

SOAR Dialogue Highlights
7/19/12

Attendees: Emily Carmody, Susan Bellew, Elizabeth McDermott, Tracy Miller, Jackie Bullock,
Dorothy Rogers, TJ Reynolds-Emwanta

Introductions/Updates:

- Emily Carmody- Excited to present the annual outcomes for NC SOAR
- Tracy Miller- Completing first application
- Susan Bellew- New to SOAR and working on first application
- Jackie Bullock- Working with two women to change Representation on their case
- Elizabeth McDermott- No updates
- Dorothy Rogers- No updates
- TJ Emwanta- Two approvals this month and next week Winston-Salem SOAR workgroup is hosting a community SOAR training next week

Announcements:

- VA and SOAR
 - PRA had a webinar about SOAR and the VA:
<http://prainc.com/SOAR/library/webinars.asp>
 - VA policy about SOAR has changed due to policy in SSA regulations
 - VA staff cannot be a 1696 Representative or advocate on the behalf of an applicant for SSI/SSDI benefits
 - VA staff CAN gather medical records and write a medical summary report for an applicant
 - Community agencies need to be aware of this policy and work to partner with SOAR-trained VA staff in your communities to partner on SOAR applications
 - Encourage community agencies to ask the VA about funding for SOAR applications for veterans

Discussion: NC SOAR Annual Outcomes

- Outcome Basics:
 - Total Outcomes as of July 2011
 - 408 SOAR Outcomes (total since 2008)
 - 106 average decision days
 - 80% approval rate
 - \$3.2 million dollars brought into the state through SSI/SSDI payments
 - Total Outcomes as of July 2012
 - 706 SOAR Outcomes (total since 2008)
 - 239 initial applications completed this year
 - 95 average decision days

- Reduced by 11 days
 - Due to:
 - Dedicated SOAR DDS Examiners
 - Strong SOAR applications
 - 80% approval rate (higher than national average)
 - \$6.6 million dollars brought into the state through SSI/SSDI payments
 - FY 2011-2012 Outcomes
 - 85 average decision days
 - \$3.4 million dollars brought in this year
 - Outcome Reports posted on website:
 - <http://www.ncceh.org/soarcommunityoutcomes2012/>
 - State totals
 - County reports also posted there
- Data Regarding Reassignment Process for FY 2011-2012
 - 239 initial applications
 - 81% approved
 - 81% of total applications are initial applications
 - 55% of cases reassigned
 - Of those reassigned:
 - 80 days average decision days
 - 84% approval rate
 - Non-reassigned cases:
 - 90 days average decision days
 - 76% approval rate
 - Starting to see more of a gap in approval rating and decision days with the reassignment process
 - If you are working with homeless applicants and those cases are not being reassigned, follow up with Emily at emily@ncceh.org
- Are you able to track the number of Medical Summary Reports submitted?
 - We cannot track this data.
 - DDS has reported that people are not always including a Medical Summary Report with their applications.
 - As those are reported to Emily, she will follow up with individuals to address these issues.
 - If your community SOAR outcomes do not reflect the state averages, Emily is happy to help review and see how these outcomes can be improved
 - Improved relationship with SSA
 - Adherence to the SOAR model
 - Important to use data as a feedback loop
- Is your community checking outcome reports on a regular basis? How do you use Outcome Reports?

- Liz McDermot
 - Will look at agency specific numbers and how they compare to county/state outcomes for funding purposes
 - Durham work group looks at outcomes to see what we can do better in Durham County to improve outcomes
- Using Outcomes to Find Funding
 - Outcome data can show funding source you are doing a good job and it needs to be continued
 - Tracking Medicaid reimbursement can be helpful for funding from MH services and Hospitals
 - Income information can be beneficial for city and county funding
 - Foundations love data for grant applications
 - Winston-Salem used outcomes to advocate for position at CenterPoint MCO
- TJ Reynolds Emwanta
 - Use with workgroup to show what can be done if the community buys into SOAR
 - Attempting to track Medicaid reimbursement for SOAR applications with the hospital in the future
 - Downtown Health Plaza followed the Medicaid reimbursement information for SOAR cases and is now looking to house an individual within their agency to do SOAR applications
- Medicaid Reimbursement
 - If you are able to track this data for your SOAR applications it will go a long way with convincing hospitals and community Medicaid agencies to support SOAR.
 - CCNC (Medicaid database) may be a good resource for the Medicaid information.
 - New Hanover Regional Medical Center was able to show a 3:1 return on investment to the hospital that funds the SOAR caseworker position.
- Community Workgroups Use Outcomes
 - Look at decision days and approval rating
 - Discussing as a group to see how to lower decision days and raise approval ratings
 - Use for talking points to show where community can improve outcomes
 - Use it to make sure that SOAR caseworkers are submitting SOAR outcomes to NCCEH
- As a new SOAR caseworker, what do SOAR Outcomes do for you?
 - Susan Bellew-
 - Still just trying to wade through the process
 - I'm the only SOAR caseworker in the five county area who is SOAR trained
 - Trying to use outcomes to encourage LME to create position

- If you need help in discussing SOAR positions with LME leadership, please contact Emily at emily@ncceh.org
 - Emily can also provide the list of people who SOAR trained in your communities so that you can follow up with them to see if they are completing applications but not turning in outcomes to NCCEH
 - Tracy Miller-
 - Focusing on my first case right now
 - Also interested to see who else is trained in my community
- We hope that SOAR outcomes can be inspiring for communities and caseworkers
 - We celebrate our high approval rate and good outcomes
 - However, please note that SOAR is not about perfection
 - 20% of SOAR cases are denied
 - This denial rate shows that SOAR caseworkers are taking risks with applicants who may fall into a grey area
 - We need to be taking these risks in the community and advocating for the harder cases
 - If you do get a denial, Emily is more than happy to work with you in identifying ways to strengthen your cases
- Is anyone reporting SOAR outcomes to other groups?
 - Please keep your CoC or Regional Committees informed about SOAR outcomes
 - They need to know this information for ESG and HUD funding
 - Important for the larger homeless system to support SOAR
 - Want to make sure we are at the table because this is where resources and investment are discussed
 - Report outcomes to landlords or other resources to see if it improves access for applicants
 - Sometimes landlords are more willing to rent to SOAR applicants before they are approved because of the chances they will be approved
 - Other housing programs may be more likely to take SOAR applicants because of the likelihood of their approval
 - May also work with health and mental health agencies

Other Questions for the Group:

- Susan Bellew- Can you go over the timing of the applications again?
 - First, send in the Consent for Release Fax form to establish the PFD
 - That form starts a 60 day clock
 - By the end of the 60 days you need to
 - Turn in the SSI/SSDI application
 - Turn in the 1696 Rep form
 - Gather medical evidence and write the MSR
 - Susan- This individual had already completed an application at the local office. So what does that mean for timing?

- Emily- if the application is active:
 - Turn in the 1696 Rep Form
 - Talk to the DDS Examiner as soon as possible to let them know you are gathering evidence and submitting a report
 - Fax your list of active cases to Ann Griffin Hall as well
- Jackie Bullock- I had a DDS Examiner tell me that she didn't need any further information and the report is turned into her. Am I still supposed to check in with the Examiner?
 - It is always good to call on a weekly basis to check in with them
 - You definitely need to call with any medical changes or updates that they need to know
- TJ Reynolds Emwanta- If a person is about to be put on dialysis, are they eligible for a presumptive decision?
 - Emily- It may not lead to a PD but that is grounds for a dire need decision on the case
 - Having a letter from the doctor stating that they will inevitably be on dialysis and that a shelter is not the place for that person to be
 - In medical crises- a short letter from the doctor speaking to how someone meets a listing can be a good stop gap measure while you are waiting on records or writing your report

Next Call: August 16, 2012 at 10 AM