

Attachment A

Screen Shots and Description of Revisions
to 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. In order to facilitate more immediate access, we have added a question related to “SOAR training I have attended.” For caseworkers who work for an agency that exists in the system and have attended a SOAR training can receive automatic approval. We added a question for “County” to better identify the location of users. We also added a question re “Funding Source” so that we can identify users who are funded through federal grants.

New questions:

- County
- Funding Source
- SOAR Training I have attended


Register for OAT

New State, Agency & Local Lead OAT users will be approved by SAMHSA SOAR TA Center staff. New Case Workers with agencies in the current system will have immediate access to login. New State, Agency & Local Lead OAT users 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 soaroot@prainc.com or 518-439-7415 ext. 5242.

FIRST NAME	LAST NAME	
PASSWORD 	VERIFY PASSWORD	
EMAIL	PHONE	EXT
STATE Select State		
ROLE Select Role		
COUNTY Select County	CITY Select City	
AGENCY Select Agency		
FUNDING SOURCE My position is funded by		

SOAR training I have attended:
Please fill out any of the below that you have participated in.

2-Day Stepping Stones to Recovery training

 DATE	LOCATION City, State
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4-Day Train-the-Trainer program (2006-2013)

PROGRAM
Select Program

3-Day SOAR Leadership Academy

PROGRAM
Select Program

The SOAR Online Course

 DATE
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Register

Demographic Information

The demographic information on each applicant is collected on this screen. The current system asks about Military Service. Due to an increase in applications for Veterans and use of the system by the Department of Veteran Affairs we have added two follow-up questions when the answer is “Yes”: “Discharge Status” and “Was the applicant receiving VA Disability Compensation at the time of the application?” Many SOAR programs focus on employment services and disability acquisition and so we also added one more follow-up question after “Was the applicant working during the application process?” If “Yes,” we ask: “Applicant Working Earnings per Month (in dollars)?” These new questions will not appear for most applicants, but will help provide clarifying information for those relevant applicants.

New questions:

- Discharge Status
- Was the applicant receiving VA Disability Compensation at the time of the application?
- Was the applicant working during the application process?
- Applicant Working Earnings per Month (in dollars)?

The screenshot shows a web form titled "Demographic Information" with a progress bar at the top indicating five steps: 1. DEMOGRAPHICS, 2. APPLICATION TYPE, 3. APPLICATION DETAIL, 4. DECISION, and 5. POST DECISION. The form is currently on step 1. It contains several sections of questions and input fields:

- Gender ***: A dropdown menu with "Select Below" selected.
- Age ***: A text input field.
- Military Service ***: Radio buttons for "Yes" (selected), "No", and "Don't Know".
- Discharge Status: ***: A dropdown menu with "Please select below" selected.
- Was the applicant receiving VA Disability Compensation at the time of the application? ***: A dropdown menu with "Select Below" selected.
- Was the applicant receiving county, state or other public assistance (cash or health insurance) prior to applying for SSI/SSDI? ***: A list box with options: "No", "TANF", "General/Public Assistance", and "Medicaid".
- Was the applicant working during the application process? ***: A dropdown menu with "Yes" selected.
- Applicant Working Earnings per Month (in dollars) ***: A text input field.
- What was the applicant's housing status at the time of the application? ***: A dropdown menu with "Outdoors (e.g., street, abandoned or public building)" selected.
- Length of time homeless? ***: Two text input fields labeled "Years" and "Months".

At the bottom of the form, there are three buttons: "Save & Continue" (blue), "Save & Exit" (orange), and "Cancel" (grey).

Application Detail

The second section asks a few questions about what SOAR critical components were used while assisting with the application. The system currently asks “Was a Consultative Exam (CE ordered?” In order to provide more accurate information, we have added a follow-up question if the answer is “Yes”: “How many CE’s were ordered?”

New question:

- How many CEs were ordered?

1 DEMOGRAPHICS 2 APPLICATION TYPE 3 APPLICATION DETAIL 4 DECISION 5 POST DECISION

Protective filing date (initial contact with SSA) * ⓘ
03/09/2016

Was an SSA-1696 Appointment of Representative Form submitted? *
 Yes
 No

Were medical records collected and submitted? *
 Yes
 No

Was a Medical Summary Report (MSR) written and submitted? *
 Yes
 No

Was the MSR co-signed by a physician or psychologist? *
Yes

Was a quality review of the application done prior to submission? *
 Yes
 No

Has a complete application been submitted to SSA? *
Yes

Was a Consultative Exam (CE) ordered? *
 Yes
 No

How many CEs were ordered? *

Application date (application packet submitted to SSA) *
03/09/2016

[Save & Continue](#) [Save & Exit](#) [Change Type](#)

Post Decision

Most of the questions that are asked post-decision are optional for the user. They are asked to answer what programs the applicant was approved for and then can optionally track other reimbursement amounts and other more qualitative outcomes. In order to clarify the question that currently exists “Was applicant housed at time of decision?” we have added a follow-up question: “Did access to benefits facilitate housing?”

New question:

- Did access to benefits facilitate housing?

The screenshot shows a multi-step application process. The steps are: 1. DEMOGRAPHICS, 2. APPLICATION TYPE, 3. APPLICATION DETAIL, 4. DECISION, and 5. POST DECISION. Step 5 is the active step, indicated by a green circle and text. The form content includes:

- Approved for SSI/SSDI? ***: A dropdown menu with "Both" selected.
- SSDI Award per Month (in dollars)**: An empty text input field.
- SSDI Award per Month (in dollars)**: A second empty text input field.
- Medicaid Reimbursement Amount (in dollars)**: An empty text input field.
- Medicare Reimbursement Amount (in dollars)**: An empty text input field.
- General Assistance or Public Assistance Reimbursement Amount (in dollars)**: An empty text input field.
- Is applicant working post-decision (at time of decision?)**: Radio buttons for "Yes" (checked) and "No".
- Was applicant housed at time of decision?**: Radio buttons for "Yes" (checked) and "No".
- Did access to benefits facilitate housing?**: Radio buttons for "Yes" and "No".
- Representative Payee Needed?**: Radio buttons for "Yes" (checked) and "No".
- Representative Payee Provided?**: Radio buttons for "Yes" and "No".
- Hours to Complete Claim:**: An empty text input field.

At the bottom of the form, there are two buttons: "Complete Application" (highlighted in blue) and "Cancel".