Data-Driven Approaches to Assessing Which SSI/SSDI Recipients are Capable of Managing Their Benefits

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Yale University School of Medicine
Outline

• Current SSA capability criteria are vague
  – FISCAL, a gold standard, comprehensive assessment
  – CAFI, a short screen for incapability

• Study of FISCAL and CAFI
  – Comparison of FISCAL, SSA and CAFI determinations

• Recommendations
PHYSICIAN'S/MEDICAL OFFICER'S STATEMENT OF PATIENT'S CAPABILITY TO MANAGE BENEFITS

TIME IT TAKES TO COMPLETE THIS FORM

We estimate that it will take you about 5 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form. If you have comments or suggestions on this estimate, or on any other aspect of this form, write to the Social Security Administration, ATTN: Reports Clearance Officer, 1-A-21 Operations Bldg., Baltimore, MD 21235-0001.
Problems with SSA criteria:

1. Do you believe the patient is capable of managing or directing the management of benefits in his or her own best interest?  

   - What about episodic incapability (e.g. past manic spree)?  
   - Functional capability?  
   - Does the abuse of drugs/alcohol constitute incapability to spend in one’s best interest?

1 Luchins, 1998; Luchins, 2004; Marson, 2006; Rosen et al, 2002; Black et al, 2008; Rosen et al, 2002; SSA, OIG, Audit Report, 2012; Rosen, et al 2010
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FISCAL Financial Incapability Structured Clinical Assessment done Longitudinally

• Based on expert consensus
  – Publications on how clinicians decide
  – Capability guidelines
    • American Bar Association
    • Congressional advisory group (1999)
    • State conservatorship statutes
  – Our expert panel

• Overall Framework
  – Capability is function in beneficiary’s setting
  – Substance use can be basis for incapability*

*Rosen and Rosenheck, 1999, Psychiatric Services
FISCAL Financial Incapability Structured Clinical Assessment done Longitudinally

- FISCAL Assessment Procedures
  - Consider past 6 months
  - LEAD (Longitudinal Expert All Data)
    - Semi-structured interview about recent money management (the SCIMM)
Were funds used to meet basic needs? (Criteria A2)

- YES
- NO

Substantial funds spent on things that harmed the beneficiary? (Criteria B)

- YES
- NO

Were basic needs met despite other spending? (Criteria A1)

- YES
- NO

Will past misspending be corrected? (Criteria C1, C2)

- YES
- NO

CAPABLE

INCAPABLE
FISCAL

Were funds used to meet basic needs? (Criteria A2)

- YES
- NO

Substantial funds spent on things that harmed the beneficiary? (Criteria B)

- YES
- NO

Were basic needs met despite other spending? (Criteria A1)

- YES
- NO

Will past misspending be corrected? (Criteria C1, C2)

- YES
- NO

CAPABLE

INCAPABLE

Yale SCHOOL OF MEDICINE
FISCAL: Other context

- Suggesting capability
  - Non-essential expenditures were planned and willful

- Suggesting incapability
  - Thought disturbances
    - Cognitive Difficulties
    - Impaired Judgment
    - Disorganization

**CAPABLE**

**INCAPABLE**
FISCAL psychometrically sound\textsuperscript{1, 2}

- Good inter-rater reliability
  - Kappa = .770

- Good convergent validity
  - Incapable people with:
    - More self-rated money mismanagement
    - Greater \# days homeless
    - Greater \# times hospitalized for psychological problem

- Good discriminant validity
  - No differences between capable and incapable on age, gender, race, psychiatric diagnosis

\textsuperscript{1} Lazar, under review
\textsuperscript{2} Lazar, *Psychiatric Services* 2015
Brief clinician-rated tool to predict incapability\textsuperscript{1}

- Clinician Assessment of Financial Incapability (CAFI)
  - Validated against FISCAL with items designed to track it

<table>
<thead>
<tr>
<th>In the PAST SIX MONTHS, the client...</th>
<th>No Problem</th>
<th>Minor Problem</th>
<th>Major Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did not have enough money to make the full rent payment</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Had no stable address</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Had no utilities – lacked heat, water, or electricity</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Had food problems – got free food from a soup kitchen, church, or other place because he/she could not afford to buy food</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Failed to pay a bill resulting in a conflict with significant others, legal problems, or risk of eviction</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Borrowed money from other people to meet living expenses</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

\textsuperscript{1} Black, Psychiatry Research, 2014
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• Questions?
Agreement between assessments

- Adults (n=157) and their clinicians (n=80, up to 8 adults per clinician)
- Adult enrollment criteria
  - Receive SSI/SSDI
  - No current payee/conservator
  - Receiving inpatient or intensive outpatient psychiatric services
  - Had had a diagnosis of substance abuse or dependence

**FISCAL**
- Gold standard
- Based on expert assessment of all available data collected over time
- Completed by independent expert

**SSA Question**
- Based on question and explanation currently used by SSA

**CAFI**
- Pilot instrument designed to be briefer alternative to FISCAL
- Based on clinician assessment of key capability items
- Completed by client’s clinician
### Classification by Assessment Method

<table>
<thead>
<tr>
<th>Assessment Method</th>
<th>Capable (%)</th>
<th>Incapable (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FISCAL</td>
<td>46%</td>
<td>54%</td>
</tr>
<tr>
<td>SSA Global Judgment</td>
<td>86%</td>
<td>14%</td>
</tr>
<tr>
<td>CAFI</td>
<td>22%</td>
<td>78%</td>
</tr>
</tbody>
</table>

CAFI sensitivity = 90.6%, specificity = 37.5%
Among 54% of Clients Incapable on FISCAL...Harmful spending (i.e. substance use) accounts for much incapability

- 48% BOTH NO Basic Needs & Harmful Spending
- 5% No Basic Needs
- 13% Other
- 34% Harmful Spending
Summary: Assessing Which SSI/SSDI Recipients are Capable of Managing Benefits

- High rates of un-addressed incapability
  - FISCAL identifies 54% of acutely ill people as incapable
  - Many incapable and misuse substances
  - SSA measure identifies 14% as incapable

- FISCAL (gold standard)
  - Psychometrically sound (test-retest reliable, good concurrent validity)

- CAFI
  - Good screening measure with high sensitivity
Suggestions to IOM/SSA

• Provide guidelines for defining capability
  – Clarify impact of *substance abuse*
  – Consider the FISCAL as a gold standard

• Use standardized assessments to identify people at risk
  – Clinician-completed: CAFI
  – Clinician interview: SCIMM (Structured Clinical Interview on Money Mismanagement)
  – Beneficiary-completed: M3 (Conrad, 2006)
Examples of impairments which may cause incapability are senility, severe brain damage or chronic schizophrenia.
Examples of impairments which may cause incapability are senility, severe brain damage, chronic schizophrenia, bipolar disorder, and substance use disorders, although incapability is based on impairment in managing one’s finances rather than diagnosis. Substance use can cause incapability if the beneficiary spends significant funds on drugs that cause immediate and substantial harm.
Suggested Change to SSA Instructions on Capability (Form 787)

However, even though a person may need some assistance with such things as bill paying, etc., does not necessarily mean he/she cannot make decisions concerning basic needs and is incapable of managing his/her own money.
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Suggested Change to SSA Instructions on Capability

The first question concerns financial capability, by which we mean that the patient:

-- Is able to understand and act on the ordinary affairs of life, such as to providing for own adequate food, housing, clothing, etc.,

and

-- Is able, in spite of physical impairments, to manage funds or direct others how to manage them
Suggested Change to SSA Instructions on Capability

The first question concerns financial capability, by which we mean that the patient:

-- Is able to understand and act on the ordinary affairs of life, such as likely to use benefits and other resources to providing for own maintain adequate food, housing, clothing, etc.,

and

-- Is able, in spite of physical impairments, to manage funds or direct others how to manage them, and

-- Will avoid spending significant amounts on drugs to the extent that it causes significant and immediate harm

1.
Acknowledgements

Study Participants

Co-investigators and Consultants
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Sites
Institute of Living: Charles Wilber, M.Ed., Co-Investigator, Asst. Director, The Braceland Center
Yale New Haven Hospital IOP: Leonard Hill, LCSW, Director
Alcohol and Drug Recovery Centers: William Young, MPA, COO
Connecticut Mental Health Center: Michael Sernyak, MD, CEO
Rushford Center: Kathy Ulm, MA, LADC, VP Behavioral Health Services
Connecticut Valley Hospital: Eugene Fergione, LCSW and Meadow Chen, MD, Addiction Services Division; Whitney Boynton, MD, General Psychiatry Division
Financial Approaches to Behavior Change

We are a research group in Yale's Department of Psychiatry. Our group develops, tests and disseminates behavioral treatments to improve the quality of life of people with chronic illnesses. The behavioral treatments involve helping people align their money management with their values.

For example, ATM (Advisor Tutor Money Manager) helps people addicted to drugs or alcohol spend money on abstinence-promoting activities by:
- Storing money so it’s not available for impulsive substance use
- Budgeting money so it’s designated for the client’s abstinence-related goals
- Contracting to spend the client’s money if he/she meets weekly goals

How We Can Help You
This site has manuals describing how to conduct these therapies, training materials describing how to learn these therapies, and articles describing the therapies.

How You Can Help Us