

Sometimes language access can be a huge issue for folks just accessing social security or documents or other providers. And then one thing that has been super important with our work is really building the trust with our clients and providing the support that's needed. Because sometimes it's not just telling them call social security or get this document or make a medical appointment. Sometimes folks, especially who have various disabilities require additional support. And with us providing that support and really building that trust, it helps with building the communication and us getting what we need and the documents and the information we need to ensure that we can get these strong applications in to get the benefits.

Next slide. And so again, benefits for having legal aid involved in advocacy. We've touched on some of them, but really ensuring that advocates are ready to fill in the gaps when needed. And this varies from client to client. It's not always the same. Some clients need more support than others or different support. We many times have to meet our clients where they're at. They don't live maybe near our office or near their medical appointments. So really meeting them where they're at to ensure that there's not additional barriers. Sometimes scheduling appointments can be part of it.

Providing referrals, and this has been really, really crucial is really us building those strong relationships with the different partners really in our county. And doing these warm referrals sometimes, right? It's easy to say, well just call this person or call this agency. Sometimes it's not that easy. And so really building these relationships has been really, really crucial and important as well as with social security as well because sometimes that can be difficult for our clients to manage. And so really trying to build partnerships with social security and having those connections to be able to get the information we need in order to provide what social security needs in order to approve these benefits.

We talked a little bit already about building the trust of our clients and really accommodating our clients. Again, many of our clients or our clients do have disabilities in this program. And so it's really trying to provide accommodations and trying to remove all of the barriers that are in the way. And then again, ensuring language access. This is huge for our clients. If they can't understand things, it makes it really difficult to maneuver the system. And so this model has worked out really nicely for us. So that's been our experience and hoping to

continue it. Like I said, it's a kind of a baby program, but we're hoping that we'll learn more and continue this advocacy because it's definitely much needed. We've seen just in this short period of time, there's already starting to be waiting lists just because there's so many people that need this. And so I think it's really, really important work for us to do.

Trinh Phan:

Okay, great. So in this last section I will talk through some considerations on the social security end for improving applications and appeals with a focus on improving access for the people who will have the hardest time going through this process. So first, improved processing. In the last few years, delays in processing have increased significantly to now where, as Rebecca mentioned before, initial applications are taking an average of seven months to process. In 2019, that number was four months. The conditions that lead to processing delays are a policy choice. What gets funded or underfunded decisions on where we put our time, energy, and resources to address certain issues, these are choices we make or in broad sense and we can make different choices to address those conditions and to reduce delays. Reducing delay is important for the individuals who are waiting to access the benefits they need to survive. And I think we can all agree that if someone qualifies for these benefits, they need them and should be able to get them as quickly as possible in addition for assistance programs.

But these ways make it harder for them to manage the help that they provide. The idea of a lot of these programs is oftentimes as oftentimes as a bridge to help people who are likely eligible but will need some help to make it through the process. And when that bridge becomes longer because of application delays, it means that those helper programs need to hold people on for longer until the process is complete. So from a practical perspective, decreasing social security delays makes their job easier and potentially frees up more resources for them to help more people to apply. Next, improve evidence gathering. Medical evidence is critical in this process, but it can be very challenging to provide for people who are less connected. Someone may have fewer medical records because they can't access, for example, mental health services or someone may need to reconnect to medical care because they've moved, become unhoused or were formally incarcerated.

One way that social security deals with this and other issues is to contract with consultative examiners to do one-off exams of people who are applying for disability. This to help complete their medical record. This can pose challenges because the consultative examiner is not someone who knows the person and their medical condition across a span of time and sometimes it seems like these exams are being overused. So this recommendation is about being deliberate about when consultative examiners are used, recognizing the limitations of those purchased exams, and also be deliberate about helping people to collect evidence from someone who is actually providing care for the individual. And a lot of the presenters today talked about how much work that is that can be, so it

can take more time and more resources, but it provides better evidence of the individual's condition.

Focus on the experience of individuals facing barriers. Barriers can include housing instability, mental health challenges, being formally incarcerated, having limited English proficiency. This is important because these are the individuals who will have the hardest time making it through the application process and the things that make it hard for them are likely to be places where barriers exist in the system. If a lot of people are failing to make it through, that indicates not a problem with the people, but a problem with the system they're trying to survive. So places where there are barriers or good places to look to try to identify and remove obstacles that don't need to be there.

So as an example, this next recommendation pulls out one of those barriers around ensuring language access. The application is already complex and when you add in needing interpretation or translated written materials, it is only going to get harder. So there are language access needs for non-English speakers, for example, which are so important. Claiming language is not language access in that sense, but it's a crossover need that helps everyone. So there are a lot of concepts in these applications that can be hard to understand like different parts of the disability definition or the income and asset rules for SSI. We can think about plain language as a language issue that can be helped by making sure that we have clear explanations of these complex concepts. But it is also worth thinking about in terms of figuring out which complicated and restrictive rules we don't actually need.

So can we make the program itself more plain and accessible because that will make it easier to explain and easier for people to actually use, make applications easier to access. So this can be as simple as making the SSI application available. So you can pick up copies at the local social security office or download them online for such an important program. You'd think that there'd be an online application for everyone and there isn't. And making the application simpler and easier to understand would help as well. It can also mean increasing kind of online access generally particularly for SSI where there are many things you just can't do online right now. For some individuals an online option is going to be the most accessible format and online access can also help the helpers and assistance programs. This can also mean increasing application opportunities.

Are there ways to automate access to give people opportunities to apply? And once people are on that application path, are there ways to reduce roadblocks at different points in that path? But one example is people who applied to get a small social security retirement benefit. And so even though their retirement benefit is small enough that they could also qualify for a small SSI benefit on top of it, there's no automatic process to let these people know about SSI. So right now you just have to already know to apply for SSI as well or someone has to tell you. So if instead the application process for retirement benefits actually

included a step where a social security worker told that person about SSI, a lot more people would probably apply.

And then finally make communication easy. Being able to communicate with social security is important for everyone and for programs like those highlights today, and as they were talking about being able to communicate helps them to resolve issues as they come up and ultimately get benefits to people who qualify more quickly. It can be hard to establish lines of communication, but they're so helpful when they do exist and they help everyone to achieve the goal of providing benefits to the people who needed it when they needed it. So that concludes the presentation and now we have some time for Rebecca to take us through Q and A.

Rebecca Watson: Thank you. We've been getting a lot of questions. Some of you, some of them have been posted, but some of them we wanted to bring to the group. One question I want to ask that was brought up is particular to the problem of medical evidence. I'll read the question and then I'd be interested in hearing from the different panelists. It says our agency serves two rural counties where there are limited access to medical care. One county airlifts injured people outside the county for medical care. There's no hospital and there's no access to medical specialists and unless the applicant has their own transportation, there's no public transportation. So obtaining evidence, medical evidence is a huge barrier. Any ideas about ideas or thoughts on that as a challenge for this application work or for appeals as well?

Tanya McGary: I think, I mean one thing they can try, I mean I think the problem is lack of resources too. But if there is a medical provider willing to provide an evaluation at least during that appointment and address things that can support a disability, if they have a physical condition, assess their ability to stand and walk. If it's a mental disability, maybe a one time evaluation can fill in gaps in medical evidence to help support a claim. Social Security does send people to evaluations, but those providers are not really good at documenting and not often supportive of claims. But if their doctor is willing or if there is a doctor that's willing to provide an evaluation for that person, that might be a way to obtain medical evidence that's necessary. Although of course ongoing and regular medical evidence is usually the most helpful. But if resources are an issue, perhaps there's a provider willing to provide a one-time evaluation and comment on the client's functional abilities.

Melissa Reed: Our experience is a little unique in San Luis Obispo County. I feel that we actually do have the resources exist. For example, we have a behavioral health, however, there are maybe 200 open positions at behavioral health right now. There's a nine month wait to get a therapist with behavioral health. So our challenge is more in trying to find those alternatives for our clients who we've got to get this medical evidence in soon so that they can make a favorable decision. And a lot of what we do is helping to educate the clients about what resources are available to them. We say, look at the back of your [inaudible

01:03:46] card, there's a number, you can get an advocate. Let's find out if you have a nine month wait for your injection that you need, where else can we get that help? So a lot of it is, even though the resources exist here in SLO, the wait times are just not conducive to a successful application that we have to really be rottweilers and trying to find that third party or someone who can actually see our client.

Monica S. Sousa: And I would agree with all of that. And I would just say, and sometimes even when the resources exist, then it's also helping our clients with connecting them to these resources that are out there because sometimes that's very challenging for folks who have disabilities.

Rebecca Watson: Another general question for the panelists. Trinh had discussed a number of policy changes that could happen that would provide more meaningful access. From your perspective, working directly with community members in your communities, what is something you think could change in this system that would be truly meaningful for increasing access to these benefits? What is the thing that really you see either in your work in advocating or generally that would benefit people who don't have advocates as well?

Melissa Reed: This may be a bit counterintuitive, but increasing access would be great, but the clients I find in SLO County, oftentimes the clients have to wait for their appointment at the Department of Social Services in order to apply for disability. And so maybe there's a five week wait for that appointment. And so actually what doesn't work well for us is when they do go ahead and apply on their own. So increasing access would be great, but I find that when our clients apply without an advocate or assistance, they immediately get fairly lost in the system. We don't have a 1696, they don't return the 827. And so I would say yeah, increasing access to the applications would be great, but I think we also have to have more advocacy then because if they apply on their own, in some ways that creates more work for me because then I got to go back and I got to find out where they are in the system. Sometimes we have to end up reapplying.

Tanya McGary: I think I would like to see just better access at Social Security for this population of clients, people who are experiencing homelessness and disabilities that prevent them from being able to complete the [inaudible 01:06:39] application and giving advocates who work with these populations, direct access to people who work at Social Security so that we can more meaningfully assist our clients through this process.

Monica S. Sousa: And I would just say, not from a policy perspective, but just based on the experience that we've had within this program, the limited experience. But yeah, I think all of these things taken into consideration, all of these barriers that our clients face and we as advocates as well, it's been really great trying to build these relationships with the county folks, with folks within our county, other non-profits as well as social security because sometimes that has been

challenge just to be able to get documents to know where folks are at in the process and getting these applications submitted.

Rebecca Watson: Another question for the panelists, and this may be one for you Trinh. The question is reflecting on that low initial application approval rate. And the question is, I know there are a variety of reasons for denials, for initial denials, but what's the common denominator? What's the most common reason for applications getting denied?

What's the statistic for applications based on disability?

Trinh Phan: I feel like there's statistics somewhere and I don't have it. Yeah, yeah. I think SSI, you also, I think with SSI you have more reasons and so there's more things you have to deal with. Maybe this is a disability issue, maybe this is a immigration status issue. Maybe this is something about their complicated income situation where they're incoming out or they've got a life insurance policy from 20 years ago. So there's a resource issue. So with SSI, there's just more things that can go wrong. And so it's kind of like you have the SSDI disability issues and you also have other things that can go wrong as well. And I think for SSI in particular, we should really focus on it because these are the kind of, they're lower income and the reason why they're kind of eligible for SSI oftentimes is due to kind of systemic factors, lack of access to the workforce, discrimination issues, disability. So there's a lot of those barrier issues that are the reason why they are actually eligible for SSI versus for SSDI.

Rebecca Watson: And just to add that for SSI, because yeah, so for SSDI, because you don't have those other criteria applicants, generally you're either denied because they find you not disabled, but you also can be denied of course because you don't have the work credits. This was a question that came up in the Q and A as far as the work credits and insured status. And that is, of course, as Trinh said, it's accruing those through work and payroll taxes that you pay in through the lifetime of your work. And so many people do get denied because they don't press SSDI because they don't have the work credits. But as well, that's a very common reason.

But of course, that's why SSI is so critical because those individuals have a program in SSI still that can provide at least a basic income, basic income level of support. I see. I will note, I see many questions in the Q and A that I would refer to as more technical legal questions. We won't necessarily be addressing those because as you can imagine, this area is very fact specific as far as eligibility for certain individuals. I think one question Trinh if we can just clarify again for individuals who are aged so who are aged 65 or older, what their main sources of benefits would be. That question came up and the person had asked to clarify that part.

Trinh Phan: Oh, sorry. So it's the main source of income for people who are?

Rebecca Watson: Which benefits you could apply for based on the age and the social security system.

Trinh Phan: Oh, sure. Yeah. So with SSI you can get it. You can qualify for SSI because you're blind or disabled or because you're 65 or older. So the minute you're 65 or older, you're potentially eligible for SSI and that doesn't have a work requirement. And then with the retirement, with the social security programs on the other side, you have benefits that the retirement benefits based on age and if you're a survivor. So retirement benefits based on age can start at 62, whether you're the worker or say like the spouse of a worker. And you can also get survivors benefits based on age starting at age 60 or earlier if you're disabled widow or widower.

Rebecca Watson: And also Trinh along the line of policy changes. A question, there's a couple questions here that are related to the resource limit of \$2,000 resource limit for an individual to be eligible for SSI and whether there's any movement of organizations that are advocating for changes to that. And a few other people commented on what a barrier that can be for clients. I wondered if you wanted to mention justice and [inaudible 01:12:48] work?

Trinh Phan: So the SSI Restoration Act has been introduced and reintroduced since 2015 and it would make a number of changes including increasing the asset limit to 10. Now it's 2000 for an individual and 3000 for a couple. So increase it to 10,000 and 20,000. So I think we've all seen that number hasn't changed for decades and the cost of living has in that time. And so there's a push to have the program eligibility rules actually reflect what a dollar is actually worth now versus a dollar in 1972. So there's definitely a lot of movement, a lot of interest in increasing that asset limit. I think that some of the changes that are happening, there are little incremental changes in changes in different aspects of the program that are positive. So Social Security did, they're in the middle of a rule making right now to remove food from being considered in-kind support and maintenance.

So in-kind support and maintenance in SSI program is a form of income that counts against you. And right now if you get help with food from other family member or friend, that actually could count as income against you. So they have a rule making end process right now to get rid of that, which is really positive and a way to simplify the program in some ways. And then even with the asset limit, there is actually a recent change. Ideally it'd be great where you have, it's like the lowest barrier change is just to simply increase asset limit across the board for everybody. So it goes to 10,000 and 20,000 and that's straightforward, easy to understand, easy to use. There was a recent change past last end of last year to increase the asset limit for a subpopulation, which is, I think it's going to be important too though.

And so the ABLE accounts allow people to, or disabled before a certain age to save money without up to a hundred thousand dollars without affecting their

SSI benefit. And then they can use that money to pay for disability rated expenses including housing. And up until the age limit right now is 26. So if you're disabled before the age of 26, you can open up an ABLE account and lease it as a save money in it. The law that passed at the end of last year is going to move that age limit to 46. So if you're disabled before the age of 46, starting in 2026, you'll be able to use ABLE accounts. So this isn't it's not kind of a broad base change that everyone can use, but bumping that up to 46 who will actually help quite a few people so they have at least a way to overcome this really restrictive asset limit. Like at the end of the day, I think we'd like to see it have the lowest barrier change happen, which is just increasing that asset limit for everyone across the board without condition.

Rebecca Watson:

Thanks Trinh and I want to mention we're closing the webinar now, but we do have on the slide deck, the PDF was posted, the slide deck has all of our contact information, our emails, if there's something specific that you wanted to reach out to one of the speakers about. And certainly there were, I know some specific questions about California or HDAP programs or other questions generally that you can feel free to reach out to. You can feel free to reach out to any of the speakers on the slides. And the audio recording will also be available next week possibly? Is that right Trinh? On the website in the resource library, I posted an answer again to that in the Q and A and so you can feel free to share. There was a question about sharing with colleagues and of course that's open and available for other people to see and use as a resource.

Trinh Phan:

Okay, great. Thank you to all of our presenters today for the wonderful information. Thank you to everyone who's attended today as well. And that concludes the presentation. And have a great rest of your day.