

# September SOAR Dialogue Call



**NC COALITION** to  
**HOMELESSNESS** end



# Announcements

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- OAT website has changed
  - <https://soartrack.samhsa.gov/>
- Moment of silence





# Disability File

# Disability File

- Useful to review for appeals in particular
  - Includes SSA's rationale for denial
  - Allows you to determine if there was missing medical documentation
- Applicants and authorized reps (1696) have the authority to request





# Requesting the Disability File

# Requesting the Disability File- CD

- All disability files are kept in electronic format
- Local FO will provide 1 CD copy for free for “a program purpose”
  - POMS link: <https://secure.ssa.gov/poms.nsf/lnx/0203311005>
- Use SSA-3288: Consent to Release Information to request



# Sample SSA-3288

Social Security Administration	Form Approved OMB No. 0960-0566	
<b>Consent for Release of Information</b>		
You must complete all required fields. We will not honor your request unless all required fields are completed. (*signifies a required field).		
<b>TO: Social Security Administration</b>		
Annette M. Farnsworth	09/01 /1958	222-22-2222
<b>*My Full Name</b>	<b>*My Date of Birth (MM/DD/YYYY)</b>	<b>*My Social Security Number</b>
I authorize the Social Security Administration to release information or records about me to:		
<b>*NAME OF PERSON OR ORGANIZATION:</b> Harriett Jones (SOAR Case Management)	<b>*ADDRESS OF PERSON OR ORGANIZATION:</b> 720 W. Smith ave, Anytown, YY 12345	
<b>*I want this information released because:</b> I am indigent, homeless, and I need my denial notice and copy We may charge a fee to release information for non-program purposes. of my Electronic Folder (EF) sent to my authorized representative listed above. See attached duly signed, SSA-1696. I respectfully request all fees waived due to my indigent status.		
<b>*Please release the following information selected from the list below:</b>		
You must specify the records you are requesting by checking at least one box. We will not honor a request for "any and all records" or "my entire file." Also, we will not disclose records unless you include the applicable date ranges where requested.		
1. <input type="checkbox"/> Social Security Number		
2. <input type="checkbox"/> Current monthly Social Security benefit amount		
3. <input type="checkbox"/> Current monthly Supplemental Security Income payment amount		
4. <input type="checkbox"/> My benefit or payment amounts from date _____ to date _____		
5. <input type="checkbox"/> My Medicare entitlement from date _____ to date _____		
6. <input type="checkbox"/> Medical records from my claims folder(s) from date _____ to date _____		
If you want us to release a minor child's medical records, do not use this form. Instead, contact your local Social Security office.		
7. <input type="checkbox"/> Complete medical records from my claims folder(s)		
8. <input checked="" type="checkbox"/> Other record(s) from my file (you must specify the records you are requesting, e.g., doctor report, application, determination or questionnaire)		
Copy of Denial Notice, Copy of Electronic Folder (EF)		



# Opening the CD

- Will be labeled with claimant's last name and first 4 numbers of SSN
- Insert into computer's disk drive
- Double click on the pme.exe file on the CD
- You will be prompted to enter Account Name and Password
  - Account Name: SSA (not case sensitive)
  - Password: 9 characters long
    - First 4 letters of claimant's first name in lower case (enter “#” if name is less than 4 letters)
    - Number sign (#)
    - Last 4 numbers of claimant's SSN



# Opening the CD

- If you are sure you have entered Account Name and Password correctly but are still getting error message
  - Contact whoever burned the CD for you at FO
- Must decrypt the CD before opening files or they will be unreadable



# Requesting the Disability File- Online

- For any Appointed Representative (1696) with ALJ hearing and Appeals Council level cases
- Can enroll in Appointed Representative Services (ARS)
- Can view eFolder documents in real time
- Can upload medical evidence and other documents directly into eFolder
- Application process involves completing SSA-1699 and in person appointment with local Hearing Office





# Reviewing the Disability File

# SSA-831: Disability Determination and Transmittal

- Used by DDS to record the decision
- Contains name of DDS examiner and medical consultant
- Includes SSA codes



# Common Denial Codes (Item 22)

- H1 - The individual has a severe impairment(s) but is found not disabled because he/she has the functional and vocational capacity to engage in substantial gainful activity in relevant past work
- J1 - Ability to do other work
- K1 - Failure to follow prescribed treatment
- L1 - Refusal to appear for a CE
- M5 - Failure to cooperate in submitting evidence of disability
- N1 - Engaging in SGA
- Z1 - DAA (Drug Addiction and Alcoholism) is material to the determination of disability



# SSA-4268: Explanation of Determination

- Explains the technical rationale DDS adjudicator used to make determination
- May contain very technical language
- Demonstrates step by step reasoning for the decision
  - Symptoms and test results
  - Whether the impairment(s) meet the requirements of a listing
  - The applicant's Residual Functional Capacity (RFC)
  - The exertional level and skills the applicant's past jobs required
  - Whether the applicant can do past work, given current limitations
  - Whether a medical-vocational rule says that, with vocational factors (age, education, and experience), the applicant should be able to do other work, and if so, what type of other work exists that is suitable.



# Sample SSA-4268: Explanation of Determination

SOCIAL SECURITY ADMINISTRATION

## EXPLANATION OF DETERMINATION

Name of Claimant	NH's Name (if CDB or DWB Claim)	SSN	Type of Claim
John Smith			INDIB

In addition to the information you provided the following medical evidence was used to document your disability claim:

Jerry Jones, MD, Report Received, 2/24/2006  
Winston Trust, MD, Report Received, 1/10/2006  
R. Andrew Tomas, MD, Report Received, 1/5/2006

We considered your age, education/training and work experience in determining your eligibility for disability benefits as defined by this program. We have determined that your condition is severe enough to keep you from working.

You state you are unable to work because of a three bulging discs and a bone spur on the spine causing chronic back pain and left knee pain. You state you have been unable to work since 06/06/2007.

Based on a review of all of the information in your file we are able to find you disabled beginning 10/01/2007. Prior to this date the record supports a finding of not disabled according to the rules for disability defined by this program.

If you disagree with this decision or have any questions please write, call or visit any Social Security office about filing another application.



NCCEH



# Questions/Comments



**Time for Open Questions**

## Contact NCCEH

hello@ncceh.org

919.755.4393

## Contact us re: SOAR

soar@ncceh.org

919.755.4393

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