



Office of Regulations
Social Security Administration
107 Altmeyer Building
6401 Security Boulevard
Baltimore, MD 21235-6401

RE: Docket No. SSA-2011-0087

Dear Sir or Madam:

These comments are submitted on behalf of the Corporation for Supportive Housing in response to the Social Security Administration's (SSA) request for comments on the federal register posting titled: 'Supplemental Security Income and Homeless Individuals'.

CSH has 15 offices in 11 states and the District of Columbia. We are a national nonprofit organization and Community Development Financial Institution (CDFI) that helps communities create affordable housing with integrated high-quality services (permanent supportive housing) to prevent and end homelessness.

Request for Comments

We appreciate the opportunity to comment and assist SSA as you develop policies to improve access to SSI and SSDI for homeless populations. Here are our comments on the questions posed:

1. What is your experience with SSI recipients in homeless shelters?

Unfortunately, people experiencing homelessness stay in emergency shelters too long, with few opportunities to gain access to affordable housing, even while on SSI. Due to the cost of housing, SSI only marginally helps people exit shelter and move into permanent housing. Data shows that only 30 affordable and available rentals existed for every 100 extremely low-income renters in 2010. Unfortunately, this trend is worsening, rather than improving, as more Americans turn to the rental market for housing. The fair market rent for an average apartment was \$960 per month nationwide. Even if sharing housing, this rent is far too high for most people experiencing homelessness to qualify, let alone raise a security deposit.

Also, SSI recipients are typically in need of some range of supportive housing because of difficulties maintaining housing without access to voluntary and flexible support services.

In addition, no one wants to live in a shelter and SSI recipients are no different. The range of shelter experiences varies greatly. Many only provide temporary shelter from the weather for a portion of the day (sometimes limited to a ten hour stay). Shelters often have rules for access, time constraints for staying, and general unpleasantness (unsanitary, unsafe, etc) so any person experiencing homelessness has a very poor experience in shelter. On the positive side, some shelters have case management staff who help clients complete an SSI application process and act as a representative payee once eligibility is approved. However, this is not consistent among shelters and the rules one must follow to get these services can be constraining.

2. In your experience, do both public and private homeless shelters meet the needs of the homeless in the same way? If they differ in how they meet the needs of the homeless, how do they differ?

Categorizing shelters as public or private to compare services offered is inadequate. Shelter settings and rules vary widely. Some are only part-time beds or foam pads that provide places to stay out of the weather, while others are one-stop centers with showers, employment training, mobile health services, etc. Whether the shelter receives public funds or is considered private under SSA regulations does not play a significant role in determining the services delivered. Either way, shelter does not meet the basic need of permanent housing for residents. Often shelters cause more trauma and instability in the client's life. For many with disabilities, the only way out of the shelter system is through some form of stable income, like SSI, to save money and access housing subsidies, with the goal of moving into permanent housing.

3. Do individuals rely on public emergency shelters exclusively to address short-term needs, or is transitioning out of such shelters into permanent housing becoming more difficult? Is the short-term assistance provided by public emergency shelters meeting the transitional needs of SSI recipients?

Transitioning out of shelters into permanent housing has always been difficult, often more so for people with disabilities. SSI recipients are older and more disabled than non-SSI recipients. Thus, these clients need housing connected to services which is lacking in many communities. Also, if the person has a history of incarceration, that person faces additional barriers to accessing housing, since many public housing authorities have rules against giving vouchers to people with criminal records.

More importantly, homeless shelters do not equal permanent housing. Shelters do not—and are not meant to—address any needs other than protection from weather. Shelters do not always provide food, bathing facilities, clothes, or health services. If they do offer these services, the services are rarely all free of charge. In addition, sometimes there is a fee for entry into the shelter itself. Therefore, few basic needs are met in a shelter (regardless of being public or private). In addition, shelters can be unsafe and scary places. Those living in shelters may have untreated mental illness or engage in criminal activity making people worried about theft, rape or substance use.

For the reasons above, public shelters do not meet the needs of clients. SSI income allows homeless clients to pay shelter fees for basic services, buy food when no other option is available and save money to access housing eventually when subsidies become available.

4. What specific needs do public emergency shelters meet?

The only need public emergency shelters universally meet is providing indoor space away from the outside elements. As explained above, there is wide variation among shelters and the services they provide. It is not even the case that the services are free; therefore, income is necessary to access services.

5. Do public emergency shelters usually address the health care needs of individuals in the shelter? To what extent do individuals in public emergency shelters rely on Medicaid to meet their health care needs?

Typically, public emergency shelters do not provide access to health services. Those experiencing homelessness access health services either through health care for the homeless clinics, other public health clinics, or emergency rooms. Medicaid coverage is the only way homeless populations can access usual sources of care, but many areas have few mainstream doctors or mental health professionals who accept Medicaid. Medicaid does ensure that providers who deliver care to homeless patients receive payment. Emergency rooms, public health clinics and health care for the homeless clinics that can receive Medicaid reimbursement depend on client eligibility to reduce uncompensated care costs. Without Medicaid, these providers would struggle to stay open. Therefore, maintaining Medicaid is critical to allow service providers to receive payment and maintain high quality staff. If providers know they will not be compensated for services, it limits what they can offer the patient and can compromise the patient's health outcomes. Also, as SSI recipients, who often have complex health needs and need additional specialty care as they age and remain homeless, Medicaid is essential because specialists rarely offer uncompensated health services.

In the big picture, emergency shelters (whether public or private) are not and should not be considered a desirable destination for people experiencing homelessness. Addressing homelessness means addressing barriers homeless people face in accessing and maintaining housing stability. One such barrier is poor physical health and untreated mental illness. Hence, federal policy does not promote, and should not promote the notion that people in public emergency shelters “rely on Medicaid”; rather, people in emergency shelters need Medicaid to obtain basic health care necessary to survival, as well as to access permanent housing. For SSI recipients, the combination of housing and services help people experiencing homelessness survive on a short-term basis until able to access permanent shelter and then improve their health outcomes.

6. Do residents of public emergency shelters usually lose their Medicaid coverage if they stay longer than 6 consecutive months and their SSI is suspended?

Two-thirds of states link Medicaid eligibility with SSI benefits and, in these states, suspending SSI means interrupting Medicaid coverage. Expanded Medicaid coverage in 2014 does not alleviate this problem. In 2014, Medicaid eligibility will be based on income, rather than disability categorization; however, categorical eligibility based on disability will continue to dictate the benefits Medicaid recipients will receive. People with SSI will most likely have a deeper benefits package. If SSI is suspended, while the person’s needs would not change, the benefits for which they are eligible will be reduced. As mentioned above, Medicaid coverage is vital for people experiencing homelessness to access care and ensure providers receive reimbursement for delivered services.

7. Do current SSI eligibility rules present obstacles to homeless individuals who are in need of emergency shelter?
8. Do current SSI eligibility rules present obstacles to individuals who are trying to transition from a public emergency shelter to a permanent living arrangement?

Combined Answer for Questions 7 and 8:

Emergency shelter should not be the goal for people experiencing homelessness. The desired result is permanent housing and for most SSI recipients this housing must be coupled with supportive services. The slow SSI application approval process limits access to permanent housing. Programs are developing ways to supplement income for supportive housing residents until they receive SSI, but resources for these programs are tight. The SSI eligibility process has inherent obstacles for homeless individuals. People experiencing homelessness do not have regular access to mail, rarely have identification documents, lack access to medical and mental health records, and have difficulty navigating the appeals process. The SSI/SSDI Outreach, Access and Recovery (SOAR) initiative has helped implement processes that expedite the SSI

application process for homeless individuals. These lessons should be evaluated both to institutionalize nationally SOAR practices and determine what can be applied to the SSI applicant population at large. Some recommendations include:

- Issuing a directive to field offices to ensure more consistent application of the SOAR process (flagging homeless applications, training on special circumstances for homeless populations, implementing processes in all regions)
 - Review the Living Arrangement definition and application – where someone lives on the 1st of the month is not an accurate measure of homelessness
 - Expand list of acceptable medical sources for all SSI applicants to include nurse practitioners, physician assistants and licensed clinical social workers
 - Issue guidelines on how to consider substance use disorders in processing applications to ensure consistency across the country
 - Expedite connecting people with SSI prior to release from jails, prisons, and state mental health hospitals or other institutions.
9. After residing in a public emergency shelter for 6 months, do SSI recipients tend to remain there until they can transition to a permanent living arrangement or do they consider other options?

Shelter residents are always weighing their limited options as they try to access permanent housing. Living on the streets is a difficult balance. Accumulating enough wealth to leave homelessness while living in an unstable, unsafe environment with no family support is extremely problematic. Setbacks are devastating for the individual and expensive for the taxpayer in terms of additional emergency and criminal justice resources. Good public policy means moving people into permanent housing as quickly as possible.

As to tracking shelter residents and how long they have been in that shelter or any shelter (if the community has more than one) requires more sophisticated data collection than shelters currently have the capacity to perform. Emergency shelters often keep very minimal information on each night's clients and this information is rarely linked to SSI data.

However, people experiencing homelessness do have other options. These options are not desirable or help the person move to permanent housing. Those with SSI often are not able to access the same shelter each day due to rules or availability, leaving no option but sleeping on the street, sometimes risking death due to exposure to the elements or victimization. Sleeping on the streets can also result in arrest and incarceration, simply for violating local quality of life laws. Income may allow them to access short stay hotels or other temporary housing, but their income does not permit these stays for longer than a few nights.

Unfortunately, people cycle from the streets, shelter, hospitals and jail, bouncing around with no stability. No one is sustainably housed in a shelter setting. Many would, in fact, prefer sleeping on the street.

Sincerely,

A handwritten signature in black ink that reads "Deborah De Santis". The script is fluid and cursive, with the first name "Deborah" and last name "De Santis" clearly legible.

Deborah De Santis
President & CEO