Connecticut - Social Security Outreach and Access to Recovery (SOAR)
Workflow from the Social Security Administration (SSA) perspective

- SOAR candidate identified by SOAR worker
- SSA-1696 and SSA-3288 obtained and faxed to contact person in local Social Security Administration office along with SOAR Project sheet. (attached)

  NO CLAIM CURRENTLY PENDING

- SSA employee fills out SOAR PROJECT page (attached) and faxes back to SOAR worker along with the 60 days protective filing letter. SSA employee prepares this notice in Document Processing System (DPS). SSA keeps a copy of notice and the other faxed-in forms, in office SOAR file for association when actual claim is filed.
- SOAR worker now has 60 days to gather Medical Evidence of Record (MER), write a medical case summary report and file the Social Security Disability (SSD) and Supplemental Security Income (SSI) applications
- If SOAR Project sheets indicate a prior claim was filed, SOAR worker asks for disc to be burned or paper folder to be retrieved to determine what MER Social Security already has. (No need to spend time and resources gathering medical evidence that is already in SSA's possession.)
- At the point the application is ready to be filed, SOAR worker will:
  - Notify the local SSA contact that the SSD application and medical portion has been submitted on-line at socialsecurity.gov.
  - Schedule an appointment with the local SSA office to file the SSI claim. (cannot file on-line at this time)
  - Submit the MER and medical case summary report to the SSA contact.
- At the point the application is filed, SSA employee will:
  - Bring Internet application into the claims path,
  - Fax the SSA-1696 and 3288 into Electronic Disability Control System (EDCS),
  - Transfer case to CT Disability Determination Service (DDS) and annotate cover sheet in remarks: SOAR CASE,
  - Send MER and case summary report to DDS to be faxed into the Electronic File (EF).

- After ten business days the SOAR worker will:
    - Call CT DDS at 800-842-8320 to introduce him/herself to the Disability Examiner (DE) assigned to the SOAR case.
    - Mention to the DE that this is SOAR case and that they can assist with any issues, such as making sure the claimant attends a consultative exam (if one is scheduled), ensuring any required forms are completed and returned (such as the Activities for Daily Living), etc.
- SOAR worker will also make sure that they are listed as representative so they will get copies of any correspondence and decision letters.
- If case is medically allowed the SSA employee will:
    - Contact the SOAR case worker for any needed development before adjudicating the medical allowance, such as require proofs still needed to process the claim or representative payee development if needed.
- If claim is medically denied the SOAR worker will file the necessary appeal via the internet.
- If claim is appealed to the hearing level, the Social Security employee flags the case as HOMELESS; making sure the documentation that the claimant is homeless, is in the EF before going to ODAR. ODAR will expedite the scheduling of the hearing on flagged cases.

CLAIM CURRENTLY PENDING AT INTIAL LEVEL OR RECONSIDERATION LEVEL AT DDS

- SSA employee fills out SOAR PROJECT page and faxes back to SOAR worker indicating an initial claim or reconsideration is pending at DDS. On the SOAR project page the SSA employee will include the DE's name and contact phone number.
- SSA employee faxes the SSA-1696 and 3288 into the EF and completes a Update after Transfer (UAT) in EDCS.
- The SOAR worker will:
    - IMMEDIATELY call CT DDS at 800-842-8320 to introduce him/herself to the Disability Examiner (DE).
    - Mention to the DE that this is now a SOAR case and that they can assist with any issues, such as making sure the claimant attends a consultative exam (if one is scheduled), ensuring any required forms are completed and returned (such as the Activities for Daily Living), etc.

- Mention that a medical summary report is being prepared and will be submitted ASAP

- SOAR worker will also make sure that they are listed as representative so they will get copies of any correspondence and decision letters.

- If case is medically allowed the SSA employee will contact the SOAR case worker for any needed development before adjudicating the medical allowance, such as require proofs still needed to process the claim or representative payee development if needed

- If claim is medically denied the SOAR worker will file the necessary appeal via the internet.

- If claim is appealed to the hearing level, the Social Security employee will make sure that the case is flagged as HOMELESS; making sure the documentation that the claimant is homeless is in the electronic file (EF) before going to ODAR. ODAR will expedite the scheduling of the hearing on flagged cases.

CLAIM CURRENTLY PENDING AT HEARING LEVEL

- SSA employee fills out SOAR PROJECT page and faxes back to SOAR worker indicating an initial claim is pending at Office of Disability and Review (ODAR). On the SOAR project page the SSA employee will include the ODAR office (Hartford or New Haven) and phone number.

- SSA employee faxes the SSA-1696 and 3288 into the EF and completes an Update After Transfer (UAT) in EDCS.

- The SOAR worker will IMMEDIATELY call ODAR office:

  New Haven ODAR at 866-613-2750. Ask for Tammy Fandozzi or in her absence, Anne Garrahan

  Hartford ODAR 866-931-2878. Ask for Nancy Martel-Tully or in her absence, Mary Pappas

  The SOAR worker will:

  - Tell ODAR that they are now representing the claimant and that the 1696 and 3288 are in the electronic file

  - Mention that that they can assist with any issues still outstanding

  - Ensure that they will get a copy of Notice of Scheduled Hearing

    - Tell ODAR to please flag this case as HOMELESS and that you will send in the required documentation.

- SOAR worker will also make sure SOAR client attends hearing when scheduled

SOAR PROJECT
(SSI/SSDI Outreach, Access, and Recovery)

Consent for Release of Information

Sign this form only if you want the Social Security Administration to give information or records about you to _____(service provider). TO: SSA fax_____ Local SSA Office_____

Customer's Name_____

Date of Birth_____ Social Security Number_____

THIS SECTION TO BE COMPLETED BY THE SOCIAL SECURITY ADMINISTRATION

____No Record

____Social Security Disability Income

____Supplemental Security Income ____Terminated Record _____ Date Terminate____

Current Claim Status

SSI Claim Pending: _____		**SSDI Claim Pending: _____**	
Initial Claim	Date Filed _____	Initial Claim	Date Filed _____
Reconsideration	Date Filed _____	Reconsideration	Date Filed _____
Hearing Level	Date Filed _____	Hearing Level	Date Filed _____
SSI Claim Denied: _____		**SSDI Claim Denied: _____**	
Initial Claim	Date Denied _____	Initial Claim	Date Denied _____
Reconsideration	Date Denied _____	Reconsideration	Date Denied _____
Hearing Level	Date Denied _____	Hearing Level	Date Denied _____

Claim pending was checked above. The claim is at:

_____DDS, Medical examiner name: _____ Tel #_____

_____ODAR. Telephone number: _____

Denial Reason: Medical Non Medical Other

_____

Allowance ____ SSI: Eligibility date _____ _____ SSDI: Eligibility date _____

SSA Claims information was provided by: _____

Date of Response: _____ Protective Filing Date: _____

SSA Tel. # _____ SSA Field Office Code:_____