

A close-up photograph of a person's hand holding a pencil with a green eraser tip, writing on a piece of paper. In the background, a laptop is open on a desk, and another person's hands are visible typing on the keyboard. The scene is brightly lit, suggesting a classroom or office environment.

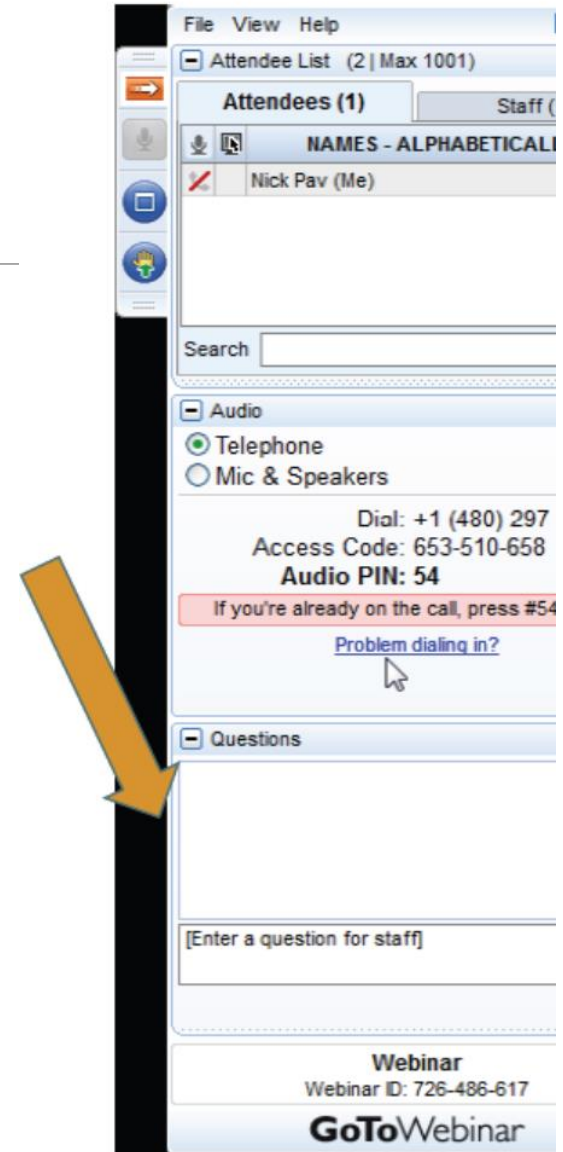
ALLIANCE
for **CHILDREN'S**
RIGHTS

FEBRUARY 2021 POLICY WEBINAR

**Drafting an SSI Application
for Children in Foster Care**

Logistics

- Webinar resources, including recording and supplemental materials, will be posted at <https://allianceforchildrensrights.org/resources/>
- All attendees are muted during webinar.
- Please submit questions using the “Questions” function on your GotoWebinar dashboard.
- Email Ines Rosales at irosales@allianceccr.org if you experience technical difficulties.



Presenter

- Angie Schwartz, Alliance for Children's Rights

SSI for Under 18

When, Why & How

Training Overview

- What is SSI and When and Why Is it Critical for Children Under 18 in Foster Care?
- What is Required for SSI Eligibility?
- County Responsibilities for Under 18: Screen for SSI Eligibility & Prepare SSI Applications
- SSI Application Process for Children in Foster Care
- Contacts & Resources

*SSI FOR
CHILDREN IN
FOSTER CARE
UNDER 18*

What is SSI & Why Is It Critical for Children in Foster Care with Special Needs?

***What is
Supplemental
Security
Income
("SSI")?***

SSI is a federal program that pays a monthly benefit and provides Medi-Cal to persons with qualifying disabilities.

Why Is SSI Vital for Children Who Have Disabilities?

Provides:

- Monthly income
- Support as long as the disability, income and resources criteria are met (can be for life)
- Medi-Cal beyond age 26

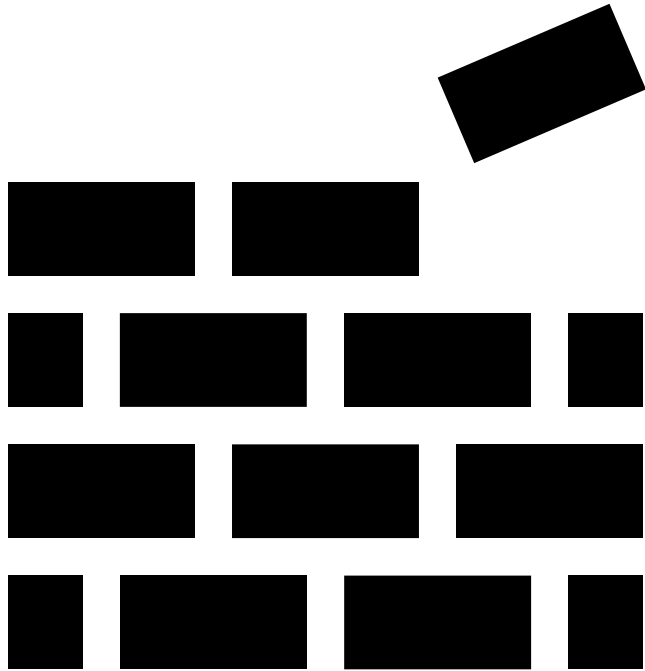
May qualify youth for:

- Permanent affordable housing
- Vocational training

Allows caregivers to continue support after youth exit foster care.



SSI/SSP Benefits



Medicaid + Cash Benefit

- Disabled child - \$859.15
- Disabled child in the home of another - \$598.01
- Independently living adult - \$954.72
- **Non-Medical Out of Home Care: \$1,217.37**

Children who are not living with their parents (applies to youth living with a foster parent, relative caregiver, or guardian) must complete the [SSP 22](#) to get the full benefit.

	Federally Eligible	Not Federally Eligible
Foster Care Rate (ISFC)	\$2,609	\$2,609
SSI Rate	\$1206	\$1206
Offset	SSI offset to zero by foster care – youth receives \$2609 in federal AFDC-FC	Foster care benefit offset by SSI. Youth receives \$1206 in SSI and \$1403 in state-only foster care

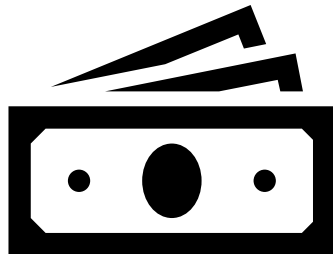
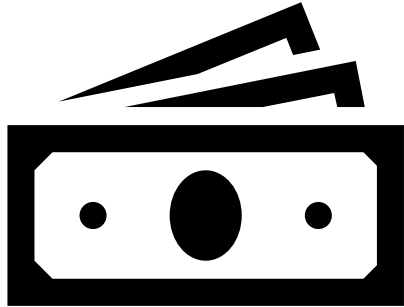
Caregiver receive an amount equal to the higher of the two rates if a minor youth living with caregiver is eligible for foster care funding and SSI.

When youth are federally eligible, they generally are not eligible to receive any SSI benefit

Foster Care Funding vs SSI – Offsetting Rules

Suspending SSI Benefits for Children in Foster Care

- **Children and youth in foster care cannot receive both the full amount of SSI and the full amount of federal foster care funding at same time.**
- If youth is approved for SSI but receives federal foster care in excess of SSI, the SSI benefits are put into suspense. They can remain in suspense for 12 months. If no SSI is paid during the 12 months, SSI eligibility is terminated.
- To maintain eligibility, county can take SSI out of suspense once every 12 months – foregoing the federal foster care funding – so the youth receives an SSI payment and the 12-month clock is reset
- Once foster care funding ends at 21, SSI should be taken out of suspense and NMD should become payee so that NMD can receive SSI benefits when they exit care.



Representative Payee

- A legal guardian or caregiver can become payee by making a request with the local Social Security Office.
- **County should be the payee of last resort.**
 - “The county shall apply to be appointed representative payee on behalf of a child beneficiary in its custody when no other appropriate party is available to serve.”
- **Payee should be switched to minor youth’s caregiver** or other appropriate person who is managing youth’s finances when the minor youth exits care if County was serving as the payee.

Duty of Representative Payee

Representative payee must first use the SSI benefits for minor/NMD's current basic needs:

- food,
- clothing,
- housing,
- medical care, and
- personal comfort items.

After paying for needs, representative payee must save any money left for minor/NMD, preferably in a no-cost, interest-bearing maintenance account.

- ✓ Funds **SHOULD NOT** be commingled with other funds (including representative payee's funds, e.g., allowance).


May be asked how money was spent and saved:

- representative payee accounting report,
- annual representative payee accounting report,
- SSI redetermination of eligibility or request for a continuing disability review.

DRAFTING SSI
APPLICATIONS
FOR CHILDREN IN
FOSTER CARE


What is Required for SSI Eligibility?

SSI Eligibility Requirements



Income

- Little or no income **and** little or no resources



Impairment

- A physical and/or mental impairment that:
 - has or will last 12 months or result in death; **and**
 - **limits functioning** (different meaning for children versus adults)



Citizenship

- U.S. Citizen (or certain categories of immigrants)

Functional Limitation Standard

Children

- “Marked or severe functional limitation” – child cannot function in an age appropriate manner

Adults

- **Cannot work**
 - “Work” means engaging in “substantial gainful activity”
 - How do you show you cannot work due to your disability?
 - Your impairment meets or equals a “listed impairment”; OR
 - Your impairment prevents you from returning to your past relevant work and from doing any type of work existing in significant numbers in the national economy

Presumptive Disability

Allows for Faster SSI Approval and Temporary Funding During Assessment Process

Impairments that may warrant finding of presumptive disability/blindness:

- Amputation of leg; bed confinement or immobility without wheelchair; difficulty walking or using arms or hands due to stroke or spinal cord injury
- Deafness
- Blindness
- Cerebral Palsy or Muscular Dystrophy
- Down Syndrome or neurodevelopmental impairment preventing basic self-care
- ALS or end-stage renal disease requiring dialysis
- Prematurity with birth weight of < 1200 grams; or
- HIV/AIDS
- Terminal illness with < 6 months to live

Medical criteria for the evaluation of children under 18 can be found here:

<http://www.ssa.gov/disability/professionals/bluebook/ChildhoodListings.htm>

Examples of categories of disabilities:

- 103.00 Respiratory System
- 111.00 Neurological
- 112.00 Mental Disorders

Disability Listings

If the child does not meet one of the listings, then SSA looks at the Six Domains.

- Must show marked limitation in two domains *or* extreme limitation in one domain in order to meet or equal the listings.

Domains

Six Domains

1. Acquiring and Using Information
2. Attending and Completing Tasks
3. Interacting and Relating with Others
4. Moving About and Manipulating Objects
5. Caring for Yourself
6. Health and Physical Well-Being

See 20 CFR 416.926a(c)(4)

POMS DI 25225.020B: impairment “interferes seriously with ability to independently initiate, sustain, or complete activities.”

All children (birth to 18): valid score that is 2-3 standard deviations below mean on “comprehensive standardized test” designed to test abilities/functioning in domain, AND day-to-day functioning is consistent with that score. Ex: Vineland score of 69 on test w/ mean=100, sd=15

Domain 6 (Health and physical well-being): "marked" limitation if frequently ill because of your impairment(s) or have frequent exacerbations of your impairment(s) that result in significant, documented symptoms or signs.

Frequent means episodes of illness or exacerbations an average of :

- 3x/year, or 1x/4 mos., each lasting 2 weeks or more.
- More than 3x/year or 1x/4 mos., lasting under 2 weeks, OR
- Equivalent in severity

Marked Limitation

Extreme Limitation

POMS DI 25225.020C: Impairment
“interferes very seriously with ability
to independently initiate, sustain, or
complete activities.”

More than marked

All children: Standardized test scores
at least 3 SD below mean. Ex.:
Verbal IQ =53, Mean =100, SD=15

This domain covers what we generally think of as “intelligence,” most academic skills, as well as applied skills such as being able to explain things to others, follow directions, etc.

- IQ tests: Wechsler Preschool and Primary Scale of Intelligence, Bayley Scales of Infant Development, Woodcock-Johnson , UNIT/TONI (non-verbal)
- Applied skills: Vineland Adaptive Scales, various speech assessments (PLS, Goldman-Fristoe), PPVT, Achievement Scales
- Neuro tests: Visual-Motor Integration, trail-making, etc.
- Learning Disabilities: specific, non-specific, dyslexia, etc.

Acquiring and Using Information

Attending and Completing Tasks

- Obvious problems: attention disorders (ADD/ADHD)
- Less obvious: alertness, ability to transition from one activity to another, ability to sustain effort and complete tasks on time, managing frustration appropriately
- School reports might show: attendance problems caused by impairment, incomplete assignments, leaving class, behavior problems during transition times (lunch, recess, etc.)
- Many psych meds have side effects (lethargy, drowsiness, dyskinesia) that impact this domain

Interacting & Relating with Others

- “Social Skills”
- Conduct problems
- Communication problems (content/articulation)
- Relationships w peers, family, school adults
- Dx: “ED” label, anxiety disorders (including PTSD), personality disorders/tendencies (paranoid, dependent, etc.), depression w isolation, psychosis (incl schizophrenia)



Moving About and Manipulating Objects

- Fine-motor and gross-motor skills
- Dx: physical impairments, dysgraphia, brain injury with VMI problems, dyspraxia

Caring for Yourself

Self-help skills: caring for self and cooperating with others who care for you

- Age-appropriate skills like bathing, feeding, dressing, toilet-training, communicating basic needs
- Cooperating with medical treatment, taking meds
- Self-harming behaviors, including suicidality
- Developing and using coping skills to deal with emotions





Health and Physical Well-Being

In addition to diagnosed medical/psychiatric problems, look for:

- Generalized symptoms: weakness, dizziness, agitation (e.g., excitability), lethargy (e.g., fatigue, low energy or stamina), or psychomotor retardation
- Somatic complaints related to impairments: seizures/convulsions, headaches, incontinence, allergies, weight or eating problems, stomach pain, nausea, headaches, or insomnia
- Physical limitations due to treatment (e.g., medication, chemotherapy, multiple surgeries, nebulizer treatments).

*BUILDING A
STRONG SSI
APPLICATION*

County Responsibilities: Screen for SSI Eligibility & Prepare SSI Applications

Screen for SSI Eligibility

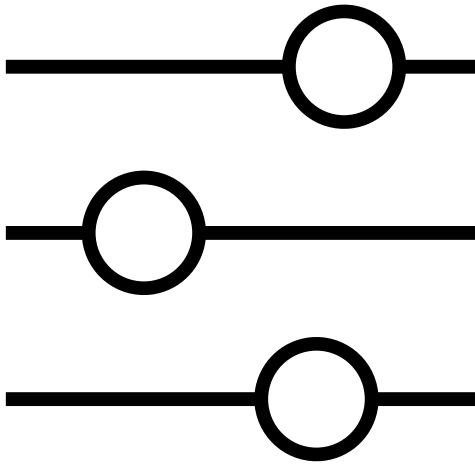
County Responsibilities During Case Planning

- **Refer to the LA DCFS Screening Guide** for factors that indicate potential and presumptive disability.
- **Complete the SSI Screening** via the DCFS Referral Portal regardless of the child's age in all of the following cases:
 - Change in eligibility circumstances (excess income/property, type of placement, immigration status, case plan goal, etc.) including when children are expected to exit foster care in less than a year (adoption, guardianship, reunification, emancipation/transition).
 - Court order to make a referral for SSI
 - Youth is not receiving SSI because they are receiving federal AFDC-FC to cover placement costs that exceed SSI limit and the child no longer meets eligibility criteria to continue receiving AFDC-FC
- **All youth **must** be screened between 16.5 and 17.5 years of age, even if they are going to remain in foster care until age 21.**

Why Is It Important to Complete SSI Determination Before Age 18?

- **Evidence used to establish SSI eligibility for a child helpful in establishing ongoing eligibility for a youth adult.**
- Ensuring SSI is in place at age 18 provides youth maximum flexibility and choice among benefits, services and supports.
- Because it can take SSA six months or longer to process SSI application, need to start process long before 18th birthday.
- **Even if a youth is determined to no longer meet disability criteria after turning 18, they can continue to receive SSI if:**
 - Youth is participating a vocational/employment program that will increase the likelihood of not needing SSI in future, or
 - Youth is continuing to participate in an IEP program at school.

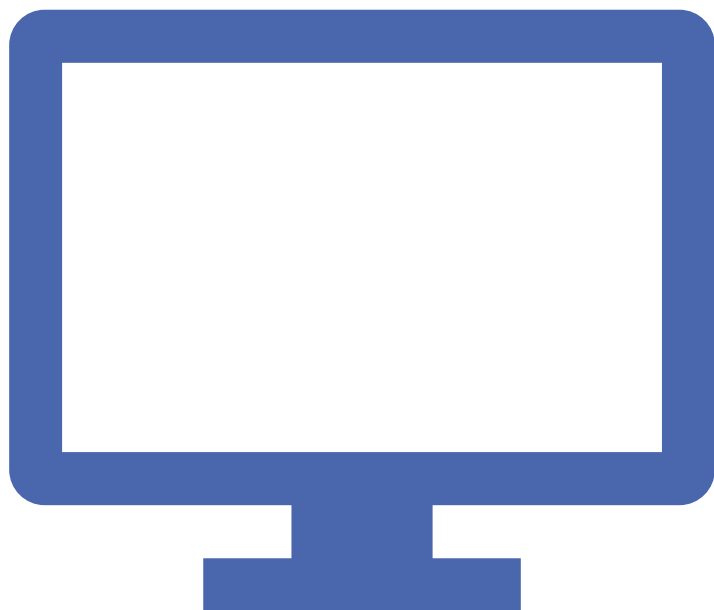
Screen for SSI Eligibility & Submit SSI Application



Goal: Ensure that TAY with disabilities make a safe, supported transition out of foster care.

County Responsibilities

- **Screen** all youth who are in foster care and are between the ages of 16.5 and 17.5 years of age for a physical or mental disability using an “SSI Disability Screening Guide.”
- **Submit** an SSI application on behalf of those youth who are determined likely eligible for benefits.

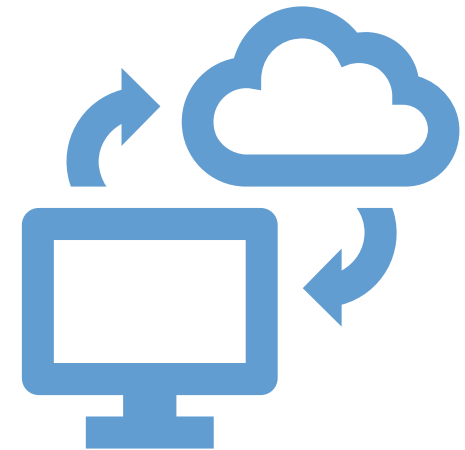


Eligibility Screening

- All youth **must** be screened before age 17.5, even if they are going to remain in foster care until age 21.
- SSI Disability Screening Tool can be completed via the DCFS Referral Portal on LAKIDS.

What Happens If It's A Positive SSI Screen?

- Screening will automatically be emailed from DCFS Referral Portal to SSI Unit in-box if there are any “yes” answers on SSI Screening.
- SSI Unit and CSW will initiate SSI application process once SSI Unit receives positive screening/referral.



Family Maintenance Cases

*During
Next
Contact*

Encourage parent to make an application on behalf of child

If parent is on CalWORKs, **explain benefits**

Work with parent to complete application

Eligibility Screening: CHILD



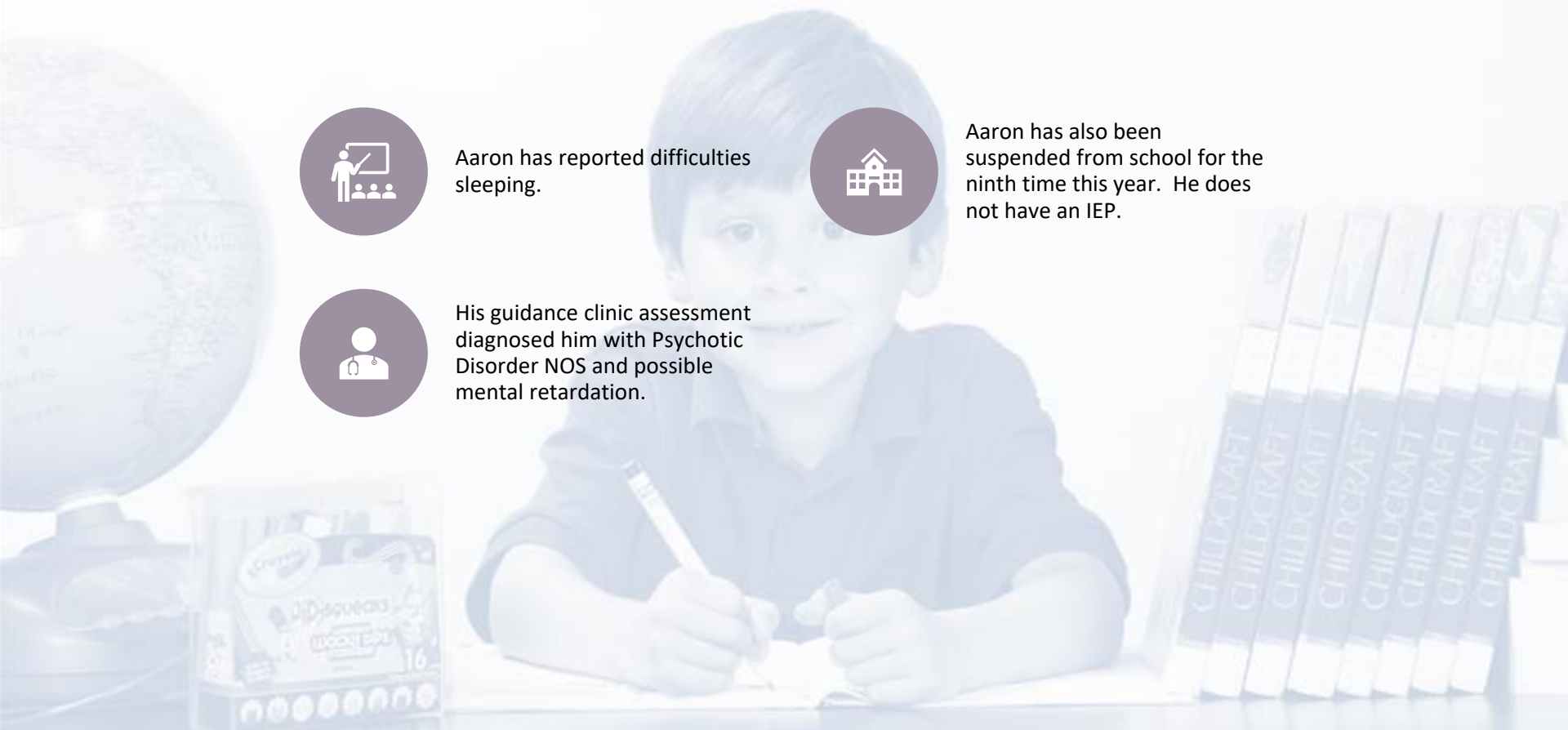
Aaron has reported difficulties sleeping.



Aaron has also been suspended from school for the ninth time this year. He does not have an IEP.



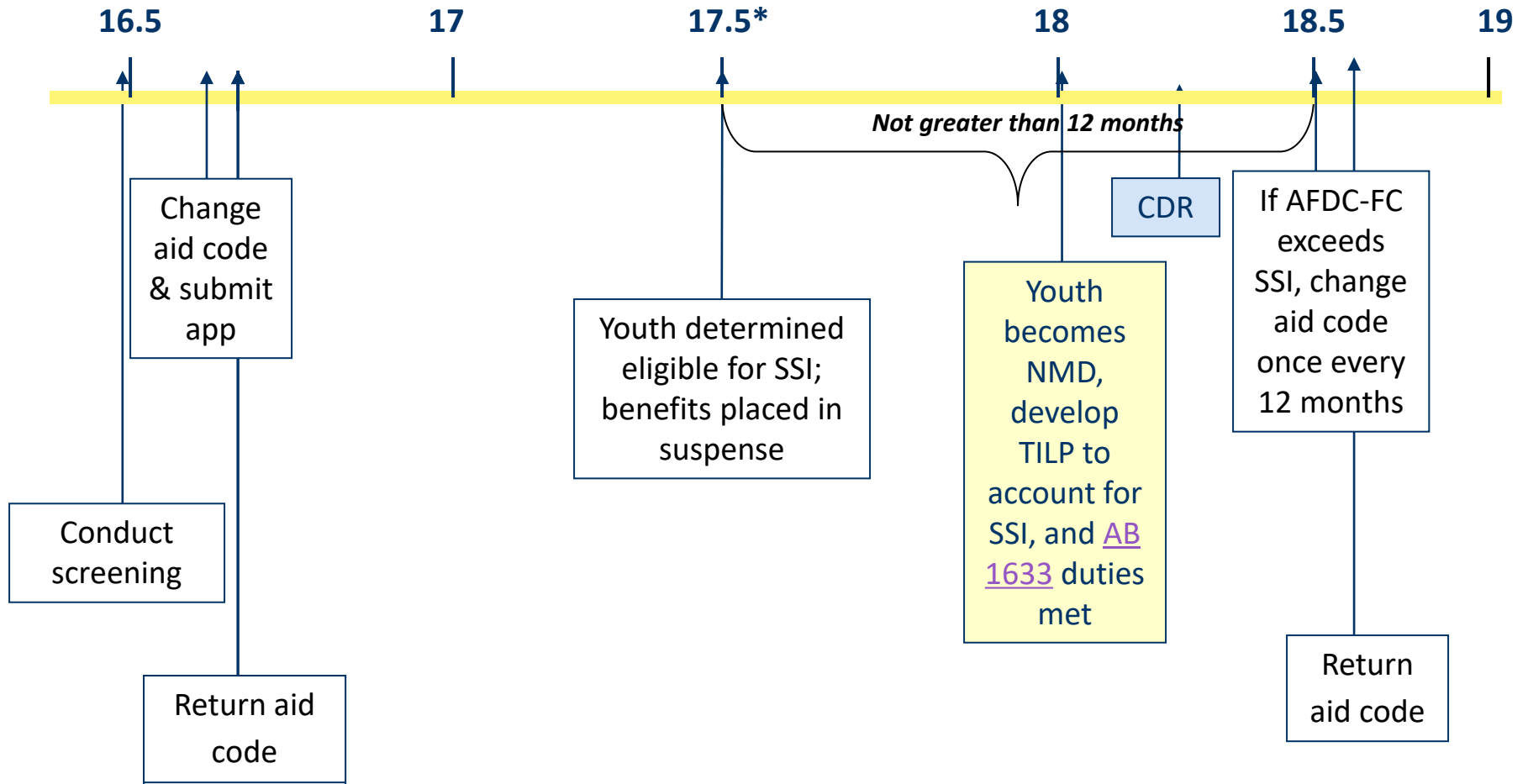
His guidance clinic assessment diagnosed him with Psychotic Disorder NOS and possible mental retardation.



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APPLICATIONS FOR
CHILDREN IN FOSTER
CARE

WHEN: SSI Applications For Children Under 18

Suggested SSI Application Timeline



Overview of SSI Process: Step 1

Application

Should be submitted to SSA within 6 months of screening, or sooner as needed to ensure SSI is in place before youth exits care

Can take up to 6 months to receive decision

Almost always denied

Overview of SSI Process: Step 2

Reconsideration

60 days to request reconsideration after denial

Can take an additional 3-4 months to receive decision

Opportunity to submit new/additional evidence

Most are denied

Overview of SSI Process: Step 3

Administrative Hearing

60 days to
request hearing
after denial

Can take 6+
months

Youth may need
to testify before
administrative
judge

Best Practices for Preparing & Submitting Applications

- Use **existing, recent records** instead of relying exclusively on caregiver or child to provide information:
 - Medical and Mental Health Records
 - DCFS Health & Education Passport
 - Education Records
 - Special Education Evaluations & IEPs
 - Regional Center Evaluations & IPPs
 - Provider Contact Information
- When analyzing records and gathering information from NMD, **focus on how child's impairments impact their functioning.**
- Remember that you are the child's advocate and representative for purpose of seeking SSI benefits—**present information in a persuasive way.**

Submit early to ensure that NMD exits care with SSI benefits.

Track appeal deadlines and submit timely appeals.

- If appeal is not submitted timely, youth may need to restart process, losing time and retroactive benefits.
- **Do not decide to forego an appeal without consulting the youth.**
 - *Appeals decisions are the youth's to make.*

Best Practices for Preparing & Submitting Applications



Lack of medical or education records



Failure to engage treating provider to obtain necessary information



Lack of detail in SSI application forms regarding child's medical issues

Common Reasons Why SSI Applications Are Denied

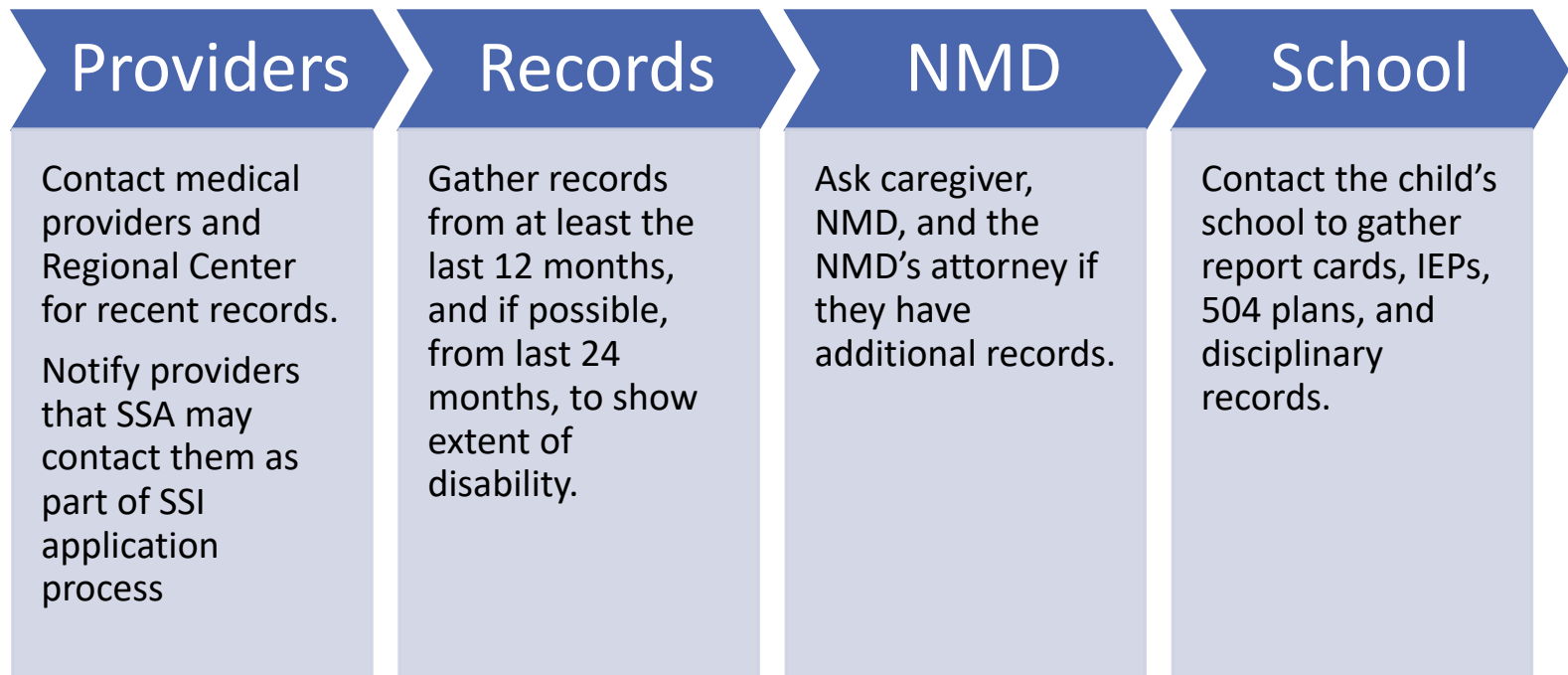
Limitations due to disability

Delay in timely filing application or appeal

Caregiver and/or youth are told to prepare and submit SSI application on their own instead of CSW & SSI Unit taking the lead in preparing and submitting application

Common Reasons Why SSI Applications Are Denied

Preparing the SSI Application: Gather Facts



Preparing the SSI Application: Prepare Forms

Key Facts

CSW uses medical records to create key facts summary which guides completing application forms

Include diagnoses, assessments, symptoms, functional limitations, hospitalizations, medications, and educational, mental health, developmental, and vocational services, and list of providers

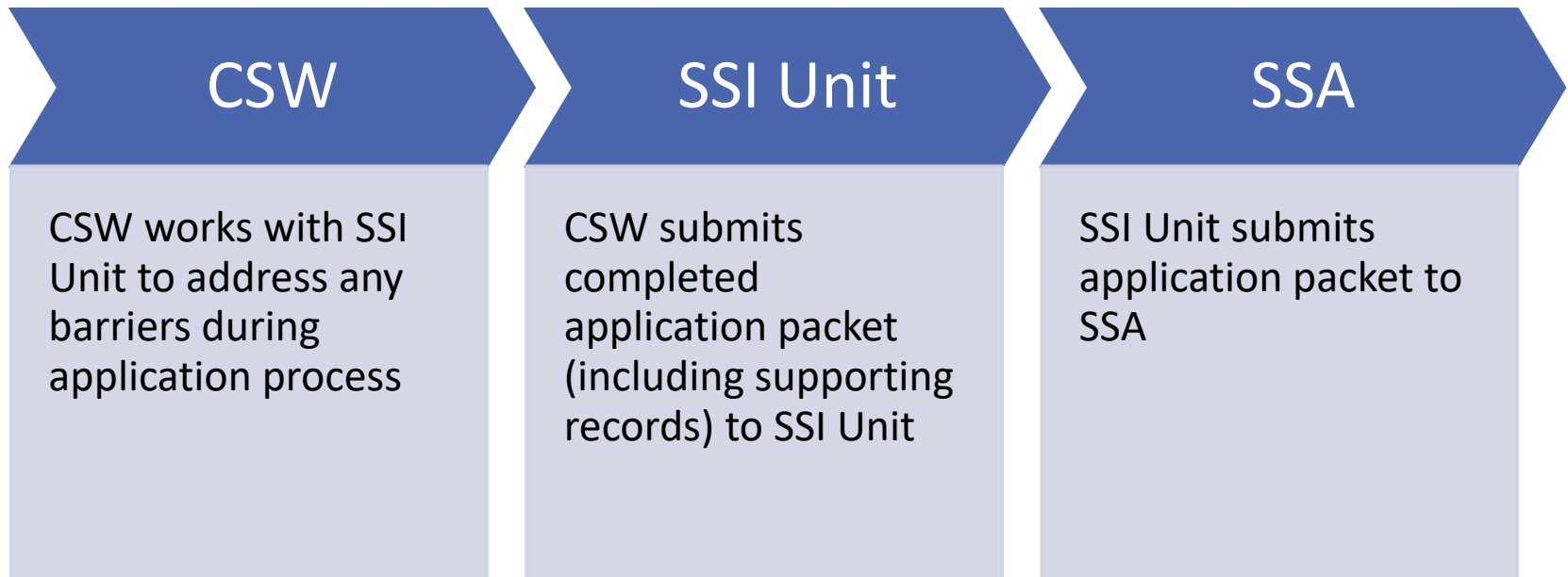
Put information in chronological order

Include information on how impairments limit functioning

Forms

CSW completes application forms, with assistance from SSI Unit, NMD, caregiver, and providers

Preparing the SSI Application: Submission



SSI Application for Children

- SSA-8000 (SSI Application)
- SSA-3820 (Disability Report - Child)

If child lives in foster home or group home/STRTP, this is “non-institutional care”- skip Qs 24 through 36.

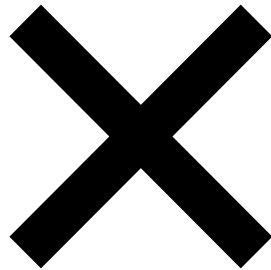
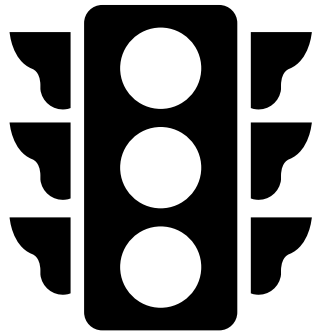
Contact youth and caregiver to gather information about NMD’s assets, bank accounts, insurance policies, stocks, bonds, etc.

Confirm if youth has employment history and if so, obtain wage and employer contact information.

For date that youth was unable to work, generally this is earliest diagnosis date. But if someone was badly injured and that caused their disability, the date of the injury could predate the formal diagnosis.

Note that foster care funding is not considered “income” for purposes of SSI.

Completing SSA-8000 (SSI Application)



SSA-8000: Pitfalls to Avoid

Important for ISM

- ✓ Indicate if client is homeless and put LA County.
- ✓ Unable to work due to illness/injuries/conditions? Check “Yes.”
- ✓ What are your illnesses/injuries/conditions?
 - Make sure these are diagnoses (i.e., pain is a symptom, not a diagnosis).
- ✓ Remarks: “This application was completed with the assistance of my appointed representative, Janice Jones.”
 - Supports cases where the client alleges having difficulty concentrating/writing, It is inconsistent that they’re able to complete such a complex form by themselves, so clarifying that the form was prepared with help bolsters their credibility.

Use the SSI Listings to complete the section on medical condition and symptoms

Use Specific SSI Listings, ex: Bipolar disorder, listing 12.04

**Completing SSA-3820
(Child Disability Report)**

Completing SSA-3820 (Child Disability Report)

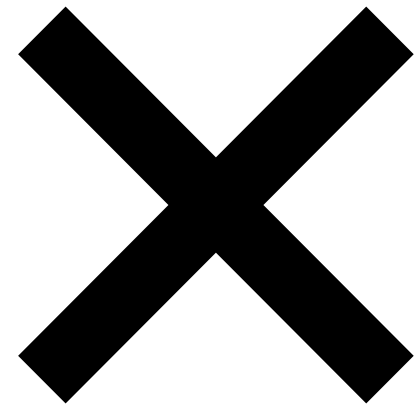
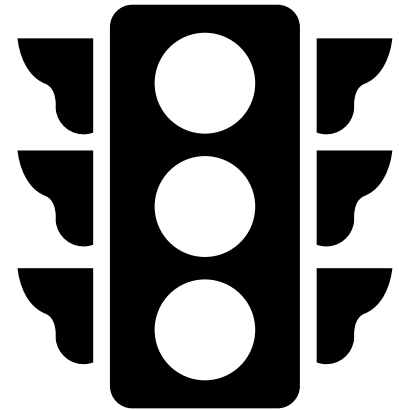
- **Section 3 (Medical Condition):** list all diagnoses, including emotional or learning problems, and describe associated pain and other symptoms.
- **Section 4 (Information About Child's Medical Records):** list all current providers, explaining what condition they are treating, treatment plan, and treatment dates. Also list hospitalizations (e.g., 5150 holds) and evaluations/tests.
 - Include information on only one doctor/HMO/therapist/other/hospital/clinic in each space.
 - If you need more space, use Section 10.
- **Section 5 (Medications):** list current medications (both prescribed and over-the-counter), prescribing doctor, and what condition is being treated.
 - If child/youth stopped taking a medication recently, note and explain why.
- **Section 7 (Additional Information):** include any testing or examination information.

Completing SSA-3820 (Child Disability Report)

- **Section 8 (Education):** include school and special education information.
- **Section 9 (Work History):** gather job history (if any) from child/youth.
- **Section 11 (Remarks):** use Section 11 to provide details that didn't fit in Section 4 regarding NMD's symptoms, treatment, how disability impacts their functioning and ability to work, and foster care and/or delinquency history.

SSA-3820 (Child Disability Report) Pitfalls to Avoid

- ✓ Refer to SSI Listings and child's/youth's medical records when completing SSA-3368.
- ✓ Make every effort to link the child's conditions to the listings where possible.
- ✓ Don't rush through SSA-3820.
- ✓ Make sure the disability onset date is consistent with information in SSA-8000.



SSP-22
(Authorization
for Nonmedical
Out of Home
Care)

Section B.

COUNTY WELFARE DEPARTMENT
RESPONSE

I certify that the above named

- IS NOT receiving nonmedical out-of-home care as authorized under DSS MPP Section 46-140.
- IS receiving nonmedical out-of-home care as authorized under DSS MPP Section 46-140 in the arrangement described below.

CHECK ONE:

- a. The home of a relative or legally appointed guardian or conservator, or,
- b. A certified family home or foster family home

SSI Application: Jane



Jane just turned 8 and is in 2nd grade.

She has recently been diagnosed with ADHD, but generally has average grades. Jane also has asthma.

She has a nebulizer and experiences asthma flare ups weekly during PE class or when she exerts herself on the playground.

Other Situations: Potential Eligibility for Social Security Benefits

Evaluation required in the following cases:

- Parent of a child living in out-of-home care has passed away
- Parents of a child living in out-of-home care has started receiving disability/retirement benefits from SSA
- If a youth/child who may be eligible to receive Old Age, Survivors, and Disability Insurance Benefits and who also has or may have a disability
- Court order to make a referral for SSI evaluation for potential eligibility for Old Age, Survivors, and Disability Insurance Benefits

Contacts & Resources

DRAFTING SSI APPLICATIONS FOR CHILDREN IN
FOSTER CARE

*DCFS SSI
Unit*

Email the SSI Unit at
SSIDisabilityScreen@dcfs.lacounty.
gov

*DCFS SSI
Unit*

Contact Vickie Carletello in SSI Unit
at carlev@dcfs.lacounty.gov

*Alliance
for
Children's
Rights*

Contact Robert Argomaniz with
Alliance for Children's Rights at
rargomaniz@alliancecwr.org

**Who Should
CSW Contact
With Questions
About SSI
Screening or
Application
Process?**

SSI Resources

SAMHSA SOAR initiative:

<https://soarworks.prainc.com/content/library-home>

SSA Bluebook of Listings:

<https://www.ssa.gov/disability/professionals/bluebook/AdultListings.htm>

SSA Program Operations Manual System (POMS) Regarding SSI and Foster Youth:

<https://secure.ssa.gov/apps10/poms.nsf/lnx/0500601011!openDocument>

Disability Benefit 101:

https://ca.db101.org/ca/programs/income_support/ssi/program2.htm

What You Need to Know About Your SSI When You Turn 18:

<https://www.ssa.gov/pubs/EN-05-11005.pdf>

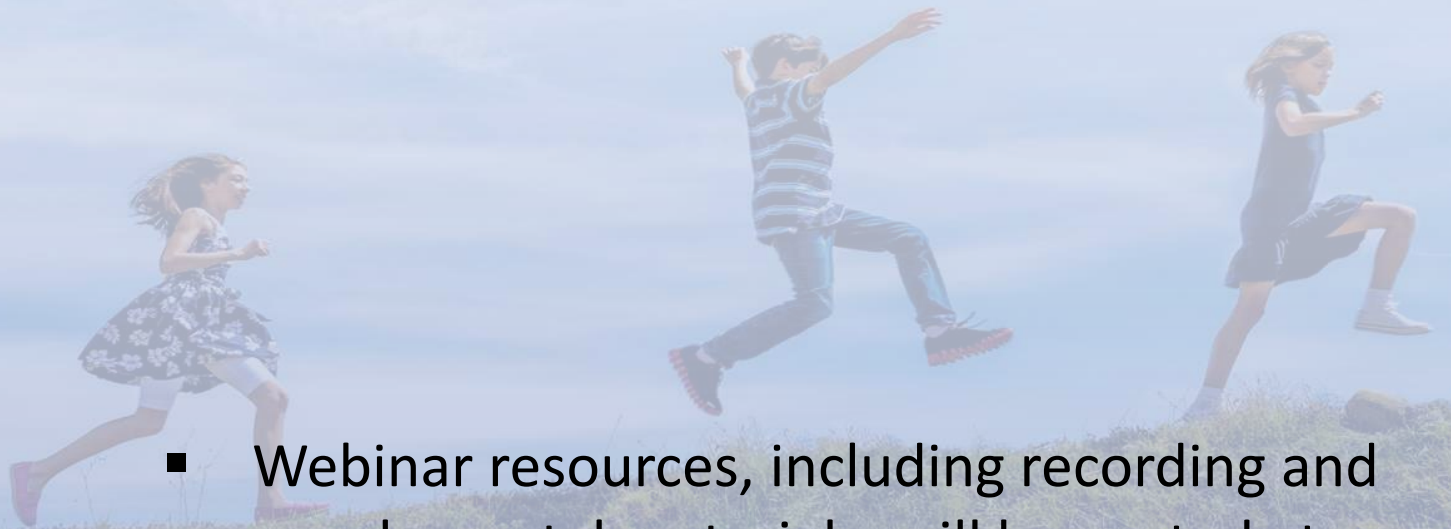
DCFS Child Welfare Policy Manual:

http://policy.dcf.lacounty.gov/Default.htm#Supplemental_Security_In.htm#Policy

Building a Strong SSI Application

ADD Webinar info here

Thank You



- Webinar resources, including recording and supplemental materials, will be posted at <https://allianceforchildrensrights.org/resources/>