



Aid to the Needy Disabled-State Only (AND-SO) Changes to the Supplemental Security Income (SSI) Application Requirement Pursuant to S.B. 14-012

During the 2014 Legislative Session, S.B. 14-012 Aid to the Needy Disabled Program was approved, creating a 2-year Pilot Program to test strategies to increase the federal Income Assistance Reimbursement rate and to ensure that clients submitted accurate and complete federal disability insurance applications.

Section 26-2-119 (6) (a) C.R.S. (2015) states: The federal supplemental security income application assistance pilot program is created in the state department and referred to in this section as the "pilot program". The purpose of the pilot program is to increase the federal income assistance reimbursement rate for the program for aid to the needy disabled and to evaluate best practices for ensuring that accurate and complete applications for federal supplemental security income and social security disability insurance benefits are submitted by persons applying for or receiving aid to the needy disabled in Colorado.

The program is required to submit a report to the legislature by November 1, 2016, regarding the implementation of the Pilot Program and the outcomes achieved. Statute indicates the report must include the number of applicants assisted, process and strategies used to assist, average time to complete applications, whether SSI was approved and the State received reimbursement, and best practices.

Summary Observations

- SSI applicants who received additional screening and case management assistance through this Pilot had shorter determination wait-times and a higher likelihood of approval than similar applicants who did not receive assistance through the Pilot.
- Those who are approved for SSI benefits were better off financially, replacing the \$189 monthly maximum AND-SO benefit with the more generous disability benefit (often more than \$500 and as much as \$733).
- The net State General Fund expenditure was \$288,551. This is an average cost of \$3,607 for each person served, and \$10,687 per person actually approved for SSI/SSDI.

Background

The Aid to the Needy Disabled-State Only (AND-SO) program is an "interim assistance program" for qualifying people awaiting approval of a federal Supplemental Security Income (SSI) benefit.



The AND program provides cash assistance to individuals who are disabled, poor, unable to work, and who are ineligible for other State cash assistance programs. AND-SO applicants must apply for SSI benefits in order to be eligible for AND-SO benefits¹. In SFY 2015-16, the average monthly AND-SO caseload was 7,143 and total benefit expenditures were about \$16 million.

The Social Security Administration (SSA) will reimburse a state for months for which the recipient receives both SSI and AND-SO; this is called "Interim Assistance Reimbursement" or "IAR." The State received IAR payments of \$3,321,500 in SFY 2014-15 and \$2,622,729 in SFY 2015-16². Due to data limitations, it is not clear if the decline between years is due to fewer successful SSI applications.

The State has had difficulty in estimating the approval rate of AND-SO recipients for SSI benefits due to data limitations. The overall approval rate for SSI applications in Colorado was 33% in SFY 2015-16; when appeals are factored in, the approval rate is estimated to be at least 43%.

Applying for SSI benefits involves financial eligibility determination by the SSA and medical determination by the Colorado Disability Determination Services (DDS). Complete applications with relevant and current medical data usually take less time to process. Of all SSI applications statewide, the current average wait for a determination is 110 days.

Pilot Program Implementation

The statutory requirement was to award a competitive contract to a non-profit or public outreach organization to implement the program. The Department issued an RFP for these services and received one vendor response. The vendor was awarded the contract to implement the Pilot using the nationally-recognized SSI/SSDI Outreach, Access and Recovery (SOAR) model. The vendor was contracted in December 2014. Staff was hired, trained and began work in the first Pilot county by February 2015.

The Pilot included Arapahoe, Jefferson, and El Paso counties to:

- 1) Screen and assess AND-SO applicants for likely SSI/SSDI³ eligibility, and
- 2) Assist likely eligible SSI/SSDI applicants with application development and submission.

Screening and Assessment

The counties used the screening criteria to identify applicants for the program and referred them for services. The vendor then screened referrals and either completed assessments or discharged those who were not considered appropriate by the vendor for the services.

¹ While AND-SO applicants are required to submit an SSI application as an eligibility requirement, the AND program does not provide assistance in doing so.

² The three participating counties, Arapahoe, Jefferson, and El Paso, had combined IAR receipts of \$763,270 in SFY 2014-15 and \$614,659 in SFY 2015-16 representing 23% and 23.5% of the total state IARs respectively.

³ When someone is approved for SSDI, the State is not reimbursed for benefits paid; however, it is seen as a positive result for the applicant.



To be referred to the vendor, a person must have met all seven of these criteria:

1. Have an active AND-SO application or case;
2. Be a citizen of the United States or be a qualified non-citizen who is lawfully present;
3. Be a resident of Colorado;
4. Be eighteen (18) through fifty-nine (59) years of age;
5. Not be incarcerated or institutionalized;
6. Have not been approved for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI); and
7. Not have an SSI/SSDI application in appeal status or active/pending status.

Because we expected the number of “eligible” applicants (that is, they met all seven eligibility criteria identified on the screening form) to exceed the vendor capacity as outlined in the contract with CDHS, the eligible applicants who were not referred comprised a natural control group. Of the 570 AND-SO applicants that met all seven criteria for referral for further assistance, 59 were not accepted due to vendor capacity limitations. Of those, 31 people submitted an SSI application eventually during the Pilot period; this became our control group.

Of the 570 applicants that met all seven criteria for referral, 382 were actually screened by the vendor⁴. While the initial county screening established suitability for referral, the vendor screening served as a secondary vetting to determine whether each referred case was indeed appropriate for services. This suitability was based on likely SSI/SSDI approval. The additional screening requested more information from the applicant in the following areas:

- Identification of the medical condition(s) that prevent from them from working;
- When were they diagnosed and what is their prognosis;
- Description of the current treatment they are receiving for the medical condition(s);
- Identification of their current medications;
- List all their treatment providers for the medical condition(s);
- Identification of hospitalization for their condition(s) to include when and where;
- Last time they worked to include title, duties and duration;
- Reason they stopped working;
- Job History for the past 15 years including title and duties;
- Information about what is making it difficult for them to work and keep a job;
- Declaration of prior treatment for drug/alcohol abuse.

Of the 382 referred and screened by the vendor, 83 were identified as likely eligible for SSI, and received assistance in submitting an SSI application. Of those, 80 had a valid SSI application date and status; this became our treatment group. See Table 1.

⁴ In the vendor’s data, 188 had no referral date and/or no screening date so were excluded from analysis.



For applicants who were considered unlikely to be eligible for federal disability benefits, the vendor outlined the factors that would make them unlikely to be approved and connected them to resources to submit an application independently.

Table 1: Number Assisted

Number of Individuals Assisted			
Screened by County	Deemed Appropriate and Referred	Screened by Vendor	Submitted an SSI Application
1,781	570	382	83

Intervention Process & Strategies Used

The vendor staff were certified in the SOAR model. The SSI/SSDI application process required participants and staff to develop documentation on both the mental and physical health issues, up to 15 years of work history, current financial information, and two years of medical treatment history. The vendor worked with participants to complete the required forms. Application development could include, but was not limited to, holding meetings with the applicant, family members, and service providers; ensuring applicants scheduled and attended medical exams; or communicating directly with SSA. Staff often arranged transportation or helped with other logistical challenges. The level of effort on each client varied, but more challenges existed when the applicants were either homeless or without a reliable phone.

For Pilot Program participants, it took an average of 47 days to submit applications with assistance from the vendor (range 0 - 239 days, median 22.5 days). See Table 2.

Table 2: Average length of time to complete applications

Length of Time to Complete an Application (in Days)							
Count	Mean	Standard Error	Median	Mode	Standard Deviation	Min	Max
48	47.2	8.79	22.5	0	60.88	0	239

*Included all submitted SSI applications (n=83) that had a valid development date (n=48), a date provided by the vendor to indicate when they began collecting the documentation to make the case for eligibility for an application. The distribution is skewed lower, driven by 12 applications that were developed and submitted on the same date (days = 0).

Because the Control Group was not referred to the vendor, there is no comparable development date indicating when work began on the application. We looked at the length of time from AND application date to SSI application date to understand additional differences that may occur in client experiences and timelines before an SSI application is submitted. On



average, treatment group participants experienced 61 days between AND application and SSI application; the control group average was 105 days.

Results

As of early October, 2016, 27 of the 80 Pilot participants had been approved for SSI or SSDI and 33 had been denied. Twenty were still awaiting determination. See Table 3.

Table 3: Federal SSI/SSDI approval

Federal SSI/SSDI Determination Status		
Approved	Denied	Pending
27	33	20

*Out of 83 applications submitted, two had a "reinstated" status; one had an "appeal" status.

Costs

The vendor contract had \$239,490 available each year for a total of \$538,980 to use across the 18-month project period. CDHS spent none of the available funds for internal program operations. The Pilot Program did not receive any gifts, grants, or donations to supplement funding. Participating counties provided in-kind contributions such as office space and equipment for the vendor staff.

The costs per participant were \$3,607 for each person served, and \$10,687 per person actually approved for SSI/SSDI. See Table 4.

Table 4: Total Program Costs for the 18-Month Program

Total and Net Program Costs	
Total State General Fund expenditures:	\$307,973
Federal IAR Reimbursement received to date:	\$19,422
Net State General Fund expenditures:	\$288,551
Net Expenditures per person served:	\$3,607
Per person approved for SSI/SSDI:	\$10,687



Table 5: Federal Reimbursement Received by the State

Federal IAR Reimbursement Received by the State for Pilot Participants			
Total	Mean Per Approval (n=27)	Mean Per Determination (n=60)	Mean Per Application Submitted (n=83)
\$19,422	\$719	\$324	\$234

The refunded amount – whether based per approval, per determination, or per application submitted – does not substantially offset the total cost per case served. See Table 5.

Implementation Challenges

During Pilot implementation, a technical issue arose related to the program’s duration. The bill required the Pilot to continue for two years. The fiscal note appropriated funds for FY 2014-15 and FY 2015-16. Preparation and planning for the Pilot began upon the legislation taking effect, but the vendor contract was finalized in December. Based on the available funding, the vendor contract was effective until June 30, 2016, allowing it to run for only 18 months.

Evaluation

To evaluate the effectiveness of the AND Navigator Pilot, we used a quasi-experimental design with a naturally-occurring control group. See Table 6.

Results

The Pilot was expected to increase the rate and speed of SSI approval among participants.

Table 6: Comparing Treatment to Control Group

	Treatment	Control
Definition:	Met all 7 referral criteria, referred for evaluation, identified as likely SSI/SSDI eligible, received services, submitted an SSI application	Met all 7 referral criteria, not referred for evaluation due to capacity limitations, submitted an SSI application independent of the vendor
Number	80	31
Average Application Completion Time (Days)	47 days (n=48*)	Unknown*



(cont'd)	Treatment	Control
Determination Received during the Pilot (Jan. 2015 - Sept. 2016)	75% (60 of 80)	90% (28 of 31)
Days from AND application to SSI application	61.6 days (n=71)	104.8 days (n=23)
Days from SSI application to SSI determination	136 days (n=60)	232 days (n=28)

* Because these applications were developed independently without assistance, no data exist to track when the applicant began working on the application relative to its submission date.

Outcome 1: Increased Rate of SSI Approval

The goal was to increase the rate of approval; that is, that a person would be more likely to attach to SSI if they received assistance than if they had not during the Pilot period. See Table 7.

Thirty-four percent (34%) of the treatment group (27 applications) were approved during the Pilot period, compared to 10% (3 applications) of the control group. Treatment group participants were less likely to receive a determination at all during the Pilot period (75% received determination vs. 90% in control). Of all the treatment group participants who received a determination, 45% were approvals (55% denials); in the control group, 11% were approvals (89% denials).

Table 7: Determinations

	All Clients		Of those who received a Determination	
	Treatment (n=80)	Control (n=31)	Treatment (n=60)	Control (n=28)
Approved	34% (27 of 80)	10% (3 of 31)	45% (27 of 60)	11% (3 of 28)
Denied	41% (33 of 80)	81% (25 of 31)	55% (33 of 60)	89% (25 of 28/)
Pending	25% (20 of 80)	10% (3 of 31)	n/a	n/a

Outcome 2: Attach more quickly to SSI

The goal was to decrease the time an SSI applicant waited from SSI application to SSI determination. (Note: there was no difference in the average amount of time depending on the outcome of the application, approved vs. denied). See Table 6.



Treatment group participants waited an average of 136 days from SSI application to determination; the control group average was 232 days, which suggests a meaningful difference between the two groups.

Note the small size of the control group in this study (31 applications, compared to 80 in the treatment group), which limits the reliability of the findings.

Discussion

If we look only at similar individuals who submitted an SSI application, those who received services as part of the treatment group were more likely to be approved for SSI during the Pilot than were individuals who did not receive application assistance. Individuals who received the Pilot navigation services were more likely to attach to SSI and did so more quickly than those in the intended control group.

This suggests that for a portion of AND applicants applying for SSI, the secondary screening and application assistance increased SSI attachment and speed of determination. Referred cases received a second-round of screening that ostensibly met the criteria to receive assistance.

Of 382 applications meeting service criteria, 289 were discharged; that is, they did not receive services. Over half of these cases already had pending SSI applications or were denied AND assistance, meaning they were inappropriate referrals. Others were discharged for reasons that were less clearly an inappropriate referral; for example, 33 people were discharged after the second screening because they were “unlikely to attach to SSI,” often due to “lack of medical evidence.” See Table 8.

Table 8: Discharge Reasons for Cases Referred to the Vendors

Discharge Reasons for Applicants who Met Service Criteria	% of Discharges	
Met Criteria for Service	382	
Discharged (did not receive services)	289 (75.7% of 382)	
Discharged: “Inappropriate Referrals”	Total: 164	56.7%
• Not found eligible for AND; or	109	37.7%
• SSI app already submitted; or	50	17.3%
• Already working with a guide/lawyer	5	1.7%
Discharged: “Unresponsive”	45	15.6%
Discharged: “At Capacity”	40	13.8%
Discharged: “Unlikely – Lacks Medical Evidence”	33	11.4%
Discharged: “Withdrew”	12	4.2%
Discharged: “Other”	4	1.3%



Thus, we cannot distinguish the effect of the additional screening from the other navigation services offered (building the application, etc.).

Assuming the screening of control group participants would have resulted in the discharge of cases that were unlikely to attach to SSI as well, the composition of the control group would change (fewer unlikely SSI/SSDI cases), possibly mitigating the difference in outcomes between the treatment and control groups.

Performance of applications submitted for additional assistance compared to that of applications submitted without assistance suggests that the former group is more likely to have an application approved, and that they will likely receive a determination sooner. However, the group of individuals served were the most likely to attach to SSI. The intended control group in this study consisted of individuals who appeared to meet the criteria outlined to receive services based on the initial screening tool. The secondary screening performed further winnowed the potential treatment group, differentiating it from the intended control group and tilting it towards those more likely to be approved.

However, when a similar group was referred, 36% of those individuals were discharged despite being valid referrals, mainly for the following reasons (see Table 8):

- These applications were unlikely to attach to SSI (n=33)
- The participants were unresponsive (n=45)
- Staff was at capacity and did not have time to complete an application thoroughly (40).

Best Practices

This pilot increased our understanding of how to identify SSI-eligible individuals, which if allowed statutorily, can guide State AND-SO policy to ultimately attach more AND-SO participants to SSI and to do so more quickly than we currently do. This is financially beneficial to both AND-SO participants and to the State.

This pilot could not confirm whether providing screening and SOAR-certified services can be considered a “best practice” for increasing SSI attachment because the control group was not sufficiently identical to the treatment group in this study, despite careful design. Those receiving services were selected from people who passed the initial screening based on their likelihood to be approved for SSI. Existing evidence suggests providing SOAR-certified services to AND-SO applicants may be a “promising practice”; we do not have evidence to label it a “best practice.”

Conclusion

Because the control group was not subjected to a secondary screening, it is hard to draw conclusions from these results. Evaluators did not anticipate the secondary screening; therefore, the planned control group does not match the treatment group as well as is necessary for accurate comparative analysis. As it stands, the treatment group was selected



based on their likelihood for SSI/SSDI approval in a way that the intended control group was not; thus, we would expect members of the treatment group to be more likely to attach to SSI/SSDI and to do so more quickly, as the data support.

To date, the average net State General Fund expenditures of \$288,551 have equated to \$3,607 for each person served, and \$10,687 per person actually approved for SSI. Increasing the proportion of approvals to denials among cases that have received a determination would increase IAR reimbursement received. However, this project did not demonstrate that navigation services, when applied to SSI applicants who are most likely to be eligible, have any effect on the likelihood that an application will be approved instead of denied.

