

SOAR Dialogue Highlights

3/15/18

Attendees: Emily Carmody, Elizabeth Lewin, Connie Ness, Natasha Posey, Jacquetta Bullock, Pamalia Davis, Diamond Jenkins-Nelson, Will Bahaboy, Kevin Orgias, Kathryn Coiner-Collier

Introductions

- Emily Carmody, NCCEH, Raleigh- State homeless conference is coming up on April 30 & May 1, scheduling next SOAR training
- Elizabeth Lewin, Fifth Street Ministries, Statesville- 3 approvals, 2 denials, working with new intern
- Connie Ness, Southlight, Raleigh- just took a new position as a Benefits Specialist with WakeMed PATH team
- Natasha Posey, Southlight, Raleigh- no updates
- Jacquetta Bullock, New Direction Ministries, Vance County- back to SOAR after a break
- Pamalia Davis, Housing for New Hope, Durham-2 cases at DDS
- Diamond Jenkins-Nelson, Southlight, Raleigh- 3 denials, 2 approvals
- Will Bahaboy, Open Door Ministries, High Point- no updates
- Kevin Orgias, Family Endeavors- no updates

Medical Summary Reports

Overview

Medical Summary Reports (MSRs) are one of the key pieces to the SOAR model. Many of the applicants SOAR caseworkers are assisting do not have the access to care to develop medical records that meet the information needs of Disability Determination Services (DDS). MSRs help to fill in the gaps in medical records and provide the much-needed functional information for the application. When MSRs are co-signed by a medical provider, they become medical evidence for the case. MSRs need to be submitted to DDS even without a co-signature because it can still count as collateral evidence.

While an important part of the SOAR model, many SOAR caseworkers feel overwhelmed by writing an MSR. It is important for SOAR caseworkers to understand why each section of the report is important to DDS so that they know what information to include. Below is a conversation with SOAR caseworkers about questions, challenges, and tips in writing a MSR.

Co-signature from Medical Providers

- Some caseworkers have difficulty with getting access to treatment for applicants so getting a co-signature is difficult
- Caseworkers find that if the person is in treatment that nurses can often help with getting reports signed

- Some SOAR caseworkers have created volunteer-based clinics to develop a pathway to treatment and co-signatures for applicants
- Southlight Healthcare doctors are signing reports and caseworkers attribute that to strong relationships with patients
- SOAR caseworkers say that without a signature the key is to have other medical documentation to cite that backs up the report
- What happens if patient has multiple ER visits but no primary care? Who signs the MSR?
 - Some SOAR caseworkers have had luck with speaking to ER doctors who know their departments frequent users and are willing to sign
 - Try to connect SOAR applicant to a provider to create path to signature
 - Even without a co-signature, applicants who have significant medical records for the ER with the MSR can help the case
- Can a doctor who hasn't seen the patient sign the report?
 - No
 - DDS wants medical providers to have seen the applicant before signing the report
 - MSR needs to explain the relationship to the medical provider in the conclusion of the report

Introduction: The introduction should be 2-3 paragraphs that provides a picture of the applicant for the DDS examiner, who will never meet the applicant. It should include key demographics (age, weight, race, height), a physical description, and a description of what it is like to work with the applicant.

- Use the MSR scorecard and outline worksheet to make sure you are including everything you need to in each section
- Describe behaviors during meetings with the applicant and differences between public and private places
- Make sure to include weight because this impacts overall health picture

Personal History: This section tells the story of the applicant while including important information for DDS. Childhood with any adverse events or trauma and school history are included to show either a history of poor functioning or a good level of functioning that was there before the disabling condition. Work history should be discussed in depth to show their ability to function on the job. Housing and homelessness history, military history, and legal history are also discussed to show the impact of impairments on functioning. Relationship history needs to be included to show if the applicant can maintain relationships with family, friends, partners, and children. If not, the MSR needs to explain why.

- It is difficult to get personal history information from some applicants
 - SOAR caseworkers can say in the report that the applicant has problems remembering personal history
 - If you can, get consent to speak to others including friends and family

Substance Use History: The substance use history section should be included if the applicant has a history or is currently using substances. This section should focus on showing how the substance use is not material to the disabling condition of the applicant.

- Make the statement that the substance use is not material after showing how
- How do you show the use is not material?
 - Look at the origins of the disabling condition and substance use- which came first
 - Were substances used:
 - To self-medicate the condition
 - As a way of compensating socially for a disabling condition
 - Because others took advantage of a disabling impairment
 - Look at what was going on when they used the most. Was it when their symptoms were the strongest?

Treatment History: Sections for physical and mental health treatment should be separated to highlight if there are multiple conditions. It is helpful to start each treatment history section with a paragraph summarizing the diagnoses and symptoms experienced by the applicant with a note of when the diagnoses were first made. (ex. Tom was first diagnosed with Major Depressive Disorder in 2010...) After the introduction, each treatment episode should be summarized from first to most recent with information about symptoms, treatment, and side effects. This section focusses on Part A of the Blue Book Listing.

Functioning Section: This section really looks at the “so what” of the case. So, this applicant has these diagnoses, what does that mean for their ability to go to work to earn SGA? Here you need to show how the symptoms described in the treatment history impact their ability to function in the key functioning areas outlined in Part B of the Blue Book Listing. Each functioning area needs to have its own paragraph.

Please feel free to contact Emily Carmody at soar@ncceh.org with help reviewing and writing MSRs. You can send draft MSRs for review if personal, identifying information is removed.