

SOAR Dialogue Call

March 2025



NC COALITION to
HOMELESSNESS end

Updates

- Social Security reinstating Overpayment Recovery Rate (back to 100% from 10%)
- On Tuesday, December 3, 2024, the North Carolina Area Director's office provided SSA/SOAR Liaison Refresher training for designated field office SOAR liaisons and managers
- SSA liaisons update
- NCCEH staffing update



Requesting Medical Records

Why Do Medical Records Matter for SOAR?

- SOAR providers often access medical records faster
- SOAR providers can ensure that records are sent and ensure that the information is relevant and complete, including information that is often overlooked, such as progress notes
- SOAR provider can make an initial assessment about the available information
 - Does it substantiate the health problems?
 - Does it provide documentation of functional abilities?
 - What information is missing, what needs clarification, and what needs further development?
- Reduces the need for consultative exams, speeding up determinations
- No medical records? No approval!

Criteria for Disability Eligibility

- SSA defines “disability” as an impairment that affects a person’s ability to work. “Work” is defined by SSA as earning Substantial Gainful Activity (SGA).
 - SGA amounts are set annually by Congress
- Applicants must also meet medical eligibility to obtain SSI/SSDI benefits. SSA uses a tool known as The Blue Book to outline their agency’s medical criteria under what are known as “listings.”
 - Each listing addresses the specific symptoms, medical tests, and functioning issues that must be documented for a medical condition to qualify as a disabling impairment.

Who Determines Disability Eligibility?

- DDS Examiners consider two types of evidence when determining eligibility:
 - Medical — provided by acceptable medical sources including M.D.s, Ph.D. psychologists, nurse practitioners, physician assistants, optometrists (for visual problems), podiatrists (for feet problems), audiologists, and speech therapists/pathologists (for speech problems).
 - Collateral — provided by all other professionals and lay individuals, including nurses and social workers.
- **Medical evidence is considered to have greater weight than collateral evidence.** This is why medical providers play a key role in supporting SSI/SSDI applications—without their signature, supporting documents would only be considered as collateral evidence.
- When the documentation sent to DDS does not include input from treating physicians, nurse practitioners or physician assistants, DDS sends individuals to consultative evaluations (CEs).
- However, if medical practitioners can provide DDS with sufficient medical documentation to determine disability, then the CE process can be avoided.

What Records Matters?

The basic medical eligibility requirements outlined in The Blue Book are:

- **Medically Determinable Physical or Mental Impairment**
- **Duration**
- **Functional Information**
- Often, medical records do not address all of these criteria, especially functioning information. Health care providers can ensure that all the necessary criteria are addressed by improving documentation in medical records and writing supporting documents that clearly address these medical criteria.
- **Any supporting documentation from physicians, nurse practitioners, physician assistants and care providers need to address these eligibility criteria by linking medical and functional information.**



Steps for Requesting Medical Evidence

1. Make List of Treating Sources

- Make a list of the places where the person received treatment.
- Use the Disability Report and additional contacts.
- Identify what information might be acquired from each source.
- People often have difficulty recalling all of their treatment history, so be creative in identifying potential sources of information.
- Maintain a spreadsheet of the commonly used facilities and instructions for requesting their records – this may be handy for future applications.

Steps for Requesting Medical Evidence

2. Obtain Releases for Medical Information

- Have the applicant sign two releases for each treating source.
- Applicants need to sign BOTH an [SSA-827: Authorization to Disclose Information to the Social Security Administration](#) AND your agency's release of information form ([see a sample](#)) for each treatment source.

Signing two releases provides "compound authorization" which enables the case manager to obtain the information and send it on to SSA. This process complies with [HIPAA regulations](#).

Steps for Requesting Medical Evidence

3. Send Releases to Medical Records Departments

If acceptable, fax or hand deliver releases for medical information to providers.

- Contact current and past providers to explain the critical importance of obtaining complete information.
- Prepare “request packets” that include a Medical Records Request Cover Letter (see a sample) and the two releases.
- Confirm receipt of fax or delivery, if mailed.
- Specify the type of information needed.
- Ask what you can do to facilitate quick receipt of records.

Steps for Requesting Medical Evidence

4. Offer Assistance to Medical Records Departments

Case managers can collaborate with medical records department directors to coordinate the information collection process. Offer assistance to alleviate the burden for busy medical records staff:

- Offer to review records; this ensures that all relevant information is copied.
- Offer to make the copies or bring paper for records to be copied on.
- Offer to pick up the records at a designated place and time.
- Say “hi,” even when no requests are pending.
- Remind staff how critical they are in process.
- Bring flowers, candy, brownies, etc. to show your appreciation.
- Report to higher-ups that staff help the agency receive more Medicaid/Medicare dollars.

Steps for Requesting Medical Evidence

5. Follow Up Weekly on Information Not Received

Follow up on records collection on a weekly basis until all information is received.

- Continue to identify new sources of information (new sources may be identified or recalled; new problems may arise that need treatment).
- Maintain ongoing and regular contact with DDS.
- Pass new information on to DDS.
- Inform DDS of sources that did not send information so that DDS can follow up.

Best Practices for Requesting Records

- Use clear, concise request letters with patient consent attached.
- Know the preferred contact for each provider's records department
- Follow up persistently but professionally to avoid delays
- If denied, ask for specific reasons and alternative solutions
- Establish MOUs (Memorandums of Understanding) with hospitals
- Identify hospital staff allies (case managers, social workers, records clerks)
- Request summarized records if full records are difficult to obtain

If you were unable to get records, include that in your MSR.

Organizing and Reviewing Records

- Organize records chronologically!
- Place the most recent records on top.
- Remember that DDS requires a mental status exam within the past 90 days.
- Note what is missing and what needs clarification.
- Get assistance from a supervisor, the individual's treatment provider, and any other caseworkers they are working with; make sure to have releases for any reviewers.
- You will incorporate all information into the Medical Summary Report.
- Utilize the [Medical Records Tracking Worksheet](#) to stay organized!

Best Practices for Building Relationships with Hospitals

- Identify key hospital personnel (e.g., social workers, discharge planners, medical records staff)
- Educate hospital staff on SOAR's benefits for both patients and the hospital
- Offer to provide training or presentations about how SOAR improves patient outcomes
- Demonstrate how SOAR reduces uncompensated care costs and benefits hospital financial recovery
- Regularly check in with hospital contacts to maintain rapport and address any concerns
- Ask other local SOAR providers about their hospital contacts

Real life example

- The SOAR Workgroup of Wilmington's 10 Year Plan to End Chronic Homelessness, wrote a grant proposal for \$50,000 from the Blue Cross Blue Shield of North Carolina Foundation.
- The grant to the United Way of Cape Fear Area provided a dedicated SOAR caseworker for 12 months to work on SSI/ SSDI applications and to work with hospital staff at New Hanover Regional Medical Center (now Novant) to track cost savings over the year.
- United Way signed a contract with Coastal Disability Advocates, a local nonprofit organization, to hire a SOAR caseworker. United Way managed the grant, tracked the project's progress, and measured the results.
- The SOAR caseworker was hired in February 2010 and began assisting with applications. The SOAR caseworker informed the director of financial services at NHRMC when cases were approved so that the hospital could calculate the cost savings from this project separate from their reimbursement contractor.
- If cost savings were realized, NHRMC agreed to provide ongoing funding.



COASTAL DISABILITY ADVOCATES
NEW HANOVER, PENDER, BRUNSWICK COUNTIES

BOOSTS LOCAL ECONOMY



**BROUGHT INTO THE ECONOMIES
OF NEW HANOVER, PENDER, &
BRUNSWICK COUNTIES**

SSI/SSDI enables individuals to contribute to their community by paying rent, buying goods, and using services.

**721
PEOPLE APPROVED**

*1,008 PEOPLE
ASSISTED*

RETURN ON INVESTMENT



**CDA SECURED \$1.7M IN MEDICAID
REIMBURSEMENTS TO NOVANT HEALTH
- A 7.5% RETURN ON INVESTMENT**

Once an individual is approved for SSI and Medicaid, treatment providers can retroactively bill Medicaid for services.

**71%
APPROVAL RATE**

*AS COMPARED TO THE
NATIONAL AVERAGE OF 35%*

Spoiler alert – cost savings WERE realized! SOAR WORKS!

Novant continues to fund Coastal Disability Advocates

SOAR provides a 7.5% return on investment for Novant!

Sample Introduction Script for Hospital Outreach

- "Hello, my name is [Your Name], and I work with the SOAR program, which helps individuals who are homeless or at risk of homelessness apply for disability benefits. Our goal is to streamline the process, ensuring hospitals receive reimbursement through Medicaid while helping patients access stable housing and care.

We would love to discuss how we can collaborate with [Hospital Name] to make medical record retrieval easier and reduce delays for both patients and providers. Would you be open to a brief meeting to explore potential partnership opportunities?"

Getting a Co-Signature on Your MSR

- When physicians, nurse practitioners and physician assistants co-sign reports with SOAR case workers, **the Medical Summary report becomes medical evidence**
- Treating physicians can partner with SOAR in North Carolina through:
 - Reviewing and offering edits for Medical Summary Reports prepared by SOAR case workers.
 - Co-signing Medical Summary Reports with SOAR case workers to elevate the report to the level of medical evidence.
- Co-signing Medical Summary Reports imposes no liability.

Contact NCCEH

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Contact us re: SOAR

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