SOAR Dialogue Call March 2023

NC COALITION to end HOMELESSNESS

Melissa Venable

- SOAR worker at Atrium in Charlotte since 2020
- Passed on 3/1/23 of cancer

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Announcements

Announcements

- Medicaid Expansion

- Catching SSA and DDS doing good initiative

- OHO Centralized Mail Process
  - ARS always preferred if possible

- OAT updates coming soon!

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Open Positions Highlight

- Charlotte
  - Medicaid Disability Specialist @ Atrium Health
- Chapel Hill
  - SOAR Caseworker @ Orange County Housing Department
  - Open to Internal Orange County employees only
- Durham
  - Population Health Specialist- Duke SOAR @DukeWELL

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Funding Opportunities Highlight

- Mental health grant for BIPOC faith communities
- SAMHSA Treatment for Individuals with Serious Mental Illness
- Home-ARP

DDS Examiners

Beth Braswell   866.542.8047 ext 2550

Shawn McLeod   866.542.8047 ext 3061

Jennifer Utley   866.542.8047 ext 2981

Cheri McClellan   800.662.8721 ext 2929

Adam Davis   866.542.8047 ext 2708

Nick Esposito   866.542.8047 ext 2707

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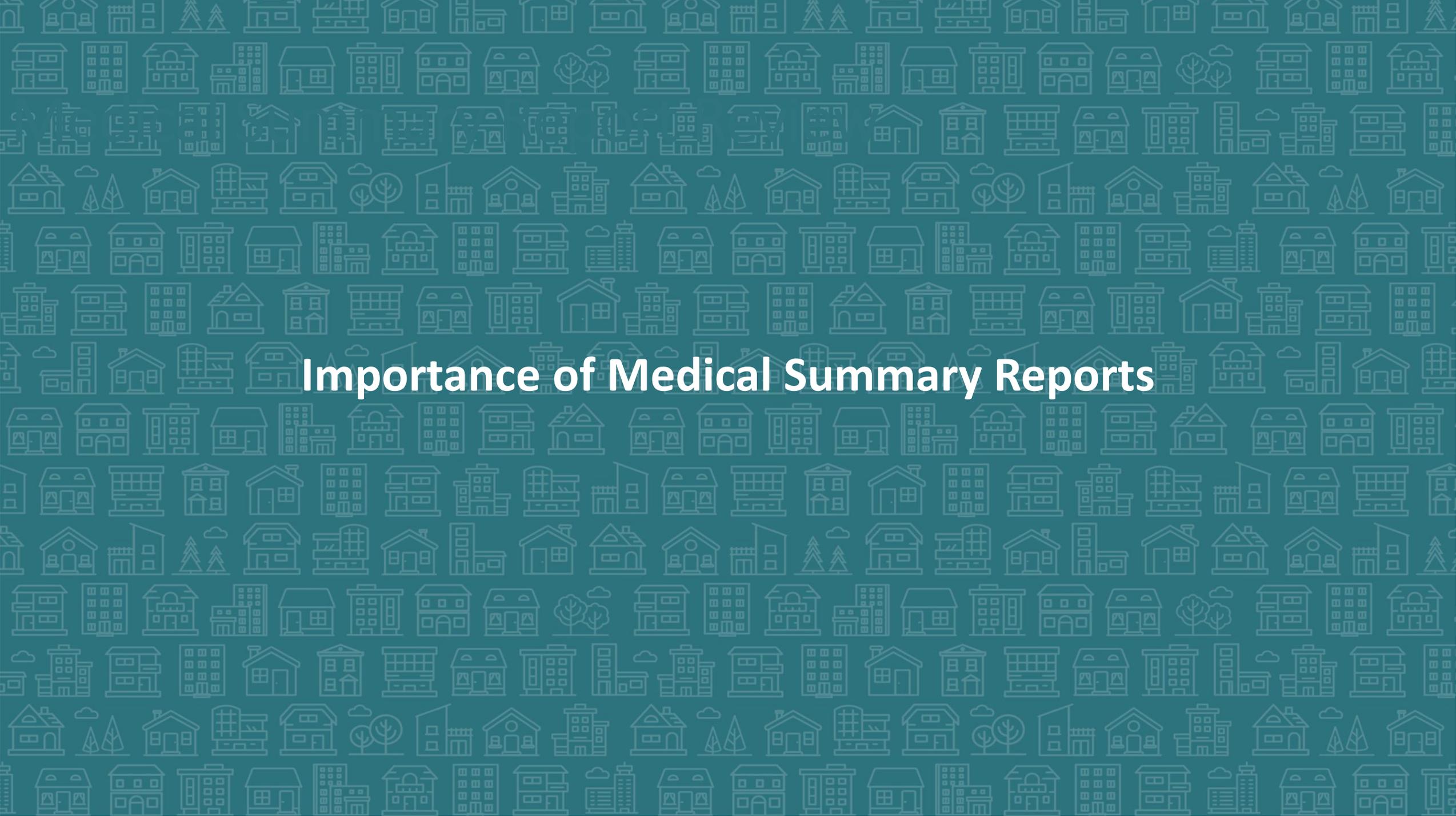
Importance of Medical Summary Reports

Why MSRs are important

- It truly increases likelihood of approval
  - Statistically significant in 2017 study

Older age (OR=1.01, CI=1.005–1.01) and institutional status (OR=1.98, CI=1.59–2.47) were associated with greater odds of approval, as was submission of medical records (OR=1.85, CI=1.44–2.40), a medical summary report (OR=1.21, CI=1.05–1.39), and cosigned application (OR=1.37, CI=1.20–1.56) (p≤.008 for all). In contrast, female gender (OR=.73, CI=.65–.82), public assistance receipt (OR=.75, CI=.65–.86), and a consultative exam (OR=.43, CI=.38–.49) were associated with lower odds of application approval (p<.001 for all). All other predictors were nonsignificant (p≥.176 for all).

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Why MSRs are important

- Medical evidence can be inadequate

- Medical evidence can be overwhelming

- Medical evidence often does not directly address functioning

- Medical evidence often does not directly address if substance use is material to disability

- Paints a picture of the applicant who DDS never sees

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Why MSR Co-signatures are important

- Raise MSR from "collateral information" to "medical evidence"
- Co-signer must know applicant in some way
- Acceptable Medical Sources (AMS) includes:
  - Physicians
  - Psychologists
  - APRNs
  - PAs
  - Other specialized providers depending on disorder
    - Audiologist
    - Podiatrist
    - Optometrist

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When can I skip MSR?

- Should be done rarely
  - Even for appeals, should ideally be updated
- If a case is a true slam dunk on the listings, you can consider skipping
  - Compassionate allowance
  - TERI
  - Listing requires technical and straightforward levels or imaging and does not require explanation of functioning
- Almost never the case when primary diagnosis is mental illness

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MSRs in NC

- We don't do many in North Carolina
  - 24% for initials
  - 35% for recons
  - 0% for ALJ hearings
- We get a co-signer even less often
  - 15% for initials
  - 22% for recons
  - 0% for ALJ hearings

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We get it- MSRs are hard

- Take a lot of time

- Require organization and being detail oriented

- Require sifting through complex medical records

- Require synthesizing a lot of information
  - Or conversely filling holes for lack of information

- Steep learning curve
  - Especially if you have never done this kind of writing before

- Writing is not everyone's strength

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Resources Available to You

- People available to read your redacted MSRs
  - State team leads
  - Local leads
  - SOAR national
  - Possibly colleagues at local workgroups
- Examples of strong MSRs
  - Organized by primary diagnosis on SOAR national website
  - Colleagues may be willing to share

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More Tips

- 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

- Write MSR in sections of the MSR

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

- Start to write it in outline form even just fragments- don't worry about grammar and smooth it out later

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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

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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)

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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

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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
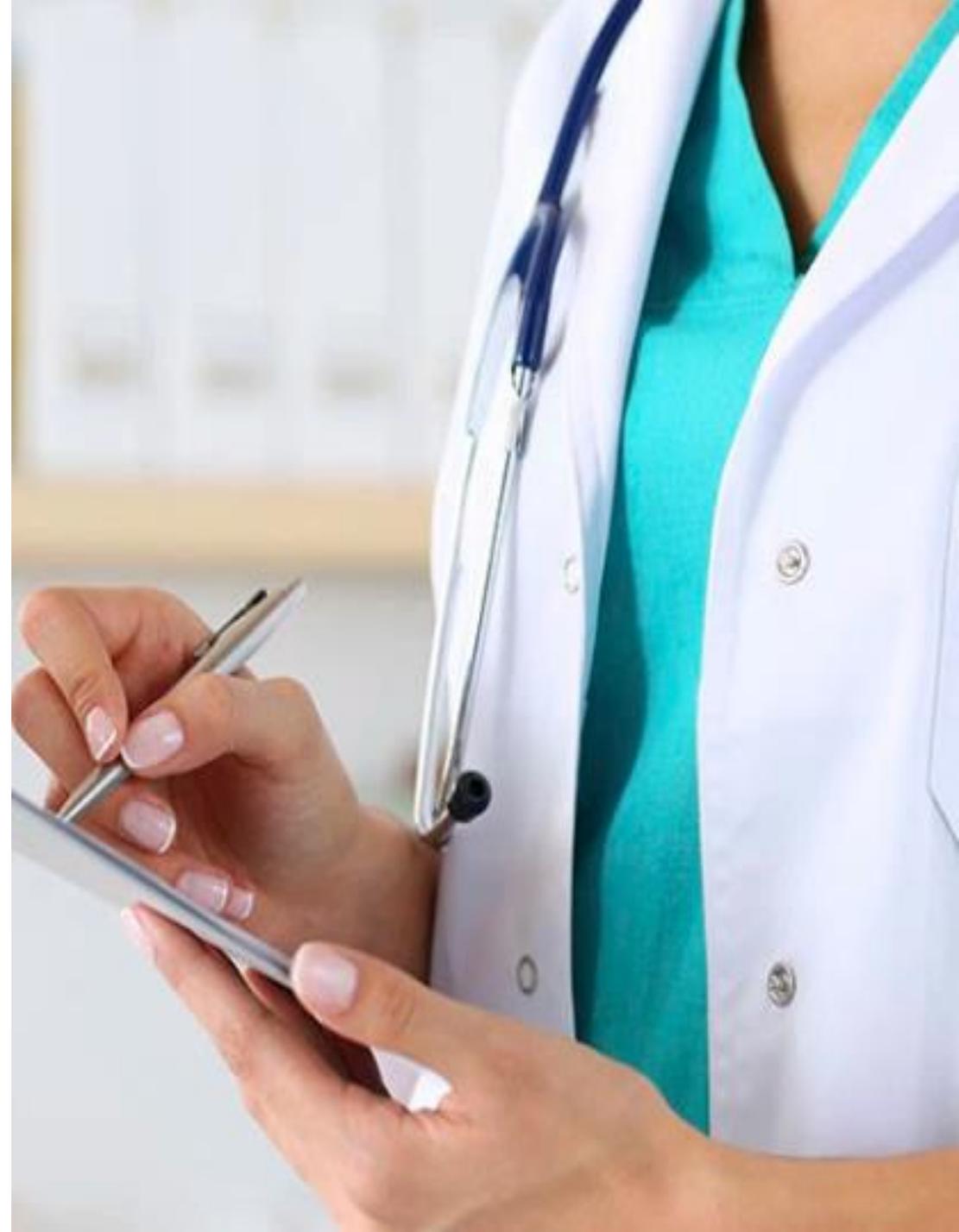
Using SSA's Blue Book Listing Criteria

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

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Listings describe diagnosis and level of severity needed.

11.04 Vascular insult to the brain, characterized by A, B, or C:

A. Sensory or motor aphasia resulting in ineffective speech or communication (see 11.00E1) persisting for at least 3 consecutive months after the insult.

OR

B. Disorganization of motor function in two extremities (see 11.00D1), resulting in an extreme limitation (see 11.00D2) in the ability to stand up from a seated position, balance while standing or walking, or use the upper extremities, persisting for at least 3 consecutive months after the insult.

OR

C. Marked limitation (see 11.00G2) in physical functioning (see 11.00G3a) and in one of the following areas of mental functioning, both persisting for at least 3 consecutive months after the insult:

1. Understanding, remembering, or applying information (see 11.00G3b(i)); or
2. Interacting with others (see 11.00G3b(ii)); or
3. Concentrating, persisting, or maintaining pace (see 11.00G3b(iii)); or
4. Adapting or managing oneself (see 11.00G3b(iv)).

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.

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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 <u>one</u> 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); <u>and</u>
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.

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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)

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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

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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

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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

Neurocognitive Disorder

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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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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.

Time for Open Questions

Contact NCCEH

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919.755.4393

Contact us re: SOAR

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NCEndHomelessness

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