



C.B.E.S.T.

COUNTYWIDE BENEFITS ENTITLEMENTS SERVICES TEAM

# Agenda

- Introduction to federal/state disability benefits
- CBEST Program Overview
- Eligibility and Referral Considerations
- Referral Process
- CBEST Partners



# **Social Security Administration Disability Programs**

# SSA Disability Programs

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- Supplemental Security Income (SSI) – means-tested safety net program
- Social Security Disability Insurance (SSDI) – work-related disability insurance program

# Supplemental Security Income (SSI)

Federal disability program administered by the Social Security Administration that provides benefits to low income individuals who are:

- Disabled
- Blind and/or
- Elderly

# Social Security Disability Insurance (SSDI)

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Federal disability program administered by the SSA that provides benefits to blind or disabled individuals who are “insured” based on contributions paid into Social Security Trust Fund as authorized by Federal Insurance Contributions Act (FICA)

<b>Supplemental Security Income (SSI)</b>	<b>Social Security Disability Insurance (SSDI)</b>
Benefit for disabled, elderly & blind individuals who have very low income	Benefit for <i>insured</i> individuals (or certain relatives)
Benefit amount is the Federal Benefit Rate (FBR), plus available state supplement	Benefit amount based on FICA contributions
Limits on assets/resources	No limits on assets/resources
Living arrangement may affect benefit amount and eligibility	Living arrangement has no effect on benefit amount or eligibility
Medi-Cal coverage awarded automatically upon approval of SSI	Medicare coverage awarded automatically after 24 months of eligibility

# What is the SSA Definition of Disability?

“inability to engage in ***substantial gainful activity (SGA)*** by reason of any medically determinable physical or mental impairment, which can be expected to result in death or has lasted or can expect to last for a continuous period of not less than 12 months.”



# What is Substantial Gainful Activity (SGA)?

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Earnings cut off level used by SSA to determine eligibility:

- 2020 SGA amount is \$1,260 a month
- SGA for blind persons is \$2,110 a month

# Medical Criteria for Eligibility

- Medically Determinable Physical or Mental Impairment (*Is there sufficient medical evidence that highlight the impairment?*)
- Duration of Physical & Mental Impairments
- Functional Information

# Non-Medical Eligibility Requirements

## ***Supplemental Security Income (SSI) Title XVI***

***Categorical Eligibility: Aged (65+),  
blind or disabled***

***Low Income***

***Low Resources – Countable  
resources < \$2000 individual or  
<\$3000 couple***

***Citizen or documented/qualified  
immigrant***

## ***Social Security Disability Insurance (SSDI) Title II***

- ***Eligibility: Retired and/or disabled workers***
- ***Recent Work History if under retirement age***
- ***No income/assets limits***
- ***Insured – has worked & paid FICA taxes in specified number of past 40 calendar quarters, depending on age.***

# Non-Medical Requirements for SSI

## Citizenship/Immigration Status

With rare exception, applicants who are not U.S. citizens need to have:

- Legal, permanent resident status AND
- Have been in the U.S. in some legal capacity as of 08/22/96

# Cash Assistance Program for Immigrants (CAPI)

- California state SSI program equivalent
  - Same disability criteria as SSI
- For non-citizens with some sort of legal status that arrived after 8/23/1996
  - Undocumented individuals not eligible
- Administered in L.A. County by DPSS

# Special Eligibility Circumstances

- People without documentation not eligible
- Incarcerated not eligible
- By law people cannot be approved for benefits on substance abuse alone. It has to be based on other disability factors.

# Determining if Substance Abuse is “Material”

**Would the person be disabled by Social Security Standards, if he or she were clean & sober?**

*If yes*, then the substance use is “not material” person would be eligible for benefits

*If no*, then substance use is “material” and the person would not be eligible for benefits

## Main Question

***Does the illness (or illnesses) keep the person in question from being able to engage in substantial gainful activity for at least the next 12 months?***





# CBEST Program Overview



# L.A. County Strategies to Combat Homelessness

In February 2016, the Los Angeles County Board of Supervisors approved strategies C4, C5, and C6



# The 6 CBEST Steps

Step	Team	Content
Step 1	Outreach & Referrals Team	Outreach, referrals, relationship-building with referrers, completing intakes
Step 2	Centralized Assessment Team	Screening clients for eligibility, linkage to care plan/housing/immigration services, referring for medical prescreen or legal services
Step 3	CARES Team	Medical screening for eligibility, records retrieval and assessment, green light or red light
Step 4	Applications Team	Interviewing client, drafting application, review by Apps Team supervisor and ICLC
Step 5	Applications Team	Filing and following up on claim until disposition is issued
Step 6	Reconsiderations & Appeals Team	Legal services processing and referrals to legal services vendors, filing requests for recon and appeal, exits at MIA and at final adjudication

# Who is eligible for CBEST?

Individuals residing in L.A. County with disabilities who are experiencing homelessness or at risk of homelessness. This includes but is not limited to older adults (65+), youth transitioning from foster care, and veterans.

Eligibility for Medi-Cal (138% of Poverty Level - income of \$16,395 for an individual)

# Referral Considerations

- **Treatment History**
- **Disability Allegations- Cognitive Impairments**

# How to Refer into C.B.E.S.T

## *Scanned Referrals*

- Refer potential applicants via CBEST Hospital/Clinic referral form and email to [cbestreferral@dhs.lacounty.gov](mailto:cbestreferral@dhs.lacounty.gov) or fax to [213-482-3395](tel:213-482-3395)
- Indicate DMH-ERC in the subject line of emails and on faxed referrals
- If possible, complete the *Authorization for the Use and Disclosure of Health and Social Services Information (Universal Consent)* and submit with referral



**COUNTYWIDE BENEFITS ENTITLEMENTS SERVICES TEAM  
(C.B.E.S.T)  
HOSPITAL/CLINIC REFERRAL FORM**



Referral Date: \_\_\_\_\_

Inpatient     Outpatient

PRE-SCREENING: CBEST PROGRAM ELIGIBILITY*			
Is the client interested in applying for SSI, SSDI, CAPI, or Veterans benefits?		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Is the client currently Homeless or at risk of homelessness? Please check ONE below.			
Homeless (currently NOT housed)		Yes: <input type="checkbox"/>	Total Number of Months Homeless: _____
At risk of homelessness (currently housed)		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
CLIENT IDENTIFYING INFORMATION			
First Name: _____		Middle Name: _____	Last Name: _____
Known Aliases: _____		SSN: _____	Place of Birth: _____ DOB: _____
CONTACT INFORMATION			
Mailing Address: _____			
If no address, where is client most likely to be found?			
City: _____		State: _____	Service Planning Area(SPA): _____ Zip Code: _____
Primary Phone: _____		Alternate Phone: _____	Email Address: _____
INITIAL SCREENING OF CLIENTS FOR SSI, SSDI, CAPI, OR VETERANS BENEFITS ELIGIBILITY			
Have you served in the U.S. Armed Forces?		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Have you been incarcerated in the last year? (does not affect eligibility)		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
U.S. Citizen? (does not necessarily affect eligibility)		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
What is/are the main health impairment(s) expected to last more than 1 year that the client feels makes them unable to work? Please list below.			
Physical: _____			
Mental Health: _____			
Did any of the mental or physical health disabilities listed above start while in military service? Yes: <input type="checkbox"/> No: <input type="checkbox"/>			
Client Language Preference(s): _____			
REFERRING HOSPITAL/CLINIC INFORMATION			
Referring Hospital/Clinic: _____		Staff Name/Title: _____	
Staff Phone Number: _____		Staff Email: _____	
Alternate Staff Name: _____		Phone: _____	Email: _____

Please send the referral to DHS CBEST Admin Team via:  
 Fax: (213) 482-3395 or  
 Email: cbestreferral@dhs.lacounty.gov

CHAMP ID#: \_\_\_\_\_

# CBEST Providers and Partners

## Benefits Advocacy Services (BAS Agencies)

- **SPA 1- The Catalyst Foundation**
- **SPA 2- Tarzana Treatment Center**
- **SPA 3 & 4- Volunteers of America**
- **SPA 5- St. Joseph Center**
- **SPA 6- Special Services for Groups (HOPICS)**
  - **Watts Labor Community Action Committee**
- **SPA 7- People Assisting the Homeless**
- **SPA 8- Lutheran Social Services**

## Legal Services Partners

- **Inner City Law Center**
- **Health Advocates**
- **Legal Aid Foundation of Los Angeles**



# Service Locations

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- **Co-located in 14 GR District Offices**
- **Community based locations in each SPA**
- **Jail facilities located in SPAs 2, 4, and 6**
- **Teams are mobile\***

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THANK YOU