



SOAR Dialogue Call August 2025

Natasha Posey, NC SOAR State Lead



NC COALITION to end
HOMELESSNESS

The background of the image is a solid teal color with a repeating pattern of white line-art icons. These icons represent various types of buildings, including houses, multi-story apartment blocks, and industrial structures, as well as stylized trees. The pattern is dense and covers the entire background.

Updates

SSA Updates

- No more paper checks for recipients starting September 30th
- Workers now need at least 40 of these in order to qualify for retirement benefits, and you can only earn a maximum of four credits per year
- FRA, or Full Retirement Age reaches 66 and 10 months this year
 - Increases will finally stop next year when it reaches 67
- You're still free to claim as early as 62 regardless of your FRA
 - Keep in mind, that claiming under your FRA can reduce your checks by up to 30%



SSA Updates Continued...

Conditions added to the Compassionate Allowance List:

- Au-Kline Syndrome
- Bilateral Anophthalmia
- Carey-Fineman-Ziter Syndrome
- Harlequin Ichthyosis – Child
- Hematopoietic Stem Cell Transplantation
- LMNA-related Congenital Muscular Dystrophy
- Progressive Muscular Atrophy
- Pulmonary Amyloidosis – AL Type
- Rasmussen Encephalitis
- Thymic Carcinoma
- Turnpenny-Fry Syndrome
- WHO Grade III Meningiomas
- Zhu-Tokita-Takenouchi-Kim Syndrome

If your clients have these severe conditions, their applications will be fast-tracked and moved to the ‘front of the line’.

Visit [the CAL list to view more information on the conditions!](#)



NCCEH

NC SOAR Outcome Reporting Tool

- Form available for use starting NOW
- Link for form will initially only be shared via listserv
 - Will be sent to listserv after today's meeting
 - Later, form may be available on ncceh.org and the SOAR Newsletter

Pros:

- Form mirrors pre-OATS SOAR Outcome Reporting Tool PDF
- SOAR Providers receive submission copies

Cons:

- A form has to be submitted for each application level - initial, recon and appeal

Wishful thinking:

- NCCEH/NC SOAR will have a system that mirrors OATS accessibility in the future



NCCEH

NC SOAR Adult and Child Training Course

Currently finalizing the adult/child course models

- Will offer training 2 or 4 times annually
- Course will be a 2-day virtual training
- Participants will submit a practice case application and MSR in order to receive a certificate of completion

Expecting to have the model completed and active by mid-September

These courses will require registration

- Registration will be located on the ncceh.org website

14th SOAR Annual Meeting RSVP Form

We have secured a venue! Woohoo!

Date: Friday, October 17, 2025

Time: 10:00 a.m. to 3:30 p.m.

5200 Paramount Pkwy Suite 200

Morrisville, NC 27560

Please take the time to complete the 14th SOAR Annual RSVP form that was emailed to the listserv on August 7th

- If you didn't receive the notification, please email me so that I can add you to our listserv and send you the link to the form

This list will help me reserve the venue, caterer, location and agenda! **The deadline to submit your RSVP is this Friday, August 22nd**

On the form: I have asked if you will need a travel voucher. We may be able to offer those to individuals who are interesting in attending but their agencies do not have a mileage reimbursement policy. (Only 10 vouchers available and will be provided at the event)

- If you will need a travel voucher, please have your Supervisor email me your need for the voucher no later than **Monday, September 1st**



NC SOAR Caseworker Certification

FOR NEW SOAR PROVIDERS WHO HAVE RECENTLY PASSED THE ONLINE COURSE and are interested in becoming SOAR Certified (instructions were emailed 8/11/25):

Individuals who complete the NC SOAR Caseworker Certification process will receive a certificate upon completion (Please note that completing the online training does not mean you are a Certified NC SOAR Caseworker)

- Read the requirements for **NC SOAR Caseworker Certification**. (Will be updated to reflect changes post-TA Center Closure on August 18th)
- Every Medical Summary Report that is submitted for certification will be evaluated using the **Medical Summary Report Scorecard**. Caseworkers will be provided a copy of the completed scorecard for each report, and NCCEH will review scores with caseworkers.
- **SOAR Application Quality Review Checklist** (with at least one of the submitted MSRs)

AFTER SUBMITTING the 3 (Revised Amount) MSRs towards certification:

- Complete the **NC SOAR Caseworker Exam** (required for Provisional Certification).
- Complete the **NC SOAR Caseworker Evaluation and Assessment** (required for Final Certification).



Medical Summary Report Review

Medical Summary Reports are crucial to SOAR cases.

Set context for medical evidence

Act as roadmap for DDS Examiner

Provide functioning information

Fill in gaps for the case



Each section serves a purpose.

Introduction	Provides a picture of the applicant to DDS.
Personal History	Provides context; Trauma History; Difficulties school, work, relationships, legal troubles & housing
Substance Use	Show that it is NOT material to the disabling condition
Physical Treatment History	Meet the medical criteria for listing
Psychiatric Treatment History	Meet the medical criteria for Part A
Functioning Information	Shows how the disabling condition impacts the applicant's ability to work, Part B of the mental health disorder listings



Introduction Section

Purpose:

The Introduction creates a visual for the DDS examiner. The section allows DDS to “see” the applicant even though they will never meet.

Important information to include:

Demographics: Age, weight, height, etc.

Physical Description

SOAR caseworker’s history with applicant and what it is like to work with them



Personal History Section

Purpose:

Provides context for the development of disabling condition, examples of how functioning issues have impacted their life, and duration of disability.

Important Information to Include:

Childhood, including history of abuse and neglect

Developmental problems (if applicable)

Educational History

Employment History

Housing and Homelessness History

Relationship History

Military/Incarceration History (if applicable)



Employment History– Deeper Dive

Crucial section for DDS!

For each job, be sure to look at:

- Timeline for holding job

- Tasks at the job

- Problems they experienced on the job

- Why they left the job



Substance Abuse History Section

Purpose:

To show DDS that the substance use is **not material** to the disabling condition—meaning that if they were not using substances, the applicant would still have a disabling condition.

Important Information to Include:

Use as it relates to personal history

Patterns of use- what triggers use, heaviest use

Information about periods of abstinence and effect on symptoms/functioning

Discussion of use in medical records



Treatment History Section (Physical and/or Mental Health)

Purpose:

Show how the applicant's diagnosed conditions meet the medical criteria of Blue Book listing criteria.

Important Information to Include:

Current diagnoses, symptoms,
treatment, any side effects of treatment

References to Blue Book listings

Chronological history of treatment

Cite medical records



Using SSA's Blue Book Listing Criteria

<http://www.ssa.gov/disability/professionals/bluebook/AdultListings.htm>

It is important to remember that the specific diagnoses that someone has received over the years are not as important as the signs and symptoms that they are currently experiencing

Focusing on the symptoms will be key to meeting both the medical criteria and in-turn the functional impairment criteria

The treatment section focuses on the Part A of the listing.

12.03 Schizophrenia spectrum and other psychotic disorders (see 12.00B2), satisfied by A and B, or A and C:

A. Medical documentation of one or more of the following:

1. Delusions or hallucinations;
2. Disorganized thinking (speech); or
3. Grossly disorganized behavior or catatonia.

AND

B. Extreme limitation of one, or marked limitation of two, of the following areas of mental functioning (see 12.00F):

1. Understand, remember, or apply information (see 12.00E1).
2. Interact with others (see 12.00E2).
3. Concentrate, persist, or maintain pace (see 12.00E3).
4. Adapt or manage oneself (see 12.00E4).

OR

C. Your mental disorder in this listing category is "serious and persistent;" that is, you have a medically documented history of the existence of the disorder over a period of at least 2 years, and there is evidence of both:

1. Medical treatment, mental health therapy, psychosocial support(s), or a highly structured setting(s) that is ongoing and that diminishes the symptoms and signs of your mental disorder (see 12.00G2b); and
2. Marginal adjustment, that is, you have minimal capacity to adapt to changes in your environment or to demands that are not already part of your daily life (see 12.00G2c).

Medical Records that most often support Criteria “A” – Blue Book Listings

Psychiatric evaluations

Physical health evaluations

Specialty physical health
evaluations

Neurological reports

Laboratory results

Diagnostic tests

Neuropsychological tests

Psychological tests

Admission summaries

Discharge summaries



Tips for Treatment History Section

Open with a paragraph describing diagnoses and symptoms.

“John was first diagnosed with schizophrenia in 2003. He experiences auditory hallucinations of voices telling him to harm others. ‘They tell me to hit people and that’s why I stay away from folks.’ John also has disorganized thinking which leads to him having to be redirected often in conversation...”

For each treatment episode focus on diagnosis, symptoms in the medical records, treatment, side effects, and what happened afterwards.

Walk the reader forward in treatment history. Start with first treatment episode and end with most recent treatment.

Use your medical records! This section is where they are your evidence to back up your report.

Functioning Section

Purpose:

Show how the diagnosed impairment(s) impact the applicant's ability to go to work and earn Substantial Gainful Activity (SGA).

Important Information to Include:

Physical functioning limitations with physical conditions as outlined in Blue Book listing

Functioning limitations with mental health conditions to meet Part B

Root symptoms that cause functioning limitations

Impact of functioning problems on ability to work



The functioning section focuses on the Part B of the listing.

12.03 Schizophrenia spectrum and other psychotic disorders (see 12.00B2), satisfied by A and B, or A and C:

A. Medical documentation of one or more of the following:

1. Delusions or hallucinations;
2. Disorganized thinking (speech); or
3. Grossly disorganized behavior or catatonia.

AND

B. Extreme limitation of one, or marked limitation of two, of the following areas of mental functioning (see 12.00F):

1. Understand, remember, or apply information (see 12.00E1).
2. Interact with others (see 12.00E2).
3. Concentrate, persist, or maintain pace (see 12.00E3).
4. Adapt or manage oneself (see 12.00E4).

OR

C. Your mental disorder in this listing category is "serious and persistent;" that is, you have a medically documented history of the existence of the disorder over a period of at least 2 years, and there is evidence of both:

1. Medical treatment, mental health therapy, psychosocial support(s), or a highly structured setting(s) that is ongoing and that diminishes the symptoms and signs of your mental disorder (see 12.00G2b); and
2. Marginal adjustment, that is, you have minimal capacity to adapt to changes in your environment or to demands that are not already part of your daily life (see 12.00G2c).

MH Listings Four Functional Areas

Understand, remember, or apply information

Memory, following instructions, solving problems, etc.

Interact with others

Getting along with others, anger, avoidance, etc.

Concentrate, persist, or maintain pace

Task completion, focusing on details, distractibility at work, etc.

Adapt or manage oneself

Hygiene, responding to change, setting realistic goals, etc.



How “B” Functional Criteria are used to Evaluate Mental Disorders

To satisfy the “B” criteria, your mental disorder must result in **extreme limitation of one, or marked limitation of two**, of the four areas of mental functioning using a five-point rating scale:

- *No limitation (or none)*: Able to function
- *Mild limitation*: Slightly limited functioning
- *Moderate limitation*: Fair functioning
- ***Marked limitation***: Seriously limited functioning
- ***Extreme limitation***: Not able to function

Limitation reflects the degree to which your mental disorder interferes with your ability to function **independently, appropriately, effectively, and on a sustained basis**.

Making the Link to Impairment

Functioning limitations must be linked back to the disabling impairment

Find out why they have these functioning limitations

How to make the link:

Functioning Impairment  Root Symptom(s)

Making the Link to Impairment

Avoiding people in large groups

Schizophrenia

Not cleaning up their campsite or apartment

Depression

Getting into fights with people at shelter and work

Post Traumatic Stress Disorder

Inability to stick to a budget to manage expenses

Neurocognitive Disorder

Making the Link to Impairment

Avoiding people in large groups

Paranoid delusions that people are reading their mind

Schizophrenia

Not cleaning up their campsite or apartment

Depression

Getting into fights with people at shelter and work

Post Traumatic Stress Disorder

Inability to stick to a budget to manage expenses

Neurocognitive Disorder

Making the Link to Impairment

Avoiding people in large groups

Paranoid delusions that people are reading their mind

Schizophrenia

Not cleaning up their campsite or apartment

Lack of energy, feelings of worthlessness that they don't deserve a clean space

Depression

Getting into fights with people at shelter and work

Post Traumatic Stress Disorder

Inability to stick to a budget to manage expenses

Neurocognitive Disorder



Making the Link to Impairment

Avoiding people in large groups

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Schizophrenia

Not cleaning up their campsite or apartment

Lack of energy, feelings of worthlessness that they don't deserve a clean space

Depression

Getting into fights with people at shelter and work

Fear and anxiety of being in large groups of people and standing in lines

Post Traumatic Stress Disorder

Inability to stick to a budget to manage expenses

Neurocognitive Disorder

Making the Link to Impairment

Avoiding people in large groups

Paranoid delusions that people are reading their mind

Schizophrenia

Not cleaning up their campsite or apartment

Lack of energy, feelings of worthlessness that they don't deserve a clean space

Depression

Getting into fights with people at shelter and work

Fear and anxiety of being in large groups of people and standing in lines

Post Traumatic Stress Disorder

Inability to stick to a budget to manage expenses

Lacks executive function to avoid impulsive decisions

Neurocognitive Disorder



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Records that often support Criteria “B” – Blue Book Listing

Bio-psychosocial evaluation reports

Occupational therapy evaluation reports

Vocational evaluation reports

Psychiatric Rehabilitation Day Program notes

Supported housing progress notes

Functional descriptions

Medical Summary Report

School Records

Tips for Functioning Section

Link the functioning issue to root symptom!

Divide information into paragraphs or subsections for the four functioning areas.

Include examples from previous work experiences to show the direct impact on ability to work.

You can use one functioning issue in multiple categories.

Summary Section

Purpose:

Sum up the highlights of the case for DDS.

Important Information to Include:

Diagnosis and symptoms

Functioning areas impacted

Blue Book Listing

If medical provider co-signing, relationship of that medical provider to applicant.

Contact information for SOAR caseworker and medical provider.

Medical Summary Report Co-Signature

Medical Summary Reports are considered medical evidence if signed by a treating medical provider (NP, PA, MD, PsyD)

Even without a provider's signature it is important for DDS's determination of the applicant's ability to work



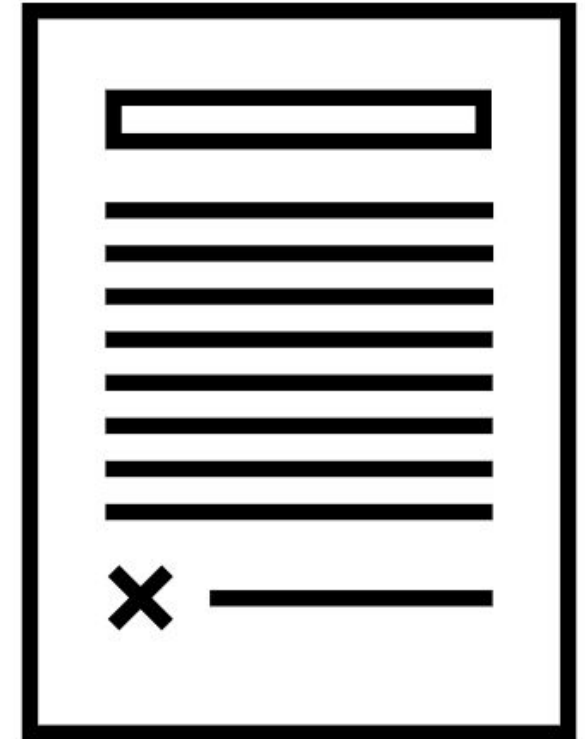
Tips for Writing

Organize medical records, organize in chronological order, and write brief summaries of the diagnosis and treatment from each provider

Use the MSR worksheet or an outline to help organize information and collect thoughts

Break the MSR down in sections as you go - makes it much easier!

Use quotes from the applicant– they often say it best!



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