Attachment A

Screen Shots and Description of the

SAMHSA SOAR Web-Based Data Form

Registration Page for New Users to the System

New users, who are caseworkers, agency directors, local or state leads need to complete and submit this registration form. Once this is submitted and approved by the SOAR Technical Assistance Center, users can log in (see below). The SOAR Technical Assistance Center verifies the registrant with the SOAR State Team Lead if the agency is not currently in the system. Once the registration form has been submitted the person is notified that they will receive approval via email within 48 hours of submission.

| OAR AT <i>SAMHSA</i> |
|--|
| Online Application Tracking |
| Help I Log Out |
| New users will be approved by SAMHSA SOAR TA Center staff. You will receive an email confirming registration when you have been approved. If you have any questions about the registration process or this program, please contact us at corrot@princ.com or 518-439-7415 ext. 5242. |
| New user registration |
| All fields are required. |
| Your role (choose one): |
| O Caseworker: works with applicants and enters data into OAT on his/her application outcomes. Has access to his/her data only. |
| O Agency Lead: may work with applicants and enter data, but also has access to data from other case workers in the agency. |
| O Local Lead: has access to data from multiple agencies in a city and/or county. May work with applicants and enter data. |
| State Team Lead: has access to data from all agencies in the state. May work with applicants and enter data. |
| First Name: |
| Last Name: |
| Agency: |
| |
| City: |
| State: |
| Select a State V |
| Phone: (xxx-xxx-xxxx) |
| Email address: |
| |
| |
| verity email address: |
| |
| Please choose a password: |

Main Log-In Page

The main log-in page is where users log-in using their email address, which is their unique username, and their password, which they set when they registered (see above).

| OAR OAT XSAMHSA |
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| |
| Online Application Tracking |
| |
| Help Log Out |
| |
| Not registered? <mark>Register he</mark> i |
| Welcome to SOAR (SSI/SSDI Outreach, Access and Recovery) Online Application Tracking (OAT)! OAT allows SOAR trained case managers to enter and track data about and outcomes of their SSA disability applications. For more information about SOAR, please visit the SOAR, vebsite. |
| User Login |
| nail address |
| |
| issword: |
| |
| Login |
| Forgot your passwordf |
| f you are currently assisting people with SSA disability benefits applications using SOAR and do not have log in information or have questions about this program, please contact us at |
| OMB Number: 0930-0329, Expiration: 10/31/2014 |
| 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 0930-0329. Public reporting burden for this collection of information is estimated to average 15 minutes per respondent per entry, including the time for reviewing nstructions, 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 8-1099, Rockville, MD 20857. |

Caseworker's Home Page

Once a caseworker has logged in, 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, caseworkers must assign an ID to each case entered using a specified format to prevent duplication and assist with case identification. The Applicant ID is created by using the first two letters of the first name, last two numbers of the birth year, first two letters of the last name and last four digits of the Social Security Number. The Applicant ID format is xx00xx0000.

| OAR OAT | ×́ SAMHSA |
|---|---|
| Online Application Tracking | |
| Welcome Myrde CaseworkerAgency: ABC CMHC State: MI You are logged in as Case Worker | Help Log Out |
| Welcome to the Caseworker Home | Caseworker Home Reports |
| | |
| Add Applicant | |
| Applicant ID (format must be xx00xx0000, see explanation below): | |
| Add Applicant | |
| ID is created by entering the following: | |
| First two letters of first name Last two numbers of birth year First two letters 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 selection | Show all agencies and caseworkers in my state |
| All Cases 🗸 | |
| Submit | |
| Please select parameters and press Submit | |
| | |

Caseworker's Applicant Access

Caseworkers can edit data on any individual applicant if necessary. For example, if they begin the data entry by entering the date the SSI or SSDI application was submitted and then save the form without completing the rest of the questions they can go back into the client's record to enter the date of decision. To access a record, the caseworker can either use the pull down menu or simply select "Submit" at the bottom of the page to see a list of his/her cases.



Demographic Information

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

| P.P | | | |
|---|--------------------------------------|--|---------------------------|
| (OAR) | AT | X SAMHSA | |
| Online Application | Tracking | | |
| Welcome Myrtle CaseworkerAgency: ABC CMHC State: MI You are logged in as Case Worker | | | Help Log Out |
| Caseworker Home / Applicant info 1. | | | Caseworker Home Reports |
| Applicant Information I. | | | |
| ASEWORKER: Myrtle Caseworker Applicant ID#: mr450 GENCY: ABC CMHC Applicant Information | hu3330 | | |
| Gender: | | | |
| Female | | | |
| Age: | | | |
| 70 | | | |
| Military Service: | | | |
| ● Yes ○ No ○ Don't know | | | |
| Was this person receiving any state, county or other p | oublic assistance (cash, check or me | dical insurance) prior to applying for SSI/SSD | 1? |
| Yes: TANF 🗸 | | | |
| Living Situation at Time of Application: | | | |
| Transitional | ~ | | |
| Save & Continue | | | |

Application Type

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

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

The caseworker selects which type of application for which they are entering data.

| X SAMHSA | |
|----------|---------------------------|
| | Help Log Out |
| | Caseworker Home Reports |
| | |
| | |
| | |
| | |
| | |
| | X SAMHSA |

New SOAR Application – Screen One

The first part of the data form for a new SOAR application asks for the protective filing date and the application date. If an application is not submitted, a caseworker can indicate the reason.

| Sontine Application | DAT Tracking | X SAMHSA | |
|--|-----------------|----------|---------------------------|
| Welcome Myrtle CaseworkerAgency: ABC CMHC State: M You are logged in as Case Worker | | | Help Log Out |
| Caseworker Home / New SOAR Application | | | Caseworker Home Reports |
| New SOAR Application | | | |
| CASEWORKER: Myrtle Caseworker Applicant ID#: mr4 AGENCY: ABC CMHC | 45hu3330 | | |
| New SOAR Application | | | |
| Protective filing date (consent form faxed to SSA) | | | |
| 12/30/2013 mm/dd/yyyy | | | |
| Application date (application packet sumitted to SS | A) | | |
| 1/7/2014 mm/dd/yyyy | | | |
| Application not submitted due to: | | | |
| Select below or clear Moved Disappeared Incarcerated Withdrew Transferred to new representative | | | |
| Other | | | |

New SOAR Application – Screen Two

The second section asks a few questions about what SOAR critical components were used while assisting with the application.

| (0 | DAR OAT | X SAMHSA | |
|-----------------------------|--|-----------------|---------------------------|
|) | Online Application Tracking | | |
| Welcome My You are logge | rrtle CoseworkerAgency: ABC CMHC State: MI ed in as Cose Worker | | Help Log Out |
| Caseworker He | ome / New SOAR Application | | Caseworker Home Reports |
| New | SOAR Application | | |
| | | | |
| CASEWORK | ER: Myrtle Caseworker Applicant ID#: mr45hu3330 C CMHC | | |
| New SOA | AK Application | | |
| Completed | and submitted SSA 1696 Appointment of Representative form? | | |
| • Yes | ○ No | | |
| Were medi | ical records collected and submitted? | | |
| • Yes | O No | | |
| Was a med | ical summary report written and submitted? | | |
| • Yes | O No | | |
| Was report | t co-signed by physician or psychologist? | | |
| • Yes | ○ No | | |
| Was quality | y review of application done prior to submission? | | |
| OYes | • No | | |
| Save & 0 | Continue | | |

New SOAR Application – Screens Three and Four

The caseworker continues by entering the outcome of the disability application and the date of decision. This screen shows approval and the follow up screen for an approval.

| Solar Online Application Tracking | X SAMHSA | |
|---|-----------------|---------------------------|
| Welcome Myrtle CaseworkerAgency: ABC CMHC State: MI You are logged in as Case Worker | | Help Log Out |
| Caseworker Home / New SOAR Application | | Caseworker Home Reports |
| New SOAR Application | | |
| :ASEWORKER: Myrtle Caseworker Applicant ID#: mr45hu3330 IGENCY: ABC CMHC New SOAR Application | | |
| Date of decision: | | |
| 1/7/2014 mm/dd/yyyy | | |
| Decision not received due to: | | |
| Select below (clear) | | |
| Was a Consultative Exam (CE) ordered? | | |
| O Yes O No ● Don't know Save & Continue | | |

| Online Application Tracking | X SAMHSA | |
|---|-----------------|---------------------------|
| Welcome Myrtle Caseworker Agency: ABC CMHC State: MI | | Help Log Out |
| You are logged in as Cose Worker | | |
| Caseworker Home / New SOAR Application | | Caseworker Home Reports |
| New SOAR Application | | |
| CASEWORKER: Myrtle Caseworker Applicant ID#: Da57Pa1852 AGENCY: ABC CHHC | | |
| New SOAR Application | | |
| Approved for? | | |
| ○ For Both SSI / SSDI ○ For SSI Only ○ For SSDI Only | | |
| Representative payee needed? | | |
| ⊖ Yes O No Save & Continue | | |

New SOAR Application – Application Denial

If an application is denied, the caseworker indicates the reason from the SSA denial letter.

| Solution Tracking | X SAMHSA |
|--|---------------------------|
| Welcome Myrtle CaseworkerAgency: ABC CMHC State: MI You are logged in as Cose Worker | Help Log Out |
| Caseworker Home / New SOAR Application | Caseworker Home Reports |
| New SOAR Application | |
| CASEWORKER: Myrtle Caseworker Applicant ID#: mr45hu3330 GENCY: ABC CMHC New SOAR Application | |
| Outcome of decision: | |
| Approved Denied | |
| Was applicant housed at time of decision? | |
| ○Yes ● No ○ Don't know | |
| Save & Continue | |



SOAR- Initiated Reconsideration or ALJ Hearing – Screen Two

There are two data collection screens for SOAR-initiated Reconsideration or ALJ Hearing applications. These may be new applicants to the caseworker or the screens are available for SOAR-assisted initial applications that have been denied. The filing dates of the Request for Reconsideration or for an Administrative Law Judge (ALJ) hearing are then followed by questions related to SOAR critical components used during the application process. Subsequent questions for all SOAR applications are the same as those for the initial application.

| OAR AT | ×́ SAMHSA | |
|---|-----------|---------------------------|
| Online Application Tracking | | |
| Welcome Myrrle CoseworkerAgency: ABC CMHC State: MI You are logged in as Cose Worker | | Help Log Out |
| Caseworker Home / SOAR – Initiated Reconsideration | | Caseworker Home Reports |
| SOAR – Initiated Reconsideration | | |
| CASEWORKER: Myrtle Caseworker Applicant ID#: mr45hu3330 AGENCY: ABC CMHC SOAR – Initiated Reconsideration | | |
| Did SOAR staff submit SSA 1696 Appointment of Representative form? | | |
| ⊖Yes ○ No | | |
| Were additional medical records collected and submitted? | | |
| ⊖Yes ○ No | | |
| Was a medical summary report written and submitted? | | |
| ⊖Yes ○ No | | |
| Save & Continue | | |

Optional Questions

Users requested the ability to collect information about Medicaid, Medicare, General Assistance reimbursements and back payments from SSA as part of their sustainability efforts. When any (Initial, Reconsideration or ALJ Hearing) application is approved, optional financial information questions are asked. Caseworkers can choose whether or not to complete the answers to these questions.

Optional Financial Information

| CASEWORKER: Myrtle Caseworker Applicant ID#: mr45hu3330 |
|--|
| Optional Financial Information |
| Medicaid Reimbursement Amount (in dollars): |
| |
| Medicare Reimbursement Amount (in dollars): |
| |
| General Assistance or Public Assistance Reimburgement Amount (in dollars): |
| |
| Was Appliant Warking During the Application Process? |
| was Applicant working During the Application Process: |
| ○ Yes ○ No ○ Don't know |
| Applicant Working Earnings per Month (in dollars): |
| |
| Is the Applicant Working Post-Decision?: |
| ○ Yes ○ No ○ Don't know |
| Post-Decision Earnings per Month (in dollars): |
| |
| SSI Award per Month (in dollars): |
| |
| SSDI Award per Month (in dollars): |
| |
| Retroactive and Back Payments (in dollars): |
| |
| Hours to Complete Claim: |
| |