

SOAR Dialogue Phone Call

October 20, 2011

(Attendance: Emily Carmody, TJ Reynolds-Emwanta, Terri Clark, Aundry Freeman, Kathryn Winston, Violet Collins, Diedtress Jackson, Grace Maynard, Liz Lumley)

- I. Introductions and Community Updates-
 - a. Emily Carmody, NCCEH- NCCEH is going to do Documenting Disabilities trainings with physicians at state hospitals, working to get residential support services reimbursed through Medicaid
 - b. Violet Collins, Pitt County DSS- Just got a client approved for benefits
 - c. Kathryn Winston, Wilmington- Served on a panel to “Educate the Landlords” to inform them about resources in the community
 - d. TJ Emwanta, PATH, Forsyth County- Just got another approval, doing presentations to educate MH providers in Winston-Salem about disability benefits, was invited by the LME to present SOAR information at providers conference
 - e. Diedtress Jackson, Durham- Just submitted first 2 SOAR cases two weeks ago, feedback is promising
 - f. Aundry Freeman, Pisgah Legal Services, Asheville, NC- 2 approvals this month, hiring for Henderson County, already have 6 cases in Henderson County that have been opened, called Derrick Martin’s supervisor- got a good response from the supervisor and Derrick
 - g. Grace Maynard, Urban Ministries Center, Charlotte, NC- 3 approvals this month, still working with the Saturday doctor’s clinic and trying to get MH professionals to come to the clinic
 - h. Liz Lumley, LATCH, Durham- Just back to work after 4 months being off
 - i. Terri Clark, PATH, Cumberland County- 1 case approved this month, 2 cases ready to be submitted, 2 getting ready to start, receiving more referrals from the community

- II. Announcements:
 - a. SSA announced a Cost of Living Adjustment (COLA) for 2012
 - i. Benefits will be raised by 3.6% increase
 - ii. SSI recipients will get \$698 per month
 - iii. Couples who get SSI benefits will get \$1,048
 - b. Durham SOAR Training December 13-14th
 - i. Please refer anyone interested to our website to apply for the training
 - ii. NCCEH is rotating location for quarterly SOAR trainings
 1. West, Central, and East North Carolina
 2. Eastern Training in the Winter
 3. Western Training in the Spring/Summer
 4. If your organization is willing to host the training, please contact Emily Carmody

III. Ethics Check In

- a. No questions this month

IV. SOAR Reconsideration and Appeals Process

- a. For this discussion the group reviewed slides from the PRA webinar about Reconsiderations and Appeals
 - i. The audio file for the webinar is unavailable
 - ii. Please see the slides attached to dialogue post on the NCCEH website
- b. Reconsideration Level of Appeal
 - i. Review of the PRA slides by Paul Berry (start at Slide 7)
 - 1. Slide 7: Reconsideration is the level in between initial application and the hearing level
 - a. Must file in 60 days of initial decision
 - b. Best if you can allege new evidence or worsening condition
 - i. More recent records or an updated/new Medical Summary Report count as new evidence
 - ii. Don't have to have new information but great if you can
 - c. Different DDS Examiner looks at evidence
 - 2. Slide 8: Reconsiderations are not historically successful
 - a. Nationally only 15% of decisions are reversed
 - b. NC SOAR Reconsideration Outcomes
 - i. 39 outcomes reported for Recon (28 in 2011)
 - ii. 64% approval rating at the Recon level
 - iii. 7 cases reassigned to Derrick Martin (SOAR DDS Examiner), frustrations reported about Derrick not communicating
 - c. Partially favorable SSDI decisions- when DDS awards SSDI but sets the Date of Onset later than the application alleges
 - i. Some SOAR caseworkers have seen this with their cases and their applicants are not getting back pay
 - ii. Make sure you have strong medical evidence to support your claimed Date of Onset when you file for a reconsideration of a partially favorable decision
 - 3. Slide 9: Other information to know about Recon
 - a. You can obtain a copy of the initial decision from the SSA office
 - b. Look at what they cite in their denial and work to obtain medical evidence that will counter this reasoning
 - c. Process Unification- allows cases to be reviewed due to incomplete analysis of provided information
 - i. If you receive an initial denial letter and you feel that the examiner did not look at all of the medical evidence, contact Ann Griffin Hall

- ii. Ann can look to see if all evidence was evaluated at the initial
 - iii. In some cases, Ann has reopened cases where she has found an oversight by the Examiner
 - 4. Slides 11/12: Reconsiderations seem to move more quickly than initial decisions
 - a. Emily contacted DDS to see what their guidelines are for waiting on evidence
 - i. NC DDS does not have a blanket policy
 - ii. DDS contracts with providers in the state that outlines the waiting guidelines for each providers
 - iii. Basic timeframes:
 - 1. Hospitals: 20-30 days, with follow up phone calls
 - 2. Doctors: 15 days, with follow up phone calls
 - b. Get Medical Summary Reports to DDS ASAP, no set guideline for waiting periods for these
 - c. Please let Emily know if DDS Examiners are not waiting for evidence that you are providing
 - 5. Slide 13: Know your timeline
 - a. If you are still gathering medical evidence and writing a Medical Summary Report and you have not hit the 60 day deadline to file for a Recon, you can delay filing until the evidence is ready
 - b. This is a way to make sure we get medical evidence to DDS as soon as the Recon is assigned
 - 6. Slide 14: Revise your Medical Summary Report that you submitted with the initial claim
 - a. Make sure to address the reasons why the first examiner denied the case
 - b. Make it clear to the DDS Examiner that it is a revised Medical Summary Report and point out what information is new since the first report
- ii. Feedback/Tips about SOAR and Reconsiderations:
 - 1. Terri-
 - a. Had a traumatizing Recon experience
 - i. SSA lost evidence
 - ii. Was not reassigned
 - iii. Some of the evidence was overlooked in the initial decision
 - b. Biggest lesson: Make sure you have new, updated information to present

- i. Had a doctor translate an MRI report in layman's terms to explain what was going on
 - ii. Recon was denied, but the judge highlighted this medical evidence from the doctor during the ALJ hearing
 - c. I always go back and get the CD from SSA to see why DDS denied the initial claim
 - i. Find evidence to counter reasoning
 - ii. Highlight this in the case
- 2. TJ- If you are not charging a fee for your work, you can get a CD of the initial decision before filing for Reconsideration, as long as you have a 1696 on file.
 - a. SSA will provide it free of charge
 - b. Has been really helpful to evaluate what DDS was thinking/strength of case
- 3. TJ- If you have more than 10 pages of evidence, do not submit it to SSA.
 - a. Submit medical evidence to DDS directly
 - b. You can submit a report (less than 10 pages) to SSA with the Reconsideration request that outlines the new medical evidence for the Recon case.
 - c. I was approved for all the Recons that I wrote this report.
- 4. TJ- Are people filing Reconsiderations for the cases where you did the initial case or are you getting them from an outside source?
 - a. Kathryn- I'm filing Recons on cases that I lose.
 - b. TJ- Be careful when taking outside referrals for Recons because you are not sure what is on their case. Also, may be able to work better with outside attorneys because they filed the initial application.
 - c. TJ- Easier to argue for a Recon that you have handled from the beginning.
 - d. Terri- I don't have the volume of initial application referrals so I take referrals of Recons.
 - i. I always get the CD from SSA to help me know what has been done.
 - ii. I will do my own assessment/interviews with the person.
 - iii. Most of the people I work with do not know what they are doing when they file the initial application and there is not much evidence with the initial claim.
 - e. Emily- Recons may take more effort because the pace is faster, and caseworkers need to be able to quickly get evidence together and submitted.

- i. Up to each SOAR caseworker to handle time management/referrals
 - ii. Up to each SOAR caseworker/agency to define limits on referrals
 - 5. Emily- What does the rest of the group think about getting a CD before you file for a Reconsideration to evaluate the strength of the case?
 - a. Diedtress- I know of another SOAR caseworker that does this, and I am going to do it as well.
 - b. Grace- When you talk about the “decision” on the CD are you referring to the one page letter that states the medical evidence they considered?
 - i. Terri- On the CD there is a form (DDE) where the examiner will:
 1. List all of the conditions that they were reviewing
 2. Comment on why they did not feel the person met the listing/was disabled
 3. List the RFCs as well
 4. Includes a summary where the examiner talks about what they found and their decision
 5. The summary is where I focus my new medical evidence/amended MSR
 6. Look for the DDS in the Document Index Section on the CD
 - ii. Emily- similar to an ODAR form that is used for electronic file
6. Grace- Are most people doing Recons or referring out?
 - a. Grace- We have not had a good success record with those cases; so we are thinking about not taking those referrals anymore.
 - b. Emily- Only 39 Recon outcomes reported, majority of SOAR cases are initial applications
 - c. Terri- Depends on your caseload and if you can manage the demands of the Recon cases.
 - d. Grace- I wonder about the ethics of referring people out if we can use the SOAR approach to get a quick decision.
 - i. Emily- We have seen caseworkers handle this issue in different ways.
 - ii. Emily- Some caseworkers, including TJ, have worked out agreements with attorneys where they take referrals from SOAR caseworkers at a reduced fee.

1. TJ- If they are my case or associated with PATH, I have attorneys who will take the case at a reduced fee:
 - a. SOAR- 15%
 - b. PATH- 20%
 2. TJ- I've only had to refer one of my SOAR cases, but it has worked out well with the PATH team.
 - a. I still help the attorney complete function reports, etc.
 - b. Attorneys stay in touch to let me know the outcomes.
7. Diedtress- What is the average caseload for SOAR caseworkers?
- a. Terri- I process between 1 and 2 claims per month.
 - b. Terri- I get 2-3 referrals every month.
 - c. TJ- I get 4-7 referrals in a month.
 - i. I try to open all the cases within the month with a week in between.
 - ii. However, I lose about ½ of the individuals referred due to the transient nature of the population.
 - d. Emily- It really depends on your comfort level with the SOAR process. As you do more cases, you may be able to take on more referrals.
 - e. Diedtress- I have put a system in place to manage referrals, but wanted to check.
 - f. Kathryn- I get 5-6 referrals a week, and I screen those cases.
 - i. I have 15-20 cases open at once.
 - ii. I also lose a lot of applicants because they disappear.
 - g. TJ- When you first get started, less is better until you get grounded in your work.
 - i. If you have people to help out with case management, it allows you to take on more cases.
 - h. Emily- Liz has 150 people on her wait list?
 - i. Liz- As soon as I get a referral, I do a phone screening or meeting with them that I ask a number of questions.
 - ii. Based on their answers I will put them on the wait list.
- c. Due to time constraints, we will postpone reviewing the Appeals slides in November.
- V. Next Phone Call, Thursday, November 17, 2011, 10-11 am
- a. Register for the next call by following this link: <http://www.ncceh.org/en/cev/523>
 - b. Next call we will discuss the webinar from PRA about Appeals