

Attachment A

Screen Shots and Description of the SAMHSA SOAR Web-Based Data Form

Main Log In Page

Once a person has logged into the password protected form, this is the screen that appears. If they are new to the site, they need to register. If they have already registered and been approved by the SOAR Technical Assistance Center, they would log in using their email address, which is their unique username, and their password.

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User Log On:

Username: Not registered? [Register here](#)

Password:

Public Burden Statement

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-xxxx. Public reporting burden for this collection of information is estimated to average 15 minutes per respondent per entry, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

Registration Page for New Users to the System

This is what new users, who are agency directors, local or state leads need to complete and submit. Once this has been submitted and approved by the SOAR Technical Assistance Center, a person can log in (see above). The SOAR Technical Assistance Center will receive lists of appropriate local team leads and agency directors from the state SOAR team lead prior to using the form. No one will be approved without the knowledge of the SOAR State Lead. It is the agency director or his/her designee who will enter case managers from his/her agency into the system.

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New users register below:

New users will be approved by xxxxxxxx. You will receive an email confirming registration when you have been approved.

Please choose your state:

Alabama

Please choose your role:

- State Team Lead
 Local Lead
 Agency Director

Caseworkers
Please see your
agency director to be added to the system.

First Name:

Phone:

Last Name:

Email address: (this will be your username)

Agency:

Please choose a password:

Submit

Reset

Notification of Registration Submission

Once the registration form has been submitted the person is notified that they will receive approval via email within 48 hours of submission. SOAR Technical Assistance Center staff will monitor those requesting approval and will send an email to those on lists submitted by the SOAR State Leads.

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New user registration:

Your user information has been submitted and you should receive an email within 24 - 48 hours acknowledging approval status. You will not be able to log on to the system until you have been approved by your state team lead.

[Back to main logon screen](#)

Adding Case Managers to the System

Once an agency director has been approved he or she may enter case managers into the system, so that they can keep track of the disability benefit applications they submit to SSA. There is also a place on this screen where agency directors can access reports submitted by case managers and remove case managers who are no longer active. (See next screen.)

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SOAR Online Data Collection
Data Entry

OMB Number: 0930-xxxx
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ABC Agency

Welcome FName LName

You have no reports available at this time.

Listing of your active caseworkers

[View inactive caseworkers](#)

Add new caseworker information for

First Name: <input type="text"/>	Last Name: <input type="text"/>
Email: <input type="text"/>	Password: <input type="text"/>
Phone: <input type="text"/>	

Internet | Protected Mode: C

Changing A Case Worker's Status

If a case worker is no longer assisting people with their SSA disability benefits, s/he can be made inactive, so that s/he will no longer be able to enter data on client's cases, but the data on these applications will not be lost. This change must be made by the agency director or his/her designee.

Back to Logon**SOAR Online Data Collection**
Data Entry

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ABC Agency

Make caseworker inactive:

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You about to change the following user to inactive:

First Name Last Name

Make Caseworker Inactive

Case Manager's Opening Page

Once a case manager has logged on, s/he needs to assign a specific ID to each case entered into the SOAR Web-Based Tracking Program. Because no personal data, such as name, Social Security number or date of birth are collected using this form, case managers must assign an ID to each case entered using a specified format.

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SOAR Online Data Collection
Data Entry

OMB Number: 0930-xxxx
Expiration Date: xx/xx/xx

CASEWORKER: First Name Last Name
AGENCY: ABC Agency

There are no applicants with that caseworker ID in the system.
Please use the form at the right to enter new applicants.

Add New Applicant

Insert new applicant ID:

Format must be xx00xx0000, see below for explanation

ID should be created by entering the following:

- First two letters of first name
- Last two numbers of birth year
- First 2 digits of last name
- Last four digits of social security number

Example: Jane Doe, born in 1985, with a social security number of 123-45-6789.

ID = ja85do6789

Case Manager's Client Access

Case managers can enter data on any individual client multiple times if necessary. For example, if they enter the date the SSI or SSDI application was submitted, they can go back into the client's record to enter the date of decision. Client IDs are listed on the left side of the case manager's opening screen once an ID has been determined.

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SOAR Online Data Collection
Data Entry

OMB Number: 0930-xxxx
Expiration Date: xx/xx/xx

CASEWORKER: First Name Last Name
AGENCY: ABC Agency

Entered Applicants	Add New Applicant
Please choose applicant to modify: xx11xx1111	Insert new applicant ID: Format must be xx00xx0000, see below for explanation <input type="text"/> <input type="button" value="Add Applicant"/> <input type="button" value="Reset"/> ID should be created by entering the following: First two letters of first name Last two numbers of birth year First 2 digits of last name Last four digits of social security number Example: Jane Doe, born in 1985, with a social security number of 123-45-6789. ID = ja85do6789

Demographic Information

The demographic information on each client is collected on this screen. It can be modified, if needed, but case managers can enter other data on the client's application status without changing this form. They do have the opportunity to review it each time they open the client's "file."

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SOAR Online Data
Data Entr

OMB Number: 0930-xxxx
Expiration Date: xx/xx/xxxx

CASEWORKER: First Name Last Name Applicant ID#: xx11xx1111
AGENCY: ABC Agency

Applicant Information

Gender:

Female Male

Age:

20 and under ▾

Military Service:

Yes No Don't know

Housing Status:

Homeless* Housed

** SOAR defines homelessness as living on the street, in shelters, doubled up or in less than permanent housing*

If housed is applicant at risk of homelessness?

Yes No

Current Living Situation:

Please select below ▾

Current length of time homeless:

Years **OR** Months **OR** Days Unknown

Was this person receiving any state, county or other public assistance (cash, check or medical insurance) prior to applying for SSI/SSDI?

Yes No If 'Yes', what type of public assistance?



Application Type

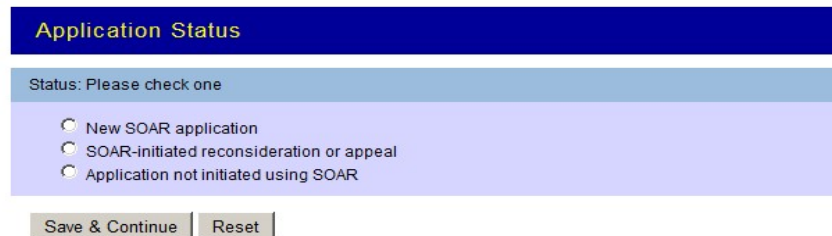
The SAMHSA SOAR Web-Based Data Form is able to keep track of three different types of applications that case managers might be working on:

- A new SOAR application, where SOAR is used from the beginning of the application process
- SOAR – initiated reconsideration or appeal, where an initial disability application has been denied and SOAR is used to assist in the appeals or reconsideration process
- A disability application that had already been started prior to the SOAR-trained case manager’s involvement

Here the case manager selects which type of application they are entering data about.



CASEWORKER: First Name Last Name Applicant ID#: xx11xx1111
AGENCY: ABC Agency



New SOAR Application – Screen One

The first part of the data form for a new SOAR application asks for the protective filing date, the application date and other components of SOAR.

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CASEWORKER: First Name Last Name Applicant ID#: xx11xx1111
AGENCY: ABC Agency

New SOAR Application	
Protective filing date (consent for faxed to SSA) <input type="text"/> mm/dd/yyyy	Were medical records collected and submitted? <input type="radio"/> Yes <input type="radio"/> No
Application date (application packet submitted to SSA) <input type="text"/> mm/dd/yyyy	Was a medical summary report written and submitted? <input type="radio"/> Yes <input type="radio"/> No
Application not submitted due to: <input type="text" value="Select below"/> ▼	Was report co-signed by physician or psychologist? <input type="radio"/> Yes <input type="radio"/> No
Completed and submitted SSA 1696 Appointment of Representative form? <input type="radio"/> Yes <input type="radio"/> No	Was quality review of application done prior to submission? <input type="radio"/> Yes <input type="radio"/> No
<input type="button" value="Save & Continue"/> <input type="button" value="Reset"/>	

New SOAR Application – Screen Two

This section records the results of the decision and whether a representative payee was required and provided. This concludes data entry for the new SOAR application section of the form.

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CASEWORKER: First Name Last Name Applicant title#: xx11xx1111
AGENCY: ABC Agency

New SOAR Application	
Was a Consultative Exam (CE) ordered? <input type="radio"/> Yes <input type="radio"/> No	Representative payee needed? <input type="radio"/> Yes <input type="radio"/> No
Date of decision: <input type="text"/> mm/dd/yyyy	Representative payee provided? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Pending
Decision not received due to: <input type="text"/> Select below	If denied, was a reconsideration or appeal filed? <input type="radio"/> Yes <input type="radio"/> No
Outcome of decision: <input type="radio"/> Approved <input type="radio"/> Denied	Was applicant housed at time of decision? <input type="radio"/> Yes <input type="radio"/> No
Approved for? <input type="radio"/> For SSI Only <input type="radio"/> For SSDI Only <input type="radio"/> For Both	
<input type="button" value="Save & Continue"/> <input type="button" value="Reset"/>	



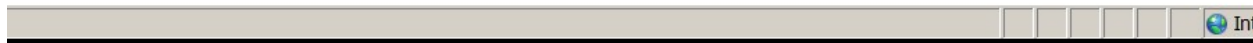
SOAR- Initiated Reconsideration or Appeals – Screen One

There are two data collection screens for SOAR-initiated reconsideration or appeals applications. These can be new cases to the case manager or the forms can be used for SOAR initial applications that have been denied.

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CASEWORKER: First Name Last Name Applicant ID#: xx11xx1111
AGENCY: ABC Agency

SOAR – Initiated Reconsideration or Appeal	
Did SOAR staff initiate the reconsideration or appeal? <input type="radio"/> Yes <input type="radio"/> No	Was an expedited hearing requested? <input type="radio"/> Yes <input type="radio"/> No
Did SOAR staff submit SSA 1696 Appointment of Representative form? <input type="radio"/> Yes <input type="radio"/> No	Was a review on record requested? <input type="radio"/> Yes <input type="radio"/> No
Were medical records collected and submitted? <input type="radio"/> Yes <input type="radio"/> No	Did applicant have an attorney? <input type="radio"/> Yes <input type="radio"/> No
Was a medical summary report written and submitted? <input type="radio"/> Yes <input type="radio"/> No	
<input type="button" value="Save & Continue"/> <input type="button" value="Reset"/>	



SOAR- Initiated Reconsideration or Appeals – Screen Two

Back to Login	SOAR Online Data Collection Data Entry	OMB Number: 0930-xxxx Expiration Date: xx/xx/xxx
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CASEWORKER: First Name Last Name Applicant ID#: xx11xx1111
AGENCY: ABC Agency

SOAR – Initiated Reconsideration or Appeal

Date of hearing decision or review on record: <input type="text"/> mm/dd/yyyy	Representative payee needed? <input type="radio"/> Yes <input type="radio"/> No
Outcome of hearing or review on record: <input type="radio"/> Approved <input type="radio"/> Denied	Representative payee provided? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Pending
Approved for? <input type="radio"/> For SSI Only <input type="radio"/> For SSDI Only <input type="radio"/> For Both	
<input type="button" value="Save & Continue"/> <input type="button" value="Reset"/>	

Applications Initiated Not Using SOAR – Screen One

Like the other application types, the data collection for disability benefit applications that had already been started prior to the SOAR case manager’s involvement are entered on two screens. On this screen data are collected as the status of the application when the SOAR case manager became involved. There are additional screens for this type of application depending on when SOAR started with this type of application.

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CASEWORKER: First Name Last Name Applicant ID#: xx11xx1111
AGENCY: ABC Agency

Applications Not Initiated Using SOAR
Date of first contact with applicant whose claim was pending
<input type="text"/> mm/dd/yyyy
When you began working with applicant, was application pending at the:
<input type="radio"/> Initial Level? <input type="radio"/> Reconsideration Level? <input type="radio"/> Administrative Law Judge (ALJ) hearing level?
<input type="button" value="Save & Continue"/> <input type="button" value="Reset"/>



Applications Initiated Not Using SOAR – Initial Level

Back to Logon	SOAR Online Data Collection Data Entry	OMB Number: 0930-xxxx Expiration Date: xx/xx/xxx
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CASEWORKER: First Name Last Name Applicant ID#: xx11xx1111
AGENCY: ABC Agency

Applications: Initial Level

Date of initial decision
<input type="text"/> mm/dd/yyyy
Outcome of initial decision
<input type="radio"/> Approved <input type="radio"/> Denied
If denied, was a request for reconsideration filed?
<input type="radio"/> Yes <input type="radio"/> No
<input type="button" value="Save & Continue"/> <input type="button" value="Reset"/>



Applications Initiated Not Using SOAR – Reconsideration Level

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SOAR Online Data Collection
Data Entry

OMB Number: 0930-xxxx
Expiration Date: xx/xx/xx

CASEWORKER: First Name Last Name Applicant ID#: xx11xx1111
AGENCY: ABC Agency

Applications: Reconsideration Level

Date of reconsideration

mm/dd/yyyy

Outcome of reconsideration

Approved Denied

If denied, was an appeal for an Administrative Law Judge (ALJ) hearing filed?

Yes No



Applications Initiated Not Using SOAR – Administrative Law Judge Level

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SOAR Online Data Collection
Data Entry

OMB Number: 0930-xxxx
Expiration Date: xx/xx/xx

CASEWORKER: First Name Last Name Applicant ID#: xx11xx1111
AGENCY: ABC Agency

Applications: Administrative Law Judge (ALJ) hearing level

Date of ALJ hearing decision

mm/dd/yyyy

Outcome of ALJ hearing decision

Approved Denied

Save & Continue

Reset

Applications Initiated Not Using SOAR – Last Screen for All Types

This records the results of the decision received on all types of applications initiated not using SOAR.

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CASEWORKER: First Name Last Name Applicant ID#: xx11xx1111
AGENCY: ABC Agency

Applications	
Approved for? <input type="radio"/> For SSI Only <input type="radio"/> For SSDI Only <input type="radio"/> For Both	Representative payee provided? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Pending
Representative payee needed? <input type="radio"/> Yes <input type="radio"/> No	
<input type="button" value="Save & Continue"/> <input type="button" value="Reset"/>	

