

# Disability Benefits and Homelessness

## Summary of Recommendations

- **Assure timely and accurate disability determinations for SSI/SSDI claimants who are homeless.**
- **Assure the adequacy of SSI/SSDI benefits and related Medicare/Medicaid coverage to meet the needs of homeless recipients.**
- **Ensure that individuals with substance use disorders and co-occurring impairments who meet current Social Security disability criteria receive SSI/SSDI benefits.**
- **Restore SSI/SSDI eligibility to persons whose substance use is material to their disability.**

**Disability precipitates and prolongs homelessness.** It is extremely troubling that people with disabilities constitute the “chronically homeless” population in America.<sup>1</sup> The role of medical impairment and disability in precipitating and prolonging homelessness is well known. Any strategy to prevent and end homelessness must include adequate financial supports for persons whose disabilities prevent them from earning income through employment sufficient to secure housing, health care, and other basic needs.

**Disability assistance can mitigate health risks associated with homelessness.** Two Federal programs within the Social Security Administration (SSA) are the most important sources of assistance for Americans with disabilities – Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI). SSI and SSDI constitute a safety net for persons with disabilities, providing cash assistance and eligibility for public health insurance (Medicaid/Medicare). Persons who qualify for SSI/SSDI also are more likely than others to obtain available low-cost housing. By increasing access to housing and health care, these programs can mitigate the extraordinary health risks associated with homelessness, expedite recovery, improve quality of life, and help beneficiaries to achieve stability and resume productivity.

**Declining social supports and barriers to SSI/SSDI eligibility increase the risk of protracted experiences of homelessness.** Benefit retractions of the past two decades have placed an increasing number of individuals and families at risk of homelessness. Time limits and penalties for noncompliance with welfare guidelines eliminate social supports for extremely vulnerable people, as does the narrowing of eligibility criteria to exclude those with addictions. Lacking access to Federal income support and health services, single adults – who comprise the majority of homeless people – are forced to rely on various State programs, which have also been cut back or eliminated across the country over the past 20 years. Furthermore, due to numerous systemic barriers, homeless people often fail to obtain SSI or SSDI despite their eligibility for these programs. Obstacles to enrollment include poor access to health services, insufficient documentation of functional impairments, remote application offices, and complex application processes. Barriers often are exacerbated by an applicant’s mental illness or lack of personal stability necessary to maintain contacts and meet deadlines throughout the multiple steps of an application review.

## Recommendations

1. **Assure timely and accurate disability determinations for SSI/SSDI claimants who are homeless.** Waiting periods between application and eligibility determination average one to three years, and denial rates are significantly higher for claimants who are homeless than for

---

<sup>1</sup> According to the federal definition, a chronically homeless person is “an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years” (Collaborative Initiative to Help End Chronic Homelessness, notice of funding availability, 2000).

those who are housed, often for procedural rather than medical reasons.<sup>2</sup> To expedite disability assistance for homeless persons likely to be eligible for SSI or SSDI, the National Health Care for the Homeless Council urges Congress and the Administration to:

- **Continue and augment funding for initiatives that have demonstrated success in expediting SSI/SSDI benefits for homeless claimants, such as the SSI/SSDI Outreach, Access & Recovery (SOAR) Project.**
- **Encourage Federal interagency support for SSI/SSDI and homelessness activities.**
- **Assure better cooperation nationwide between SSA Disability Determination Services (DDS) and community initiatives to expedite disability benefits for eligible homeless claimants.**
- **Assure prompt adjudication at the Office of Disability Adjudication and Review (ODAR) hearings level.** Prompt adjudication at ODAR is important, as in some offices it can 22 months or longer to get a hearing.
- **Encourage Disability Determination Services nationwide to establish a Homeless Unit or have volunteer examiners process homeless claims.** State DDS should consider homelessness *per se* as an indicator of functional impairment; SSI/SSDI claims filed by homeless persons should be flagged at all levels of consideration to trigger expedited disability determination.
- **Encourage SSA field offices to outstation claims representatives in emergency shelters.**
- **Develop at the federal level special SSI eligibility determination processes for claimants who are homeless and mentally ill, and train designated claims representatives to respond appropriately to mentally ill claimants.**

2. **Assure the adequacy of SSI benefits to meet the needs of homeless recipients.** The SSI program was “designed to provide a positive assurance that the Nation’s aged, blind, and disabled people would no longer have to subsist on below poverty-level incomes.”<sup>3</sup> Yet Federal policy ensures that most recipients remain destitute. We urge Congress and the Administration to:

- **Ensure disability benefit levels high enough to enable program participants to meet basic needs, including housing.** Index disability payments to local costs of living (e.g. HUD Fair Market Rent calculations). Federal SSI payments for individuals are capped at \$623 per month in 2007, an amount well below the poverty level and insufficient to secure even the most basic housing in many jurisdictions, let alone other necessities of daily life.
- **Update income disregards and asset eligibility criteria.** Increase the earned income disregard (which has remained unchanged since 1972) to ensure incomes at or above the Federal Poverty Level. Increase SSI asset requirements to reflect current costs and indexed for future costs of living. (Current asset limits have not been adjusted since 1989, failing to keep up with inflation.)
- **Maintain the linkage between SSI cash assistance and Medicaid coverage,** both of which are essential to persons with disabilities who are homeless. Medicaid coverage should be guaranteed for all persons determined eligible for SSI benefits, whether the determination is presumptive (to expedite benefits pending a full disability determination) or final.

---

<sup>2</sup> Post P, Perret Y, Anderson S, Dalton M, Zevin B. *Documenting Disability for Persons with Substance Use Disorders & Co-occurring Impairments: A Guide for Clinicians*. Nashville: National Health Care for the Homeless Council, Inc., 2007, p. 2. <http://www.nhchc.org/DAAguide.pdf>

<sup>3</sup> “Social Security Amendments of 1972, S. Rpt. 92-1230.” *U.S. Senate Committee on Finance*.

3. **Ensure that individuals with substance use disorders and co-occurring impairments who meet current Social Security disability criteria receive SSI/SSDI benefits.** The 1996 termination of SSI/SSDI eligibility for individuals whose substance use is material to their disability was not intended to disqualify individuals with other impairments who meet Social Security disability criteria. Such denials have nevertheless been widely reported to occur at the initial stage of disability determination, frequently requiring later reversal at the appeals level. Individuals who meet SSA disability criteria are entitled to SSI/SSDI regardless of their current alcohol or drug use.<sup>4</sup> Exclusion of these persons from SSI/SSDI benefits disregards the intent of Congress. We therefore urge Congress and the Administration to restate this intent and to assure that SSI/SSDI eligibility is more consistently granted to persons whose disability is not materially affected by their alcohol or drug use.
  
4. **Restore SSI/SSDI eligibility to persons whose substance use is material to their disability.** Welfare reforms in 1996 terminated SSI/SSDI eligibility for individuals whose substance use is “a contributing factor material to the determination of their disability.” The continuing exclusion of such persons from SSI/SSDI benefits disregards medical knowledge about the nature of addictions and ignores the survival needs of individuals with disabilities. We therefore urge Congress and the Administration to restore SSI/SSDI eligibility to persons whose alcohol or drug use is material to their disability.

---

<sup>4</sup> Post et al., op. cit., 2007