

SOAR Implementation During COVID-19

Presented by the Substance Abuse and Mental Health
Services Administration (SAMHSA)
SOAR Technical Assistance (TA) Center
U.S. Department of Health and Human Services

April 16, 2020



Kristin Lupfer:

Hello, everyone. And welcome to this important webinar on SOAR implementation during COVID-19. My name is Kristin Lupfer, and I will be your moderator today. Before we begin I have just a few housekeeping items to review.

Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).



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Purpose and Objectives

- Discover innovative ways of serving individuals experiencing homelessness while maintaining physical/social distance
- Learn strategies for communicating with the Social Security Administration (SSA) and Disability Determination Services (DDS) while offices are closed or working remotely
- Understand the impact of unemployment and stimulus payments on Social Security benefits

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It is our intention by the end of this webinar you will:

- discover innovative ways to serve individuals experiencing homelessness using social distance,
- learn strategies for the Social Security and disability determination services while offices are closed and working remotely,
- and understand the impact of stimulus payments on Social Security benefits.

Agenda

Presenters

- Kristin Lupfer, Project Director, SAMHSA SOAR TA Center, Policy Research Associates, Delmar, New York
- Jacqueline (Suzie) Brady, SOAR Local Lead for Austin/Travis County, SOAR Team Lead, Supported Housing Services, Integral Care, Austin, Texas
- Ashley Blum, LBSW, CPRP, Director of Homeless Outreach, SOAR Local Lead, Park Center, Nashville, Tennessee

Questions and Answers

- Facilitated by the SAMHSA SOAR TA Center

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To reach those objectives we'll begin this afternoon with presentations from the SAMHSA SOAR TA Center.

We'll hear from Suzie Brady, the SOAR Team Lead for Supported Housing Services for Integral Care in Austin, Texas. We'll hear from Ashley Blum, SOAR local lead at Park Center in Nashville, Tennessee. Suzie and Ashley oversee fantastic SOAR programs and have done incredible job to continue that work. We have planned for plenty of time for questions and answered facilitated by the SAMHSA SOAR TA center.

Providing today's welcome is our SOAR project officer, Asha Stanly.

Welcome!

Asha Stanly, MSW, LICSW
Government Project Officer
Division of State and Community Systems Development
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration

April 16, 2020



Asha Stanly:

Thank you, Kristin. Welcome to all of you joining us today. On behalf of SAMHSA and the division of state and community systems development of the Center for Mental Health Services, I would like to welcome you to this SOAR webinar titled “SOAR Implementation During COVID-19.”

During today's webinar, SOAR leaders from Nashville, Tennessee, and Austin, Texas, will share about innovative ways to continue providing SOAR services while keeping safe physical and social distance during the COVID-19 response. They will share how they are using new and old ways of communication to keep SSI/SSDI moving forward. Participants will also learn about the impact of unemployment and stimulus names on Social Security benefits.

I would like to welcome and thank our presenters for their willingness to share their experience with this. I will turn it back over to Kristin Lupfer who will be moderating today's webinar.

SOAR Implementation During COVID-19: An Overview

Kristin Lupfer
Project Director
SAMHSA SSI/SSDI Outreach, Access, and Recovery (SOAR)
Technical Assistance (TA) Center

April 16, 2020



Kristin Lupfer:

Thank you so much, Asha.

And thank you all for joining us today during these really difficult circumstances. We are living through an unprecedented time. And this pandemic has changed our lives at home and at work. It has highlighted the vulnerability of the people that we serve and made even more clear the important work that you do. Our personal lives are challenged by social or physical distancing while caring for our children, our families, and our neighbors, and our work has also been challenged. Therefore, our processes and strategies to meet the needs of people who are experiencing homelessness must evolve and be flexible.

What Makes SOAR Unique? You!



SOAR-trained case workers are the heroes!



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Kristin Lupfer:

I want to start by expressing my deep appreciation and gratitude for the hard work that you do. I admire your commitment to finding solutions to keep providing SOAR services. You all provide a unique and effective service, and I am absolutely confident that you can continue to implement the SOAR critical components with the compassion and expertise that you have always done.

Addressing the Needs of Applicants and Beneficiaries

- Individuals are still in need of SSI/SSDI application assistance
- SSI/SSDI beneficiaries are concerned about access to ongoing payments
- Many SSI/SSDI beneficiaries who were working have lost their jobs and earned income

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Kristin Lupfer:

What we know is that individuals are still in need of SSI/SSDI application assistance. SSI/SSDI beneficiaries are concerned about access to ongoing payments and many beneficiaries who were working have lost their jobs and their earned income.

We know that you have a lot of questions and we have some of the answers. And we're working together to find solutions to the questions that don't have an answer yet.

The Social Security Administration's Commitment

- Commissioner Andrew Saul's Press Releases
- Benefits will be paid on time
- Online and phone service while offices are closed to the public
- Extending deadlines through the good cause policy
- Suspending medical continuing disability reviews
- Notifying the public about scams

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Kristin Lupfer:

We also know that the Social Security Administration is committed to continuing essential services.

I encourage you to read commissioner Andrew Saul's press releases for updates. The SSA coronavirus update page is an important resource that we link to later in the presentation.

SSA has committed that benefits will be paid on time and they will continue to provide service to the public through online and phone service while offices are closed to the public. They're extending deadlines through the good cause policy and they've suspended medical continuing disability reviews. And finally, they're providing ongoing notifications to the public about scams related to benefits and payments.

So, in addition to what we know SSA is doing nationally, we also know that our regional and local contacts that provide liaison support to our SOAR programs have also been working to provide alternative methods of communication. You'll hear some examples this afternoon, but if you're not in contact with someone locally, please reach out so we can make sure that you get connected.

Unemployment Insurance: Overview

- Unemployment Insurance (UI) eligibility is state based, generally:
 - Unemployed due to no fault of your own (lost job due to lack of available work)
 - Meet work and wage requirements (base period)
 - <https://www.careeronestop.org/LocalHelp/UnemploymentBenefits/find-unemployment-benefits.aspx>
- Federal government adding \$600 per week to the maximum state UI benefit paid for 4 months until July 31, 2020

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Kristin Lupfer: Those of you who have been involved with SOAR for a while now know that we emphasize income maximization and we encourage applicants and beneficiaries to work. And it's heartbreaking to receive the calls and e-mails from beneficiaries that have lost their jobs to business closures during COVID-19. But I am so glad that these individuals were working and that there are unemployment benefits that can help fill in some of the gaps from those lost wages. I'll spend some time talking about how SSA beneficiaries are impacted by both unemployment insurance and the stimulus payments.

A few basics:

Unemployment insurance eligibility is state-based.

- Generally, eligibility requires that you are unemployed due to no fault of your own, which means that you lost the job due to lack of available work. You were laid off or the business is temporarily closed due to social distancing.
- You must also meet some work and wage requirements. And this is sometimes called a base period. The standard base period uses the wages that are earned in the first four of the last five completed calendar quarters prior to the beginning date of the unemployment claim.
- Some of these requirements are being waived, so it's really best to check with your state's unemployment office. You can find information about unemployment benefits in your state at the link that's up on the screen here. This is the link for the career one-stop website sponsored by the U.S. Department of Labor:
<https://www.careeronestop.org/LocalHelp/UnemploymentBenefits/find-unemployment-benefits.aspx>

The CARES Act significantly expanded unemployment insurance.

- Many workers who weren't previously covered are now eligible.
- In addition to whatever state benefits an individual may be eligible for, the federal government is also adding \$600 per week to the maximum state unemployment insurance benefit that will be paid for four months until July 31st.
- Definitely visit the Career One-Stop website for more detailed information.

Unemployment and SSI/SSDI

Supplemental Security Income (SSI)

- Recipients are required to apply for any other benefit they may be eligible to receive (e.g. Unemployment Insurance (UI))
- Recipients may be eligible for more income through UI than SSI
- SSI would be suspended while receiving UI over the Federal Benefit Rate

Social Security Disability Insurance (SSDI)

- Recipients may be eligible to receive both UI and SSDI
- There is no impact on the SSDI benefit amount or eligibility

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Kristin Lupfer:

You all already know well that the non-medical eligibility rules for SSI and SSDI are different. That applies in this case as well, looking at how unemployment benefits would affect SSI and SSDI.

We'll start with SSI. Remember that it's a needs-based program. And SSI recipients are required to apply for any other benefit that they may be eligible to receive and that includes unemployment insurance. So, the good news is that recipients may be eligible for more income through unemployment insurance than SSI. SSI would be suspended while receiving unemployment insurance that's over the federal benefit rate. However, when those unemployment insurance benefits end, they could get their SSI benefit reinstated.

Since SSDI is an insurance program and unearned income and resources do not impact eligibility, recipients may be eligible to receive both unemployment insurance and their SSDI. So there is no impact on the SSDI benefit amount or eligibility with the receipt of unemployment benefits. And filing for unemployment benefits does not mean that the individual is attesting that they are able to work and are no longer disabled.

Economic Impact (Stimulus) Payments and SSI/SSDI

Supplemental Security Income (SSI)

- Payments are not taxable
- Will not count as income for that month
- Will not be counted as a “resource” for twelve months from receipt
- SSI-only beneficiaries will receive automatic payments by early May

Social Security Disability Insurance (SSDI)

- Payments are not taxable
- Not impacted by unearned income
- No impact on SSDI or Retirement
- No impact on Medicare premiums or eligibility
- SSDI recipients will receive automatic payments end of April

*Beneficiaries with dependents under 17 need to enter info at IRS:

<https://www.irs.gov/coronavirus/non-filers-enter-payment-info-here>

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Kristin Lupfer:

As you've likely heard, the Coronavirus Aid, Relief, and Economic Security Act or CARES Act authorized economic impact payments commonly referred to as stimulus payments. Most U.S. citizens and permanent residents who are not dependents of another taxpayer and also have an adjusted gross income or earnings under a certain threshold are eligible for a \$1,200 payment. That includes SSI and SSDI beneficiaries.

I'll cover SSI first.

- The stimulus payments through CARES are not taxable.
- They will not count as income for that month, and they will not be counted as a resource for 12 months from the month of receipt.
- Individuals with qualifying children will also receive the \$500 per dependent child payment in addition to their \$1,200 individual payment.

For SSDI recipients:

- Stimulus payments through CARES, again, are not taxable.
- Because SSDI benefits are not impacted by unearned income, and the stimulus payments are categorized unearned impact, they will not impact SSDI or Social Security retirement benefits.
- They'll also have no impact on Medicare premiums or eligibility and SSDI recipients will not need to do anything to receive the stimulus payment which should be paid near the end of April.

However, for any SSI or SSDI recipient with dependents, if they did not file a tax return in 2018 or 2019, they definitely need to fill out the form on the IRS website for non-filers (link on slide: <https://www.irs.gov/coronavirus/non-filers-enter-payment-info-here>). And that will help indicate that they have dependents and are eligible for those additional \$500 payments.

HIPAA During COVID-19

- Notification of Enforcement Discretion
- Telehealth FAQs
- <https://www.hhs.gov/hipaa/for-professionals/special-topics/hipaa-covid19/index.html>
- <https://www.samhsa.gov/coronavirus>

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Kristin Lupfer:

Turning to HIPAA, the department of Health and Human Services released a Notification of Enforcement Discretion under HIPAA to allow uses and disclosures of health information by business associates and for telehealth. During the COVID-19 national emergency, it also constitutes a nationwide public health emergency. So covered health care providers subject to the HIPAA rules can communicate with patients and provide telehealth services through remote communications and technologies. And the Office of Civil Rights will exercise an enforcement discretion and not impose penalties for non-compliance with the regulatory requirements under the HIPAA rules. This is covered health care providers in their good faith provision of telehealth during this COVID-19 public emergency.

Notification of Enforcement Discretion: <https://www.hhs.gov/sites/default/files/notification-enforcement-discretion-hipaa.pdf>

One of the things I wanted to point out, I thought that was a really nice quote. The HHS Office of Civil Rights director said, “We are empowering medical providers to serve patients wherever they are during this national public health emergency. We are especially concerned about reaching those most at risk, including older persons and persons with disabilities.”

The Office of Civil Rights has posted telehealth and HIPAA FAQs to help answer some specific questions and we have the link up here for the HHS HIPAA website (<https://www.hhs.gov/hipaa/for-professionals/special-topics/hipaa-covid19/index.html>). We encourage you to check that out. If you scroll down, you'll find the telehealth FAQs.

I encourage everyone who works for an agency that provides substance use and mental health services to visit the COVID website and the SAMHSA coronavirus website (<https://www.samhsa.gov/coronavirus>). They're both linking to great resources and guidelines for providers.

As always, if you work for a covered entity under HIPAA, definitely consult with your privacy officer about any questions that you have related to this.

Resources and Information Updates

Social Security Administration

- <https://www.ssa.gov/coronavirus/>
 - Subscribe for email updates

SAMHSA SOAR TA Center

- <https://soarworks.prainc.com/article/covid-19-resources-soar-providers>
 - Links to key federal partner's coronavirus resource websites
 - Strategies shared from the field
 - Communicating with the applicant
 - Obtaining signatures from the applicant
 - Communicating with and submitting documents to SSA/DDS
 - Sample "Good Cause" for late filing letter

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Kristin Lupfer:

Finally, I want to be sure to point you to some resources that you can bookmark for ongoing updates.

- The Social Security Administration has a page (<https://www.ssa.gov/coronavirus/>) where they're cataloguing updates and information related to SSA changes during COVID-19. You can subscribe to e-mail updates on the top right corner of their main page.
- We've created a COVID-19 resources page on the SOAR Works website (<https://soarworks.prainc.com/article/covid-19-resources-soar-providers>) and we've included links there to key federal partners, coronavirus resource websites and we're also collecting and sharing strategies that have been shared from the field including tips on communicating with applicants, obtaining signatures from applicants and communicating with and submitting documents to SSA and DDS. We've also posted a sample good cause for late filing letter that specifically references COVID-19 and the request for a good cause waiver.

SOAR Implementation in Austin, TX During COVID-19 Response

Jacqueline (Suzie) Brady

SOAR Local Lead for Austin/Travis County
SOAR Team Lead, Supported Housing Services
Integral Care - *Healthy Living For Everyone*

April 16, 2020

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I'm happy to introduce you all to Suzie Brady, SOAR Local Lead for Austin and Travis County and the SOAR Team Lead for Supported Housing Services at Integral Care in Austin, Texas. Suzie is going to share with you how they've modified their SOAR process during the COVID-19 response.

Suzie Brady: Hi, thank you, Kristin. My name is Suzie and I'm a SOAR Team Lead for Integral Care and a SOAR Lead in Austin and Travis County. My agency, Integral Care, is the local mental health authority for Travis County. Our various housing teams are made up of mobile, multi-disciplinary staff members that provide care support and crisis intervention 24 hours a day, seven days a week. Services are provided where the person lives, whether that's on the streets, in a shelter, or in permanent supported housing. Due to the COVID-19 pandemic, our agency has moved to primarily providing services by telephone and video conferencing. Most of our case managers are using the telephone or providing food drop-offs and supply drop-offs to clients at this time.

Preparation

- Providing cell phones to clients
- Making sure clients have secure mail and a way to check it

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Suzie Brady:

A lack of cell phones obviously posed a huge problem to a lot of our clients experiencing homelessness and in permanent supported housing programs, but luckily our agency was able to buy cell phones for 300 of our clients that did not have one of their own. They have 400 minutes and 200 texts available for a month-long period, and we are going to be able to add minutes each month as long as the phone is still in the client's possession. We encourage clients to monitor their use to ensure they have the needed service to meet their basic needs during this time.

Case managers pre-program the phones with the number for our agency's hot line and call center, all their treatment team contacts, their primary care provider's office number, and provided directions for setting up and receiving voice mail. The phones are delivered to clients using social distancing measures and personal protective equipment as needed.

Another important issue in preparation was to make sure the clients we would be working with have access to a secure mailbox and a way to check it regularly. Most of the clients we are currently working with seem to be staying with family members during this time or tend to get their mail through one of the local care providers. So we've been able to work it out fairly efficiently. We also have some clients at various isolation facilities that we are able to coordinate deliveries through supply drops.

Implementation

- Initial phone call with client
- Mail SSA forms that need signatures, facility ROIs, and self-addressed stamped envelope
- Client calls when mail is received to talk through forms/signatures
- Regular calls with client to complete forms and MSR

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Suzie Brady:

For SOAR implementation, the first thing we're doing is having an initial phone call with the client during which we go over the SOAR process and explain how some parts will be a little different due to COVID-19 restrictions and protocol.

If the client is agreeable to the process, we are going right away with finding out all the different facilities in which they have received medical care for their disabling conditions. This gives us the opportunity to find the disability outlines ahead of time and get them filled out and in the mail to the client as soon as possible.

And speaking of mail, in the initial mail-out to the client, we include the SSA 827, the SSA 1696, the signature page of the SSA 16, the signature page of the SSA 8,000, the SSA 3288 if needed and an ROI for each facility that they named on the initial phone call. All of this is sent along with a self-addressed stamped envelope for the client to mail everything back to us, and a pen with business card and our contact information. I also put in a reminder to please call me when they receive the packet so that we can go through everything together. On its own, it can be an overwhelming amount of material.

We have all the forms included in the packet before they sign them. Once the client returns the forms in the mail, I send out a medical record request as usual and have my regular contact with the client to complete the rest of the forms and get the information needed for the MSR.

Communication with SSA SOAR Liaison

- SOAR claims still being processed (by mail)
- Updated fax numbers for all field offices
- Liaison available by email and phone

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Suzie Brady:

We are super lucky in Austin to have a Social Security SOAR lead that is great with communicating changes and problem solving with us in our community.

At this time, all Social Security employees are working remotely and the fax numbers for the different offices have changed. We were told that the updated toll-free fax number drops documents directly into their automated system for receipt and assignment.

And our Social Security SOAR liaison is still available by phone and e-mail to us, perhaps even more than she was when working in the office. We are able to mail SOAR claims to the Social Security office, and she is still primarily responsible for processing each application. She contacts us directly if any further information is needed for the claim, and we get that back to her by phone, fax, or mail.

Communication with DDS

- DDS still working in office but working on remote capability
- All Consultative Exams (CEs) cancelled until further notice and no new exams being scheduled
- Working with DDS to schedule what is needed with providers available

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Suzie Brady:

As far as Disability Determination Services, examiners are still working in the office, but I believe they are trying to set things up remotely.

We did receive information that all scheduled consultative exams were canceled until further notice and no new exams were being scheduled at this time. We were also notified that missed consultative exams due to the COVID-19 pandemic would not count against the claimant.

For any clients that had scheduled psychiatric consultative exams, we're currently working to get them scheduled for telehealth appointments with providers with our agency. I've been contacting the providers ahead of time and letting them know to include information about the client's ability to function in the four areas of functioning, along with a mental status exam.

Once this is done, I let the examiner know and get the records uploaded into ERE for them. At that time, they let me know if any more additional information is needed.

Addressing Ongoing Challenges

- Clients losing phone
- Consultative Exam cancellations

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Suzie Brady:

To be honest, there haven't been a lot of challenges at this point.

Obviously, we expect the clients will lose phones and there will be periods that we aren't able to get in touch with them. That's kind of expected both during the pandemic and not.

The consultative exam cancellations are definitely hindering getting a lot of our claims through DDS. And it's equally hard to schedule specialist appointments that would be able to make up for the physical CEs.

But right now we are just concentrating on doing the best we can with the circumstances we're given and taking things one day at a time. Thank you.

SOAR Implementation in Nashville, TN During COVID-19 Response

Ashley Blum

Director of Homeless Outreach Services

Park Center

Nashville, Tennessee

April 16, 2020

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Kristin Lupfer: All right. Thanks so much, Suzie.

Turning a little further east to another great music town, I'm so happy to introduce you to Ashley Blum, the Director of Homeless Outreach, and SOAR Local Lead at Park Center in Nashville, Tennessee. Ashley?

Ashley Blum: Thank you, Kristin. And thank you all for being on this webinar. This is a very important topic. My name is Ashley Blum and I'm the Director of the Homeless Outreach Program at Park Center. We've been doing SOAR since 2006 and we keep going, even with this pandemic, we're still doing it. We're still on the streets and in camps and doing the best we can to help the people that need us the most right now.

Street Outreach and Social Distancing

- Outreach during food/survival supplies delivery
- Meeting in parking lots
- PPE and 6 feet distance
- Providing space for required wet signatures
- HMIS allowing for verbal consent

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Ashley Blum:

We are still doing most of our claims. We haven't slowed down much. Our numbers actually went up when all of this started. It's a little strange for me to think about, but my team's amazing. And we are doing our best to stay safe and keep our members safe.

We did add some services where we're dropping food boxes to folks -- we often just provide little snack bags -- because a lot of our feedings in the area have closed down (churches, etc.) We have started trying to encourage our members to stay in their camps and now we're taking them food boxes and they're continuing with survival supplies.

Many of our members do not have cell phones and we just got approved to purchase cell phones. So I'm glad to see Austin doing that as well. But we will start purchasing cell phones for our folks in the next few weeks, hopefully. But right now what we're doing is we're still going and looking for people. Obviously, we're wearing our PPE, keeping distance. We yell a little bit louder down the camp trail to let people know that outreach workers are coming down. Kind of see if they'll come out more, out of their camps.

But we're meeting a lot of people in parking lots. If they do have phones, we're asking them to meet us in more open areas so we can get the needed signatures that we need. Our Social Security office is still requiring wet signatures. And so we are needing to meet them in person. And so a lot of the ways that we've become creative is using the hood of our car. We have clipboards and separate pens for them and provide gloves. We put the paperwork we need signed in the clipboard and the gloves on the clipboard with the pen high at the top of the clipboard. We leave that on the hood of our car. We walk away. And then that person walks up signs all the places, puts the gloves on, puts them in the trash bag. They will throw that away. It's been a great method for us to get those wet signatures.

We do have a SOAR program in the mental health hospital in Nashville. And so we have had luck getting social workers to get paperwork signed for us and bring it out to the parking lot for us so we don't have to go into the facility. So another great thing that we've had approval on is our Homeless Management Information System. We're required to use that for all of our grants. And so they have allowed us to get verbal consents and not get the wet signatures and the releases signed, which has been really helpful. It's been keeping the time we're with people down a little bit.

SOAR Assistance

General SOAR

- Electronic signatures for ROIs when able
- Mailing ROIs for wet signatures when necessary
- Screenings via telephone when able
- Telehealth MSEs
- Process for obtaining wet signatures on applications-still required

Hospital SOAR

- Social Workers sending signed ROIs with referral
- Telehealth/phone screenings/application through Social Workers
- Social Worker getting application signatures-bringing to parking lot

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Ashley Blum:

So that's the outreach side of things.

For general SOAR assistance, we have been using Adobe Fill and Sign for people who do have cell phones to get our releases of information signed so that we can obtain the medical records. We are getting the more secure system called Hello Sign. Not sure if you're familiar with that. It does cost, but it's something that our agency's really interested in investing in for us to be able to provide a more ethical and secure way to get releases and paperwork signed that we're able to get electronically.

We have mailed some ROIs for wet signatures, but it's often our folks don't have secure addresses, and so it's pretty rare that we get to do that. But we're trying.

And then a lot of our screenings have been done over the telephone. We do actually the whole disability application and screening over the phone, if they have a phone. And then that way our time with them, you know, on the hood of our car is much shorter. So we just get the signatures after we've completed the screenings and the application over the phone.

For those that do not have phones, we've just still been seeing folks. We need to. I mean, this is the way that it's provided in our community is to get this disability benefit. So what we've done is, again, a lot of parking lots. The other day I was helping someone with a stimulus application there at the bottom of the stairs and I was at the top of the stairs. We were definitely further than 6 feet away. I still had my PPE on and I provided them with a mask as well. It's those types of outreach. That's how we're doing our applications as well, similar to that. Keeping our distance. We're just trying our best to limit the time we're with folks.

We contract with a psychologist that does all of our mental status exams. He does them via telehealth. That's been really great. One of our staff actually took his laptop into a breezeway area and was able to have the person meet with our provider on his computer. And our psychologist was able to do the telehealth appointment with the person on the laptop in a secure location. I mean, my staff was still there. No one was around. Our city's pretty empty right now, too. So we made sure that it was a pretty secure location.

So again I mentioned the wet signatures. A lot of the disability applications are the ones that are allowing that wet signature.

As I mentioned before, we do have a hospital SOAR program. Our hospital SOAR liaison and we go into our state hospital and help people get on disability benefits. So it's been really helpful because we've done a lot of work with the social workers and they're getting a lot of the paperwork signed and we've been doing all of our screenings and applications via telehealth with a social worker's computer. So that's been really helpful as well, having them with the capability of using a secure location for the telehealth.

They bring them out to the parking lot. It's a great method and it's working really well. We haven't had to go in the hospital at all. They are taking protocols to go in. And so if we need to, we can. They check temperature and give masks and give them gloves and all of that in the hospital. We just don't want to risk being asymptomatic and taking anything into the hospital. Right now, we're just keeping everything as-is with the telehealth.

Communication with SSA and DDS

SSA

- Application drop to side door
- PERC and payee determination via phone call
- Communicating weekly with our contact for updates on claims

DDS

- All submissions electronic through DDS ERE
- Not always requiring signed MSR
- Time restraints lifted

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Ashley Blum:

Our communication with Social Security and DDS has pretty much been the same. But we've been able to tweak a few things.

We still drop off our applications to a side door. We've never had to go inside our Social Security office. And so we drop them off. Obviously, we're still wearing our PPE and we meet staff at the side door. We can mail them, but some of them are still at the office. And so they told us that we could totally bring them and drop them off at the side, so that's what we've continued to do.

We are allowed to do PERC and payee determinations via telephone call. That is great because that allows our folks to do that if we need to help with that. In the meantime we're working on getting cell phones, we're getting staff cell phones so that our members can use those to be able to make those PERC and payee determination phone calls.

And then we're continuing to work weekly on our updates and our claims.

Pretty much everything is the same with DDS. They are being really lenient on getting our MSR's signed by providers. During this time when all this hit, we've been working out the telehealth with our contracting psychologist. We've been working with DDS trying to figure out what that's going to look like. DDS was able to make decisions without having our MSR's signed, which is really great, because they used it for the functional information. Now we don't want that to become a best practice, of course, because it definitely makes things go faster when the MSR is medical evidence and not just a third-party functional report. We're trying our best to get things signed from the people's providers, if we haven't been able to get a most recent MSE, where our doctor can make that signature. We're doing our best and working hard to provide them and move smoothly. We have had about six or seven approvals without having an MSR signed at this time. And that's been really great.

Our DDS wants all of our submissions of paperwork and medical records within 30 days of us getting that in. And they have been really flexible with that. I don't think we had a problem yet, but they have told us many times, if you can't get it to us within that 30-day mark, you're totally fine, you know, please -- you know, don't -- don't work too hard.

Addressing Ongoing Challenges

- Being safe, as we are essential to people's lives while they are experiencing homelessness
- Continue to be creative with our practices
- Sanitizing supplies
- Cases processing slower for decisions

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Ashley Blum:

An ongoing challenge that we've noticed is a lot of our folks that have been seeing our psychiatry program didn't talk a whole lot about plans for getting medications. They've been seeing our street psychiatrist over the last several months, and they need to get their medications. And so we've had to really be creative with trying to get medications filled and -- and get those medications delivered. It's worked. It's been great. We've had a few, you know, pharmacy medication pickups kind of thing, back of a truck which has been helpful and great.

It's just been a little challenging trying to navigate that. Also just continuing to be creative like that in our practices has been challenging, but it's something that we have been working really hard at and trying really hard to -- to find creative best practices for us to be able to continue our care. You know, sanitizing supplies, -- people are out of everything. So that's been a challenge for sure. Just trying to make sure that we have enough sanitizing supplies for our staff and -- and for members, you know, that need it. And then advantages -- I mean this is I think across the board. People just staying safe. The fact that we are essential workers and we do need to continue working with our folks, it's just -- that's a challenge. It's going to be an ongoing challenge through all of this.

And then of course just cases going a little bit slower at DDS. That's a challenge, but we're really grateful for all the work they're doing with us. So thanks for letting me speak, and I hope that some of this has been helpful for you guys. Kristin, I'll turn it back to you.

Questions and Answers

Please type your questions into the Q&A box on the right of your screen.

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Kristin Lupfer:

All right. Thank you so much, Ashley, and thank you Suzie, both of you for your incredibly helpful presentations and the awesome work that you're doing in your communities.

We now have time to open the floor for questions or comments. You can pose your question now to the panelists. And many of you have already been doing so by typing your question into the Q&A panel located on the right-hand side of the screen. If we're unable to get to your question, we'll definitely distribute it to the appropriate panelist to answer afterwards with a follow-up response, but we've got plenty of time now to do that. I'm also going to welcome the SAMHSA SOAR TA Center Assistant Director, Jen Elder. She's joining the panel for this Q&A portion of the webinar.

If someone is on SSI and has not worked enough to qualify for SSDI, how would they qualify for unemployment?

Kristin Lupfer: That's a great question. In order to be eligible for SSDI, you have to have worked enough and worked recently enough to be eligible. Meaning you have enough credits of coverage to be eligible for Social Security Disability Insurance. In order to earn a credit of coverage in 2020, that's \$1,410 in wages. So once someone has earned \$5,640 in a year, they've earned four credits of coverage. And generally you need 40 credits of coverage to be insured and 20 of those have to be earned in the last ten years. That means if someone is working only part time or working only a little bit or working on and off, they might not have earned enough yet or be earning enough credits of coverage to be insured by the program, but they might be working enough to be eligible for their state's unemployment insurance program or now be eligible for the federal unemployment insurance expansion. That's an example of how that might happen. That's a great question.

What's the protocol now for submitting the Social Security Disability application since COVID-19?

Jen Elder: The protocol might be slightly different in each area, but the overarching protocol is to try to do the same or similar process that you were doing before. So that means filing online all the things that you can file online, adult disability report, starting that application. For Social Security, they are still working. They are still in their offices downloading those applications. And then as Ashley and Suzie mentioned, there's some creative ways for obtaining the wet signatures, either mail those in, provide information by fax to Social Security to get the application packets continuing to move. Because that's our ultimate goal is that maybe the process looks a little bit different or a little bit slower, but it's all still continuing to move.

What I would recommend for everybody on the webinar is to be in touch with your state and local SOAR leads because the process may be different depending on where you are. Your state and local SOAR leads may have already worked out this new SOAR process for the communication, for those packet submissions. So be in touch with them. If you have any difficulties, our national SAMHSA SOAR liaisons are here to also provide that help.

Question for Suzie: Where did you obtain the funding and how much does it cost for your programs for 300 clients?

Suzie Brady: For the cell phones?

Kristin Lupfer: I think it must be for cell phones, yes.

Suzie Brady: I think that we -- I'll have to get back with you exactly on that. I think we had extra funding this year for some of our client assistance funds, but because of a program that started later than we expected and we were able to use that for them. But I don't have the specifics on that right now.

Kristin Lupfer: I invite Ashley to answer, too, if you have anything to add about obtaining cell phones for clients or members.

Ashley Blum: Yeah. So, again, like you won't know unless you ask your funders, right? So I just sent that e-mail to our funders and just said, hey, is this something that we can do. And I got -- I got e-mailed back from both of them saying absolutely because it's how -- it's our reality right now. And our reality right now is that we have to be able to reach our folks. We have to be able to reach the members that we serve. And this is a way to do that. And so I was able to get it approved by two grants and I'm waiting on two others to -- to get back to me on it. So that's how I did it. And they just said, you know, thank you for challenging us, thank you for asking because, you know, it's not something that granters are going to say go spend your money on this, go spend your money on that. You have to be creative and then ask. That's what we did.

How could we apply for clients without having all of the documents? So if we're missing documentation, what strategies are you using to make sure you have enough evidence to support the disability claim?

Ashley Blum: So you're asking about like have enough medical records?

Kristin Lupfer: Yeah, I think that would be a great avenue to explore.

Ashley Blum: Well typically if someone doesn't have enough medical evidence, then we're referring them to someone that can provide them with that medical evidence. So in our case, we have -- I mentioned our street psychiatry program. If someone doesn't have enough of that longitudinal history of mental health treatment, we are getting them in with our street psychiatry program. We've done that with several people for us to be able to build the case, build the record, be able to get this person the care that they need while they're on the streets or in shelters and -- like help them build that record. And I'm lucky because my team -- my team is made up of street outreach workers and SOAR coordinators. While a SOAR coordinator may find that person doesn't have enough evidence, they can be working with the homeless outreach worker at the same time and take over the case for a little while, while the records build up and be able to get back to the SOAR coordinator to tag them. If that answers your question.

Kristin Lupfer: Yeah, that's great.

Suzie Brady: If the question is about medical records and medical evidence, we're doing pretty much the same. Most of our clients, when they get to the point where they're working with a SOAR specialist, then they would have already been established with one of our psych providers and probably also our health care, community care as well. So we would be able to use those existing records more than anything. As far as the Social Security forms, we're trying to have as complete of a packet together as possible to -- to get it through as fast as possible.

Does Social Security have a confidential way to receive the Social Security forms and docs that don't require original signatures; do they have e-fax, for example.

Kristin Lupfer: And the answer is yes, absolutely they do. Social Security has been rolling out a digital faxing option. And so most field offices are sending out information about their digital fax lines that can be utilized. If you don't have yours yet, definitely follow up with your SAMHSA SOAR TA Center liaison, we can make sure you get connected with your local office and get that fax number.

Question for Ashley: What is your plan for obtaining wet signatures for HMIS after the pandemic ends?

Ashley Blum: We've been keeping track of all of the folks that we are currently serving that we've opened that have not had the HMIS form. But the goal is to get everyone we have in our electronic medical record, we have a spot that can remind

of us like when releases are due. So I'm going to be entering all of our new people into that system to where it will remind us that when all this is over, that we still have this list of folks to get those wet signatures.

Now, in our Homeless Management Information System, it gives you the option to enter them into the system by verbal consent, so I believe our city has not -- is not going to be requiring us to go back and get people to sign things, but we probably will try our best to do that just because it's best practice and we'll have it scanned into the system. But we are saying they gave us verbal consent and my hope is that I can use the tracking system and electronic medical record to remind the staff of members that have not signed it.

How are you getting masks and gloves and PPE for the homeless population?

Kristin Lupfer: I'm assuming that the answer is similar to the cell phones -- ask your funders. I just wanted to throw it out there if there's anything else specific you'd like to recommend.

Ashley Blum: Yeah. This is Ashley. We've done it a bunch. We've purchased a bunch from our intensive outpatient treatment plan. The folks we get our drug tests from had supplies of all of this as well. And we'd also had some supplies from making up Narcan kits for our folks. And so we -- we already had a lot of it. But as far as asking for more, we've utilized FEMA and then we've purchased them through our drug testing company as well. Yeah, it's definitely covered under our agreements for sure.

Suzie Brady: I would say we have been having problems getting PPE here. I would say talk to your partners in the homeless services. Talk to health care partners, talk to as many people as you possibly can right now to see who has what, who can share what and who can give some and get some back later. We've definitely worked hard with that, a little, we have asked for a lot of mask donations from our community. They've really stepped up. That's one thing I've been really impressed with all over is that there are people in the community that want to help and can right now. They're just waiting for something to be able to do and something to be able to give. And so that has really helped us here in this area as well.

Where do I download the stimulus application and go about helping people through that process?

Kristin Lupfer: For SSI/SSDI beneficiaries, they will automatically receive their stimulus payment for themselves as an individual. So there's nothing that they need to do. Those SSDI recipients will get their payments by the end of April, and SSI recipients will start getting them the beginning of May. If they have dependents, they do need to go to the IRS website for non-filers. That link was in the PowerPoint presentation slides. I also refer you to a resource that the National Health Care for the Homeless Council has put together, a handout related to helping with stimulus

checks. So we'll get that link to that handout out for you guys as well.

<https://nhchc.org/wp-content/uploads/2020/04/FAQ-on-Economic-Impact-Payments.pdf>

If a client is dually eligible, can they also file for unemployment insurance benefits?

Kristin Lupfer: The answer is yes. The unemployment benefits would impact both of those benefits differently. It wouldn't impact the SSDI check. Whatever they're receiving in SSDI, they would still be eligible to receive, but it would impact that SSI check. In the same way that the SSI payment reduced that SSI check, the unemployment benefit would reduce the SSI check similarly as unearned income. Great questions.

Are the communications with SSA and DDS state-specific?

Jen Elder: Great question. They are. That's kind of like determining different relationships with different agencies. The basis of this is the relationships we have with our points of contact at SSA and DDS. Also, some of the DDS offices we're hearing, oh, you know, mine's working differently or they haven't done telecommunicating yet. Those are state offices responding at a different time frame. That's the big reason why communication with them will look differently in each state. And same thing with the Social Security field offices. Some of them have different workflows with COVID in terms of telecommuting and those that are in the office. Again, I encourage you to reach out to your state SOAR lead and local SOAR leads for information that they've received if they've been in touch with SSA and DDS for the best way to communicate and process applications.

Are you having any trouble with delayed response in receiving medical records, especially now? And so if you have any strategies related to that or just sharing your experiences.

Suzie Brady: I haven't noticed more than I have in the past. But honestly if I didn't get medical records in a timely manner, I would just go with what I got and hope that there would be a better way for DDS to get them at this time. But I really haven't noticed more of a lag time right now.

Ashley Blum: We've actually been getting them back quicker. We have really good relationships with all of our medical records departments. And so, we found throughout the years best practices and best ways to get a request done. A lot of people will fax requests to most medical records departments. For our big hospital in Nashville, we have a secure way to e-mail them our requests. And so we get records back from them really quickly. I would just suggest that for records departments that you utilize a lot it's really, really important to have good relationships because then you can just call and say, hey, this is a stat request, I'm sending this, like, today. And you're totally open to doing it if they trust that you're going to get them what they need and then they're going to turn around and give us what we need. That's my

suggestion. But I have not noticed a difference.

Are you seeing CEs canceled or scheduled? Are they waiting to make a decision if they wanted to have a CE on the claim? What's your experience?

Ashley Blum: We don't get CEs, but we do actually have one right now that they're requesting a CE. And so what I'm doing is I ask them what they needed the person to see the provider for. And I'm going and doing it. I'm getting it done outside with her primary care doctor. So because all of -- you know, because the CEs are postponed right now, are canceled for right now. So I'm just going around -- they can't ask me. They can't say, hey, can you, you know, get this X ray or can you get this physical exam or anything like that. They can't ask us that according to one of the examiner's who told me. But I said, hey, what if I get that? And she was like, that would be great. So that's what we're doing. Again, we -- I mean this is like my first CE in several years. So -- but that's what we're doing.

Suzie Brady: As far as us, they canceled all of the CEs that were scheduled in Texas after April 7th. And they aren't scheduling anything new. So I think the key is just communication with DDS, communication with the examiner. If you talk through things with them and however you're able, if you have to mention something to them or if they can say what they need and you can try and work together to work it out, I have felt that it's been easier to work together with examiners right now, easier to work together with Social Security right now because we're all just trying to get stuff moved through. We've tried to set up appointments for what the clients need for physical CEs, but that's difficult right now as we -- medical care. But we've been able to schedule most of those in our agency. And usually with the provider that knows the client better, which DDS prefers as well.

Will the deadlines for reconsiderations and appeals be extended? They're asking for new medical evidence, but it's been a challenge to get my client in as a new patient anywhere.

Kristin Lupfer: Yes, absolutely. They are honoring good cause for late filing. And you can see that on the SOAR website, the sample good cause letter. Basically in it you can explain the reason why you don't have evidence or the evidence is being submitted late.

There's a question here about scheduling the MSE. Someone who is new to SOAR. They're asking should the SOAR rep schedule the MSE. Ashley or Suzie, do you want to talk about your process when you have someone new and they need an evaluation?

Suzie Brady: Yes! The SOAR provider would schedule the MSE. When we're working for them, but also we schedule the client with one of our providers and we turn the claim in and SSA gets behind and DDS gets behind, the first thing they may need is

another one. They're not -- they need to see regular provider appointments at least for us in Austin. And then if there's any kind of change in the medication for when the client sees the provider, then they have to wait until there's a follow-up to see how that medication change affected the client. I would schedule and help clients get to as many and whatever appointments that you can. Because that's what DDS is using to make their decision.

Kristin Lupfer: Great. Thank you. Absolutely. The short answer was perfect and a long answer was perfect. Yes, and here's what we're doing and why.

I'm new to SOAR and the practice that I learned was submitting the claims by bringing the Social Security forms, MSR and medical records to the Social Security office. Now that they only have the option to mail or fax, I am wondering how to get hundreds of pages of medical records submitted.

Suzie Brady: I'll take that, too. One of the things that we noticed in Austin -- and this is case by case with each particular area -- but when we were turning all of our medical records in to Social Security, they were just being kind of put aside. And then all of the medical records, probably along with our MSRs were all being uploaded by whomever, whenever they got to it, in one very large document. And so we were getting complaints from judges for ALJ hearings and examiners that everything was all bundled together. When we asked them specifically if they had seen the MSR, they had no idea because it was bundled together with everything else and made no sense. Because of that, and now we're glad we're doing it now because of COVID as well, we just use Electronic Records Express.

We have accounts set up for Electronic Records Express:

Electronic Records Express (ERE)

SSA has a system called Electronic Records Express 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

Since ERE is **state-specific**, we recommend contacting one of the following resources to learn more:

[Your State/Local Leads and TA Center liaison.](#)

[General ERE](#)

ERE Help Desk: Call toll-free 1-866-691-3061 or e-mail electronic-records-express@ssa.gov

[State DDS Professional or Medical Relations Point of Contact Information.](#)

We no longer turn in records to SSA, we just turn in the SSA forms and wait until the claim is assigned to DDS and then upload the records using our ERE accounts. We upload each facility's records separately and upload our MSR separately as well.

There are some more questions that have come in related to the stimulus payment and whether or not folks need to do anything in order to receive the stimulus payment.

Kristin Lupfer: Just to reiterate, for those SSI and SSDI beneficiaries, there is nothing they need to do to receive the payment unless they have dependent children. If you have somebody else who is under the income threshold and might be eligible but maybe isn't eligible for SSI or SSDI, they can complete the non-filer link at the IRS website so that they can receive a payment as well. If they have not submitted those recent tax returns (2018 or 2019), fill out the non-filer form on the IRS website and that is linked in the PowerPoint presentation.

Could a diagnosis of COVID-19 be a disabling condition that could potentially be argued in a SOAR application?

Kristin Lupfer: This is a great opportunity to kind of just revisit and reiterate Social Security Disability eligibility and to remember that Social Security is looking for an illness or condition that's impacting the person's ability to work on a long-term sustained basis. So that illness or condition must last or have lasted at least 12 months or result in death. So, you know, it's still unknown at this point whether individuals will have a lasting impact after the illness, you know, hearing news reports all the time about what's happening for people who've been in recovery for three months or more in other countries. So it's something we're still learning. But in any case, if something happened and someone had ongoing functional impairments and ongoing illness that was related to that initial COVID-19 diagnosis, it's possible that they might still be eligible but they would have to meet the duration requirement and the functional requirement that someone is impacted and unable to work at that substantial gainful level.

Jen Elder: Kristin, I wanted to add something, too. Earlier right before we had that audio glitch about submitting records. With the new practice asking about faxing. Just wanted to make sure just in case anybody might have missed information about SSA's Electronic Records Express. There's a website we can make sure we have access that you can sign up to be a part of their system to submit medical records electronically to the file. If your SOAR process did entail taking those records to the office, this is a really great workaround, especially if you have a large number of records. I think it's just a great system in general, not just during COVID-19, but we'll make sure information about Electronic Records Express gets out in relation to that earlier question and some of the other questions coming in.

Kristin Lupfer: Great. Thanks, Jen.

Can residential programs take the extra check for rent owed?

Kristin Lupfer: So that might be a question that we can answer more specifically offline for you. But what I can say is that for individuals who are in, let's say, assisted living facility and Medicaid is paying for a majority of their care, because the stimulus payment is not considered income, that they're not supposed to confiscate that money, that it doesn't kind of apply to the kind of typical rules about -- like, for instance, SSI income that is mostly used to cover what Medicaid is paying for that individual's care. So we know in cases of Medicaid that they wouldn't be taking that payment, but we have heard that there are, you know, some loan programs and other things where the -- kind of the -- it's changing day to day how those checks are being either protected from or kind of falling subject to -- to this.

What happens with someone who was just approved for SSI and how they should access their stimulus check?

Kristin Lupfer: If someone was approved for SSI, they should automatically be receiving their check. For SSI-only recipients, they should be receiving their checks beginning of May is what the Social Security press release has indicated. If someone is newly approved for SSI, they should complete the non-filer form on the IRS website.

If I fax over a 1696 to the local Social Security office, am I able to schedule an SSI phone interview without the client being with me, schedule it on their behalf?

Kristin Lupfer: Yeah, you should definitely be able to get that appointment scheduled. But then the client or the individual applicant, they would need to be with you when that appointment happens so that they can answer the questions and attest to the application over the phone. Perhaps doing a three-way phone call or something like that so you can both be on the phone with the Social Security claims specialist.

So someone who's receiving SSI, do they need to apply for the stimulus check or does it generate automatically?

Kristin Lupfer: Social Security has said that they will generate automatically. SSI-only recipients will receive the stimulus check automatically. If they have dependents, they need to fill out the non-filers link on the IRS website in order to get the payments for their children, their children under age 17.

Next Steps

- ✓ Subscribe to updates from SSA
- ✓ Contact your SAMHSA SOAR TA Center Liaison with questions
- ✓ Take care of yourself!

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Jen Elder: I would reiterate what Kristin said at the beginning of the presentation, too. Make sure you're checking on the Social Security Administration coronavirus update page. You can subscribe to e-mail updates so you get a notice every time there is something updated. At this rate, it is about two to three times a week. There is constantly changing information. It is our goal to keep you updated with the most accurate information at the time that it comes out, but signing up for those alerts can be really helpful so that as circumstances change, as offices start to reopen in the future whenever that will be, you'll be up to date with that information, and we'll certainly send out as much as we can on the SOAR listserv, but accessing those resources will be helpful.

Kristin Lupfer: Thanks so much, Jen. A few reminders and next steps. Like Jen said, we want to encourage you to subscribe to the updates from SSA. Contact your SOAR TA Center Liaison with any questions. Most importantly, take care of yourself.

Thank You

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soar@prainc.com

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On behalf of the SAMHSA SOAR TA center, we'd like to thank our presenters and everyone who joined today's webinar. Please don't hesitate to contact us for support implementing SOAR in the COVID-19 response. Take good care.