

SOAR Dialogue Call April 2023



NC COALITION to
HOMELESSNESS end



Announcements

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- Catching SSA and DDS doing good initiative
- DDS Reminders
 - Fax Angela Herron to look out for SOAR cases
 - Use DDS efax number: 1-833-441-1045
 - Emails should never include full name or SSN
- May need to move May dialogue call
 - Tentative date 5/9 (one week earlier)





Recap from Last Meeting

Recap of Our Overview on MSRs

- MSRs are important
 - Statistically significant effects in peer reviewed research
- Co-signatures for MSRs are also important
 - Raises MSR from “collateral information” to “medical evidence” at DDS
- MSRs should rarely be skipped
 - Especially for mental health diagnoses



Recap on MSRs in NC

- We don't do many in North Carolina
 - 24% for initials
- We get a co-signer even less often
 - 15% for initials
- We understand MSRs are a bummer
 - Know that you have support!





Medical Summary Report Deep Dive

Each section serves a purpose.

Introduction	Provides a picture of the applicant to DDS.
Personal History	Provides context; Trauma History; Difficulties school, work, relationships, legal troubles & housing
Substance Use	Show that it is NOT material to the disabling condition
Physical Treatment History	Meet the medical criteria for listing
Psychiatric Treatment History	Meet the medical criteria for Part A
Functioning Information	Shows how the disabling condition impacts the applicant's ability to work, Part B of the mental health disorder listings



Introduction Section

Purpose:

The Introduction creates a visual for the DDS examiner. The section allows DDS to “see” the applicant even though they will never meet.

Important information to include:

Demographics: Age, weight, height, etc.

Physical Description

SOAR caseworker’s history with applicant and what it is like to work with them



Personal History Section

Purpose:

Provides context for the development of disabling condition, examples of how functioning issues have impacted their life, and duration of disability.

Important Information to Include:

Childhood, including history of abuse and neglect

Developmental problems (if applicable)

Educational History

Employment History*

Housing and Homelessness History

Relationship History

Military/Incarceration History (if applicable)



Employment History— Deeper Dive

Crucial section for DDS!

- For each job, be sure to look at:
- Timeline for holding job
 - Tasks at the job
 - Problems they experienced on the job
 - Why they left the job



Substance Abuse History Section

Purpose:

To show DDS that the substance use is **not material** to the disabling condition— meaning that if they were not using substances, the applicant would still have a disabling condition.

Important Information to Include:

Use as it relates to personal history

Patterns of use- what triggers use, heaviest use

Information about periods of abstinence and effect on symptoms/functioning

Discussion of use in medical records



Treatment History Section (Physical and/or Mental Health)

Purpose:

Show how the applicant's diagnosed conditions meet the medical criteria of Blue Book listing criteria.

Important Information to Include:

Current diagnoses, symptoms, treatment, any side effects of treatment

References to Blue Book listings

Chronological history of treatment

Cite medical records



Using SSA's Blue Book Listing Criteria

<http://www.ssa.gov/disability/professionals/bluebook/AdultListings.htm>

It is important to remember that the specific diagnoses that someone has received over the years are not as important as the signs and symptoms that they are currently experiencing

Focusing on the symptoms will be key to meeting both the medical criteria and in-turn the functional impairment criteria



Listings describe diagnosis and level of severity needed.

11.04 Vascular insult to the brain, characterized by A, B, or C:

A. Sensory or motor aphasia resulting in ineffective speech or communication (see 11.00E1) persisting for at least 3 consecutive months after the insult.

OR

B. Disorganization of motor function in two extremities (see 11.00D1), resulting in an extreme limitation (see 11.00D2) in the ability to stand up from a seated position, balance while standing or walking, or use the upper extremities, persisting for at least 3 consecutive months after the insult.

OR

C. Marked limitation (see 11.00G2) in physical functioning (see 11.00G3a) and in one of the following areas of mental functioning, both persisting for at least 3 consecutive months after the insult:

1. Understanding, remembering, or applying information (see 11.00G3b(i)); or
2. Interacting with others (see 11.00G3b(ii)); or
3. Concentrating, persisting, or maintaining pace (see 11.00G3b(iii));
or
4. Adapting or managing oneself (see 11.00G3b(iv)).

Tips for Treatment History Section

Open with a paragraph describing diagnoses and symptoms.

“John was first diagnosed with schizophrenia in 2003. He experiences auditory hallucinations of voices telling him to harm others. ‘They tell me to hit people and that’s why I stay away from folks.’ John also has disorganized thinking which leads to him having to be redirected often in conversation...”

For each treatment episode focus on diagnosis, symptoms in the medical records, treatment, side effects, and what happened afterwards.

Walk the reader forward in treatment history. Start with first treatment episode and end with most recent treatment.

Use your medical records! This section is where they are your evidence to back up your report.



Functioning Section

Purpose:

Show how the diagnosed impairment(s) impact the applicant's ability to go to work and earn Substantial Gainful Activity (SGA).

Important Information to Include:

Physical functioning limitations with physical conditions as outlined in Blue Book listing

Functioning limitations with mental health conditions to meet Part B

Root symptoms that cause functioning limitations

Impact of functioning problems on ability to work



The functioning section focuses on the Part B of mental health listing.

12.03 Schizophrenia spectrum and other psychotic disorders (see 12.00B2), satisfied by A and B, or A and C:

A. Medical documentation of one or more of the following:

1. Delusions or hallucinations;
2. Disorganized thinking (speech); or
3. Grossly disorganized behavior or catatonia.

AND

B. Extreme limitation of one, or marked limitation of two, of the following areas of mental functioning (see 12.00F):

1. Understand, remember, or apply information (see 12.00E1).
2. Interact with others (see 12.00E2).
3. Concentrate, persist, or maintain pace (see 12.00E3).
4. Adapt or manage oneself (see 12.00E4).

OR

C. Your mental disorder in this listing category is "serious and persistent;" that is, you have a medically documented history of the existence of the disorder over a period of at least 2 years, and there is evidence of both:

1. Medical treatment, mental health therapy, psychosocial support(s), or a highly structured setting(s) that is ongoing and that diminishes the symptoms and signs of your mental disorder (see 12.00G2b); and
2. Marginal adjustment, that is, you have minimal capacity to adapt to changes in your environment or to demands that are not already part of your daily life (see 12.00G2c).

MH Listings Four Functional Areas

Understand, remember, or apply information

Memory, following instructions, solving problems, etc.

Interact with others

Getting along with others, anger, avoidance, etc.

Concentrate, persist, or maintain pace

Task completion, focusing on details, distractibility at work, etc.

Adapt or manage oneself

Hygiene, responding to change, setting realistic goals, etc.



Making the Link to Impairment

Functioning limitations must be linked back to the disabling impairment

Find out why they have these functioning limitations

How to make the link:

Functioning Impairment  Root Symptom(s)



Making the Link to Impairment

Avoiding people in large groups

Not cleaning up their campsite or apartment

Getting into fights with people at shelter and work

Inability to stick to a budget to manage expenses

Schizophrenia

Depression

Post Traumatic Stress Disorder

Neurocognitive Disorder



Making the Link to Impairment

Avoiding people in large groups

Paranoid delusions that people are reading their mind

Schizophrenia

Not cleaning up their campsite or apartment

Depression

Getting into fights with people at shelter and work

Post Traumatic Stress Disorder

Inability to stick to a budget to manage expenses

Neurocognitive Disorder



Making the Link to Impairment

Avoiding people in large groups

Paranoid delusions that people are reading their mind

Schizophrenia

Not cleaning up their campsite or apartment

Lack of energy, feelings of worthlessness that they don't deserve a clean space

Depression

Getting into fights with people at shelter and work

Post Traumatic Stress Disorder

Inability to stick to a budget to manage expenses

Neurocognitive Disorder



Making the Link to Impairment

Avoiding people in large groups

Paranoid delusions that people are reading their mind

Schizophrenia

Not cleaning up their campsite or apartment

Lack of energy, feelings of worthlessness that they don't deserve a clean space

Depression

Getting into fights with people at shelter and work

Fear and anxiety of being in large groups of people and standing in lines

Post Traumatic Stress Disorder

Inability to stick to a budget to manage expenses

Neurocognitive Disorder



Making the Link to Impairment

Avoiding people in large groups

Paranoid delusions that people are reading their mind

Schizophrenia

Not cleaning up their campsite or apartment

Lack of energy, feelings of worthlessness that they don't deserve a clean space

Depression

Getting into fights with people at shelter and work

Fear and anxiety of being in large groups of people and standing in lines

Post Traumatic Stress Disorder

Inability to stick to a budget to manage expenses

Lacks executive function to avoid impulsive decisions

Neurocognitive Disorder



Tips for Functioning Section

Link the functioning issue to root symptom!

Divide information into paragraphs or subsections for the four functioning areas.

Include examples from previous work experiences to show the direct impact on ability to work.

You can use one functioning issue in multiple categories.



Summary Section

Purpose:

Sum up the highlights of the case for DDS.

Important Information to Include:

Diagnosis and symptoms

Functioning areas impacted

Blue Book Listing

If medical provider co-signing, relationship of that medical provider to applicant.

Contact information for SOAR caseworker and medical provider.



Tips for MSR

- Use the MSR Scorecard for Certification to organize/review

SOAR Caseworker:

Reviewer's Name:

Initials of SOAR Applicant:

Information about Medical and Mental Health Disabling Conditions: <u>70 points</u> (MSR must address at least one Medical or Mental Health Condition)		
Medical Health History (if applicable): 35 points Minimum: 28 Points		
	Possible Score	MSR Score
Does the medical health history include:		
Names of diagnosed medical conditions?	2	
Symptoms experienced by applicant?	2	
Current treatment of symptoms?	2	
Side effects of current treatment?	2	
SOAR caseworker's observations of medical symptoms?	2	
Does the MSR reference applicable Blue Book listings and use the language from the listings to describe symptoms?	10	
Does the MSR include a chronological history of the medical condition, including symptoms and treatment?	5	
Does the MSR cite medical records when discussing symptoms and treatment history?	10	
	Subtotal	
Mental Health History (if applicable): 35 points		



Tips for MSR

- Use quotes from the applicant– they often say it best!
- Cite medical records- be really specific
- Copy language from Blue Book Listing
- Have someone review for you
- Keep it concise (average 7 pages)
- Get a co-signer





Time for Open Questions

Contact NCCEH

hello@ncceh.org

919.755.4393

Contact us re: SOAR

soar@ncceh.org

919.755.4393

NCEndHomelessness 

@NCHomelessness 

nc_end_homelessness 



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