

SOAR Dialogue Highlights

10/18/12

Attendees: Emily Carmody, Mollie Jones, Pamalia Davis, Jackie Bullock, Sheila Crump, Farah Davis, Lilly Moody, Sylvia Cini, Elizabeth McDermott, Aundry Freeman

Introductions/Updates:

- Emily Carmody- Scheduled next SOAR training for December 5-6, 2012
- Mollie Jones- Recently changed jobs to be a SA counselor at BART in Durham
- Pamalia Davis- No updates this month
- Jackie Bullock- No updates this month
- Sheila Crump- Started doing more SOAR work at the shelter, just had a guest approved within a month
- Farah Davis- Working at the state hospital and currently working on a Medical Summary Report for a patient
- Lilly Moody- Picked up two additional SOAR cases
- Sylvia Cini- No updates this month
- Elizabeth McDermott- No updates this month

Announcements:

- Cost of Living Adjustments from SSA by 1.7%
 - 2013 SGA- \$1,040
 - 2013 FBR SSI- \$710/month
 - Resource limits stay the same (\$2,000 for SSI)
- Developing new tools for SOAR
 - Two Frequently Asked Question Documents (FAQs)
 - Basic- educates about SOAR
 - Advanced- for SOAR trained caseworkers
 - Will be on www.ncceh.org website
 - SOAR case flowchart
 - Shows how SOAR cases move through SOAR process
 - Will show SOAR caseworkers at face-to-face meeting for feedback
- Asheville SOAR Training December 5-6,2012
 - Application process open on our website
- PRA webinar on October 23, 2012 about SOAR and Employment
- Still working on putting together the face-to-face meeting for SOAR caseworkers
 - Ariel is finishing survey of all trained SOAR caseworkers
 - Will most likely take the place for our November and December Dialogue phone calls

Discussion: Medical Summary Reports

- MSR are the most time intensive parts of SOAR applications
 - Time to gather records and interview applicants
 - Time to write the report

- Worth the time because the MSR is the key to filling in the gaps in medical evidence for DDS
- Questions or Issues from the group about MSRs:
 - Filling in the holes when there are gaps in records
 - Knowing what to emphasize or what not to emphasize in the report.
 - Tools to use for MSRs:
 - Worksheet 8 in the Stepping Stones Binder- while writing report
 - Medical Summary Scorecard- use after report is done to review your report
 - Challenges in getting reports signed by a physician and PhD psychologists
 - Doctors take time to sign reports
 - Depends on agencies where services are being served
 - Applicants are being seen by nurse practitioners, physician's assistants, LCSW
 - Currently SSA does not consider these signatures as medical evidence
 - National advocates (including Yvonne Perret) are advocating with SSA to get this policy changed
 - Paper has been published about policy which is first step in changing rule
 - Applicants are being put on waiting lists to be seen by mental health providers
- Filling in the Gaps of Medical Records
 - Meet with the individual several times
 - Have questions about specific gaps where you need their help
 - Get their perspective on holes in information
 - Even if poor personal historian, provides functioning information for the report (concentration, persistence, and pace)
 - Speak with staff of shelter/hospital/program to see what they are seeing
 - Look to staff that is working with individual on a daily basis
 - Look to people within program and within applicant's "circle"
- Knowing what to emphasize in MSRs
 - Look to what listing matches their disabling condition the best
 - Use the listing information to guide what you put in the reports
 - Listings in the SSA "Blue Book"
 - Know the listing early on so you can begin to categorize and note what you need to highlight for that meeting
 - According to what the disabling condition is and what is in their medical records, line up with the listing that is most likely to fit
 - Look at what functioning information needs to be shown
 - Emphasize symptoms and functioning throughout life timeline
 - Using your observations in your report- DDS wants to know your observations about how the individual interacts with you
 - For Mental Health Listings:
 - Part A- symptoms- look to medical records for these and observations

- Part B- functioning- sometimes in medical records but your observations and their reporting can help to fill in the gaps
 - Physical Listings:
 - More likely to be a test or certain level/score that individuals need to meet listings
 - Most likely to find this information in medical records
 - Be careful to not get caught up in a dramatic story in your MSR
- Getting a doctor to sign the MSR
 - Find the gatekeeper at the clinic/provider who can help you to get to the doctor for the signature
 - If treated by PA, NP or LCSW, get them to co-sign report with their supervising physician
 - Coversheet for the report with main points bulleted out
 - Speeds up doctor's review of the information in report
 - Takes establishing a trusting relationship with the doctor but works to speed up process
 - Go to community provider doctors' meetings to explain SOAR and why their signature matters
 - Helps to build relationships with doctors
 - Speeds up the turn around on reports
 - Focus on the providers that treat the uninsured in your community or where your applicants tend to go
 - Also look to larger meetings in the community (ex. Clinical Directors' meeting for LME/MCO)
 - If you have exhausted all of your abilities and resources to get signature, you can send your report in without signature
 - Won't be weighted as heavily by DDS
 - Some caseworkers send report in twice
 - Without doctor's signature to make sure DDS has information
 - With doctor's signature once signed for medical evidence
- Applicants on hold for services, put on waitlist in Durham County for mental health services (45 days)
 - Working with MCO to prioritize SOAR applicants to get connected to services
 - Taking individual to a primary care physician when psychiatrist not available
 - Ask practitioners that serve applicants if they are a physician or PhD psychologist
 - Asheville discovered a nurse who is a PhD psychologist and can sign reports as such
 - Elizabeth McDermott- can call the LME/MCO and ask for med management while they are waiting to link to service provider

Next call scheduled for November 15, 2012, but will most likely not be held due to face-to-face meeting.