

A User's Guide to Entering SOAR Outcome Information





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SOAR Online Application Tracking (OAT) User Guide

User Registration

Go to https://soartrack.prainc.com/ and click on "Create an account" in the User Log-In box.

OAT WORKS	Log in below Email
Online Application Tracking	Password
	Login
Welcome to SOAR (SSI/SSDI Outreach, Access & Recovery) Online Application Tracking (OAT)	Forgot password?
OAT allows SOAR trained case managers to enter and track data about and outcomes of their SSA disability applications.	Create an account
For more information about OAT, please contact soaroat@prainc.com. For more information about SOAR, please visit the SOAR website. For access to the SOAR Online Course, please visit SOAR Online Training.	

This will bring you to the *Register for OAT* page:

	Online Applic	ation Tracking		
	Register	for OAT		
lew State, Agency & Local Lead OAT users will be approved receive an email confirming registration when you	d by SAMHSA SOAR TA Center staff. New Case Workers wit have been approved. If you have any questions about the	h agencies in the current system will have imme registration process or this program, please co	diate access to login. New State, Agen ntact us at soaroat@prainc.com or 51	cy & Local Lead OAT users will 8-439-7415 ext. 5242.
FIRST NAME	7	LAST NAME		7
PASSWORD	0 ₇	VERIFY PASSWORD		بر
EMAIL	7	PHONE	≁	XT 🔎
STATE				~

Demographics

Demographic information requested includes First Name, Last Name, Email, Phone, State, County, and City.

Create a Password

Your password must be at least 8 characters and contain *at least 3* of the following: Uppercase Letter, Lowercase Letter, Number, and/or Special Character.





User Roles

There are four roles in OAT, each outlined below. Select the most appropriate one for you at the time of registration. Please note you can only choose one. All roles include the capability to enter your own cases, *if you have completed the SOAR Online Course or attended a recent in-person training by an authorized trainer*. All roles must be approved by the SAMHSA SOAR TA Center's OAT Administrator.

State Team Lead: Directs the SOAR initiative at the state level; has access to data from all agencies in the state.

Local Lead: Oversees multiple agencies in a community, county or region; has access to data from multiple agencies in the specified service area (e.g. CoC). When this role is selected, you will also choose the counties and/or cities to which you will need access.

Agency Lead: Oversees multiple case workers in an agency; has access to data from all caseworkers in that agency.

Case Worker: Works with applicants and enters data into OAT on his/her application outcomes. Has access to his/her data only.

Agency Information:

Choose your Agency from the drop-down list. If your agency is not listed, choose "Other", then enter your Agency Name in the box provided.

Funding:

Select from the drop-down list how your position is funded. If you choose "State/County/Local," a "State Options" box *may* appear, depending on your state. If you choose "VA (VAMC, HUD-VASH, etc.)," an additional box will ask for your VISN.

Training:

OAT users that are tracking applications are required to have completed SOAR training prior to registering. Users can record the completion date of the SOAR Online Course (Adult or Child Curriculum); 2-day *Stepping Stones to Recovery* training *(certificate will be requested in follow-up email)*; 4-day Train the Trainer program; or 3-day Leadership Academy. Multiple training types can be recorded.

If you are a supervisor that will be managing SOAR caseworkers but will NOT be completing applications, choose your Lead role (Agency/Local/State) and select "Yes" for "Supervisor-Only." You will not be required to complete SOAR training but are strongly encouraged to complete Class 1 of the SOAR Online Course.

Registration Approval

After submitting your registration, you will receive an email from <u>soaroat@prainc.com</u> letting you know that your registration is pending. If any information needs to be clarified or confirmed, you will be contacted by the SOAR OAT administrator. Once your registration has been approved you will receive another email welcoming you to OAT!





Log-in to OAT

Once you have received confirmation that your registration has been approved, you are free to log-in to OAT at <u>https://soartrack.prainc.com/</u>.

OAT WORKS	Log in below Email
Online Application Tracking	Password
	Login
Welcome to SOAR (SSI/SSDI Outreach, Access & Recovery) Online Application Tracking (OAT)	Forgot password?
OAT allows SOAR trained case managers to enter and track data about and outcomes of their SSA disability applications.	Create an account
For more information about OAT, please contact soaroat@prainc.com. For more information about SOAR, please visit the SOAR website. For access to the SOAR Online Course, please visit SOAR Online Training.	

Password reset procedure: On the homepage, you have the option to reset your password. Click on "Forgot password?" and enter your email. You will receive an email from SOAR OAT with a link to follow to reset your password. You will then receive a second email letting you know when it has been successfully changed.

Creating a New Applicant

When you log-in to OAT, you will land on your Dashboard where you will be able to add a new applicant to the database.

Applicant Identification (ApID)

You must create a unique Applicant ID. The use of this ID avoids the need for personally identifiable information (PII) and helps prevent case duplication. We recommend recording the Applicant ID in the applicant's case file for future cross-reference.

The required sequence for the ID is as follows:

- Two Letters
- Two Numbers
- Two Letters
- Four Numbers
- Example: aa11bb2222







Entering Applications

Questions that include an asterisk (*) require a response.

Tab 1: Demographics

	2	3		4	5	
DEMOGRAPHICS	APPLICATION TYPE	APPLICATIO	ON DETAIL	DECISION	POST DECISION	
ender *			Age *			
Female		•	35			×
Ailitary Service *						
Yes						
No						
Don't Know						
ischarge Status: *			Was the applicant	t receiving VA Disability Compe	nsation at the time of the	
			was the applicant			
Honorable		•	application? *	·····, ····,		
Honorable		•	application? *			•
Honorable Vas the applicant receiving county,	state or other public assistance (v cash or health	application? * Yes	· · · · · · · · · · · · · · · · · · ·		•
Honorable Vas the applicant receiving county, ssurance) prior to applying for SSI/S	state or other public assistance (SDI? * ()	▼ cash or health	application? *			T
Honorable Vas the applicant receiving county, ssurance) prior to applying for SSI/S TANF General/Public Assistance	state or other public assistance (e SDI? * ①	v cash or health	application? *			•
Honorable /as the applicant receiving county, surance) prior to applying for SSI/S TANF General/Public Assistance Medicaid Doubt Krow	state or other public assistance (c SDI? * 🕄	v cash or health	application?* Yes	g		•
Honorable Vas the applicant receiving county, surance) prior to applying for SSI/S TANF General/Public Assistance Medicaid Don't Know	state or other public assistance (r SDI? * 🚺	v cash or health	application?* Yes			¥
Honorable As the applicant receiving county, surrance) prior to applying for 55//5 TANF General/Public Assistance Medicaid Don't Know Vas the applicant working during th	state or other public assistance (s SDI? *) e application process? *	v cash or health	Yes Applicant Working	g Earnings per Month (in dollars	9)*	•
Honorable Aas the applicant receiving county, surrance) prior to applying for 551/5 TANF General/Public Assistance Medicaid Don't Know Vas the applicant working during th Yes	state or other public assistance (s SDI? *) e application process? *	v cash or health	Applicant Working 250	g Earnings per Month (in dollar:) *	T
Honorable Aas the applicant receiving county, surrance) prior to applying for 551/5 TANF General/Public Assistance Medicaid Don't Know Vas the applicant working during th Yes that was the applicant's housing st	state or other public assistance (s SDI? *) e application process? * atus at the time of the application	v cash or health v v	Applicant Working 250 Length of time ho	g Earnings per Month (in dollars meless * 🚯) *	•
Honorable Vas the applicant receiving county, surance) prior to applying for SSI/S TANF General/Public Assistance Medicaid Don't Know Vas the applicant working during th Yes Vhat was the applicant's housing st Outdoors (e.g., street, abandoned	state or other public assistance (s SDI? * () e application process? * atus at the time of the application or public building)	v cash or health v v n2 *	application?* Yes Applicant Working 250 Length of time ho 5	g Earnings per Month (in dollars meless * 👔) *	•

Gender

 Select the gender that was indicated on the SSA forms. Individuals who identify as transgender, non-binary, or other can use the gender marker they chose for SSA purposes.

Age

- Enter the applicant's age at the time of application.
- If you enter an age of 18 or over, the application will be tracked as an adult application and track both SSI and SSDI.
 - If you are assisting a 17-year-old who is turning 18 with their adult SSI application, then enter 18 as the age so that it is tracked as an adult claim.
- If you enter an age of 17 or under, the application will be tracked as a child application and track only SSI.

Military Service

 If yes, two follow-up questions will ask about military discharge status and VA Disability Compensation status at the time of the application.

Was this person receiving any state, county or any other public assistance?

• To select more than one response, hold down the Control (Ctrl) key while selecting.

Was the applicant working during the application process?

If yes, a follow-up question will ask about the applicant's working earnings per month (in dollars).





Living situation at time of application

- The first three options are for individuals who are experiencing "literal" homelessness. The remaining options are considered to be at-risk of homelessness.
- Length of time homeless. Enter the length of time homeless in years and months prior to working on the SOAR application OR prior to entering the current (at-risk) housing situation.
- Applications for individuals who are stably housed *can* be tracked using OAT. These cases are considered Non-SOAR applications, and "Non-SOAR Claim" should be chosen as Application Type on Tab 2 (see below). These cases should NOT be flagged as SOAR when submitting the application to SSA and will not be included in national SOAR outcome reports.

Tab 2: Application Type

	Appl	ication: ba55va1866 • Created: 05/0	04/2016	
DEMOGRAPHICS	2 APPLICATION TYPE	3 APPLICATION DETAIL	4 DECISION	5 POST DECISION
Initial SOAR Application	Reconsider using SO. Initial application was drain filing a Request for Recon	ation ALJ AR d and you are Reconsider ssideration: and you are	Hearing using SOAR aton denied (or prototype state) : filme a Request for AU Hearing.	Non-SOAR Claim Not # SOAR applicater and res SOAR protocal componenters are used.
Start Application	Start Applicati	ion	Start Application	Start Application

Application types include:

Initial SOAR Application

Case worker is starting an initial SSA disability application with the applicant using SOAR techniques.

- Reconsideration using SOAR
 Case worker starts working with an applicant after s/he has been denied at the initial application level.
- ALJ Hearing using SOAR

Case worker starts working with an applicant at the ALJ hearing level.

Non-SOAR Claim

Applies when:

- 1. Applicant is not currently experiencing or at-risk of homelessness OR does not have a mental illness, medical impairment and/or co-occurring substance use disorder.
- 2. When NONE of the SOAR critical components were used in the application process.

Changing Application Type

If you make an error in your selection, you can change the application type without losing demographic information – however, **all other information will be deleted**. The option to change application types is only available until a decision is entered and saved on Tab 4.

Are you sure?

Changing the App Type will DELETE the previous data for this application only! This cannot be undone.





The information collected on Tabs 3-5 will vary depending on Application Type Chosen

Tab 3: Application Detail

Application: baldiant 124 - Created: 05/00/2016		Ini	uai SOAR Applicatio	on	
COLOCUPIES APRICATION DETAIL COLOCUPIES APRICATION DETAIL COLOCUPIES APRICATION DETAIL COLOCUPIES COLO		App	plication: ba60da1234 + Created: 05/03/20	016	
EDUCODADAWICS APPLICATION TOTAL DECISION POST SECSION wer filing date (initial contact with SSA) * ①	0	2	3	4	5
ve filing date (initial contact with SA) *	DEMOGRAPHICS	APPLICATION TYPE	APPLICATION DETAIL	DECISION	POST DECISION
S5A 1996 Appointment of Representative Form submitted? * dical records collected and submitted? * edical Summary Report (MSR) written and submitted? * ality review of the application done prior to submission? * mplete application been submitted to 55A? *	Protective filing date (initial contact	with SSA) * 🚯			
ISA 1096 Appointment of Representative Form submitted? * Hical records collected and submitted? * edical Summary Report (MSR) written and submitted? * ality review of the application done prior to submission? * mplete application been submitted to SSA? *	m				
tileal records collected and submitted? * edical Summary Report (MSR) written and submitted? * ality review of the application done prior to submission? * mplete application been submitted to SSA? *	Was an SSA-1696 Appointment of Rej	presentative Form submitted? *			
rdical records collected and submitted? * edical Summary Report (MSR) written and submitted? * allty review of the application done prior to submission? * mplete application been submitted to 55A? *	C Yes				
tilcal records collected and submitted? * edical Summary Report (MSR) written and submitted? * sality review of the application done prior to submission? * mplete application been submitted to 55A? *	C No				
edical Summary Report (MSR) written and submitted? * ality review of the application done prior to submission? * mplete application been submitted to 55A? *	Were medical records collected and	submitted? *			
edical Summary Report (MSR) written and submitted? * ality review of the application done prior to submission? * mplete application been submitted to SSA? *	C Yes				
edical Summary Report (MSR) written and submitted? * nality review of the application done prior to submission? * mplete application been submitted to 55A? *	C No				
ality review of the application done prior to submission?* mplete application been submitted to 55A?*	Was a Medical Summary Report (MSI	R) written and submitted? *			
ality review of the application done prior to submission? * mplete application been submitted to 55A? *	C Yes				
ality enview of the application done prior to submission? * mplete application been submitted to 55A? *	C No				
mplete application been submitted to 55A7 *	Was a quality review of the applicati	on done prior to submission? *			
mplete application been submitted to SSA? *	C Yes				
mplete application been submitted to SSA? *	C No				
	Has a complete application been sub	imitted to SSA? *			
* Below	Select Below				,

ALL Application Types

The following questions are asked on Tab 3 for all SOAR application types.

SOAR Critical Components

These questions ask whether the SOAR critical components were utilized. These are very important to the success of applications for eligible individuals. OAT tracks whether the caseworker completed and submitted the SSA-1696 Appointment of Representative form, collected and submitted medical records, wrote and submitted a Medical Summary Report (MSR), whether the MSR was co-signed by an Acceptable Medical Source, and whether a quality review of the application was completed prior to submission.

- a. Quality review may include a review of the application by a supervisor, SOAR Local Lead/Trainer, or a SOAR-trained colleague.
- b. Quality review may also include having the Medical Summary Report reviewed by the SAMHSA SOAR TA Center.

Was a Consultative Exam (CE) Ordered?

A consultative examination (CE) is an exam ordered by the Disability Determination Services when there is not sufficient medical evidence in the file to make a decision based on the applicant's alleged illnesses and conditions. If a CE was ordered, a follow up question will ask for the number of CEs ordered.

Initial Application

The following questions are asked on Tab 3 for Initial Applications only.

Protective Filing Date

Enter the date on which you or the applicant notified SSA of their intent to file. This may have been done by calling SSA, going in to the local SSA field office or initiating the online disability application.





Has a Complete Application been submitted to SSA?

- No: Choose this option **only** if you *do not* intend to submit an application.
 - A follow-up question will ask why the application will not be submitted. Options include: the applicant has moved, disappeared, incarcerated, withdrew, transferred to another representative, or other.
 - Once the reason is selected, the case will be closed and archived. Archived cases can be viewed from the Applications page **only** and will not appear on the user's dashboard.

No	•
pplication will not be submitted to SSA due to: *	
Select Below Only if Not Submitting	•
Save & Continue Save & Evit	Change Type

- Yes: Choose this option only if you have submitted a complete SOAR application packet to your local SSA office.
 - A follow-up question will ask for the Application Date. Enter the date that the complete application packet was delivered to the local SSA field office. This date cannot be before the protective filing date.

Reconsideration

The following question is asked on Tab 3 for Reconsiderations only.

Date of Request for Reconsideration

Enter the date the Request for Reconsideration was filed.

ALJ

The following questions are asked on Tab 3 for ALJs only.

Date of Request for ALJ Hearing

Enter the date the request for an ALJ hearing was filed.

Was an expedited hearing requested?

A request made to expedite the scheduling of a hearing due to dire need.

Was a review on record requested?

A written request asking the ALJ to make a favorable decision based on the evidence in the case record.

Did the applicant have an attorney?

Even if the applicant had an attorney, if you collected medical records, wrote and submitted a Medical Summary Report and assisted with the application, you should still track the outcome of the application in OAT.





Tab 4 - Decision

	Initial SC	DAR Application - De	ecision	
DEMOGRAPHICS	2 APPLICATION TYPE	3 APPLICATION DETAIL	4 DECISION	5 POST DECISION
Has there been notification of a decis	ion? *			
Yes 🕖 No - Case is still pendir	ng Unknown			
Date of Initial Decision *				
Outcome of Decision*				
Approved Denied				
Save & Continue Save & Exit				Change Type

Has there been notification of a decision?

No

• The case is pending. There has not been notification of a decision.

Unknown

- A follow-up question will ask "Unknown due to:" Options include:
 - Further follow up with DDS needed
 - Applicant transferred to new representative (i.e. another agency)
 - Applicant withdrew
 - Applicant deceased
 - Other (space provided to explain)

Yes

Follow-up questions:

Date of ALJ Hearing

This will be asked ONLY for ALJ Hearing Decisions

Date of Decision

 Use the date found on the letter that is mailed to the applicant and the appointed representative.

Outcome of Decision

Approved

- Follow-up question will ask what the applicant was approved for. Options include:
 - o SSI only; SSDI only; or Both SSI and SSDI

Denied

- Follow-up question will ask for the reason for the denial (from the SSA letter).
 Options include:
 - Earning SGA; No significant impairment; Ability to do past work; Ability to do other work; Substance use is material; Duration requirements; Failure to cooperate; Non-medical; Unknown





Tab 5: Post Decision

If Initial application was denied:

Was a Request for Reconsideration Filed?

- Yes: Choosing this option will direct you to Tab 3: Application Detail for Reconsideration (see Tab 3 instructions above)
- No: the case is considered "closed." Choosing this option will bring you to an Applicant Overview page.
- My state doesn't have reconsideration, filed appeal: There are a number of states that until recently did not have the Reconsideration level of appeal. All states now do. Choosing this option will direct you to Tab 3: Application Detail for ALJ (see Tab 3 instructions above)

If Reconsideration was denied:

Was a Request for ALJ Filed?

- No: the case is considered "closed." Choosing this option will bring you to an Applicant Overview page where you can see all the details of this application.
- Yes: Choosing this option will direct you to Tab 3: Application Detail for ALJ (see Tab 3 instructions above)
 - Do not select this option unless you are assisting with the ALJ Hearing. If you are referring the applicant to another agency or to an attorney, select "No."

If ALJ was denied:

 There are no Post-Decision questions asked. You will be directed to the Applicant Overview page (see below)

When any SOAR application is approved:

This section appears when a SOAR application has been approved at any level of adjudication (initial, reconsideration or ALJ). This information can be very helpful in sustaining SOAR initiatives both on the local and state levels. With the exception of Award Amounts, this section is optional.

1	1 2		4	5	- 8
DEMOGRAPHICS	APPLICATION TYPE	APPLICATION DETAIL	DECISION	POST DECISION	
SI Award per Month (in dollars) *					
SDI Award per Month (in dollars) *					1
fedicaid Reimbursement Amount (in dollars)	Medicare Rein	nbursement Amount (in dollars)		1
ieneral Assistance or Public Assista	nce Reimbursement Amount (in dolla	rs) Retro Back Pa	yments (in dollars)		1
applicant working post-decision (a	at time of decision?)	Post-decision	earnings per month (in dollars)		
Yes No					
Vas applicant housed at time of dee	ision?	Did access to I	penefits facilitate housing?		
Yes		Ves Ves			
No No		⊖ No	- Deven Developed		
epresentative Payee Neededr		Representativ	e Payee Provideor		
No No		No			
lours to Complete Claim:					
Complete Application	Ewit				



- Award Amounts: When your applicant receives his/her approval, please enter the SSI and/or SSDI monthly award amount and any retroactive back payments received. If the award amount(s) are unknown, please indicate as such do NOT enter "0" as the amount.
- Medicaid/Medicare reimbursement: Contact your local hospitals or healthcare providers to get this information. With the proper release you can often get this information from the billing department. Providers can bill Medicaid retroactive up to 90 days prior to the date of the SSI application. Enter the amount received.
- *General or Public Assistance:* Contact the state, local or county agency that provides general or public assistance, if available in your state. Again, you'll need a proper release from the applicant.
- Retroactive Back Payments: When your applicant receives his/her approval, please enter any
 retroactive back payments received.
- *Employment Information:* If the applicant was working at the time of decision, even if only for a few hours, please indicate that along with his/her monthly earnings from that employment.
- Housing Information: Indicate whether the applicant was housed at the time of decision, and whether his/her (pending) access to benefits facilitated the access to housing.
- Representative Payee: Indicate whether a Representative Payee was needed, and whether one
 was provided; this can be via referral/connection to services this does not need to be you/your
 agency.
- Hours to Complete Claim: As part of quality review and potential retraining, it is important to know how many hours it takes case workers to complete each claim.

Applicant Overview

This page can be viewed by clicking on any ApID# on your dashboard. It is also the page you are directed to once you have completed Tab 5: Post Decision.

ba60da1234			1 Total Decision(s)	*	CAS Ba	ewok ailau	e lames	
Created: 05/03/2016			Age: 46	Sex: Female	Daz	s Place	James	
Acme, WY ALL Hearing using SOAI	t - Approved		Military: Yes	Assistance: No				
			Working? Yes \$200.00/mo	Housing Status: Jail or correctional facility				
ALJ Hearing Current				e	Applic	ant (Ireated	
Approved on May 4, 20	16				GENDER F May 3, 2	46 016	CASE WORKER Balley James	
Approved for: SSI Only								
Monthly SSI: \$733.00					ALJ He APP DATE 05/04/10	earin; 6	g using SOAR SSA 16967 Yes	- Details
General Assistance or Public Assistan \$600.00	ce Reimbursement Am	ount:			May 4, 2	016		
Medicald: \$1,300.00	Me 510	dicare: (.000.00		C	ALJH	earin	g using SOAR	- Decisio
Was applicant housed at decision? Yes	Die	access to be	nefits facilitate housing?		Approve May 4.2	nd 016	DATE 05/04/16	DECISION 0
Representative Payee Needed? No								
Hours to Complete Claim: 15					ALJ He Appro	earin; wal	g using SOAR	- Post
Application Date:				05/04/2016	Complet	ted	ACTION Edit/Re	siew
Was an expedited hearing requested	?			Yes				
Was a review on record requested?				Yes				
Completed SSA 1696?				Yes				
Medical Records Collected?				Yes				
MSR				Yes				
MSR Co-Signed?				Yes				
Quality of Review				Yes				

If you have any questions about using SOAR OAT, please contact the SAMHSA SOAR TA Center at soaroat@prainc.com.