



Washington SOAR Process Orientation



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Disclaimer

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Introductions

- SOAR State Team Leads
- Local SOAR Leads
- SSA and DDS

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Local Lead Note: Introductions

SOAR Process Orientation Agenda

- Washington SOAR Process
- Steps to Completing an Application
- Medical Summary Report Refresher
- OAT and Outcomes
- Now What?

Washington SOAR Process Materials

- PowerPoint slide handouts
- Located on the SOARWorks Website
 - All SSA forms
 - SOAR Tools and Worksheets
 - MSR Interview Guide and Template
 - Sample Medical Summary Reports
 - Sample Application Packet
- Washington SOAR Process



Identifying Adults for SOAR Assistance

- Familiarize yourself with the key SSI/SSDI eligibility criteria outlined in the SOAR tools listed below
 - Use these tools to identify adults who most need your assistance
- Do not discourage anyone from applying for SSI/SSDI benefits
- Plan for alternative service or referral
- Consider adding your program acceptance criteria
- Incorporate DEI Considerations (see supplement)



SOAR Tools:

Identifying SOAR Applicants and Sample SOAR Referral Tool

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Awareness of the SSI eligibility criteria is key to identifying appropriate applicants for SOAR assistance. Using the SOAR tools: Identifying SOAR Applicants and the Sample SOAR Referral Tool will be helpful in your work.

These tools are located in the SOAR Library: <https://soarworks.samhsa.gov/content/library-home>

Identifying Applicants: DEI Considerations



Reducing Implicit Bias and DEI Considerations for Identifying SOAR Applicants

The SAMHSA SOAR TA Center is working to reduce the influence of implicit bias and encourage diversity, equity, and inclusion during the process of identifying potential applicants to assist with SOAR-assisted SS/SSDI applications. Included are helpful tips to consider when utilizing the *Identifying SOAR Applicants* tool. This guidance aims to be consultative for a potential applicant's racial, ethnic, and cultural views regarding disabilities, diagnoses, symptoms, and treatment as well as their socioeconomic and homelessness status may factor into a SOAR caseworker's decision to assist them with a SOAR-assisted SS/SSDI application.

The overarching questions we encourage you to ask yourself are:

- Am I only assisting individuals with SOAR-assisted SS/SSDI applications who have a formally diagnosed mental and/or physical health condition(s) and who are currently engaged in treatment?
- Am I "screening out" potential SOAR applicants who may qualify for SS/SSDI benefits, but do not yet have a formal diagnosis and have not yet received treatment?

Eligibility Criteria	Information to Consider
Key Eligibility Criteria for SOAR Disability Benefits	<ul style="list-style-type: none"> Are there racial, ethnic, or cultural reasons why a potential applicant may not consider themselves as someone who has a disability, serious mental illness, or has mental health symptoms? Are there reasons such as current mental health symptoms/impairments and education level which may prevent a person from being able to accurately describe their illness, symptoms, and functional limitations? Are there engagement and communication strategies that you can employ when working to identify a potential SOAR applicant that keep these considerations in mind?
SOAR Recommendations: Characteristics that may Strengthen an SS/SSDI Application	<ul style="list-style-type: none"> Are there racial, ethnic, or cultural reasons why a potential applicant might not be taking psychiatric medications? Are there racial, ethnic, or cultural reasons why a potential applicant might not be receiving psychiatric treatment for their mental illness or medical conditions? Is there community stigma associated with mental illness or physical disability they are currently or have historically experienced? Does the potential applicant have significantly less access to psychiatric and/or medical treatment in their community that may be related to their race, ethnicity, culture, or socioeconomic status? Has the potential applicant been unable to access psychiatric and/or medical treatment due to their lack of income, lack of health insurance, and/or homelessness status? Before "screening out" a potential applicant who does not take psychiatric medications and does not yet have obtainable medical evidence, can you employ any outreach strategies that may assist this potential applicant with accessing this treatment or an assessment for their illness(es)/condition(s)?
SOAR Recommendations: Characteristics that may Strengthen an SS/SSDI Application	<ul style="list-style-type: none"> Are there racial, ethnic, or cultural reasons why a potential applicant might not be taking psychiatric medications? Are there racial, ethnic, or cultural reasons why a potential applicant might not be receiving psychiatric treatment for their mental illness or medical conditions? Is there community stigma associated with mental illness or physical disability they are currently or have historically experienced? Does the potential applicant have significantly less access to psychiatric and/or medical treatment in their community that may be related to their race, ethnicity, culture, or socioeconomic status? Has the potential applicant been unable to access psychiatric and/or medical treatment due to their lack of income, lack of health insurance, and/or homelessness status? Before "screening out" a potential applicant who does not take psychiatric medications and does not yet have obtainable medical evidence, can you employ any outreach strategies that may assist this potential applicant with accessing this treatment or an assessment for their illness(es)/condition(s)?

- Overarching questions for consideration
- Information to consider that may be linked to the applicant's racial, ethnic, or cultural identity



SOAR Eligibility: Decision Tree

SOAR Eligibility: Decision Tree

SSI/SSDI Outreach, Access, and Recovery (SOAR) is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is a national program designed to increase access to the disability income benefit programs administered by the Social Security Administration (SSA) for eligible adults and children who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder.

Should I complete a SOAR-assisted SSI/SSDI application?

Does the individual (child, youth, or adult) have a disabling condition?

One or more serious mental illness(es), medical condition(s), and/or a co-occurring substance use disorder that meets or equals the [SSA Listings of Impairments](#).

Y

N

Is the individual experiencing or at risk of homelessness?

The SAMHSA SOAR initiative is intended for individuals experiencing or at risk of homelessness. These terms are defined differently by SOAR and the Social Security Administration (SSA). The SOAR model follows the definitions of "homeless" and "at risk of homelessness" used by the U.S. Department of Housing and Urban Development.

Explore employment support options and other local resources for economic support.

N

The individual is stably housed and is not receiving a voucher or rental assistance.

Y

Use the SOAR model and all five SOAR Critical Components for assisting with SSI/SSDI applications.

Use the Critical Components as outlined in the SOAR model to assist with a quality SSI/SSDI application. Do not flag as a SOAR application with SSA and DDS. Do not track the outcomes in the SOAR OAT program.

Flag the application as SOAR with SSA and Disability Determination Services (DDS).

Track the outcome of the application in the [SOAR Online Application Tracking \(OAT\)](#) program.

For more information: soar@prainc.com | (518) 439-7415 | soarworks.prainc.com



SOAR Critical Components

Using these five SOAR Critical Components, case workers play a central role in gathering complete, targeted, and relevant information for SSA and DDS, resulting in high-quality SSI/SSDI applications. These components significantly increase the likelihood of an approval for those who are eligible.

1. Serving as the Applicant's Representative
2. Collecting and Submitting Medical Records
3. Writing and Submitting a Medical Summary Report (MSR)
4. Obtaining a Co-signature on the MSR by an Acceptable Medical Source
5. Completing a Quality Review of Applications Prior to Submission

Step-by-Step Guide



SOAR Tool: Steps to Completing an SSI/SSDI Application using the SOAR Model



Steps to Completing an SSI/SSDI Application using the SOAR Model

This guide will help you complete an SSI/SSDI application using the SOAR model. You have 60 days from the protective filing date to submit a complete application packet to the Social Security Administration (SSA). We encourage you to complete the process in less time as you are able.

Documents needed to complete the process:

- SOAR Checklist for Initial Claims (used as cover sheet of application package)
- SSA-3288: Consent for Release of Information (optional, see below)
- SOAR Medical Summary Report (MSR) Interview Guide and Template
- SSA-827: Authorization to Disclose Information to SSA
- Agency Release of Information
- SSA-1696: Appointment of Representative
- SSA-8000: Application for Supplemental Security Income (SSI)
- SSA-16: Application for Social Security Disability Insurance (SSDI)
- SSA-3368: Adult Disability Report

Step One

- If you need to verify whether the applicant has a pending SSI/SSDI application, complete and submit the SSA-3288 or call the local SSA office while with the applicant.
 - The SSA-3288 can also be used to request records from SSA about prior SSI/SSDI applications.
- Assist applicant in setting a protective filing date (PFD) by calling SSA to establish a date for an in-person or telephone interview; OR visiting a local SSA office without an appointment; OR initiating the Online Disability Benefit Application at <https://secure.ssa.gov/Claim/dib> (recommended).
 - Take note, you will need to indicate whether the applicant is with you.
 - If you choose "I am helping someone who is not with me," do not proceed beyond the re-entry number page.
 - If the applicant is with you, choose "I am applying for myself." The applicant will then be prompted to sign-in to, or create, their "my Social Security" account.
- Once the PFD is set, you have **60 days** to submit the application packet to SSA.

Local Lead Note: Step-by-Step Guide

- Review the SOAR Tool(s) mentioned here - provided in Fundamental folders and in the SOARWorks website Library
- This is a very useful guide that will help you complete an SSI/SSDI application using the SOAR model.
- Each step will be discussed in greater detail on following slides.

Washington SOAR Process

- The SOAR Process is a collaborative effort between SOAR providers, the Social Security Administration (SSA), and Disability Determination Services (DDS) to establish procedures and expectations for the processing of SSI/SSDI applications submitted by SOAR providers.



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SSI/SSDI Application Process for SOAR-Assisted Claims in Washington

The SOAR Process is a collaborative effort between SOAR providers, the Social Security Administration (SSA), and Disability Determination Services (DDS) to establish procedures and expectations for the processing of SSI/SSDI applications submitted by SOAR providers. It is flexible and allows for customization to reflect local preferences (e.g., hand delivery vs. electronic submission, methods of requesting SSA status, etc.). Establishing a SOAR Process helps to ensure that SOAR providers are following procedures agreed upon by SAMHSA and sets expectations for submission of high-quality, complete SSI/SSDI applications.

- 1. Gather information on prior pending claims (if necessary)**
 - The SOAR provider will have the potential applicant complete and sign the SSA-328B, Consent for Release of Information, if requesting information about a prior or pending SSI/SSDI application.
 - The local SSA office contact will respond by providing requested information about the applicant's prior or pending claims.
- 2. Set the protective filing date (PFD)**
 - The SOAR provider will assist the applicant in setting the PFD via one of these methods:
 - Initiating the Online Disability Benefits Application at <https://www.ssa.gov/benefits/disability/>, and stopping when reaching the re-entry number screen; or
 - Calling SSA to set an appointment for an in-person or telephone interview.
 - The SOAR provider now has **60 days** to submit the application.
- 3. Maintain Communication**
 - During the 60-day protective filing period, the SOAR provider will consult with the SSA representative with any questions.
- 4. Submit the application packet to SSA**
 - Within a maximum of 60 days of the protective filing date, the SOAR provider will hand-deliver (or mail during office closure) the following completed forms and documents to the local SSA office contact. (NOTE: The Online Disability Benefits Application should be completed and submitted 24-48 hours before the paperwork is delivered to SSA.)
 - SOAR Checklist for Initial Claims (available at <https://soarworks.samhsa.gov/article/soar-tools-and-worksheets>)
 - SSA-1600: Application for Supplemental Security Income (SSI) along with any needed supporting documentation
 - SSA-827: Authorization to Disclose Information to SSA
 - SSA-1686: Appointment of Representative
 - SSA-3373: Adult Function Report
 - *Medical records and the Medical Summary Report will be submitted to DDS via fax or Electronic Records Express (ERE)
 - The SOAR provider now has **60 days** to submit the application.
- 3. Maintain Communication**
 - During the 60-day protective filing period, the SOAR provider will consult with the SSA representative with any questions.
- 4. Submit the application packet to SSA**
 - Within a maximum of 60 days of the protective filing date, the SOAR provider will hand-deliver (or mail during office closure) the following completed forms and documents to the local SSA office contact. (NOTE: The Online Disability Benefits Application should be completed and submitted 24-48 hours before the paperwork is delivered to SSA.)
 - SOAR Checklist for Initial Claims (available at <https://soarworks.samhsa.gov/article/soar-tools-and-worksheets>)
 - SSA-1600: Application for Supplemental Security Income (SSI) along with any needed supporting documentation
 - SSA-827: Authorization to Disclose Information to SSA
 - SSA-1686: Appointment of Representative
 - SSA-3373: Adult Function Report
 - *Medical records and the Medical Summary Report will be submitted to DDS via fax or Electronic Records Express (ERE)
 - The SOAR provider now has **60 days** to submit the application.

SSI/SSDI Outreach, Access and Recovery (SOAR) Technical Assistance Center August 2021



1. Gather information on prior/pending claims

- The SOAR provider will have the potential applicant complete and sign the SSA-3288: Consent for Release of Information, if requesting information about a prior or pending SSI/SSDI application.
- The local SSA office contact will respond by providing requested information about the applicant's prior or pending claims.

2. Set the protective filing date (PFD)

- The SOAR provider will assist the applicant in setting the PFD via one of these methods:
- Initiating the Online Disability Benefits Application at <https://www.ssa.gov/benefits/disability/> and stopping when reaching the re-entry number screen; or
- Calling SSA to set an appointment for an in-person or telephone interview
- The SOAR provider now has 60 days to submit the application.

Creating a my Social Security Account: Login.gov

Social Security

Create your new account using Login.gov

Sign in with **LOGIN.GOV** The public's one account for government.

Or, use a partner account you already have

Sign in with **ID.me**

About External Websites

Sign in to my account Use my activation code

1. Select “sign in with Login.gov” to create an account

SSA is using Login.gov to allow you to sign in to your account safely and securely.

Email address

Password Show password

Sign in

Create an account

2. The applicant will need a valid e-mail address; enter that and a password and select “Create an account”

Social Security

Terms of Service

You must be able to verify some information about yourself and:

- Have a valid email address;
- Have a Social Security number;
- Have a U.S. mailing address; and
- Be at least 18 years of age.

You may only create an account using your own personal information. Do not create an account using another person's information or identity, even if you have that person's written permission or are that person's representative payee or appointed representative.

For example, you cannot create an account for another person:

- With whom you have a business relationship;
- For whom you are a representative payee; or
- For whom you are an appointed representative.

You may obtain assistance with creating your account from someone you trust. However, by sharing your personal information with the person assisting you, you accept the risk that the person assisting you may misuse your personal information. A third party, including a representative payee or an appointed representative, may not create an account on your behalf, but you may ask your representative payee or appointed representative to assist you to create your account if you trust the individual.

In order to protect your privacy and prevent fraud, do not share your username and password.

3. After you create an account a “Terms of Service” will appear, once you confirm, it will send the applicant an verification e-mail.

Creating a my Social Security Account

4. Once the e-mail address is verified, two-factor authentication is required (options include receiving a phone call, text, answering security questions, etc.)



Send your security code via text message (SMS) or phone call

We'll send you a security code **each time you sign in**.

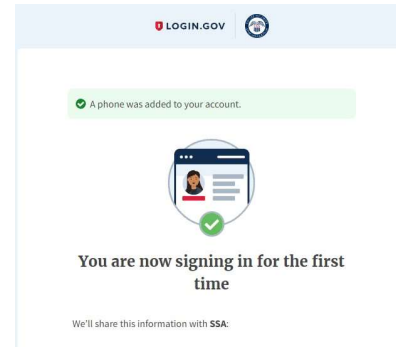
Message and data rates may apply. Please do not use web-based [VOIP](#) phone services.

Phone number

example: (201) 555-0123

How should we send you a code?

You can change this selection the next time you sign in. If you entered a landline, please select "Phone call" below.



5. Once verified, a my Social Security Account has been created and the applicant can set the PFD begin the online disability application process!

SOAR Critical Component: Collecting Medical Records

- Gathering medical records prior to the submission of the application packet ensures that DDS receives complete information quickly and without duplication of effort
- Start the collection process early and work on other aspects of the application while you are waiting for records
- Building relationships with medical records departments will help you obtain records more quickly and sometimes free-of-charge



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SOAR Tool: *Sample Medical Records Tracking Worksheet*



Local Lead Note: SOAR Critical Component: Collecting Medical Records

- Review the SOAR Tool mentioned here - provided in Fundamental folders and in SOARWorks website Library
- Be sure to discuss any processes that have been established in your community with local providers!
- For further information and tips:
 - <https://soarworks.samhsa.gov/article/soar-key-component-collecting-medical-evidence>
 - <https://soarworks.samhsa.gov/article/creative-strategies-tracking-down-medical-evidence-soar-team-tips>

Requesting Medical Records

Request Letter

Sample Medical Records Request Letter

Dear _____:

Our program serves homeless adults and helps them obtain income, services, and other resources. Part of this effort is to help individuals apply for Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI), two disability income programs operated by the Social Security Administration (SSA). In addition to providing needed income support for beneficiaries, both programs provide medical insurance (Medicaid or Medicare), which could enhance your ability for future care you provide this individual as well as possibly cover some retroactive bills.

To be eligible for disability benefits, individuals must make sure that their medical records are provided to the State agency that Social Security contracts with to make disability determinations, called Disability Determination Services (DDS). Without this medical information, eligibility for desperately needed benefits is unlikely.

You have provided medical services to the above referenced person. I have enclosed two releases of information (one for the SSA and one for our provider agency) signed by the above individual. If you would please send me your medical information as soon as possible, I will ensure that this information is sent on to the DDS for review.

For you to have a sense of what is needed from your records, I also have enclosed with this letter a list of medical information that can be extremely helpful. Your cooperation is critical for the success of this application and for the recovery of the person.

If you have any questions, please do not hesitate to contact me at _____ . I thank you in advance for your swift response to this request.

Sincerely,

Agency Release

Authorization for Release of Information

patient's/submitter's name: _____ last first MI DOB date: _____

The undersigned hereby authorizes and requests _____ to provide _____ to _____

for the following information: (check one)
 Discharge summary, admission information, psychosocial evaluation, psychosocial testing reports, progress notes, and other relevant information _____

Date of Hospitalization: _____ at _____
 Date of Service Provided: _____ at _____

This document is to be used for the following purpose: For obtaining Social Security disability benefits.

This consent will expire one (1) year from the date based unless otherwise stipulated.

I understand that the information may still include references for sexual and/or physical abuse, counseling or treatment for drug and/or alcohol abuse, human immunodeficiency virus (HIV), including acquired immunodeficiency syndrome (AIDS) or tests for HIV or AIDS.

I understand that I may revoke my consent to release information from my records, but not retroactive to release information already made available.

Signed: _____ Date: _____
 Signature of Parent, Relative, or Legal Guardian, where applicable _____ Date: _____
 Witness: _____ Date: _____

any individual or agency receiving this information is prohibited from making further disclosure of this information.

If this document contains a person referred to as decedent or decedent's, the confidentiality of the information is preserved by Federal law. Federal regulations (49 CFR 164.512) require you from making any further disclosure of the information until the death notice expires (30 days in most states), except authorization to disclose above identified other information. (Check one, where applicable, to allow disclosure to the press.) _____

SSA-827

WHICH RECORDS TO BE DISCLOSED? (Check one, last only)
 All records _____
 All records _____

From Applicant (SSN No. _____)
 SSN: _____
 Birth date: _____

AUTHORIZATION TO DISCLOSE INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)
 PLEASE READ THE ENTIRE FORM BOTH PAGES, BEFORE SIGNING BELOW.

I understand that providing my medical information to SSA is required for SSA to determine my eligibility for Social Security disability benefits. I understand that SSA will use my information to determine my eligibility for Social Security disability benefits. I understand that SSA will use my information to determine my eligibility for Social Security disability benefits. I understand that SSA will use my information to determine my eligibility for Social Security disability benefits.

FOR WHOM: All medical records (diagnosis, tests, etc.) _____
 All medical records (diagnosis, tests, etc.) _____
 All medical records (diagnosis, tests, etc.) _____

TO WHOM: The Social Security Administration and to the State agency authorized to process my case (usually either "disability determination services" or "disability determination services"). I understand that SSA will use my information to determine my eligibility for Social Security disability benefits. I understand that SSA will use my information to determine my eligibility for Social Security disability benefits.

PURPOSE: I am requesting that you provide my medical information to SSA for the purpose of determining my eligibility for Social Security disability benefits. I understand that SSA will use my information to determine my eligibility for Social Security disability benefits.

EXPIRES WHEN: This authorization is valid for _____ months from the date signed, unless otherwise specified.

PLEASE SIGN (PRINT OR TYPE NAME ONLY): I, _____, do hereby authorize the release of my information to SSA for the purpose of determining my eligibility for Social Security disability benefits. I understand that SSA will use my information to determine my eligibility for Social Security disability benefits.

Signature of Individual: _____ Date: _____
 Signature of Parent, Relative, or Legal Guardian: _____ Date: _____
 Signature of Other Person: _____ Date: _____

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Requesting Medical Records- The SSA 827

SOAR Key Component: Collecting Medical Evidence: Multi Agency Release: HIPAA compliant

- SOAR case managers play a central role in collecting medical evidence before submitting the complete application packet to SSA. In this way, when SSA completes its review for non-medical eligibility, DDS has the necessary information to make the disability determination.
- Remember the DDS examiner rarely meets the applicant and determinations are based solely on the medical evidence gathered.
- Various aspects of the SOAR Model (including how to collect medical evidence) must be negotiated on the local level with SSA, DDS, and community providers.

Obtain Releases for Medical Information

- Have the applicant sign two releases for each treating source.
- Applicants need to sign BOTH an SSA-827: Authorization to Disclose Information to the Social Security Administration AND your agency's release of information form for each treatment source; signing two releases enables the case manager to obtain the information and send it on to SSA

- See a sample agency release here in Class 2
- This “compound authorization” process complies with HIPAA regulations. (See <http://soarworks.samhsa.gov/topics/medical-records-and-hipaa>)

Online SSA-827

- Adults are now able to submit the SSA-827 electronically when filing the SSI/SSDI application online
- SOAR providers will still need the paper SSA-827 and their agency release signed so they can receive medical information to prepare for the application

Medical Records Request Tips:

- Send Releases to Medical Records Departments
- If acceptable, fax or hand deliver releases for medical information to providers
- Contact current and past providers to explain the critical importance of obtaining complete information
- Prepare “request packets” that include a cover letter and the two releases
- Confirm receipt of fax or delivery, if mailed
- Specify the type of information needed
- Ask what you can do to facilitate quick receipt of records
- A sample cover letter is available in the Library
- Utilize the SOAR tool: Medical Records Tracking Worksheet

Collecting Medical Records Discussion

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- What you need:
 - Customized medical records request letter (one for each treatment provider)
 - Your agency's release of information (one for each provider)
 - A signed SSA-827 (one copy can be used for all treatment providers)
- What to use:
 - The Medical Records Tracking Worksheet
- What to develop:
 - A list of common treatment providers, include the point of contact for each provider, fax number, when you contacted them, follow up date
 - Share this with your SOAR community!

SAMHSA
Substance Abuse and Mental Health
Services Administration

Local Lead Note:

SOAR Critical Component: Serving as an Appointed Representative

- As the applicant's appointed representative, the SOAR provider can communicate with SSA and DDS about the applicant's file and will receive copies of all applicant communication from SSA/DDS
- Neither the appointed representative nor their agency is liable for decision(s) made by SSA or DDS
- This is NOT the same as the representative payee

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Local Lead Note: SOAR Critical Component: Serving as a Representative

- In the SOAR process, the case manager serves as the applicant's appointed representative and becomes the "go-to" person for SSA when the applicant is unavailable.
- Technically, an applicant can have more than one representative, but it is not recommended. The SOAR process stresses the importance of the case manager acting as the representative and the central point of contact.
- SSA has rules of professional conduct and responsibility for those who serve as representatives, and the agencies for which they work. http://www.ssa.gov/OP_Home/cfr20/404/404-1740.htm

Changing, withdrawing and revoking a representative

- If a case manager is no longer able to work with an applicant, he/she can withdraw his/her representation.
- Applicants can also revoke the appointment and dismiss representatives from their case at any time during the application process.
- A signed and dated letter must be sent to SSA by whomever (representative or applicant) is requesting the withdrawal or revocation.
- Representation cannot be transferred, so if a new case manager is going to take over as representative, s/he and the applicant must sign a new SSA-1696 and submit it to the local SSA field office

disability determinations.

- People experiencing homelessness are often denied benefits because SSA requires more information, but is unable to reach the applicant.
- By serving as the applicant's representative, a case manager helps the individual develop and submit complete and accurate information, and also helps SSA and DDS obtain information needed for an appropriate determination.

Serving as representative helps applicants

- As a representative you are more than a contact person. This allows you to:
 - Receive copies of all notices sent to applicants
 - Communicate directly with SSA and DDS to provide additional information needed and obtain records from the applicant's files
 - If SSA denies the application, you may help the applicant to file an appeal

Completing the SSA-8000: Application for SSI

- **Cannot** be submitted online
- Completed by an SSA claims specialist either at a field office or on the phone
- If agreed upon in your community, SOAR provider can submit with the application packet – may avoid need for interview!

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Form SSA-8000-BK (06-2019) LF
Discontinue Prior Editions
Social Security Administration

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OMB No. 0960-0229

APPLICATION FOR SUPPLEMENTAL SECURITY INCOME (SSI)

Note: Social Security Administration staff or others who help people apply for SSI will fill out this form for you.

Do Not Write in This Space
DATE STAMP

I am/We are applying for Supplemental Security Income and any federally administered state supplementation under Title XVI of the Social Security Act, for benefits under the other programs administered by the Social Security Administration, and where applicable, for medical assistance under Title XIX of the Social Security Act.

Filing Date (MM/DD/YYYY)

Receipt Protective
 SNAP-SSAAPP SNAP-Referred

Preferred Language Written: Spoken:

TYPE OF CLAIM Individual Individual with Ineligible Spouse Couple Child Child with Parents

PART 1 - BASIC ELIGIBILITY - Answer the questions below beginning with the first moment of the filing date month.

1. (a) First Name, Middle Initial, Last Name Sex Male Female Birthdate (MM/DD/YYYY) Social Security Number

(b) Did you ever use any other names (including maiden name) or any other Social Security Numbers? YES Go to (c) NO Go to (d)

(c) Other Name(s) Other Social Security Number(s) used

(d) If you are also filing for Social Security benefits, go to #2; otherwise complete the following:
Parent 1's Name (s) Parent 2's Name (s)
Parent 1's Other Name (s) (including Name at Birth) Parent 2's Other Name (s) (including Name at Birth) Go to #2

2. Applicant's Mailing Address (Number & Street, Apt. No., P.O. Box, Rural Route)

City and State (U.S./State/Province/Region (Foreign)) ZIP Code/Postal Code County/Country

3. Claimant's Residence Address (if different from applicant's mailing address)

City and State (U.S./State/Province/Region (Foreign)) ZIP Code/Postal Code County/Country

4. **DIRECT DEPOSIT PAYMENT INFORMATION (FINANCIAL INSTITUTION)**

Routing Transit Number Account Number Checking Enroll in Direct Express
 Savings Direct Deposit Refused

SAMHSA
Substance Abuse and Mental Health Services Administration

Local Lead Note: SSA-8000: Application for SSI

- For more information about completing this form, see: <https://soarworks.samhsa.gov/article/ssa-8000-application-supplemental-security-income-ssi>

If your local office requires an interview:

- Complete a completed paper version and bring to office or use to help prepare the applicant for their phone interview.
- At an in-person interview, it will save time when the form has been completed and necessary documentation has been prepared.

Benefits of Submitting a Paper Copy:

- Allows the applicant to tackle the information in smaller chunks of time.
- Applicants with active symptoms may find it difficult to complete the entire application in a single interview.
- Individuals may find it extremely difficult to leave their “spot” (such as a camp or park bench) or are extremely uncomfortable going to a government office.

SSA-16: SSDI Application

Use SSA-16 paper form as
a worksheet

Transfer information to
Online Disability Benefit
Application,
when ready to submit

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Form SSA-16 (06-2018) LIF
Discriminate prior editions
Social Security Administration

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OMB No. 0960-0018
(Do not write in this space.)

APPLICATION FOR DISABILITY INSURANCE BENEFITS

I apply for a period of disability and/or all insurance benefits for which I am eligible under Title II and Part A of Title XVIII of the Social Security Act, as presently amended.

1. **PRINT your name** FIRST NAME, MIDDLE INITIAL, LAST NAME

2. Enter your Social Security Number

3. Check (X) whether you are Female Male

4. Answer question 4 if English is not your preferred language. Otherwise, go to item 5.
4. Enter the language you prefer to speak write

5. (a) Enter your date of birth

(b) Enter name of city and state or foreign country where you were born

(c) Was a public record of your birth made before you were age 5? Yes No Unknown

(d) Was a religious record of your birth made before you were age 5? Yes No Unknown

6. (a) Are you a U.S. citizen? Yes No (If "Yes," go to item 7) (If "No," answer (b))

(b) Are you an alien lawfully present in the U.S.? Yes No (If "Yes," answer (c)) (If "No," go to item 7)

(c) When were you lawfully admitted to the U.S.?

7. (a) Enter your name at birth if different from item (1)

(b) Have you used any other names? Yes No (If "Yes," answer (c)) (If "No," go to item 8)

(c) Other name(s) used.

8. (a) Have you used any other Social Security number(s)? Yes No (If "Yes," answer (b)) (If "No," go to item 9)

(b) Enter Social Security number(s) used.

9. When do you believe your condition(s) became severe enough to keep you from working (even if you have never worked)?

10. (a) Have you (or has someone on your behalf) ever filed an application for Social Security benefits, a period of disability under Social Security, Supplemental Security Income, or hospital or medical insurance under Medicare? Yes No Unknown (If "Yes," answer (b) and (c)) (If "No," or "Unknown," go to item 11)

(b) Enter name of person on whose Social Security record you filed the other application.

(c) Enter Social Security Number of person named in (b). If unknown, check this block Unknown



Local Lead Note: SSA 16 SSDI Application

- If you have all the information, it should only take about 10 to 15 minutes to complete.
- For further details on completing the form: <https://soarworks.samhsa.gov/article/ssa-16-application-social-security-disability-insurance-ssdi>

SSA-16: SSDI Application

- For Title II (RSDI) – Retirement, Survivors, and Disability Insurance applications (SSDI is part of RSDI)
- While SSA prefers online submissions, you can use the paper version of the form as a worksheet. *For the SOAR Online Course, you will complete this on paper.

SSA-3368: Adult Disability Report

Use SSA-3368 paper form as
a worksheet

Transfer information to
Online Disability Benefit
Application,
when ready to submit

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Form SSA-3368-BK (11-2020) UP Page 3 of 10

DISABILITY REPORT **ADULT** **For SSA Use Only. Do not write in this box.**
Related SSN
Number Field

Anyone who makes or causes to be made a false statement or representation of material fact for use in determining a payment under the Social Security Act, or knowingly conceals or fails to disclose an event with an intent to affect an entitlement or continued right to payment, commits a crime punishable under Federal law or State, territorial, or local law, and may be subject to administrative sanctions.

If you are filling out this report for someone else, please provide information about him or her. When a disability refers to you, you are the disabled person.

SECTION 1 - INFORMATION ABOUT THE DISABLED PERSON

1.A. Name (First, Middle Initial, Last) **1.B. Social Security Number**

1.C. Mailing Address (Street or PO Box) Include apartment number or unit (if applicable).

City State/Province ZIP/Postal Code Country (if not USA)

1.D. Email Address

1.E. Daytime Phone Number, including area code, and the IDD and country codes if you live outside the US.

Phone number

Check this box if you do not have a phone or a number where we can leave a message.

1.F. Alternate Phone Number - another number where we may reach you, if any.

Alternate phone number

1.G. Can you speak and understand English? Yes No

If no, what language do you prefer?

If you cannot speak and understand English, we will provide an interpreter, free of charge.

1.H. Can you read and understand English? Yes No

1.I. Can you write more than your name in English? Yes No

1.J. Have you used any other names on your medical or educational records? Examples are maiden name, other married name, or nickname. Yes No

If yes, please list them here:

SECTION 2 - CONTACTS

Give the name of someone (other than your doctors) we can contact who knows about your medical conditions, and can help you with your claim.

2.A. Name (First, Middle Initial, Last) **2.B. Relationship to you**

2.C. Daytime Phone Number (as described in 1.E. above)

2.D. Mailing Address (Street or PO Box) Include apartment number or unit (if applicable).

City State/Province ZIP/Postal Code Country (if not USA)

2.E. Can this person speak and understand English? Yes No

If no, what language is preferred?

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SSA-3368: Adult Disability Application

- As with the SSA-16, when working with real applicants you will complete this online. However, for the SOAR Online Course you will complete and upload a paper version.

If trainees are having trouble locating records from four different providers, it can be helpful to point out where they can find this information in the course. For further guidance on completing this form, see: <http://soarworks.samhsa.gov/article/ssa-3368-adult-disability-report>.

Online Disability Benefit Application

- Information collected corresponds to questions asked on SSA-16 and SSA-3368
- Four steps:
 - Provide Background Information (SSA-16)
 - Provide Disability Information (SSA-3368)
 - Sign Medical Release (e827 - electronic version of SSA-827)
 - Confirmation (Provides “personalized cover sheet” to print)
- The applicant must be present when you are completing the online application as he/she must click continue/submit throughout the steps.

<https://www.ssa.gov/disabilityonline>

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Local Lead Note: Online Disability Benefits Application

- SOAR case managers use the paper versions of the SSA-16 and SSA-3368 as worksheets to gather information and transfer to the Online Application **when ready to submit to SSA.**
- If the paper forms are already complete, the online application should only take about 20 minutes to complete.
- **If you set the PFD by initiating the Online Application, choose “Return to Saved Application Process” and log back in using the my Social Security account or provide the Re-Entry Number/Applicant SSN. Otherwise, choose “Start a New Application” and answer preliminary identification questions.**

3. Maintain Communication

- During the 60-day protective filing period, the SOAR provider will consult with the SSA representative with any questions.

4. Submit the application packet to SSA

- Within a *maximum* of 60 days of the protective filing date, the SOAR provider will hand-deliver (or mail during office closures) the following completed forms and documents to the local SSA office contact. (*NOTE: The Online Disability Benefits Application should be completed and submitted 24-48 hours before the paperwork is delivered to SSA*).
 - SOAR Checklist for Initial Claims (available at <https://soarworks.samhsa.gov/article/soar-tools-and-worksheets>)
 - SSA-8000: *Application for Supplemental Security Income* (SSI) along with any needed supporting documentation
 - SSA-827: *Authorization to Disclose Information to SSA*
 - SSA-1696: *Appointment of Representative*
 - SSA-3373: *Adult Function Report*
 - *Medical records and the Medical Summary Report will be submitted to DDS via fax or Electronic Records Express (ERE)

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IMPORTANT: Service providers MUST be aware that missing the 60-day deadline will result in a termination of the protective filing period and a potential loss of benefits for the applicant. In this case, a new application would need to be initiated. Toward the end of the 60-day protective filing period, SSA may send a “close-out letter” alerting the applicant that the claim will be terminated if this deadline is missed. *This is a routine letter, not a notification of termination of the protective filing period.*

Electronic Records Express and Bar Code Faxing

Bar-Coded Cover Sheet

- DDS can generate a cover sheet with a barcode specific to the applicant's file
- Records that are faxed using the cover sheet are automatically converted to electronic format and delivered to the applicant's electronic file

Electronic Records Express (ERE)

- SSA has a free system called ERE that allows representatives to upload electronic medical records
 - Some records may be received electronically via encrypted e-mail or on a CD/DVD
 - When you receive paper records, you will need access to a scanner to convert them to electronic format
- ERE is state-specific, contact one of the following resources to learn more:
 - Your State/Local Leads and TA Center liaison
 - SSA ERE Site: <http://www.ssa.gov/ere/>
 - ERE Help Desk: 1-866-691-3061 or e-mail electronic-records-express@ssa.gov
 - State DDS Professional or Medical Relations Point of Contact Information.
 - <https://www.ssa.gov/disability/professionals/procontacts.htm>

5. SSA Application Processing

- The SSA Claims Specialist will enter an electronic “HOMELESS” Flag for those cases that meet SSA’s criteria for homeless cases. In addition, the SSA representative will select MESSAGE, and add “SOAR.”
- SSA will mail the claim receipt to the SOAR provider who submitted the SSA-1696.

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SSA Homeless Coordinators

Office Name	Homeless Coordinator	Telephone Number	Email Address
Seattle Regional Office	Christine Vu	206-374-7359	Christine.vu@ssa.gov
Bellevue	Mike Tselnik	866-574-2534 ext 14811	mike.tselnik@ssa.gov
Bellingham	Elizabeth Loehr	866-256-6069 ext 10301	elizabeth.loehr@ssa.gov
Burien	Suyon Kim	866-964-7385 ext 26228	Suyon.Kim@ssa.gov
Centralia	Bonnie Holden	855-848-7944 ext 22902	bonnie.holden@ssa.gov
Everett	Lia Mezengi	866-563-4595 ext 21446	lia.mezengie@ssa.gov
Grays Harbor	Melissa Johansson	855-634-4202 ext 20812	melissa.johansson@ssa.gov
Kent	Mary Anne Tandoc	866-931-4491 ext 19036	Mary.Anne.Tandoc@ssa.gov
Kitsap	Irina Beynon	855-820-0101 ext 11035	Irina.Beynon@ssa.gov
Longview	Franchesca Arriaza	866-495-0044 ext 20005	Franchesca.Arriaza@ssa.gov
Lynnwood	Afia Eneva	877-575-5197 x 16012	Afia.Eneva@ssa.gov
Mt. Vernon	Jill Gordon	866-931-6149 ext 23411	jill.gordon@ssa.gov
Olympia	Kelly M. Smith	866-807-1160 ext 20420	kelly.m.smith@ssa.gov
Port Angeles	Linda Milner	877-311-2641 ext 12520	linda.milner@ssa.gov
Puyallup	Natalya Putnam	855-886-9629 ext 12917	natalya.putnam@ssa.gov
Seattle Metro	Reilly Mcanama	866-494-3172 ext 15642	Reilly.McManama@ssa.gov
Seattle North	Jill Wagner	866-931-2875 ext 13831	jill.wagner@ssa.gov
Spokane	Audra Packer	866-331-7088 ext 22443	Audra.Packer@ssa.gov
Tacoma	Rachel Strasser	888-561-8959 ext 25603	Rachel.strasser@ssa.gov
Tri-Cities	Oscar Gomez	866-269-6671 ext 11327	Oscar.Gomez@ssa.gov
Vancouver	Amanda Thulin	866-605-8967 ext 20603	amanda.thulin@ssa.gov
Walla Walla	Maria Wilcox	866-366-7814 ext 22801	Maria.L.Wilcox@ssa.gov
Wenatchee	Angelica Solorio	877-663-3130 ext 28622	Angelica.Solorio@ssa.gov
Yakima	Brian Goodell	866-964-2541 ext 11603	brian.goodell@ssa.gov

6. DDS Application Processing

- Upon receipt at DDS, claims will be assigned to a DDS Adjudicator.
- The SOAR provider will contact DDS to request the DDS Adjudicator's name and contact information assigned to the claim.
- The SOAR provider will contact the DDS Adjudicator to request the bar-coded cover sheet for submitting records and to offer assistance, ensuring a rapid response to any additional questions or requests for information.

DDS Professional Relations

Office	Name	Phone	Fax	Email
Olympia	Jennifer Elsen	(360) 664-7356	(360) 586-0851	jennifer.elsen@ssa.gov

*Jennifer is the primary contact and will delegate to other offices and staff as necessary.

7. *Electronic Submission of Medical Records, SSA-3373, and MSR

- The SOAR provider will submit medical records, the SSA-3373 Adult Function Report, and the MSR to DDS, via one of these methods:
 - Electronic Records Express (ERE): <http://www.ssa.gov/ere>
 - SOAR providers will contact their Professional Relations Officer at DDS to sign up
 - Fax using the barcoded cover sheet available from the DDS Adjudicator
 - Records will be automatically converted to electronic format and delivered to the applicant's electronic file

VA Medical Records Access Protocol

- The DDS and the VA have an agreement for the electronic transfer of records.
- The DDS is able to obtain these records in a very short period and prefers to do so directly with the VA since these records are formatted to be compatible with the SSA's electronic claims system.
- It is helpful for the SOAR staff to be familiar with the content of the VA records and to clarify/amplify any relevant information in the medical summary report written by SOAR-trained staff.
- If the SOAR provider is not a part of the VA, when appropriate, he or she should collaborate with the appropriate VA staff for the submission of the VA records in accordance with the VA/DDS agreement.
- The SOAR provider should maintain regular and consistent communication with the DDS to assure that all applicant information is submitted in accordance with the VA agreement and the SOAR process.

DSHS SSI Facilitation and SOAR

- If an individual is homeless and working with a SOAR SP, the SP may contact the SSIF in the CSO to work in collaboration and assist the individual in applying for SSI/SSDI.
- The SSIF or SP will ask the applicant to sign a release of information so that the SP and SSIF can share information.
- The SOAR provider and SSIF should communicate throughout the application process.
- If the individual receives ABD cash benefits and applies for SSI, he or she will be asked to sign a reimbursement agreement (IARA) with the CSO. If approved for SSI, ABD benefits paid out during the time of SSI eligibility are reimbursed back to the State.
- To apply, go on-line to <https://www.washingtonconnection.org/home/> or apply by phone at 1-877-501-2233 or in person (when the offices re-open) at any Community Services Office.
- DSHS CSD liaison for SOAR providers by Region:
 - Region 1 - Darla Johnson, darla.johnson@dshs.wa.gov , 509-202-7065
 - Region 2 - Rena Guadagnoli, rena.guadagnoli@dshs.wa.gov , 206-296-4158
 - Region 3 – Marilyn Meldrich, marilyn.meldrich@dshs.wa.gov , 253-281-8930



Washington SOAR Process Orientation Medical Summary Report Refresher

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Medical Summary Report (MSR)

- The MSR is a letter which describes the individual and his/her limitations in functioning
 - Supports medical records submitted
 - Provides a clear link between an applicant’s conditions and functional limitations
 - Often takes place of the SSA-3373 Function Report
 - Is medical evidence when co-signed by an Acceptable Medical Source
 - Can be sent directly to the DDS examiner or hand delivered to SSA
- Answers the question: “Can the person work and earn SGA?”

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Local Lead Note: Medical Summary Report (MSR)

- The Medical Summary Report (MSR) is a letter written by the case manager and submitted as part of the SOAR application packet. The skills you practiced in writing functional descriptions will be put to use in your MSR letter. View sample MSRs here: <https://soarworks.samhsa.gov/article/sample-medical-summary-reports>
- In some states or specific Field Offices, SSA and DDS have agreed, as part of the SOAR Process, that the MSR can take the place of the SSA-3373: Function Report (found here: <https://www.ssa.gov/forms/ssa-3373-bk.pdf>)
- Even if the SSA-3373 is required, the MSR is included as part of the SOAR packet as additional evidence to support the claim. (For more information, read “About the Function Report: SSA-3373”: <https://soarworks.samhsa.gov/article/about-function-report-ssa-3373>).

Reminder: SGA is Substantial Gainful Activity- \$1,350/month (2022) (2021: \$1,310)

Medical Summary Report Interview Guide and Template

- Tool for gathering information needed to write the MSR
- Open-ended questions
 - Tell me about ...
 - How often ...
 - When was the last time ...
- Questions about functional limitations
 - Context of questions – SGA
 - Distinguish between access and ability
- Use the MSR Template to organize and write the MSR

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Local Lead Note: Medical Summary Report Interview Guide

- As you utilize the MSR Interview Guide to ask questions, you can record answers in the MSR Template.
- SOAR-trained providers are able to gather a thorough history in a respectful manner, which in turn helps DDS understand the impact and duration of a person's impairment and the effect of their illness(es) on work ability and functioning.
- How questions are asked can be critical to obtaining the appropriate information. The interviewing process can also uncover sensitive topics like past and current trauma that need to be approached with care

Interviewers who feel uncomfortable or ill-equipped to explore certain topics should not do so.

- Instead, they should seek assistance from someone who is more clinically skilled, more able to assess responses, and more confident in ensuring that the person feels safe from self-harm and/or emotional distress when the interview ends.

How Do I Ask?

- Your challenge is to gather the greatest amount of information while remaining respectful and compassionate.
- Remember to talk with the person about their strengths and their struggles
- Keep your questions simple and direct without being judgmental
- Consider using the sample questions throughout the MSR Interview Guide
- Make note of the person's non-verbal as well as verbal responses

Open-ended Questions

- Open-ended questions encourage responses that are descriptive and rich with information.

Trauma-Informed Interviewing

- Be sensitive to influences that affect a person's willingness and ability to provide information.
- Be appropriately responsive to how information shared by the applicant impacts you.
 - Consider how a potential applicant's racial, ethnic, and cultural backgrounds may impact their perceptions regarding their disabilities, diagnoses, symptoms, and treatment
 - Be mindful of how this may impact your opinions/feelings/attitudes towards the client's functioning.
- How a question is asked is as important as asking the question.
 - Be sensitive and respectful with your approach
 - Is it possible to get the information without having to ask the applicant?
- Overarching questions:
 - Does asking this information help provide insight into the applicant's functioning?
 - Is the question being asked in a way that conveys a sense of care and non-judgement?

Medical Summary Report: DEI Considerations

- Reducing implicit bias
 - Race
 - Gender
 - Sexual orientation
- Legal History
- History of Trauma

SOAR WORKS **SAMHSA**

Reducing Implicit Bias in the Medical Summary Report (MSR)

It is important to reduce the influence of implicit bias by the writer and those that review MSRs for SOAR-covered clinical populations. Implicit bias is prejudiced attitudes and behaviors that have developed through the experience of the environment, often resulting in the stereotype and biased language that foster discrimination against individuals based on race, gender, sexual orientation, substance use disorders, and past or current involvement in the legal system.

The overarching question to ask yourself: Does including this information help provide insight into the applicant's current functioning?

Categories	Relevant Evidence for Inclusion	Information to Consider
Demographics <ul style="list-style-type: none"> • Race • Gender • Sexual orientation 	<ul style="list-style-type: none"> • Did the applicant experience trauma that can be connected to discrimination, history of arrests, or medical conditions or legal involvement to discrimination or prejudice? • Does the impact of historical trauma influence the applicant's current ability to function? 	<ul style="list-style-type: none"> • Historical Trauma: Consider the era and the location of where the applicant was raised. • Is there a history of poverty? • Response to and interaction with others that are of different race/ethnicity/orientation
Legal History	<ul style="list-style-type: none"> • Are there any connections between their symptoms and contacts with police? • Where applicable, is included to support that the applicant's legal involvement is linked to the behaviors that is a consequence of the symptoms of the applicant's condition? • Are there examples of interactions with police that are linked to behaviors as a result of the applicant's symptoms? • Is there information provided by collateral sources (e.g., friends, family members, spouse, co-workers) about why the applicant has recurrent contact with police that can be linked to the applicant's symptoms or support that the applicant's legal involvement is linked to the behavior that is a consequence of the symptoms of the applicant's condition? • Are there examples of interactions with police that are linked to behaviors as a result of the applicant's symptoms? • Is there information provided by collateral sources (e.g., friends, family members, spouse, co-workers) about why the applicant has recurrent contact with police that can be linked to the symptoms that the applicant experiences? 	<ul style="list-style-type: none"> • Only use the charges that can be linked to arrests and contact with police that are behaviorally associated with the applicant's symptoms. • For instance, if an applicant has several arrests for aggressive and disruptive behavior that can be linked to the applicant's symptoms, but a health diagnosis of Paranoid Schizophrenia, discuss the incident of arrest can be helpful to illustrate the severity of the applicant's symptoms and functioning. • Prisons and jails have a unique culture that may result in functional limitations being documented in "disciplinary" reports or other documentation outside of formal medical records. • For instance, if an applicant has several arrests for aggressive and disruptive behavior that can be linked to the symptoms of the paranoia that they experience (as a result of their mental health diagnosis of Paranoid Schizophrenia), discussing that incident of arrest can be helpful to illustrate the severity of the applicant's symptoms and functioning. • Prisons and jails have a unique culture that may result in functional limitations being documented in "disciplinary" reports or other documentation outside of formal medical records. • Institutional living arrangements are a community on the "inside." The same way that the applicant struggles to function in the outside community, they will struggle in the community "inside" their current living arrangement – the struggle just "looks" different because of where they are at the time. Be sure to take a deeper look.

SSO/SOI Outreach, Access, and Recovery (SOAR) Technical Assistance Center March 2021

Tips for Writing

- Collect medical records after releases of information are signed
- Go through medical records and organize in chronological order
- Set aside blocks of time to begin writing the report with no interruptions
- Sit down with all information -- medical records, intake packet, completed MSR Interview Guide (personal, medical, employment and substance use history) and any current mental status exams

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Local Lead Note: Tips for Writing

- If you are a local lead who has written MSRs, share your personal tips.
- Also, solicit tips from participants who may have experience writing MSRs.
- Remind participants that the SOAR website provides sample MSRs (<https://soarworks.samhsa.gov/article/sample-medical-summary-reports>)
- Remind participants to ask a colleague, SOAR TA Center liaison, or you, to review DRAFT MSR for feedback. (Personally identifiable information must be removed prior to review)

Components of the MSR

- Reference Section
- Introduction
- Personal History (Personal, Educational, Legal)
- Occupational History
- Substance Use History
- Physical Health History
- Psychiatric History
- Functional Information
- Summary
- Contact Information

Tips on what to include for each component is provided on the following slides!



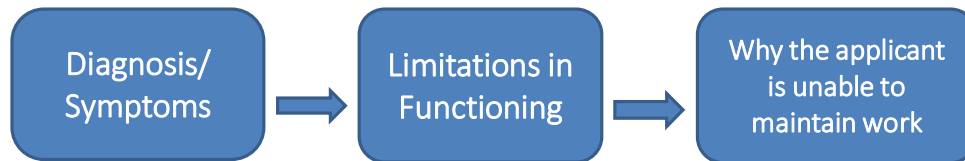
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**You'll review each of these sections on the following slides.

Information about Functional Limitations

- Address all four areas of mental functioning
- Discuss any effects or side effects of medication
- Describe any supports the applicant receives and compare with lack of support



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Local Lead Note: Information about Functional Limitations

Writing a Functional Description

A functional description illustrates the impact of illness(es) on an individual's ability to work. A good functional description:

- Provides a clear picture of the person and his/her life, helping the DDS examiner "see" the person
- Is very descriptive and specific
- Clearly describes how medical/psychiatric symptoms are linked to a person's ability to function
- Example: "Jane cannot cook" simply states her inability. "Jane forgot that she put rice to boil on the stove and it started a kitchen fire," describes the inability and how dramatic the consequences can be.

Writing Style: It is important to write clearly and simply.

- Avoid using jargon or acronyms – the DDS examiner may or may not have a medical background or know the service system in your community
- If your Uncle John were to read it, would he be able to understand it?
- Focus on a person's life "struggles" or "challenges" rather than "weaknesses"
- Use quotes from the person; they can illustrate your point very powerfully
- Use detailed descriptions of your interactions with the applicant
- Evoke the senses to better create a picture of the person

Support and Lack of Support

- Someone may appear to function well but has a robust support system making this possible.
- Ask questions that help you assess how the person functions without supports
- Describe the supports - Who assists and how? What do they help the person do?

Areas of Mental Functioning

- 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.

Activities of Daily Living will be considered throughout all areas!



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***These notes are in the “mental disorders listings update” too – if you’ve already covered it there, no need to repeat in this section.*

Local Lead Note: Areas of Mental Functioning (These were updated in January 2017).

- For all of these areas, DDS is evaluating the applicant’s ability to function on an independent, appropriate, effective, and sustained basis.

Understand, remember, or apply information

- Ability to learn, recall, and use information to perform work activities.
- DDS will consider an applicant’s ability to learn new information, ask questions, perform multi-step tasks, and identify and correct mistakes.
- **SOAR Tip:** Remember that it can be difficult for many of us to recall exact dates of employment or names of doctors visited years or decades ago. It is important to focus on the struggles with memory and understanding that impact the applicant’s ability to learn new tasks and apply them at work.

Interact with others

- Ability to relate to and work with supervisors, co-workers, and the public, such as family members, friends, neighbors, grocery clerks, landlords, or bus drivers.
- Interaction with others in work situations may involve communication with the public, responding appropriately to persons in authority (e.g., supervisors), or cooperative behaviors involving coworkers.
- **SOAR Tip:** Impairments in this area may include a history of altercations, evictions, firings, fear of strangers, avoidance of interpersonal relationships, or social isolation.

hygiene; responding to changes at work or home; and setting realistic goals.

ADLs (Activities of Daily Living) and Episodes of Decompensation

- Beginning in January 2017, these are no longer considered as separate areas of mental functioning. Instead, information about ADLs and Decompensation will be considered throughout all areas of functioning.
- This article in the SOAR Online Course has numerous examples about integrating information about ADLs: <https://soarworks.samhsa.gov/article/integrating-adls>

Functional Descriptions

Important things to remember when writing functional descriptions:

- Address all four areas of mental functioning
- Provide at least 1-2 good paragraphs of information for each area of functioning
- Provide context for the applicant's functional limitations
- Use quotes and examples
- Remember that the functional information is 50% of the disability criteria!

Writing Effective Functional Descriptions- Mike

Ineffective Functional Description

Due to his diagnoses, Mike has a hard time concentrating, persisting and maintaining pace. He doesn't like to be around people and speaks slowly.

Effective Functional Description

Due to the symptoms of his illness, I found that Mr. Byrnes could only concentrate on the task at hand for about 15 minutes. After that he would start to complain of having a headache and he would ask me to go away. Mr. Byrnes often has difficulty following conversations. This appears to be due to listening to internal voices. His thinking is often disorganized, he is easily confused, and he makes inappropriate responses to questions. For example, when asked about any continuing friendships with Army buddies other than Mr. Allen, he responded by whispering about the number of cameras and listening devices that have been installed in all public places.

Writing Effective Functional Descriptions- Collette

Ineffective Functional Description

When Collette is homeless she doesn't have access to a shower. She isn't able to take care of her kids and she doesn't sleep.

Effective Functional Description

When I asked Ms. Rose why she doesn't take advantage of her sister's offers she replied, "You know, I always lay in bed dreading getting up and Steph is always nagging me – wash your face, comb your hair, take a shower, you'll feel better. You know, it is my experience that looking and smelling good just brings you more attention and I really don't have the energy for that." When I asked Ms. Montaine if Ms. Rose helps with laundry or cleaning, she laughed and replied that she really doesn't think her sister knows how to do those things. Ms. Montaine states, "I really want her to be able to see Layla, but I'm not sure she is capable of taking care of herself, never mind a child."

MSR Samples and Support

Anxiety and obsessive-compulsive disorders
Sample including anxiety and depression

Depressive, bipolar, and related disorders
Sample including Bipolar Disorder
Sample including Bipolar Disorder (youth)

Schizophrenia spectrum and other psychotic disorders
Sample including Schizophrenia
Sample including Schizoaffective Disorder

Personality and impulse-control disorders
Sample including Personality Disorder
Sample including Avoidant Personality Disorder and Depression

Neurodevelopmental disorders
Sample including Borderline Intellectual Functioning

Trauma- and stressor-related disorders
Sample including PTSD and anxiety
Sample including PTSD (youth)

Reapplication for benefits after incarceration
Sample for Reapplication

Visit the SOAR website
for MSR samples

The SAMHSA SOAR TA
Center will review
redacted MSR letters
and provide feedback
upon request

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Local Lead Note:

- MSR Samples
 - Link provided in Class 5, Article 9
 - Can also access via Library and Tools: Sample Medical Summary Reports
 - *All written by SOAR Case Managers, and successful outcomes!*
- SOAR Team Tips
 - Class 5, Article 10

Worth the Effort

- The overall process of applying for benefits is time-consuming
- Putting forth the initial effort for an earlier, more successful outcome may seem difficult, but it is worth the effort!
- Programs with higher outcomes submit Medical Summary Reports

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Local Lead Note: Worth the Effort

- Take the temperature of the room – how do trainees feel about the MSR?
- Hopefully, participants will feel more comfortable and confident about writing MSRs
- Remind participants that there is a lot of support to assist with organizing and writing MSRs.
- Consider reviewing online course feedback on MSR. If you notice trends in a particular section of MSR, tailor training to cover particular areas of concern.

8. Submit SOAR Outcomes in OAT

- Report the outcome of the application in the SOAR Online Application Tracking (OAT) program:

<https://soartrack.samhsa.gov/login.php>



**Washington SOAR Process Orientation
Online Application Tracking**

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SAMHSA
Substance Abuse and Mental Health
Services Administration

Why track outcomes?

- Recognition for the hard work you're putting into the applications
- Boost your community and state's outcomes
- Run reports to see the impact your work is having on the community
- Stronger outcomes result in additional funding

Online Application Tracking (OAT)

- A web-based program that allows case workers to keep track of their outcomes
 - Free
 - Easy to use
 - Accessible from any web browser
 - Nothing to download
- On a secure server
- HIPAA compliant
 - No personal identifying information is collected



<https://soartrack.samhsa.gov>



Outcomes in OAT

- Outcomes for initial applications and appeals
 - Approval rates
 - Time to decision
 - Critical components
- Optional outcomes
 - Housing
 - Employment
 - Medicaid and other public benefit reimbursements

OAT Registration

Track outcomes and get funding!



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OAT WORKS
Online Application Tracking

Register for OAT

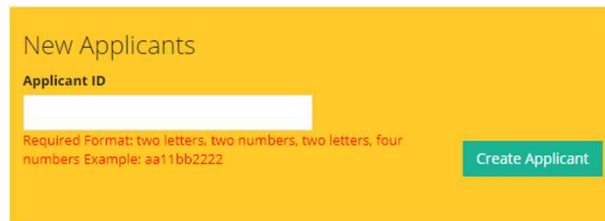
All OAT registrants must be approved by the SAMHSA SOAR TA Center. You will receive an email from soaroot@prainc.com confirming receipt of registration, and another when your registration has been approved. If you have any questions, please contact us at soaroot@prainc.com or 518-439-7415 x2.

FIRST NAME	LAST NAME	
PASSWORD	VERIFY PASSWORD	
EMAIL	PHONE	EXT.
STATE Select State		
ROLE Select Role		
AGENCY Select Agency		
COUNTY/PARISH Select County/Parish	CITY Choose cities...	
FUNDING SOURCE My position is funded by		



Applicant Identification (ID)

- No personally identifiable information
- Alpha-numeric ID
 - 2 letters
 - 2 numbers
 - 2 letters
 - 4 numbers
- Case workers should record Applicant ID in the case file for cross reference



New Applicants

Applicant ID

Required Format: two letters, two numbers, two letters, four numbers Example: aa11bb2222

Create Applicant

OAT Case Worker Dashboard

OAT WORKS
Online Application Tracking
Dashboard Applications Reports
Hi, Sarah Smith (Case Worker) Logout

Sarah Smith (Case Worker)
Agency One - Test City - NY

30 pending

Apps	Created	Email
202	05/14/2015	ssmith_cw@agencyone.com

My Initial Outcomes

Approvals	Denials	Decisions	Days
70%	30%	123	30
86 Approved	37 Denied	Total Initial	AVG Days

YY

Approvals	Denials
85%	15%
100 Total	53752 Total

National

Approvals	Denials
65%	35%
53752 Total	

New Applicants

Applicant ID

Example: Jane Doe, born in 1985, with a SSN of 123-45-6789. ID = ja85d06789

[Create Applicant](#)

Monthly Snapshot

0 New Apps this Month

0 Approved Apps this Month

INITIAL	RECON	ALJ	NON SOAR

Pending Apps All Apps

Sarah Smith - Pending Applications

Application Type [Export CSV](#)

Show All

Show 10 entries

AppID	PPD Date	App Date	Type	Status	Actions
an58fa2222	-	-	ALJ Hearing using SOAR	PENDING	Continue
dd12ww0345	-	12/14/2016	Reconsideration using SOAR	PENDING	Continue

Summary Report

Check out that awesome summary report!



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OVERVIEW

Initial SOAR



Reconsideration



ALJ Hearings



	Initial SOAR	Reconsideration	ALJ Hearings
Approvals	271	9	8
Denials	157	3	3
Total Decisions	428	12	11
Approval Rate (%)	63%	75%	73%
Avg Days to Decision	104	160	169

APPROVED FOR

	Initial SOAR	Reconsideration	ALJ Hearings
SSI Only	154 (57%)	5 (56%)	6 (75%)
SSDI Only	60 (22%)	2 (22%)	1 (13%)
Both	36 (13%)	1 (11%)	0 (0%)
Not Completed <small>Decision entered, benefit detail not provided*</small>	21 (8%)	1 (11%)	1 (13%)

*Please add post decision details including benefit awarded.

DEMOGRAPHICS (OF ALL DECISIONS)

	Initial SOAR	Reconsideration	ALJ Hearings
Male	241	8	5
Female	187	4	6
Military Service	34	1	0





Washington SOAR Process Orientation Now What?

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Next Steps

- Get started on your first application
- Reach out to your colleagues, local leads and the SAMHSA SOAR TA Center for assistance
- Keep in close communication with your SSA and DDS representatives
- Attend local SOAR steering committee meetings
- Track your outcomes in OAT



Question & Answer