



Strengthening Medical Evidence

SOAR Dialogue Call

November 2025



NC COALITION to end
HOMELESSNESS

Reminders & updates

- Medicare Enrollment ends December 7th
- 2.8 percent increase for SS recipients starting 2026
- NCCEH's Homelessness No More Gala on December 2 (Virtual Event) For more information on donating or attending the Virtual Event, please go to: <https://givebutter.com/c/HomelessnessNoMore>
- Rolling out training and outcome tool for NC SOAR – will announce in early December (Training will be limited and only available to participants who will be regularly using the SOAR model to assist clients)
- December 5th – New SOAR Caseworker Case Reviews

SOAR's Critical Components

Serving as the appointed representative

Collecting
and
submitting
medical
records

Electronically submitting applications and medical evidence whenever possible

Collaborating with physicians for assessments and medical information

Collaborating with SSA and DDS

Submitting a Medical Summary Report



NCCEH

The Heart of Disability Determination

- Medical evidence is the heart of disability determination
- Diagnosis and resulting impairment are determined through medical records
- Only physicians and psychologists (and some other health professionals) can make diagnosis
- Other healthcare professionals can provide valuable information on functional impairment

Possible Paths to Medical Evidence

- Applicant
- Friends and/or Family Members
- Service Providers
- Commonly Used Facilities
- State Mental Health Departments
- SAMHSA
- Internet Search Engines
- Yellow Pages



Collecting Medical Evidence

- Make list of treating sources
- Have applicant sign two releases for each treating source (agency release and SSA-827)
- Use cover letter explaining request
- Send releases to medical records departments
- Follow up weekly on information not received
- Organize records chronologically and review
- Continue to identify new sources of information
- Maintain contact with DDS

Key Information in Medical Records

- Duration - Will the disabling condition affect someone for 12+ months or has already affected them for 12+ months ?
- Date of Onset - Can push onset date back with historical medical records to show when an individual was unable to work because of disability—this affects back pay for SSDI
- Listing Information:
 - Medically Determinable Impairment - SSA needs to see that the individual has been diagnosed with a condition by a doctor or PhD psychologist
 - Symptoms - Medical records show what symptoms the person is experiencing which is important for the listing
- Functioning - Some functioning issues show up in medical records
 - Missing appointments
 - Not being able to follow treatment instructions

Key Information in Medical Records

- Substance Use Information
 - Medical records can show instances of sobriety where symptoms were present
 - Look at drug panels and blood alcohol levels from ER visits to see if the applicant is sober and presenting with symptoms
 - Records from inpatient treatment can show how sobriety affects the disabling condition
- Side effects of current treatment and how that impacts functioning
 - Drowsiness, low energy, etc. from medication
 - Don't have to know which exact medication creates the side effect
 - Can report that treatment regimen (all medications) has side effects
 - Website <http://www.rxlist.com/script/main/hp.asp> shows medication side effects
 - Treatment protocols that limit physical functioning - dialysis, oxygen tanks, etc.
 - Can always include the caseworker's observations about the impact of side effects on functioning in MSR

SSA'S All-Evidence Rule

- Some caseworkers remove pages they think aren't relevant or if the page is blank, etc., which causes DDS more work because they need the full record
- Be sure to turn in all medical records that you receive to DDS - don't edit the medical records
- SSA requires that representative must submit all evidence received and inform SSA about all evidence
 - Must submit all evidence that the representative receives that “relates” to a disability claim
 - Must submit favorable *and unfavorable* evidence even if not “material”
 - May not withhold evidence based on impairment or date of evidence
 - Must submit all evidence received *and* inform the Agency [SSA] of all evidence the representative does not receive
 - “You must inform us about or submit all evidence known to you that relates to whether or not you are blind or disabled.”



What do you do when an applicant has multiple diagnoses or if you are unsure a diagnoses is correct?

- Important to look at the symptoms the person is experiencing and see what listing that would meet
 - Blue Book listings are made in clusters and are more vague than other diagnoses
 - For example, affective disorders listing covers depression, bipolar disorder, etc.
 - Rather than knowing the precise diagnosis - SOAR caseworkers need to look at showing how an applicant meets a listing
 - Symptoms can show what listing they meet even if there are several diagnoses made for those symptoms
- If the multiple diagnoses cover symptoms that are more than one listing, then cover all the diagnoses and state which listings they meet in the Blue Book



Useful Evidence for Determinations – Medical Evidence

- Psychiatric evaluations
- Physical health evaluations
- Specialty physical health evaluations
- Neurological work-up reports
- Laboratory results
- Diagnostic tests
- Neuropsychological tests
- Psychological tests
- Admission summaries
- Discharge summaries
- Progress notes



HIPAA Compliant Process

- Case managers request records with a “compound authorization”
 - Applicants sign two release forms for each treatment provider: an agency release and an [SSA-827: Authorization to Disclose Information to the Social Security Administration](#).
- Records that are sent to the case manager can then be forwarded to SSA and DDS
- HIPAA FAQs guide available on the SOAR website



Submitting Records Electronically

- When possible, submit records electronically through SSA's Electronic Records Express (ERE)
 - Better to not submit records with the claim – but rather request the bar code sheet and submit directly to DDS via ERE
- Request bar coded cover sheet from DDS examiner
- Fax records directly into the applicant's electronic file



Engaging Medical Records Departments

- Medical records offices play an important role in the delivery of quality care
- Their role frequently goes unrecognized
- Offices are often overburdened
- Empathy and kindness are invaluable



Engagement Strategies

- Offer to pick up records when ready
- Offer to copy records
- Engage staff in conversation
- Say “hi” even when no requests are pending
- Remind staff how critical they are
- Report to higher-ups that staff help agency receive more Medicaid dollars
- What tricks and tips do you have??



Effective Engagement

- Time invested pays off
- Same day or same week records expedites applications
- Free or discounted records
- Better chance to obtain entire record



Other Engagement Strategies

- Contact directors of records departments
- Invite reps to local SOAR workgroups
- Negotiate a new process for collection
- Set goals and monitor processing times



Resources

- Watch SOAR National's "Using the Blue Book Listings" tutorial
 - <https://youtu.be/qw8vnbxHNT4>
- Read through SOAR National's "The Listings and Mental Illness" article
 - <https://soarworks.samhsa.gov/article/the-listings-and-mental-illness>