

**SOAR Dialogue Phone Call Notes**  
**January 20, 2011**

Attendance: Emily Carmody, Kathryn Winston, TJ Reynolds Emwanta, Aundry Freeman, Spencer Cook,  
Violet Collins, Kendra Norville, Terri Clark, Mike Hosick

- I. Introductions and Local Updates
  - a. Emily Carmody, NCCEH- SOAR Training next week in Raleigh, full and have had a lot of interest
  - b. Kathryn Winston, Triangle Coastal Disability Partners- won 2 cases and expecting 3 more wins in a month
  - c. TJ Reynolds Emwanta, PATH, W-S- two presumptive disabilities this week and waiting on final decisions, several more cases in the pipeline (able to get presumptive decisions by submitting Medical Summary Report with application)
  - d. Aundry Freeman, Pisgah Legal Services- three approvals already for 2011, one approval only took 39 days, attended SMART training at Broughton Hospital
    - i. State mental health hospitals are doing trainings to educate staff about resources
    - ii. Next training is February 18th at Cherry Hospital, please contact Emily if you are interested in attending
      1. Terri Clark
      2. Kathryn Winston
      3. Violet Collins
      4. Kendra Norville
      5. Linda Mandell
    - iii. Training at Central Regional is March 4th
  - e. Spencer Cook , PATH, Durham- Partnership with LATCH program has been going well, psychologist Dr. Bob Zostas has been doing comprehensive psychological assistance that are proving to be effective, seeing a push in the community for Benefits Bank
    - i. Program to help case managers apply for benefits on behalf of clients
    - ii. Emily has a meeting with Benefit Bank in February to discuss partnership possibility
  - f. Kendra Norville, Pitt County DSS – working on building relationships with doctors, have been working with one doctor at PORT clinic that is getting better
  - g. Violet Collins, Pitt County DSS- no local updates, one approval this month
  - h. Terri Clark, Cumberland County Mental Health-
- II. Comparing NC and National SOAR Outcomes
  - a. Policy Research Associates released new outcomes (up to July 1, 2010)
    - i. 73% approval, average of 91 days for decision
    - ii. Decision time= day of application submitted to decision
    - iii. Average of 2 years of homelessness for applicants

- iv. 33% of applications require CE
- b. NC Outcomes
  - i. 77% approvals, 113 days for decision
  - ii. Decision time outcomes focuses on initial applications
  - iii. Average of 2.5 years of homelessness for applicants
  - iv. 38% of applications require CE
- c. Reflections
  - i. TJ- Great that we are above national average, as far as the number of days- training at DDS has helped decrease time for decision
    - 1. Main issue with DDS is communication
    - 2. Letters are not sent out to representatives and you miss the reassignment timeline
    - 3. Try to be on top of when application leaves SSA office
    - 4. Beneficial to have some type of presentation for all employees at DDS
  - ii. Spencer- average number of days does not include Recon cases?
    - 1. Emily- the average I keep for NC does not include Recon and Appeals cases because SOAR is picking it up midstream
    - 2. Emily- still want people to do the cases but throws off stats
  - iii. Aundry- Do you think it would be wiser to put in a new application and not appeal a Reconsideration?
    - 1. Emily- No because you want to protect PFD that has been established
    - 2. Emily- means more resources for the applicant
  - iv. Emily- Using the 60 day window to get all evidence together before submitting the applications
    - 1. Closer to the fidelity of the SOAR model
    - 2. Speeds up decision time for cases with all evidence sent to DDS at once
    - 3. Has this made a difference?
      - a. Kathryn- has not seen a difference in when evidence is submitted
      - b. Kathryn- feels pressure to get cases in because of the situations you find applicants in
      - c. Kathryn- hard to keep balance of getting medical evidence and submitting application to balance time
      - d. TJ- get information one week before sending in initial fax to get a head start on medical records and submitting evidence to DDS
      - e. TJ- tries to have Medical Summary Report complete so that DDS has a clear picture of the case from the start
      - f. TJ- evidence has helped to get presumptive disability decisions
      - g. TJ- sets asides time in the office to manage faxes and communication with SSA/DDS
  - v. Streamlining the referral process to gather information quickly

1. TJ- has created forms for referrals from the PATH team to gather information about SOAR cases
  2. TJ- if not eligible for SOAR, refer individual to attorneys in the area and resources
  3. TJ- also created Initial SOAR Screening form for first meeting
  4. TJ will send to Emily to share with the group
  5. Emily- streamlining the referral process can also help with the amount of time a case takes
    - a. Quickly engage individuals
    - b. Gather information as quickly as possible
- vi. Processing time issues with SSA offices
1. Emily- going to Durham SSA to discuss problems about processing times
  2. TJ- has also experienced issues if she turns in lots of evidence
  3. TJ- has also experienced delays with paper SSI application done in the field
    - a. Have to do things by hand
    - b. Claims Reps are not as familiar with paper applications
  4. Emily- time saver for everyone is to do the SSDI application and Adult Disability Report online
  5. Spencer- would like to discuss this with the Durham office to see if this is a root of the processing issues
  6. Emily- please let me know if you are having issues with SSA office, and we can meet with the office to discuss
- vii. Spencer- Is the difference between the statistics statistically significant?
1. Emily- difficult to answer because PRA does not release margin of error
  2. Emily- if you look at other states, we fall in the midrange of statistics
  3. Emily- always important to balance approval rating and decision time
  4. Kathryn- important to look into what types of cases and resources they have
    - a. Difficult cases
    - b. Barriers to treatment
  5. Emily- NC mental health system does increase difficulty when it comes to getting doctors to sign reports
    - a. Emily looking to do training for CAHBA agencies
    - b. Focusing on relationships with doctors could ease the process
- viii. Aundry- How does SSA know that we want 60 day window?
1. Emily- initial fax form
    - a. Secures PFD
    - b. Starts 60 day clock to submit an application with PFD
  2. Kathryn- makes it easier for them to get evidence together

### III. Other Issues /Questions

#### a. Topics for future phone calls

- i. Terri Clark- make sense to include DDS on phone call so we can ask questions and get their perspective
- ii. Spencer- Are there still just two DDS Examiners?
  1. Emily- yes
    - a. Marsha Golden
    - b. Derrick Martin
  2. More SOAR Case Workers are working with Marsha
    - a. Kathryn- has worked with Derrick
  3. Spencer- we could ask them to participate on a phone call
    - a. Emily- we could but would need to make sure it is not a conflict of interest
- iii. Terri Clark- How the Medicaid Reimbursement process works
  1. Terri- have had questions about reimbursement from local hospitals
  2. Terri- better explain to agencies about benefits of SOAR
  3. Emily- PRA is putting together a guide to Hospital Collaborations, could get Kristin from PRA to discuss this issue
- iv. TJ- Strategies for difficult claimants, cases in Recon and Appeal
  1. TJ- work history can make case difficult
  2. TJ- physical impairment can make case difficult
  3. TJ- DD claims can make case difficult
  4. TJ- combinations of multiple listings make case difficult

#### b. Question- Spencer- case has been approved but DDS sent case to quality review, have other experienced this?

- i. Kathryn- have had 3-4 cases, felt like she was being targeted
- ii. TJ- has been done with past 4 cases, one case has been in review for 5 months
- iii. TJ- still stay in touch with DDS examiner on weekly basis because if they disagree case, it is sent back to DDS for review
- iv. TJ- was able to work with examiner to get a case pulled from Quality Review in 2010
- v. Kathryn- heartbreaking because people are in dire situations but the good part is that it is most likely a positive outcome
- vi. Emily- DDS states that it is a random process to choose cases for Quality Review
- vii. Emily- Will speak to Lisa Presson about what QR does for applicants
- viii. Emily- if your case is pulled for Quality Review, please put this in the comments
- ix. Emily- there is an internal quality review process and a regional quality review process

### IV. Next call, February 17, 2011, 10 am-11 am