

**County of Napa Health and Human Services Agency**  
**Whole Person Care Expansion Proposal – Revisions to Original Submission**  
**March 29, 2017**

The County of Napa Health and Human Services Agency (HHSA) proposes an expansion of our approved Whole Person Care Pilot contract to allow for the inclusion of Social Security Insurance/Social Security Disability Insurance (SSI/SSDI) advocacy and application assistance provided in the “SOAR” Model. Attached to this memo are the following documents, which reflect these revisions:

- Approved WPC Application with Proposed Changes Tracked – changes on pages 2, 7, 11, 13, 16, 17, 18
- Approved WPC Budget Narrative with Proposed Changes Tracked – changes on pages 29, 30, 32, 37, 38, 39, 40
- Approved WPC Budget Form with Proposed Changes in underline and bold

This memo includes a description of the proposed changes, followed by an explanation of why these changes have been proposed.

1) Addition of a part-time SOAR-trained Social Worker, who will assist approximately 30 disabled clients on an annual basis, each of whom is projected to receive services for approximately four months, with a maximum of seven months, as their SSI/SSDI application is assembled, submitted, and reviewed.

2) Creation of a new PMPM bundle, into which beneficiaries will be enrolled at the time that they meet with CARE Network staff to begin receiving SSI advocacy and disenrolled when the application process and/or any appeals are completed. We estimate this time period to be four months on average. An individual will receive the SSI/SSDI advocacy services for a maximum of seven months, and those months do not have to be continuous. As shown in the attached budget, the costs in the PMPM bundle include the part-time Social Worker (0.5 FTE), a part-time Lead Social Worker (0.12 FTE) responsible for supervision, case support, and overall program management, staff travel costs associated with assembly of medical records (\$83 per FTE per month), supply costs (paper, toner, folders, writing utensils, etc., budgeted at \$50 per FTE per month), and overhead/administration costs budgeted at 5% of direct costs. Start-up costs associated with bringing the Social Worker on board have been included in the PY2-Ltd Delivery Infrastructure budget line, in the amount of \$7,643.

3) The total budgeted cost for this service is \$35,399 in PY 2-Ltd and \$70,798 per year in PYs 3-5. We have reduced this by 5% to account for TCM overlap such that the requested amounts are \$25,986 in PY2-Ltd and \$67,258 in PYs 3-5. With an estimated 15-17 unduplicated clients in PY2-Ltd and 25-30 unduplicated clients annually in PYs 3-5, the PMPM cost for this service, based upon an average of four months of service for each client, is \$509.53. The budget states a rounded number of \$510. We have attached the modified budget forms showing these adjustments, as well as a separate detailed breakdown of the PMPM calculations.

We are requesting this expansion for the following reasons:

**SSI/SSDI advocacy is an essential service for homeless people living with disabilities and directly aligned with the larger goals of the Whole Person Care Pilot.** While SSI/SSDI benefits may not typically cover a beneficiary's entire housing expenses, they make a significant contribution. The National Alliance to End Homelessness, HUD, and the HHS Office of the Assistant Secretary for Planning and Evaluation (ASPE) have all noted the value of SSI income for disabled people experiencing or at risk of homelessness, which can allow them to pay their share of rent for affordable housing and cover other expenses like food and increasing their likelihood for longer term housing stability and wellness. However, the application process is notorious complex, and even more so for people who are homeless. As reported by ASPE, "Local studies suggest that homeless disability claimants are denied benefits at significantly higher rates than other claimants, often for failure to negotiate the arduous application process rather than for lack of severe medical impairments."

**The SOAR model of SSI/SSDI advocacy is not just standard benefits connection, but has been highlighted by SAMHSA as a best practice, particularly for people who are homeless and/or living with co-occurring disorders.** The SOAR model factors into their advocacy the likelihood that homeless beneficiaries will have fragmented medical histories, missing documentation and, in many cases, drug or substance use histories that cloud the degree to which physicians unfamiliar with the patient may recognize or acknowledge impairment. SOAR advocates are co-located with clinicians to facilitate access to necessary diagnostic information, and are trained to assemble strong, well-researched supplemental Medical Summary Reports that reflect data collection and client interviews. Unlike other types of benefits advocacy, where untrained Case Managers try to support clients with completing their applications or County Social Services staff manage a high volume of various benefits applications without investing much time in any particular application, the SOAR approach is customized for severely impaired people with complex needs and designed to win approval for applications on the first attempt. A 2016 independent evaluation of the SOAR approach showed that applications prepared by SOAR trainees were approved on the first attempt 50% of the time, almost twice as often as non-SOAR applications, 28% of which were approved at the first attempt. In California, this rate is even higher (58%) and, for Napa's CARE Network, it is 60%.

**SSI/SSDI advocacy services are critically needed in Napa County.** More than half (56%) of the adults in Napa's Homeless Management Information System self-report disabling conditions, roughly 60% of whom are not currently receiving SSI or SSDI income. In Napa, someone in need of SSI is typically directed to the Social Security Administration, where they receive instructions on how to complete an SSI application, but no further assistance or support. The CARE Network provides SOAR-trained SSI/SSDI Advocacy with great success but does not have the capacity to serve additional beneficiaries. They currently maintain a waitlist. It is expected that, with the Whole Person Care Pilot serving 200 people per year for the next four years, at least 75-100 will need SSI/SSDI advocacy assistance. The proposed services are not supplanting any other SSI/SSDI advocacy services in Napa County, as the current SSI/SSDI services are over-subscribed and not likely accessible to new Whole Person Care beneficiaries.

**SOAR Advocacy is not simply an expansion of case management services.** As noted above, the SOAR approach goes far beyond simply completing the SSI/SSDI application in order to attain success on the first attempt. SOAR advocates prepare a detailed Medical Summary Report on top of each application, which requires research, data collection (typically from multiple medical providers), and multiple client interviews to assemble. They also gather extensive medical records – some of which date back to childhood – to adequately capture the complex circumstances that contribute to the disabling conditions experienced by many homeless people. On average, it takes the CARE Network social worker 40-50 hours to complete a client’s application, a process that can span 3-4 months.

Further, using the SOAR approach efficiently and effectively takes time, practice, and specialization. A case manager working to connect homeless people with disabilities and other complex needs to housing would be unlikely to be able to devote the time that such an application requires. A much more proficient model is to have dedicated SOAR advocates develop, write and complete/submit the applications separate from, but in partnership with, the housing stabilization and tenancy care services provided through the WPC program.