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C.B.E.S.T.

COUNTYWIDE BENEFITS ENTITLEMENT SERVICES TEAM

Agenda

- CBEST Overview
- Scope of CBEST Services
- CBEST Structure
- Benefits Overview
- CBEST Activities & Timeline
- CBEST Eligibility Criteria
- Partnering with CBEST
- CBEST Referral Process
- CBEST Point of Contacts
- Q&A

CBEST Overview



- CBEST is a Department of Health Evaluation only. Aspose Slides for Java 23.6. Copyright 2004-2023 Aspose Pty Ltd. Housing for Health division.
- CBEST is comprised of benefit advocates, clinicians, and legal partners who assist individuals with applying for disability benefits.

CBEST Scope of Service

- SSA Title II and XVI benefits advocacy:
 - Supplemental Security Income (SSI)
 - Social Security Disability Insurance (SSDI)
 - Retirement Benefits
 - Survivor's Benefits
- Cash Assistance Program for Immigrants (CAPI) (administered by DPSS)
- Appeals and Post-Award Termination Support:
 - Requests for Reconsiderations/Hearings
 - Continuing Disability Reviews
 - Overpayments
- Benefits Reinstatements Post-Incarceration

CBEST accepts referrals for – and provides services to – children even after they reject (or miss) initial application (e.g. self-applied and pending) and supports with timely and pending appeals beginning at ALJ for new clients.

CBEST Scope of Services (cont'd.)

- CBEST provides client services to help them assess/pursue disability benefits.
 - Full scope immigration support through Office of Immigration Affairs (OIA)/Coalition for Human Immigration Rights (CHIRLA)
 - Immigration document replacement (e.g., LPR card & Certificate of Naturalization)
 - Referrals to Intensive Case Management Services
 - Housing Disability and Advocacy Program (HDAP)

CBEST Structure



- CBEST is multi-team program that includes legal partners and Los Angeles County departments, working closely with the Social Security Administration

Supplemental Security Income (SSI)

- Means-tested safety net program
 - Limit on assets/resources (<\$2,000)
 - Benefit for disabled, elderly (65+), & blind individuals
 - Must be citizen or documented/qualified immigrant
 - Living arrangement may affect benefit amount/eligibility
 - Medi-Cal coverage awarded upon approval
- Benefit amount is the **Federal Benefit Rate (FBR)-\$943**, this is the cost-of-living adjustment for 2024 amount for an individual (3.2% increase) and **State Supplemental Program (SSP)-\$239.94**
- **\$1182.94**
 - Slightly higher for individual who are blind **\$1267.32**

Social Security Disability Insurance (SSDI)

- Provides benefits to blind or disabled individuals who are **"insured"** Created with Aspose Slides for Social Security Trust Fund (FICA) Fund (FICA)
 - "Insured": person has worked and paid FICA taxes in specified number of the past 10 years; Number of years depends on the age at which the person became disabled
- Benefit amount is based on FICA contribution
- No assets/resources limitations; Living arrangement has no impact on benefit amount

Cash Assistance Program for Immigrants (CAPI)

- California state SSI program equivalent (adheres to same SSI eligibility criteria)
- Program is intended for qualified immigrants with some sort of residency status that arrived after 8/23/1996
- Undocumented individuals are not eligible
- Must apply and be denied (deemed ineligible due to immigration status) for SSI
- Administered by the Department of Public Social Services

CBEST Activities and Timeline

Activity	Timeline
Immigration referral to legal providers, if immigration status is unclear	Up to 12 months (depends on USCIS)
Client engagement and intake completion	2 weeks (1 to 4 wks.)
Screen for non-medical eligibility and then refer for medical review. Completion of care plan and housing referral if needed.	2 to 4 weeks (1wk to 6 months depends on case specifics and what non-medical eligibility support is needed)
Medical records retrieval and review for program eligibility, for CBEST application process	4 weeks (depends on how quickly records are obtained and triage, 1 to 8 wks.)
Interview client, draft application, review by Application supervisor and legal vendor; Application filed	4 weeks (depends on case specifics, 1 to 8 wks.)
SSA follow up until disposition issued	2 to 8 months (depends on SSA and case specifics)
Referral to legal services vendor to complete Appeals process	2 to 24-months

Eligibility Criteria

CBEST

- Los Angeles County resident
- Low income (on Medi-Cal or eligible as a proxy)
- **Disability** allegation that prevents work for at least 12 months or meets program criteria or **Age based** +65 years old
- Not a catchall entitlement program like GR/ CalFresh/ Medi-Cal

SSA (disability and residency requirements)

- US citizen or documented/qualified immigrant
- **Diagnosis** of medical condition(s) with
- Evidence in the medical record illustrating **functional impairments** of a certain severity associated with the diagnosis(es) or meets certain diagnostic criteria
- Impairments are expected to last at least 12 months

Given the criteria above it is helpful to know that CBEST is not a stand-alone housing resource, or an entity that determines the outcomes of SSA applications.

Referrals to CBEST

- Complete CBEST Referral form and submit via email or fax to:

• cbestreferral@dhs.lacounty.gov

• Fax: 323-389-4322

- For case updates, clients can call the CBEST Hotline at: 323-274-3777 or

- The referrer can reply to the initial submission email requesting a follow up

Clear Form

COUNTYWIDE BENEFITS ENTITLEMENTS SERVICES TEAM
(CBEST)
REFERRAL FORM

Referral Date: _____

PRE-SCREENING: CBEST PROGRAM ELIGIBILITY*

Is the client interested in applying for SSI, SSDI, CAPI? Yes ☐ No ☐

Is the client currently Homeless or at risk of homelessness? (Please check ONE below)

Homeless (currently NOT housed) Yes ☐ Total Number of Months Homeless: _____

At risk of homelessness (currently housed) Yes ☐ No ☐

CLIENT IDENTIFYING INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Known Aliases: _____ SSN: _____ Place of Birth: _____ DOB: _____

CLIENT 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 BENEFITS ELIGIBILITY

Has the client applied for SSI or SSDI as an adult (18+)? Yes ☐ No ☐

If Yes, please indicate type of last application and disposition below.

SSI Application Date: _____ SSI Application Date: _____

Disposition: _____ Disposition: _____

Approved ☐ Pending ☐ Denied ☐ If appealed, when? _____

Unknown ☐ Unknown ☐

Has the client served in the U.S. Armed Forces? Yes ☐ No ☐

Has the client been in the U.S. Armed Forces for more than 90 days? (If Yes, please indicate date of discharge) Yes ☐ No ☐

If No, Does the client have proof of their lawful immigration status? Yes ☐ No ☐ Doesn't Know ☐

If Yes, Please check below what proof the client has and provide the status of the document.

Lawful Permanent Residents (LPR)/Green Card ☐ Current ☐ Expired (Exp. Date: _____) ☐ Other: _____

Visa ☐ Current ☐ Expired (Exp. Date: _____) ☐ Other: _____

Work Permit ☐ Current ☐ Expired (Exp. Date: _____) ☐ Other: _____

Other: _____ Current ☐ Expired (Exp. Date: _____) ☐ Other: _____

Client gives CBEST verbal consent to refer to immigration legal services including OIA and CHIRLA Yes ☐ No ☐

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 Health: _____

Is the client currently receiving treatment for the listed physical allegations above? Yes ☐ No ☐ Don't Know ☐

Mental Health: _____

Is the client currently receiving treatment for the listed mental health allegations above? Yes ☐ No ☐ Don't Know ☐

What is the client's language preference(s)? _____

REFERRER INFORMATION

Referring Agency and/or Facility: _____

Referrer Name & Title: _____

Referrer Phone: _____ Referrer Email: _____

Referrer's Special Remarks: _____

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

CHAMP ID#: _____

*Please note: The information contained herein reflects eligibility criteria for the CBEST Program ONLY and does not reflect eligibility criteria from the Social Security Administration. The information in this document is not intended to convey or constitute legal advice on potential eligibility for government benefits.

Our Collaborative Partnership

Your Role as a Referrer

- Submit CBEST referrals
- Support in client engagement
- Facilitating appointments to complete CBEST paperwork
- Spread the word!

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- Support client in moving through the CBEST steps
- Keep you aware of progress on client cases
- Connect client to CBEST resources
- File applications for federal disability benefits

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Points of Contact

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Q&A!