



SOCIAL SECURITY ADMINISTRATION

**OPERATIONAL PLAN FOR IMPLEMENTING
THE NATIONAL HIV/AIDS STRATEGY**

**REPORT TO THE OFFICE OF NATIONAL AIDS POLICY
AND THE
OFFICE OF MANAGEMENT AND BUDGET**

DECEMBER 8, 2010



Executive Summary

The Social Security Administration (SSA) provides a critical economic safety net for people with disabilities, including people living with HIV/AIDS. In fiscal year (FY) 2010, we paid approximately \$170 billion to almost 15 million people under our two programs that provide benefits for people with disabilities—Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI).¹ Among the 15 million recipients of disability benefits, we estimate almost 190,000 have a diagnosis indicating HIV/AIDS, and they received slightly over \$2 billion in Old Age, Survivors, and Disability Insurance and Federal SSI benefits during FY 2010.

While our agency does not administer programs specifically aimed at the prevention, detection, and treatment of HIV/AIDS, we clearly are an important source of economic relief for people living with HIV/AIDS and their dependents. The President's Memorandum of July 13, 2010, *Implementation of the National HIV/AIDS Strategy*, underscored our importance to people living with HIV/AIDS when it designated SSA with lead agency responsibilities, in addition to those responsibilities assigned in the *National HIV/AIDS Strategy: Federal Implementation Plan*. We are pleased to report that, in all areas of assigned responsibility, we are on track to meet our prescribed deadlines.² These important first steps are critical to achieving the President's vision for a coordinated, vigorous national response to the HIV/AIDS epidemic.

We also are utilizing new and current initiatives as part of a three-part strategy to help improve the economic well-being of people living with HIV/AIDS by: 1) conducting program outreach to at-risk communities; 2) updating policy to make faster, more accurate disability determinations and decisions; and 3) assisting people who are already on our disability rolls with returning to work. Our initiatives involve extensive collaboration across Federal, State, local, and tribal levels, including public-private partnerships and active engagement with community organizations. We look forward to continued participation in the development of the *National HIV/AIDS Strategy* (National Strategy), as well as active exploration into new ways for improving the services we deliver to people living with HIV/AIDS.

¹ Represents total SSDI benefit payments plus Federal SSI payments.

² Please see the Appendix for a table showing the current status of all responsibilities assigned to SSA.



SSA's Disability Programs

In order to meet our requirements for entitlement to disability under the SSDI program, individuals must meet insured status by accruing a specified number of work credits through their payroll tax contributions. Under the SSI program, which is funded by general revenues, individuals must be aged, blind or disabled and have limited income and resources.

We generally use the same definition of disability to evaluate initial eligibility for benefits under the SSDI and SSI programs, although the Social Security Act provides a different definition of disability for children under age 18 who apply for SSI. Under both programs, disability must have lasted or be expected to last for at least one year or to result in death.

We find adult claimants disabled due to their medical condition(s) if:

- Their impairment(s) meets or medically equals a listing; or
- They cannot perform their previous work; and
- They cannot perform other work that exists in significant numbers in the national economy.

When evaluating SSI child claimants under the age of 18, we make a finding of disability if their medical condition(s):

- Meets or medically equals a listing; or
- Functionally equals the listings.

Entitlement to SSDI and SSI is also tied to access to healthcare. SSDI beneficiaries receive Medicare after completing a 24-month waiting period from the date their benefits began. Generally, claimants who we find eligible for SSI are also entitled to Medicaid. We make findings of Medicaid entitlement on behalf of the States.

Program Outreach

In support of the National Strategy, we are conducting an extensive outreach campaign to educate communities at high risk of HIV infection, as well as people living with HIV/AIDS, about the assistance offered by our disability programs.



For example, along with the Centers for Disease Control and Prevention (CDC), we have partnered with 14 key African-American organizations to help address HIV among the African-American community. In support of this initiative, we recently conducted outreach at national meetings held by the National Organization of Black County Officials, the National Urban League, and the National Council of Negro Women. We also assisted the CDC with developing a section on Social Security in the CDC Manager and Labor Leader’s kit. Finally, in partnership with the Make-up Art Cosmetics (MAC) AIDS Fund, we disseminated information on our disability programs to several of the more than 300 MAC AIDS Fund grantees across the country, including the Food Bank for New York City.

Looking ahead, we are committed to continued development of our outreach efforts in the area of HIV/AIDS. Collaboration across Federal, State, local, and tribal levels, including public-private partnerships and active engagement with community organizations, is the cornerstone of our program outreach efforts.

Policy Updates

Making faster, more accurate disability determinations and decisions for people living with HIV/AIDS means updating the policy we use for evaluating HIV-related impairments. Our current policy for HIV infection has not changed significantly since its original publication in the early 1990’s. By updating the HIV infection policy, we will not only improve the speed and accuracy of our disability determinations and decisions for people living with HIV/AIDS but also expedite the time it takes for entitled claimants to access healthcare.

We contracted with the National Academy of Sciences’ Institute of Medicine (IOM) to review the HIV infection policy and to provide recommendations on how we can improve it. IOM recently provided us their prepublication report, and we are in the process of reviewing their recommendations. In making its recommendations, the IOM obtained input not only from medical experts but also from advocates and people with HIV/AIDS. We also solicited input from the scientific, advocacy, and patient communities and their families through an Advance Notice of Proposed Rulemaking. After we complete our review, we will begin updating the HIV infection policy.

We expect to publish a Notice of Proposed Rulemaking (NPRM) for evaluating HIV infection in the Federal Register within about 18 months, followed by the publication of a final rule once we consider all public comments received on the NPRM.

Social Security Administration Operational Plan





Return to Work

We continue to provide a comprehensive set of supports to our disability beneficiaries who want to return to work, including our beneficiaries with HIV/AIDS. These supports include our Ticket to Work (Ticket) program and the Work Incentives Planning and Assistance (WIPA) and Protection and Advocacy for Beneficiaries of Social Security (PABSS) initiatives.

Under the Ticket program, an SSDI or SSI beneficiary receives a Ticket if he or she is at least 18 years old and younger than 65. We enter into contracts with Employment Networks (EN), which are qualified State, local, or private organizations that offer employment support services. We also contract with State Vocational Rehabilitation (VR) agencies acting as ENs and have been working closely with the Department of Labor to expand the involvement of workforce investment boards and one-stop career centers in becoming ENs.

Beneficiaries, ENs, and State VR agencies voluntarily participate in the Ticket program. A beneficiary who receives a Ticket may choose to assign it to any EN or to the State VR agency. An EN may decide whether to accept a Ticket from the beneficiary. Once a beneficiary assigns a Ticket to an EN, the EN may supply various employment support services to assist the beneficiary in obtaining, regaining, or maintaining self-supporting employment. Providers may supply these services directly or by entering into agreements with other organizations or persons to supply the appropriate services. The beneficiary receives the services at no charge. In 2009, we estimate that roughly 3,500 beneficiaries with HIV-related impairments received assistance through the Ticket Program.

The WIPA and PABSS initiatives supplement the assistance available at our field offices and help beneficiaries understand the work incentive rules we use to disregard certain income and resources when evaluating continuing entitlement to benefits. The two programs provide grants to organizations with ties to the disability community at the local level. All SSDI and SSI disability beneficiaries may use these services.

Specifically, WIPA grantees provide ongoing support, work incentives counseling, information on the impact of wages, and assistance to SSDI and SSI disability beneficiaries. By working with a WIPA grantee, our beneficiaries can make informed choices about work. WIPA grantees conduct work incentive seminars to encourage beneficiaries to attempt to work and educate them about our work incentives. We currently have 103 community-based cooperative agreements that



ensure the availability of WIPA in all 50 States, the District of Columbia, and U.S. Territories.

The PABSS is a network of Protection and Advocacy projects in all 50 States, the District of Columbia, U.S. territories, and the tribal entities. This network represents the Nation's largest provider of legal-based advocacy services for persons with disabilities. The 57 PABSS advise beneficiaries about obtaining vocational rehabilitation and employment services. They provide advocacy and services beneficiaries may need to secure, maintain, or return to gainful employment.

Conclusion

The disability programs we administer are critical to improving the economic well-being of people living with HIV/AIDS. They also offer beneficiaries much-needed access to healthcare. We are making a concerted effort to do our part to make the National Strategy a success through public outreach, policy updates, and return-to-work supports. We look forward to continued collaboration across all levels of government, industry, and public advocacy in order to improve the services we deliver for people living with HIV/AIDS.

APPENDIX: Status of Responsibilities Assigned to SSA in the National Strategy

Authority	Deadline	Action	Status
Presidential Memorandum of July 13, 2010, "Implementation of the National HIV/AIDS Strategy"	Within 150 days of the date of the memorandum	The head of each lead agency shall submit a report to the ONAP and the OMB on the agency's operational plans for implementing the National Strategy	Complete
	Ongoing	The head of each lead agency shall designate an official responsible for coordinating the agency's ongoing efforts to implement the National Strategy	Complete—Commissioner Astrue has designated David Rust, Deputy Commissioner for Retirement and Disability Policy, as the agency lead
	Ongoing	The head of each lead agency shall develop a process for sharing progress reports, including status updates on achieving specific quantitative targets established by the National Strategy, with relevant agencies and the ONAP on an annual basis, or at such other times as the ONAP requests	Ongoing—SSA will continue to work directly with the ONAP on meeting all of its reporting requirements and disseminating information to relevant agencies
	Ongoing	The head of each lead agency shall, in consultation with the OMB, use the budget development process to prioritize programs and activities most critical to meeting the goals of the National Strategy	Ongoing—SSA will continue to prioritize the initiatives outlined in this document in its budgets
"National HIV/AIDS Strategy: Federal Implementation Plan."	By the end of 2010	HHS OS will work with HUD, VA, DOL, SSA, DOJ, and other relevant Departments or agencies to establish an ongoing process to discuss coordination of planning and services delivery for domestic HIV programs	Ongoing—The first meeting was held at HHS on September 21, 2010
	By the end of 2011	HHS OS, HUD, VA, DOL, SSA, and DOJ and other relevant agencies will produce a joint progress report on HIV/AIDS program collaboration	Ongoing—ONAP informed SSA that HHS OS will coordinate the report
	By the end of 2011	DOL, SSA, DOJ, and HHS OS will develop a joint initiative to consider ways to help individuals living with HIV access income supports, including job skills and employment	Ongoing—ONAP informed SSA that DOL will coordinate this initiative
	By the end of 2011	HHS OS, DOJ, DOL, HUD, VA, and SSA will submit data, as requested, to ONAP on successes and challenges in achieving the goals of the National Strategy	Ongoing—ONAP informed SSA that HHS OS will coordinate this process