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Administrative Directive

Section 1

Transmittal:	08-ADM-05
To:	Local District Commissioners
Issuing Division/Office:	Center for Employment and Economic Supports
Date:	July 18, 2008
Subject:	SSI – Screening/Identification, Referral and Tracking Requirements
Suggested Distribution:	Temporary Assistance Directors Employment Coordinators Medical Assistance Directors SSI Contact Person Staff Development Coordinators
Contact Person(s):	TA Questions – Temporary Assistance Bureau at 1-800-343-8859, ext. 4-9344 SSI Questions – SSI Bureau at 518-473-0332 MA Questions – Local District Support Liaison Upstate at 518-474-8887; NYC at 212-417-4500 Employment Questions: OTDA Employment Technical Advisor or Employment and Advancement Bureau at 518-486-6106
Attachments:	Attachment A – Guidelines for SSI Referrals Attachment B – LDSS-2474 (SSI Referral and Certification of Contact) Attachment C – Instructions for the Completion of the LDSS-2474 Attachment D – Description of Client’s Daily Activities Attachment E – DAP Referral Form Attachment F – DAP Legal Representation Services (2008-2010) Attachment G – Best Practices – SSI Referral and Tracking
Attachment Available On – Line:	<input checked="" type="checkbox"/>

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
07 ADM-06 07 LCM-04 06 ADM-06 06 ADM-05 06 LCM-13 04 ADM-05 94 ADM-10 08 OHIP INF-3	92 ADM-29 91 ADM-32	350.7(c) 351.2 352.30(f) 369.2(h) 369.5 370.2(b)(5) 370.5 385.2	SSL 131 SSL 158(2)	Temporary Assistance and Food Stamp Employment Policy Manual - Section 2	WMS/CNS Coordinator Letter- "Introduction of the SDX-SSI Individual Status Inquiry Screen" (3/12/07) LDSS-2474 LDSS-2642 LDSS-4005 LDSS-4005(a) SSA 827 OFT Bulletin 07 CSM-03

Section 2

I. Summary

This Administrative Directive (ADM) consolidates and updates Supplemental Security Income (SSI) identification, referral and tracking policies and procedures.

II. Purpose

In 1992, the New York State Department of Social Services released 92 ADM-29, which highlighted social services district (district) responsibilities resulting from Chapter 53 of the Laws of 1992. The main objective of that Chapter Law and the Administrative Directive (ADM) mandating district procedures was cost containment. Moving eligible individuals from Temporary Assistance (TA) to SSI was a good cost containment strategy in 1992 and remains a good strategy today. This is especially true in light of stringent Temporary Assistance for Needy Families (TANF) and Safety Net Assistance (SNA) work participation requirements.

This directive replaces 92 ADM-29 to reflect changes relevant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) and the Deficit Reduction Act of 2005. This directive also provides additional information relating to SSI identification, referral and tracking requirements and resources, including information on the Office of Temporary and Disability Assistance's (OTDA) contract for consultative medical and psychological examinations and intelligence assessments.

III. Background

Applicants for and recipients of Family Assistance (FA) and SNA who appear to be eligible for SSI as a condition of initial and ongoing TA eligibility must apply for and cooperate with all requirements set forth by the Social Security Administration (SSA) for making a determination of eligibility for SSI benefits (see Attachment A). Such individuals also are required to appeal adverse decisions when the district has determined that the individual has a medical condition that reasonably appears to qualify the individual for SSI and the district has

required the individual to file an appeal for SSI as a condition of TA eligibility. Applicants for and recipients of FA and SNA who are determined eligible for SSI must accept SSI benefits. Districts are required to have procedures in place to ensure the early identification, assessment, referral and conversion of eligible persons from FA or SNA to SSI.

A review of local district procedures for identifying and referring FA and SNA applicants and recipients for SSI consideration revealed substantial variation in how districts prioritize and adhere to these requirements. This appears to be due to competing priorities at the district level, as well as the complexity of the SSI application and appeal process which requires significant staff resources. Districts should provide assistance to clients to the extent feasible since there are measurable financial benefits for the client and district.

IV. Program Implications

Each district must have an administrative process that requires staff to screen, identify, refer and assist appropriate TA applicants and recipients in applying for SSI benefits. This process must include:

- A. The identification and use of applicant/recipient medical, employment, and case file information that may facilitate the SSI application process and, when appropriate, appeal adverse SSA decisions. When necessary, appropriate staff should be reminded or retrained on this requirement.
- B. The use of a tracking system that will identify all applicants/recipients who have been required to apply for SSI as a condition of eligibility for TA. This mandatory referral must be made using the LDSS-2474, *SSI Referral and Certification of Contact* form (see Attachments B and C). Districts have a number of ways to verify that the client has made application, including a signed LDSS-2474, correspondence from SSA, through accessing the SDX/SSI Individual Status screen on WMS, or the State Online Query System (SOLQ). (Additional information on SOLQ and the SDX/SSI Individual Status screen is provided in Section V.E. of this ADM.) Regardless of the tracking system used, the district must monitor the applicants/recipients SSI application status.

Note: Items posted to SSA's database will be available on the SDX-SSI Individual Status screen within two business days and available on SOLQ on the next business day. When relying on electronic means such as the SDX/SSI Individual Status screen on WMS or SOLQ to verify compliance with applying and accepting SSI benefits, districts must account for the time lag that occurs from the time the individual applied and the time the information is known to the electronic system. Districts report that in some areas of the State it may take a week or more for SSA staff to enter applications onto the SSA system. To prevent adverse case actions, it is important that district staff have an understanding of the timeframes commonly used by their SSA district office(s) in processing applications. Therefore, both SOLQ and the SDX/SSI Individual Status screen should not be used to deny or discontinue benefits if no record has yet been posted.

At Application: Districts may require the applicant to verify compliance with the requirement to apply for SSI, appeal a SSI eligibility denial when the district determines an appeal is required and/or accept SSI benefits, provided there is enough time for the applicant/recipient to comply prior to the date the district must determine initial

eligibility (30 days for FA and 45 days for SNA). In all circumstances, the district must adhere to regulatory timeframes for determining eligibility.

As noted above, there are many different ways the district can verify compliance. For example, the worker can require the applicant/recipient to return the LDSS-2474, *SSI Referral and Certification of Contact* to the district, or the worker can obtain a collateral contact by telephoning the SSA field office.

When the individual has a physical or mental impairment and is unable to complete the SSI application or appeal process, the district must provide any services which are necessary to ensure that the individual is assisted in making the SSI application or appeal. In such an instance, the individual shall not be denied TA or the case discontinued.

At Recertification: At every recertification the district must monitor an individual's compliance with applying for SSI benefits, appealing an SSI eligibility denial when the district determines an appeal is required and/or accepting SSI benefits.

- C. The tracking system also must document compliance with any steps necessary to complete the federal disability benefit application and appeal process.
- D. Providing assistance to aid applicants/recipients in completing all steps in the SSI application/appeal process including, where available, referral to the local agency that provides legal services under the Disability Advocacy Program (see Attachment E). The Disability Advocacy Program (DAP) provides legal representation to individuals whose application for federal disability benefits, including SSI, has been denied or whose benefits may be discontinued. OTDA contracts with legal aid organizations and social services districts to provide these services statewide.
- E. Coordination of the SSI application process among all appropriate units. When the district identifies an individual as an appropriate referral for SSI benefits, it is important that all involved units within the department be informed. In particular, it is important that the: (1) employability code be consistent with the individual's employability status; (2) Medical Assistance (MA) – Disability Review staff be alerted in order to coordinate the collection and use of client specific medical information; and (3) Services staff be alerted as a potential resource for helping clients.
 - 1. As noted in 06-ADM-06, individuals who are required by the district to apply for SSI benefits as a condition of eligibility for temporary assistance are exempt from temporary assistance and food stamp work requirements. Districts are advised that while such individuals are exempt from TA and FS work requirements, all individuals receiving TA who are age 18 and older (including 16 or 17 year olds who are not attending secondary school and have not completed high school or an equivalency program) and reside in a household with dependent children are required to comply with an employment assessment, regardless of employability status, as assigned by the district in accordance with State rules and regulations. All non-exempt individuals receiving TA who reside in households without children are required to comply with an employment assessment, as assigned by the district. However, districts cannot require these individuals to comply with employment activities until the district has determined, based on the documentation available, that the

individual is nonexempt and no longer required to apply for SSI as a condition of eligibility for TA benefits.

Note: Individuals who apply for or receive TA and who are determined by the district to be exempt from work requirements but have the potential to improve their ability to work cannot be assigned to employment activities, but may be required to:

- provide information from the individual's medical provider or submit to an examination by the social services district's medical provider to evaluate the individual's ability to work;
- accept referral to and enrollment in a program of vocational rehabilitation, training and other essential rehabilitation designed to improve the individual's ability to work; and
- give evidence, as requested by the social services official that he/she is participating in such program as assigned by the district.

Before being assigned to an employment activity, the "Notification of Temporary Assistance Work Requirements Determination (Nonexempt)" LDSS-4005(a) must be issued in those instances where an individual's employability status is changed from exempt to non-exempt to inform the individual that he/she is subject to work requirements.

2. In instances where an individual has already applied for SSI or decides to apply on his/ her own, districts will need to evaluate that individual to determine whether or not the district would have otherwise required the individual to apply for such benefits as a condition of eligibility for TA.

If the district would have required the individual to apply for SSI as a condition of eligibility for TA, the individual would be exempt from TA and FS work requirements as noted in 06-ADM-06. In such instances, the "Notification of Temporary Assistance Work Requirements Determination (Exempt)" LDSS-4005 would be issued to inform the individual that the district has determined that he/she is exempt from work requirements.

In those instances when the district would not have required the individual to apply for SSI as a condition of eligibility for TA, the individual may pursue SSI on his/her own. However, unless otherwise exempt, such individuals would be subject to TA and FS work requirements. As noted above, the Notification of Temporary Assistance Work Requirements Determination (Nonexempt) LDSS-4005(a) must be issued in those instances where an individual's employability status is changed from exempt to non-exempt to inform the individual that he/she is subject to work requirements before being assigned to a work activity.

V. Required Action

District procedures to screen, identify, refer, track and assist TA applicants and recipients in applying for SSI benefits must, at a minimum, include the following:

- A. A management level staff person (SSI contact person) who will be responsible for overseeing the district's SSI identification, referral and tracking process. Responsibilities must include: (1) serving as the district's liaison with outside agencies (e.g., SSA, OTDA, including Division of Disability Determinations (DDD), legal advocates); and (2) monitoring staff and system reports to ensure all SSI process requirements are adhered to.

- B. A screening process to identify applicants/recipients potentially eligible for SSI. Potential SSI eligibility indicators include, but are not limited to, the following:
 - 1. Medical information provided by the applicant/recipient (e.g. letters, memos from the applicant's/recipient's doctor or health provider);
 - 2. The applicant's/recipient's participation in supportive or rehabilitative medical or psychological/psychiatric programs;
 - 3. Medical records in a recipient's MA file;
 - 4. Results of a disability examination or an employability examination;
 - 5. Observation by a worker or documentation provided by other individuals;
 - 6. School, criminal, special education, etc. records; and
 - 7. Reports from providers and advocate referral programs.

(See Attachment A, Guidelines for SSI Referrals.)

A SSI application protective filing date allows TA applicants and recipients who apply for SSI within sixty days of signing a TA application or recertification form to use the TA application or recertification date as the SSI application date.

Establishing a protective filing date benefits the TA applicant/recipient because he or she may be eligible for up to two additional months of SSI eligibility. In addition, this may increase the amount of interim assistance reimbursement the district recovers directly from the SSA.

Districts may inform TA applicants/recipients of the benefits of an SSI protective filing date and ways they can establish a protective filing date. For example, the TA applicant/recipient can tell the SSA eligibility worker that they applied for TA on a specific date, or the SSI applicant can telephone the SSA he or she has applied for TA and intends to apply for SSI within sixty days of applying or recertifying for TA. As a best practice found in Attachment G of this ADM, districts may assist TA applicants/recipients in establishing a protective filing date by calling, faxing or writing the SSA office regarding the client's intent to apply for SSI. The date of this contact then becomes the SSI application date.

Note: The screening and identification process for identifying individuals who may be eligible for SSI should include a procedure for re-evaluating an individual's condition when his/her SSI application is denied. This review should determine, based on the medical documentation available, whether or not the individual is still potentially

eligible for SSI and should be required to file an appeal for SSI as a condition of eligibility for TA. The employment unit may be able to assist in the review of the medical documentation to determine whether or not the individual's employability status has changed, or to support the determination that the individual must appeal the SSI denial as a condition of eligibility for TA and, as such, would be exempt from TA and FS work requirements as described in 06-ADM-06.

In addition, OTDA's Bureau of Audit and Quality Improvement (A&QI) provides districts with two lists of FA and SNA recipients who, based upon selected criteria, have a high probability of being SSI eligible. The first list "*Targeted*" is sent to districts quarterly, in the month following the end of the calendar quarter. The second list "*Over 65*" is sent out in March and September of each year. A local review of these lists will assist districts in identifying recipients for referral to the SSA. The lists are sent to the management staff identified by the district. Questions regarding the lists can be directed to the Bureau of Audit and Quality Improvement, Audit and Revenue Unit at (518) 473-5907.

Districts also should consider using the services of medical providers under contract with OTDA to conduct consultative medical and psychological examinations and intelligence assessments. These examinations may be used to assist in determining the employability status of persons who are applying for or receiving TA benefits and/or in making recommendations regarding referrals for federal disability benefits, primarily SSI (less often but also Social Security Disability benefits). Districts also may contract out independently for the completion of independent employability/disability evaluations. For additional information regarding the OTDA contract, see 06 LCM-13 or contact the Employment and Advancement Bureau at 518-486-6106.

Transportation costs of consultative examinations for TA applicants or recipients are reimbursable as a supportive service if needed to determine the individual's employability status or from the Flexible Fund for Family Services (FFFS) or from the Local Administration Fund (LAF) based upon the eligibility of the TA applicant or recipient. Transportation costs for examinations that do not relate to MA are not covered by Medicaid funds. Most examinations are not for MA purposes and transportation costs of those examinations are not covered by Medicaid funds.

- C. Any TA applicant/recipient who reasonably appears to qualify for SSI benefits, or for whom a medical statement documents or indicates a physical or mental impairment that might qualify an individual for SSI, must as a condition of eligibility or continued eligibility, pursue SSI benefits. The pursuit of SSI benefits includes cooperating in applying for SSI, appealing an SSI eligibility denial when the district determines such appeal is required, and/or accepting SSI benefits.

In accordance with 18 NYCRR sections 369.2(h) and 370.2(b)(5), a district may, as a condition of eligibility or continued eligibility, require a TA applicant or recipient to appear for a face to face interview for the sole purpose of assisting the district in preparing the applicant or recipient's initial SSI application, or SSI appeal when the district determines such an application or appeal is required.

When an individual refuses without good cause to pursue SSI benefits for himself or herself, or for a child in his or her care, the penalty is the removal of the non-cooperative individual adult from the budget (incremental sanction). This is true unless a household is SNA (CT 16 or 17) and:

- the potentially SSI eligible person is a legally responsible parent or spouse, **and**
- there is no child under age 18, or age 18 and attending full time secondary school or the equivalent in the TA household.

Such a household, unless eligible to be claimed for Maintenance of Effort (MOE) (i.e. contains a pregnant woman, or non-TA SSI or related foster child), would be a Rice household in the event that the disabled person was approved for SSI. Therefore, the penalty for non-cooperation is a prorata sanction.

Because TA applicants/recipients required to pursue SSI may have impairments that can make compliance difficult, district staff are reminded that if the individual is unable to complete the SSI application or appeal process, the district must offer services necessary to assure that the individual is assisted in complying with this requirement.

For further information and instructions on assisting persons with disabilities and/or limited English proficiency see 06 ADM-05 “Providing Access to Temporary Assistance for Persons with Disabilities and/or Limited English Proficiency”.

D. Use of the SSI Referral and Certification of Contact Form, LDSS-2474:

1. The LDSS-2474 (Attachment B) must be used by districts to refer applicants/recipients to SSA to file for SSI or Social Security Disability Insurance [commonly known as regular Social Security Disability (SSD) benefits], or to file an appeal of an adverse action on an SSI or SSD application. When signed and returned to the district, the LDSS-2474 also serves as documentation that the client has complied with the district’s instruction to apply for SSI or appeal a denial. For districts that have not been using the LDSS-2474, the staff responsible for overseeing the district’s SSI process must initiate contact with the district’s regional SSA office to introduce the form and formalize the referral process. Note: The LDSS-2474 also may be used by SSA offices to refer individuals to the district for assistance. See Attachment C, Instructions for the Completion of the LDSS-2474.
2. The language in Section IV, Certification and Release Authorization, of the LDSS- 2474 makes it clear that authorizing release of information is a condition of eligibility for TA. The language also provides explicit authority to release documentation and medical information from a client’s MA file (such as information gathered by an MA Disability Review Team) unless the client draws a line through the “and medical assistance” in Section IV of the form as stated in the release language. A client’s refusal to authorize the release of information from his/her medical assistance case record shall not affect the client’s eligibility for MA. Please note that when a person files an application for SSI based on disability (either at the direction of the district or as a self-initiated application) DDD must determine whether or not the person is disabled according to SSA standards. To gather the needed medical information, SSA

and DDD secure the client's signature on a number of copies of the SSA-827, "Authorization for Source to Release Information to the Social Security Administration". Receipt of a signed SSA-827 provides adequate authority to release both medical and non-medical information to SSA and DDD. Thus, a district could face a situation in which the client does not authorize the release of information from the client's MA file on the DSS-2474, yet authorizes the release of the same information on an SSA-827. In such situations, information can be released when the district receives the SSA-827.

3. Districts must fill out the LDSS-2474 as completely as possible, attaching all available relevant information. The accurate completion of this form, including the referring agency, agency address and name of worker fields (both printed and signature) is necessary to ensure proper communication between agencies. The information to be attached should include, but not be limited to:
 - i. All medical documentation used in determining employability, including information from treating physicians and employment related medical examinations;
 - ii. Other medical information, from treating physicians and medical sources, such as information used by the MA Disability Review team to determine disability status for MA clients;
 - iii. All information about restrictions or limitations on daily activities or vocational abilities (see Attachment D, Description of Client's Daily Activities);
 - iv. All information on sources, facilities or institutions which have treated the client; and
 - v. For children's cases, specific information or reference to individuals or organizations such as teachers, special education staff, psychologists, or day care providers who can provide specific details on daily activities of children.
4. A "protective filing date" is assigned by the SSA and allows TA applicants and recipients who apply for SSI within 60 days of signing a TA application or recertification form to use the TA application or recertification date as the SSI application date. When the SSA establishes a protective filing date, the TA applicant/recipient may be eligible for up to two additional months of SSI. In addition, this may increase the amount of interim assistance reimbursement the district recovers from the SSA.

Districts may inform TA applicants/recipients of the benefits of an SSI protective filing date and ways they can establish a protective filing date. For example, the TA applicant/recipient can tell the SSA eligibility worker that they applied for TA on a specific date, or the SSI applicant can telephone and tell the SSA that he or she has applied for TA and intends to apply for SSI within 60 days of applying or recertifying for TA. As a best practice found in Attachment G of this ADM, districts may assist TA applicants/recipients in establishing a protective filing date by calling, faxing or writing the SSA office regarding the

client's intent to apply for SSI. The date of this contact then becomes the SSI application date.

To assist the SSA in establishing a protective filing date for TA applicants and recipients, districts must fill out LDSS-2474, Section I, the "Date of Most Recent Temporary Assistance Application or Recertification" field. This field represents the application or recertification date that is closest to the date found in Section II, Referral. Therefore, a district worker must determine the date of the applicant/recipient's application date and/or recertification date (the recertification date is the date a signed and dated recertification form is submitted to the district), and the application or recertification date closest to the date found in Section II Referral, must be used to complete the field.

5. Written requests for the LDSS-2474 should be submitted on OTDA-876, "Request for Documents or Publications", and should be sent to:

Office of Temporary and Disability Assistance
BMS Document Services and Operational Support
P.O. Box 1990
Albany, New York 12201

Questions concerning ordering forms should be directed to BMS Document Services at 1-800-343-8859, ext. 4-9522.

Documents also may be ordered electronically through Outlook. To order the forms, you must obtain an OTDA-876 electronically by going to the OTDA Intranet Website at <http://otda.state.nyenet/>, then to Division of Program Support & Quality Improvement page and then to PSQI E-Forms page to Bureau of Management Services section (this section contains the electronic OTDA-876).

For those who do not have Outlook but who have Internet access for sending and receiving e-mail, the Internet e-mail address is: gg7359@dfa.state.ny.us. For a complete list of available forms, please refer to OTDA Intranet site: http://otda.state.nyenet/ldss_eforms/default.htm.

All other forms included with this ADM should be reproduced locally.

- E. Procedures to assist clients in the SSI application and appeal process. Such procedures shall include:
 1. providing the client with necessary clarifying information regarding the SSI application/appeal process;
 2. providing the client with a copy or copies of any information in his/her case file that might support his/her application for SSI and assisting the client in getting medical, and other pertinent records from schools, hospitals, treatment facilities, physicians and other clinicians;
 3. assisting the client in completing the application and/or appeal documents;

4. identifying district staff as a third person contact on applications to provide DDD staff with a point of contact for follow-up if additional information is needed;
5. assuring that the client attends consultative medical examinations required by the SSA, including arranging or providing transportation and child care when necessary; and
6. assisting or representing a client in appealing at the SSA Administrative Law Judge hearing levels, or using DAP services when available, in accordance with security and confidentiality mandates.

Please note that districts with specific staff dedicated to helping clients in the SSI process have reported that they have SSI acceptance rates that exceed the statewide average. Also note that some districts have successfully contracted out the SSI application and appeal process to another county agency, such as the County Office for the Aging. Your district may want to consider these approaches.

F. Tracking procedures that will allow the district to monitor all clients referred for SSI benefits and assure that appropriate follow-up action is taken by the client or district to comply with every required action of the SSI application/appeals process.

1. Identify and track clients required to apply for SSI. Clients shall be given a copy of the LDSS-2474 to take to the SSA office. Districts may develop local procedures for tracking these clients but the procedure must, at a minimum, include a comprehensive list of who has been required to apply for SSI, the date such instruction was given and whether the client complied or not.
2. A 2006 “Dear Commissioner” letter informed districts of OTDA’s efforts to make SOLQ available to designated local staff. The SOLQ system allows authorized users to conduct real time queries against the SSA’s databases. With just a few key strokes staff can determine if an application has been filed with the SSA and/or what SSA benefits the client may or may not be receiving. Additional information regarding the SOLQ system can be found in OFT Bulletin 07-CSM-03 at <http://www.oft.state.ny.us/services/bulletins/OFTBUL-07-CSM-03.htm> or by contacting the SSI Bureau at (518) 473-0332. It is important to note that sometimes there can be intermediate steps between client inquiry and the actual posting of information to the official SSA database. Therefore, this screen should not be used to deny or discontinue benefits if no record has yet been posted.
3. The SDX-SSI Individual Status screen on WMS displays information provided to OTDA by SSA. This three page screen provides easy to use, timely and authoritative information on a person’s SSI status. By going to the SDX-SSI Individual Status screen on WMS, a worker can see: whether a client has filed for SSI; the status of the SSI application; appeal information; citizenship/alien status; confirm that the interim assistance reimbursement code is on the federal SDX; see how much SSI the person is receiving; and additional pertinent information. See 07 LCM-04 for additional information. It is important to note that sometimes there can be intermediate steps between client inquiry and the actual posting of information to the official SSA database. Therefore, this

screen should not be used to deny or discontinue benefits if no record has yet been posted.

4. OTDA's bi-weekly Centralized SSI Tracking Report (WINR 9143) assists districts in monitoring clients who have applied for SSI. The report is transmitted every two weeks via BICS and consists of three parts: 1) cases awarded SSA benefits, 2) cases denied SSA benefits, and 3) cases pending at SSA.
5. OTDA is developing a summary report to assist districts in monitoring the status of individuals who have applied for SSI or are appealing a denial of SSI. The SSI Summary Report will be available as a COGNOS report and will assist districts in tracking their SSI applicant cases.

G. A process for referring clients to the Disability Advocacy Program (DAP) or otherwise assisting clients in the appeal process.

1. DAP was established by Chapter 627 of the Laws of 1983 and provides for the legal representation of individuals who have been denied federal disability benefits or whose federal disability benefits have been discontinued. OTDA contracts with entities, both legal services corporations and social services districts, to assist clients in the SSI appeal process. A listing of contractors and the counties they serve for the 2008-2010 contract cycle is provided as Attachment F.
2. When a district refers a client to a DAP provider, the district should send a copy of the DAP Referral Form (see Attachment E) to the provider. The DAP provider must return the form to the district within 60 days of receipt. It is strongly recommended that districts maintain an accurate log of all referrals made to their DAP provider.
3. As in the initial SSI application process, when the district determines that an appeal is appropriate and requires the individual to file an appeal for SSI as a condition of eligibility for TA, district staff should assist the client in complying with all aspects of the appeal process.

H. Food Stamps

Food Stamp (FS) Only applicants/recipients are not required to pursue SSI benefits as a condition of eligibility. Workers, however, may encourage FS clients to take advantage of this additional source of income. However, an individual who has submitted evidence/ documentation of a physical or mental disability continues to be exempt from participation in food stamp work activities. When a TA case is closed or denied because the client refused to pursue SSI, a separate determination of eligibility for FS must be made.

I. Medicaid

Applicants/recipients are not required to pursue SSI benefits as a condition of eligibility for Medicaid. TA/MA applicants, whose TA case is closed or denied because the client refused to pursue SSI benefits, have a separate MA eligibility determination. For

purposes of MA eligibility, certain individuals will be required to comply with a determination of disability by the State or local Disability Review Team. Disability reviews are required when the disability status would benefit the client in his/her eligibility for MA or when the status would result in a financial benefit for the MA program. Please refer to GIS 06 MA/005, "Purposes of Medicaid Disability Reviews" for further information concerning disability determinations for MA applicants/recipients.

Instructions for submitting disability determinations for Medicaid applicants/recipients may be found in the DOH Informational Letter, "Disability Determinations for Medicaid Applicants/Recipients" (08 OHIP INF-3).

J. Security

OTDA has recently signed agreements with the SSA promising to protect the security and confidentiality of all SSA data obtained through computer matches such as the SDX, BENDEX and SOLQ and various other data matches. These special requirements do not apply to information obtained directly from the client. Details about these new security requirements will be provided in a forthcoming ADM.

District staff and contractors with access to confidential client information must protect that information in accordance with all applicable laws and regulations.

VI. Systems Implications

None

VII. Additional Information

- A. There is a resource available to assist staff in understanding and complying with the SSI requirements detailed in this ADM. "*The Local District Guide to the SSI Process*" is a web-based training course developed by OTDA's Bureau of Training and Management Analysis (TAMA) and the Professional Development Program (PDP) of Rockefeller College, University at Albany in conjunction with the OTDA Center for Employment and Economic Supports and DDD. This training is designed to assist district staff to accurately identify potential SSI candidates and to assist those persons through the application and appeals processes. The course addresses topics such as: the role of the worker; SSA's application requirements; the DDD evaluation process; decisions and appeals; and SSA Re-determinations and Continuing Disability Reviews. A resource section provides access to references that can be used to obtain additional information, including information on Veterans' Assistance Programs.

This course is available to district staff and local partner agencies, including not-for-profit providers and local government agencies, who must contact the local district Staff Development Coordinator to register for the course. The course also is available to OTDA staff, who must contact their OTDA Training Coordinator to register. Once registered, this online training course can be accessed on the My Training Space webpage via the Training Space website (www.trainingspace.org). Additional information regarding registration and Training Space can be obtained from Dan Feinberg at dfeinberg@pdp.albany.edu or at (518) 443-5940.

- B. Attachment G provides a list of “*best practices*” that districts should review and consider.

VIII. Effective Date

This Directive is effective immediately.

ISSUED BY:

Name: Russell Sykes
Title: Deputy Commissioner
Division/Office: Center for Employment and Economic Supports

Guidelines for SSI Referrals (front)

Individuals who are unable to work because of age, blindness or disability may be eligible to receive Supplemental Security Income (SSI) and/or Social Security Disability (SSD) benefits. An individual is considered disabled if they are unable to perform substantial gainful activity (work) because of a medically determinable physical and/or mental impairment which is expected to last for 12 months or more or result in death. As a condition of TA eligibility, SSI must be pursued, and if eligible accepted, for all household members, including children.

Social Service District Responsibility	Applicant/Recipient Responsibility
<ol style="list-style-type: none"> 1. Evaluate an individual’s potential to qualify for SSI by (Also, see back): <ul style="list-style-type: none"> <input type="checkbox"/> Review medical history for diagnosed and/or treated chronic diseases <input type="checkbox"/> Observe behavioral/mental characteristics <input type="checkbox"/> Review vocational factors and work history 2. If appropriate, refer A/Rs to apply for SSI benefits and complete DSS-2474 “SSI Referral and Certification Contact Form”. 3. If necessary, assist A/Rs who have trouble navigating or lack the motivation to cooperate with the SSI benefits application or appeals process with the following: <ul style="list-style-type: none"> <input type="checkbox"/> Obtain signatures for medical release <input type="checkbox"/> Obtain medical and/or supporting documentation <input type="checkbox"/> Assure that A/R attends medical appointments <input type="checkbox"/> Assist in representing A/R in SSA appeals process. 4. Utilize appropriate employability code. <ul style="list-style-type: none"> <input type="checkbox"/> Example: Employability code 43 –Incapacitated (SSI application filed) 5. Track and Monitor referrals submitted to SSA. 6. Maintain security and confidentiality of SSA data. 	<ol style="list-style-type: none"> 1. Must cooperate in applying for SSI benefits. 2. Must appeal an SSI eligibility denial when the district determines such appeal is required. 3. Must accept SSI benefits. <p><u>Failure to Comply with Requirement to Apply for and Accept SSI Benefits</u></p> <ul style="list-style-type: none"> • Individuals – When an individual refuses without good cause to apply for, appeal or accept SSI for him or herself, or for a child in his or her care, the penalty is the removal of the non-cooperative individual adult from the budget (incremental sanction). This is true unless it is a Rice individual. Then the penalty is a prorata reduction. • Rice Household – A <u>Rice</u> household is a multi-person Safety Net case type 16 or 17 with no individual who is under age 18, or under age 18 and attending full time secondary school or the equivalent. In a <u>Rice</u> household, when the <u>parent</u> or <u>spouse</u> refuses to apply for SSI for himself or herself, the needs of the household are reduced prorata. (94 ADM-10) • For single households. Deny or discontinue assistance. • Adult Caretaker – If the adult caretaker is not in receipt of temporary assistance no sanction is imposed. <p style="text-align: center;"><u>References</u></p> <ul style="list-style-type: none"> • 08-ADM-05 • 07-ADM-06 • 07-LCM-04 • 06-ADM-06 • 04-ADM-05 • 94-ADM-10 • 18 NYCRR 369.2 (h) • 18 NYCRR 370.2 (b) (5) • 18 NYCRR 352.30 (f)

Guidelines for SSI Referrals (back)

To appropriately refer an individual to apply for Supplemental Security Income (SSI) benefits it is important to review an applicant or recipient's age (65 or older), medical history and work history. Also, observations about the individual's behavior and mental characteristic must be evaluated. An appropriate SSI referral may ultimately reduce or eliminate an applicant or recipient's need for Temporary Assistance benefits.

Observe Behavioral/Mental Characteristics	Review medical history for diagnosed and/or treated chronic diseases
<ul style="list-style-type: none"> <input type="checkbox"/> Disorientation/confusion <input type="checkbox"/> Inappropriate responses/reactions <input type="checkbox"/> Non-responsiveness <input type="checkbox"/> Poor personal hygiene habits/unkept appearance <input type="checkbox"/> Marked difficulty in sitting, standing, lifting, bending, kneeling, pushing, pulling <input type="checkbox"/> Use of, or dependency on, prosthesis or medical appliances such as walker, crutch, artificial limb, cane, body brace, magnification device or pacemaker <input type="checkbox"/> Complaints of constant or periodic pain <input type="checkbox"/> Poor concentration or attention span <input type="checkbox"/> Poor memory for recent or remote events <input type="checkbox"/> Amputation/paralysis of limbs <input type="checkbox"/> Unusual or inappropriate mood/depression/anger <input type="checkbox"/> Unusual mannerism <input type="checkbox"/> Unusual fears or inhibitions <input type="checkbox"/> Agitated, disruptive or hostile behavior <input type="checkbox"/> Bizarre appearance / inappropriate dress <input type="checkbox"/> Acting out/hallucinations <input type="checkbox"/> Severe anxiety/nervousness 	<ul style="list-style-type: none"> <input type="checkbox"/> Heart Disease/chronic chest pain <input type="checkbox"/> Cancer <input type="checkbox"/> Alzheimer's <input type="checkbox"/> Emphysema/cystic fibrosis/lung disease <input type="checkbox"/> AIDS (Acquired Immune Deficiency Syndrome) <input type="checkbox"/> HIV with related illnesses <input type="checkbox"/> Hepatitis/liver disease <input type="checkbox"/> Leukemia/blood disease <input type="checkbox"/> Uncontrolled asthma <input type="checkbox"/> Brain injuries that prevent employment <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Uncontrolled diabetes <input type="checkbox"/> Kidney disease <input type="checkbox"/> Liver disease/cirrhosis <input type="checkbox"/> Alcohol/drug addiction <input type="checkbox"/> Multiple/extended hospitalizations <input type="checkbox"/> Periodic confinement in a mental health facility <input type="checkbox"/> History of treatment in mental health clinic <input type="checkbox"/> High medication usage <input type="checkbox"/> High drug expenditures <input type="checkbox"/> Deafness/poor hearing <input type="checkbox"/> Blind/poor vision

Review vocational factors and work history
<ul style="list-style-type: none"> <input type="checkbox"/> Poor /inconsistent work history <input type="checkbox"/> Age 55 or over lacking work skills <input type="checkbox"/> Attendance in special education classes <input type="checkbox"/> Learning disability with poor or inconsistent work history <input type="checkbox"/> Previous participation in sheltered work shop/rehabilitation facility

SECTION I: CLIENT IDENTIFICATION INFORMATION

CLIENT'S NAME	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH Mo. Day Year	SOCIAL SECURITY NUMBER _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
ADDRESS <input type="checkbox"/> New			TELEPHONE NUMBER ()
ALSO KNOWN AS:	OTHER SSN's:		
APPLICANT FOR OR RECIPIENT OF <input type="checkbox"/> Family Assistance <input type="checkbox"/> Safety Net Assistance <input type="checkbox"/> DSS Case Number _____ <input type="checkbox"/> DSS CIN _____			

SECTION II: REFERRAL

<p>DSS INITIATED REFERRAL FOR:</p> <input type="checkbox"/> SSI Initial Application <input type="checkbox"/> SSI Appeal <input type="checkbox"/> Other (explain): _____ _____ _____	<p>SSA INITIATED REFERRAL FOR:</p> <input type="checkbox"/> Medical Assistance <input type="checkbox"/> Temporary Assistance <input type="checkbox"/> Food Stamp Benefits <input type="checkbox"/> Social Services (explain) <input type="checkbox"/> Emergency needs (explain) <input type="checkbox"/> Other (explain) (Reason for Referral) _____ _____ _____ _____
<p>MEDICAL IMPAIRMENT RELATED DOCUMENTATION</p> Describe Alleged Impairment _____ _____ _____ _____ <input type="checkbox"/> Description and Documentation of Inability or Restriction on Working Attached <input type="checkbox"/> Medical Documentation Attached <input type="checkbox"/> Social History and Assessment Attached	
REFERRING AGENCY	NAME OF WORKER
AGENCY ADDRESS	SIGNATURE
	DATE Mo. Day Year
	TELEPHONE NUMBER ()

SECTION III: CERTIFICATION OF SSA CONTACT

<p>SSA ACTION</p> <input type="checkbox"/> Initial Application Filed for <input type="checkbox"/> SSI <input type="checkbox"/> RSD <input type="checkbox"/> Appeal Filed for <input type="checkbox"/> SSI <input type="checkbox"/> RSD <input type="checkbox"/> No application or appeal taken, or <input type="checkbox"/> case denied because _____ <input type="checkbox"/> Other (explain): _____	<p>Date of Client Contact</p> Mo. Day Year
SSA OFFICE	NAME OF WORKER
SSA OFFICE ADDRESS	SIGNATURE
	DATE Mo. Day Year
	TELEPHONE NUMBER ()

SECTION IV: CERTIFICATION and RELEASE AUTHORIZATION

This is to certify that this referral is made with my knowledge and approval. I authorize release of the information contained in this referral, including documentation and medical information from my temporary assistance ***and medical assistance*** (DRAW LINE THROUGH ***and medical assistance*** IF YOU WISH TO DELETE FROM AUTHORIZATION) case records, for the purpose of determining my eligibility for benefits administered by the Social Security Administration, including SSI State Supplement. I wish to protect my rights to any such benefits for which I may be eligible. I understand that my refusal to sign this release will make me ineligible for Temporary Assistance. However, I understand that my authorization for release of medical information from my Medical Assistance case record is completely voluntary and refusal will not affect my eligibility for Medical Assistance.

SIGNATURE OF APPLICANT	DATE Mo. Day Year
If another person is acting on applicant's behalf, show relationship:	

Instructions for the Completion of the LDSS-2474

Section I. Client Identification Information

This section must be completed by the agency initiating the referral. DSS Case Number and CIN should be included if available at the time of the referral.

To assist the SSA in establishing a "protective filing date" for TA applicants and recipients, districts must fill out LDSS-2474, Section I, the "Date of Most Recent Temporary Assistance Application or Recertification" field. This field represents the application or recertification date that is closest to the date found in Section II, Referral. Therefore, a district worker must determine the date of the applicant/recipient's application date and/or recertification date (the recertification date is the date a signed and dated recertification form is submitted to the district), and the application or recertification date closest to the date found in Section II Referral, must be used to complete the field.

A protective filing date is assigned by the SSA and allows TA applicants and recipients who apply for SSI within 60 days of signing a TA application or recertification form to use the TA application or recertification date as the SSI application date. When the SSA establishes a protective filing date, the TA applicant/recipient may be eligible for up to two additional months of SSI. In addition, this may increase the amount of interim assistance reimbursement the district recovers from the SSA.

Section II. Referral

This section also must be completed by the agency initiating the referral. The appropriate box indicating the purpose of the referral should be checked.

For district-initiated referrals for SSI and SSD based on disability, the nature of the client's impairment(s) should be described. All available documentation should be attached and its presence indicated by checking the appropriate box(es).

Section III. Certification of SSA Contact

This section should be completed by SSA when the LDSS-2474 is initiated by a district. When signed by SSA, this form becomes documentation that the client has taken the action necessary to comply with the requirement to file for and pursue SSI eligibility.

Section IV. Certification and Release Authorization

This section always must be signed by the client at the time the referral is initiated. If another person is acting on behalf of the client, that person's relationship to the client must be indicated.

As noted in Section V of this Directive and in the release language itself, the client has the option of deleting authorization to release information from the client's medical assistance case records by drawing a line through "and medical assistance" on the release.

DESCRIPTION OF CLIENT'S DAILY ACTIVITIES

NAME: (Last, First, Middle Initial) _____

CASE #: _____

CIN # _____

INSTRUCTIONS: For each item below, first read the question to the client. Then after the client responds, put a check mark in the box which best approximates the answer to the question, and write the additional necessary information.

NOTE: For questions #2, #3 and #6, whether the answer was "yes" or "no", additional descriptive information should be completed so that the disability analyst will have more information about the extent of the person's physical and/or medical disability.

1. Living Arrangements:

Does client live alone? Yes No, lives with others. Please indicate with whom and the relationship, if any:

2. Food – Shopping and Cooking:

Does client do these activities on his/her own? Yes No, assisted by others.

Describe how frequently client shops and cooks and/or extent of assistance needed. Include any other pertinent information about this routine chore:

3. Care of Household:

Does client do the housekeeping? Yes No, assisted by others.

Describe how frequently this is done by either the client or by the person who assists, and the types of activities this chore includes and/or extent of assistance needed, and where applicable, who provides the assistance:

4. Personal Care Activities:

Does client take care of these activities? Yes No, gets assistance from others. If "no", and client does get help from another, indicate the extent of that help:

5. **Recreation/Leisure:**

How does client spend time (hobbies, sports, television, shopping, etc.)? Include a description of how the client chooses the activity and the extent of that activity:

6. **Travel:**

Does client drive a car? Yes No If "no", does client use public transportation? Yes No
Regardless of whether the client uses a car or public transportation, describe how frequently and how far the client travels and the amount of help needed, if any, from others:

7. Name of person(s) (e.g. neighbor, clergy, spouse, etc.) familiar with the client's daily activities:

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Phone (area code) _____ Number _____	Phone (area code) _____ Number _____
Relationship: _____	Relationship: _____

Interviewer's Name: _____

County: _____

Title: _____

Phone Number: _____

Date: _____

NOTE: IF YOU HAVE MORE INFORMATION TO INCLUDE ABOUT THIS CLIENT, ATTACH ADDITIONAL SHEETS.

DAP LEGAL REPRESENTATION SERVICES (2008-2010)

County	Contractor
Albany	Legal Aid Society of Northeastern New York
Allegany	Empire Justice Center
Broome	Legal Services of Central New York
Cattaraugus	Empire Justice Center
Cayuga	Legal Services of Central New York
Chautauqua	Empire Justice Center
Chemung	Empire Justice Center
Chenango	Legal Services of Central New York
Clinton	Legal Aid Society of Northeastern New York
Columbia	Legal Aid Society of Northeastern New York
Cortland	Legal Services of Central New York
Delaware	Delaware County DSS
Dutchess	Legal Services of the Hudson Valley
Erie	Erie County DSS
Essex	Legal Aid Society of Northeastern New York
Franklin	Legal Aid Society of Northeastern New York
Fulton	Legal Aid Society of Northeastern New York
Genesee	Empire Justice Center
Greene	Legal Aid Society of Northeastern New York
Hamilton	Legal Aid Society of Northeastern New York
Herkimer	Legal Services of Central New York
Jefferson	Legal Services of Central New York
Lewis	Legal Services of Central New York
Livingston	Empire Justice Center
Madison	Legal Services of Central New York
Monroe	Empire Justice Center
Montgomery	Legal Aid Society of Northeastern New York
Nassau	Nassau/Suffolk Law Services
Niagara	Empire Justice Center
Oneida	Legal Services of Central New York
Onondaga	Legal Services of Central New York
Ontario	Empire Justice Center
Orange	Legal Services of the Hudson Valley
Orleans	Empire Justice Center
Oswego	Legal Services of Central New York
Otsego	Legal Services of Central New York
Putnam	Legal Services of the Hudson Valley
Rensselaer	Legal Aid Society of Northeastern New York
Rockland	Legal Aid Society of Rockland County, Inc.
Saratoga	Legal Aid Society of Northeastern New York
Schenectady	Legal Aid Society of Northeastern New York
Schoharie	Legal Aid Society of Northeastern New York

County	Contractor
Schuyler	Empire Justice Center
Seneca	Empire Justice Center
Steuben	Empire Justice Center
St. Lawrence	Legal Aid Society of Northeastern New York
Suffolk	Nassau/Suffolk Law Services
Sullivan	Legal Services of the Hudson Valley
Tioga	Empire Justice Center
Tompkins	Empire Justice Center
Ulster	Legal Services of the Hudson Valley
Warren	Legal Aid Society of Northeastern New York
Washington	Legal Aid Society of Northeastern New York
Wayne	Empire Justice Center
Westchester	Legal Services of the Hudson Valley
Wyoming	Empire Justice Center
Yates	Empire Justice Center
New York City	<ul style="list-style-type: none"> ▪ Legal Services for New York City ▪ New York Legal Assistance Group ▪ Urban Justice Center

BEST PRACTICES SSI REFERRAL AND TRACKING

State staff have reviewed procedures in a number of districts which operate effective processes for maximizing the transfer of Temporary Assistance (TA) applicants/recipients (A/R) to Supplemental Security Income (SSI). The following are several best practices used by districts for your consideration.

I. Identity of Referrals

Information on all persons who are referred to apply for SSI should be controlled through a centralized SSI unit. The primary sources of SSI referrals are:

- A. TA Intake referral of all clients who appear to be aged, blind or disabled based on medical and other relevant information provided by the A/R, client's allegation, worker's observations and observations/documentation by other individuals or agencies, including educational, vocational and rehabilitation treatment programs that the individual has attended;
- B. Employment Unit referral of all persons determined by the employability examination to be permanently (or for some conditions, temporarily) unable to work and appear to be potentially eligible based on a review of the medical documentation available.
- C. MA Disability Unit referral of all persons with high medical needs; and
- D. OTDA's Bureau of Audit and Quality Improvement lists of FA and SNA recipients who have a high probability of being SSI eligible.

II. Control of Internal Referrals

The major component for effectively controlling and tracking SSI referrals is the designation of a staff person or unit with authority to coordinate all necessary client required follow-up activity. Best practices include:

- A. The client is personally referred to the central SSI unit for assistance in the SSI application process. This feature is common to highly successful programs.
- B. If the referring unit is to continue to be responsible for assisting a client, a copy of the DSS-2474, SSI Referral and Certification of Contact must be sent to the central SSI unit.
- C. The employment unit should be included in the review of medical documentation and the determination of whether or not the individual should be required to pursue SSI as a condition of eligibility for temporary assistance.

III. Client Assistance Activities

The key element for helping a client obtain SSI benefits is to assure that applications for SSI provide as much information as possible. Best practices for achieving this include:

- A. Conducting an extensive client interview during which all disabling conditions are identified and described in detail for the SSI application, including identification of limitations on the Description of Client's Daily Activities form (Attachment F).
- B. Gathering medical documentation to be submitted with the SSI referral.
- C. Inclusion of the MA-SURS report to identify recent medical diagnoses and treating providers.
- D. Obtaining the results of the employability examination prior to referral of the client to SSI and including it with the referral.
- E. Referral of the client to a medical provider for examination and documentation of the disabling condition.
- F. Establishing a "protective filing" date for SSI by calling or writing the SSA office regarding the client's intent to apply for SSI. The date of this contact then becomes the SSI application and SSI eligibility date, provided the application is made to SSA within 60 days.
- G. Completing a "short" SSI financial application and obtaining client signatures on this form and all necessary SSA medical releases. This enables the unit to submit the SSI application directly to SSA.

IV. Referral to SSA

Applications for SSI have to be processed through the local SSA Field (District) Office (DO).

- A. This can be done by having district staff complete the SSA disability application, short financial form and SSA medical releases and mailing the completed package to the DO. This has proven to be an effective method for maximizing the transfer of recipients to SSI.
- B. The TA A/R must be informed on the "Documentation Requirements" form (LDSS-2642) of the eligibility requirement to apply for and, if eligible, accept SSI. The worker must provide a date by which the A/R must apply for SSI. If they fail to comply without good cause, the case must be denied, discontinued, or the noncompliant individual sanctioned. To document compliance the worker may access SOLQ, use the SDX-SSI individual status screen or require the A/R to return a signed DSS-2474 to the district within a set number of days.

V. Appeal of Denials

All requests for appeal of denial of SSI benefits have to be requested within 60 days of receipt of the denial notice. Denial codes should be reviewed to ascertain whether the denial was due to

client's failure to respond to SSA requests, in which case the client should be contacted and reminded that cooperation in the SSI application process is a condition of eligibility for TA; or whether it was due to the disability not being considered severe enough to prevent the client from working. This latter reason accounts for the preponderances of all denials.

The district must re-evaluate whether the client's condition is severe enough to warrant the initiation of an appeal. Best practices for appealing denials include:

- A. At the hearing level, providing additional medical information (e.g., reports of hospitalization or other medical treatment occurring subsequent to filing the SSI application; results of employability and/or medical assistance disability assessments developed for agency programs).

Also, arranging for the client to be represented at the administrative hearing or court level by use of district staff, or through referral to other community resources (e.g., legal aid society, local attorneys, DAP, volunteer organizations, friends and relatives).

- B. At all levels, assuring that the client gets to all required consultative medical examinations and hearings through transportation provided, when necessary, by agency staff, private vendor, relative or friend of client with payment guaranteed by the agency. Where needed, the district must provide necessary child care assistance.

VI. Tracking of Referrals

Information on client specific SSI application/appeal related information should be shared with the unit/person in the agency responsible for assisting the client to pursue SSI benefits. Best practices for doing this include:

- A. Use of the weekly SNA/SSI automated match lists to verify that an SNA client's SSI application has been processed through an SSA district office.
- B. Use of the SDX-SSI Individual Status screen on WMS. This three page screen provides timely authoritative information on a person's SSI status.
- C. Use of the State Online Query System (SOLQ) that allows authorized district workers to conduct real time queries into SSA's databases.
- D. Use of the SDX bi-weekly updates or the WINR 9143 to identify completed SSI actions (i.e., application received, case denied, or the failure of client to cooperate, award of SSI) for the purpose of notifying the client of any action required to obtain benefits or appeal denials.
- E. Requiring clients to contact the district upon receipt of any notice, letter or call from SSA or the Division of Disability Determinations (DDD) to discuss what the client needs to do to respond to the SSA or DDD request.