

# Health Care for the Homeless Mobilizer

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## SOAR-ing through the Barriers

*Improving Access to SSI/SSDI Benefits*

People without a regular place to stay face substantial barriers to participation in federal disability assistance programs that could help to end their homelessness. Such obstacles, well known to providers at HCH projects, include the lack of acceptable identification, the absence of a fixed address, and incomplete medical records. Over the past three years, a promising federal initiative under the acronym SOAR (the SSI/SSDI Outreach, Access, and Recovery program) has substantially improved access to disability benefits for people experiencing homelessness. The effectiveness of this national program warrants its continuation and expansion. The National Council encourages *Mobilizer* readers to support the SOAR initiative.

### Federal Disability Assistance – Out of Reach

The Social Security Administration (SSA) oversees two entitlement programs designed to provide financial support to individuals with disabilities. Supplemental Security Income (SSI) is a needs-based program that provides a modest maximum income of \$637 a month (in 2008) to individuals with disabilities who lack stable employment histories, while Social Security Disability Income (SSDI) is related to earnings history and the amount an individual has paid into the Social Security system. Most recipients of SSI or SSDI qualify for government health insurance under Medicaid and/or Medicare. In 39 states and the District of Columbia, recipients of SSI also meet eligibility criteria for Medicaid. Persons who qualify for SSI or SSDI are also more likely than others to obtain available subsidized housing, including supportive housing.

Unfortunately, accessing these entitlements is especially challenging for people experiencing homelessness; final determination of eligibility often occurs years after the initial application. According to the *Social Security Advisory Board Annual Report 2006*, only 37% of all SSI/SSDI applications nationwide are initially approved. For homeless applicants, a mere 10-15% are determined disabled upon the initial application.<sup>1</sup> Strikingly, more than 60% of initial denials are overturned following a substantial appeals process averaging two to three years. This lengthy delay only further compromises the health and stability of applicants.

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<sup>1</sup> Dennis D, Perret Y, Seaman A, Wells S. (2006). *Expediting Access to SSA Disability Benefits: Promising Practices for People Who Are Homeless*. Delmar, NY: Policy Research Associates, Inc.

## SSI/SSDI Outreach, Access, and Recovery

Recognizing the importance of financial assistance to the overall health and well being of people with disabilities, the federal government implemented the interagency SOAR program to reduce the delay between application and receipt of benefits for eligible homeless applicants. A partnership between the Departments of Health and Human Services and Housing and Urban Development, the SOAR initiative is a multifaceted approach to improve the quality of initial applications while streamlining the state and local processes through which disability is determined. Strategic components include a “train the trainer” model to equip service providers with the tools necessary to complete effective and well-documented applications, strategic planning among states and communities to expedite the claims of homeless applicants, and technical assistance and outcomes evaluation for states and localities.

### SOAR-ing Results

Following implementation in 34 states over the past three years, the SOAR initiative has dramatically improved access to SSA disability benefits for homeless applicants. Preliminary 2008 data from 18 participating states suggest that SOAR is a model worthy of replication. In a complete inversion of national data, a surprising 66% of applications submitted through the SOAR program were initially approved, and approval times were reduced, on average, to just 88 days. A SOAR pilot project in New York cut the average approval time to 59 days. In Nashville, Tennessee—home to the National Council—a remarkable 98% of all SSA disability applicants in their SOAR project were approved upon initial application.

Many involved in the SOAR process believe the results are simply too promising to be ignored. Advocates are urging Congress to appropriate \$5 million to expand the program to all 50 states and to develop advanced training materials to help applicants and their service providers to more effectively navigate the SSI/SSDI application process. The National Council calls upon Congress to enable all states to “do what works” by funding an expansion of the SOAR initiative.

### ACTION:

- **Call your Members on the House Appropriations Committee** and ask them to appropriate an additional \$5 million for the Center for Mental Health Services (CMHS) within HHS’s Substance Abuse and Mental Health Services Administration (SAMHSA) to strengthen and expand the federal interagency SOAR initiative. The Committee is expected to consider the Labor-HHS-Education bill this month. Find your representative at [www.house.gov](http://www.house.gov) or call the Capitol Switchboard at 202-224-3121. Members of the Appropriations Committee include:

<b>Democrats</b>	<b>Republicans</b>
David Obey (WI-7), Chair *	Jerry Lewis (CA- 41), Rnk. Mem. *
Robert Cramer, Jr. (AL-5)	Robert Aderholt (AL-4)
Marion Berry (AR-1)	Ken Calvert (CA-44)
Ed Pastor (AZ-4)	Ander Crenshaw (FL-4)
Barbara Lee (CA-9)	C.W. Bill Young (FL-10)
Michael Honda (CA-15)	Dave Weldon (FL-15)
Sam Farr (CA-17)	Jack Kingston (GA-1)
Adam Schiff (CA-29)	Tom Latham (IA-4)
Lucille Royal-Allard (CA-43)	Mike Simpson (ID-15)
Rosa DeLauro (CT-3)	Mark Kirk (IL-10)

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- **Read more about the SOAR initiative:** Visit <http://www.prainc.com/SOAR/> for a collection of SOAR information and training materials. Start a project in your locality or connect with others already implementing the initiative in your state.
- **For more information** contact the National Council’s Health Policy Organizer, Adrienne Breidenstine, at [abreidenstine@hchmd.org](mailto:abreidenstine@hchmd.org) or 443-703-1337.

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