SAN FRANCISCO COMMUNITY HEALTH CENTER

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CSTEP Benefits:

Disability Income in California for People Living with HIV/AIDS

CSTEP sets the standard in HIV Treatment Education and Statewide Public and HealthCare benefits to medical and non-medical providers in California.

**BENEFITS trainings:** Provides information related to accessing federal, state and local HIV-focused disability and health care benefits

**TREATMENT trainings:** Offers up-to-date information about HIV and HIV treatment options

CSTEP trainings are FREE and technically, linguistically and culturally competent.
Remembering our past while looking toward the future.

- San Francisco Community Health Center, formerly API Wellness, holds a rich history in providing comprehensive medical and social support services in the Asian and Pacific Islander and LGBTQ community.

- In early 2018 API wellness rebranded the organization to fully encompass its programs and services. Please view our rebranding video below to fully understand our journey.

- SFCHC Rebranding Video

- Although our name has changed, our mission and vision remain very much the same.
San Francisco Community Health Center embraces:

San Francisco’s Leadership and Grit. San Francisco was ground zero during the HIV epidemic in the 1980s that drastically impacted the LGBTQ community. San Francisco will be among the first cities to end this epidemic because of our leadership in radical advocacy, biomedical advances, and the relentless fight to end HIV-related stigma and discrimination.

Community Collaboration and Belonging. These values hold deep meaning for us. They are rooted in our founding when we rose up to take care of the Asian and Pacific Islanders living with HIV. We will be here for the queerest among us, and these values represent who we will always be.
About PRC

• For over 25 years, PRC’s Disability Advocacy Program has provided *benefits advocacy and direct legal representation* to San Francisco residents in response to the need for economic justice and health access.
• PRC’s mission is to help people affected by HIV/AIDS, substance use, or mental health issues better realize opportunities by providing integrated legal, social, and health services that address the broad range of social risk factors that impact wellness and limit potential.
• For more information: [http://prcsf.org](http://prcsf.org)
## Agenda

<table>
<thead>
<tr>
<th>MORNING:</th>
<th>AFTERNOON</th>
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<tr>
<td>Start: 9:00AM</td>
<td><strong>LUNCH</strong> (1hour)</td>
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<td>Welcome and Registration (30min)</td>
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<tr>
<td>Pretest (10min)</td>
<td>SSI and SSDI (cont.) (30min)</td>
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<tr>
<td>State Disability Insurance (SDI) (1hour)</td>
<td>Supporting Clients (1hour)</td>
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<td>BREAK (15min)</td>
<td><strong>BREAK</strong> (15min)</td>
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<tr>
<td>Supplemental Security Income (SSI) &amp; Social Security Disability Insurance (SSDI) (1hour)</td>
<td>Client Interview and Case Studies (1hour 15min)</td>
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<td>Q&amp;A, Post-Test and Evaluations (1hour)</td>
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<td>End: 4:30PM</td>
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Disability Benefits
The Fundamentals

Purpose:
An overview of state and federal disability benefits in order for participants to:

• Learn basic rules of each program
• Learn advocacy skills
• Apply basic rules to examples
Income and Health Insurance

Provide a minimum level of income and health insurance:

- Therapeutic goals
- Gain or improve access
- Increase overall quality of life
Sources of Income

- County Assistance (General Assistance/GA)
- California Work Opportunity and Responsibility to Kids (TANF/CalWORKs)
- State Disability Insurance (SDI)*
- Social Security Disability Insurance (SSDI)*
- Supplemental Security Income (SSI)*
- Cash Assistance Program for Immigrants (CAPI)
- Short and Long Term Disability Insurance (STD/LTD)

*Will be reviewed today
State Disability Insurance (SDI)
SDI – Disability Income

• Defined: Disability income insurance funded through employee payroll deductions.
  – Required for employers in California through Employment Development Department (EDD).
  – 5 other states/territory only (Hawaii, New Jersey, Rhode Island, New York and Puerto Rico).

• Weekly benefit rate is based on 60-70% of the highest paid quarter during the Base Period.
  – For claims beginning on or after January 1, 2018, weekly benefits range from $50 to a maximum of $1,216.
  – To earn a maximum benefit amount, claimant must have earned at least $26,325.01 in a calendar quarter during the Base Period.
  – SDI may last up to 52 weeks.
SDI – Application

(Document 1: State Disability Application Form)

• Doctor must certify disability.
• Can be filed online or with new RED form.
• Copies of RED form not accepted. Must use originals, which may be ordered on EDD website.
• Certification may be made by a licensed medical or osteopathic physician or surgeon, chiropractor, dentist, podiatrist, optometrist, designated psychologist, an authorized medical officer of a United States government facility, or a Nurse Practitioner (NP) for all conditions within scope of practice. In order to certify disabilities other than normal pregnancy and childbirth, the NP must perform a physical examination and collaborate with a physician and/or surgeon.
SDI – Application (continued…)

- Must be filed within 49 days after onset of disability or show proof of good cause for late filing.
- Must remain active in the workforce prior to disability.
- Onset date must be day **after**:
  - Last date worked
  - Last date looked for customary work*
  - Last date paid under Unemployment Insurance claim
  *May need “seam up” letter

(Document 2: Sample Letter)
SDI – Application (continued…)

• Must be unable to do regular or customary work for at least 8 consecutive days (7 non-payable days as waiting period and the 8th day is the first payable day).
• Must have a loss of wages due to a disability.
• Claimant ineligible for SDI if receiving Unemployment Insurance (UI) and may be ineligible if receiving Worker’s Compensation.
SDI – Letters

- **Good cause** letter explains good cause reason for late filing.
  - Needed when application is filed more than 49 days after date of disability.
- **Seam-up** letter explains claimant was still engaged in workforce prior to becoming disabled.
  - Necessary when there is gap between date last worked and date of disability.
- Sometimes claimant may need both a good cause and a seam-up letter. *(Document 2: Sample Letter)*
SDI – Example: Sandy

Sandy was laid off on November 1, 2017. She received UI since then until January 1, 2018, when she had a psychotic episode. She could apply for SDI stating that her onset of disability is January 1, 2018.

• How many days does Sandy have to wait to submit her SDI application?
SDI – Example: David

David was laid off of work on May 1, 2017, but he was not entitled to UI, for whatever reason. However, he was looking for a job, and then became disabled on September 1, 2017. It is now May 16, 2018.

• If David qualifies for SDI in all other regards, what should he do when he applies for SDI?
SDI – Example: Ivan

Ivan became disabled on April 15, 2018. His last day of work was March 15, 2018. Ivan has a lot of sick days and as of today, he is on sick leave and has no reduction in income.

• Is Ivan eligible to apply for SDI?
SDI – Base Period

EDD calculates benefits based on the highest paid quarter during the claimant’s Base Period.

Use the “look back rule” to determine Base Period:

- Weekly benefit amount calculated by looking back at earnings 18 months prior to onset of disability:
  - Excluding prior 3-6 months
  - Highest paid quarter used

12 months of earnings = Base Period
Exclude 3-6 months
Disability Onset
SDI – Base Period (continued…)

Base Period covers a 12 month period and is divided into 4 consecutive quarters:

If your claim begins: Your Base Period will be:
• Jan, Feb, or Mar → Prior Oct 1 to Sep 30
• Apr, May, or Jun → Prior Jan 1 to Dec 31
• Jul, Aug, or Sep → Prior Apr 1 to Mar 31
• Oct, Nov, or Dec → Prior Jul 1 to June 30

In other words, exclude the 1) quarter in which disability arose and 2) previous calendar quarter and use the prior 12 months to get Base Period.
SDI – Base Year

Base Year shown by shaded months
SDI – Issues to Consider

• Did patient/client pay into SDI?
  • Most California employees do, but best to check pay stub since many governmental agencies do not. Independent contractors can pay into SDI on his/her own, but they do not often do so.

• What was patient/client’s work history?

• Do we have a medical provider who saw the patient during the disability period?

• Does client have a valid ID? (This is a new requirement).
SDI – Example: George

1. George became disabled on October 1, 2017.
   - Is this the most advantageous onset date?
   - What would be his Base Period for SDI?

2. If George uses an onset date of disability of January 1, 2018 on his SDI application:
   - What is his Base Period?
SDI – Example: Ricky

Ricky is depressed and does not have much of a work history. However, he did work full time from July to September 2016, earning $9000. His employer did pay into SDI. He has seen a psychiatrist for over 10 years. He comes to you in May 2018 for disability benefits advice.

• How would you advise him regarding SDI?
SDI – Questions to Ask:

• What is the most beneficial onset date for the client?

• Would there be a medical provider to sign off on that onset date?
SDI – Example: Ricky (continued…)

• In Ricky’s case, the most advantageous onset date would be any onset date that captures his 2016 work history. Dates on/before December 31, 2016 and on/after January 1, 2018, would NOT work.
  • Why? Because any date on or before December 31, 2016 and on or after January 1, 2018, would exclude July to September 2016 as a Base Period. Since he has seen a psychiatrist for over 10 years, the psychiatrist if willing, could sign for him.

• Let’s say Ricky decides to use April 1, 2017, as his onset date.
  • Knowing that his date last worked is some time in September 2016 and it’s now May 2018, what letter would he need?
SDI – Example: Ricky (continued…)

Now, let’s change the facts. Let’s say Ricky has been seeing his psychiatrist only since June 1, 2017.

• Could you still use the April 1, 2017 date?
• Why or why not?
SDI

Group Exercise: Michael

Michael’s date last worked was September 1, 2017, due to depression. He had been working for the County of San Francisco for over 10 years. His primary care doctor for over 10 years had prescribed him Prozac. It is now May 2018, and Michael is without income.

- Can the non-psychiatrist M.D. sign off on the SDI for his depression?
- What onset date would you use?
- What issues would you consider for his SDI claim?
Jorge’s last day of work was on February 1, 2018. He had been working for 4 years for a school. He started seeing an HIV specialist on May 1, 2018.

- If you want to help him get on SDI, what questions would you consider? Today is May 16, 2018.
Matthew stopped working on May 13, 2018 due to a car accident. He feels a lot of pain in his neck and cannot go to work. He comes to you for advice.

- How would you advise him regarding SDI? It is now May 16, 2018.
SDI

Group Exercise: Tammy

Tammy stopped working on April 15, 2018 due to HIV-related fatigue and diarrhea. She had been working as a manager for Macy’s for 3 years. Her primary care doctor and HIV specialist has been treating her since 2013. It is now May 16, 2018.

• All else being qualified, what would be an advantageous onset date of disability?
• When should she file?
SDI
Group Exercise: Frank

Today is March 26, 2018 and Frank comes to you and tells you that he wants to stop working immediately due to HIV-related fatigue and diarrhea. From January to March 2017 he earned a total of $5,000. From April to June 2017 he earned a total of $4,000. From July to September 2017 he earned $1,000 per month. Starting October 1, 2017, he has had an income of $2,500 per month.

• He comes to you for SDI advice. How would you advise him?
SDI

Group Exercise: Edward

Edward had been an engineer for over 10 years and was making $60,000 per year. His symptoms of HIV especially fatigue, affected his concentration and he could no longer perform that job. He now works in the company’s mail room for $30,000 per year. The reduction of income is making his life difficult.

• All else being qualified, is he eligible for SDI?
Social Security Disability Insurance (SSDI) AND Supplemental Security Income (SSI)
SSA – Social Security Administration

SSA is the federal agency that administers 2 disability programs:

1. SSDI: Social Security Disability Insurance
2. SSI: Supplemental Security Income

Both programs use the same medical rules, but have different non-medical rules. The key difference in non-medical rules is that SSDI is an insurance (i.e. SSA does not care about resources and income) and SSI is “welfare” (i.e. SSA does care about resources and income).
SSDI/SSI – Definition of Disability

• A disability, according to SSA, is:
  - the inability to earn Substantial Gainful Activity (SGA), ($1,180 per month in 2018 for a non-blind individual)
  - due to a severe, documented medical impairment
  - likely to last 12 months or longer, or result in death

• Same legal definition used for Cash Assistance Program for Immigrants (CAPI) and Medi-Cal
Ken stopped working 5 months ago due to severe HIV symptoms. He wants to apply for Social Security disability.

• Does he have to wait for another 7 months before he can apply?
SSDI/SSI – Medical Rules
(continued…)

Jay has not made over $900 per month for the last 2 years due to a medical condition.

• Should he apply for Social Security disability?
Social Security Disability Insurance (SSDI)
SSDI – Non-Medical Rules

• SSDI is a SSA program that provides cash benefits to disabled, blind, seniors, survivors and some dependents who are insured by contributing to the Social Security Old-Age, Survivors, and Disability Insurance (OASDI) trust fund.

• The OASDI trust fund is funded by Federal Income Contributions Act (FICA) and Self-Employment Contributions Act (SECA) payroll tax collections.

• SSA looks at the number of work credits a individual has earned to determine if the individual is eligible for SSDI benefits.
SSDI – Non-Medical Rules (continued…)

• Social Security work credits are based on total yearly wages or self-employment income. One can earn up to 4 credits each year.

• The amount needed for a credit changes from year to year. In 2018, a person earns one credit for each $1,320 of wages or self-employment income. When a person has earned $5,280, the person has earned 4 credits for the year.

• The number of work credits a person needs to qualify for disability benefits depends on the age when the person becomes disabled. **Younger workers may qualify with fewer credits.**

• **Date Last Insured:** Must be disabled by certain date (unique to individual) to qualify for SSDI.
SSDI – Non-Medical Rules (continued…)

• There is a 5-month waiting period from the Disability Onset Date before payments begin.

• Eligible in the 6th month and paid on the 7th month (SSDI is always paid in arrears).

• Up to 12 months of retroactive payments from date of application, not counting 5-month waiting period.

• If SSDI amount is less than SSI rate, then SSI may be available to supplement income.
SSDI – Example: Larry

Larry receives an SSDI check in February 2018.
  • What month is the check for?
SSDI – Example: Mary

Mary applied for SSDI in January 2018, claiming a disability date of January 15, 2016. Although she was approved with that onset date, she only received retroactive payments from January 2017 to December 2017.

• Why?
SSDI – Non-Medical Rules (continued...)

Effects of incarceration on SSDI:

- Suspended when convicted **and** spent more than 30 continuous days incarcerated (but reality is that many people who are not convicted, but incarcerated still get suspended).
- No need to reapply when released, but does need to notify SSA.
SSDI – Non-Medical Rules (continued…)

Medicare begins 24 months after first month of SSDI eligibility.
SSDI – Example: George

George applied for SSDI benefits on February 2018 and was found to be disabled by SSA with an onset date of August 15, 2016.

- What is his first month of eligibility for SSDI?
- When will George be eligible for Medicare?
SSDI – Example: Frank

Frank, who is 26 years old, comes to you and says he is unable to work due to HIV-related diarrhea. He says he wants to apply for disability benefits.

• What would you ask or say to him about SSDI?
SSDI – Same Sex Marriage (SSM)

• SSDI
  • Same Sex Marriage is recognized for SSDI (and other federal benefits) due to the Windsor Decision
  • Generally, positive impact on SSDI
  • Availability of spousal and widow’s/widower’s benefits
  • After Obergefell ruling, SSA working on implementing decision in all 50 states
Supplemental Security Income (SSI)
SSI – Non-Medical Rules (continued…)

An SSA program provides cash assistance payments to aged, blind and disabled people who have limited income and resources.

SSI in California (monthly rates effective January 2018):

• Independent living status $910.72
• No cooking facilities $997.04
• Non-medical Board and care $1,173.37
• In-kind support $664.24

Federal SSI rate for 2018 is $750.
SSI – Non-Medical Rules (continued…)

Resource must be below $2,000 for an individual and $3,000 for a family of two.

Exceptions:

• Can own one home if he/she lives in it.
• Can own one car of any value.
SSI – Non-Medical Rules (continued…)

• Potential penalty if assets are transferred at less than fair market value.
• Reduced dollar for dollar by unearned income (SSDI, SDI, monetary gift).
• Deeming rules apply.
SSI – Non-Medical Rules (continued…)

• SSI benefits are suspended when a person is confined in jail, prison or any other correctional institution for a full calendar month; no need for conviction.

• Need to reapply if incarcerated for 12 months or more.

• Like SSDI, SSI benefits could be suspended under “fugitive felon” regulations.*

*After the Martinez and Clark cases, this is much less of a problem.
SSI – Non-Medical Rules (continued…)

PRESUMPTIVE SSI

• Presumptive Disability payments may be available for up to 6 months while awaiting initial SSA determination (claimant needs to have SSA 4814 completed by doctor).

• Review form (Document 3: SSA 4814).
SSI – Non-Medical Rules (continued…)

• Eligible for payment the first day of the month following application.

• Retroactive payments:
  • Starting on first month after application.
  • Split into 3 payments.
  • 9 months to spend down retroactive benefits.

• Eligible for SSI-Linked Medi-Cal.

• If not eligible for SSI due to immigration status, may qualify for CAPI.
SSI – Example: David

David is found to be disabled by SSA. He applied on July 15, 2018 with an onset date of disability of December 15, 2017. He is not eligible for SSDI.

- *When is his first month of SSI payment?*
- *When is David eligible for Medicare based on his SSI claim?*
- *What about Medi-Cal?*
SSI – Example: David (continued…)

Now modify the scenario… David is getting $500 per month in SSDI, has a 5 bedroom mansion that he lives in, and a new Ferrari that he drives to see his doctor every week.

• Is he eligible for SSI?
• If so, how much SSI will he get?
SSI – Example: David (continued…)

• When will David get Medicare?
  – *He will get Medicare based on the SSDI (not SSI).*

• Since his onset is December 15, 2017…
  – *What is his first month of eligibility for SSDI?*
  – *His Medicare will start…?*
SSI – Same Sex Marriage (SSM)

• Generally, SSM has negative impacts on benefits
• Spousal deeming can occur
• Couple rate is less than individual rate times 2
  • Individual rate in 2018 x 2 = $1,821.44
  • Couple rate in 2018 = $1,532.14
Social Security Application Process

• May apply in person at any SSA field office (drop in or with appointment), over phone, or internet (limited SSI application online). Be advised that if 4814 is to be submitted best to apply in person.

• Field office takes SSI and SSDI claims.

• Field office sends case to Disability Determination Services (DDS) for medical determination.

• Analyst at DDS requests medical records from claimant’s treating sources and sends questionnaires to claimant.

• Analyst may set up consultative examinations (CEs) if they feel there is not enough supportive evidence.

• Medical Consultant at DDS reviews case and makes decision.

• If approved, SSI recipient may get a letter asking him/her to go in for an interview (financial eligibility).
Social Security Application Process (continued...)

• If denied, claimant has 65 days to appeal (60 days to appeal plus 5 days for mailing). If late, good cause is available. Be sure to submit a statement requesting good cause for late filing.

• Stages of administrative determination:
  • Initial, Reconsideration, Hearing, and Appeals Council
Income Benefits
1st year of disability

5 full calendar month waiting period for SSDI purposes

Onset Date of Disability 8th day 1st full month 6th full month 7th full month 12th full month

SDI begins SSI begins (if SDI below SSI level) SSDI eligible SSDI payments begin SDI ends and other benefits increase

SSI begins
(1st full month)

Onset Date of Disability

8th day

1st full month

6th full month

7th full month

12th full month

Income Benefits
1st year of disability

5 full calendar month waiting period for SSDI purposes

Onset Date of Disability 8th day 1st full month 6th full month 7th full month 12th full month

SDI begins SSI begins (if SDI below SSI level) SSDI eligible SSDI payments begin SDI ends and other benefits increase

SSI begins
(1st full month)
SUPPORTING CLIENTS
Common Misperceptions: Disability and SSA

- Legal vs. medical definitions
- You cannot get SSDI/SSI unless you have had an opportunistic infection or have an AIDS diagnosis.
- You will get approved if your doctor thinks you are disabled.
- You will get approved if you have an AIDS diagnosis or a CD4 count below 200.
- You should not apply until you have all of your medical records.
- You cannot get or apply for SSDI/SSI until you stop using alcohol or drugs.
- You are always denied the first time.
- The system is fair and people will be approved if they are disabled.
Review
Disability and SSA

• The definition of disability under SSA regulation is:
  • the inability to earn Substantial Gainful Activity ($1,180 in 2018)
  • due to a severe, documented medical impairment
  • that is likely to last longer than 12 months or result in death
Proving a Medical Impairment Based on Listings

• SSA’s listing of impairments consist of 14 sections that describe each major body system.

• Example listings:
  • 1.00 Musculoskeletal System
    • 1.05 Disorders of the Spine
  • 2.00 Special Senses and Speech
  • 5.00 Digestive System
    • 5.05(F) Chronic Liver Disease (Hepatitis C)
  • 12.00 Mental Health (Document 4) *NEW*
  • 13.00 Neoplastic Diseases, Malignant
    • 13.06 Lymph Nodes
  • 14.11 HIV/AIDS (Document 5) *NEW*
Proving a Medical Impairment Based on HIV/AIDS (14.11)

Recent revisions took effect on January 17, 2017. The HIV listing is now 14.11 (no longer 14.08).

• 14.11 (A)-(E)
  • These address specific HIV-related disorders, including multi-centric Castleman’s disease, lymphoma, progressive multifocal leukoencephalopathy, and Kaposi sarcoma (of the lungs only)
  • In our practice, these are fairly uncommon, however, the other parts of the 14.11 listing are helpful.
Proving a Medical Impairment Based on HIV/AIDS (14.11)

New listings for low CD4 counts:

• 14.11(F) – An automatic meeting of the listing for CD4 counts below 50!!!

• 14.11(G) – An automatic meeting of the listing for CD4 counts below 200 AND either:
  • BMI measurement of 18.5 or less; or
  • Hemoglobin measurement of 8.0 grams per deciliter (g/dL)

*For 14.11(G) the CD4 measurement and the BMI or Hemoglobin measurement do not need to be from the same day.
Proving a Medical Impairment Based on HIV/AIDS (14.11)

There is a broader listing for repeated hospitalizations related to HIV within a 1 year period:

• Listing 14.11(H) is met when there are three hospitalizations related to HIV complications within a 12 month period that last for at least 48 hours and that are at least 30 days apart.

• The 48 hours is timed from the moment the patient presents at the ER/urgent care to the time of discharge.
Proving a Medical Impairment Based on HIV/AIDS (14.11)

• 14.11 (I) – This is the most commonly argued HIV listing – Repeated manifestations of HIV. It has 2 parts to be met:
  • **Repeated manifestations** of HIV (i.e. opportunistic infections, Kaposi sarcoma of places other than the lungs, cardiovascular disease, diarrhea, polyneuropathy, gynecologic conditions, hepatitis, HIV-associated dementia, immune reconstitution inflammatory syndrome, lipodystrophy, malnutrition, muscle weakness, neurocognitive limitations, oral hairy leukoplakia, etc.), **AND**
  • **One marked functional limitation:**
    • Activities of daily living or
    • Social functioning or
    • Concentration, persistence and pace
Proving a Medical Impairment Based on Mental Health (12.00)

Revised mental health listings also took effect on 1/17/17.

• To meet a specific listing, there must be symptoms or characteristics AND either one extreme limitation or two marked functional limitations in:
  • Understand, remember, and apply information
  • Interact with others
  • Concentrate, persist, or maintain pace
  • Adapt and manage oneself

• Additional functional criteria (if above criteria is not met) of documented history causing more than minimal limitation.

• See form for examples of limitations (Document 6: SSA 3373).
Proving a Medical Impairment Based on Mental Health (12.00)

Commonly used mental health listings include (See document 4):

- 12.03 Schizophrenia
- 12.04 Depression and bipolar disorder
- 12.06 Anxiety disorder, panic disorder, agoraphobia, and OCD
- 12.08 Personality disorder
- 12.15 Trauma and Stressor related disorder (PTSD)
Substance Use and Materiality

• If there is active alcohol or drug use in the records, it must be shown that it is not material to the disability. How do we do that?

By showing:

• The disabling impairment (HIV, depression, etc.) would remain disabling absent the documented drug and alcohol use.

OR

• Impairments may be related to the use of drugs/alcohol but would continue to affect him/her even if s/he stopped using drugs/alcohol.
Income and Health Insurance
Justice and Active Substance Use

• Prior to 1996, substance use was a disabling condition under 12.09 of the Mental Health listings.
  • Benefits were terminated in January 1997 for anyone previously found disabled under 12.09.

• Disability must now be proven and any active use must be found immaterial to the disabling condition.

• Advocacy tips on determining materiality:
  • Would client be able to work (within 12 months) if they discontinued or lessened use?
  • Is client using in order to alleviate disabling symptoms?
  • Do symptoms continue in periods of non-use or pre-date any use?
  • Are symptoms completely unrelated to substance use (ex: Pneumocystis and heroin)?
According to a study by Urban Health Study of University of California, San Francisco (UCSF), (Document 7: UCSF study), IDUs who receive income support/SSI benefits:

- are more stably housed.
- are less reliant on illegal income.
- share needles less often.
- use drugs less frequently.

SSI benefits contribute to general life stability and a reduction in drug related harm.

Penalizing drug users by withholding benefits may increase the severity of the social ills of homelessness, incarceration, illegal activity, and unsafe drug use.
Helpful Tips for DDS – Disability Determination Service

- Documentation of symptoms and functional limitations - this is the most important step in the process.
Helpful Tips for DDS Medical Determination

• Submit evidence to establish a medical determination:
  • Clinical and laboratory findings
  • Progress notes and chart notes (most important)
  • 4814 as treating source statement
  • ADL Questionnaire (claimant’s testimony; Document 6)
    • 3rd Party Questionnaire (not helpful usually)
  • Physical examination form (Document 8)
  • Evaluation Form for Mental Disorders (Document 9)
Helpful Tips for DDS (continued…)

• Medical opinions
  • Claims filed **before** March 27, 2017: treating source opinion evidence is controlling (must be adopted) if it is well supported by medical evidence and not inconsistent with other evidence.
  • Claims filed **on or after** March 27, 2017: medical opinions will be evaluated equally for persuasiveness based on consistency and supportability.

• Statements and/or questionnaires from medical provider should include:
  • Diagnosis and symptoms.
  • Details of how symptoms are functionally limiting.
  • Statement about substance use and materiality (if relevant).
  • Impairment preventing SGA will last 12 months or longer.
  • Disclosure of representative participation in preparation.

• CEs are generally improper if evidence available from treating source provided.
Helpful Tips for DDS (continued…)

• DDS must communicate with the representative:
  • Authorized Representative (SSA 1696) has authority to act on behalf of claimant (submit evidence, make statements re: facts and law).
  • All contacts with claimant by SSA are required to be made through the representative or with their permission.
Things to Keep in Mind with DDS

• DDS must make every reasonable effort to obtain medical evidence from the claimant’s treating source.
  • DDS must make initial request for evidence.
  • If evidence not received between 10 to 20 days, DDS will make one follow-up request.
  • Medical source has a minimum of 10 days from follow-up to reply.
  • Re-contact with treating source is required if more evidence is needed.
  • CEs cannot be scheduled until every reasonable effort is made to obtain medical evidence from the claimant’s treating source.
What Works With Clients

- Explain the process so clients know what to expect.
- Practice non-judgmental, client-centered, and harm reduction service delivery.
- Help clients make informed choices regarding work or drug use.
What Works With Clients (continued…)

• Assist in securing appropriate health access, which includes discussing medical symptoms and limitations with provider (without qualification or focus on behavior).

• Assist with paperwork, appointments, and medical forms.

• Discuss the importance of regular, ongoing medical care.

• Do not give up representation, appeal denials.
What Works With Medical Providers

• Provide information about SSA rules and legal vs. medical definitions of disability:
  • length of time out of work (one year vs. permanent);
  • importance of symptoms and limitations (rather than diagnosis);
  • materiality and substance use;
  • importance of treating source opinion;
  • the advantage of Department of Rehabilitation.

• Encourage the documentation of symptoms or relate to providers what symptoms the client has reported to you.

• Review letters and forms before they are submitted to SSA.

• Ask provider if they believe the claimant can perform sustained and full-time work.
CLIENT INTERVIEW AND CASE STUDIES
Client Interview

Questions to ask during client interviews for benefits counseling purposes:

1. What is your current income and/or assets?
2. What is your date last worked?
3. Why did you stop working?
4. Who is your current medical/mental health providers? In the past? Any hospitalizations?
5. Do you have medical insurance?
6. What is your immigration status?
Client Interview (continued…)

7. Have you ever applied for Social Security Disability? State Disability?
8. Who do you live with?
9. Do you have any children? How old? Do they live with you?
10. What is your employment history?
11. What are your diagnoses?
12. What are your symptoms?
13. If you were denied Social Security, when were you denied? Did you appeal? If not, why not?
Case Study: Wilma

Wilma stopped working in June 2018 due to severe HIV symptoms. She had been working as a clerk in a small office. She comes to you in July 2018. Her only income is county assistance. She is quite certain that she can go back to work in a couple of months.

• What would you consider for her?
Case Study: Rachel

Rachel has psychotic disorder and symptoms of HIV. She stopped working 2 years ago. She applied for Social Security Disability Insurance 2 years ago, but was denied. She never appealed. You have worked with Rachel for a while and you know that she is reluctant to talk about her symptoms. Currently, she has no income and no health insurance.

- What public benefits program would you consider for her?
- How would you advise her?
Case Study: Tommy

Tommy used cocaine for many years, but stopped using 3 months ago. He started seeing a psychiatrist 2 months ago. He last worked as a laborer in San Francisco about a year ago. He never applied for Social Security. He is on County Assistance right now.

• What are some issues you would consider?
Case Study: Quan

Quan was laid off work on January 1, 2017. He was looking for a job, but then became too depressed to look for work during the summer of 2017. He had worked in California for 5 years when he stopped working. He started seeing a psychiatrist just last week. It is now May 2018.

• What are some of the issues you need to consider for Quan’s case?
Review: Questions/Comments
Training Information:

Program updates are posted on https://sfcommunityhealth.org/program/capacity-building-assistance-and-training/.

Online trainings are posted on eLearning Platform on https://sfcommunityhealth.course.tc/catalog

Registration steps:

• Create an account and log-in.
• A menu of options will be listed under “Available Courses.”
• Select your desired course.

*NOTE: If you already have an account, please use the same log-in to any course both online and in-person.*
Contact Info

Training Team:
Positive Resource Center
- Website: [https://prcsf.org](https://prcsf.org)
- Headquarters/ Legal/ Employment Services
  85 Market Street, 10th Floor San Francisco, CA 94103
  (415) 777-0333

Program Support:
San Francisco Community Health Center
- Website: [https://sfcommunityhealth.org/](https://sfcommunityhealth.org/)
- Main Office
  730 Polk Street, 4th Floor San Francisco, CA 94109
  (415) 292-3400
Resources

Social Security Administration
- [http://www.ssa.gov/](http://www.ssa.gov/)

Employment Development Department
- [http://www.edd.ca.gov/](http://www.edd.ca.gov/)
THANK YOU!