SOAR Dialogue Call May 2023

NC COALITION to end HOMELESSNESS

Announcements

Announcements

- Catching SSA and DDS doing good initiative

- SOAR National Webinar
  - Today 3-4:30
  - [Building/Maintaining Relationships with SSA and DDS](#)

- SOAR National Resource
  - [Documenting Long COVID](#)

- Updates from Adriana
  - SOAR Leadership Academy
  - DEIB Workgroup

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Recap from Last Meeting

Recap of Our Overview on MSRs

- MSRs are important
  - Statistically significant effects in peer reviewed research
- Co-signatures for MSRs are also important
  - Raises MSR from "collateral information" to "medical evidence" at DDS
- MSRs should rarely be skipped
  - Especially for mental health diagnoses

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Recap on MSRs in NC

- We don't do many in North Carolina
  - 24% for initials

- We get a co-signer even less often
  - 15% for initials

- We understand MSRs are a bummer
  - Know that you have support!
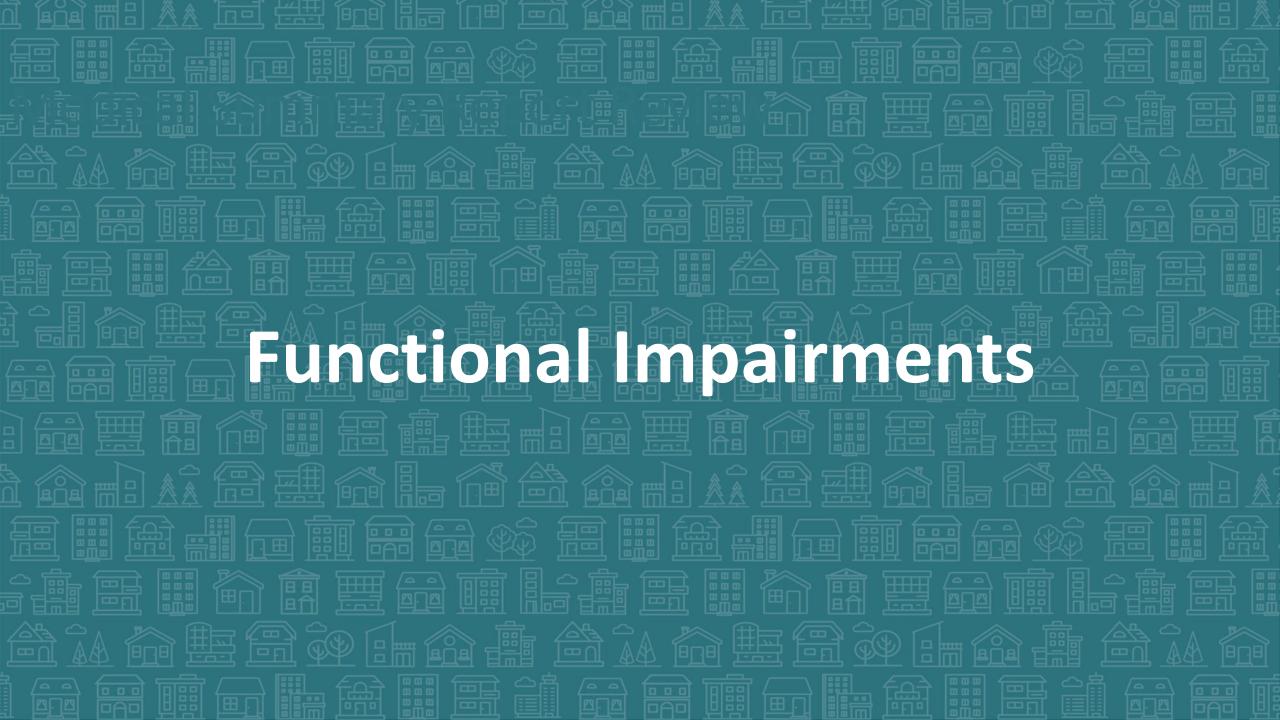
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Each section serves a purpose.

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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Functional Impairments

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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Functioning Section

- For DDS to determine that a person is disabled under the mental disorder listings (i.e.: meets or medically equals a listing) there must be:
  - Marked limitation in two areas of mental functioning
    OR
  - Extreme limitation in one area.

- Impairment must last or have lasted for at least one year

- The medical condition must significantly limit ability to do basic work activities:
  - Walking
  - Sitting
  - Remembering
  - Understanding and carrying out simple instructions
  - Responding appropriately to supervisors, co-workers, and usual working situations

Functioning Section

- Two main tasks of this section:
  - Connect <u>symptoms</u> to functioning
  - Connect functioning to <u>work performance</u>

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Making the Link to Impairment

Functioning limitations must be linked back to the disabling impairment

Find out <u>why</u> they have these functioning limitations

How to make the link:

Functioning Impairment ⟷ Root Symptom(s)*

*Hint: symptoms come from Blue Book Listing

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

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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

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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Connecting Functioning to Work

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

- If not much work history:
  - Explain why functioning prevents them from applying
  - Explain how functioning impacted them in school or training
  - Explain how functioning impacts them in other aspects of life and extrapolate how that would affect work setting

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Other Tips for Functioning Sections

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

- You can use one functioning issue in multiple categories.

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MSR Co-signatures

- 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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Co-Signature Challenges

- May not be easy to get a signature in practice

- Challenges:
  - Claimant may not have regular providers
  - Providers may be unwilling
  - Providers may be unfamiliar with disability process
  - May be difficult for SOAR CM to contact providers

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Co-Signature Ideas

- Claimant may not have regular providers
  - Can we connect them with regular providers?

- Providers may be unwilling
  - Dig deeper on cause of unwillingness
  - Potentially we can address their concerns through education

- Providers may be unfamiliar with disability process
  - Educate- ideally before we need their assistance

- May be difficult for SOAR CM to contact providers
  - Build relationships- ideally before we need their assistance

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Time for Open Questions

Contact NCCEH

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Contact us re: SOAR

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