

SOAR Dialogue Phone Call

February 16, 2012

(Attendance: Emily Carmody, Aundry Freeman, John Mycklebust, Jacquetta Bullock, Katherine Pullicino, Moli Jones, Diedtress Jackson, Elizabeth McDermot, TJ Reynolds Emwanta, Dianna Polland, Dorothy Rogers)

For this Dialogue Call participants followed a PowerPoint Presentation that is attached to these notes.

- I. Introductions and Community Updates (Slide 2)-
 - a. Emily Carmody, NCCEH, Raleigh- Had a meeting with SSA and DDS about SOAR
 - b. Aundry Freeman, Pisgah Legal Services, Asheville- Three approvals and three denials this month
 - c. John Mycklebust, Housing for New Hope, Durham- No updates
 - d. Jacquetta Bullock, New Direction Ministries, Henderson- No updates
 - e. Katherine Pullicino, Onslow-Carteret Behavioral Health- No updates
 - f. Moli Jones, Freedom House, Roxboro- No updates
 - g. Diedtress Jackson, Durham Center Access- No updates
 - h. Elizabeth McDermot, LATCH, Durham- No updates
 - i. TJ Reynolds Emwanta, PATH, Winston-Salem- Reconsideration case approved, Initial denial and a Presumptive approval
 - j. Dianna Polland, Pisgah Legal Services, Hendersonville- Work has picked up in the last two weeks, caseload has tripled, 2 at DDS and most others at intake stage
 - k. Dorothy Rogers, Western North Carolina AIDS Project- I have a client in Recon

- II. Ethical Questions/Check In (Slide 3):
 - a. TJ- Facing burnout with dealing with health issues and difficulties in working with Keri Green at DDS
 - i. Check in with Keri Green once a week, not getting phone calls back
 - ii. Cases are being closed without letting me know
 - iii. Concerned that not all the conditions that are stated in the report are being checked
 - iv. Has anyone else had these difficulties?
 1. Aundry- I have had problems
 - a. Donna is the only examiner that calls back promptly
 - b. Keri calls back sometimes but does not answer her phone
 2. TJ- Had four cases with her
 - a. Keri called back after 3.5 weeks for one case
 - b. Two denials on previous cases
 - b. Emily- I will contact Lisa Presson at DDS to see if she can address these issues with Keri
 - i. Provide this feedback to her
 - ii. I will let group know what comes out of that meeting
 - iii. I will suggest that we set a day/time to touch base with her

- c. John- Have a client who has started work after I put in the application
 - i. She has now been approved to be a substitute teacher for Durham
 - ii. Working with Voc Rehab for training for a CAN
 - iii. I don't really see anything wrong with her at this point
 - iv. She wants to continue with the application
 - v. How do I pull out of the case? How do I address this with her?
 - 1. Aundry- Nothing wrong with pulling out of the case
 - a. We need to be credible with DDS
 - b. If we submit a case that is not credible then we can hurt our reputation
 - 2. Liz- I agree and what I talked about with John
 - a. It's ok to withdrawal your 1696
 - b. Educate the applicant that they can pursue the application but that they do not qualify for your services at this time
 - vi. John- Thanks for this feedback, I will pull out of the application
 - vii. Emily- The liability statement in the Social Security Act states that we will not be held liable if we provide information within our professional limits in good faith
 - 1. If you ever feel a moment where you are not telling the whole truth, it is a good time to check in about that case
 - 2. Can always pull out of representing someone if you feel uncomfortable
- d. Aundry- We have been hearing a lot about Q&A
 - i. DDS has discussed Q&A local and Q&A Atlanta
 - ii. Can you tell us more about that?
 - 1. Emily- I will explain that as we move into the discussion

III. Announcements (Slide 5):

- a. SOAR Training in Hickory- see slide for more information
- b. Updated Outcome Reporting Tool- on website and in last newsletter

IV. Update on Meeting with SSA and DDS (Slides 6-13)

- a. Slide 6- ICCHP called a meeting with SSA and DDS to discuss the SOAR program
 - i. Did this due to SOAR's growth over the past several years
 - ii. Review points of concern with SOAR process
 - iii. Overall, the meeting went well
 - 1. DDS and SSA view themselves as partners to SOAR
 - 2. DDS and SSA support the mission of SOAR
- b. Slide 7- Main discussion was about the SOAR process
 - i. Q&A- comes after a decision has been made
 - ii. Due to SOAR cases having a different process, they put all of our cases through an internal Q&A
 - 1. Internal Q&A happens in Raleigh, 1-2 days to complete
 - 2. External Q&A happens in Atlanta, several weeks to complete

- a. Regional office in Atlanta randomly pulls cases for Q&A
 - b. Part of DDS process in all states
 - iii. We looked at three main challenges for the SOAR process and presented data about these steps
 - 1. This is why it is so important to completely fill out the SOAR Outcome Reporting Tool
 - 2. If you skip questions, I lose that data for advocacy purposes
- c. Slide 8- Homeless flag (see slide for data)
 - i. Issue of SSA field not flagging cases as Homeless when the applicant is homeless
 - ii. The majority of the cases reported that were not flagged were incidences when the applicant filed for benefits on their own before contacting the SOAR caseworker
 - iii. TJ- In a lot of other states, they use a SOAR flag with the remarks flag?
 - 1. Can people still refer applicants to me who become housed during the process?
 - 2. Can we use a SOAR flag?
 - iv. Emily- I will get to that in a minute
 - 1. We pointed out this problem because this is an issue in the SOAR process when it comes to identifying people who are eligible for reassignment
 - 2. Those that don't have it don't get put into the SOAR process
 - v. John- Our field office suggest putting SOAR on the Adult Disability Report
 - 1. Emily- With the SOAR process you do need to put SOAR on the Adult Disability Report and on the 1696 Form
 - 2. Emily- The issue is that people who are walking in without an advocate are not being identified and/or flagged as homeless
 - vi. Dorothy- If I catch them mid-process, do I need to make sure the office puts a Homeless Flag on their application
 - 1. Emily- you can talk to SSA to make sure they put the flag on the application
 - 2. Emily- Also need to notify DDS with fax to Ann Griffin Hall
- d. Slide 9- Reassignment Process (see slide for data)
 - i. Reassignment Process benefits
 - 1. Approval rates are not that different
 - 2. Decision days are reduced by 30 days for reassigned cases
 - ii. CE rates are higher for reassigned cases
 - 1. Asked DDS about this
 - 2. They see it as a function of SOAR Examiners double checking their work, not as a reflection on the strength of cases
 - 3. DDS staff is not going to address CE rates because still have high approval rate and low decision days
 - 4. Agreed to keep an eye on this number over time

- iii. Aundry- Most of the doctors that DDS uses in my area do not give a thorough enough evaluation
 - 1. Spend about 15 minutes with the client
 - 2. Reports that the doctors are providing are not fair
 - 3. Emily- We can look at that with your outcomes to see how CE rate compares to approval rate
 - 4. TJ- There is a way around it
 - a. I will discuss whether a CE is necessary
 - b. I will request that they send exams to particular doctors
 - c. I will let them know that I will not take clients to certain doctors who do cursory exams
 - d. SOAR examiners can switch the appointments
 - 5. Aundry- Works sometimes but sometimes it doesn't
 - a. Emily- it is based on the availability in the area
- iv. Dianna-
 - 1. Decision days are less if assigned to a DDS SOAR examiner
 - 2. What is the percentage of favorable outcomes for the cases with CEs?
 - 3. Emily- I can look that up and include it in my email to the group
- e. Slide 10- "At Risk" Applicants (see slide for data)
 - i. Cases still had a high approval rate, low CE requests, and on target for decision days
 - ii. Even if not reassigned, still on track with other SOAR cases
- f. Slide 11 & 12- Outcomes of the Meeting
 - i. SSA
 - 1. Our requests:
 - a. Use the remarks flag to mark SOAR cases
 - b. Re-educated field offices about SOAR process and update them about DDS reassignment process
 - 2. Results:
 - a. Remarks flag
 - i. SSA Representative was concerned that offices were not properly using homeless flag and would not use SOAR flag properly either
 - ii. SSA Representative wants to focus on getting field office to use homeless flag according to SSA policy
 - iii. Want to look at other possibilities of how to mark a case as a SOAR case in a uniformed way
 - b. SSA to send out an update to field offices about SOAR process
 - i. Have not received an update in 3 years
 - ii. Asking offices to designate a person who can address all the needs of the SOAR process in each office
 - c. Working on improving feedback

- i. SSA offices able to provide NCCEH with feedback about SOAR caseworkers
 - ii. NCCEH able to provide feedback about difficulties with field offices
 - d. I do not know when the communication is going to the field offices
 - i. I am working with the liaison about message
 - ii. I have offered trainings to local offices
 - ii. DDS
 - 1. Our Requests:
 - a. Open up the Reassignment process to “at risk” applicants
 - 2. Results:
 - a. DDS cannot prioritize applications for applicants in housing
 - i. Policies state that they can prioritize homeless applicants
 - b. Key to reassignment process: Faxing Ann Griffin Hall on the 1st and 15th of every month with open case list
 - i. Ann has more flexibility in reassignment process if she has a list of cases
 - ii. I am following up with caseworkers who have not been faxing in these lists
 - c. DDS stated that it is difficult to process SOAR cases when not following SOAR model
 - i. Medical Summary Reports are not including vital information to DDS
 - 1. Longevity information: personal history
 - 2. Functioning Information
 - 3. Specifically mentioned that these two pieces are left out of reports and are vital to decisions
 - 4. DDS stated it makes it harder to process a case and takes more time if the reports do not have this information
 - 5. DDS affirmed the model of including all of this information in one report
 - ii. Delays in getting medical records and Medical Summary Reports to DDS
 - 1. Explained that the delay may be due to SOAR caseworkers picking up the case half way through
 - 2. Encourage all of you to get this information in ASAP for your cases

- d. I need to be able to guarantee the SOAR work product to DDS before I can ask them to change the SOAR process
 - i. Faxing lists to Ann Griffin Hall
 - ii. Submitting complete Medical Summary Reports
 - 3. Dianna- Should we submit a report without a physician's signature?
 - a. Emily- it is much stronger with a signature but can still be used as collateral evidence
 - b. Emily- I am available to discuss how you can advocate in your community for doctors to collaborate on SOAR applications
- g. Aundry- Do Recon cases go through Q&A?
 - i. Emily- That is what I've been told

V. Referrals for SOAR Caseworkers (Review of PRA Webinar Slides)

- a. Moli- If an applicant has been denied before, are they a viable applicant?
 - i. Emily- What does the group think?
 - ii. Aundry- Are you talking about starting a case over?
 - iii. Moli- At this point, I know the application was filed back in 2006
 - iv. Aundry- Could be a viable SOAR case
 - v. Emily- A denial in the past has little to do with what makes a SOAR case
 - 1. So many people are denied because they were not able to submit all the information DDS needs
 - 2. We know the process is difficult for many people to navigate on their own
- b. Slide 14- Fundamentals for SOAR cases (see slide for details)
 - i. Same criteria for SSA benefits
 - ii. SGA = \$1,010
- c. Slide 15- Recommended but not essential for SOAR cases (see slide for details)
 - i. Difficult work history
 - 1. Fights with coworkers, supervisors, customers
 - 2. Unable to keep up with work demands
 - ii. Other things that you look for with applicants
 - 1. Aundry- If they say they only made it to the 7th or 8th grade
 - 2. Aundry- If they are in mental health treatment
 - 3. Aundry- If they have been hospitalized before for treatment
 - 4. John- School transcripts can be great sources of information
 - 5. Aundry- Alcohol and drug abuse is a sign to dig deeper
 - a. Almost every client I have had has some sort of substance abuse
 - b. Emily- good point, get to root of the problem
 - iii. John- I had a case referred that was more of a Personality Disorder
 - 1. I know those cases are hard to get approved
 - 2. In an effort to prioritize, I did not take the case but explained how he could apply on his own

- d. Slide 16- Referral Form (see slide for details)
 - i. PRA form available on NCCEH website
 - ii. Helpful for those of you taking referrals from the community
 - 1. Can add own program criteria
 - 2. When you get a referral, you will have more information about the potential client
 - 3. Great way to identify and streamline referral process
- e. Slide 17- Does anyone use a form like this now?
 - 1. John- I've asked my team to fill out a brief form now to streamline referrals from the team
 - 2. Emily- great way to introduce SOAR program and leave something concrete for agencies to use for referrals
 - 3. TJ- I use a short form that the team leader signs off on too and to use the Co-Occurring Screening
 - a. Emily- Another form on our website
 - b. Emily- Form to use to see if substance abuse is material to the disabling conditions
- f. Slide 18- Brainstorm about where to get referrals?
 - i. Emily- Dianna since you have tripled your caseload in two weeks, do you have tips?
 - 1. Dianna- This is a real learning process in getting to know community and services
 - 2. Dianna- Presented to agencies in my community
 - a. History of SOAR
 - b. Mission of SOAR
 - c. Benefits of SSI/SSDI
 - d. Brochure and referral forms were helpful in giving agencies something concrete
 - e. 30% of caseload from one presentation
 - 3. Dianna- DSS provided a number of referrals
 - a. Presentation to frontline staff
 - b. Adult Protective Services, Adult Services
 - c. Managers liked having a way of tracking the referrals made by their staff
 - 4. Dianna- My biggest lead was from my clients
 - a. 70% of my caseload
 - b. Told me where people congregate weekly- church that provided meals
 - ii. Emily- Great ideas!
 - 1. DSS- central hub for services
 - a. Medicaid applications submitted there

- b. Many times individuals are required to submit an SSI/SSDI application if applied for Medicaid
 - 2. Word of mouth from clients
 - a. Where people hang out
 - b. What agencies they use
 - 3. Other ideas:
 - a. SSA field offices- claims reps at the field office can let you know if a homeless applicant is struggling
 - b. Katherine- Referrals from Vocational Rehab
 - g. Please give Emily a call if you need help in brainstorming ideas for referrals.

VI. Next Phone Call, Thursday, March 15th, 10-11 am

- a. If you have ideas for topics, please email Emily at emily@ncceh.org
- b. Register for the next call by following this link: <http://ncceh.org/en/cev/550>