

NOTES FOR DISABILITY BRIEFING

8/12/94

The Social Security Administration representatives are planning to discuss three issues at the 1:00 briefing:

I. Disability Process Redesign

The redesign team has submitted its final report to Commissioner Chater. It has some very good long-term ideas in it.

Key question for Chater: When will she announce publicly her plans re: implementation, timetable, budget, etc.

*Redesign of Redwood backlog  
SC: do not address it  
10 years*

II. Backlog

We asked them to brief us on the current status of the backlog of claims and their current thinking on short-term steps for addressing it. The reengineering process is good, but will take many, many years. Meanwhile the backlog grows.

Question: How is downsizing/staff cuts being effected to have minimal impact on backlog?

Possible recommendation: A joint SSA/DPC/OMB team to come up with some short-term thoughts on ways to improve the backlog situation -- unless they come in with what seems a realistic, workable plan.

Crisis team

III. D.A. & A.

We also asked SSA to brief you and Alice on the provisions of the SSA bill regarding drug addicts and alcoholics: what ended up in the bill and what it really means for clients, programs, budget, etc.

*monitoring*

*SSI/DI 36mo clock*

IV. Other Issues

You may want to hint at the need to discuss the children's disability issue, and the need for SSA and HHS to work with us on naming members of the Childhood Commission. We are setting up a separate meeting on this.

*end of year  
mid Sept.*

*'97*

*Paul Miller -- 10/14  
BEOC --  
Pat -- drop by*

8-12-94

1:00 - 2:00

OMB -- S. Chater --

John Kasstumpf

Smith --

Walker

Rivlin

Beniga

Keith

?

A.R.

Garfield:  
shunt --

SC:--

At the design stage

entire set

Accept recommendations + design (w/proof -

pull out methodology, re-use

index of quality

+ methodology of functional

Be sure not create design re

dependencies of disability

5 year project

(3-5)

AR

Can you just do it w/leg?

SC:

leg re some paths to include ???

es disability claim manager

CHR:

when announce

Complete savings out to ant years 1

at least 200,000 backlog over after

10 years.

A PR:

Small team -- crash, temporary set

pull people into

while re-engineering proceeds

A SC

Tradeoff

Andy Toulson

CHR:

Clinton testimony to Congress re backlog  
lined through to state level - innovation

many Qs

SC:

1,000,000 cases  
\$ 28 ml DATA

estimated  
benefits  
PBR's statement

Pilot study: new es. statements  
DORA

market strategies plan  
for

IS. Managing as vehicle for seeing technology  
growth

large FTB answer?

workloads / resource collision

anything else to do now?

SC: 1 Oct quarterly update as possible

1. "streamlined folder"

2. IF AIPs, don't ask for other need doc.

3. Language in AIT offices to screen  
protocols -- shorter decisions

4. Computer model project shortened times

still 10 years

Take many people in Bull HPQ; push  
them into field

Freezing → + probing into DRS  
internal client offices

can make <sup>honest</sup> purchase today to do better  
proactive response:

(7.5 bil v. 5.2 bil -- 8% loss)

ann biggest priority disability cases

"pull/short/queue"

1,000,000 - 200,000 - 300,000 in 10 years

POMS - reduced POMS 42,000 pp.

in 100 / 13,000 - now computers to read CP Roms

automation --

What does she mean by  
going back to 'squeeze and  
push'?

John Colman Rooming Process -- <sup>Resumes from</sup> other areas  
(savings from other issues)

- integrity process
- time of psych
- emergency entire SSA to set resumes for disability

SC - productivity rates of SS offices - "extremely productive"

50% of budget of SSA to disability

DR: what to do to help?

APR?

award on account

independent relationship

Special relationships

budget -- direct same estimate

2.4 mil savings (by 2001)

\$511 - 16% 427 per case

Pilot to make same definition

Keith: streamline?

city fees?

superfluous regs?

Foldout (IG)

Rep pages? In 4 years

(vicious reg) became vicious

DR: narrow rules by absolute min necessary  
(as stipulate)

case law security how regs?

from many state law <sup>admittedly</sup>

Skeptical: req. payee reports for DI;  
req. defining appropriate treatment  
performance to public agencies as  
req. payee  
grant payments - not just long-term  
innovative treatment methods (SARA)

Child Disability IS: Childhood comm (by ~~Jan~~ Nov. 30/92)

re approach  
appts Jan 95  
14-15 members  
dev. medicine  
psych.  
dis. programs

social insurance  
other fields of expertise  
Charter not - union; advocates / disabled?  
• parent  
• person w/ disability

John C: Fundamental impact of child disability  
program  
accidental into -- re. Centers for Learning  
ADD -- doesn't center well;  
perhaps the support issue //

CFR \$ to provider / versus direct cash

John C: mindfall -- crazy

CFR: brain from  
cost-complexities;

SC: Continuing remedy; neutral impact  
IS: investment automation v. disability  
engineering

ADR - new legal council

should have  
with them

ADR concepts

to avoid just  
being adjudicators

news

Partly will bite us

Both subcommittee & body  
whenever

EXECUTIVE OFFICE OF THE PRESIDENT

03-Aug-1994 03:20pm

TO: Jeremy D. Benami  
FROM: Carol H. Rasco  
Economic and Domestic Policy  
CC: Stanley S. Herr  
SUBJECT: RE: Disability Issues

Pat and I are beginning to get up the two meetings on backlog ad on children...at the moment we are waiting to finalize anything until I talk with Chater personally....will keep you posted. I told Alice on the overall policy issue that I am waiting on you and Stan to give me a proposal, that we will then move ahead.

EXECUTIVE OFFICE OF THE PRESIDENT

03-Aug-1994 02:43pm

TO: Carol H. Rasco  
FROM: Jeremy D. Benami  
Domestic Policy Council  
CC: Stanley S. Herr  
SUBJECT: Disability Issues

Just curious. . . .

What came of your meeting with Alice Rivlin on Monday re: (1) addressing the SSI/DI backlog, (2) the Children's Commission, and (3) the longer term interagency policy group?

E X E C U T I V E O F F I C E O F T H E P R E S I D E N T

09-Aug-1994 03:01pm

TO:           Jeremy D. Benami  
TO:           Stanley S. Herr

FROM:         Carol H. Rasco  
              Economic and Domestic Policy

SUBJECT:     Disability policy review

In our regular weekly meeting yesterday, Alice Rivlin and I decided the disability policy review should be a very big deal...music to my ears, of course! We are definitely making it a DPC/OMB led group and will ask NEC (I'll talk to Bob and let you know the answer on that part) if they wish to be a part of the trio to lead.

Therefore, I am asking that you all contact Belle Sawhill to work with her on the paper you are doing for me outlining possible process and scope. I am in the meantime going to talk to Bob Rubin as well as forward to you a list of questions that Belle has outlined as some suggestions for scope. Once you all and Belle along with NEC person if they are to join us have agreed on an option(s) paper on this topic I will call together Alice, Bob (?) and myself along with you all to talk about it.

Thanks.

**Zebley  
Implementation  
Project**, a project of

COMMUNITY LEGAL SERVICES, INC.

1324 Locust Street  
Philadelphia, PA 19107-5697  
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Fax: 215-893-5350

6/28

Stan,

Wanted to share these names I  
sent to Jeremy for the to-be-established  
nat'l Comm on Child SSI Disability.  
Need to have good people on this  
body - can you work toward this end?

Best,

Jonathan

P.S. Jeremy is also on issue of  
amending bill, H.R. 4277 in House - Sen. Carter  
to have Commission study benefits of  
current SSI program, not just  
alternatives to its existence.

See my letter to Sen. Boreux encl.  
Can you support this too?

# Zebley Implementation Project, a project of

COMMUNITY LEGAL SERVICES, INC.

1324 Locust Street  
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Fax: 215-893-5350

June 23, 1994

FAX: (202) 456-7028

Jeremy Benami  
Domestic Policy Council  
The White House  
1600 Pennsylvania Avenue  
Washington, DC 20500

RE: Recommendations for Proposed  
Commission on SSI Childhood Disability

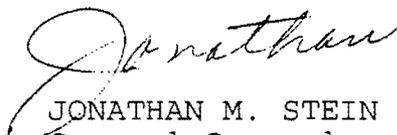
Dear Jeremy:

Per your recent request attached is a list of outstanding people who, our experience with childhood disability and SSI over the past decade, has shown to be people with great expertise in their fields, knowledge of this all-too-little-known children's program, and compassion for and understanding of the real world problems faced by low income kids and their families.

I also hope you can be in personal contact with Senate-House conferees around needed amendments to the new Commission's charge. Conference staff are addressing these issues at this moment.

Thank you for consideration of these people including ourselves.

Sincerely,

  
JONATHAN M. STEIN  
General Counsel

RICHARD P. WEISHAAPT  
HHS Project Head

JMS/RPW/dof

Enclosure

Proposed Names to Commission  
on Childhood Disability

Conni Guyer

Mother of Nathaniel Guyer, SSI disabled child with Attention Deficit Disorder and other related impairments (who has made extraordinary improvements with his SSI);

- State Coordinator, Children With Attention Deficit Disorders (Ch.A.D.D.), State ADD Council of Ohio
- Parent Coordinator Ch.A.D.D., of the Miami Valley (Dayton, Ohio)
- President, ADD Resources Unlimited

Ms. Guyer advises and advocates for hundreds of families with ADD children - a group that has been under misinformed attack recently by some critics of the SSI children's program.

Tele:  
FAX:

P6/(b)(6)

Polly Arango

Mother of a multiply disabled child and national director of Family Voices, a national coalition speaking for children with special health needs. She and Barbara Huff (see below) are co-authoring a persuasive op-ed piece explaining the importance of the SSI child program. Based in New Mexico, Ms. Arango has also been very active in national health reform efforts to meet the health needs of children with disabilities.

Tele:  
FAX:

P6/(b)(6)

Barbara Huff

Mother of a disabled child and Executive Director, Federation of Families for Children's Mental Health. Along with Polly Arango she has co-authored an op-ed defending and explaining SSI child disability program.

Tele:

P6/(b)(6)

Marian Wright Edelman

Director, Children's Defense Fund, perhaps the country's leading child advocate. If Ms. Edelman were unable to participate, her most senior staff, Eileen Sweeney or James Weil, two lawyers who in earlier lives represented low income disabled SSI claimants, would be excellent. Ms. Sweeney sits on the National Academy of Social Insurance Task Force on Disability reporting to the House Committee on Ways and Means, and has developed great expertise in SSI child disability.

Jonathan Stein, Esq. and Richard Weishaupt, Esq.

Mr. Stein, General Counsel, Community Legal Services, Inc. and Mr. Weishaupt, HHS Project Head, Community Legal Services, Inc. have been lead co-counsel in the Zebley national class action law suit won before the US Supreme Court in 1990 that has now established more realistic, fairer rules to evaluate disabilities in children for SSI. Both have received national awards and recognition for their work in the SSI childhood disability program, and have had extensive involvement with Congress, the Administration, and parents and professionals across the country in all aspects of SSI law, policy, administration, and interpretation and implementation of the prior and new eligibility rules.

Community Legal Services  
1324 Locust Street  
Philadelphia, PA 19107-5697  
Tele: (215) 893-5342(73)  
FAX: (215) 893-5301

Leonard Rubenstein, Esq.

Director of the Judge David L. Bazelon Center for Mental Health Law, is one of the nation's leading advocates in mental health law and policy, whose office has spearheaded the recent national SSI Childhood Disability Outreach Campaign as well as being instrumental, with a network of mental health professionals, in getting SSA to adopt completely revised and reformed SSI childhood mental disorder Listing of Impairments. The majority of SSI children have mental impairments.

Tele:  
FAX:

P6/(b)(6)

Marilyn Holle, Esq.

Senior Attorney with California Protection and Advocacy, is recognized as one of the most brilliant and knowledgeable advocates for disabled children and adults in the nation with a comprehensive knowledge of the legal, social service, medical and financial matrices that impact on disabled people, especially SSI eligible children. Her over 25 years of specialized work for this population, her writing and analyses and training efforts have established her as a leading consultant to policy-makers in this area.

Calif. Protection and Advocacy  
221 E. Glenoaks (No. 220)  
Glendale, CA 91207  
Tele: (818) 546-1631  
FAX: (818) 546-2856

Marty Ford

Assistant Director, Governmental Affairs, The Arc (formerly Association of Retarded Citizens), Ms. Ford has been one of the leading spokespersons for children on SSI, especially those with mental disorders who represent a majority of the claimants and beneficiaries. She has been intimately involved in the development and implementation of the new rules, as well as with congressional responses to the issues.

The Arc  
1522 "K" Street, NW  
Suite 516  
Washington, DC 20005  
Tele: (202) 785-3388  
FAX: (202) 467-4179

John Kemp

Executive Director, United Cerebral Palsy. Mr. Kemp, who is himself physically challenged, directs the national UCP organization that has been active in SSI child disability issues. If unavailable, the national office UCP policy analyst Jennifer Simpson, mother of a SSI child, would also be excellent.

Tele:  
FAX:

P6/(b)(6)

Judy Howard, MD

A Professor of Pediatrics at UCLA Medical School, she directs a High Risk Program for Infants and Toddlers and directs an early Intervention Program for poor children. She also is trained in and expert in physical therapy (note the law setting up the Commission provides for experts in "rehabilitation"). She has acquired substantial knowledge of the SSI child program.

Tele:

P6/(b)(6)

Ruth Stein, MD

A Professor of Pediatrics at Albert Einstein College of Medicine, she also practices at Jacoby Hospital, largely seeing poor, urban children. Along with Dr. James Perrin at Massachusetts General Hospital, she served on SSA's Childhood Disability Task Force advising SSA in 1990-91 on developing the new, post-Zebley SSI childhood disability regulations, the subject of this new Commission. She and Dr. Perrin, active on these issues at the American Academy of Pediatrics, co-authored an article on the SSI program in the Academy Journal for the pediatric community.

Albert Einstein College of Medicine  
Rom 817 Jacobin  
1300 Morris Park Avenue  
Bronx, NY 10461  
Tele: (718) 918-5304  
FAX: (718) 918-5007

Steven Forness, Ph.D.

A Professor and Inpatient School Principal of the UCLA/Neuropsychiatric Institute, is a national psychological expert in attention deficit disorders, learning disabilities and related child behavioral problems, which are the least understood among policy makers and the public among all childhood disabilities. Dr. Forness is considered one of the best in his field and an expert quite essential to the Commission addressing current politicized issues.

UCLA/Neuropsychiatric Institute  
760 Westwood Plaza  
Los Angeles, CA 90024  
Tele: (310) 825-0147  
FAX: (310) 206-4446

The law also calls for expertise in "administration of

disability programs" and two such experts, one state and one federal, are:

Howard Thorkelson, Esq.

Director of the Bureau of Disability Determinations, PA. Department of Labor and Industry, he is a brilliant, nationally respected state agency administrator whose agency has adjudicated over 60,000 childhood disability claims under the new Zebley rules; he has been closely involved in all aspects of implementation of the new rules. Mr. Thorkelson is perhaps the only state agency director who is a lawyer (a former public interest lawyer) who had earlier represented disabled claimants. He was appointed to his current position by then Pa. Labor Secretary Harris Wofford (now U.S. Senator, D.-Pa.); Mr. Thorkelson also is himself physically challenged.

Pa. BDD  
1171 So. Cameron Street  
Harrisburg, PA 17104-2595  
Tele: (717) 783-3620  
FAX: (717) 783-3016

Barry Eigen

Deputy Director, Division of Medical and Vocational Policy, Office of Disability, SSA, is an equally brilliant federal administrator and policy-maker who was the principal author of the current SSI childhood disability regulations. The drafting effort was universally admired as a virtually unprecedented accomplishment within the agency combining astute policy making, balance and timeliness in its execution. Mr. Eigen has been closely involved in other policy developments and is an important link with prior research and policy development in this area.

SSA, OD, DMVP  
3-A-9 Operations Building  
6401 Security Boulevard  
Baltimore, MD 21235  
Tele: (410) 965-2528  
FAX; (410) 965-6659

Bill Dombi, Esq.

He directs the Center For Health Care Law serving severely disabled children needing home health care. He is expert in private and governmental health care plans and their relating to the SSI program.

Tele:

P6/(b)(6)

# **LIBRA**

1954 East 7000 South, Salt Lake City, Utah 84121-3094 Phone (800) 453-3827 Fax (801) 944-7288

To: Mr. David Francis

Date: June 23, 1994

Company: Community Legal Services

From: Wendy Waldron  
(extension 7213)

Fax Number: 215-893-5301

Reply Requested

Number of Pages: 2  
(Including this page)

Action Required

For Your Information

**Message:**

Mr. Francis:

It was a pleasure speaking with you. Please review the following invoice for the Annual Software Update Service.

Our records indicate your service expired on 04/30/94. 4.0 release will be shipped in July to those active on Update Service.

Please call me if you have any question.

Thank you,

Wendy S. Waldron (extension 7213)

Annual Software Update Service Subscription Invoice

Questions? Call Your Account Manager at 1-800-453-3827

Bill To:

COMMUNITY LEGAL SERVICES INC  
ATTN DAVID FRANCIS  
1326 LOCUST ST  
PHILADELPHIA PA 19107

Dealer...: 1213  
Cust ID...: PEN5214M  
Phone #...: 213-893-5348  
Invoice #: 152427

Software Update Service Expiration Date: 4/30/94

Invoice Date : 3/16/94

LIBRA Systems Currently Installed .....	Amount
LIBRA Environment	48.00
Accounts Payable	192.00
General Ledger	192.00
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***** Renewal Totals *****	432.00
	=====

LIBRA Federal Taxpayer ID #: 87-0328916

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June 27, 1994

FAX: (202) 456-7028

Jeremy Benami  
Domestic Policy Council  
The White House  
1600 Pennsylvania Avenue  
Washington, DC 20500

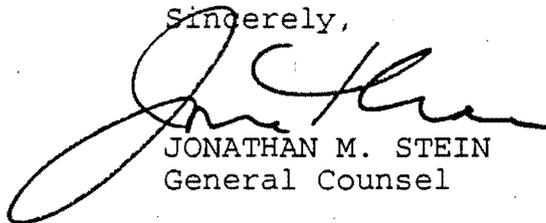
RE: Additional Recommendations for Proposed  
Commission on SSI Childhood Disability

Dear Jeremy:

Attached are two additional names of outstanding people for  
the new Commission.

Have you been in contact with Senate-House conferees around  
needed amendments to the new Commission's charge? Please give me  
a call.

Sincerely,



JONATHAN M. STEIN  
General Counsel

RICHARD P. WEISHAAPT  
HHS Project Head

JMS/RPW/dof

Enclosure

Donna LeFebvre, Esq.

Ms. LeFebvre is in a private, disability law practice and is one of the few such attorneys in the nation with a specialty and national track-record in SSI childhood disability law and policy. She helped direct a state-wide childhood disability outreach project in Tennessee for Rural Legal Services of Tenn., and has been involved in advocacy around rural access to health care.

Miller, Smith and LeFebvre  
Suite 1400  
Charter Federal Building  
531 South Gay Street  
Knoxville, TN 37902  
Tele: (615) 637-0515  
FAX: (615) 637-1967

Professor Matthew Diller

A Fordham University School of Law Professor, Mr. Diller's specialization includes disability law and administrative law. A brilliant academic and former litigator for Social Security/SSI disabled claimants at New York City's Legal Aid Society, Law Reform and Appeals Division, Mr. Diller recently was invited by the Social Security Subcommittee of the Committee on Ways and Means to address SSA's "re-engineering" plans. A thoughtful analyst and astute observer of the Social Security system, he has in recent years been tracking developments in SSI child disability law and policy.

Fordham University School of Law  
140 West 62 Street  
New York, New York 10023  
Tele: (212) 636-6980  
FAX: (212) 636-6899

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Fax: 215-893-5350

June 15, 1994

Senator John Breaux  
Chairman, Social Security Subcommittee  
516 Hart S.O.B.  
Washington, DC 20510

ATTENTION: Laird Burnett

RE: SSI Childhood Disability:  
House Proposed Commission on the  
Evaluation of Disability in Children

Dear Senator Breaux:

We write in light of the upcoming Senate-House Conference on the House-passed disability bill to ask you to consider some changes in the language of the Child Disability Commission provision that passed the House last month (see enclosure).

The main problems with the language are that,

(1) the issues listed to be studied are generally tilted toward alternatives that would abolish the current SSI cash grant program, and

(2) the composition of the upwards of 15 member Commission fails to make explicit provision for consumers or parents of disabled children who have first hand knowledge of the needs of families, and for knowledgeable representatives from disability organizations reflecting the range of mental and physical disabilities affecting SSI children.

1. We would add to the first substantive research questions of Sec. 223(e) (2) (A) and (B), which would research the efficacy of expanding federal health assistance program and the efficacy of non-cash support (like vouchers), additional questions that would provide balance and fairness to the research. Thus research should also include, as the first issue, a new Sec. 223(e) (A) (1):

"how the current cash benefit program addresses the multiplicity of medical and social

HR4277

Senator John Breaux  
Page 2  
June 15, 1994

needs of families of disabled children, replaces income of parents who must stay home to care for their children, and allows families to stay together without institutionalizing the disabled child."

The above is a critical area of inquiry evaluating the current program, before we jump into questions pursuing alternatives when we have not looked fairly at the program as it is now working. (The Yale Law School Cedarbaum paper under Professor Mashaw for the National Academy of Social Insurance begins to address this question; the new Commission should follow it up in depth.)

Question (D) on retroactive payments "pursuant to Sullivan v. Zebley" needs restating as most, if not almost all, such Zebley retroactive payments have been made; but, the issue of future smaller retroactive payments and the arbitrary 6 month grace period in the statute still exists. We would suggest in its place:

"(D) the feasibility of alternatives for addressing the disposition of retroactive SSI payments that are an exception to the 6 month grace period for retroactive benefits and which provide for meeting the current and future needs of the disabled child, including dedicated savings accounts, payment on a prorated basis or use of a standardized, simplified trust that also preserves Medicaid eligibility."

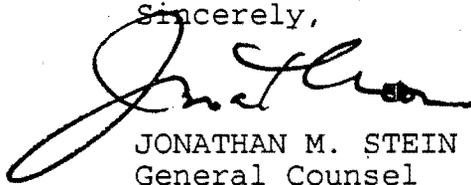
2. With regard to composition of the Commission, there needs to be much broader representation of all interests to avoid this being an exclusively ivory-tower type Commission. Thus we suggest:

(b)(1)(C) parents of SSI children with disabilities representative of the breadth of childrens' physical and mental disabilities, and representatives of non-profit organizations serving children physical and mental disabilities.

Senator John Breaux  
Page 3  
June 15, 1994

We welcome your comments on these suggestions. You can reach Jonathan at (215) 893-5342 and Richard at (215) 893-5373.

Sincerely,



JONATHAN M. STEIN  
General Counsel



RICHARD P. WEISHAUP  
HHS Project Head

RPW:JMS/cjt  
Enclosure

cc: Senator Daniel Pat Moynihan (Attn: Margaret Malone  
and Ed Lopez)  
Senator David Pryor (Attn: Jonathan Adelstein)  
Senator Tom Harkin (Attn: Andy Imparato)

(c) **EFFECTIVE DATE.**—The amendments made by this section shall apply with respect to service performed after the calendar quarter following the calendar quarter in which the date of the enactment of this Act occurs.

**SEC. 221. EXTEND THE FICA TAX EXEMPTION AND CERTAIN TAX RULES TO INDIVIDUALS WHO ENTER THE UNITED STATES UNDER A VISA ISSUED UNDER SECTION 101 OF THE IMMIGRATION AND NATIONALITY ACT.**

(a) **AMENDMENTS TO THE INTERNAL REVENUE CODE OF 1986.**—

(1) The following provisions of the Internal Revenue Code of 1986 are each amended by striking "(J), or (M)" each place it appears and inserting "(J), (M), or (Q)":

- (A) Section 871(c).
- (B) Section 1441(b).
- (C) Section 3121(b)(19).
- (D) Section 3231(e)(1).
- (E) Section 3306(c)(19).

(2) Paragraph (3) of section 872(b) of such Code is amended by striking "(F) or (J)" and inserting "(F), (J), or (Q)".

(3) Paragraph (5) of section 7701(b) of such Code is amended by striking "subparagraph (J)" in subparagraphs (C)(i) and (D)(i)(II) and inserting "subparagraph (J) or (Q)".

(b) **AMENDMENT TO SOCIAL SECURITY ACT.**—Paragraph (19) of section 210(a) of the Social Security Act is amended by striking "(J), or (M)" each place it appears and inserting "(J), (M), or (Q)".

(c) **EFFECTIVE DATE.**—The amendments made by this subsection shall take effect with the calendar quarter following the date of the enactment of this Act.

**SEC. 222. STUDY OF RISING COSTS OF DISABILITY INSURANCE BENEFITS.**

(a) **IN GENERAL.**—As soon as practicable after the date of the enactment of this Act, the Secretary of Health and Human Services shall conduct a comprehensive study of the reasons for rising costs payable from the Federal Disability Insurance Trust Fund.

(b) **MATTERS TO BE INCLUDED IN STUDY.**—In conducting the study under this section, the Secretary shall—

(1) determine the relative importance of the following factors in increasing the costs payable from the Trust Fund:

- (A) increased numbers of applications for benefits;
- (B) higher rates of benefit allowances; and
- (C) decreased rates of benefit terminations; and

(2) identify, to the extent possible, underlying social, economic, demographic, programmatic, and other trends responsible for changes in disability benefit applications, allowances, and terminations.

(c) **REPORT.**—Not later than December 31, 1994, the Secretary shall transmit a report to the Committee on Ways and Means of the House of Representatives and the Committee on Finance of the Senate setting forth the results of the study conducted under this section, together with any recommendations for legislative changes which the Secretary determines appropriate.

**SEC. 223. COMMISSION ON CHILDHOOD DISABILITY.**

(a) **ESTABLISHMENT OF COMMISSION.**—The Secretary of Health and Human Services (in this section referred to as the "Secretary") shall appoint a Commission on the Evaluation of Disability in Children (in this section referred to as the "Commission").

(b) **APPOINTMENT OF MEMBERS.**—(1) The Secretary shall appoint not less than 9 but not more than 15 members to the Commission, including—

(A) recognized experts in the field of medicine, whose work involves—

- (i) the evaluation and treatment of disability in children,
- (ii) the study of congenital, genetic, or perinatal disorders in children, or
- (iii) the measurement of developmental milestones and developmental deficits in children; and

(B) recognized experts in the fields of—

- (i) psychology,
- (ii) education and rehabilitation,
- (iii) law,
- (iv) the administration of disability programs,
- (v) social insurance (including health insurance), and
- (vi) other fields of expertise that the Secretary determines to be appropriate.

(2) Members shall be appointed by January 1, 1995, without regard to the provisions of title 5, United States Code, governing appointments to competitive service.

(3) Members appointed under this subsection shall serve for a term equivalent to the duration of the Commission.

(4) The Secretary shall designate a member of the Commission to serve as Chair of the Commission for a term equivalent to the duration of the Commission.

(c) ADMINISTRATIVE PROVISIONS.—(1) Service as a member of the Commission by an individual who is not otherwise a Federal employee shall not be considered service in an appointive or elective position in the Federal Government for the purposes of title 5, United States Code.

(2) Each member of the Commission who is not a full-time Federal employee shall be paid compensation at a rate equal to the daily equivalent of the rate of basic pay in effect for Level IV of the Executive Schedule for each day (including travel time) the member attends meetings or otherwise performs the duties of the Commission.

(3) While away from their homes or regular places of business on the business of the Commission, each member who is not a full-time Federal employee may be allowed travel expenses, including per diem in lieu of subsistence, as authorized by section 5703 of title 5, United States Code, for persons employed intermittently in the Government service.

(d) ASSISTANCE TO COMMISSION.—The Commission may engage individuals skilled in medical and other aspects of childhood disability to provide such technical assistance as may be necessary to carry out the functions of the Commission. The Secretary shall make available to the Commission such secretarial, clerical, and other assistance as the Commission may require to carry out the functions of the Commission.

(e) STUDY BY THE COMMISSION.—(1) The Commission shall conduct a study, in consultation with the National Academy of Sciences, of the effects of the definition of "disability" under title XVI of the Social Security Act (42 U.S.C. 1382 et seq.) in effect on the date of enactment of this Act, as such definition applies to determining whether a child under the age of 18 is eligible to receive benefits under such title, the appropriateness of such definition, and the advantages and disadvantages of using any alternative definition of disability in determining whether a child under age 18 is eligible to receive benefits under such title.

(2) The study described in paragraph (1) shall include issues of—

(A) whether the need by families for assistance in meeting high costs of medical care for children with serious physical or mental impairments, whether or not they are eligible for disability benefits under title XVI of the Social Security Act, might appropriately be met through expansion of Federal health assistance programs (including the program of medical assistance under title XIX of such Act);

(B) the feasibility of providing benefits to children through noncash means, including but not limited to vouchers, debit cards, and electronic benefit transfer systems;

(C) the extent to which the Social Security Administration can involve private organizations in an effort to increase the provision of social services, education, and vocational instruction with the aim of promoting independence and the ability to engage in substantial gainful activity;

(D) the feasibility of providing retroactive supplemental security income benefits pursuant to the decision in *Sullivan v. Zebley*, 110 S. Ct. 2658 (1990), on a prorated basis or by means of a packaged trust;

(E) methods to increase the extent to which benefits are used in the effort to assist the child achieve independence and engage in substantial gainful activity; and

(F) such other issues that the Secretary determines to be appropriate.

(f) REPORT.—Not later than November 30, 1995, the Commission shall prepare a report and submit such report to the Committee on Ways and Means of the House of Representatives and the Committee on Finance of the Senate which shall summarize the results of the study described in subsection (e) and include any recommendations that the Commission determines to be appropriate.

**SEC. 204. DISREGARD DEEMED INCOME AND RESOURCES OF INELIGIBLE SPOUSE IN DETERMINING CONTINUED ELIGIBILITY UNDER SECTION 1619(b).**

(a) IN GENERAL.—Section 1619(b)(2) of the Social Security Act (42 U.S.C. 1382h(b)(2)) is amended by adding at the end the following:

"(C)(i) For purposes of paragraph (1), in determining the earnings of an individual whose spouse is not an eligible individual, there shall be disregarded the net income of the spouse to the extent such net income does not exceed an amount equal to twice the threshold amount determined for the individual.

(2) Members shall be appointed by January 1, 1995, without regard to the provisions of title 5, United States Code, governing appointments to competitive service.

(3) Members appointed under this subsection shall serve for a term equivalent to the duration of the Commission.

(4) The Secretary shall designate a member of the Commission to serve as Chair of the Commission for a term equivalent to the duration of the Commission.

(c) ADMINISTRATIVE PROVISIONS.—(1) Service as a member of the Commission by an individual who is not otherwise a Federal employee shall not be considered service in an appointive or elective position in the Federal Government for the purposes of title 5, United States Code.

(2) Each member of the Commission who is not a full-time Federal employee shall be paid compensation at a rate equal to the daily equivalent of the rate of basic pay in effect for Level IV of the Executive Schedule for each day (including travel time) the member attends meetings or otherwise performs the duties of the Commission.

(3) While away from their homes or regular places of business on the business of the Commission, each member who is not a full-time Federal employee may be allowed travel expenses, including per diem in lieu of subsistence, as authorized by section 5703 of title 5, United States Code, for persons employed intermittently in the Government service.

(d) ASSISTANCE TO COMMISSION.—The Commission may engage individuals skilled in medical and other aspects of childhood disability to provide such technical assistance as may be necessary to carry out the functions of the Commission. The Secretary shall make available to the Commission such secretarial, clerical, and other assistance as the Commission may require to carry out the functions of the Commission.

(e) STUDY BY THE COMMISSION.—(1) The Commission shall conduct a study, in consultation with the National Academy of Sciences, of the effects of the definition of "disability" under title XVI of the Social Security Act (42 U.S.C. 1382 et seq.) in effect on the date of enactment of this Act, as such definition applies to determining whether a child under the age of 18 is eligible to receive benefits under such title, the appropriateness of such definition, and the advantages and disadvantages of using any alternative definition of disability in determining whether a child under age 18 is eligible to receive benefits under such title.

(2) The study described in paragraph (1) shall include issues of—

(A) whether the need by families for assistance in meeting high costs of medical care for children with serious physical or mental impairments, whether or not they are eligible for disability benefits under title XVI of the Social Security Act, might appropriately be met through expansion of Federal health assistance programs (including the program of medical assistance under title XIX of such Act);

(B) the feasibility of providing benefits to children through noncash means, including but not limited to vouchers, debit cards, and electronic benefit transfer systems;

(C) the extent to which the Social Security Administration can involve private organizations in an effort to increase the provision of social services, education, and vocational instruction with the aim of promoting independence and the ability to engage in substantial gainful activity;

(D) the feasibility of providing retroactive supplemental security income benefits pursuant to the decision in *Sullivan v. Zebley*, 110 S. Ct. 2068 (1990), on a prorated basis or by means of a packaged trust;

(E) methods to increase the extent to which benefits are used in the effort to assist the child achieve independence and engage in substantial gainful activity; and

(F) such other issues that the Secretary determines to be appropriate.

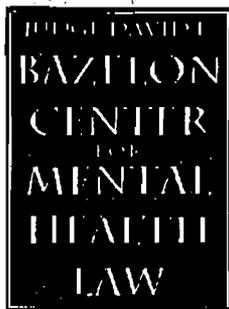
(f) REPORT.—Not later than November 30, 1996, the Commission shall prepare a report and submit such report to the Committee on Ways and Means of the House of Representatives and the Committee on Finance of the Senate which shall summarize the results of the study described in subsection (e) and include any recommendations that the Commission determines to be appropriate.

SEC. 164. DISREGARD DEEMED INCOME AND RESOURCES OF INDIVIDUALS SPOUSE IN DETERMINING CONTINUED ELIGIBILITY UNDER SECTION 1606(b).

(a) IN GENERAL.—Section 1610(b)(2) of the Social Security Act (42 U.S.C. 1382h(b)(2)) is amended by adding at the end the following:

(C)(X)(1) For purposes of paragraph (1), in determining the earnings of an individual whose spouse is not an eligible individual, there shall be disregarded the net income of the spouse to the extent such net income does not exceed an amount equal to twice the threshold amount determined for the individual.

*P. Cole  
Comm.*



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May 27, 1994

**Mr. Stan Herr**  
**Domestic Policy Staff**  
**Old Executive Office Building**  
**Washington, D.C. 20500**

**Dear Stan:**

Thank you for agreeing to read and circulate my analysis and recommendations of the substance abuse provisions in the SSA independent agency bills enacted by both Houses. I suggested to Susan Galbraith of the Legal Action Center that she also send you comments on the legislation. Her views and mine are in synch. I apologize for the length of the comments. I didn't have time to be brief.

**Defining the current population.**

**To be awarded disability benefits because of "substance addiction disorders," SSI and DI applicants must meet one of the following standards:**

- a. **Adults must meet or equal another condition such as organic mental disorder, chronic depression syndrome, anxiety disorders, personality disorders or organ damage which is related to or results from alcoholism or drug abuse. (Section 12.09 of the Listing of Impairments); or**
- b. **Children applying for SSI must meet one of the standards in the psychoactive substance dependence disorder listing (Section 112.09 of the Listing of impairments); or**
- c. **Adults and children with drug- or alcohol-related impairments that differ from those described in the two Listings are given an individual functional assessment and may be granted benefits on the basis of substantially reduced functional capacity.**

Stan Herr  
May 27, 1994  
Page 2

SSA classifies applicants as a drug addict or alcoholic (DA&A) if the "drug addiction or alcoholism is a contributing factor material to the finding of . . . disability"--i.e. they would not be disabled were they cured of their addiction. Applicants found disabled because of a condition related to or resulting from substance abuse are not classified as DA&A.

Note that almost no adult in the DA&A category has only an addiction problem. They have other medically determinable physical or mental impairments which are not severe enough to qualify them on the basis of the Listing standard alone.

To receive benefits, SSI recipients who are DA&A (1) must participate in a substance abuse treatment program approved by SSA, if available, and (2) must have their benefits paid to a "representative payee" who is responsible for managing their finances.

The DA&A classification does not apply to the DI program.

Who is affected by the legislation:

- a. Both the House and Senate bills would extend the DA&A classification to the DI program and with it treatment and representative payee requirements. Under the current definition in the regulations, the extension might double the existing 79,000 DA&A recipients. *Generally, advocates believe extending the treatment requirement to DI program is salutary.* However, we acknowledge the extensive administrative burden on SSA in reviewing the files of the existing 3.2 million DI beneficiaries to determine DA&A status.
- b. The House bill would continue to apply the DA&A definition currently in the regulations, i.e. "contributing factor material to their disability." The Senate bill would expand the DA&A definition to cover SSI/DI recipients who are "in whole or in part" substance abusers. This is a major expansion of the DA&A population--perhaps tripling the number under SSI alone. It would require SSA to review all current SSI recipients to determine whether substance abuse is a factor--material or not--in their eligibility determination.

*We oppose the Senate enlargement of the DA&A population, principally because it puts people under the three year eligibility limit (discussed below) who have qualified under related impairments standards. Further, the administrative*

**Stan Herr**  
**May 27, 1994**  
**Page 3**

burden placed on SSA would interfere with its ability to reduce the growing backlogs of initial determination cases. Finally, expanding the treatment requirement to additional people without regard to the availability of slots is a travesty.

- c. Both the House and Senate bills place a three year lifetime limit on eligibility for benefits. The limit applies regardless of whether the individual is in treatment, or whether treatment is available. The Senate bill applies to people who are in whole or in part substance abusers. The House applies the limit to people whose alcoholism is a contributing factor material to their disability. Under both provisions, people with other significant disabilities will be terminated from the roles without concern for their survival.

With both Houses having hastily enacted the three year limit, we recognize its elimination is unlikely. However, we urge consideration of modifications to lessen the impact on the most vulnerable.

- ◆ The intent of the three year limit is to encourage people whose drug or alcohol addiction is their primary disabling condition to get into treatment, get cured and get on with their lives as independent, working taxpayers. However, the net cast is overly broad. It includes mostly people dually diagnosed with other chronic physical and mental illnesses. For example, the time limits makes no allowances for people whose cognitive or mental impairments make them incapable of initiating or continuing treatment. These people are not the ones abusing the program. When terminated, they are most likely to become part of the expanding homeless population. *We recommend restricting the three year limit to those whose primary diagnosis is alcoholism or drug addiction.*
- ◆ Further, under 1000 children receive SSI by meeting the psychoactive drug dependency listing or the reduced functional capacity standard. Of all those in the DA&A classification, they have the best potential for rehabilitation through effective treatment. But it may take longer than three years. *We recommend children be exempted from the three year limit if they are actively in treatment and staying drug free.*

Stan Herr  
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Page 4

- ◆ **The White House plan for addressing drug addiction released in February, 1994, identifies 2.5 million addicts and a national shortage of 1.1 million treatment slots. Assuming three years is enough time to be "cured" when there isn't treatment available is a public policy hypocrisy. *We recommend the three year clock not start ticking until the individual has been placed in a treatment setting that meets current SSA requirements. The Referral and Monitoring Agency, required in each state by both bills, can be given the responsibility for determining when a legitimate treatment slot is available.***
  
- ◆ **Termination of SSI or DI benefits almost invariably ends eligibility for Medicaid and Medicare. These are major payment sources of substance abuse treatment for people with disabilities. *We recommend that the legislation permit continuation of Medicaid and Medicare eligibility for people terminated from the cash programs solely because of the three year limit.***

**These are our positions on the major elements of the two bills. On other provisions:**

**We support the House provision on proceeds from illegal activities; the provisions in both bills to establish RMAs in each state; the House provision on pro-rating lump sum payments (although this would have to be accompanied by a change in the rule requiring lump sum payments to be spent down to the resource limit within 6 months); and generally support the Senate provisions on representative payees. We oppose the House provisions establishing progressive sanctions for non-compliance unless the three year limit is modified as we recommend.**

**Thanks for reading and sharing this paper with others. If you or they want to discuss any of the recommendations further, please call.**

**Respectfully submitted,**

  
**Joseph Manes**



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**MEMO**

**To:** Stan Herr, Domestic Policy Council  
**From:** Susan Galbraith  
**RE:** SSI Payments for Individuals with Alcoholism and Drug Addictions  
**Date:** May 27, 1994

Joe Manus from the Bazelon Center suggested that I send you these recommendations for improving the provisions in the Social Security Administrative Reform Act of 1994 related to restrictions on the payment of benefits to alcoholic and drug dependent individuals.

Please feel free to call me at 202-544-5478 if you have any questions or if you need more information.

# LEGAL ACTION CENTER

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## RECOMMENDATIONS FOR IMPROVING THE PROVISIONS IN THE SOCIAL SECURITY ADMINISTRATIVE REFORM ACT OF 1994 RELATED TO RESTRICTIONS ON PAYMENT OF BENEFITS TO ALCOHOLIC AND DRUG DEPENDENT INDIVIDUALS 5/94

### (I) 36 Month Time Limit on Benefits

The most problematic provision in both bills is the time limitation on benefits to 36 months for individuals whose alcoholism or drug addiction is a contributing factor to their disability. This restriction is arbitrary and will not fix the problem of managing individuals disabled due to addictions. In fact, it will probably have the unintended consequence of eliminating the fragile safety net for this population, shifting the costs of this population to states, localities, the criminal justice system and the health care system and increasing the homeless population.

If time limits are applied, we recommend (a) a continuing disability review be conducted at 36 months to determine the individual's treatment and disability status, and (b) time limits apply only to individuals who are disabled due to their alcoholism or drug addiction not those dually diagnosed with other chronic physical and mental illnesses. If a continuing disability review is not acceptable, we recommend the following changes to improve the implementation of the 36-month termination policy:

(a) Establish that the 36 month time period begins when an individual is actually in treatment. Individuals should not be penalized because they have not been appropriately processed through the SSA system or they do not have access to drug and alcohol treatment services. In some localities, SSA field offices are having difficulty processing individuals in the DA&A program and referring them to the Referral and Monitoring Agency (RMA). When an individual reaches the RMA, treatment is often not readily available.

Thus, at a minimum, the 36 month time period should begin when the individual actually enters treatment. Since RMA's are responsible for monitoring whether individuals are in drug and alcohol treatment, they can simply provide the SSA field office with this date as part of its monitoring responsibility.

(b) Define treatment as the delivery of the appropriate level and intensity of care necessary for the DA&A population. Individuals on SSI and SSDI who are disabled due to their alcoholism or drug addiction are severely incapacitated. They have chronic physical and mental health problems, few social or family supports and little or no employment history. Most require comprehensive and long-term addictions

treatment to recover. Very few of these individuals can be adequately treated on a once or twice a week outpatient basis. It would not be appropriate or adequate to simply require that individuals in the DA&A population be in treatment. Treatment must address the multiple and complex needs of this population for it to be successful.

The House bill requires that the Secretary issue regulations: (1) defining appropriate treatment for alcoholics and drug addicts who are subject to required medical or psychological treatment; and (2) establish guidelines to be used to review and evaluate their compliance, including measures of their progress in treatment. These regulations are critical and should be in place before the 36-month time limit requirement is implemented. In addition, steps must be taken to ensure that appropriate services have been delivered to an individual before he or she is terminated.

(c) Require a continuing disability review at 36 months for individuals who are actively engaged in alcoholism or drug dependencies treatment. It makes no sense to arbitrarily cut off an individual's benefits if they are actively engaged in treatment and succeeding in staying drug free and rebuilding their lives. There must be a mechanism for evaluating individuals who are in recovery but not yet self supporting. It would be short-sided to cut off financial support for individuals who are committed to recovery and making progress. For example, individuals who are in methadone maintenance programs may be stabilized and in recovery at 36 months but in need of continuing support. If a continuing disability review at 36 months is considered administratively costly or burdensome, the RMA's should be given the authority to review an individual's treatment status and provide a recommendation for a continuation of benefits.

(d) Require that individuals be assessed for vocational rehabilitation services and that an individualized written rehabilitation plan be developed and implemented. The majority of individuals in the SSI program who are disabled due to their alcoholism or drug addiction have little or no work history. We know from both research and experience that these individuals will need both intensive treatment and vocational rehabilitation services in order to be self-supporting.

Therefore, it will be critical to provide vocational rehabilitation services for alcoholic and drug dependent individuals on SSI and SSDI if they are going to be successful in supporting themselves after the 36 month time limit expires. RMA's should be given the authority and resources to oversee this process.

(e) Continue health care coverage through Medicaid and Medicare until an individual is able to establish health benefits through another mechanism. The majority of alcoholic and drug dependent individuals receiving SSI and SSDI benefits have their health care covered through Medicaid or Medicare. Medicaid and Medicare coverage are essential for preserving access to health care services and ongoing medical care.

Indeed, the current health care reform discussion is motivated by the serious gaps in health insurance coverage for millions of Americans.

The House bill recognizes the importance of continuing health care coverage when an individual's benefits are suspended for failure to comply with the treatment requirement. We recommend extending Medicaid and Medicare coverage after benefits are terminated until an individual is covered through another health care plan.

**(II) Proceeds from Illegal Activities Demonstration of Substantial Gainful Activity**

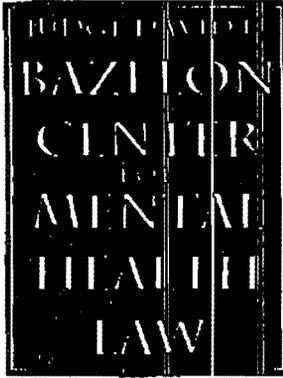
**(a) Adopt the House language on proceeds constituting Substantial Gainful Activity.**

Both the Senate and House bills contain provisions that define how proceeds from illegal activity should be addressed. The Senate bill would substantially revise current law by defining any illegal activity as evidence of an individual's ability to engage in substantial gainful activity and thus be ineligible for benefits. This policy would go way beyond current practice by giving SSA the authority to determine whether an individual has engaged in illegal activity, without any adjudication of guilt or innocence, and then deny all benefits solely on the basis of the alleged illegal activity rather than take the proceeds into account in determining SGA. Furthermore, this policy contradicts the national goal of getting individuals into treatment in an effort to reduce future criminal activity.

The House bill adopts the current practice by granting the Secretary the authority to make eligibility determinations without regard to the legality of the activity.

\* \* \* \*

We do support the provisions in both bills that establish RMA's in each state (and, in fact, this is already being implemented by the SSA), the provision in the House bill that would pro-rate lump sum payments and the provisions in both bills that would increase reliance on agencies rather than individuals as representative payees. While we do support extending the requirements for treatment involvement and a representative payee to the SSDI population, we are very concerned about the feasibility of providing treatment to this population without additional resources.



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(c) **EFFECTIVE DATE.**—The amendments made by this section shall apply with respect to service performed after the calendar quarter following the calendar quarter in which the date of the enactment of this Act occurs.

**SEC. 511. EXTEND THE FICA TAX EXEMPTION AND CERTAIN TAX RULES TO INDIVIDUALS WHO ENTER THE UNITED STATES UNDER A VISA ISSUED UNDER SECTION 101 OF THE IMMIGRATION AND NATIONALITY ACT.**

(a) **AMENDMENTS TO THE INTERNAL REVENUE CODE OF 1986.**—

(1) The following provisions of the Internal Revenue Code of 1986 are each amended by striking "(J), or (M)" each place it appears and inserting "(J), (M), or (Q)":

- (A) Section 871(c).
- (B) Section 1441(b).
- (C) Section 3121(b)(19).
- (D) Section 3231(e)(1).
- (E) Section 3300(c)(19).

(2) Paragraph (8) of section 872(b) of such Code is amended by striking "(F) or (J)" and inserting "(F), (J), or (Q)".

(3) Paragraph (3) of section 7701(b) of such Code is amended by striking "subparagraph (J)" in subparagraphs (CXI) and (DXIVII) and inserting "subparagraph (J) or (Q)".

(b) **AMENDMENT TO SOCIAL SECURITY ACT.**—Paragraph (19) of section 210(a) of the Social Security Act is amended by striking "(J), or (M)" each place it appears and inserting "(J), (M), or (Q)".

(c) **EFFECTIVE DATE.**—The amendments made by this subsection shall take effect with the calendar quarter following the date of the enactment of this Act.

**SEC. 512. STUDY OF RISING COSTS OF DISABILITY INSURANCE BENEFITS.**

(a) **IN GENERAL.**—As soon as practicable after the date of the enactment of this Act, the Secretary of Health and Human Services shall conduct a comprehensive study of the reasons for rising costs payable from the Federal Disability Insurance Trust Fund.

(b) **MATTERS TO BE INCLUDED IN STUDY.**—In conducting the study under this section, the Secretary shall—

(1) determine the relative importance of the following factors in increasing the costs payable from the Trust Fund:

- (A) increased numbers of applications for benefits;
- (B) higher rates of benefit allowances; and
- (C) decreased rates of benefit terminations; and

(2) identify, to the extent possible, underlying social, economic, demographic, programmatic, and other trends responsible for changes in disability benefit applications, allowances, and terminations.

(c) **REPORT.**—Not later than December 31, 1994, the Secretary shall transmit a report to the Committee on Ways and Means of the House of Representatives and the Committee on Finance of the Senate setting forth the results of the study conducted under this section, together with any recommendations for legislative changes which the Secretary determines appropriate.

**SEC. 513. COMMISSION ON CHILDHOOD DISABILITY.**

(a) **ESTABLISHMENT OF COMMISSION.**—The Secretary of Health and Human Services (in this section referred to as the "Secretary") shall appoint a Commission on the Evaluation of Disability in Children (in this section referred to as the "Commission").

(b) **APPOINTMENT OF MEMBERS.**—(1) The Secretary shall appoint not less than 9 but not more than 15 members to the Commission, including—

(A) recognized experts in the field of medicine, whose work involves—

- (i) the evaluation and treatment of disability in children,
- (ii) the study of congenital, genetic, or perinatal disorders in children, or
- (iii) the measurement of developmental milestones and developmental deficits in children; and

(B) recognized experts in the fields of—

- (i) psychology,
- (ii) education and rehabilitation,
- (iii) law,
- (iv) the administration of disability programs,
- (v) social insurance (including health insurance), and
- (vi) other fields of expertise that the Secretary determines to be appropriate.

July 11 94 Barry (OAR) Ed.  
Income increments

Ory B <sup>Samuel</sup> ~~Wanna~~ ~~Real~~

AR: Ed

Portals - center program for JLT Kish

A: increased subsidy  
Cash refund

Q: not insured

A: FAPF --

- woman: extra cost make it easier to transport  
access to services

AR: - realize liability; but 6200 program

P14 IB -- very serious options - re income rule  
25 (cap limit at 25,000)

AR: Benefit (vocabulary) (hard to reduce)

IS -- DDS - aids for school psych; some need

womened analysis: strength analysis health care + ed delin,  
Personal

AR: need for 1-stop shopping  
not included

P17

Veterans: need v. indemnity

AR Q: v. substantial disability also get SSR

IS: although be make Cal. Cal. program all over

IS -- subject matter, not administration

DI/OAST - rates are taxed funds

IS -- lot of accumulated info - disability at 67; Ben at 65  
info provided

Pursh's bill - no Congress support

Money - Special Rating Agency handling done  
to credibility, industry  
Very regulatory, a bit of -  
not quite universal

want to be - - pandemic

AR - avoid punitive; single-act disabled  
now more subtle policy

2 positive themes to some places

- coordinate across govt - rehab/  
+ disability imp (H + other)  
work together

- now expected - - disability not  
permanent; not for ever  
child disability; mental disabilities  
mobilize people to get them  
functioning

ARL cannot  
15

Comment on Sweden self committed to  
self-sufficiency; \$ as a buyoff  
could be more expensive  
more expensive to get good self-  
sufficiency

reverse strategy / components  
rather than maintenance

skills: { DAA  
Children  
Immigrants - - more elderly people  
than disability

17

Recovery -- announce conceptual design  
-- implements as you go

Q: Unified case file across programs?  
very decentralized?

ASKED EP dir to <sup>identify</sup> patients + track;  
single, uniform #

PR -- relate to health reform funding people  
(National Student Loan -- bond  
by case #)

Sally (Kraemer)  
whines

Thinking about mesh of programs

Q: attempts to track people -- re-identify  
National Identity card  
privacy

(V-P)  
smoothly other a top other data bases)

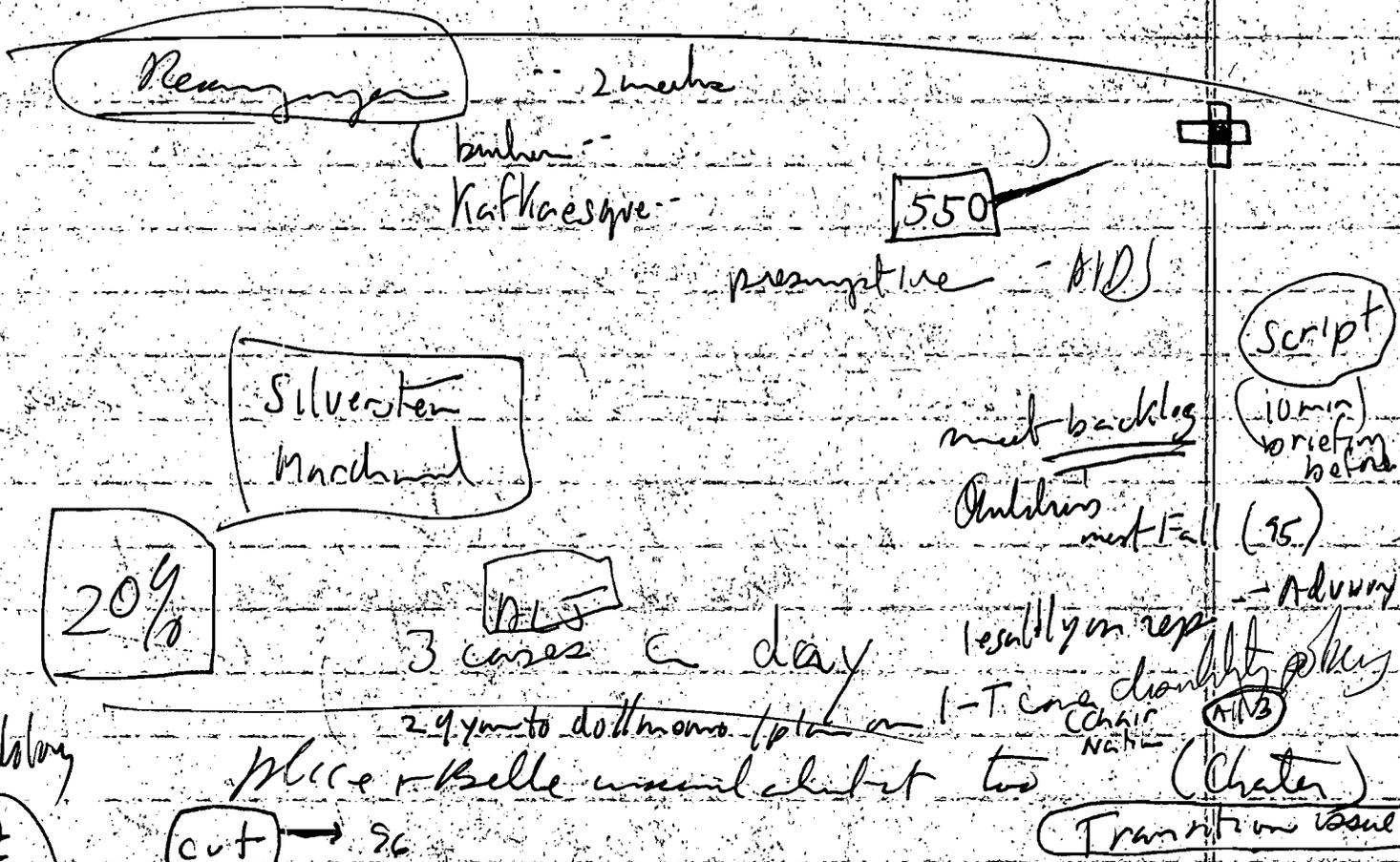
ask for 96 budget

include approach -- get  
people doing smoothly

15 -- major program saving  
backlog -- + cost

M - very good  
disc

family argument  
 w/ cupboards  
 closed  
 told her exactly how  
 much he needed  
 present market but



Background

SSA with OMB

SSA Reversal  
 what is  
 (with some) for  
 2000 paper  
 for review

cut -> 96

Century disability reverses 3% reversal  
 on line / extra le  
 fears of judges

Chater: got to be heavy; in on Chater  
 Chater -- reverses + voids - important reversal  
 as reader