

## **SOAR Dialogue Highlights**

### **5/21/15**

Attendees: Emily Carmody, Diamond Jenkins, Melisa McKeown, Pamalia Davis, LaTonya McKoy, Aundry Freeman, Charlene Harris, Candice Chilton, Randy Glazier, Joyce Allen, Jessica Vetreno

#### **Introductions**

This month caseworkers shared an impactful SOAR case that they have worked on.

- Emily Carmody, NCCEH, Raleigh- Worked on a case that ended a man's 20 year period of homelessness, housing led to him getting a job
- Diamond Jenkins, Southlight, Raleigh- Currently working with someone who has been in and out of jail since 1985 and is celebrating 2 years of sobriety.
- Melisa McKeown, Union County Community Shelter, Monroe- Case that I have now has been in the shelter off and on for over 4 years. He was very physically in shape but had a stroke and cannot care for himself, really want to get him the help he needs
- Pamalia Davis, Housing for New Hope, Durham- Working with a woman who has breast cancer and other health issues who is unsheltered and on chemotherapy. The SOAR worker at our local SSA office called me on a Saturday to process her case and get it to DDS. As a cancer survivor and having cancer survivors in my family I really relate to her.
- LaTonya McKoy, Southlight, Raleigh- Currently working with a woman who has been living in a tent for past 2 years. She has 3 children who are living with her sister in another state, and if she's approved, she will be able to reunite with her children.
- Aundry Freeman, WNCCHS, Asheville-Every case I've had is different and touches me in some way. I really appreciate having the knowledge to be able to help everyone. (Asheville now has a SOAR liaison in the SSA office- Yay!)
- Charlene Harris, LATCH Rural Health, Henderson- Just started working with a few people and getting to know them.
- Candice Chilton, LATCH, Durham- The cases where patients have cancer have meant the most to me. It's great to see that the pressure around stable housing and insurance taken off of them.
- Randy Glazier, Raleigh- Worked with a gentleman who was on the street for 9 years who was deaf, had PTSD and experienced hearing issues. After working with him, he got benefits and he was given a hearing aid, vision services, and mental health services. He ended up getting a part time job and an apartment.
- Joyce Allen, Alliance of Disability Advocates, Raleigh-Working with a man who has been living out of his car for the past 5-6 years. He's been great to work with and really involved in the application process and in getting information.

#### **Challenges with Obtaining Medical Records**

Gathering, reviewing, and passing medical records on to DDS is essential to the SOAR model. Along with being the 1696 Representative and writing a Medical Summary Report, gathering medical records is a

key part of the SOAR process and allows DDS Examiners to have a complete picture to make a medical determination.

SOAR caseworkers use a “Compound Authorization” to request records. This is allowed under HIPAA. The release request should include an agency release that allows the records to be released to the SOAR caseworker, and the SSA-827 release that allows the records to be given to SSA/DDS. These releases should be submitted together, and often, it is helpful to include a letter explaining the compound authorization, why you are requesting the records, and the SOAR program.

With that said, barriers exist in gathering records. The following are common barriers caseworkers reported from the field and tips offered for addressing them:

- Not receiving records in a timely fashion
  - Response times vary by providers and even within the same medical records departments depending on who gets the request for records
  - It’s important to outreach and engage medical record department staff
    - Make conversation with them to get to know them.
    - Personal relationships go a long way in getting records sent to you
  - Delivering requests in person can help the staff to put your face with your name.
  - A lot of times medical records staff have questions about disability benefits that you can answer for them
  - Bring cookies or treats to the staff to help with engaging them
- Providers have specific releases of information
  - I send in my own releases of information and the SSA form, and the provider has their own release forms and won’t accept my forms.
  - The path of least resistance is to use the provider’s form.
  - Make sure to use their form but still submit two releases to make it a compound authorization.
  - Make sure to check with providers to see what their preferred forms are and be sure to know this information for commonly used providers by uninsured folks
- Providers not understanding or not accepting SSA- 827 release
  - Providers may ask for additional statements to be included in releases and/or not accept the SSA-827 release.
  - This is common because it does not look like a normal release.
  - Helpful to explain to staff that the SSA-827 is a federal form that is HIPAA compliant.
  - If they refuse to accept the SSA-827, use a form that they will accept but be sure to still use this following the instructions for a Compound Authorization.
  - Be sure to review your agency’s release to make sure it is HIPAA compliant.
  - The SOAR Training binder has an example of a release for you to use as a template.
- Illiterate applicant that cannot sign the release
  - What happens if your applicant is unable to sign his name to authorizations?

- A potential work around to this is to have space for witnesses to sign to confirm who is signing the form.
- If a higher level of verification is needed, you may need to have a notary confirm the signature.
- Records are destroyed
  - Many providers destroy records after a certain period of time (5 years, 10 years, etc.).
  - Very common
  - If this is the case, include the treatment episode in your Medical Summary Report based on the applicant's memory of what happened.
  - State in the report that you requested these records, but they are destroyed.
- Large medical records companies
  - Many providers contract out the medical record management to large companies who are harder to engage, may charge fees, or have other barriers to getting records.
  - Many times the local medical records staff can intervene to make sure that the larger company does not charge you.
  - Often when you can explain that you are not charging a fee for the SOAR application and/or you work for a nonprofit.
- Providers have closed, and I don't know where to get records.
  - When providers close, they should have a plan of where to store those records.
  - If it is a mental health provider, contact the local LME/MCO that manages that area to see where those records are located.
  - If the LME/MCO does not know where the records are, contact Emily so she can ask the NC Department of Health and Human Services.

NCEEH has created a Medical Records Database for SOAR workers with contact information for medical records across the state. If you have information to update or add to the database, please email it to Emily Carmody at [Emily@ncceh.org](mailto:Emily@ncceh.org).

[http://www.ncceh.org/media/files/page/147e5c26/Medical\\_Records\\_Database\\_8\\_15\\_13.pdf](http://www.ncceh.org/media/files/page/147e5c26/Medical_Records_Database_8_15_13.pdf)

**Next SOAR Dialogue Call is on Thursday June 18th at 10 AM.**

**We will discuss outreaching and engaging doctors to partner on Medical Summary Reports.**

**Register for the call by following this link: <http://www.ncceh.org/events/886/>**