

**SOAR Dialogue Phone Call**  
**October 20, 2010**

Participants: Emily Carmody, Liz Lumley, Aundry Freeman, TJ Reynolds-Emwanta, Brooks Ann McKinney, Kathryn Winston, Mike Hosick

- I. Community Updates:
  - a. Brooks Ann McKinney, Wake County- continuing to get referrals in the community and increasing collaboration, held training at Dorothea Dix hospital about SOAR and discharging
  - b. TJ Reynolds-Emwanta, Forsyth County- currently working with 8 people
  - c. Aundry Freeman, Cecelia Colson, Buncombe County- working with 50 cases currently, Cecelia has had 3 favorable decisions
  - d. Kathryn Winston, Mike Hosick New Hanover County- getting a lot of new referrals
  - e. Liz Lumley, Durham County- huge number of referrals, disability info pamphlet was printed and distributed throughout community, held documenting disability training with Duke Residents at the VA hospital
- II. Proposed Changes to SSA MH Listings
  - a. SSA is proposing a number of changes to MH listings
    - i. Listings have not been changed since 1985 for adults
    - ii. Changes are now open to the public for comment until November 17th
  - b. Removing Paragraph A from Diagnostic Criteria
    - i. Currently: Lists symptoms and numbers how many of the symptoms one has to display
    - ii. Change: Remove paragraph and only have to show you are diagnosed with a mental illness and have functioning issues
    - iii. Comments:
      1. Paragraph A helps to provide detail as to what listing looks like
      2. SOAR training will need to include clinical information to make up for this information being removed
      3. Information helps with applicants when they have multiple diagnoses due to sporadic treatment
  - c. Change functional impairment requirements
    - i. Currently: 3 moderate or 2 marked
    - ii. Change: 2 marked or 1 extreme, offer definition to what marked and extreme mean by using 1-5 scale
    - iii. Comments:
      1. The burden of proof to prove extreme is going to be a lot more than marked, homeless applicants will not be able to get this level of documentation
      2. Functioning does not have to be extreme to not be able to work
      3. Want to ask in comments why moderate criteria were removed

4. Not sure that this reflects current clinical practice
- d. Changes to functioning categories
    - i. Currently: ADL; Social; Concentration, Persistence, or Pace; and Repeated Episodes of Decompensation
    - ii. Change: Understand, Remember, and Apply Information; Interact with Others; Concentration, Persist, AND Maintain Pace; and Manage Oneself
    - iii. Comments:
      1. Changes show change of emphasis of SSA on work setting
      2. Find it frustrating that they are taking out decompensation because it is a huge part of mental illness that affects every part of their life
      3. MI affects all areas of life and not just work
      4. Affects applicants who have never worked, would not have information to apply to listings
      5. Why changing “or” to “and” in one category, means you will have to limitations in functioning in all three to meet impairment in category
  - e. Expand rules to recognize medical sources
    - i. Currently: Nurses and SW are not looked as medical sources of information
    - ii. Change: Expand rules to recognize that non-physician sources like NP and SW will be medical sources but their signature will not be recognized as medical evidence
    - iii. Comments:
      1. It’s a start
      2. Need to continue to advocate for signature from SW and NP to be considered medical evidence because these are the individuals that provide applicants’ MH and medical treatment
      3. A lot of community clinics do not have doctors, PA’s in the community are willing to sign reports but they are only considered as collaborative evidence
  - f. Remove SA listings
    - i. Currently: Reference listings for substance abuse disorders and psychoactive drug induced disorder are included in listings but one cannot receive benefits with these listings
    - ii. Change: Remove these listings and add section that explains materiality of SA
    - iii. Comments:
      1. Makes sense because listings are not used
      2. May provide clarity for others about what materiality means
      3. See a future of behavior regulation by SSA
      4. Fine if they remove that
  - g. Change to Organic Mental Disorders
    - i. Currently: Listing title is Organic Mental Disorders
    - ii. Change: Dementia, Amnesic, and Other Cognitive Disorders, will include TBI as a recognized mental health disorder in this listing

- iii. Comments:
  1. Good to get TBI recognized for our population
  2. Like the Organic Mental Disorder because it is broad and you can make a lot of issues fall under this
  3. TBI can already fall under the Organic Mental Disorder listing
  4. Do not see this change as productive
  5. A lot of disease processes have Organic Mental Disorders
  6. Organic Mental Disorders is a medical term that doctors understand
  7. The more the listings are understandable for doctors the better
  8. More and more people are using "Cognitive Disorders" in records and this could help with evidence
- h. Change to types of Mental Status Exams
  - i. Currently: Does not expand on evidence that can be used, lists specifics exams for psychiatrists and psychologists to use
  - ii. Change: Takes out specifics about mental status exams, states that a mental status exam is not always needed when evidence exists, starting to allow information from work attempts to be used as evidence, longitudinal evidence can include family, friends, and former employers instead of relying on a medical relationship that lasts for a year
  - iii. Comments:
    1. Broadening categories of evidence
    2. Good to take statements from friends and supervisors and give it weight as evidence because these people know the applicant better
- i. Remove requirement to use psychiatric adjudicator form
  - i. Currently: internal form used at DDS, able to see form when you request a CD of evidence
  - ii. Change: removing this form because SSA feels with new listings it will not be needed
  - iii. Comments:
    1. Have not been that helpful at the moment
    2. DDS worker has to check off which criteria individuals meet including symptoms
    3. Since taking out paragraph A in listings, this form would be obsolete
    4. Gives some concern because of DDS Examiners' background and clinical knowledge, form provides guidance for examiner while making decision
    5. Notes on this form provide a narrative as to what the examiner was thinking, this proves helpful to understand previous denials
- j. Standardized electronic decision template
  - i. Currently: Use this template at hearing level
  - ii. Change: Use this template at all level of decisions
  - iii. Comments:
    1. Would help to see track why cases are approved or denied

2. Would only be helpful if SSA is willing to let the public see this information
  3. Needs to be used uniformly at DDS to be effective
  4. Mike Hosick has seen this form before and it is very clear and easy to understand
  5. Currently, these forms do not appear in all cases, need to make sure that everyone completes these forms and they are included in all files
- k. Comments about changes are due November 18, 2010
    - i. Emily will prepare comments for NC SOAR to submit to SSA that consolidate these comments
    - ii. Information about submitting comments has been sent to all SOAR Dialogue participants
- III. Other issues
- a. Brooks Ann McKinney- issues with reassignment of cases
    - i. A couple of clients' cases were sent to other DDS Examiners, by the time the letter was sent you must call the examiner to have it reassigned
    - ii. TJ Reynolds-Emwanta- also having issues of getting mail the day after the cases are able to be reassigned
    - iii. Emily will call Linda Porter at DDS to see about extending 5 day period to possibly getting 10 days to reassign case
    - iv. Brooks Ann- education needs to be provided new examiners about SOAR
      1. Managers have been trained
      2. Can refer examiners to managers to get information on SOAR
  - b. If SOAR Caseworkers have other issues at DDS, please let Emily know
  - c. Quarterly community reports are now on NCCEH's website
  - d. Medical Records Database is now on NCCEH's website
- IV. Next phone call, November 18, 2010, 10 am