

## **SOAR Dialogue Highlights**

### **2/19/15**

Attendees: Emily Carmody, Daphne Drew, Tracy Miller, Elizabeth Lewin, Lisa Carter, Candice Chilton, Diamond Jenkins, Elizabeth McDermott, Randy Glazier, Pamalia Davis, Aundry Freeman

#### **Introductions and Updates**

- Emily Carmody, NCCEH, Raleigh- SOAR Training to be held in Chapel Hill April 1-2<sup>nd</sup>, SOAR caseworker position open in Charlotte- see details on the NCCEH Job Board
- Daphne Drew, ECBH- No updates to report at this time
- Tracy Miller, Cumberland County PATH Team, Fayetteville- 1 approval this month
- Elizabeth Lewin, PATH, Statesville- Have a lot of cases going, had a prolonged CE that is hopefully wrapped up
- Lisa Carter, CenterPoint Human Services, Winston-Salem- Working on a couple of cases right now
- Candice Chilton, LATCH, Durham- No new updates at this point
- Diamond Jenkins, Southlight, Raleigh- 6 cases pending with DDS, working on 2 presumptive decisions
- Randy Glazier, Women's Center, Raleigh- No new updates at this time
- Elizabeth McDermott, LATCH, Durham- Final process of hiring 3 new caseworkers who will serve Granville, Vance, Warren, Franklin and Person counties, caseworkers will be SOAR workers and ACA counselors

#### **Decreasing Decision Days at DDS**

At the in-person SOAR caseworker meeting, we focused on the recent increase in decision days. Throughout 2015, we will be discussing ways to reduce decision times on cases on both the SSA and DDS side of the process.

Issues with DDS decision days that we identified at the SOAR caseworker meeting include:

- Increase in Consultative Exam (CE) requests
- Increase in the number of days between submitting the disability application and submitting medical records
- Caseworkers submitting multiple copies of medical records
- Submitting strong Medical Summary Reports

Medical Summary Reports-

- Some people in the field are saying to not do Medical Summary Reports with cases
- The SOAR Model has some key components:
  - Becoming the 1696 Rep
  - Collecting medical evidence ahead of time
  - Writing and submitting a Medical Summary Report for each case

- Cases may get approved without Medical Summary Reports
  - This can happen with strong medical records that clearly show the person meets a listing
  - Supporting documentation from current providers
  - May mean a CE request or a longer decision time
- Benefits of writing Medical Summary Reports
  - A lot of the people we work with don't have strong medical records
  - Medical Summary Reports can address gaps in treatment history or to fill in the blanks for destroyed records
  - Medical Summary Reports are a key tool in decreasing decision days at DDS
- Feedback from Donna and other DDS Examiners is that the Medical Summary Report is useful
  - Examiners use this report as an index for looking at medical records
- Recent situation with Medical Summary Report
  - Medical Summary Report submitted with the SSA application
  - Case was delayed at DDS due to backlog
  - DDS recently called to say that the Medical Summary Report is out of date because it is six months old
  - Emily will follow up with DDS about this situation
  - DDS' response: *Both Susan and Donna utilize the medical summary no matter how old it is. It has been noted that some of the SOAR REPS work on some of these cases for months before the claim is submitted and some of the cases have been at DDS for a while due to the backlog of SOAR cases. However, making a favorable decision for a case continues to be contingent on current medical evidence supported by the medical summary. Often reps assume if they have a medical summary signed by an MD, it will result in an approval. This is **not** necessarily the case. We still have to use the criteria set up by SSA. In other words, no one is penalized if the medical summary is over 6 months of age, but we still have to have current medical evidence to support it.*
- Reviewing Medical Summary Reports
  - Emily is able to review and comment on Medical Summary Reports
  - Medical Summary Email Group
    - Piloted something in 2014 but went unused
    - Email address that SOAR caseworkers can use to post questions about Medical Summary Reports and post reports for comments
    - Emily will send out email to see who wants to be involved in piloting this idea again

#### Medical Evidence-

- Destroyed Records/Spotty Documentation
  - Medical Summary Reports can help to fill in these gaps
  - Describe the treatment episode in your report: how many days treated by provider, what type of treatment received, medications prescribed, discharge

- Use information based on client's recollection
- Delays in getting medical records to DDS
  - Outcome Report tracks the date you submit the application, the date you submit medical evidence and decision days
  - Submitting evidence-
    - Some caseworkers submit evidence at their local SSA
    - Other caseworkers wait until their cases are assigned at DDS to submit medical evidence with the barcode or through the Electronic Records Express program
  - In the past year, we have seen a growing number of days in-between the date the application was submitted and the date that the records are submitted
    - In the past 3 years this gap has grown from 28 days to 45 days
  - Issues that caseworkers are seeing in the field
    - Records are delayed from out of state or particular providers
    - SSA does not send all the submitted records with the application
      - Be careful to not duplicate submissions of records to DDS
      - Speak to the Examiner to see what evidence they have
    - Wait until cases are assigned to get the barcode- these waits have increased on some cases
  - DDS still sends out requests for records even if SOAR caseworkers send in medical evidence but submitting the medical evidence circumvents them having to wait of records being sent
  - Electronics Record Express Program
    - Scan records and submit via website to DDS
    - Still need to have case assigned and use the barcode to submit records
    - Easier to see the records submitted and makes it easier to submit vs. faxes
    - If you are interested in being a part of the program, call Jessica Veasey at DDS 800-443-9360 x. 4102
  - Clinic Medical Records staff won't submit records to SOAR caseworker, only DDS
    - Other caseworkers have worked through this issue
    - Emily can connect SOAR caseworkers who are running into these issues
  - Could submit two versions of Medical Summary Reports
    - Submit a report with the records that you have
    - Once you receive additional records, submit a revised report to DDS with that information
    - Can also submit an addendum with specific information
    - This way you are not holding up and entire report for a record
- Strategically using the SOAR timeline
  - Caseworkers have 60 days from the initial fax to the time you submit the application to SSA
    - Make sure to give yourself the full window here to gather medical evidence from sources and write your Medical Summary Report

- If you hurry up and submit the application, it means longer wait times for evidence at DDS.
  - Reconsiderations also have the same time frame- 60 days to file for Reconsideration from denial date
    - Reconsideration cases move faster at DDS
    - It is important to have the new medical evidence together when you file for a Reconsideration
- Do we need to send all records to DDS?
  - DDS has stated that we don't have to send in all the record.
  - Emily to follow up with DDS
  - DDS' answer: *SOAR caseworkers should always send medical records to DDS that they have obtained. However, they need to use judgment in regard to forwarding ALL records obtained on to DDS. For example records requested from a hospital or treatment facility often have a large number of records that are daily nurse notes, studies or lab work. Those are not always as helpful as the admission history and discharge summary which will detail the reason for the treatment, progress of the treatment, and condition at discharge. I tell SOAR caseworkers to read the medical records and send the information that helps them come to the conclusion they made regarding the report. I read ALL of the medical evidence submitted and sometimes there is a large number of documents sent in that do not actually include medical evidence that supports the decision but rather information used day to day by the institution or treatment facility. One of my main issues is that some SOAR caseworkers send MULTIPLE copies of the same records. As an example, I have received as many as 5 copies of the same medical records from the same hospital. I have to open each document and check to see if one is different. This is redundant and cumbersome. Sending each concise document one time is the most efficient way.*

#### Increase in CE requests

- Having a CE request can delay a decision on the case
  - Time spent arranging and scheduling
  - Time waiting on doctor's report
- Possible reasons for this increase
  - Issues with linking applicants to primary care
  - Delays in getting medical records to DDS
  - Some cases will need a CE because they have not had consistent treatment- that's OK
- Clients are seeing NP, PA and LCSWs- not doctors
  - DDS wants to send applicants for a CE to get a doctor's signature on the case
  - Strategy of using a supervising doctor's signature
    - Physician is co-signing with the NP, PA, LCSW
    - Question of whether DDS will accept this signature

- DDS' answer: *Using the medical summary to make the decision is not clear cut or across the board on every case. If a Medical Summary is signed by an acceptable medical source, who has treated the claimant recently for the impairment involved, and the medical evidence in file supports the conclusions in the summary then I use it to make the decision. A signed medical summary does not always result in an approval. The severity of the impairments still has to meet SSA criteria. If the treating source who signed the medical summary has not seen the claimant for 6 months or more, we will still need updated medical evidence to support the summary and conclusions. If there are inconsistencies in the medical evidence and the medical summary, those inconsistencies have to be resolved before a final decision can be made. If the claimant is seen by NP, PA, LCSW and NOT seen by the supervising physician that signed the medical summary, then we cannot make a decision without current medical evidence from an acceptable medical source. If the supervising physician has seen the claimant within the past 6 months but the last report is signed by NP, PA, LCSW then I will stretch it and go ahead and make the decision. The fact that the claimant has to receive treatment from an acceptable medical source is an SSA policy for all cases. The policy has not changed about the need for medical evidence from an acceptable medical source – particularly applying to cases with mental involvement.*
- Also use your report to point towards times when a doctor did diagnosis and treat your application

**Next SOAR Dialogue Call is on Thursday March 19th at 10 AM.**

**Register for the call by following this link: <http://www.ncceh.org/events/864>**