

SOAR Dialogue Phone Call

August 18, 2011

(Attendance: Emily Carmody, James Davis, Violet Collins, John Myklebust, Terri Clark, Spencer Cook, Linda Mandell, TJ Reynolds-Emwanta, Dazara Ware, Elizabeth Lewin, Aundry Freeman)

- I. Introductions and Community Updates-
 - a. Emily Carmody, NCCEH- Just had a full SOAR Training in Charlotte this week for community providers. Next week, we are holding a SOAR Training for state hospital staff and LMEs.
 - b. James Davis, Men's Shelter of Charlotte- Having some issues with SSA not flagging cases as "SOAR" Cases.
 - c. Violet Collins, Pitt County DSS- No approvals for SSI yet, but two clients have been approved for Medicaid.
 - d. John Myklebust, Housing for New Hope, Durham- Just went to training this week.
 - e. Terri Clark, PATH, Cumberland County- Got another win at the appeal level. This was a learning experience about how benefits are calculated with couples. Starting to work on four new initial claims.
 - f. Spencer Cook, Disability Law Firm of Judith Romanowski, Durham- Not doing many SOAR cases at this point, but will be doing "on the records" with folks who are homeless or in dire need. Hopefully, will be doing limited SOAR cases in the future. The Disability Work group will be putting on Disability 101 training for mental health case management staff. These will be done on a quarterly basis.
 - g. Linda Mandell, Pitt County- I have developed a good relationship with a law firm in town. I have been able to refer some clients to them for appeals, and they have been referring people to me. The law firm does outreach with the Angel Cops program in town.
 - h. TJ Reynolds-Emwanta, PATH, Winston-Salem- I have 3 cases in process and 5 new clients that have been referred. I have worked out a collaboration with an attorney for PATH clients, and we will refer our first person to them. Also, I am working toward making Winston-Salem a SOAR Community.
 - i. Dazara Ware, Policy Research Associates, National SOAR TA Center- Visiting for the call.
 - j. Elizabeth Lewin, PATH, Statesville, NC- I have had 3 approvals and 1 denial. Still working my way through it and learning from a lot of good people in the community.
 - k. Aundry Freeman, Pisgah Legal Services, Asheville, NC- We are beginning work in Henderson County. Cecilia and I are getting about 3 approvals per month.
 - l. Kathryn Winston, Wilmington, NC-
- II. Ethical Question Check In
 - a. Linda- I had one case with a gentleman who I was told was getting under the table jobs. I did not feel comfortable representing him and resigned from his case. I got a bad feeling about the case, and did not want my name on a case that stated that he could not work.

- i. Kathryn- I have a lot of clients that do things to survive because our shelter charges individuals \$3 a night to stay there.
 - 1. They may pan handle or wash dishes.
 - 2. I do not hold this sporadic employment against them because it does not go above SGA.
 - 3. Clients also have difficulty sustaining employment for long periods of time.
 - ii. Linda- I just had a feeling that I was not being told the truth.
 - iii. Emily- Seems like there are two issues
 - 1. Individuals earning money- As long as they are not earning above SGA, you can proceed with a case. If they make above SGA, then they will not meet the definition of disability according to SGA.
 - 2. Hearing from other people in the community that the information the applicant is telling you may not be true.
 - b. Emily- Has anyone ever faced a situation where you felt like the applicant is not being honest?
 - i. Terri- I have questioned it on certain occasions.
 - 1. I schedule more appointments with the applicant.
 - 2. I will meet with them where they live or out in the community.
 - 3. I do more informal things with them so I can observe their behavior and functioning.
 - 4. You can slow down the process to figure out what is the truth.
 - 5. Interview people in the community that they identify as part of their routine to gather more information.
 - 6. Keep an objective point of view.
 - c. Terri- I just got a referral for a case with intellectual development disorders. They came here from another state and tried to transfer their benefits over to NC. Through a supported employment program, she was able to qualify for SSDI. In the process of applying for SSDI, the local office discovered that she is making more than SGA. I spoke with her former employment coach, and the coach stated that she was receiving a lot of services to support that employment.
 - i. Emily- Look at the module regarding employment. Individuals can exclude portions of the income that go to cover services they need in order to go to work.
 - ii. Terri- SSA also stated that her payee needed to inform SSA a long time ago so now she is in an overpayment situation.
 - iii. Terri- I have asked for documentation about what kind of help she was receiving and a monetary value for those.

III. Outreaching to Physicians in the Community

- a. Emily- I sent out a document that we will make available on our website to assist in outreaching to doctors.

- b. Emily- What challenges have you faced in the community when speaking to doctors in the community?
 - i. Kathryn- I have had doctors and whole clinics think that they are liable for signing a medical summary report.
 - ii. Kathryn- They also do not want to play a role in documenting disability. They would rather just treat because they say they do not have time.
 - 1. Emily- Some doctors do not see it as their role to participate in SSI/SSDI cases.
 - 2. Kathryn- Participation is getting better with budget cuts because doctors are realizing that they will not be able to treat patients if they do not have Medicaid.
 - iii. TJ- Doctors have a different definition of functioning than DDS.
 - 1. Doctors can be confused about why I include information about public transportation, budgeting, etc. in my reports.
 - 2. Also, they are confused by the difference between listings and diagnosis.
 - a. I often have to write a paragraph to explain the diagnoses and then explain the listings.
 - b. This helps doctors to see both the diagnoses and listings.
 - 3. Emily- I had an opportunity to sit in on a meeting with TJ and a physician, and I was struck by how strict the medical field defines ADLS.
 - a. Physicians think of ADLs as bathing, personal care, and being ambulatory.
 - b. With SOAR we look at a lot of other skills that someone would need to hold down a job.
 - iv. James- We are in the process of bringing some volunteer doctors into the shelter to work with SOAR and sign Medical Summary Report.
 - 1. Emily- That is a great idea. Please keep me posted as you recruit volunteers.
 - 2. Emily- A participant at the SOAR training mentioned that in his community it takes up to 3 weeks to get an appointment at an indigent care clinic. We discussed possibly using volunteer physicians to work around that wait time.
 - 3. Emily- Are there other communities that use volunteers and have some tips?
 - a. Spencer- Durham was using a volunteer psychologist, but it is on hold at the moment.
 - b. Terri- We have a volunteer psychologist at Voc Rehab who will do two tests per month.
 - i. I called the Voc Rehab manager and presented to their staff about SOAR.
 - ii. After that presentation, he agreed to do pro bono work.

- iii. He appreciated our mission and how I explained that he could review my Medical Summary Reports before signing them.
 - iv. He is also only working with individuals who are going to the VR program anyway.
 - v. Emily- Does anyone else offer doctors the ability to review their Medical Summary Reports and has this worked in getting them to sign the reports?
 - 1. Kathryn- I let them review the reports.
 - a. I also write a shorter version of my report because doctors have told me they do not have time to look at long letters.
 - b. I do a long version and a short version of the reports.
 - c. I have also had doctors dictate specific passages into their records to support the case.
 - 2. John- With the long and short version, do you have the doctor sign the long and short version?
 - a. Kathryn- I turn in the long version for DDS with my signature, but I do not always have the long version signed by the doctor.
 - b. Emily- Others will do a cover pages for their reports with bulleted main points of the longer report.
 - i. The main points are highlighted for the doctor to discuss with you.
 - ii. The doctor signs the longer report.
 - 3. Spencer- If the doctor does not sign the long report, then they are not signing on to the collateral evidence that you are providing.
 - a. A good physician should feel comfortable signing on to information provided by the case manager.
 - b. The case is not as strong if you do not get the longer version signed.
 - 4. Linda- If you have a long version that you can give to the doctor, you can highlight the portion of the report that is their main concern.
 - a. If you can point them to that and scan over the rest, they may be willing to sign.
 - b. I had a case where the doctor did not want to sign the letter because it was not on his letterhead, but the supervising doctor agreed to sign the report.
 - c. TJ- I do not put my reports on letterhead to make the physicians more comfortable signing it and then I have a coversheet for my report with my agency name and information.
 - 5. TJ- I have a couple of tips for physicians.
 - a. I go with the client to an appointment if they have not met me yet to explain SOAR.

- ii. Doctors need to see a holistic view of their patient and what is impacting their treatment and the patient's compliance with treatment.
- iii. Emily- I agree. It is also great to go when you do not have a report to sign; so that you are not asking them for a signature when you first meet them.
- iv. Spencer- Case managers are able to provide doctors useful information about how this individual is doing outside of their office.
- e. Please feel free to email me if you have other ideas for tools and resources that can help you in the community.

IV. Announcement:

- a. DDS is assigning a second DDS Examiner to handle initial SOAR cases.
 - i. Angela Herron will join Donna Gould as an examiner for cases at the initial level.
 - ii. Please let me know any feedback you have about Angela as you begin to work with her.

V. Next Phone Call, Thursday, September 15, 2011, 10-11 am

- a. Register for the next call by following this link: <http://ncceh.org/en/cev/493>
- b. Next call we will discuss the NC SOAR Process and relationships with SSA and DDS