Module 6 – Providing Effective WIPA Services
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Module 6 – Providing Effective WIPA Services

Introduction

Being highly competent in terms of understanding Social Security benefits, other federal benefit programs, and associated work incentives is only part of providing high-quality WIPA services. CWICs must also master the application of this information in their day-to-day work with beneficiaries and other concerned parties. The practical application of public benefits and work incentives knowledge includes identifying and prioritizing eligible beneficiaries; providing effective information and referral services, conducting initial information-gathering interviews; developing written Benefits Summary & Analysis (BS&A) reports and Work Incentives Plans (WIP); facilitating the use of necessary and appropriate work incentives; conducting proactive long term follow-up; and applying effective time management strategies.

CWIC Core Competencies Addressed

- Demonstrates the ability to deliver WIPA services using the “Employment Progression” approach characterized by “just-in-time” provision of services that are customized to meet the unique work incentive counseling needs of beneficiaries at the contemplative, preparatory, job search, and employment stages of the employment continuum.

- Demonstrates the ability to identify WIPA eligible beneficiaries, triage services to high-priority beneficiaries, provide information and referral services, conduct initial information-gathering interviews, and verify all benefits received.

- Develops comprehensive individualized Benefits Summary and Analysis (BS&A) reports and customized Work Incentives Plans (WIPs) that reflect counseling contained in the BS&A.

- Demonstrates the ability to facilitate the use of necessary and appropriate work incentives: Impairment Related Work Expenses
Demonstrates the ability to deliver proactive ongoing WIPA services as a collaborative member of each beneficiary’s employment support team that facilitates the achievement of paid employment or self-employment, supports employment retention over time, fosters future career advancement, and increases financial independence.

Demonstrates the ability to counsel beneficiaries on the importance of reporting earnings to Social Security, strategies for earnings reporting, and tracking their progress through the Trail Work Period (TWP), Extended Period of Eligibility (EPE), and other work incentives.

Practices effective time management and efficient service delivery techniques, which ensures staff direct their efforts towards high-priority WIPA candidates and focus on delivering individualized WIPA services that promote employment and increase financial stability.
Competency Unit 1 – Managing Initial Requests for WIPA Services

Introduction

When managing requests for service, CWICs must stay clearly focused on providing work incentives planning and assistance that promotes employment and enhances financial independence. Remember, the purpose of the WIPA program is to:

- Support Social Security disability beneficiaries who choose to work by providing accurate and complete information about work supports and work incentives;
- Support beneficiaries in successfully maintaining paid employment (or self-employment) over time, by helping beneficiaries anticipate benefit changes and the need to report earnings, and helping them retain essential supports; and
- Provide work incentives counseling that enables beneficiaries to increase their earnings capacity and decrease reliance upon public benefits.

Unfortunately, when you are subjected to sincere (and sometimes urgent) pleas for help related to cash benefits and health insurance, it’s all too easy for callers who have needs completely unrelated to employment to sidetrack you. Social Security doesn’t expect WIPA projects to be all things to all beneficiaries. Social Security has developed very clear boundaries for you to follow in terms of who to serve and what type of services to deliver. This unit will describe these boundaries in detail and will give specific advice about when and how CWICs should enforce those boundaries.

Social Security can’t be there to enforce the limits of WIPA services with every caller. This is something you must be disciplined enough to do independently and something that WIPA Project Managers must monitor closely. You must treat your time and expertise as a precious commodity reserved for those individuals for whom it’s intended. If you provide services to people who are ineligible, spend time resolving benefits problems for individuals with no interest in employment, or assist in areas
that are beyond your scope of work, you’ll have less time available to perform the services Social Security requires.

Organizing WIPA Personnel to Effectively Handle Initial Calls

Social Security doesn’t specify how WIPA projects should assign staff to handle incoming service requests. While a number of methods may get the job done, we recommend that WIPA projects implement a centralized point of intake to answer the majority of initial calls. A centralized intake system has three distinct advantages:

1. Centralized intake systems save valuable staff time. When all initial calls come into one location, trained and specialized staff can screen for eligibility and priority level in an efficient manner. Initial call staff can handle eligible callers with less important and urgent needs directly by providing information over the phone and delivering supplemental materials by email or mail. A centralized intake line can send high-priority eligible callers who require individualized counseling directly to a CWIC for more intensive ongoing services. Keep in mind that all staff members who dispense benefits information during initial calls must complete the full CWIC certification process. Social Security doesn’t permit WIPA projects to use non-certified personnel to perform this function.

2. When projects handle all initial requests for WIPA services centrally, results tend to be more consistent. When only one or two people perform this critical function, there is less opportunity for uneven or improper beneficiary screening and triage.

3. Centralized intake reserves scarce certified CWIC time for services closest to the WIPA program mission — promoting work and enhancing financial stability. By removing most of the CWICs from the time-consuming task of sorting through initial calls, WIPA projects save their valuable expertise and time for more intensive functions —
providing individualized work incentives planning and assistance and ongoing follow-up.

If it isn’t possible to centralize all initial call screening into one staff position, another option would be to share this function across a limited number of CWICs on a regular rotating schedule. Projects can maintain a toll-free line for all initial calls but may have the line forwarded to different staff members on a pre-determined schedule. CWICs could take turns staffing the toll-free line on a weekly basis, freeing up the remaining staff members to deliver intensive WIPA services.

Another option that will help reduce the number of ineligible or low-priority callers that access CWICs directly is to route all initial requests for WIPA services through the Ticket to Work Help Line. In fact, in the current WIPA Terms and Conditions document, Social Security requires WIPA projects to include the Ticket to Work Help Line contact information as the primary contact for beneficiaries on websites, in brochures, and within presentations to the greatest extent possible consistent with the WIPA business model. Help Line professionals have been trained on WIPA eligibility and priorities, and they can serve as an initial source of beneficiary screening and triage. They can also handle some of the basic information and referral needs that callers present. WIPA projects that choose this course of action will need to inform all referral sources of this important procedural change.

As you can see, there are numerous organizational options for handling initial requests for service that are far more efficient than having all CWICs perform this function simultaneously. For any of these strategies to be successful, WIPA projects must take the following important steps:

- WIPA personnel who handle initial requests for service must have a high level of knowledge about the local disability services system as well as benefits and work incentives. Because the screening and triage position involves considerable decision-making ability and affects overall program outcomes, WIPA personnel conducting triage must demonstrate significant competence. It’s critically important that only skilled and experienced CWICs perform this function.

- CWICs conducting triage must be thoroughly trained on the WIPA priority groups and how to interview callers to determine eligibility and priority level. Projects need to design and
implement call scripts that ask the right questions, right away. Protocols for handling initial requests for service should be in writing, and WIPA projects should implement them consistently.

- WIPA Project Managers must monitor initial contacts to ensure that staff members apply the WIPA priorities consistently. Managers should also alter call flow and protocol, if necessary, to ensure consistency and appropriateness of referrals to staff providing intensive individualized services. If you need help doing this, contact your VCU NTDC Technical Assistance Liaison to discuss the situation.

**IMPORTANT:** The current WIPA service model challenges CWICs to reduce the amount of time they spend delivering generic information and referral (I&R) services and increase in-depth, individualized services they deliver over a longer period of time. Under this service design, WIPA projects may serve fewer beneficiaries, but will provide services that are more employment focused and intensive, and of longer duration. **The only way CWICs can reduce time they spend with low-priority beneficiaries who typically present with I&R needs** is to educate their referral sources and revise their outreach materials so they receive a higher percentage of appropriate referrals.

Although the centralized intake system works efficiently, WIPA projects shouldn’t implement this system in an inflexible and dogmatic manner. Local community partners and beneficiaries already receiving individualized WIPA services should still be able to access CWICs directly as needed to answer questions. In addition, if your project uses the Ticket to Work Help Line as the single point of initial contact, don’t refer beneficiaries back to that line if callers make direct contact with you. Beneficiaries can get very frustrated by being referred to numerous agencies, and this would be considered poor customer service. WIPA projects must make every effort to keep access to services simple, with as few barriers as possible.
Managing and Prioritizing Initial Requests for Services

Centralized call screening should accomplish the following tasks in this order:

1. Determine who meets WIPA eligibility criteria: The triage process begins with determining eligibility for WIPA services. Not everyone who contacts a WIPA project will be eligible for services. Social Security requires WIPA projects to limit their services to eligible individuals.

2. Determine the priority level of eligible individuals: Once staff establishes the caller is eligible, determine where the caller is on the employment continuum. Placement on the employment continuum determines if the caller is a high priority for individualized WIPA services, or is more suited to receive generic short-term I&R services.

3. Determine which high-priority beneficiaries have an urgent need: For eligible high-priority beneficiaries who are appropriate for individualized WIPA services, determine what type, intensity, and duration of services would best meet the presenting needs. Of particular importance is identifying which high-priority beneficiaries have an URGENT need for WIPA services. Serve high priority beneficiaries with urgent WIPA services needs first.

You shouldn’t move forward with service delivery until you have completed all three tasks.

Step 1: Determining Who Meets WIPA Eligibility Criteria

Individuals must meet the following criteria to be eligible for WIPA services:
• At least age 14, but not yet full retirement age\(^1\),
• Disabled per Social Security’s definition, and
• Already receiving (or approved to receive) Social Security benefits based on disability (SSI or a Title II disability benefit such as SSDI, CDB or DWB), or
• Receiving Medicaid While Working under 1619(b) of the Social Security Act, or
• Receiving only SSI State Supplementary Payment (SSP), or
• Receiving Medicare under the Extended Period of Medicare Coverage (EPMC) as a former beneficiary of the Title II disability programs (SSDI, CDB, DWB) or as a Medicare Qualified Government Employee (MQGE) who receives Medicare based on disability.

**Important Eligibility Considerations:**

• Beneficiaries don’t have to be employed, have a current job offer, or be actively engaged in a return-to-work effort in order to be eligible for WIPA services. While it’s true that Social Security considers beneficiaries who aren’t preparing for or actively pursuing work to be a lower priority for individualized WIPA services, these individuals are still eligible for the program. CWICs must clearly understand that eligibility for WIPA services is NOT determined by placement on the employment continuum.

• At times you may receive referrals for individuals who receive Veterans Administration (VA) disability benefits, Black Lung benefits, Worker’s Compensation, or other federal benefits. These individuals may also be receiving (or be approved to receive) benefits based on disability from the Social Security Administration and are therefore eligible for services.

• A beneficiary who has received initial notice that Social Security considers him or her to be engaging in SGA is also eligible for WIPA services. This initial notice (Notice of Proposed Decision)

\(^1\) **NOTE:** Full Retirement Age (FRA) varies depending when individuals were born. To identify the FRA for various birth dates, go to [POMS RS 00615.003 Full Retirement Age](https://secure.ssa.gov/apps10/poms.nsf/lnx/0300615003), or search for “full retirement age” or normal retirement age” on [ssa.gov](https://www.ssa.gov).
provides the beneficiary with an opportunity to submit additional evidence if he or she disagrees with the initial decision. If Social Security personnel made the SGA determination without consideration of all of the evidence or applicable work incentives, the beneficiary is likely to need WIPA services to gather the correct information. This type of caller has needs related to work incentives, and WIPA projects should provide him or her with intensive services right away.

• To be eligible for WIPA services, an individual must be already receiving (or be approved to receive) Social Security benefits based on disability. Social Security pays many benefits for entitlement based on factors other than disability, such as retirement, child’s benefits, and benefits paid to the spouse or widow(er) of someone who paid into the Social Security system through work. CWICs must be able to tell the difference between individuals who receive a Social Security benefit based on disability and those who do not.

• There are some important eligibility distinctions for people age 65 or older: Most individuals who are over full retirement age (FRA) will be receiving retirement benefits even if they once received SSDI benefits. In the Title II program, individuals who receive Childhood Disability Benefits (CDB) don’t automatically convert to the retirement system when they reach full retirement age. CDBs don’t “age out” of the disability program. Some CDBs may receive a retirement benefit if they have worked in the past and have established insured status for the Social Security retirement program, but not all will have this option. Therefore, it’s important to remember the disability benefit rules when CDBs reach full retirement age. Individuals beyond FRA who continue to receive Childhood Disability Benefits are eligible for WIPA services.

• In the SSI program, individuals meet entitlement regardless of disability after age 65, but they may be entitled under multiple eligibility categories (see POMS SI 00501.300). Current regulations instruct Social Security personnel to use the entitlement category that is most advantageous to the individual. If an individual was entitled to SSI due to disability at least one month prior to attaining age 65, he or she is eligible
to keep the Disabled Individual (DI) or Blind Individual (BI) category of entitlement after turning 65. These individuals are still eligible for WIPA services, even though they are over age 65.

- In most cases, individuals must be receiving a monthly cash payment from Social Security in order to be eligible for WIPA services. For example, some SSI recipients lose entitlement due to non-disability related reasons such as excess unearned income or resources. Social Security doesn't terminate people like this from the SSI program right away, but rather places them in a 12-month suspension period. Individuals in a 12-month suspension are NOT eligible for WIPA services. However, individuals in 1619(b) status don't receive monthly cash payments, but they are eligible for WIPA services. This is because Social Security still considers people in 1619(b) status to be “SSI eligible”.

- Certain individuals who no longer receive a Title II disability benefit also remain eligible for WIPA services. This applies to Title II disability beneficiaries who aren’t receiving cash benefits due to Substantial Gainful Activity (SGA) level work, but who are still in the Extended Period of Eligibility (EPE) or the Extended Period of Medicare Coverage. Social Security still considers these individuals to be disabled and continue to be subject to medical Continuing Disability Reviews (CDRs).

- Individuals who have been found no longer disabled after a medical continuing disability review (CDR) are typically terminated from benefits. Many individuals appeal these determinations. Remember that if an individual files an appeal of an adverse medical determination within 10 days of the notice, benefit payments may continue while the appeal is being processed. **Individuals receiving benefit payments pending an appeal aren’t eligible for WIPA services.**

We have provided a convenient list on WIPA service eligibility in the Additional Resources section of this unit. This [WIPA Eligible or Not?](https://vcu-ntdc.org/resources/WIPA_OtherResources/WIPAEligibleorNot2019.pdf) list is available in the Resources section of the VCU NTDC website. This list is an excellent tool for you to use when making eligibility
determinations that you may also share with community agencies to help with making appropriate referrals.

**Methods for Determining Eligibility**

Although determining whether a caller is eligible for services sounds like a simple task, it can sometimes be more difficult and time consuming than it first appears. You must remember that establishing eligibility for WIPA services is the first and most important task to accomplish during the first few minutes of an initial call.

**NOTE:** Determining WIPA eligibility is straight forward for people referred by the Ticket to Work (TtW) Help Line. If the TtW Help Line referred the person, you can find the type(s) of Social Security benefit listed in the encrypted referral email. In these cases, you should confirm the type of benefits received with each person. If there are discrepancies between what the beneficiary says he or she receives and what shows in the referral section, ask additional questions to clarify.

It’s imperative that you take charge of the conversation at the very beginning by asking direct, yet courteous questions that will determine the caller’s potential eligibility for services. Some possible questions to ask would include:

- Can you tell me what type of benefits you get from Social Security?
- Do you know if you get Social Security disability benefits (SSDI) or SSI?
- Do you get more than one benefit payment from Social Security each month?
- How much is your Social Security payment?
- Do you know if your benefits are based on your past work, or do you get benefits from the earnings record of a parent or a spouse?
- Do you know if you have Medicare or Medicaid health insurance? **Note:** If they don’t know, have them describe their insurance card. Is it white with a red white and blue stripe? Is it (whatever color of card your state uses for Medicaid)?
These questions are just a beginning. Depending on how the individual responds, you may need to ask additional probing questions to determine exactly what type of benefits the individual is receiving and whether or not the benefit is based on disability. In the overwhelming majority of cases, you’ll be able to ascertain if a caller is eligible by using phone interview techniques.

**NOTE:** WIPA projects should use some type of written format to structure questioning during initial interviews to make certain CWICs ask all essential questions in the proper order. We have provided a sample format you can use to structure your initial interviews called “**WIPA Initial Interview Guide**” at the end of Unit 3 and on the VCU NTDC website (https://vcu-ntdc.org/resources/viewContent.cfm?contentID=197)

If you can’t determine eligibility by asking the questions presented above, another alternative for verifying basic Social Security benefit information is the “**my Social Security**” online portal system. Beneficiaries can go to Social Security’s website and create a personalized account that they can use to print a benefit verification letter. The beneficiary will also be able to see his or her record of annual earnings, benefit amount, and payment information. Beneficiaries can also change their address, phone number, and direct deposit through this portal. Beneficiaries can sign in or create an account using the following link: **www.ssa.gov/myaccount**

Finally, if you are unable to confirm benefit type using the strategies outlined above, you can request a Benefit Verification Letter from Social Security. This can be done in several ways. First, the beneficiary may call Social Security’s toll-free line (1-800-772-1213) and request that a Benefit Verification letter be mailed or faxed directly to the CWIC. Another, more time-consuming approach, is to send the caller a standard Social Security release of information form through the mail or by email with a self-addressed, stamped envelope the person can use to return the signed release to you. The signed release can then be sent to the local office with a request for a Benefit Verification Letter. The beneficiary may also opt to obtain a Benefits Planning Query or BPQY from Social Security. The BPQY and strategies for obtaining it are discussed in detail in the following unit.
What to do about Ineligible Callers

CWICs are often uncertain about how to proceed once they’ve determined that a caller isn’t eligible for WIPA services. While it’s never appropriate to simply dismiss callers by informing them that they are ineligible and abruptly ending the call, you must also be careful not to err in the opposite direction. Spending significant amounts of time working with ineligible callers isn’t appropriate, given the amount of work there is to do for those beneficiaries who are eligible for services and are presenting needs close to the WIPA mission.

As soon as you determine ineligibility, you should ask the caller what the presenting need is and recommend alternate referral sources that could potentially assist the individual. Below is an example of how to handle a caller who is ineligible for WIPA services in a professional and courteous manner:

**Example of how to handle an ineligible caller:**

Suzy CWIC is on the phone with Ernest, who is currently in the process of applying for Social Security disability benefits. Ernest says that his attorney assures him that he will be awarded benefits, and he has heard about the Ticket to Work program, so he is planning to begin work at a local restaurant next week. He wants Suzy to tell him how much he can make without risking eligibility for benefits. Ernest is very insistent that Suzy tell him the specific amount he can earn.

The best response for Suzy is to give Ernest a quick overview of the services the WIPA program offers and explain the eligibility criteria. After this explanation, Suzy could then refer Ernest back to his attorney as well as to the local Social Security office for further information. Prior to closing the call, Suzy should invite Ernest to call back once he is actually awarded disability benefits so that a CWIC can talk to him about the impact of work and his options. CWICs should always thank the individual for calling.

It’s important to be polite and professional when assisting ineligible callers without allowing these calls to demand an unreasonable amount of
time. There is a delicate balance between being courteous and safeguarding the boundaries of WIPA eligibility.

**Step 2: Determining the Priority Level of Eligible Individuals**

Once you determine that an individual is eligible for WIPA services, the next step is determining whether or not the beneficiary is a high priority for individualized WIPA services, or is more appropriate for short-term information and referral (I&R) services. Sorting of eligible beneficiaries into the two service groups is a very important part of a CWIC’s job. It requires a clear understanding of the differences between these two types of services.

**Comparison of I&R and Individualized WIPA Services**

Generally, CWICs address I&R needs by providing basic summary information about benefits, work incentives, programs or services. This type of service typically doesn’t require extensive information gathering or verification of benefits. Most often, CWICs handle I&R requests by one or two phone or email contacts with the beneficiary. In some instances, CWICs may supplement the information provided during phone or email communication with printed resources. I&R services are short term in nature and do not involve repeated contacts with the beneficiary. More detailed information about providing effective I&R services is available in Unit 2 of this Module.

In contrast, individualized work incentives planning and assistance requires CWICs to gather specific information about the individual beneficiary and perform customized analysis, informational support, and counseling. For most beneficiaries receiving individualized WIPA services, CWICs provide a written summary of the customized analysis known as a Benefits Summary and Analysis (BS&A) report. CWICs generally follow the written BS&A with direct assistance and support to resolve problems or apply work incentives. CWICs typically provide this assistance over a period of weeks, months, or even years. Often, a CWIC and beneficiary use a document called Work Incentives Plan or WIP to guide the services over time. More detailed information about providing effective individualized WIPA services is available in Unit 3, 4 and 5 of this Module.
The priority groups covered in the unit provide the basis on which CWICs sort beneficiaries into the two primary service groups: those receiving only I&R services and those receiving individualized WIPA services.

**Understanding the WIPA Priorities**

Social Security developed the WIPA priority groups to help CWICs manage requests for individualized, intensive, ongoing work incentives counseling services. Social Security expects WIPA projects to prioritize individualized WIPA services to eligible beneficiaries who fall into two groups:

**Priority Group 1:** Individuals who are currently working or engaging in self-employment and have both a need for and interest in receiving individualized work incentives planning and assistance services. Priority group 1 also includes transition age youth. Social Security defines transition age youth as being at least 14 years old through the age of 25. You should prioritize transition-aged youth even if they are in the earlier stages of considering work or preparing for work. Social Security considers youth a separate high priority category.

**Priority Group 2:** Beneficiaries who are actively pursuing employment or self-employment and who are interested in receiving individualized work incentives planning and assistance services. This group includes:

- Beneficiaries with a clear employment goal who are conducting an active and regular job search. Active and regular job search is defined as searching for job openings on at least a weekly basis (using online job postings or other sources), submitting applications or resumes, and participating in job interviews.

- Beneficiaries with a clear employment goal who have taken active steps to prepare for achieving that goal. Beneficiaries who have taken active steps to prepare for employment or self-employment would include individuals who:
  
  a. Have an approved PASS, a pending PASS, or are good candidates for PASS development;
  
  b. Are participating in an education or training program related to the employment goal;
  
  c. Have a Ticket assigned (or “in use”) with the State Vocational Rehabilitation (VR) agency or an Employment
Network (EN) with a signed Individualized Plan for Employment (IPE)/Individual Work Plan (IWP) and are actively engaged in the services stipulated in the plan;

d. Are in the process of developing a business plan, securing financing for business start-up, or otherwise preparing to pursue the self-employment goal;

e. Are participating in a work-study program, On-the-Job Training (OJT) opportunity, apprenticeship, paid or unpaid internship, or other job preparation program.

**IMPORTANT:** In order to be a member of Priority Group 2, a beneficiary must have a clear employment or self-employment goal. If the beneficiary needs assistance with career exploration, he or she wouldn’t meet the criteria for this group.

Keep in mind that members of these two high-priority groups must have an interest in receiving individualized, employment-focused benefits counseling. You wouldn’t consider a beneficiary who is employed or actively pursuing employment but who only wants assistance with non-employment-related benefits issues a high priority. Be careful when trying to determine this. Never assume that a caller who begins by asking questions about benefits issues unrelated to employment is inappropriate for work incentives planning and assistance services. Beneficiaries may have many benefits issues they need help with, and questions related to employment may only be a part of the puzzle. Be sure to explain the mission of the WIPA program and describe the valuable information and support you can provide. Ask the beneficiary if he or she is interested in receiving individualized benefits analysis to find out how his or her unique employment or earnings goal might affect his or her benefits. If the beneficiary isn’t interested, be sure to politely ask the caller to explain his or her reasons. You may need to sell the idea of WIPA services to the beneficiary in some cases. Don’t give up too easily, especially with a beneficiary who is already working. Use your best persuasive skills to encourage the beneficiary to participate.

**IMPORTANT:** Social Security doesn’t prohibit WIPA projects from serving beneficiaries who are a lower priority. The agency established the priorities because it recognizes that WIPA projects have limited staff and fiscal resources.
The high-priority groups include individuals who are closest to employment and most at risk of experiencing benefit problems if wages and work incentives aren’t properly reported or developed. Social Security permits WIPA projects to provide individualized services to beneficiaries who are a lower priority as they deem appropriate and as time permits.

**What to do about Eligible Beneficiaries Who are a Low Priority for WIPA Services**

Obviously, not everyone who contacts you will meet the criteria for Priority Groups 1 or 2. You may receive a great many requests for services from individuals who have only begun to think about the possibility of going to work for the first time, or returning to work. Most of these individuals would be in the “contemplative stage” of the employment continuum. In most cases, beneficiaries at this stage have no clear vocational goal and have taken few, if any, steps to prepare for employment. Beneficiaries at the contemplative stage may feel ambivalent about the possibility of work and fear the impact of paid employment on benefits. Common identifying characteristics of people in the contemplative stage of employment include the following:

- Beneficiaries may have attempted to work since they became entitled to benefits and may have had a bad experience with benefits.
- Individuals typically don’t have clear employment goals, may be unsure how much they are able to do, given the effects of the disabling condition(s), or may be unable to perform the type of work they did in the past and will express confusion about what other options are available.
- Beneficiaries haven’t taken steps to prepare for employment, there has been no attempt to access services from the VR system or any other employment services providers or are unaware of the disability services system or what services may be available to help with returning to work.
- Beneficiaries haven’t taken steps to gain additional training or education.
Another group of beneficiaries whom Social Security considers a lower priority are those who indicate that they have no interest in working at the current time. These individuals typically state this fact pretty clearly and generally have one or more well-thought-out reasons for this decision. In some cases, the individual’s health status may make it difficult for him or her to withstand the rigors of employment, while in other cases the beneficiary may have opted not to work in order to care for young children or an elderly parent. Take the time to probe beneficiaries in a sensitive manner about their reasons. There are many well thought out reasons beneficiaries have for deciding not to work at any given time, and you have to respect these choices. You don’t want to judge beneficiaries harshly for choosing not to work when they experience or perceive major barriers to employment.

Sometimes, beneficiaries say they aren’t interested in working because they are fearful about how paid work will affect benefits. In addition, some individuals say they aren’t interested in employment because they simply aren’t sure what they are able to do, or would require significant workplace supports in order to be successful. These are people who need information and that’s something you can provide. When you encounter beneficiaries like this, don’t be afraid to talk about the value of paid employment in the lives of individuals with disabilities. In a sense, you are an employment cheerleader. You should actively share the benefits of employment with the people you serve. You should view every interaction with a beneficiary as an opportunity to promote the advantages of working.

The best way to encourage beneficiaries who aren’t interested in employment is to focus on how employment affects Social Security disability benefits. When talking to beneficiaries at this stage, focus on the following points:

- Help beneficiaries think about whether or not they are physically and emotionally ready to work. Make sure they know that it’s possible to attempt work for a period of time and not lose benefits.
- Anyone who wants to work CAN work, given appropriate services and support.
- Discuss barriers to employment and offer information about services and supports that could help overcome these barriers.
• Refer beneficiaries who need vocational counseling or other employment support to agencies providing those services.

• Help beneficiaries understand that they could be better off financially if they work.

• Explain that Medicare, Medicaid, and other programs have protections that may permit them to keep health insurance even if they earn high wages. Don’t forget to mention that there are more options for accessing healthcare now through the Affordable Care Act (ACA).

• Leave the door open to future contact from the beneficiary by making sure callers know how to reach you if they change their mind or want additional information.

CWICs shouldn’t simply dismiss beneficiaries who are a lower priority for WIPA services. Remember that you still have an obligation to provide basic information and referral services to all eligible individuals, regardless of priority level. By providing a bit of encouragement, targeted information, and counseling now, some beneficiaries may later decide that work is a viable option. Be sure to encourage the beneficiary to contact you again for individualized WIPA services when he or she makes the decision to pursue employment and has a clearer earnings goal. Detailed information about providing effective I&R services is provided in Unit 2 of this module.

Step 3: Determining Which High-Priority Beneficiaries Have an Urgent Need for WIPA Services

In his famous book, *Seven Habits of Highly Effective People*, author Steven Covey describes a time management matrix governed by analyzing activities by two essential criteria — urgency and importance. Covey describes “urgency” as something that requires immediate attention. Urgent matters are usually very visible; they press on us — they insist on action. In contrast, he describes “importance” as being related to results. When something is important, it contributes to your mission, your values, and your high-priority goals. Covey’s premise is
that too many people focus too much time on activities that may be urgent but aren’t actually important.

We can apply this same premise when we examine how to decide which beneficiaries to work with first, what services beneficiaries need over what period, and what methods to deliver services. Like most people, CWICs tend to spend too much time responding to the urgency of the initial caller instead of focusing counseling efforts on beneficiaries who present important issues that contribute to employment and financial independence. Keep in mind that we are defining “importance” as it applies to WIPA priorities. The issue is important to the caller, or he or she wouldn’t have contacted you.

When prioritizing WIPA services, the “importance” of a presenting need relates directly to where the caller is on the employment continuum. In this context, a person who isn’t interested in working or who is just beginning to think about working at some undetermined point in the future would have presenting needs that are less "important" for WIPA services than an individual who is actively seeking employment or already employed.

We should also look at how "urgency" (as Covey defines it) comes into play in WIPA services. Issues that are pressing, immediate, or time sensitive are urgent. An example of this is a working beneficiary who must submit accurate information for a pending work CDR and needs your help understanding the requirements. Beneficiaries with high-urgency needs would include beneficiaries whom Social Security has determined to be engaging in SGA because Social Security didn't know about work incentive use, and the beneficiary has a very limited time to appeal this determination. It would also include employed individuals who have been offered a promotion and need immediate information about how the increased earned income will affect cash payments and health insurance.

**Finally, put both urgency and importance together.** The best way to think about this is to visualize a square divided into four quadrants:

<table>
<thead>
<tr>
<th>Quadrant 1</th>
<th>Quadrant 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Importance – Low Urgency</td>
<td>High Importance – Low Urgency</td>
</tr>
<tr>
<td>Quadrant 2</td>
<td>Quadrant 4</td>
</tr>
<tr>
<td>Low Importance – High Urgency</td>
<td>High Importance – High Urgency</td>
</tr>
</tbody>
</table>
People who manage their time effectively try to minimize their activity in Quadrants 1 and 2 while maximizing activity in Quadrants 3 and 4. The object is to focus more on the importance of an activity rather than the urgency of an activity – at least to the greatest extent possible and practical. Quadrant 1 would be characterized by eligible callers presenting needs of low importance, meaning not closely related to the purpose and mission of WIPA services and of low urgency (things that aren't time sensitive or pressing). These callers would generally receive services of the lowest intensity and duration. In most cases, you would provide a beneficiary with low-importance and low-urgency needs basic information and referral services.

In contrast, Quadrant 4 contains activities that are both important and urgent. You should respond quickly to meet those needs. Beneficiaries with needs in this quadrant may also require the most intensive follow-up and support. Quadrant 4 would include beneficiaries who meet the criteria for Priority Groups 1 or 2 AND who have urgent needs that must be met quickly. Quadrants 2 and 3 would fall somewhere in between these two extremes.

To help put this framework into practice, the following list contains examples of presenting needs beneficiaries may have and illustrates how you would sort these needs by urgency and importance. Deciding which quadrant a beneficiary’s needs fall into isn’t an exact science — there are few black and white answers. You must use your best judgment in applying the broad principles presented here when you determine levels of importance and urgency.

**Quadrant 1: Low Importance and Low Urgency**

- Caller is the mother of an SSI recipient who states her son isn’t capable of working due to the severity of his disability. He has a reduced monthly SSI payment and would like information on how to receive the full Federal Benefit Rate (FBR).

- Caller is on SSDI and is contemplating marriage. Caller isn’t currently considering working but wants to know how marriage would affect benefits.

- Caller is 62 years old and wants to know if early retirement would be more beneficial than disability. Caller has been a homemaker since she became disabled, and has no interest in working.
• Caller just became eligible for SSDI and states she is still too ill to work. She has questions about when Medicare coverage will begin and how to meet her healthcare needs in the meantime.

**Quadrant 2: Low Importance and High Urgency**

• Caller isn’t interested in employment but has just received notice from Social Security that she is being terminated due to medical recovery. She relies on this check to pay all of her expenses and is very upset.

• Caller is unable to work due to severe health problems and receives attendant care services through the Home and Community Based Services (HCBS) Medicaid waiver. He has received an inheritance and is at risk of losing Medicaid coverage due to excess resources.

• Caller has worked part-time in the past, but his disability has worsened and he had to resign. He may need to move to a nursing facility for an extended period of time and wants to know if this will affect his SSI.

• Caller is the representative payee of an SSI recipient who has just received a letter from Social Security indicating that she has been overpaid by a substantial amount due to unearned income, which wasn’t reported. The beneficiary is in a non-vocational day program and isn’t seeking paid employment.

**Quadrant 3: High Importance and Low Urgency**

• Concurrent caller recently began actively seeking employment but needs help with transportation. The CWIC determines he is a possible PASS candidate.

• Caller has a goal of self-employment but is unsure how to realize this goal and is worried that owning his own business will cause the loss of SSI and Medicaid.

• Caller just began a two-year vocational-technical program paid for by the State VR agency. She needs help paying certain costs and wants to know how employment in her field would affect her benefits.
• An SSDI caller just began a part-time job earning approximately $500 per month. She hasn’t reported this income to Social Security yet. She would like to increase her hours but is unsure how this would affect her benefits.

**Quadrant 4: High Importance and High Urgency**

• Caller has a job offer and needs immediate assistance to understand how the job will affect cash benefits and public health insurance.

• Caller is considering a promotion at work but needs information about how the promotion would affect benefits.

• Caller has received a letter from Social Security saying that he is no longer disabled due to Substantial Gainful Activity (SGA)-level work activity. Caller is considering quitting his job and seeks immediate information on how countable earnings are determined.

• Caller works and earns enough money to cause the cessation of his SSI cash payments. He just received a letter from the state Medicaid agency that his Medicaid will stop as well.

• Caller works part-time and receives services through a Medicaid waiver program. The state Medicaid agency has determined that the caller will need to pay “patient liability” to the waiver provider, which would consume almost all of his wages.

**Using Importance and Urgency to Plan Delivery of WIPA Services**

There is a practical reason for making these determinations. They help you decide how to move forward in delivering WIPA services. Importance and urgency ratings should help you answer the following questions:

• **Type and Intensity of Services:** Does this person need individualized benefits analysis with work incentives planning and assistance, or will generic information and referral services meet the presenting needs?

• **Duration of Service:** Will this beneficiary require multiple contacts or extensive follow-up over time to meet the presenting needs?
The answers to these questions should provide the direction in terms of mapping out future service delivery and will drive the amount of information gathering you’ll need to undertake.

Under the current WIPA service model, Social Security has made your job much easier with regard to determining the relative importance of a beneficiary’s needs. Remember, beneficiaries who meet the criteria for Priority Groups 1 and 2 would be considered to have “important” needs. These are the people you should invest the most time in serving. Within each of these priority groups, there will be certain beneficiaries who also present with “urgent” needs — those that are the most time sensitive and would require immediate attention. Beneficiaries in Priority Group 1 (employed beneficiaries) with the most urgent needs include:

- Beneficiaries who are working at a level that might result in an overpayment of benefits. This would include Title II beneficiaries who have earned income at or above the current SGA guideline and SSI recipients with earnings that would cause a reduction in SSI cash payments;

- Title II disability beneficiaries who are working at a level that will result in the use of work incentives. This would include individuals who have earnings above the current TWP amount or at SGA level;

- Working beneficiaries who have encountered a problem that might result in resignation, cutting back on hours, or otherwise reducing earned income; and

- Working beneficiaries considering a promotion, a second part-time job, a job or career change, or becoming self-employed.

Beneficiaries in Priority Group 1 with needs that are least urgent (those that aren’t time sensitive and wouldn’t need immediate attention) include:

- Beneficiaries who are (1) working (or self-employed) at such a low level that no work incentives will be used and (2) who don’t have the ability or interest in working more. For a Title II disability beneficiary, this would qualify as earned income of less than the TWP amount (including less than 80 hours per month of work for Title II beneficiaries who are self-employed). For an SSI recipient, this would be earnings of less than $65 per month.
Within Priority Group 2 (individuals who are actively pursuing employment), beneficiaries with the **most urgent** needs include:

- Beneficiaries with one or more job offers pending who require WIPA services in order to make an employment decision;
- Beneficiaries who are actively using a work incentive to support work preparation efforts and require assistance in managing or resolving issues;
- Beneficiaries with an employment (or self-employment) goal that requires the purchase of items or services and who may be an appropriate candidate for PASS or other work incentives development; and
- Beneficiaries who are engaged in education or training programs they will complete within a year.

Within Priority Group 2, cases that would be considered **least urgent** (those that aren’t time sensitive and wouldn’t need immediate attention) include:

- Beneficiaries who are engaged in education or training programs that will take a year or more to complete; and
- Beneficiaries who have recently initiated services with an EN, State VR agency, or other vocational services provider and who have more than one year of preparation before a job search will begin.

**Remember:** You should serve high-priority beneficiaries with urgent needs FIRST!

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**Determining the Type, Intensity, and Duration of WIPA Services Necessary to Meet Presenting Needs of High-Priority Beneficiaries**

It’s a relatively simple task to figure out whether or not a beneficiary is a high priority for WIPA services — simply apply the criteria for Priority Groups 1 and 2. However, it’s much more challenging to figure out HOW to meet the needs presented by high-priority beneficiaries, particularly
when callers are experiencing rather dire circumstances and are urgently seeking assistance.

In order to begin planning what type and intensity of WIPA services to provide, you need to start by figuring out exactly where each caller is in relation to progression along the employment continuum. To simplify this process and facilitate the sorting of beneficiaries for service planning purposes, we have collapsed the employment continuum into the following categories:

1. Employment Stage
2. Job Search Stage
3. Preparatory Stage
4. Contemplative Stage

Once you have identified where each beneficiary currently stands on the road to employment, you should think about what information, counseling, and support services you need to provide to encourage the beneficiary to take that next step. You should ask the following questions:

- What is the next step along the road to employment for this person, and what can I do to help him or her commit to taking that step?
- What information do I need to provide to this beneficiary in order to facilitate progression along the employment continuum?
- Are there any barriers to employment the person faces related to public benefits? What can I do to remove or minimize these barriers?
- What community partners do I need to coordinate with to enhance the effectiveness of my efforts to promote employment with this person?

The answers to these questions will help direct your work. It’s even advisable to write down answers to each of these questions when you’re determining the proper course of action and planning what services you should provide. By staying focused on these questions, you’ll spend less time on activities that are of low importance and have no direct
relationship to promoting employment and enhancing financial independence.

You need to recognize that not all beneficiaries march along the road to employment in identical lock-step fashion. In fact, there is infinite variation. In a perfect world, every Social Security disability beneficiary would make initial contact with a skilled CWIC at the beginning of the contemplative stage and would receive just-in-time WIPA services through the preparatory stage, then go on to a successful job search, and end up securing a job that negates the need for continued dependency on public benefits. While this ideal outcome certainly does occur in real life, it isn’t the typical scenario. Beneficiaries may skip steps along the continuum and jump right from contemplation to a job that leads to benefit termination. You need to be able to support any beneficiary at any stage and provide work incentives information and supports that will encourage and enable the individual to take that next step.

Let’s take a look at each of the first three stages along the employment continuum and describe the kinds of services and supports that beneficiaries at each stage might need in order to move forward.

**Employment Stage:** Individuals at this stage would meet the criteria for Priority Group 1 as described earlier in this unit. Identifying characteristics of beneficiaries - would include the following:

- Beneficiaries who are working for pay in some form or have already initiated self-employment.
- Beneficiaries employed for some time (possibly even years) or may have only recently begun working.
- Beneficiaries who have encountered a problem that is causing them to consider quitting or cutting back on their work.
- Employed beneficiaries considering a promotion, a second part-time job, or scheduled for a pay increase, which could cause a change in benefit status.
- Employed beneficiaries that have not reported wages or wages haven’t been fully developed by Social Security. Beneficiaries may initiate contact with a CWIC at this stage due to a notice of overpayment.
• Employed beneficiaries that suppress their wages or self-employment income may contact a CWIC when earnings approach various limits (SGA for Title II, break-even point for SSI).

• Employed beneficiaries that have concerns related to the termination of benefits, especially the potential loss of health insurance coverage.

• Employed individuals with non-employment related issues that, in combination with wages, can cause their benefits to change (marriage, in-kind support and maintenance (ISM), unearned income, etc.).

Common Informational and Support Needs of Beneficiaries in the Employment Stage

• I am considering a change in my employment status — what will this do to my benefits? CWICs should perform detailed benefits analysis here with discussion of any applicable work incentives. Develop or revise the BS&A to reflect the expected change.

• My earned income will soon be high enough to cause the loss of benefit payments — should I scale back my work? CWICs should conduct a cost/benefit analysis to illustrate the overall financial outcome of pursuing work that causes loss of cash payments. Review all applicable work incentives to make certain actual countable income is clear.

• Social Security has just notified me that my cash payments will stop — what happens if I lose my job and need to go back on benefits? You need to reassure beneficiaries that Social Security can restore benefits if they are lost due to employment. You should provide specific information about available options for getting benefits reinstated in the SSI or Title II disability programs.

• My employer is offering health insurance — should I sign up? You should conduct a cost/benefit analysis of the various health insurance options and assist the beneficiary in selecting the plan(s) that best meets his or her needs at the most affordable price.
• Social Security sent me a letter saying I owe them money — help! CWICs should determine the cause of the overpayment and check to see if Social Security can reduce or eliminate the overpayment by applying specific work incentives.

**Job Search Stage:** Beneficiaries in this stage along the employment continuum would meet the criteria for Priority Group 2 in most cases. Individuals who are at the job search stage are actively looking for paid employment or are about to begin small business ownership. Typically, these individuals are in the process of submitting resumes or applying for positions and may be interviewing with employers. These individuals have an anticipated level of earnings and a clear vocational or career goal, and have completed whatever preparation they need to pursue this goal (if any). In some cases, individuals at this phase will be receiving some form of employment service and will have a job developer actively contacting employers. In other cases, the beneficiary will be applying for positions independently. Some individuals at this stage may already have job offers pending. Beneficiaries in Job Search Stage have the following identifying characteristics:

• An anticipated level of earnings and a clear employment goal, and has completed all (or most) of the preparatory steps necessary to attain that goal.

• Possibly involved with other agencies such as State VR, EN, American Job Center, or others.

• The beneficiary has begun job search activity of some sort or is about to begin. They may be actively seeking and applying for positions, or a representative (job coach, job developer, etc.) is contacting employers on the beneficiary’s behalf.

• Beneficiaries with a self-employment goal, will have completed the business plan, will have purchased all (or most) of the items needed to operate the business, and is on the verge of initiating sales of products or services.

• Some beneficiaries may have been conducting a job search for some time and may have one or more job offers pending. In some cases, the need for WIPA services will be urgent, as the beneficiary has accepted a job.
Common Informational and Support Needs of Beneficiaries in the Job Search Stage of Employment

- Can you explain how my anticipated level of earnings and employment goal will affect my benefits again? This is the point at which you should provide very detailed case-specific information about how the targeted job and level of earnings will affect ALL public benefits. You should explain all applicable work incentives and provide examples.

- What do I need to tell Social Security when I get a job or open my business? You need to review with the beneficiary all Social Security reporting requirements and provide specific information about effective ways to report earned income.

- What if I get a job that offers health insurance benefits — should I sign up? Beneficiaries may require help assessing health care needs and determining which plan (or combination of plans) best meets their needs. This includes comparing cost and coverage.

- My job search isn’t going very well — where can I get help finding a job? Beneficiaries may need information about what employment services or supports are available for job search and may need help with a referral to a specific agency.

- What happens if I try to work, but end up having to quit? You need to reassure beneficiaries that Social Security can restore benefits if they lose them due to employment. You should provide summary information about available options for getting benefits reinstated in the SSI or Title II disability programs.

Preparatory Stage: Beneficiaries at the employment preparatory stage may meet the criteria for Priority Group 2. These individuals have essentially decided that they do want to pursue paid employment of some type at some level, although they may have lingering questions or doubt related to this decision. These individuals have taken some steps to prepare for employment such as initiating services with the State VR agency, American Job Center, Employment Network, or other community rehabilitation provider. Individuals who are preparing for employment generally have a clear occupational goal and have investigated what it would take to achieve that goal. Beneficiaries in the preparatory stage tend to have the following characteristics:
• Beneficiaries have decided that they do want to pursue paid employment (or self-employment) of some type at some level.

• Individuals have taken some steps to prepare for employment such as initiating services with the State VR agency, American Job Center, Employment Network, or other community rehabilitation provider.

• Beneficiaries have identified a relatively clear occupational goal or level of earnings desired, although some refinement may still be necessary.

• Beneficiaries have conducted some investigation into what it will take to achieve the employment or self-employment goal.

• Beneficiary is well on the way to completing the preparatory steps (education, training, business plan development, etc.) and may be on the verge of starting a job search.

• Some beneficiaries may already be working while preparing for a future occupational goal.

**Common Informational and Support Needs of Beneficiaries in the Preparatory Stage of Employment**

• Where can I get help paying for the preparation I need to achieve my occupational goal? Your counseling needs focus on getting the assistance the beneficiary needs to complete the preparatory phase. This may mean making referrals to VR or ENs, providing information about the Ticket to Work, and providing information about Individual Development Accounts (IDAs), or the benefits of using a Plan to Achieve Self-Support (PASS).

• Can you explain how my occupational goal and desired level of earnings will affect my benefits again? This is a good time to review the work incentives and provide more specific information about how the beneficiary’s chosen career goal and earnings goal will affect all public benefits.
Conclusion

This unit provides important information about eligibility for WIPA services and clearly describes which beneficiaries Social Security considers to be a high priority. CWICs must diligently apply these standards as they process initial requests for service and conduct triage to determine which beneficiaries require immediate attention. Remember — you have an obligation to maximize the amount of time you spend working with high-priority beneficiaries.

Whenever you consider possible next steps for a high-priority beneficiary after an initial call, you should always keep the mission of the WIPA program foremost in your mind. You should be thinking about what information and counseling you need to provide to encourage the beneficiary to take that next step down the road to paid employment and greater financial independence — whatever that might be for that individual.

Additional Resources

On the following pages, we have provided a reference guide for determining WIPA eligibility. We have also provided a reference guide for determining the WIPA priority group, which includes examples for the level of urgency within each priority group.
WIPA Eligible or Not?

Eligible for WIPA Services

- Individuals receiving SSI benefits due to disability who are in cash payment status. This includes persons who only receive state supplement payments.
- Individuals receiving Title II benefits based on disability (SSDI, CDB, DWB) who are in cash payment status.
- Individuals who have lost cash SSI payments due to work, but are considered SSI eligible due to eligibility for 1619(b) extended Medicaid.
- Individuals who have lost Title II disability cash payments due to work, but are still in the Extended Period of Eligibility.
- Title II disability beneficiaries who have received initial notice that Social Security considers them to be engaging in SGA.
- Individuals who have lost Title II disability benefits due to SGA-level employment, but are still receiving Medicare through the Extended Period of Medicare Coverage (EPMC).
- Individuals who have received notice of approval for Title II disability benefits, but are still in the 5-month waiting period before payments may begin.
- SSI recipients and Title II disability beneficiaries who have completed the disability determination process and are receiving benefits under Expedited Reinstatement.
- Individuals who continue to receive CDB payments due to disability after full retirement age.
- Individuals with disabilities who receive Medicare as Medicare Qualified Government Employees (MQGE) based on disability.

Ineligible for WIPA Services

- Individuals who have become ineligible for SSI and 1619(b) extended Medicaid.
- Individuals who have lost SSI or Title II disability benefits due to medical recovery.
• Individuals age 65 or older who receive SSI due to advanced age, rather than disability.

• Individuals who receive a Social Security Title II benefit not based on disability.

• Individuals who receive Medicare only under the End Stage Renal Disease (ESRD) provision, but who haven’t established entitlement for Title II disability benefits.

• SSI recipients and Title II disability beneficiaries receiving continued disability benefits in spite of medical recovery under section 301 provisions.

• Individuals only receiving other federal, state or local benefits (other than SSI State supplementary payments) who aren’t also entitled to Social Security benefits based on disability.

• Individuals who have applied for Social Security disability benefits, but for whom no determination has been made.

• SSI recipients and Title II disability beneficiaries receiving provisional benefits under Expedited Reinstatement (EXR) who haven’t completed the disability determination process (unless eligible under EPMC).

• Individuals who are receiving cash payments (SSI or Title II) while appealing an adverse medical determination.
CWIC Reference Guide to Beneficiary Priority Groups and Urgency Levels

Instructions

In applying the following guidelines, keep in mind that CWICs must provide information and referral (I&R) services to ANY eligible beneficiary who makes contact with the WIPA project. Social Security developed the priority groups to help CWICs manage requests for individualized, intensive WIPA services. Social Security does not intend for WIPA projects to use the priority groups to deny I&R services to eligible beneficiaries who are a low priority for individualized services. Any eligible beneficiary who makes contact with a WIPA project should receive basic information and referral services based on presenting needs.

Priority Group 1: Individuals who are currently working or engaging in self-employment and have both a need for and interest in receiving individualized work incentives planning and assistance services. Priority group 1 also includes transition age youth who are interested in work. Social Security defines transition age youth as being at least 14 years old through the age of 25. You should prioritize transition age youth even if they are in the earlier stages of considering work or preparing for work.

Within each priority group, there will be certain beneficiaries who also present with “urgent” needs — those that are the most time sensitive and would require immediate attention. Beneficiaries in Priority Group 1 (employed beneficiaries) with the most urgent needs include:

- Beneficiaries who are working at a level that might result in an overpayment of benefits. This would include Title II beneficiaries who have earned income at or above the current SGA guideline and SSI recipients with earnings that would cause a reduction in SSI cash payments;
- Title II disability beneficiaries who are working at a level that will result in the use of work incentives. This would include individuals who have earnings above the current TWP amount, but not at SGA level;
- Working beneficiaries who have encountered a problem that might result in resignation, cutting back on hours, or otherwise reducing earned income; and
• Working beneficiaries considering a promotion, a second part-time job, a job or career change, or becoming self-employed.

Beneficiaries in Priority Group 1 with the **least urgent** needs (those that aren’t time sensitive and wouldn’t need immediate attention) include:

• Beneficiaries who are (1) working (or self-employed) at such a low level that no work incentives will be used, and (2) who don’t have the ability or interest in working more. For a Title II disability beneficiary, this would qualify as earned income of less than the TWP amount (including less than 80 hours per month of work for Title II beneficiaries who are self-employed). For an SSI recipient, it would be earned income of less than $65 per month.

**Priority Group 2:** Beneficiaries who are actively pursuing employment or self-employment and who are interested in receiving work-related benefits counseling. This group includes:

• Beneficiaries with a clear employment goal who are conducting an active and regular job search. Active and regular job search is defined as searching for job openings on at least a weekly basis (using online job postings or other sources), submitting applications or resumes, and participating in job interviews.

• Beneficiaries with a clear employment goal who have taken active steps to prepare for achieving that goal. Beneficiaries who have taken active steps to prepare for employment or self-employment would include individuals who:

  a. Have an approved PASS, a pending PASS, or are good candidates for PASS development;

  b. Are participating in an education or training program related to the employment goal;

  c. Have a Ticket assigned (or “in use”) with the State VR Agency or an EN with a signed IPE/IWP and are actively engaged in the services stipulated in the plan;

  d. Are in the process of developing a business plan, securing financing for business start-up, or otherwise preparing to pursue the self-employment goal;
e. Are participating in a work-study program, on-the-job-training (OJT) opportunity, apprenticeship, paid or unpaid internship, or other job preparation program.

Within Priority Group 2 (individuals who are actively pursuing employment), beneficiaries with the most urgent needs include:

- Beneficiaries with one or more job offers pending who require WIPA services in order to make an employment decision;
- Beneficiaries who are actively using a work incentive to support work preparation efforts and require assistance in managing or resolving issues;
- Beneficiaries with an employment (or self-employment) goal that requires the purchase of items or services and who may be an appropriate candidate for PASS or other work incentives development; and
- Beneficiaries who are engaged in education or training programs they will complete within a year.

Within Priority Group 2, individuals with the least urgent needs (those that aren’t time sensitive and wouldn’t need immediate attention) include:

- Beneficiaries who are engaged in education or training programs that will take a year or more to complete; and
- Beneficiaries who have recently initiated services with an EN, State VR agency, or other vocational services provider and who have more than one year of preparation before a job search will begin.
Information and Referral (I&R) Services Defined

Information and referral (I&R) services are a common form of assistance human services professionals provide within a number of fields, including disability services. I&R is the active process of: (1) providing accurate and complete information to beneficiaries that will enable them to pursue their employment and economic self-sufficiency goals; and (2) linking beneficiaries who need services or supports with a program or organization that will provide them the assistance they require. In the most basic sense, I&R assistance is the practice of bringing people and services together.

In the WIPA program, beneficiaries most often request information on how paid employment will affect cash benefits, public health insurance, and other income support programs. CWICs provide information to meet that need so that beneficiaries can make fully informed choices about work. The obstacles to employment that beneficiaries often face include a lack of services and supports necessary to make employment possible. CWICs solve this problem by connecting beneficiaries to local resources that provide employment services and other important supports.

The Purpose of I&R Services

Providing I&R services in the WIPA program has the following critical purposes:

1. To educate beneficiaries about Social Security disability benefits, health insurance programs (Medicaid and Medicare), and how these benefits may be affected by paid employment;
2. To connect Social Security disability beneficiaries with the employment services and other supports they need to be successful in the pursuit of their employment goals;

3. To link beneficiaries with local community resources and support services that address additional beneficiary needs, such as specialized transportation, personal assistant services, assistive technology, or financial education.

**CWICs provide I&R services to every beneficiary** (or designated representative) with whom they have contact. Beneficiaries who reach out to a WIPA project have a reason for making contact – there is always an underlying need for information or assistance that addresses their individual situation. The CWIC’s job is to work with each beneficiary to determine his or her presenting need and then provide the specific information and/or necessary service referrals. CWICs deliver I&R services during every interaction with beneficiaries since so much of what they do involves explaining how various complex systems work and providing support to successfully navigate those systems. This applies to the Social Security disability benefits, public and private health care, and the employment services system, as well as a large number of other income support and community service programs (housing, transportation, advocacy, financial services, etc.).

**Remember** – CWICs provide I&R services to every beneficiary they talk to during every interaction!

While every beneficiary who contacts a WIPA project receives I&R services, there is no one standard for delivering that service. It all depends on where an individual stands on the employment continuum, his or her employment goals, and each individual’s unique circumstances. For example, beneficiaries who are just beginning to think about the possibility of work may pose simple questions that the CWIC can answer with summary information during a brief phone conversation. Other beneficiaries who receive individualized WIPA services may require a great deal of I&R support on a variety of topics provided over multiple contacts in addition to customized benefits analysis and advisement.

**IMPORTANT** – In the WIPA program, some beneficiaries will receive ONLY I&R services. Beneficiaries requiring individualized WIPA services will receive I&R as part of their customized work incentives analysis and advisement.
As we discussed in Unit 1 of this module, beneficiaries who are not a high priority for individualized WIPA services typically receive only I&R services, which consist of basic summary information about benefits, work incentives, health care, and employment services programs, as well as referrals to appropriate services agencies. This type of service doesn’t require extensive information gathering or verification of benefits. Most often, CWICs handle I&R requests from beneficiaries in one or two phone or email contacts. In some instances, CWICs may supplement the information provided during phone or email communication with printed resources. In most instances, I&R services are short term in nature and do not involve repeated contacts with the beneficiary.

In contrast, individualized work incentives planning and assistance requires CWICs to gather specific information about the individual beneficiary and perform customized analysis, informational support, and counseling. For most beneficiaries receiving individualized WIPA services, CWICs provide a written summary of the customized analysis known as a Benefits Summary and Analysis (BS&A) report. CWICs generally follow the written BS&A with direct assistance and support to resolve benefit problems or apply work incentives. CWICs typically provide this assistance over a period of weeks, months, or even years. During the course of this contact, beneficiaries will often require additional I&R service as questions occur or their needs change. It’s important to understand that CWICs provide I&R services on a continuous basis to beneficiaries with high priority WIPA needs with whom they stay in contact. As long as a CWIC provides WIPA services to an individual, there will be some level of I&R support involved.

**How to Provide I&R Services**

So, how do CWICs go about providing I&R services? The first step is to determine the presenting need. What information does the beneficiary require to move forward on the employment continuum? What problem is the beneficiary experiencing that the CWIC could help resolve by making a referral? The process of determining a beneficiary’s presenting need isn’t always as easy as it might seem. The CWIC often needs to spend considerable time communicating with the beneficiary to identify the precise information needs, which may differ from their initial question. Miscommunication can sometimes happen because Social Security benefits language is complex and can be confusing. At other
times, the beneficiary doesn’t feel safe or comfortable revealing the real reason for the call. CWICs should not assume that the initial request for information is all that the beneficiary really wants to know. During I&R, they should gently probe with follow-up questions to make sure the beneficiary doesn’t want additional information. Active listening is a crucial skill for CWICs to develop. The following strategies can help you determine the beneficiary’s presenting needs:

- Pay close attention to what the beneficiary is saying and listen for cues to other potential needs.
- Avoid thinking about what you’re going to say while the beneficiary is talking. Instead, actively listen to what the beneficiary is saying.
- Ask clarifying questions and rephrase what you think the need is in order to confirm.
- Maintain control of the call; gently re-direct the beneficiary as needed to stay on track.
- It may be helpful to take notes during the conversation so as not to lose track of questions the beneficiary poses or problems he or she describes. This list is what you will use when you provide I&R services.

Once the presenting needs are clear, the next step is to decide how best to meet them. Can the CWIC simply provide a verbal or written explanation of the issue, or does the need require a referral to another agency? In many cases, both will be necessary. Sometimes there may be more than one presenting need or problem. Here are some practical tips for CWICs:

- The key is to stay organized and handle one presenting need at a time. Based on your notes about the various needs and questions posed, answer the simplest ones first, then cover the more complex questions.
- When addressing each need, provide a summary explanation of the issues involved and be specific about steps the beneficiary can take to resolve the issue.
- Use plain language and avoid technical terms and jargon.
• Stop periodically and ask the beneficiary for feedback to determine how well he or she comprehends the information you provide. Be prepared to explain some concepts multiple times in different ways and give examples to illustrate your points when appropriate.

• If you mention a specific agency, program, or service, ask the beneficiary if he or she has ever heard of it before or is familiar with it. Be prepared to provide an overview of what the agency or program does and who it serves. You should assume that the beneficiary may not have prior experience with specific disability service providers.

• Follow up your verbal explanations with written material that the beneficiary can refer back to later. This is especially important when you make referrals to agencies. Providing written contact information and instructions on how to apply for a program or service will help the beneficiary act on the referral.

• In most cases, CWICs should not contact programs or agencies on behalf of a beneficiary receiving I&R services. Your job is to provide adequate information and guidance to enable the beneficiary (or his/her representative) to directly contact the referral entity.

• Manage expectations by not making guarantees about the services beneficiaries will receive when they contact local agencies. Some agencies have waiting lists for certain programs while others may have a lengthy application process.

• CWICs need to have a solid understanding of local services, program eligibility requirements, and application procedures. Do NOT refer beneficiaries to programs or services for which they are clearly ineligible.

**Limits on I&R Services**

Under the current WIPA service design, Social Security expects CWICs to use most of their time delivering individualized WIPA services instead of generic I&R services. In particular, Social Security expects WIPA project personnel to be efficient and limit the amount of time they spend providing I&R services to beneficiaries who do not currently have a need for individualized benefits counseling. CWICs must balance the amount of
time they spend delivering I&R services and the more intensive, time-consuming individualized WIPA services. Here are some practical tips for maintaining an optimal balance:

- You do NOT need to complete the full initial interview process, request a BPQY, or conduct any type of benefits verification for beneficiaries who only receive I&R services. Instead, provide summary information about the effect of work on the type of Social Security benefits the beneficiary says he or she receives, and answer any specific questions the person asks about work and benefits.

- Ask the person to contact you again for more individualized counseling when they have a clear employment or earnings goal. Encourage the beneficiary to contact you as soon as he/she begins to prepare for employment or conduct a job search so that there is sufficient time to provide adequate counseling. A lot of beneficiaries who start out only requiring limited I&R services receive individualized WIPA services at a later date as they move closer to employment.

- Try to manage I&R only calls as efficiently as possible. You may need to redirect the beneficiary multiple times to make sure the conversation stays on track. Try to limit for the amount of time you spend providing I&R services with each beneficiary.

- Do NOT offer to re-contact, follow-up or provide any additional services at this point. The only follow-up you should provide is sending written materials to beneficiaries by mail or email, while encouraging the beneficiary to contact you if his or her situation changes.

Now, let’s take a detailed look at the three primary areas in which CWICs provide information and make referrals. Those areas are Social Security benefits, employment services, and other important support services.

**Providing I&R about Social Security Benefits**

As we described above, not all beneficiaries who are eligible for WIPA services receive individualized work incentive counseling services. There are not enough hours in the day for CWICs to provide intensive, customized WIPA services to everyone seeking help. Because demand for
WIPA services exceeds the current program capacity, Social Security directs WIPA projects to reserve individualized counseling for high priority beneficiaries who are currently employed, about to enter employment, or pursuing a specific employment goal. So, what do busy CWICs do to meet the informational needs of beneficiaries who are not currently receiving individualized counseling and a written BS&A report? For these beneficiaries, I&R services are really critical – especially summary information about how work affects Social Security disability benefits. CWICs typically provide this service by offering a brief verbal discussion and following that with written information sent to the beneficiary by mail or email. There are many options for providing this information in writing, including the following:

- Fact sheets that give an overall description of how work affects benefits by program (Title II and SSI) or by individual work incentive (e.g., Student Earned Income Exclusion, Impairment Related Work Expense, etc.). Approved resource materials are available on the [VCU NTDC website](https://vcu-ntdc.org/resources/index.cfm). Social Security publications, such as “The Red Book,” a pamphlet titled “Working While Disabled” and a publication on Plans for Achieving Self-Support (PASS). Social Security publications are available at [www.ssa.gov](https://www.ssa.gov/pubs/).

- For SSI recipients, Social Security has a number of short “SSI Spotlights” that are really easy to understand and cover most areas that beneficiaries have questions about. You can find those online at [www.ssa.gov](https://www.ssa.gov/ssi/links-to-spotlights.htm). There is also an excellent discussion of the SSI program in an online publication entitled “[Understanding Supplemental Security Income](https://www.ssa.gov/ssi/text-understanding-ssi.htm)”.

- Customized packets of information that include general information and referral documents with a cover letter.

Remember that if you develop original materials, your Office of Employment Support (OES) Project Officer must review and approve them prior to use. In most instances, it is not necessary to develop original informational materials since there are so many resources already available on Social Security’s website. You can create your own fact sheets or handouts by cutting and pasting information directly from Social
Security materials. If you do this, you still need to have these fact sheets approved by your Project Officer, but you can indicate that the information is taken directly from agency materials. This will help facilitate the approval process. You can also reach out to your VCU TA Liaison to see if he or she has additional approved materials to share.

**Special Considerations for Delivering I&R about Social Security Benefits and Work**

There are two situations in which CWICs need to use extra caution when delivering I&R services.

**Situation 1:**

A beneficiary **receiving I&R ONLY** asks questions that require individual analysis and benefits verification

When CWICs limit services to ONLY I&R, they do not perform extensive information gathering or verification of benefits. This means CWICs do not have all of the facts needed to get into case-specific details when discussing work and benefits. When providing I&R services about Social Security benefits to beneficiaries, CWICs must be very careful to stick with general summary information. CWICs can only speak in general terms when they explain how Title II disability benefits and/or SSI are affected by paid employment. If beneficiaries receiving I&R services ask specific questions about their unique benefits circumstances, the CWIC must not try to provide answers without having complete information. CWICs have two courses of action in this situation. They can decline to provide answers to the questions and explain why the CWIC is unable to answer the questions with additional, detailed information. The alternative is to offer individualized services to the beneficiary. If the beneficiary accepts, you would move on to full information gathering, benefits verification, and development of a BS&A report.

**Situation 2:**

A beneficiary who is **employed or close to employment who requests only general information** about how work will affect benefits during the initial contact

There are some important things to consider when a beneficiary who is employed or very close to employment requests lengthy explanations about work and benefits during the initial interview. Experience has shown that when CWICs provide too much summary work incentives
information during the initial contact, beneficiaries are less willing to participate in individualized benefits analysis and counseling. CWICs need to be very cautious about this. For beneficiaries who really need customized benefits analysis and advisement, it’s best to initially refrain from providing extensive generic information until you have the opportunity to discuss the value of individualized services and benefit analysis.

The detailed, case-specific counseling CWICs provide after extensive information gathering and benefits verification will be far superior to generic I&R and will enable the beneficiary to make truly informed decisions about work. Some beneficiaries may feel an urgent need to receive immediate information. CWICs should answer questions briefly to alleviate any immediate concerns about working, but should educate the beneficiary about why individualized services are advantageous and worthwhile.

**Referrals to Social Security**

The primary focus of the WIPA program is to provide information to assist beneficiaries to return to work. There are many questions or problems a Social Security disability beneficiary may have about benefits that aren’t related to work that may make it necessary for you to refer the beneficiary to Social Security. For individuals who will only receive I&R services, the best way to handle these issues is to provide a brief explanation and then direct the person to contact Social Security. The following common questions indicate when you should refer the beneficiary to Social Security:

- Can you help me get my name or address changed?
- Can I get my payee taken off my account so I can get my own check?
- I’m on disability and just had a baby. Can I get a check for my child too?
- My husband just died. How can I get benefits off his record?
- How can I get more SSI? I just moved into my own apartment, and I need more money.
- How can I get less money taken out of my check for this overpayment?
• My check didn’t show up in my account this month! What do I do?
• I got a letter from Social Security saying they are going to conduct a review of my medical condition – what do I do?
• I am engaged to be married (or just got divorced). Will this affect my benefits?

When referring beneficiaries to Social Security, it’s best practice to offer the phone number and address to the local office as well as the 800 number so they have options for contact. In some cases, referring a beneficiary to information on Social Security’s website will resolve the issue.

**Providing Employment Focused I&R Services**

It’s important to remember that CWICs serve as an active and integral part of the vocational services team for persons with disabilities. While work incentives planning and assistance continues to be the core work performed by CWICs, there is more to actively promoting employment outcomes than only assisting beneficiaries with work incentives. To truly be effective in supporting beneficiaries in their efforts to attain paid work, CWICs must expand their counseling skills to assist beneficiaries to establish earnings goals and identify the services necessary to achieve their objectives. These areas include the following:

1. Helping beneficiaries determine what specific services and supports they may need to identify, select or clarify their career goals;

2. Helping beneficiaries determine what specific services, supports, or accommodations they may need to achieve the desired career goal;

3. Explaining Social Security’s Ticket to Work (TTW) program and the full array of vocational services and supports available to individuals with disabilities in the local service area;

4. Connecting beneficiaries with the specific services and supports they need to obtain and maintain paid employment from state Vocational Rehabilitation (VR) agencies, Employment Networks (ENs) under the TTW
program, American Job Centers (AJCs), or the Veteran’s Administration.

Each of these four areas requires CWICs to provide employment focused I&R services, regardless of their priority level or position on the employment continuum. Since our primary mission is to support employment among Social Security disability beneficiaries, this type of I&R service is essential for everyone we serve. Let’s take a look at the CWIC’s role in each of these areas individually.

**Remember** – Every WIPA eligible beneficiary a CWIC talks to should receive employment focused I&R services designed to help that person acquire the accurate information and services they need to move forward along the employment continuum!

**Helping Beneficiaries Determine the Specific Services and Support they may need to Identify, Select or Clarify their Career Goals**

Assisting beneficiaries to identify and pursue career goals is a challenging task. To be clear, Social Security does not expect CWICs to provide formal career counseling or vocational assessment. Trained and experienced rehabilitation professionals either within the state VR system, ENs, or other employment service provider agencies best perform this function. CWICs do need to know what type of career exploration and vocational assessment services are available within the community. They also must be prepared to refer beneficiaries to the various agencies based upon need. CWICs must take the time to conduct research and interview personnel from local agencies to gather this information. Here are some of the most common resources for career exploration services available in most areas:

- The State VR agency;
- ENs;
- Community Rehabilitation Agencies offering short- and/or long-term employment services;
- AJC/Workforce Centers operated by the Department of Labor;
- Veteran’s services (Veterans Rehabilitation and Employment Programs);
• Private-for-profit entities such as staffing agencies, private rehabilitation companies, etc.;

• **Online self-service resources**
  (http://www.careerinfonet.org/explore/)

To address this need, CWICs should begin by asking beneficiaries about their desired employment outcome and earnings goal before they begin providing I&R or analyzing benefits. Beneficiaries may not even be aware that there are services available to help them select an appropriate career goal and develop a plan for achieving this goal. A beneficiary who indicates that he or she has no clear employment objective is obviously in need of career counseling, and CWICs should refer him or her for this service before any individualized work incentives counseling begins. While CWICs can provide general information about the effect of earned income on Social Security benefits at this point, beneficiaries need to have a fairly specific earnings goal before CWICs can provide customized WIPA services.

### Helping Beneficiaries Determine the Specific Services, Supports, or Accommodations that may be Necessary to Achieve the Desired Career Goal

CWICs often meet with beneficiaries who have a clear employment objective, but who also face challenges when pursuing their goals. In these cases, CWICs can offer a valuable service by helping the beneficiary think through the requirements of various jobs (or self-employment), to identify their specific service needs, and recognize the supports or accommodations they will need to successfully pursue their chosen career.

While some CWICs may feel uncertain about their ability to assist beneficiaries identify appropriate employment services, technical support and advice in this area is usually readily available. In most local communities, **Centers for Independent Living (CILs)** and **State Assistive Technology Technical Assistance Projects** can offer training seminars to acquaint CWICs with the use of various assistive technologies and available accommodations, as well as rehabilitation services and supports. In addition, getting to know the full range of services available through the **State VR agency** will help beneficiaries to understand what is available to support their employment or return-to-work objectives. CWICs don’t need to be experts in rehabilitation.
technology or job site accommodation, but they do need to have an awareness of what is possible, as well as what is available in the local area.

Another excellent source of information in this area is the **Job Accommodation Network (JAN)**. JAN is a leading source of comprehensive information and guidance on workplace accommodations and disability employment issues. JAN provides detailed, individualized technical assistance on workplace accommodations, the Americans with Disabilities Act (ADA) and related legislation, and self-employment and entrepreneurship options for people with disabilities. It serves a wide audience, including people with disabilities and their families, large and small private employers, government agencies, and service providers. CWICs can learn more about JAN by going to their web site here: [askjan.org](https://askjan.org/index.cfm)

**Explaining Social Security’s Ticket to Work Program and the Full Array of Vocational Services and Supports Available to Individuals with Disabilities in Local Communities**

Many individuals with disabilities have difficulty navigating the complex array of employment services available in their local community. CWICs must be prepared to explain how the TtW program functions and how beneficiaries may use a Ticket to access the services and supports needed to achieve paid employment. There are many resources available on the [TTW website](https://choosework.ssa.gov/) that are developed specifically for beneficiaries to help them understand how the Ticket program works.

Not only is it important to explain how beneficiaries can use the Ticket program to access services, but CWICs also must be able to provide information to beneficiaries about the various agencies that deliver vocational services and supports. This includes ENs operating within the TTW program, as well as other federal, state, and local agencies that may also provide assistance to beneficiaries. When providing beneficiaries with information, CWICs should do more than merely hand out a list of agency names with contact information. They should review the provider options with the beneficiary and discuss which options make the most sense for the individual given his or her unique preferences and circumstances. Each agency has its own eligibility criteria, enrollment
procedures, and program guidelines. It’s essential that CWICs assume responsibility for helping beneficiaries locate the services and supports that best meet the beneficiary’s needs.

You can find a listing of approved ENs and contact information for the state VR agencies here: 
[choosework.ssa.gov](https://choosework.ssa.gov/findhelp/)

**Connecting Beneficiaries with the Specific Employment Services and Supports They Need to Obtain and Maintain Paid Employment**

CWICs will often assist beneficiaries with formal referrals to vocational service provider agencies. To make effective referrals, the CWIC needs to know which agency offers services that best meet a beneficiary’s needs. Unit 3 of Module 1 provides a detailed explanation of the employment services system for people with disabilities and describes the main service providers in that system. The most common sources of employment services are listed below, along with the types of services provided by each agency.

**Employment Networks:** Many beneficiaries can benefit from the employment services and supports provided by ENs. These agencies provide a wide variety of employment services, such as vocational counseling, job skill training, job placement assistance, supported or customized employment, and many others. Some ENs specialize with certain groups of individuals, such as those who require extensive assistive technology or specific types of job accommodations. Others focus on transition-age youth, English language learners, or other specialized populations. Keep in mind that some ENs don’t provide a direct service, but rather process ticket payments to reimburse beneficiaries directly for the cost of services or items they purchase in order to work. The following questions would be good indicators that the person would be well served by an EN.

- I really want to work enough to get off of Social Security benefits, but I need help with my job search. What options do I have?
- I got services from the State VR agency in the past, but I wasn’t satisfied with the outcome. Where else can I get the services I need to achieve my work goal?
• I need training to help me get a job that pays more money. Who can help me find the right training?

• Once I get a job and the State VR agency closes my case, where can I go to get vocational counseling to help problem solve issues I run into on the job?

**State Vocational Rehabilitation Agencies:** CWICs often provide referrals to state VR agencies, which serve a broad population and provide services to all eligible beneficiaries. State VR agencies also tend to be a major source of financial assistance for higher education, vocational training programs, or capitalizing a small business. For example, state VR agencies may be an appropriate referral for beneficiaries who pose the following questions.

• I want to work, but the training for the job I want costs a lot of money. Where can I get help with the training costs?

• I want to start my own business, but I need help with buying some expensive equipment. Where can I get help?

• Where can I go to get some help with getting a wheelchair lift for my van so I can use it to drive to work?

• I already have a degree, but I need some special equipment to help me do my job since I became disabled. Where can I go?

**American Job Centers (AJC):** AJCs provide free help to all job seekers for a variety of career and employment-related needs. The centers help beneficiaries search for available jobs, receive training, and obtain specialized supports to address their employment-related needs. Some AJCs are also ENs within the TTW program. Examples of beneficiary questions that indicate the AJC would be an appropriate referral include:

• I just lost my job; my employer laid me off. Where do I go for help to find another job?

• I don’t need any of the Ticket services you talked about. I just need a place to use the computer and send out some resumes. Is there a place like that in my town?

• Is there somewhere I can go to get some help with working on my resume?
• I heard that there are some places around that may let me be an apprentice. Is there someone I can talk to about getting that set up?

• Where can I get information on childcare assistance?

• I have been interviewing for jobs, but not getting any offers. Is there some place I can go to get help developing a better resume or learning interview skills?

**Veterans Administration Resources:** The Veteran’s Benefits Administration (VBA) operates a number of programs that provide a vast array of information and services for veterans. The Education and Training program assists veterans seeking to obtain additional post-secondary education or specialized training that will enable them to pursue their chosen career. The Vocational Rehabilitation and Employment (VR&E) program provides many different types of services to veterans seeking to obtain employment or start their own business. The VBA is an appropriate referral source for veterans who ask:

• Is there any kind of help I can get to train for a different job?

• What kind of help can I get to set myself up in a business?

• Who can help me figure out what I can do for work, now that I have this disability?

• I think I could do the kind of work I used to before my injury, but who can I get to help me figure that out?

• Is there any help for me to go back to school?

• Will working affect my percentage of disability or my veteran’s benefit amount?

• I’m worried about keeping a place to live. Are there any special programs for veterans?

The following websites provide access to a wealth of great information about the VBA programs:

• [benefits.va.gov/benefits/](http://benefits.va.gov/benefits/)

• [www.benefits.gov/](http://www.benefits.gov/)
The **www.benefits.va.gov** website provides access to Frequently Asked Questions, an online “Ask a Question,” and listing of toll-free numbers under the Contact Us tab.

**Self-Employment Resources:** We provide extensive discussion of resources for beneficiaries who are interested in self-employment in Unit 8 of Module 3. Often, individuals who are actively operating a business or pursuing a self-employment goal will meet the criteria for individualized services. However, beneficiaries who are just starting to think about self-employment as an option and are requesting more information are appropriate candidates for I&R services. Several agencies providing resources and information for beneficiaries considering self-employment are identified below:


- **The Small Business Administration (SBA)** helps Americans start, build and grow businesses. Small business start-up guide and other resources are available on the website at ([https://www.sba.gov/business-guide](https://www.sba.gov/business-guide)).


- **JAN** provides a wealth of information about self-employment for people with disabilities ([https://askjan.org/info-by-role.cfm#for-individuals](https://askjan.org/info-by-role.cfm#for-individuals))

### Assisting Beneficiaries with Disabilities to Resolve Problems or Overcome Barriers Related to Obtaining a Job and Maintaining Employment

After receiving referrals for employment services from CWICs, some beneficiaries encounter problems connecting with the proper contact person, or the agency may determine that the individual is not eligible for services. When the plan for accessing the services necessary to attain employment goes awry, the CWIC must be available to get the plan back
on track. Depending on the reason for the problem, there may be a number of actions the CWIC can take. In some cases, the beneficiary may need to appeal unfavorable eligibility determinations that limit a beneficiary’s ability to access services. The CWIC must be well-versed in the various processes agencies have for handling complaints or appeals and must be able to explain these to beneficiaries as well as offer support to complete these procedures.

One type of referral CWICs may make in this area will be to the state **Client Assistance Program (CAP)**. The CAP ensures the protection of individuals receiving or seeking services under the Rehabilitation Act; for example, from the state VR agency. The CAP may be a division of the same agency that provides other Protection & Advocacy programs, but not always. In some cases, separate agencies house CAP. A referral to CAP is appropriate when a beneficiary asks the following type of questions:

- My VR counselor told me that I must pay for my own hand controls for my car, but I can’t afford to. Is that right?
- The VR office in my town told me that I am not eligible for their services. Where can I go to appeal this decision?
- I want to change to a different VR counselor and the local office says I can’t. What are the rules on this?
- I need VR to open my case back up and help me with some issues I’m having, but they said no. What do I do now?

Another source of advocacy services for beneficiaries struggling with barriers to employment is **Protection and Advocacy for Beneficiaries of Social Security (PABSS)**. As described in Unit 3 of Module 1, PABSS is a program provided by state Protection & Advocacy agencies for Social Security beneficiaries who need assistance with issues involving their employment service providers, employers, WIPAs, or Social Security. Situations that PABSS may assist with include inadequate services provided by ENs, rights violations, adverse Social Security work-related decisions or overpayments, or TTW issues. PABSS services may be helpful in the following types of situations:

- I signed a plan with my EN and now they won’t provide the services they agreed to. What do I do?
• I have been trying for three years now to get my local VR to open up a case and give me the help I need to get a job. They keep telling me they have no services available for me. Can I get a lawyer to help me with this?

• My EN agreed to pay me part of my outcome payments, and now every time I call them, they tell me they never agreed to that. What do I do?

• I worked a few years ago, and now I have this huge overpayment from Social Security. They think I worked more than I did, and their records don’t match mine. How can I get help?

• I requested an accommodation from my employer. Now my employer is threatening my job because of my disability. Now that they know I have a disability, can they keep asking about my medical condition?

Finally, there are a whole host of things that can create barriers to employment or cause problems at an existing job that are completely unrelated to the employment services system. During the initial contact, CWICs should ask beneficiaries about their perceived barriers to employment and be prepared to make referrals for assistance. CWICs need to have a clear understanding of local resources that can assist with the following common areas:

• Lack of reliable transportation;
• Lack of child or elder care;
• Communication barriers;
• Family or personal crises; and
• Past felony convictions or other issues related to the criminal justice system;

Providing I&R to Meet Other Needs

During the delivery of I&R services, beneficiaries may describe unmet service needs that make it difficult for them to obtain and maintain employment. While none of these areas are the primary focus for WIPA
projects, they are still areas in which some assistance may need to be provided. The most common areas include:

1. Financial Assistance
2. Physical and Mental Health Resources
3. Advocacy or Legal Assistance
4. Crisis Intervention

**Referrals for Financial Assistance**

As you learned in Module 1, poverty and disability often go hand-in-hand. Beneficiaries who reach out to WIPA projects often express a need for financial assistance to meet the most basic human needs such as food and shelter. There are many income support programs available in local communities. We discuss the most common ones in Module 5. These include:

- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- Federal Housing Assistance Programs
- Veteran’s Benefits
- Unemployment Insurance
- Workers Compensation

CWICs should be prepared to make referrals to these programs as appropriate, but there are additional programs to be aware of that are not covered elsewhere in this manual. These include:

- **Programs for individuals who are homeless** (https://www.hudexchange.info/homelessness-assistance/)
- **Energy assistance programs such as Low Income Home Energy Assistance Program (LIHEAP)** (https://www.acf.hhs.gov/ocs/programs/liheap)
- Emergency financial assistance offered by local churches, county or city governments, or other non-profit groups.

**A good way to start exploring options** in your area is to conduct a search at **Benefits.gov** (https://www.benefits.gov). The U.S.
government established Benefits.gov in 2002 as its official benefits website. It’s an easy-to-use, comprehensive source of benefit information to help individuals understand which benefit programs they may be eligible for, and how to apply. Benefits.gov provides easy, online access to information from across 17 federal agencies.

The website provides options to browse for assistance by category, state, agency, or other resources. It also has a nifty tool called “Benefits Finder” that allows individuals to input specific information about themselves in categories such as household, education, health, income and assistance, and work experience. Users can view results at any point in the process after they answer core questions. This is a great way for beneficiaries to explore other potential benefits they may be eligible for from any of the agencies connected to Benefits.gov.

Another great place to research assistance options is United Way 211/Social Services. 2-1-1 is a network of nearly 1,800 community-based United Way agencies supported by United Way Worldwide. 2-1-1 is available throughout the U.S. by phone, text, and web. A toll-free call to 2-1-1 connects individuals to a community resource specialist in their area who can help find services and resources. Beneficiaries can connect to their local 2-1-1 agency by dialing 2-1-1 from any phone or by going online to www.211.org and entering the zip code or city and state in the search box on the home page. This resource provides information about:

- Supplemental food and nutrition programs
- Shelter and housing options and utilities assistance
- Emergency information and disaster relief
- Employment and education opportunities
- Services for veterans
- Health care, vaccination and health epidemic information
- Addiction prevention and rehabilitation programs
- Re-entry help for ex-offenders
- Support groups for individuals with mental illnesses or special needs
- A safe, confidential path out of physical and/or emotional domestic abuse
Referrals to 2-1-1 are appropriate in situations where the beneficiary asks:

- I can’t work right now and can’t afford my rent. I’m losing my apartment. Who can help me?
- I just moved to a new town, and I got sick. Can you help me find a clinic so I can see a doctor that takes Medicaid?
- Where can I go to get help with a ride to get to my doctor?
- Do you know someone who can help me with some housework and running errands?
- My check isn’t enough to last the month after I pay my bills. Where can I get some help with groceries?
- I just had a baby and I’m having trouble handling her. Where can I get some help?
- I was recently released from prison and my benefit check isn’t enough for me to afford a place to live. I’m also having trouble finding work because of my record. Where can I go for extra help?

Another related area of need for many beneficiaries is developing greater financial stability and independence through asset development programs, financial literacy and education, credit counseling, tax preparation, and numerous online financial resources. Referrals in this area include the following:

- Individual Development Account (IDA) Programs: To Locate IDA programs funded through theAssets for Independence (AFI) Act, visit website, (https://www.acf.hhs.gov/ocs/programs/afi) that lists the IDA programs by state. Prosperity Now, formerly the Center for Financial Education, also provides links and resources to IDA programs and can be located at prosperitynow.org/

- Financial Stability Resources:
  - Visit the Consumer Financial Protection Bureau (CFPB) website (https://www.consumerfinance.gov/) for brochures, frequently asked questions, and toolkits about managing money.
  - Visit the Department of Health and Human Services Administration for Children and Families Find Help tool for
individuals (http://www.acf.hhs.gov/help-for-individuals) for resources on financial security, health, and housing.

- The National Disability Institute's Real Economic Impact (REI) Network is an alliance of organizations and individuals dedicated to a common mission the economic advancement of people with disabilities. For more fact sheets, tool kits and information, visit the National Disability Institute's Real Economic Impact (REI) Network website (https://www.nationaldisabilityinstitute.org/newsletters/rei-network-news/).

- Money Smart, a financial education program provided by the Federal Deposit Insurance Corporation (FDIC) provides training modules for adults and youth (https://www.fdic.gov/consumers/education/index.html).

- Credit Counseling: To locate Consumer Credit Counseling Service (CCCS) visit credit.org/cccs/. For credit counseling and debtor education visit justice.gov (http://www.justice.gov/ust/oe/bapcpa/ccde/index.htm)

- Tax Assistance:
  - For information about eligibility for Earned Income Tax Credit, visit the IRS at irs.gov (https://www.irs.gov/credits-deductions/individuals/earned-income-tax-credit)
  - The IRS has publications and tools for individuals with disabilities. To access these, visit http://www.irs.gov/Individuals/More-Information-for-People-with-Disabilities and (http://www.irs.gov/pub/irs-pdf/p3966.pdf)
  - The Center on Budget and Policy Priorities (CBPP) provides tax credit outreach information (http://eitcoutreach.org/).

- Online Financial Education Resources:
• **Better Money Habits** provides online tools for achieving financial goals and making sound choices ([https://www.bettermoneyhabits.com/index.html](https://www.bettermoneyhabits.com/index.html))

• **Smart About Money (SAM)** is a program of the National Endowment for Financial Education (NEFE). It’s a nonprofit national foundation that provides resources and online tools for financial decision-making for individuals and families through every stage of life ([https://www.smartaboutmoney.org/](https://www.smartaboutmoney.org/)).

• **The Federal Trade Commission online financial education resources** provides a variety of publications and tools for credit management, jobs, housing and money management ([http://www.consumer.ftc.gov/features/feature-0022-financial-educators](http://www.consumer.ftc.gov/features/feature-0022-financial-educators)).

**Referrals for Physical and Mental Health Resources**

Beneficiaries receiving I&R services often pose questions about health insurance – typically Medicaid and Medicare. If the questions are related to how paid employment will affect eligibility, be sure to provide brief generic information about the Extended Period of Medicare Coverage (EPMC) or 1619(b). If the question is related to non-employment issues such as coverage, payment for services, eligibility or enrollment, it’s often best to refer the individual to the administering agency. CWICs can find detailed information about Medicare and Medicaid and how work affects these programs in Module 4 of this manual.

To find answers to most beneficiary questions related to Medicare, beneficiaries may call **1-800-MEDICARE** or visit the **Medicare.gov** website. Medicare.gov is the official U.S. Government site for Medicare. CWICs should refer any Medicare inquiries not related to work incentives directly to Medicare. Medicare.gov has links to the following types of assistance:

- Enrollment;
- Medicare costs;
- Medicare covered services;
- Drug coverage (Part D);
- Supplements and other insurance;
• Claims and appeals;
• Health management; and
• Forms and resources

Another excellent source of information about Medicare is the local **State Health Insurance Program (SHIP)**. SHIPs offer local, personalized counseling and assistance to people with Medicare and their families. SHIPs can help with questions about coverage, premiums, deductibles, coinsurance, complaints and appeals. They also provide information on joining or leaving a Medicare Advantage Plan (like an HMO or PPO), any other Medicare health plan, or a Medicare Prescription Drug Plan (Part D). To locate your local SHIP, go to [shiptacenter.org](https://www.shiptacenter.org/).

Questions about Medicaid can be more difficult to find answers to since state Medicaid programs vary significantly. For general questions, you can refer beneficiaries to the [Medicaid website, Medicaid.gov](https://www.medicaid.gov/index.html). For state specific information, start with state program overviews found [medicaid.gov](https://www.medicaid.gov/state-overviews/index.html). From this website, you can find a state locator that will direct the beneficiary to his or her state agency.

Some beneficiaries contact CWICs to inquire about getting health insurance. The best place to start with those queries is at the official website for the **Affordable Care Act (ACA), healthcare.gov** (https://www.healthcare.gov/). In addition, **the Kaiser Family Foundation operates an excellent website** for helping people understand general health insurance concepts (https://www.kff.org/understanding-health-insurance/)

If the presenting need is related to mental health or substance abuse services, CWICs may direct beneficiaries to a services locator operated by **the Substance Abuse and Mental Health Services Administration (SAMSHA)** within the U.S. Department of Health and Human Services (https://www.samhsa.gov/find-help). Keep in mind that we provide a description of the mental health and substance abuse services system in Unit 3 of Module 1.
Referrals for Advocacy or Legal Assistance

There are a variety of agencies available to help beneficiaries with legal issues or advocacy unrelated to employment. Beyond CAP and PABSS, **State Protection and Advocacy (P&A)** agencies provide a variety of advocacy services, addressing issues such as the following:

- Problems accessing publicly funded services;
- Issues in publicly funded residential programs;
- Issues related to representative payees; and
- Termination of needed services

In some areas, the local **Center for Independent Living (CIL)** may provide advocacy services on certain types of disability-related issues. CWICs need to contact the local CIL directly to determine if the agency provides advocacy support, and if so, in what specific areas. **A CIL locator is available** (http://www.ilru.org/projects/cil-net/cil-center-and-association-directory).

For individuals who require help with civil legal issues, the best source of assistance is Legal Aid. Legal Aid programs are funded in part by the **Legal Services Corporation (LSC)**. LSC is an independent nonprofit established by Congress in 1974 to provide financial support for civil legal aid to low-income Americans. The Corporation currently provides funding to 133 independent nonprofit legal aid organizations in every state, the District of Columbia, and U.S. Territories. To find the nearest **LSC-funded legal aid organization, go to www.lsc.gov** (https://www.lsc.gov/what-legal-aid/find-legal-aid)

Referrals for Crisis Intervention

When CWICs believe that an individual they are working with may be in a crisis situation, an excellent resource is the **National Suicide Prevention Lifeline**. This is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress. They operate 24 hours a day, 7 days a week.

Some beneficiaries may express needs that you might consider a crisis; however, they may not be threatening immediate harm to themselves or others and directing them to the **Lifeline** may be appropriate. Additional resources for youth, disaster survivors, Native Americans, veterans, loss survivors, LGBTQ+, attempt survivors, and deaf or hard of hearing
individuals are available on the **Lifeline’s website** (www.suicidepreventionlifeline.org).

## Conclusion

I&R is an extremely important part of the CWIC’s role. I&R services include providing detailed general information to beneficiaries in response to their questions or concerns, as well as linking beneficiaries to the services and supports necessary to enable them to achieve their employment goals.

In the I&R service, the CWIC only provides general information to beneficiaries. For beneficiaries receiving I&R, the CWIC does not obtain the BPQY, complete information gathering activities, or complete an individualized benefit analysis. Beneficiaries that need this level of assistance would be served through the intensive, individualized services component of the program. However, I&R services do require CWICs to communicate with the beneficiary to identify their need for assistance, potentially conduct detailed research to obtain the necessary information, share the information with the beneficiary and make sure that the person fully understands and can use the information to pursue their career goals.

The I&R service requires CWICs to be very knowledgeable regarding all employment services available to beneficiaries attempting to enter or maintain employment, especially ENs and state VR agencies. CWICs must be able to describe program eligibility criteria, application procedures and the types of services provided by each agency. In addition to ENs and state VR agencies, CWICs should be aware of vocational training services provided by American Job Centers and educational institutions, as well as specialized services for specific populations, such as veterans training and education programs, services provided by mental health or developmental disabilities state agencies, or other community rehabilitation programs.

Finally, CWICs also need to be familiar with other employment support services that are necessary to enable beneficiaries to be successful in their employment activities. These support services include specialized transportation, assistive technology and job accommodations, personal assistant services, housing supports, advocacy and financial services such
as financial education, credit counseling, tax preparation assistance, or specialized savings accounts.
Competency Unit 3 – Preparing for Individualized WIPA Services: Information Gathering and Benefits Verification

Introduction

Unit 1 presented a method for assessing how closely a beneficiary’s needs align with the goals of the WIPA program. This method relies on determining the relative importance and urgency of the needs the beneficiary presents. Determining whether a caller has needs that are of high or low importance and high or low urgency isn’t merely an abstract academic exercise. This process helps you decide how to move forward in delivering WIPA services. Assessments of importance and urgency help answer the following questions:

- **Type of Services**: Does the beneficiary need individualized benefits analysis with work incentives planning and assistance, or will generic information and referral services meet the presenting needs?
- **Intensity of Services**: Will the beneficiary require multiple contacts in a short period to meet the presenting needs?
- **Duration of Service**: Will the beneficiary require regular or extensive follow-up contacts over time to meet the presenting needs?
- **Initiation of Service**: Does the beneficiary have service needs that are urgent and would call for an immediate response, or would it be acceptable to start services later?

The answers to these questions provide direction for mapping future service delivery and drive the amount of information gathering that you need to do. In the most basic terms, eligible callers present needs in two service categories:

- Basic Information and Referral services (I&R), or
• Individualized Work Incentives Planning and Assistance.

Generally, you address information and referral (I&R) needs by providing basic summary information about benefits, work incentives, programs or services. This type of service typically doesn’t require extensive information gathering or verification of benefits. In contrast, individualized work incentives planning and assistance requires you to gather specific information about the individual beneficiary and perform customized analysis, informational support, and counseling. For most beneficiaries receiving individualized WIPA services, you provide a written summary of the customized analysis (Benefits Summary and Analysis report). You generally follow the written Benefits Summary and Analysis (BS&A) with direct assistance and support to resolve problems or apply work incentives. Usually you provide this assistance over a period of weeks or months, guided by the Work Incentives Planning (WIP) process described in Unit 3 of this module. This unit addresses how to gather the information you need to provide individualized WIPA services.

**Overview of Individualized Work Incentive Planning and Assistance Services**

Individualized work incentive planning and assistance consists of the following services:

- In-depth benefits analysis covering all federal, state, and local benefits;
- Customized counseling about the impact of work on all federal, state, and local benefits;
- Assistance with identifying, developing, using, and managing work incentives;
- Assistance with resolving problems related to benefits;
- Assistance with identifying and resolving barriers to obtaining or maintaining employment;
- Coordination with members of the beneficiary’s employment support team;
- Training and support on effective reporting procedures and benefits management techniques;
• Proactive follow-up to prevent or resolve problems related to benefits or employment.

In order to provide these services, CWICs must begin by gathering comprehensive information about any benefits an individual receives that could be affected by paid employment. This information gathering process is the foundation upon which all subsequent work incentives counseling services stand. You can’t provide high quality individualized WIPA services without first investing time and effort in gathering and verifying all relevant information.

IMPORTANT NOTE: Only beneficiaries who are a high priority for WIPA services (Priority Groups 1 and 2) and who will be receiving individualized benefits analysis, work incentives planning, and assistance require comprehensive information gathering. Beneficiaries who are a lower priority and who won’t be receiving individualized WIPA services don’t warrant the time and effort this process entails. CWICs shouldn’t waste precious time gathering and verifying benefits information for individuals who will only be receiving generic I&R services.

Information Gathering for Beneficiaries Receiving Individualized WIPA Services

There is no standard, required WIPA information-gathering form or process, but you must collect certain categories of information in order to provide comprehensive individualized benefits counseling. Thorough information gathering is not optional – it is required for any beneficiary prior to the provision of individualized work incentives counseling.

A list of the information that should be included in an information-gathering tool is provided below. Additionally, an initial interview guide is provided at the end of this unit. We designed this guide to provide CWICs with a standard set of interview questions in a prescribed sequence with scripting options. This interview guide covers all relevant areas of information you will need to properly analyze benefits in relation to an individual’s employment or earnings goal. We highly recommend that you use this tool or something very similar when you conduct initial interviews with beneficiaries to ensure you gather all necessary
information. Whatever tool you use, it should include the following information categories and we recommend collecting the information in the order it appears here.

**NOTE:** The first 3 categories of information (contact information, Social Security benefits, and placement on the employment continuum), are collected for ALL beneficiaries you make contact with – not just those to whom you will provide customized benefits analysis and work incentives counseling. This information is gathered early on in the initial interview process and is used to determine eligibility for WIPA services and determine whether eligible individuals will receive I&R only or are appropriate for individualized WIPA services. WIPA projects are required to provide some of the data they gather to Social Security. We list these categories here as they are part of the initial interview guide provided at the end of this unit.

1. **Contact Information**

Make sure you have ALL of the contact information you need to communicate effectively with the beneficiary, including correct landline and cell phone numbers, email addresses, and street addresses. Be sure to ask beneficiaries which methods of contact they prefer and make a note about that in your information-gathering tool. When beneficiaries provide an email address, be sure you ask if they check email regularly. If calling is the preferred method of contact, be sure to ask about the best times to call. When beneficiaries provide a cell phone number, be sure to ask if they prefer calls or text messages. You can save a great deal of time and energy communicating by email or text message instead of relying on calls.

2. **Social Security Benefits**

The next category to collect is information on the beneficiary’s current Social Security benefit status. This includes the type of Social Security benefits and the amounts the beneficiary receives. You should ask these questions early on in the interview process as you need this information to determine if the individual is eligible for WIPA services. Questions to ask include:
• Can you tell me what type of benefits you get from Social Security?

• Do you know if you get Social Security disability benefits or SSI?

• Do you get more than one benefit payment from Social Security each month?

• How much is your Social Security payment?

• Do you know if your benefits are based on your past work, or do you get benefits from the earnings record of a parent or a spouse?

• Do you know if you have Medicare or Medicaid health insurance? **Note:** If they don’t know, have them describe their insurance card. Is it white with a red white and blue stripe? Is it (whatever color of card your state uses for Medicaid.)?

Keep in mind that some beneficiaries may not be clear about what benefits they get or how much the monthly payment is. Reassure beneficiaries that you will verify everything with Social Security before providing counseling.

If the person was referred to you by the Ticket to Work Help Line, you can find the type(s) of Social Security benefit in the encrypted referral email message. In these cases, you should confirm with the person what benefits show in the referral. If there are discrepancies between what the beneficiary says he or she receives and what shows in the referral section, ask additional questions to clarify.

3. **Current Employment Status and Future Employment or Earnings Goals**

By the time you get to comprehensive information gathering, you should already know where the beneficiary stands on the employment continuum since employment status determines whether or not the individual is a high priority candidate for individualized WIPA services. At this point, your objective is to fill in as many details as you can – especially if the beneficiary is already working or on the verge of starting a job. Some of the questions you might want to ask an employed beneficiary include the following:

• What type of work (or self-employment) are you doing or will you be doing?
• Is your employment (or job offer) full-time or part time?
• How many hours do you work (or will you be working) per week?
• What is (or will be) your hourly wage or salary?
• When did you (or will you) start your job (or self-employment)?
• Have you notified Social Security that you are working? If so, how did you make contact with Social Security?

For employed individuals, don’t assume that the job they currently HAVE is the one they eventually WANT. Remember that one of your primary objectives is to support beneficiaries to achieve improved financial stability. An important strategy for accomplishing that end is moving up the career ladder or retooling to attain a higher paying career. In order to help beneficiaries achieve future employment or earnings goals, you need to know what these goals are. Some questions you could ask include:

• Are you satisfied with the job you have now?
• Do you hope to increase your hours and/or earnings in the future?
• Are you considering a promotion or a job change?
• Do you have a raise pending?
• Do you have any long-term career goals?
• Have you thought about what you need to do in order to meet your future employment or earnings goal? For example...

For beneficiaries who are in the job search or job preparation stages of the employment continuum, you might want to ask the following questions:

• Are you actively looking for a job (are you going on interviews or submitting applications/resumes?)
• Are you actively working to become self-employed or planning to start a small business?
• Are you currently in school or participating in any kind of education or training program? If so, when do you expect to complete this program?
• Are you getting help from an agency to prepare for work or find a job?

• Do you have an open case with the state VR agency or an appointment to meet with the state VR agency?

• Have you done anything in particular to prepare for getting a job?

**IMPORTANT:** If you don’t have clear information about the beneficiary’s employment and earnings goal, there is no way to provide the beneficiary with an individualized analysis of how employment will affect his or her benefits. The analysis is performed using the earnings goal as the point of reference; it’s what you use to provide information about how benefits will be affected. Without an earnings goal, you can’t provide specific individualized information that’s useful to the individual as he or she moves along the employment continuum. This step in the information gathering process is critical and you can’t skip it. More information about what constitutes an earnings goal is provided in Unit 3 of this Module.

4. **Gather information about current employment (if applicable) and past work since entitlement to Social Security benefits**

If the beneficiary indicated that he or she is currently working or self-employed, there is a lot of important information for you to gather about that work. You need this information to determine monthly earnings so you have something concrete to analyze benefits against. You also need to ask probing questions to see if any work incentives such as Impairment Related Work Expenses (IRWEs) or Subsidy/Special Conditions might apply. Specifically, you need to know the following things:

1. Employing company and job title;

2. Start date;

3. Hourly wage and average number of hours per week, monthly salary, or average monthly Net Earnings from Self Employment (NESE);
4. Pay periods or pay days; and

5. Potential for use of work incentives. For SSI recipients you should check for Student Earned Income Exclusion (SEIE), Impairment Related Work Expenses (IRWEs) and Blind Work Expenses (BWE), as applicable. For Title II disability beneficiaries, check for possible IRWEs and Subsidy/Special Conditions (unincurred business expenses and/or unpaid help for self-employed Title II beneficiaries).

Past employment status is an important category of information to gather because it may have some bearing on current benefits. SSI recipients may not have reported past earnings, which would indicate the possibility of an overpayment. For a Title II disability beneficiary, past employment may mean that he or she has already used TWP or EPE months. Gathering information about past work from beneficiaries during the initial interview may result in an incomplete history. Beneficiaries may not remember when they worked, the names and addresses of companies they worked for, or even how much they earned. Here are some questions to start with:

- Have you worked or been self-employed since you started getting disability benefits?

- Can you give me a general idea of when you worked and what you did?

- Do you remember what your hourly wage was and how many hours you worked in each job?

- Do you remember if you let Social Security know you were working? If so, did you get any correspondence from Social Security asking for information about your work?

Research into past employment can be time consuming as it generally requires requesting information from the Social Security field office. Many times, even Social Security’s information is incorrect or incomplete, because beneficiaries may not have reported their wages reliably. Fortunately, CWICs have access to a valuable report on past and current work history that is readily available from the Social Security field office. This report is called the Benefits Planning Query (BPQY). Information on the BPQY report draws from several Social Security electronic records such as the Master Beneficiary Record (MBR), the Summary Earnings
Query (SEQY), and the Disability Control File (DCF). Detailed information on the BPQY is included later in this unit.

When you ask questions about past work during the initial interview, be sure to explain that you will be requesting a BPQY and that past work will show up on that report. During the interview, assure the beneficiary that it’s OK if he/she is unclear about the details of the past work, as you can work on that later on if needed. At this point, you just want a basic list of the different jobs the person may have had, a rough idea about when the beneficiary worked in those jobs and about how much the person may have earned. Be aware that this conversation may cause some anxiety – be sensitive to that possibility.

5. Information about Employment Services and Supports the Beneficiary Currently has and Unmet Needs

If you recall the discussion from Module 1 of this manual, helping beneficiaries connect with the employment services and supports needed to achieve their career goals is an important part of a CWIC’s job. It’s critically important that you determine which services a beneficiary is already receiving and gather specific information about other agencies or professionals the beneficiary is involved with. Questions you might want to ask include the following:

- Do you have an open case with state VR or blind services agency? If so, what services are you getting? Are you satisfied with the services you are currently getting?
- Are you receiving employment supports from an EN? If so, what services are you getting? Are you satisfied with the services you are currently getting?
- Are you receiving services from other community agency? If so, what services are you getting? Are you satisfied with the services you are currently getting?
- Has anyone talked with you about the Ticket to Work Program? Do you know if your ticket is assigned or “in use”? (The beneficiary may need to verify Ticket status by calling the TTW Help Line – you will have to provide that contact information).

As you work through the interview, don’t assume that the beneficiary understands the vocational service system for adults with disabilities, or how the various programs, services or agencies work. You may need to
explain how the state VR agency works or answer questions about other employment services providers – even if the beneficiary is already participating in those services. Be prepared to review the Ticket to Work program, what it means to have a ticket in assignment or in use with the state VR agency, and what timely progress reviews entail. You should take your time with this part of the interview and make sure you have fully explained how the employment services system for people with disabilities works so beneficiaries know what to expect.

In addition, don’t assume that a beneficiary’s needs are being met just because he/she already has an open case with the state VR agency or is being served by an Employment Network (EN). Be sure to ask specific questions about existing employment barriers or unmet vocational service needs. **This applies to all beneficiaries for whom you plan to provide individualized WIPA services.** Some of the questions you might want to ask include:

- Do you feel like you need any specific services or supports to achieve your employment goal?
- Do you have barriers to employment that you feel are keeping you from achieving your career goals? Check for the following:
  - Lack of reliable transportation
  - Lack of child/elder care
  - Unresolved health issues
  - Communication barriers
  - Lack of access to assistive technology or inability to use technology
  - Need for job accommodations
  - Accessibility issues
  - Family or personal crises

6. **Information about Family Members who also Receive Social Security Benefits**

Many of the beneficiaries you will serve are members of families, with dependent children and/or a spouse living in the same household. Some dependent family members also receive benefits that are means-tested
and household income may affect eligibility for these benefits or the benefit amount. When disability beneficiaries go to work, their earned income may affect the benefits of dependent family members. Since families tend to pool their resources to pay the household expenses, you must consider how an employment goal will affect the entire family unit. Be sure to explain to beneficiaries why you need information about family members. Be aware that some beneficiaries won’t know for sure what benefits family members get or how much the benefit payments are. Some of the questions you should consider include:

**For Title II disability beneficiaries:**

- Do you have dependents in your household such as a spouse or minor children who receive a Social Security benefit check because you receive disability benefits?
- Do any of your dependents (children, spouse, or domestic partner) receive SSI? If so, who receives this and how much is the monthly benefit?

**For SSI recipients:**

- Do you live in your own household, or in someone else’s household?
- If you live with someone else, do you pay your share of the household expenses, OR if not your share, do you contribute something to the household for food and/or rent/mortgage?
- If you live in your own household, does anyone help you pay your food and shelter costs? If so, can you describe the help you get?
- Are you married? If so, does your spouse live with you? Does your spouse have any income, such as earnings or cash benefits or other income? If so, can you tell me the amount of that income?
- Do any of your dependents (children, spouse, or domestic partner) receive SSI? If so, who receives this and how much is the monthly benefit?
7. Information about Health Insurance and Healthcare Needs

This is another important category of information to verify since some forms of health insurance (primarily Medicaid) may be affected by income and resources. In some cases, beneficiaries may be more concerned about the loss of critical health insurance than they are about potential loss of cash benefits. One of the most difficult aspects of gathering information about health insurance is how many different programs there are and how little beneficiaries understand about what programs they (or their dependent family members) are enrolled in. In particular, there are lots of ways to qualify for Medicaid and it’s possible to be enrolled in more than one Medicaid program at the same time. Different Medicaid programs are affected by working in different ways, so it’s really important that you know exactly which type of Medicaid beneficiaries and their dependent family members get. Begin by asking questions about forms of government funded health insurance or healthcare since these programs are most likely to be affected by paid employment. This includes Medicare, Medicaid, and the VA healthcare system.

For individuals who have Medicare you could ask:

- Are you enrolled in Medicare? If so, which parts of Medicare are you enrolled in? For example, Part A which pays for hospitalization, Part B which pays for doctor visits and outpatient services, and Part D which pays for prescription drug coverage. Some people are enrolled in something called Medicare Advantage or Part C. Which of these apply to you?

- If you are enrolled in Part B, is your monthly premium deducted from your benefit check?

- Do you know if you get assistance in paying for the Part B premium from the state? If so, does the state also help with the other Medicare out-of-pocket costs?

- If you are enrolled in a Part D prescription drug plan, do you get help paying the premium and other out-of-pocket costs for this coverage? Social Security calls this Part D assistance “extra help” or “the low-income subsidy”.

For individuals who have Medicaid you could ask:

- In most states, when you get SSI, you also qualify for Medicaid coverage. Do you know if the Medicaid coverage you have is related to your SSI benefit?

- One type of Medicaid coverage is provided to people who have really high medical expenses. That program is called “Medically Needy Medicaid” or sometimes “Spend-Down”. Do you have any out of pocket expenses each month before your Medicaid coverage begins (which is typically called a spend-down or share of cost)? If so, are you able to meet these expenses each month?

- If the state has a Medicaid Buy-In program and if the person is working: Now that you are working, are you participating in the state’s Medicaid Buy-In program, which is called (Buy –In name)?

- There is a special type of Medicaid that’s provided to certain people who used to get SSI but who lost eligibility for SSI because they started getting SSDI or Childhood Disability benefits. Did you lose SSI when you started getting another type of disability benefit from Social Security?

- There are some Medicaid programs that cover services related to your disability in addition to medical services. These programs are often referred to as Medicaid waiver programs. Are you enrolled in one of these programs? (You may want to provide the names of specific waivers in your state to help the person identify if he or she is enrolled in a waiver program.)

- Do you have any other family members or dependents living in your household who receive Medicaid?

- For individuals who indicate they use the VA healthcare system you could ask:

  - Which services from the VA healthcare system do you use? Do the services you receive from the VA meet all of your healthcare needs?

**NOTE:** There are different levels of VA health care (i.e. some get full coverage and others just use prescription
drug coverage). Be sure to ask what services the person gets from the VA.

Don’t assume that beneficiaries only receive publicly funded healthcare. Be sure to check on private health insurance coverage. Some of the questions you could ask include:

- Do you have private health insurance coverage, such as coverage through a family member current employer or previous employment? If so, are you satisfied with the services you get and the cost of your coverage?

8. Information about Other Federal, State or Local Benefits

Many Social Security disability beneficiaries receive additional benefits such as HUD housing subsidies, SNAP (formerly known as food stamps), veterans’ benefits, or other federal, state, or local benefits. Many of these benefits are means-tested, and paid employment or self-employment may affect them. Some benefits are provided to assist an entire household, not just a specific individual. If earned income affects these benefits, it may affect the entire family’s ability to pay critical living expenses. Social Security requires you to address all of these benefits when you provide individualized WIPA services to ensure that beneficiaries can make fully informed decisions about work. In order to provide thorough and complete benefits analysis, you have to know about benefits the individual and his or her dependent family members receive that an increase in household income could affect. The most common programs you should check for include:

- Supplemental Nutrition Assistance (also known as Food Stamps)
- Housing assistance or rental assistance
- Temporary Assistance for Needy Families (TANF)
- Low Income Energy Assistance Program (LIHEAP)
- Workers Compensation
- Disability insurance benefits provided by a previous employer
- Unemployment Insurance benefits
- Veteran’s benefits
• Railroad Retirement
• Black Lung benefits
• Any other assistance, such as Community Action Program Assistance, etc.

9. Information about Other Sources of Income and/or Resources

This step is more important for SSI recipients than Title II beneficiaries since the SSI program involves strict income and resource limits. Use your judgment to determine whether or not to ask questions about other income and resource when you are interviewing a beneficiary. If this information isn’t necessary for benefits analysis, don’t gather it. Some of the things you should look for include child support, maintenance or alimony, Pell Grants or other forms of educational assistance, or other forms of income. Be sure to explain the SSI resource limit as appropriate and provide examples of common resource that Social Security disregards. Check to see if SSI recipients have resources that are worth more than the current SSI limit or have questions about the SSI resource policies.

10. Information about Representative Payee and Legal Guardianship

You also need to know if the beneficiary has a representative payee, an authorized representative, or a legal guardian, and you need to have the contact information for these people as well. These individuals are authorized by Social Security to act on behalf of beneficiaries, so it’s necessary to work closely with them.

When Information Gathering Should Go Beyond the Usual Requirements

Certain groups of beneficiaries have specific issues that require additional information gathering. In these cases, gather the basic information recommended above and then gather supplemental information as needed. Two populations in particular tend to require supplemental information gathering: veterans and transition-age youth.

• **Veterans:** The Department of Veterans Affairs (VA) provides a whole host of special benefits to veterans of the U.S. Armed
Forces in addition to the basic cash benefit programs. Because there are so many different programs, spend extra time and effort when interviewing veterans to make certain you have gathered all of the relevant information. **A Veteran’s Information Gathering Template** is available on the VCU National Training & Data Center website to guide this interview process (https://vcu-ntdc.org/resources/viewContent.cfm?contentID=78)

- **Transition Age Youth:** Social Security considers beneficiaries who are between the ages of 14 and 25 to be transition-age youth. This is a high priority for individualized WIPA services and this population has some unique characteristics that may require supplemental information gathering and analysis. In particular, beneficiaries who are nearing their 18th birthday may require a special interview in addition to the basic information-gathering process to identify potential problems or opportunities that will require attention. A special template CWICs may use to track all of the changes that might occur at the age of 18 can be accessed on the VCU NTDC website (https://vcu-ntdc.org/resources/viewContent.cfm?contentID=71)

Other beneficiaries with very complicated benefits situations may also require extra research. For example, eligible couples with children who receive benefits can present very convoluted situations that may require collection of information beyond the minimum. In addition, beneficiaries who receive uncommon forms of benefits such as Railroad Retirement or Black Lung benefits may require additional questioning and information gathering. The objective is to be as thorough as possible when interviewing beneficiaries to make certain you know all relevant facts before beginning your analysis and counseling.

**Strategies for Performing Information Gathering**

Unlike earlier iterations of the WIPA program where face-to-face contact with beneficiaries was encouraged, the current service model directs CWICs to provide services via distance methods wherever possible. In the face of limited resources, larger service areas, and improved distance technologies, distance and virtual services facilitate immediate beneficiary services, rather than dealing with travel or transportation challenges. Social Security supports the use of teleconferencing, videoconferencing, Skype, FaceTime, and related technologies to “virtually” meet in secure
environments with beneficiaries. Although Social Security doesn’t prohibit face-to-face meetings with beneficiaries, you should only use them as a last resort when distance communication techniques aren’t possible or appropriate.

You can conduct the initial information-gathering process very successfully by phone, and Social Security strongly encourages WIPA projects to stop the practice of in-person initial intake meetings. Here are some tips for using the phone effectively to gather information:

- When you make initial contact with a beneficiary, ask for a phone appointment to conduct an interview. You never know what you might be interrupting when you make that first call, and you can’t expect the beneficiary to be available right then for an information-gathering session. Explain what the information-gathering process is and why it’s necessary. Be sure you and the beneficiary have set aside enough time to conduct the interview — an hour isn’t unusual.

- Keep in mind that you may need several sessions to gather all of the necessary information from the beneficiary. It probably isn’t reasonable to hold the beneficiary on the phone for longer than an hour. Set up the next session before you complete the call if you need to gather more information.

- Don’t interrogate the beneficiary — have a conversation. It’s possible to gather the necessary information by simply having a friendly chat. Try not to simply read any information-gathering templates or interview guides you use, but rather spend time getting to know the individual. The goal is to establish trust and rapport while gathering the information you need to perform in-depth individualized benefits analysis.

- Don’t simply mail or email the information-gathering tool to the beneficiary and ask them to fill it out and return it to you. You’ll learn much more about the beneficiary and end up with fewer informational gaps if you conduct the interview personally by phone.

- Don’t skip sections of the information-gathering tool. If a section doesn’t apply to the beneficiary, make a note to that effect. The more information you can provide on the tool, the
easier it will be for someone else to pick up the case if a transition is needed.

- Some of the questions you pose may seem intrusive to the beneficiary. Be sure to explain WHY you need information when a beneficiary seems reluctant to answer. Take your time and answer questions about the process as you move through it. If a beneficiary doesn’t want to answer certain questions, don’t pressure the person. Make a note to that effect and move on.

**Explaining Next Steps to Beneficiaries**

Before you end the interview, make sure the beneficiary understands that you can’t provide in-depth individualized benefits counseling without performing the necessary benefits verification. Here are some tips for helping the beneficiary understand what to expect next:

- Let the beneficiary know that you will be mailing him or her several release forms that need to be signed and returned to you. Be sure to explain what information you are seeking and that you will go over the information you receive with the beneficiary. Stress the importance of getting the required forms back to you promptly.

- Explain that the benefits verification process can be a bit slow sometimes and encourage the beneficiary to call you as questions arise.

- Review what the beneficiary should expect from you once you verify the benefits. You will review the BPQY and other verification documents with the beneficiary and you may need to get some additional questions answered at that time.

- Reiterate that the most valuable part of WIPA services is the individualized benefits analysis and work incentives counseling you will provide. Explain that you will go over how the employment or earnings goal is likely to affect all benefits received in detail. You will explain everything verbally, and then summarize it in a special report called a Benefits Summary and Analysis or BS&A (if appropriate).

- Thank the beneficiary for taking the time to complete the interview process. End the conversation with information about when the beneficiary can expect to hear from you again. Always
encourage the beneficiary to contact you with questions or concerns as they may arise.

Working with Community Agencies when Gathering Information

Many times, concerned third parties initiate calls about an individual’s benefits. Be careful to discuss specific cases with caseworkers or other community partners ONLY with the proper, signed consents from the beneficiary. It isn’t unusual for a case manager, supported employment professional, employment specialist, or VR counselor to contact the WIPA program with questions about work and benefits on behalf of a beneficiary. Information is often incomplete and will require that you contact with the beneficiary separately to gather full information to provide advisement. Providers will sometimes assume that because they initiated the service request on behalf of the beneficiary, that they can be privy to all the information that you subsequently provide the beneficiary.

REMEMBER: You may only share information if the beneficiary has signed the appropriate consent forms.

It’s essential to discuss the inclusion of other members of the employment support team with the beneficiary and obtain his or her consent to share information such as the BS&A and the WIP. Similarly, you should get signed releases from the beneficiary allowing you to request information from members of the employment support team such as the VR counselor or staff of an EN. You’ll want to request copies of the Individual Plan for Employment (IPE) to make sure you are abreast of the current employment goal and the activities planned to help the beneficiary achieve that goal.

Working with Guardians and Representative Payees when Gathering Information

There will be times when it’s necessary to work with others in addition to the beneficiary during the initial information-gathering process. For example, when the beneficiary is under the age of 18, the legal parent or guardian has the right to make decisions on the child’s behalf in most cases. Once Social Security considers the beneficiary an adult, it’s
possible to work with the beneficiary directly without having to have parental involvement. Social Security defines adulthood in the following manner:

**An adult is:**

- A person age 18 or older, or
- A person under age 18 who is emancipated under state law, or
- For representative payment purposes, a person age 17½ who is initially filing for benefits or who will be converted to Childhood Disability Benefits (CDB) or Social Security Disability Insurance (SSDI) at age 18.

In some cases, the state has appointed a legal guardian for a person over the age of 18. This means that the person has no ability to make decisions for himself or herself and isn’t able to legally sign documents or enter into agreements. Social Security refers to this situation as “legal incompetence” and defines it in the following manner:

**Legal Incompetence:** Legal incompetence is a decision by a court of law that a claimant or beneficiary is unable to manage his or her affairs. Legal incompetence is determined under state law and applies to more than Social Security benefits.

When a beneficiary has a legal guardian, you may only work directly with the legal guardian, as the beneficiary has no right to sign documents. In some cases, the legal guardian is a family member, but in other cases, the state may appoint a state guardian. It’s common for parents of individuals with significant disabilities to think they are their adult child’s legal guardian when, in fact, they aren’t. Just because a beneficiary has limited intellectual capacity or is mentally ill doesn’t mean that the state has appointed a legal guardian. This process may only take place in a court of law, and designation as a guardian is a legal designation. You should **never assume that a parent or anyone else is a beneficiary’s legal guardian** unless the beneficiary presents legal documentation proving this designation.

When a beneficiary is his or her own legal guardian, but is unable to handle his or her own finances, Social Security may deem the individual to be “incapable.” The agency defines this term in the following manner:
**Capability:** Incompetence and incapability are two different things. Incapability is a decision by Social Security that an individual is unable to manage or direct the management of benefits in his or her best interests. Social Security typically uses medical evidence as a basis for a decision about whether the person is capable of being his or her own payee. The most important factor, however, is a functional test of how well the person handles money. When Social Security decides that a beneficiary is incapable of handling his or her benefits, they will assign the beneficiary a “representative payee.” This assignment only gives the representative payee responsibilities to the beneficiary around Social Security benefits. An incapability decision is valid only for Social Security matters. It doesn’t extend to other programs or issues.

- Payees can be individuals or organizations, and may be unpaid or paid. Finding a suitable payee can vary from asking the beneficiary to finding information in medical records. Social Security doesn’t overlook any potential source to find a suitable payee. Some of the most common or readily available sources are:
  - The incapable adult beneficiary. Often, a legally competent adult beneficiary may be able to tell Social Security who helps him or her with daily living or provide the name of the person he or she trusts to help manage his or her money;
  - The beneficiary’s family or a close friend;
  - Anyone who acts on behalf of the beneficiary for other payments he or she may be receiving;
  - A social worker;
  - The person or institution who has custody of the beneficiary;
  - The beneficiary’s medical records, which may mention the name of the person who brought the beneficiary in for medical treatment;
  - The claims file, which may include possible leads discovered during an ALJ allowance;
• Governmental agencies that may be providing social services;
• Social agencies such as the Salvation Army, Catholic Charities, the Alliance for the Mentally Ill, Travelers Aid, etc.;
• Advocacy groups located in the community; and
• Public and private nonprofit organizations that are funded under the Recipients Public Health Service Act receive block grants for the care of mentally ill homeless people. If these organizations routinely provide case management services, they are also responsible for providing representative payee services for beneficiaries who receive SSI.

Keep in mind that a representative payee is simply someone who is charged with making sure the beneficiary uses the benefit payments for the beneficiary’s needs. A payee’s authority is limited to matters relating to the receipt and management of benefits unless the payee is:

• The claimant’s legal guardian,
• A parent (or person standing in place of a parent for a claimant under age 18), or
• Someone who has been granted the power of attorney.

**Signing Forms**

A beneficiary can and should sign Social Security forms, even if he or she has a representative payee, provided that the beneficiary is an adult and legally competent. If the person needs a representative payee, however, Social Security won’t issue the benefits until a representative payee is available and has determined the payee capable of receiving benefits and using them for the beneficiary’s needs. That means, even though the beneficiary may sign forms, Social Security must resolve payee status in order to issue benefits.

As long as Social Security hasn’t declared an adult legally incompetent, he or she should sign his or her own forms. A payee who isn’t a guardian can’t sign a consent form authorizing the release of a beneficiary’s Social Security information. Also, even if the parent is the legal guardian, the beneficiary can sign his or her own forms if the payee refuses to cooperate and the local office thinks the beneficiary understands what he or she is doing. This decision is up to Social Security, and is usually
based on medical evidence submitted by the person applying to be his own payee.

Statements authorizing the release of financial or medical records may only be validly signed by:

- The beneficiary,
- His or her authorized representative,
- A parent (in case of a minor child), or a
- Legal guardian.

**Verification of Benefits**

The cornerstone of work incentive planning services is to provide complete and accurate information about the effect of earnings on the various benefits an individual (and dependent family members) receives. Given the many benefits a person may be receiving, individualized advisement should only occur after you verify all of a beneficiary’s benefits from an authoritative source.

The alternative, trying to offer benefits advice based on unverified information, is extremely dangerous business. The risk of error is high, and the consequences can be severe for the beneficiary. It’s very common for beneficiaries to have inaccurate, incomplete, or out-of-date information about the benefits they receive. You cannot simply take self-reported information at face value without checking it. Admittedly, benefits verification can take time and does slow down the counseling process. There will be times when beneficiaries will push you for an immediate answer to a question, but you must resist being rushed. It’s far better to move slowly and dispense correct information than to respond quickly with incorrect advice. It may be necessary to explain this clearly to beneficiaries to help them understand why services take time.

**NOTE:** Verifying the information you gathered during the initial interview process is not optional – it is a required step in WIPA services provision. You must verify any and all benefits received by the person you are serving prior to delivering work incentives counseling.
When to Verify Benefits

When working with a newly enrolled beneficiary, CWICs should verify benefits prior to giving any individualized counseling. That means, before writing a BS&A or telling the beneficiary how the employment goal may affect benefits, you should have verified all benefits. In some circumstances, it may be necessary to re-verify benefits as well. If a beneficiary returns for additional individualized services several months later, you’ll need to review his or her benefits to determine if changes may have occurred and if updated verification is necessary. The general rule is that if it has been six months or more since you last verified benefits, plan to re-verify all of them. If it’s been less than six months since you last verified benefits, discuss whether the beneficiary has gone through a redetermination process and what may have changed with each benefit. If there has only been a change in one of the benefits, it’s only necessary to re-verify that one. If there is any doubt as to whether a change has occurred, re-verify.

What to Verify

When it comes to verification, you must verify all public benefits the beneficiary receives, which includes: SSDI/CDB/DWB, SSI, state supplement, Ticket assignment, Medicare Parts A/B/C/D, Medicaid, Medicaid Home and Community Based Services (HCBS) waiver, Medicare Savings Program, Low Income Subsidy, SNAP, low income housing, worker’s compensation, unemployment subsidy, Veteran’s Pension/Compensation, Black Lung benefits, and Railroad Retirement benefits. If an individual is receiving a private benefit, such as a private long-term disability or private health insurance and he or she has concerns about how work will affect that benefit, you must work with the beneficiary to contact the benefit administrator and verify the benefit and impact of working.

It isn’t enough to verify the receipt of benefits. Be prepared to verify all pertinent information such as entitlement date, amount of benefit, time-limited income exclusions, and use of special programs within a benefit program. For example, some Title II disability beneficiaries may have used some or all of their Trial Work Period. Because each benefit program is unique in so many ways, what you may need to verify will differ from one program to another. A Benefit Verification Quick Reference Guide is included at the end of this unit, which provides a detailed list of what Social Security recommends to verify each benefit.
In most situations, the benefits you’re verifying are those of the beneficiary you’re serving. In some situations, though, it may be necessary to verify his or her spouse’s benefits or children’s benefits. If a beneficiary’s spouse or dependent children are receiving public benefits and the beneficiary has concerns about how working will affect those, you must verify those benefits as well.

**How to Verify Benefits**

The first step in verifying benefits is to explain to the beneficiary the need for verification and obtain signed releases of information. You’ll need a release of information to verify each benefit the person receives. To obtain verification from Social Security, you are required to use their specific release of information form: Consent for Release of Information, form number SSA-3288. You may find other agencies that administer benefits also require the use of their specific release of information form, while others may allow the WIPA agency’s general release of information. As the WIPA projects establish a protocol for how to verify each benefit, you’ll want to clarify any specific release of information requirements and keep a list handy about what type of release is appropriate for each agency.

The second step in verifying benefits is to contact the agency that administers the benefit. How you make contact and communicate with the agencies will differ from one to another. The following section provides some details on how to communicate with the most common federal benefit programs to obtain verification of common federal benefits. Because there are numerous state and local benefits that you must verify, you’ll need to identify the process for verifying these state or local benefits for your service area. Establishing the means for verifying benefits may require a concerted effort of networking and relationship building on your part. In most benefit administering agencies, personnel have substantial workloads and may be slow to respond or unresponsive to requests for benefit verification. In these situations, you’ll need to build and use a network to find alternate avenues or approaches for obtaining verification.

The third step in verifying benefits is to clarify any abnormalities or inconsistencies you find. You should scrutinize all verifications to determine if there are any inconsistencies with what the beneficiary shared about his or her situation. In some situations, the verification information may raise as many questions as it provides answers. It’s a
critical part of your job to identify these abnormalities as well as the appropriate course of action to correct them, if any correction is needed. Make sure you have a clear understanding of who to talk to within each agency to answer questions and provide clarification. These situations will generally require you to have a conversation with an agency staff member to resolve the issues.

**Verifying Benefits from Federal Entities**

The following is a list of common federal benefit programs and the specific steps CWICs can take to verify them.

**Benefit Planning Query (BPQY)**

The Social Security Administration’s BPQY (SSA-2459) contains comprehensive information about an individual’s disability benefits and work status. This includes the status of the beneficiary’s Social Security administered disability cash benefits, Medicare, Medicaid (in some situations) scheduled medical reviews, representative payee, last work review action, and work history. In essence, the BPQY provides a snapshot of the beneficiary’s benefits and work history as stored in Social Security’s electronic records.

CWICs can use several methods to request a BPQY. A beneficiary may request his or her own BPQY directly at the local Social Security office or by calling the national toll free number at 1-800-772-1213 (TTY 1-800-325-0778). Another option is to have the CWIC request a BPQY from Social Security by submitting proper authorization. Social Security and IRS rules require that you submit two SSA-3288 Release of Information forms when requesting a BPQY. POMS reference GN 03305.001 Disclosure With Consent - General explains why one form is needed to give consent to disclose Social Security information and records (non-tax return information) and a second form is required by IRS regulations to authorize the disclosure of tax return information. The IRS supplies the earnings data on the BPQY, and their regulations, specifically 26 C.F.R. §301.6103(c) − 1T, require that a consent statement authorizing the disclosure of tax return information must “address only the disclosure of tax return information.”

While Form SSA-3288 was designed as a consent form that beneficiaries use to authorize Social Security to disclose non-tax return information, GN 03305.001 states that “if the form specifically requests the disclosure of tax return information it may be accepted.” It also states that a single
consent form that authorizes Social Security to disclose detailed earnings information AND information from the Social Security record is unacceptable, and instructs the local office to provide ONLY non-tax information if both are requested on the same form.

SSA-3288 is the recommended form for requesting a BPQY, because it meets all of the criteria for disclosure of Social Security information and records required by Social Security regulations. Specifically, a consent form must:

- Contain the name, Social Security number, and date of birth of the individual whose information is to be disclosed;
- Be written, signed, and dated by the individual or someone who can consent for him or her. GN 03305.005 provides additional instructions on who may give consent;
- Specifically authorize Social Security to release records. In other words, the form may not be addressed “to whom it may concern” or to “all third parties”;
- Specify the information to be disclosed. Form 3288 provides check boxes so that you can be specific about what you want disclosed. A consent form may not request disclosure of “all records” or “all information from my record”;
- State the purpose for which the information is being requested. Social Security may charge a fee to disclose information for “non-program” purposes, so indicate that the information is needed for program purposes, or because the individual is planning to go to work and is seeking work incentives counseling. GN 03311.005B.3.b provides a definition of “program purposes,” which includes “information needed by the beneficiary seeking to return to work or participating in the current Ticket to Work program”;
- Specify to whom the record may be disclosed; and
- State a time during which the record may be disclosed. If no time frame is given, Social Security will assume the consent is for a one-time only disclosure.

You can go to socialsecurity.gov to find the current form (http://www.socialsecurity.gov/online/ssa-3288.pdf). This is now a
“fillable form,” so it’s possible to type the information into the boxes, print the form, and have the beneficiary sign it. Or, you may simply print the form and make copies to send to beneficiaries.

An important resource for CWICs is the Benefits Planning Query Handbook (BPQY) Handbook. The BPQY Handbook is a Social Security publication that includes information on the purpose of the BPQY, how to request a BPQY, and explains the details of each section of the BPQY. The BPQY Handbook also includes two Form SSA-3288 exhibits with the appropriate information for requesting a BPQY inserted. These pre-populated SSA-3288s are also provided on the VCU NTDC website (https://vcu-ntdc.org/resources/resourceDetail.cfm?id=6). CWICs should use these pre-populated forms when obtaining a BPQY for a beneficiary.


Send the completed forms to the beneficiary’s local Social Security office with a specific request for the BPQY. Some Social Security offices require WIPA projects to submit all releases to a central point of contact (such as the WIL or Office Manager). Other offices allow you to send the releases directly to Claims Representatives or Service Representatives. Be sure to research how each local office in your service area prefers to have BPQY requests submitted, and always follow the proper procedure for each office. Social Security must receive the form within 60 days of the date the beneficiary signed it in order to process the request.

The Area Work Incentive Coordinator (AWIC) is also a valuable resource if you encounter difficulty receiving BPQYs or other information from the local Social Security office. The AWIC is charged with training and technical support to the local offices on work incentive issues, and he or she may know how best to go about getting what you need to serve the beneficiary.

In situations when a WIPA project needs additional support when working with the field office staff, you should advise your Project Manager, and the Project Manager can contact the OES Project Officer for assistance. The best way to avoid these problems, however, is by doing positive, proactive outreach with the WIL in each local office.

Additional tips for obtaining BPQYs in a timely manner:
1. Develop a good working relationship with the local WIL. Ask how long you should expect to wait for BPQYs.

2. Follow proper protocol. If the office accepts faxes, fax the releases. If they require original signatures, mail or hand-deliver releases.

3. If you don’t receive the BPQY in the expected timeframe, call to follow up and submit a second request. It’s always a good idea to have a copy of the releases in case originals were mailed or hand-delivered.

4. Ask beneficiaries to get the BPQY themselves by calling Social Security’s toll-free number or by visiting the local Social Security field office.

**Reviewing the BPQY:** Social Security generates the BPQY by pulling from several different data sources at Social Security, including the Master Beneficiary Record (MBR), the Disability Control File (DCF), the Supplemental Security Income Display (SSID), the Summary Earnings Query (SEQY), and the Inquiry Response (QRSL). If any information in these data systems is outdated or incorrect, the information on the BPQY will be inaccurate. For example, if the beneficiary didn’t report earnings or if Social Security hasn’t yet processed work reports, the work incentive information on the BPQY will probably be outdated. You can help identify discrepancies or errors in any item on the BPQY by bringing this to the beneficiary’s attention and helping him or her resolve this through the local Social Security office to avoid future misunderstandings or overpayments. A subsequent BPQY should confirm that Social Security made the correction(s). It’s important to keep in mind that the BPQY, as with all verifications, is a starting point. You must scrutinize it for inconsistencies or missing information.

The Social Security BPQY Handbook explains the details of each section of the BPQY. In general, when you examine the BPQY, you should take these steps to try to answer questions or resolve concerns:

1. Contact the beneficiary or his or her representative and specifically ask questions about the information on the BPQY. You need to know if it matches what the beneficiary is experiencing or what he or she remembers about work history. In some cases, this simple step will provide the
information you need to resolve the mystery at hand. If not, move on to the next step.

2. Many of the resolutions to BPQY problems will come from contact with the WIL in the local office, or possibly the AWIC. These Social Security employees have access to the computer files and may be able to look up the question and answer in a matter of minutes. Make sure you have a signed release of information before you make a request of this nature.

An additional resource for verifying basic Social Security benefit information is the “my Social Security” online portal system. Beneficiaries can go to Social Security’s website and create a personalized account, which they can use to print a benefit verification letter. The beneficiary will also be able to see his or her record of annual earnings, benefit amount, and payment information. Beneficiaries can also change their address, phone number, and direct deposit through this portal.

Beneficiaries can sign in or create an account using the following link: www.ssa.gov/myaccount.

Unfortunately, it isn’t currently possible to request a BPQY using the “my Social Security” account or to access the information contained in the BPQY through these accounts.

**Medicare Part D, Low Income Subsidy, and Medicare Savings Program:** Because the BPQY can’t verify Medicare Part D, Low Income Subsidy, or the Medicare Savings Programs reliably, you can instead use Medicare’s 1-800 call center to provide that information. To use this process, you must have the beneficiary with you on the call. The following steps outline how to obtain this verification:

Approximate time to verify: 5-10 minutes

1. Call 1-800-633-4227.
2. At the main menu say, “Help me with something else”.
3. Provide the requested PII about the beneficiary.
4. An operator will come on the call; let him or her know you are a social worker calling to verify a client’s Part D enrollment information. The operator will ask you for the following information about the beneficiary: Medicare
number, name, date of birth, whether he or she is enrolled in Part B, and your name.

5. Ask the operator to verify if the beneficiary is enrolled in Part D, at which time the operator will let you know what prescription drug plan the beneficiary is enrolled in and when he or she enrolled.

6. Ask the operator to verify if the beneficiary is enrolled in the “Low Income Subsidy Program” or “Extra Help.” If the operator says yes, make sure to clarify if it’s partial subsidy or a full subsidy.

7. Ask the operator to verify if the beneficiary is enrolled in the “Medicare Savings Program” or “Qualified Medicare Beneficiary.” If the operator says yes, be certain to clarify which Medicare Savings Program the beneficiary is enrolled in, such as Qualified Medicare Beneficiary (QMB), Special Low Income Beneficiary (SLMB), or Qualified Individual (QI).

Please note the following important points:

• Calling Medicare’s 1-800 call center will not work if the beneficiary isn’t on the call with you. Call center workers are strictly prohibited from speaking with you without the beneficiary being present.

• Please be aware that if there are any abnormalities that arise when verifying the Medicare Savings Program, you won’t be able to talk through those issues with this call center operator. He or she is simply reading off the individual’s eligibility status as it’s coded in the data system. The state Medicaid agencies are responsible for determining eligibility for Medicare Savings Programs, so you’ll need to contact that agency to clarify any abnormalities.

Another option is to use the “myMedicare” online portal system. MyMedicare.gov is part of the Medicare.gov website. MyMedicare.gov is an optional, free, and secure site designed to help beneficiaries check the status of their eligibility, enrollment, and other Medicare benefits — including enrollment in the Low Income Subsidy and Medicare Savings Programs. It also lets beneficiaries access claims information almost
immediately after Medicare processes their claims and provides beneficiaries with preventive health information 24 hours a day, seven days a week. To create a “myMedicare” account, beneficiaries simply go to mymedicare.gov and follow the instructions.

**Ticket Assignment:** In advising beneficiaries about their Ticket to Work and the medical continuing disability review protection, there is some key information you need to verify. You need to confirm when the beneficiary’s Ticket was assigned (month and year), to whom his or her Ticket is currently assigned, when his or her last Timely Progress Review occurred, and if his or her Ticket is considered in “active” status. You can verify this information by contacting the Ticket to Work Help Line at 1-866-968-7842 when you have the beneficiary with you in person or on conference call. Ticket Call Center personnel are strictly prohibited from speaking with you unless the beneficiary is present.

**Veteran’s Benefits:** You may verify veteran’s benefits by reviewing a copy of an award letter. If a veteran doesn’t have a copy of his or her award letter but he or she has, or is willing to, set up a password to access his or her VA benefit information through the online portal, “eBenefits,” you can verify benefits that way as well (https://www.ebenefits.va.gov/ebenefits/homepage).

**Railroad Retirement Benefits:** You may verify Railroad Retirement Benefits by reviewing a copy of an award letter or by requesting a copy of verification at the Railroad Retirement Board’s website (https://secure.rrb.gov/mep/ben_services.asp).

**Black Lung Benefits:** You may verify Black Lung Benefits by reviewing an award letter or by requesting verification through the DOL Division of Coal Mine Worker’s Compensation (https://www.dol.gov/owcp/dcmwc/).

**Documenting Verifications**

CWICs are required to maintain documentation of verification in the beneficiary’s record for any beneficiary receiving individualized services. This documentation could include copies of BPQYs, statements of benefits or other correspondence that verifies the public benefits he or she received, current benefits status, payment amounts, and the work incentives the beneficiary used. When verifying benefits through a conversation with an agency representative (such as when calling the Medicare call center), CWICs should record the conversation in a case
note. The case note should include the date of the conversation, the name of the person with whom you spoke, and details about what information you verified. Additionally, copies of relevant releases of information should be on file to verify that the beneficiary granted permission to obtain information from agencies.

As previously mentioned, it’s imperative that you verify ALL benefit information BEFORE offering individualized benefits counseling. Providing benefit information or advice without verifying the benefit status is extremely dangerous and can have severe negative consequences for the beneficiary. While the BPQY can verify a substantial amount of information, most beneficiaries have additional benefits that provide critical support. You must also verify these benefits, which means the process for obtaining verification generally involves more than just obtaining the BPQY. Although you may run into some challenges finding timely or efficient ways to verify some benefits, you must be persistent in finding solutions. Establishing an effective and efficient manner for verifying benefits is essential for WIPA projects to provide the quality and depth of services beneficiaries need.

**Conclusion**

Conducting initial information-gathering interviews for individuals who will receive individualized WIPA services is a critical part of delivering high-quality WIPA services. This interview process is the means by which CWICs collect all of the information they use to conduct individualized work incentives planning, and it forms the basis for developing the BS&A. If you conduct the information-gathering process incompletely, everything that occurs from that point forward will be flawed. Analyzing work incentive use and determining the impact of employment on benefits when you’ve only gathered half the facts is a very dangerous practice — dangerous to the beneficiary you are trying to help. Hopefully, this unit has offered practical advice about what types of information you need to collect, efficient techniques for gathering the information, and ways to verify that all information you use in work incentive planning is accurate.
Conducting Independent Research

For more information regarding Representative Payees, see the Social Security’s Program Operations Manual System (POMS) instructions:

- **POMS DI 31001.000 - Representation of Claimants - Subchapter Table of Contents**
  (https://secure.ssa.gov/apps10/poms.nsf/lnx/0431001000)

- **POMS GN 00501.000 – Representative Payee General – Subchapter Table of Contents**
  (https://secure.ssa.gov/apps10/poms.nsf/lnx/0200501000)

- **POMS GN 00502.300 - Digest of State Guardianship Laws**
  (https://secure.ssa.gov/poms.nsf/lnx/0200502300)

- **Social Security Handbook’s information about Representative Payees**

Additional Resources

On the following pages, we have provided a blank copy of the recommended Initial Interview Guide and a handy Quick Reference Guide for Benefits Verification.
WIPA Initial Interview Guide

January 2020

Step 1: Start with a brief introduction to WIPA services.

My name is ________, and I am a Community Work Incentives Coordinator with (name of your agency). I’m calling because you have been referred for Work Incentives Planning and Assistance (WIPA) services. The WIPA program provides eligible Social Security disability beneficiaries with complete and accurate information about how going to work will affect any federal, state or local benefits they receive.

**NOTE:** If you have any doubt about whether the person is eligible for WIPA services, don’t go into lengthy explanation of the program until you have verified eligibility. Move on to the next step in the interview process.

If the individual is clearly eligible, you may need to offer more information about what WIPA services entail. Don’t assume the person knows what WIPA is.

Step 2: Check to see if the beneficiary is eligible for WIPA services.

**NOTE:** This step may not be necessary for people referred by the Ticket to Work (TtW) Help Line. If the TtW Help Line referred the person, you can find the type(s) of benefit in the demographics section of the referral. In these cases, you should confirm with the person what benefits show in the referral. If there are discrepancies between what the beneficiary says and what shows in the referral section, ask additional questions to clarify.

Before I can offer you services, I need to confirm that you meet Social Security’s rules for the WIPA program. First you must be at least age 14, but not yet full retirement age (is that true for you?). Second, you must already be receiving Social Security benefits based on disability.

Possible Questions to Help Determine Type of Social Security Benefits:

- Can you tell me what type of benefits you get from Social Security?
- Do you know if you get Social Security disability benefits (SSDI) or SSI?
• Do you get more than one benefit payment from Social Security each month?

• How much is your Social Security payment?

• Do you know if your benefits are based on your past work, or do you get benefits from the earnings record of a parent or a spouse?

• Do you know if you have Medicare or Medicaid health insurance? Note: If they don’t know, have them describe their insurance card. Is it white with a red white and blue stripe? Is it (whatever color of card your state uses for Medicaid.)?

Table 1: Determining Eligibility

<table>
<thead>
<tr>
<th>Eligible</th>
<th>Not Eligible</th>
<th>Unsure</th>
</tr>
</thead>
</table>
| If the person is clearly eligible, move on in the interview process to determine priority for WIPA services. | If the person is clearly not eligible, do not move forward in the interview process. Explain why the person is not eligible and ask questions to determine the presenting need. Make referrals for services based on presenting need. **Do not provide** repeated contacts to ineligible individuals. | If the beneficiary doesn’t know what benefit he/she gets and you can’t make an accurate assessment by asking the suggested questions, you have several options:  

1. You can help the person set up a “my Social Security” account and verify online with the person’s permission.  
2. You can send the person the SSA-3288s needed to request a BPQY. |
Eligible | Not Eligible | Unsure
---|---|---

Do not move on in the interview process if you suspect the individual is not eligible for WIPA services. Wait until you verify. In particular, do not provide any work incentives information until you have verified the benefit.

### Step 3: Determine where the beneficiary currently is on the Employment Continuum and the beneficiary’s future employment and/or earnings goals. This step helps you decide if the person is a high priority for WIPA services.

Now I need to ask some questions about your employment status. This will help me figure out what information about work and benefits would help you the most and give me an idea about how quickly you need that information.

Are you currently working (or self-employed) or do you have a job offer pending?

### Table 2: Determining Employment Status

<table>
<thead>
<tr>
<th>Yes, Working or Has Pending Offer</th>
<th>Not Working &amp; No Pending Offer</th>
</tr>
</thead>
<tbody>
<tr>
<td>• What type of work (or self-employment) are you doing or will you be doing?</td>
<td>• Are you actively looking for a job (are you going on interviews or submitting applications/resumes?)</td>
</tr>
<tr>
<td>• Is your employment (or job offer) full-time or part time?</td>
<td>• Are you actively working to become self-employed or planning to start a small business?</td>
</tr>
<tr>
<td>• How many hours do you work (or will you be working) per week?</td>
<td>• Are you currently in school or participating in any kind of</td>
</tr>
<tr>
<td>• What is (or will be) your hourly wage or salary?</td>
<td></td>
</tr>
<tr>
<td>Yes, Working or Has Pending Offer</td>
<td>Not Working &amp; No Pending Offer</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>• When did you (or will you) start your job (or self-employment)?</td>
<td>education or training program? If so, when do you expect to complete this program?</td>
</tr>
<tr>
<td>• Have you notified Social Security that you are working? If so, how did you make contact with SSA?</td>
<td>• Are you getting help from an agency to prepare for work or find a job?</td>
</tr>
<tr>
<td>• NOTE: For employed individuals, don’t assume that the job they currently HAVE is the one they eventually WANT. Be sure to ask about future employment goals:</td>
<td>• Do you have an open case with the state VR agency or an appointment to meet with the state VR agency?</td>
</tr>
<tr>
<td>• Are you satisfied with the job you have now?</td>
<td>• Have you done anything in particular to prepare for getting a job?</td>
</tr>
<tr>
<td>• Do you hope to increase your hours and/or earnings in the future?</td>
<td>• Are you getting career counseling to help you decide what kind of work is right for you?</td>
</tr>
<tr>
<td>• Are you considering a promotion or a job change?</td>
<td>• Would you say that you have definitely decided to try to work? If so, do you have a specific employment or earnings goal?</td>
</tr>
<tr>
<td>• Do you have a raise pending?</td>
<td>• Are you unsure about your ability to work or just starting to think about the possibility of working?</td>
</tr>
<tr>
<td>• Do you have any long term career goals?</td>
<td></td>
</tr>
<tr>
<td>• Have you thought about what you need to do in order to meet your future employment or earnings goal? For example...</td>
<td></td>
</tr>
</tbody>
</table>

**IMPORTANT NOTE:** Individuals who indicate that they don’t have a specific employment or earnings goal, haven’t done anything to prepare for employment, or are just beginning to think about working, are a LOW priority for WIPA services. In most cases, you should provide these individuals with basic information and referral services (I&R) instead of individualized WIPA services.

For beneficiaries who need only I&R services:
• You do NOT need to complete the full interview process or request a BPQY for beneficiaries who only receive I&R services. Instead, provide summary information about the effect of work on the Social Security benefits the person receives, and answer any specific questions the person asks about work and benefits.

• Provide referrals for any additional services the person is seeking;

• Ask the person to contact you again for more individualized counseling when they have a clear employment or earnings goal. Encourage the beneficiary to contact you as soon as he/she begins to interview for jobs or start a business so that there is sufficient time to provide adequate counseling.

**Step 4: Gather information about current employment (if applicable) and past work since entitlement to Social Security benefits**

**NOTE:** If the beneficiary is currently employed or self-employed, start this part of the interview by gathering details about his or her work. You need to know the following things:

1. Employing company and job title (type of business for someone who is self-employed);
2. Start date;
3. Hourly wage and average number of hours per week, monthly salary, or average monthly Net Earnings from Self Employment (NESE);
4. Pay periods or pay days; and
5. Potential for use of work incentives. For SSI recipients you should check for Student Earned Income Exclusion (SEIE), Impairment Related Work Expenses (IRWEs) and Blind Work Expenses (BWE), as applicable. For Title II disability beneficiaries, check for possible IRWEs and Subsidy/Special Conditions (unincurred business expenses and/or unpaid help for self-employed Title II beneficiaries).
If the beneficiary is NOT currently working, move on to questions about possible past work.

OK, now that we have talked about your current employment status, I need to ask you a few questions about any work you’ve done in the past since you started getting Social Security disability benefits.

When you get SSI, this information is important because earned income may cause a reduction in your cash payments. We want to make sure Social Security accounted for those past earnings. If they didn’t, I can help you manage that moving forward.

When you get SSDI, this information is important because there are certain rules called “work incentives” that protect you from having employment affect your benefits right away, but these rules have time limits. If you’ve worked in the past, you may have already used some of these work incentives. In order for me to give you accurate information about your current or future work, I need to know a little bit about any past jobs you’ve had since you started getting Social Security.

• Have you worked or been self-employed since you started getting disability benefits?

• Can you give me a general idea of when you worked and what you did?

• Do you remember what your hourly wage was and how many hours you worked in each job?

• Do you remember if you let Social Security know you were working? If so, did you get any correspondence from Social Security asking for information about your work?

**NOTE:** Be sure to explain that you will be requesting a BPQY and that past work will show up on that report. Assure the beneficiary that it’s OK if he/she is unclear about the details of the past work, as you can work on that later on if needed. For now, you just want a basic list of the different jobs the person may have had and a rough idea about when the beneficiary worked in those jobs and about how much they earned. Be aware that this conversation may cause some anxiety – be sensitive to that possibility.
Step 5: Gather information about employment services and supports the beneficiary currently has and determine unmet needs.

NOTE: Helping beneficiaries connect with the employment services and supports needed to achieve their career goals is an important part of a CWIC’s job. It’s important that you determine which services a beneficiary is already receiving and discuss unmet needs. You should provide information and referral services to the state VR agency, ENs, or other providers as appropriate to overcome barriers to employment. Don’t assume that a beneficiary’s needs are being met just because he/she has an open case with VR. Be sure to ask specific questions about employment barriers or unmet needs.

Earlier in our conversation I asked some questions about your current employment status. Since the WIPA program provides employment focused benefits counseling, a big part of what we do is help beneficiaries connect with the services and supports they need to successfully achieve their employment goals. I would like to ask you a few questions about the services you told me you are already getting.

For individuals who are already receiving services:

• Do you have an open case with state VR or blind services agency? If so, what services are you getting? Are you satisfied with the services you are currently getting?

• Are you receiving employment supports from an EN? If so, what services are you getting? Are you satisfied with the services you are currently getting?

• Are you receiving services from other community agency? If so, what services are you getting? Are you satisfied with the services you are currently getting?

• Has anyone talked with you about the Ticket to Work Program? Do you know if your ticket is assigned or “in use”? (The beneficiary may need to verify Ticket status by calling the TTW Help Line – you will have to provide that contact information).

NOTE: Be prepared to explain the Ticket program and probe for questions. You may also need to explain how the
state VR agency works or answer questions about other employment services providers. You should take your time with this part of the interview. Make sure you have fully explained how the employment services system for people with disabilities works so beneficiaries know what to expect.

For ALL individuals:

• Do you feel like you need any specific services or supports to achieve your employment goal?

• Do you have barriers to employment that you feel are keeping you from achieving your career goals? Check for the following:
  - Lack of reliable transportation
  - Lack of child/elder care
  - Unresolved health issues
  - Communication barriers
  - Lack of access to assistive technology or inability to use technology
  - Need for job accommodations
  - Accessibility issues
  - Family or personal crises
  - Conflicts with supervisor or co-workers

Step 6: Gather information about family members who also receive Social Security benefits.

At this point, I would like to ask you some additional questions about your living situation and household members. I need to know if you have any dependent family members in your household who also receive Social Security benefits because it’s possible for your work to affect those benefits. I want to be sure that I provide you with complete information about how work will affect the benefits of anyone in your household.

Don’t worry if you don’t know for sure what benefits your family members get or how much the benefit payments are. Some of that information will be on the BPQY report I mentioned earlier.
For Title II disability beneficiaries:

- Do you have dependents in your household such as a spouse or minor children who receive a Social Security benefit check because you receive disability benefits?

- Do any of your dependents (children, spouse, or domestic partner) receive SSI? If so, who receives this and how much is the monthly benefit?

For SSI recipients:

- Do you live in your own household, or in someone else’s household?

- If you live with someone else, do you pay your share of the household expenses, OR if not your share, do you contribute something to the household for food and/or rent/mortgage?

- If you live in your own household, does anyone help you pay your food and shelter costs? If so, can you describe the help you get?

- Are you married? If so, does your spouse live with you? Does your spouse have any income, such as earnings or cash benefits or other income? If so, can you tell me the amount of that income?

- Do any of your dependents (children, spouse, or domestic partner) receive SSI? If so, who receives this and how much is the monthly benefit?

Step 7: Gather information about health insurance and healthcare needs.

Now I need to ask you a few questions about any health insurance you may have. There are lots of different kinds of health insurance. Some are related to the Social Security benefits you receive, some aren’t.

First, do you or any of your dependent family members receive any form of government funded health insurance or healthcare? This includes Medicare, Medicaid, and the VA healthcare system.

For individuals who have Medicare:

- Are you enrolled in Medicare? If so, which parts of Medicare are you enrolled in? For example, Part A which pays for hospitalization, Part B which pays for doctor visits and outpatient
services, and Part D which pays for prescription drug coverage. Some people are enrolled in something called Medicare Advantage or Part C. Which of these apply to you?

- If you are enrolled in Part B, is your monthly premium deducted from your benefit check?

- Do you know if you get assistance in paying for the Part B premium from the state? If so, does the state also help with the other Medicare out-of-pocket costs?

- If you are enrolled in a Part D prescription drug plan, do you get help paying the premium and other out-of-pocket costs for this coverage? Social Security calls this Part D assistance “extra help” or “the low-income subsidy”.

For individuals who have Medicaid:
You told me that you have Medicaid. There are lots of ways to qualify for Medicaid and it’s possible to be enrolled in more than one Medicaid program at the same time. Different Medicaid programs are affected by working in different ways, so it’s important that I know exactly which type of Medicaid you get. It’s OK if you don’t know the answers to all my questions about your Medicaid coverage. With your permission, I will contact the state Medicaid agency to verify your Medicaid benefits.

- In most states, when you get SSI, you also qualify for Medicaid coverage. Do you know if the Medicaid coverage you have is related to your SSI benefit?

- One type of Medicaid coverage is provided to people who have really high medical expenses. That program is called “Medically Needy Medicaid” or sometimes “Spend-Down”. Do you have any out of pocket expenses each month before your Medicaid coverage begins (which is typically called a spend down or share of cost)? If so, are you able to meet these expenses each month?

- If the state has a Medicaid Buy-In program and if the person is working: Now that you are working, are you participating in the state’s Medicaid Buy-In program, which is called (Buy –In name)?

- There is a special type of Medicaid that’s provided to certain people who used to get SSI but who lost eligibility for SSI
because they started getting SSDI or Childhood Disability benefits. Did you get SSI in the past and then lost it when you started getting another type of disability benefit from Social Security?

- There are some Medicaid programs that cover services related to your disability in addition to medical services. These programs are often referred to as Medicaid waiver programs. Are you enrolled in one of these programs? (You may want to provide the names of specific waivers in your state to help the person identify if he or she is enrolled in a waiver program.)

- Do you have any other family members or dependents living in your household who receive Medicaid?

**For individuals who indicate they use the VA Healthcare System:**

- Which services from the VA healthcare system do you use? Do the services you receive from the VA meet all of your healthcare needs? NOTE: There are different levels of VA health care (i.e. some get full coverage and others just use prescription drug coverage). Be sure to ask what services the person gets from the VA.

**For all individuals, inquire into other private health insurance coverage:**

Healthcare coverage is very important, not only for you, but for others in your family (such as your dependents). I would like to ask a couple of questions to see how your employment will affect the health insurance coverage available to your family members.

- Do you have private health insurance coverage, such as coverage through a family member current employer or previous employment? If so, are you satisfied with the services you get and the cost of your coverage?

**Step 8: Gather information about any other federal, state or local benefits the person receives that paid employment could affect.**

Now, I would like to ask you about other benefits or assistance you receive. This will help me to analyze how employment might affect your other benefits and provide you with information about any changes you might expect when you go to work. Paid employment may affect the assistance you receive. Please let me know if you or any of your
dependent family members receive any of the following benefits. It’s really helpful if you can tell me how much the benefit is, but it’s OK if you aren’t sure. I can contact the agency that administers any benefit you receive to verify what you receive.

**NOTE:** Refer to the benefits verification checklist in the manual for a list of ways to verify the different benefits. You may not need releases of information for everything if the beneficiary has correspondence he/she can share, or if there are online accounts the beneficiary can use to verify benefits.

- Supplemental Nutrition Assistance (also known as Food Stamps)?
- Housing assistance or rental assistance?
- Temporary Assistance for Needy Families (TANF)?
- Low Income Energy Assistance Program (LIHEAP)?
- Workers Compensation?
- Disability insurance benefits provided by a previous employer?
- Unemployment Insurance Benefits?
- Veteran’s benefits? **NOTE:** If the beneficiary says he/she gets VA benefits, be sure to use the Veterans Information Gathering Tool in addition to this interview guide.
- Railroad Retirement?
- Black Lung benefits?
- Any other assistance, such as Community Action Program Assistance, etc.?

**For individuals who indicate they get some form of housing or rental assistance:**
There are lots of different housing or rental assistance programs and some offer special supports for residents who are working. I would like to review your housing information with you to see if there are any of these programs you could benefit from.

- First of all, your living situation: Do you live alone or with family/roommates? How many people are in your household?
• Do you own your home? If not, are you interested in learning about programs for homeownership?
• Are you renting? Do you receive any type of rental assistance to help pay for your housing (such as a voucher, or reduction of your rent based on your household income)? If so, do you know the name of the rental assistance program you are in? If you don’t get assistance, are you struggling to afford your rent?
• Do you know the name of the person you work with at the housing agency?

Step 9: Gather information about other sources of income and resources, as appropriate. This step is really more important for SSI recipients than Title II beneficiaries. Use your best judgement to determine whether or not to ask these questions.

If you receive other types of income besides wages, it may affect some benefits (like SSI). To help me understand your benefit situation, please tell me if you receive:

• Child support? If so, is it for you or for your children?
• Maintenance/Alimony/Palimony?
• Pell Grants or other forms of educational assistance?
• Do you have any other income?

In the SSI program, resources can affect your eligibility. Resources may include cash or items that have value. Right now, SSI eligible individuals may not have more than $2,000 in countable resources while eligible couples have a resource limit of $3,000. Social security doesn’t count certain resources like the home you live in and one vehicle.

• Do you currently have resources that are worth more than the current SSI limit?

Step 10: Gather information about Representative Payee and Legal Guardianship.

I also need to ask if you manage your benefits yourself or if someone helps you with that (such as a representative payee). If so, I need to get a release of information so that we can share the information about how employment will affect your benefits.
• Do you have a legal guardian? If so, that person will need to sign releases to verify your benefits.

• Do you have a representative payee who helps you manage your Social Security benefit?

**Step 11: Conclude the interview and explain next steps.**

Well, that concludes the information gathering process. I know this seems like a lot of questions, but the more information I have, the more comprehensive my counseling can be. The next step in the process is for me to verify your benefits to make sure I know exactly what you are getting. It’s really important that I am 100% clear in order to avoid mistakes.

• Provide instruction here about what you need in order to get the BPQY. If you are asking the beneficiary to get his/her own BPQY, be sure to provide clear instructions about how to make that request and what to do with the report when they receive it.

• If the beneficiary receives any other benefits that require verification, check to see what is available without needing a release of information. If you need a release, be sure to explain what the release form is for and what to do with it when it comes in the mail.

• Make sure the beneficiary understands that you can’t provide in-depth individualized benefits counseling without the necessary verification. Stress the importance of getting the required forms back to you promptly. Explain that the verification process can be a bit slow sometimes and encourage the beneficiary to call you as questions arise.

• Explain what the beneficiary should expect from you once you verify the benefits. You will review the BPQY with the beneficiary and you may need to get some additional questions answered at that time. You will know more once you get the BPQY and review it. You should NOT move on to BS&A development until you have gone over the BPQY with the beneficiary and identified any areas in need of additional research or development.

• The most valuable part of WIPA services is the individualized benefits analysis and work incentives counseling. Explain that
you will go over how the employment/earning goal is likely to affect all benefits received in detail. You will explain everything verbally, and then summarize it in a special report called a benefits summary and analysis or BS&A (if appropriate).

- Thank the beneficiary for taking the time to complete the interview process. End the conversation with information about when the beneficiary can expect to hear from you again. Always encourage the beneficiary to contact you with questions or concerns as they may arise.
## Benefit Verification Quick Reference Guide

### Title II Disability (SSDI, CDB, DWB)

<table>
<thead>
<tr>
<th>What to Verify</th>
<th>Ways to Verify</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Title II benefits (SSDI, CDB, DWB), current benefit amount(s) (full and net)</td>
<td>BPQY, recent letter from Social Security noting updated check amount (within last 6 months) or use <strong>“my Social Security” feature</strong> (<a href="http://www.ssa.gov/myaccount">http://www.ssa.gov/myaccount</a>)</td>
</tr>
<tr>
<td>Difference between full and net amounts</td>
<td>Overpayment recovery and subsidy for Medicare Part B premium are on BPQY. All other reasons for difference must be verified with Social Security personnel.</td>
</tr>
<tr>
<td>Auxiliary benefits (if any)</td>
<td>BPQY or use <strong>“my Social Security” feature</strong> (<a href="http://www.ssa.gov/myaccount">http://www.ssa.gov/myaccount</a>)</td>
</tr>
<tr>
<td>Date of Onset and Date of Entitlement</td>
<td>BPQY, Social Security award letter</td>
</tr>
<tr>
<td>Next diaried medical CDR, representative payee status</td>
<td>BPQY</td>
</tr>
<tr>
<td>Work incentive information (current and previous use) and know earnings history</td>
<td>BPQY, recent work review decision (within last 6 months, older if no work activity since review)</td>
</tr>
</tbody>
</table>

### SSI

<table>
<thead>
<tr>
<th>What to Verify</th>
<th>Ways to Verify</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current benefit amount (full and net)</td>
<td>BPQY, recent letter from Social Security noting updated check amount (within last 2 months) or use <strong>“my Social Security” feature</strong> (<a href="http://www.ssa.gov/myaccount">http://www.ssa.gov/myaccount</a>)</td>
</tr>
<tr>
<td>Difference between full and net Amounts</td>
<td>Overpayment recovery is on BPQY. All other reasons for difference must BPQY, Social Security personnel.</td>
</tr>
<tr>
<td>Date of Onset and Date of Entitlement</td>
<td>BPQY, Social Security award letter</td>
</tr>
<tr>
<td>What to Verify</td>
<td>Ways to Verify</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Next diaried medical CDR, representative payee status</td>
<td>BPQY</td>
</tr>
<tr>
<td>Work incentive information (current and previous use) and known work history</td>
<td>BPQY</td>
</tr>
</tbody>
</table>

### State Supplement

<table>
<thead>
<tr>
<th>What to Verify</th>
<th>Ways to Verify</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current benefit amount</td>
<td>Federally administered: BPQY</td>
</tr>
<tr>
<td></td>
<td>State administered: Medicaid agency (i.e. case worker, centralized verification process, etc.), recent award or redetermination letter (within last 6 months)</td>
</tr>
</tbody>
</table>

### Ticket to Work

<table>
<thead>
<tr>
<th>What to Verify</th>
<th>Ways to Verify</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ticket assignment status, to whom the Ticket is assigned, when the Ticket was assigned, when the last Timely Progress Review was done, and if Timely Progress Requirements were met.</td>
<td>Beneficiary or Rep. Payee must call the Ticket to Work Help Line at 1-866-968-7842. No information will be provided to third parties without the beneficiary or rep. payee being on the line.</td>
</tr>
</tbody>
</table>

### Medicare

<table>
<thead>
<tr>
<th>What to Verify</th>
<th>Ways to Verify</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Part A:</strong> Is beneficiary enrolled (yes/no) and enrollment date</td>
<td>BPQY, copy of Medicare card, Medicare 1-800 # or use “my Medicare” feature at mymedicare.gov</td>
</tr>
<tr>
<td><strong>Part B:</strong> Is beneficiary enrolled (yes/no), enrollment date, premium beneficiary is paying</td>
<td>BPQY, copy of Medicare card, Medicare 1-800 # or use “my Medicare” feature at mymedicare.gov</td>
</tr>
<tr>
<td><strong>Part C:</strong> Is beneficiary enrolled (yes/no), enrollment date, premium</td>
<td>Medicare 1-800 # or use “my Medicare” feature at mymedicare.gov</td>
</tr>
<tr>
<td>What to Verify</td>
<td>Ways to Verify</td>
</tr>
<tr>
<td>----------------</td>
<td>----------------</td>
</tr>
<tr>
<td><strong>Part D:</strong> Is beneficiary enrolled (yes/no), premium beneficiary is paying</td>
<td>Medicare 1-800 # or use “my Medicare” feature at <a href="http://mymedicare.gov">mymedicare.gov</a></td>
</tr>
<tr>
<td><strong>EPMC:</strong> If cessation has occurred, number of EPMC months remaining</td>
<td>BPQYs show EPMC end date or contact Social Security personnel (WIL, Claims Representative, etc.)</td>
</tr>
</tbody>
</table>

**Medicare Savings Program (QMB, SLMB, QI)**

<table>
<thead>
<tr>
<th>What to Verify</th>
<th>Ways to Verify</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently eligible (yes/no), which group enrolled in</td>
<td>Medicare 1-800#, state Medicaid agency (case worker, centralized verification process), recent award or redetermination letter (within last 6 months) or use “my Medicare” feature at <a href="http://mymedicare.gov">mymedicare.gov</a></td>
</tr>
</tbody>
</table>

**Medicare Part B State Buy-In**

<table>
<thead>
<tr>
<th>What to Verify</th>
<th>Ways to Verify</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently eligible (yes/no)</td>
<td>Medicaid agency (case worker, centralized verification process)</td>
</tr>
</tbody>
</table>

**Part D Low Income Subsidy (Extra Help)**

<table>
<thead>
<tr>
<th>What to Verify</th>
<th>Ways to Verify</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently eligible (yes/no), what % of LIS coverage, and if any additional premium is being deducted from Title II check (when they select a better plan than the subsidy covers)</td>
<td>Medicare 1-800 # or use “my Medicare” feature at <a href="http://mymedicare.gov">mymedicare.gov</a></td>
</tr>
</tbody>
</table>

**SSI Medicaid Eligibility Category**

<table>
<thead>
<tr>
<th>What to Verify</th>
<th>Ways to Verify</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently eligible (yes/no) for SSI related Medicaid</td>
<td>For those SSI eligible in 1634 states: BPQY. All others: Medicaid agency (case worker, centralized verification process)</td>
</tr>
</tbody>
</table>
Other Medicaid Eligibility Categories & Medicaid Waiver Programs

<table>
<thead>
<tr>
<th>What to Verify</th>
<th>Ways to Verify</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently eligible (yes/no), which eligibility category or waiver program enrolled in</td>
<td>Medicaid agency (case worker, centralized verification process), award letter</td>
</tr>
</tbody>
</table>

SNAP

<table>
<thead>
<tr>
<th>What to Verify</th>
<th>Ways to Verify</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current amount</td>
<td>State agency administering SNAP (case worker, centralized verification process), recent (within last 3-6 months, depending on frequency of state recertification) award or redetermination letter. Check state SNAP website for self-service options.</td>
</tr>
</tbody>
</table>

Housing Assistance

<table>
<thead>
<tr>
<th>What to Verify</th>
<th>Ways to Verify</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which housing subsidy program enrolled in and rent or subsidy amount</td>
<td>Housing program case manager/administrator (case worker, centralized verification), recent (within last 12 months) award, redetermination letter, or rental agreement.</td>
</tr>
<tr>
<td>Number of EID months available and involvement in FSS</td>
<td>Housing program case manager/administrator case worker</td>
</tr>
</tbody>
</table>

Veteran's Benefits

<table>
<thead>
<tr>
<th>What to Verify</th>
<th>Ways to Verify</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of VA cash benefit (compensation or pension), benefit amount, individual unemployability designation, VA medical priority group</td>
<td>Award letter or use self-service “eBenefits” option (<a href="https://www.ebenefits.va.gov/ebenefits-portal/ebenefits.portal">https://www.ebenefits.va.gov/ebenefits-portal/ebenefits.portal</a>)</td>
</tr>
</tbody>
</table>

Department of Defense Disability Retirement

<table>
<thead>
<tr>
<th>What to Verify</th>
<th>Ways to Verify</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit amount</td>
<td>Award letter</td>
</tr>
</tbody>
</table>
## Unemployment Insurance

<table>
<thead>
<tr>
<th>What to Verify</th>
<th>Ways to Verify</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly benefit amount, number of weeks left of payment</td>
<td>State agency administering Unemployment Benefits (case worker, centralized verification process). Check UI agency website for self-service options.</td>
</tr>
</tbody>
</table>

## Railroad Benefits

<table>
<thead>
<tr>
<th>What to Verify</th>
<th>Ways to Verify</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type and amount benefit</td>
<td>Award letter, request copy of verification at <a href="https://secure.rrb.gov/mep/ben_services.asp">RRB website</a></td>
</tr>
</tbody>
</table>

## Worker's Compensation

<table>
<thead>
<tr>
<th>What to Verify</th>
<th>Ways to Verify</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type and amount benefit</td>
<td>Award letter or other correspondence, check state Worker’s Compensation website for self-service options.</td>
</tr>
</tbody>
</table>

## Private Disability Benefit or Pension

<table>
<thead>
<tr>
<th>What to Verify</th>
<th>Ways to Verify</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type and amount benefit</td>
<td>Award letter or other correspondence, check for website with self-service options or toll-free line.</td>
</tr>
</tbody>
</table>

## Black Lung Benefits

<table>
<thead>
<tr>
<th>What to Verify</th>
<th>Ways to Verify</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type and amount benefit</td>
<td>Award letter, request verification through <a href="https://www.dol.gov/owcp/dcmwc/">DOL Division of Coal Mine Worker’s Compensation website</a></td>
</tr>
</tbody>
</table>
Introduction

The primary objective of the WIPA program is to provide individualized work incentives planning and assistance services that support Social Security disability beneficiaries to succeed in their return-to-work efforts. Our mission is to ensure that beneficiaries who desire to seek, secure, or maintain employment have access to accurate and complete information that will allow them to benefit from all the current work incentives available in the Social Security disability programs, as well as other federal, state, or local programs that may assist them in their employment efforts.

The cornerstone of WIPA program is the customized analysis of benefits in relation to an individual’s unique employment goals and the personalized work incentives counseling designed to support that individual in meeting his or her goals. CWICs provide this counseling through numerous discussions with beneficiaries during which the CWIC describes specific work incentives, answers questions about benefits and work, explains advantages and disadvantages of available options, and offers expert advice. CWICs dispense a great deal of valuable information during these interactions with beneficiaries and much of it is highly complex. To help beneficiaries understand and retain this information, CWICs are trained to summarize the benefits counseling provided in a document called a Benefits Summary and Analysis or BS&A. This unit focuses on developing these BS&A reports.

Understanding the Difference between Providing Individualized WIPA Services and Developing BS&A Reports

In the WIPA program, Social Security places significant emphasis on the importance of developing high quality BS&A reports so that beneficiaries and members of their employment support teams have written
documentation of the benefits analysis and work incentives counseling CWICs provide.

It’s important for CWICs to understand, that development of BS&A reports is only part of the services they provide. CWICs should not confuse the development of the BS&A report with the actual provision of individualized WIPA services. Benefits Summary and Analysis reports merely summarize the counseling and advisement CWICs provide to beneficiaries over the course of numerous personal interactions. While the written report is a valuable component of WIPA services, it does not replace the discussions necessary to provide high quality customized work incentives planning and assistance. As you will recall from Module 1, individualized WIPA services includes ALL of the following components:

- In-depth personalized information gathering, verification and benefits analysis covering all federal, state, and local benefits;
- Customized counseling about the effect of an employment or earnings goal on all federal, state, and local benefits and development of a comprehensive Benefits Summary & Analysis (BS&A) report summarizing this counseling;
- Assistance with identifying, developing, utilizing, and managing work incentives;
- Assistance with resolving problems related to benefits;
- Assistance with identifying and resolving barriers to obtaining or maintaining employment;
- Making referrals for needed services or supports with particular emphasis on meeting employment needs;
- Coordination with members of the beneficiary’s employment support team; and
- Training and support on effective reporting procedures and benefits management techniques.

**Remember** – Developing BS&A reports is only one component of individualized WIPA service provision. Developing a BS&A report doesn’t replace personalized counseling – it merely documents the information you provide in a written format.
Overview of Benefits Summary and Analysis (BS&A) Reports

The BS&A is a written report that summarizes the beneficiary’s current benefit status and provides customized case-specific information about the past, current, and future use of work incentives that support a beneficiary’s work and earnings goal.

CWICs prepare a BS&A for beneficiaries who need individualized, case-specific benefits and work incentives information. The BS&A documents the customized information a beneficiary needs to make informed decisions about work. In keeping with the mission of the WIPA program, the BS&A report promotes employment and offers recommendations to enhance a beneficiary’s financial independence.

BS&A reports, under the WIPA program, must analyze the beneficiary’s specific earning goal(s) or range of earnings, and contain ALL of the following components:

- Confirmation of all verified benefits an individual (and dependent family members) receive that paid employment could affect;
- Confirmation of the beneficiary’s current employment and/or future earnings goal;
- Detailed descriptions of how the earning goal(s) will affect all benefits the individual (and dependent family members) receives;
- Description of specific work incentives applicable to the beneficiary;
- Recommendations for employment services that could help the beneficiary achieve the specific earning goal(s); and
- Options for resolving any benefit issues.

To create the BS&A, the CWIC follows these key steps:

1. Gather all relevant benefits information;
2. Verify the information gathered;
3. Analyze the verified benefits information as it relates to the beneficiary’s employment or earnings goal; and
4. Summarize the benefits analysis and work incentives counseling in a formal written report that meets Social Security’s specifications.

**Determining When a Beneficiary Should Receive a Benefits Summary and Analysis**

First, keep in mind that BS&A development is part of providing individualized WIPA services. This service is not intended for beneficiaries who are of low priority who will only be receiving generic I&R services. Furthermore, not every beneficiary who is a good candidate for individualized WIPA services requires a written BS&A – at least not initially. The need for a BS&A is related to three factors:

1. Whether the beneficiary has an employment and/or earnings goal;
2. How close the beneficiary is to employment; and
3. How willing the beneficiary is to complete the information gathering and verification process required for comprehensive individualized benefits counseling.

Let’s take a look at each of these determining factors separately.

**Employment and Earnings Goals for BS&A Development**

Beneficiaries in any of the following situations have an earnings goal and are appropriate candidates for BS&A development:

- The beneficiary has identified an employment goal as well as a specific monthly earnings target based on this goal.
- The beneficiary has identified an employment goal, but has no specific monthly earnings amount in mind. By gathering additional information related to how many hours the beneficiary is able to and is interested in working, and the prevailing rate of pay in the community for the particular type of work, the CWIC will be able to help the beneficiary refine his or her earnings goal.
• The beneficiary hasn’t defined an employment goal, but is able to indicate the amount of monthly earnings he or she needs to meet his or her financial obligations and goals.

• The beneficiary hasn’t defined a specific job goal, but is able to share the number of hours per week he or she would like to work and in general how much he or she thinks he or she will need to or would like to earn an hour. The CWIC can use these two pieces of information to identify the earnings goal.

• The beneficiary may or may not have identified an employment goal, but has a range of hours, a wage (or both) that he or she is considering. In these instances, the CWIC may use a range of monthly earnings in the BS&A rather than a single amount. When this happens, it’s important to keep the range as small as possible, to best reflect that beneficiary’s situation.

• The beneficiary may or may not have identified an employment goal, but is interested in understanding the impact of working at varying earnings levels. In these instances, the CWIC will assist the beneficiary to clarify the different earnings targets for analysis and will discuss each option in the BS&A.

• The beneficiary indicates that he or she would like to eliminate the need for federal disability benefits. The beneficiary would like to know how much he or she would have to earn to offset all the federal and state benefit income he or she currently receives.

When you ask about his or her earnings goal, a beneficiary may say, “I just want to know how much I can earn before I lose my benefits.” Respond by asking probing questions about his or her ideas for work, as well as his or her financial needs and goals. Shift the conversation from limiting earnings to using employment as a step toward greater financial stability and independence. Some examples of probing questions are:

• How much do you need to earn to meet your living expenses and other financial obligations?

• What level of income do you need to fully replace the benefits you (and dependent family members) receive?

• Do you have a major purchase goal, such as a home or a business?
Proximity to Employment

People who are the closest to employment are those whom Social Security has indicated are the highest priority for individualized WIPA services. As you will recall from Unit 1 of this module, this includes:

- Individuals who are currently working or engaging in self-employment and have both a need for and interest in receiving individualized work incentives planning and assistance services;
- Transition age youth who are interested in work (Social Security defines transition age youth as being at least 14 years old through the age of 25); and
- Beneficiaries who are actively pursuing employment or self-employment and who are interested in receiving work-related benefits counseling.

The closer a beneficiary is to employment, the more necessary BS&A development is since the beneficiary needs this information to make informed decisions about work and to understand what to expect in terms of benefit changes. Beneficiaries who are already employed at a level that could affect benefits are the highest priority for counseling and BS&A development as they may be at risk of overpayment if they do not report earnings and work incentives promptly.

Completing the Information Gathering and Verification Process

CWICs begin providing individualized WIPA services by gathering comprehensive information about any benefits an individual, and their dependent family members receive and how paid employment may affect those benefits. This information gathering process is time consuming, but critically important as it is the foundation upon which all subsequent work incentives counseling stands. CWICs can’t provide high quality comprehensive individualized WIPA services without first gathering and verifying all relevant information.

Unfortunately, CWICs are not always able to get the information they need to provide individualized services, including BS&A development. Some beneficiaries don’t return the release of information forms needed to access BPQYs or other benefits verification. Other beneficiaries may not be willing to participate in the initial interview process due to
discomfort with providing personal information or concerns about privacy. In these cases, you should make every effort to explain the information gathering process and why it’s necessary. Be sure to review the advantages of individualized WIPA services and address any concerns the beneficiary has. Make sure the beneficiary understands that you are unable to provide customized benefits counseling without completing the information gathering and verification process. If the beneficiary refuses to provide the information you need to provide counseling and develop a BS&A report, you will be limited to providing generic I&R services.

There will also be times that the CWIC is simply unable to get the documentation needed to verify a particular benefit. Unfortunately, some state and local agency personnel don’t cooperate fully with requests for information, even with all the required permission from the beneficiary. When you are unsuccessful in your efforts to verify a benefit, you may have to provide benefits counseling without it. It’s important to note in your BS&A that you were unable to verify the benefit and indicate that the information provided is based on what the beneficiary reported to you.

This manual details information about the information gathering and verification process in Unit 3 of this Module. We also provide a sample initial interview guide that we encourage CWICs to use.

Addressing the Information Needs of Beneficiaries Who Don’t Require a BS&A Report

If a BS&A report isn’t appropriate or necessary, what options do CWICs have for providing some form of written information to beneficiaries? You can meet the needs of some beneficiaries with generic fact sheets or brochures that explain the work incentives. Others may only need a summary overview of how paid employment affects either SSI or the Title II disability benefits with a brief description of applicable work incentives. For beneficiaries who don’t need an in-depth BS&A, you should consider the following alternatives:

- Fact sheets that give an overall description of work incentives by program (Title II and SSI) or by individual work incentive (i.e., Student Earned Income Exclusion, Impairment Related Work Income)
Approved resource materials are available on the VCU NTDC website (https://vcu-ntdc.org/resources/index.cfm). If you develop original materials, your OES Project Officer must review and approve them prior to use.

- **Social Security publications**, such as the “Red Book,” a pamphlet titled “Working While Disabled” and a publication on Plans for Achieving Self-Support (PASS).(https://www.ssa.gov/pubs/).

- Customized packets of information that include general information and referral documents.

Keep in mind that a beneficiary’s status related to employment may change at any time. A beneficiary may not require BS&A development initially, but later may start preparing for a job or initiate a job search. CWICs need to be prepared to provide individualized WIPA services at any point after enrollment in WIPA services.

**BS&A Format**

In the 2019 WIPA Terms and Conditions document, Social Security clarified that WIPA projects are expected to use standard report-writing software to generate BS&As:

“Social Security, through the National Training and Data Center (NTDC) contract, shall purchase customized Benefits Summary and Analysis (BS&A) preparation software for each WIPA project. Once provided, the WIPA project shall use this software to produce benefits analyses for beneficiaries requiring intensive benefits counseling. The purpose of this software is to produce accurate, comprehensive, and uniform BS&A reports. To use the software, WIPA grantees must provide the NTDC with accurate and comprehensive details about State and local benefits programs affecting beneficiaries within the WIPA’s service area. Staff shall participate in training provided by the NTDC, including submission of sample analyses for review and quality assurance. Social Security will provide training and additional guidance.”

Given this guidance, in the beginning of 2016, VCU’s NTDC began working on this task. After researching software options, VCU selected
“HotDocs”, also called BSADocs, as the best option given various factors, including ease of use, accessibility, and functionality. VCU rolled out the BS&A report writing software across the country between 2016 and 2019.

Using BSADocs for BS&A Development

Report-writing software, also known as document automation software, is designed to improve efficiency and quality in generating frequently used reports. In many industries, such as legal and insurance, professionals must create reports that are similar in many ways from one client to the next, but different in other ways. Rather than manually assembling sections of previously produced reports, this type of software compiles the report based on the data the user inputs.

Under their contract with Social Security, the VCU NTDC has created a “template” to function as a master report. The template contains a general explanation about the effect of work on each type of public benefit. Additionally, for each public benefit, there are explanations for the different effects work could have on the benefit.

To generate a BS&A report, a CWIC must complete a questionnaire about the beneficiary’s situation, earnings goal, and the CWIC’s analysis of the effect of work on each benefit within the software application. CWICs gather answers to the relevant questions during the information gathering process. The answers to the interview questions determine which explanations in the template (the master report) the software will include or not include in the final, personalized report.

Once the CWIC answers all the interview questions, he or she clicks an icon on the software and BSADocs creates the BS&A report shell in a Microsoft Word document. CWICs further customize the report by adding personalized information in sections entitled “Specific to You”. Additionally, the CWIC can save the specific set of questionnaire answers for the beneficiary’s report in the software as a “work item”. The advantage of this feature is that if the beneficiary requires an updated analysis in the future, the CWIC can open the saved work item and simply adjust the answers to reflect what has changed in the person’s situation, making the process for updating a BS&A report quick and easy.

The NTDC also makes annual updates to each state’s template. Under the WIPA Terms and Conditions, every year WIPA projects review their state-specific benefit information and confirm whether any changes have occurred in the benefit rules. If changes are needed, the WIPA projects
provide details on those changes and work with the NTDC to modify the benefit information in the template. The NTDC incorporates those state-specific benefit changes, along with any federal changes, to the template and loads the updated version onto the Hub for CWICs to use.

**BS&A Format for CWICs without Access to BSADocs**

CWICs going through the initial certification process will not have access to BSADocs until they complete their third Part II certification BS&A. **Instead, CWICs in the Part II certification process are required to use the BS&A template format** posted on the VCU NTDC website (https://vcu-ntdc.org/resources/viewContent.cfm?contentID=92).

**BS&A Planning and Organization**

Before beginning to write a BS&A report, make sure you have all of the information you need and plan how you want to present the relevant information. Here are some tips to help you get started and keep you organized:

1. Carefully review the information you gathered during the initial interview process, the BPQY and other verification documents, and any notes from your discussions with the beneficiary, the representative payee, or other individuals on the employment support team. Are you 100% sure you know the beneficiary's current benefits status? Are there any outstanding benefits issues, uncertainties or questions that still need to be resolved? If the beneficiary has any dependent family members, are you sure you have all of the information about benefits those individuals receive that could be affected by your client going to work? If at all possible, don’t proceed to develop the BS&A until you have any outstanding issues clarified.

2. Using all of the information you have gathered and verified, make a list of all the benefits the individual (and any dependent family member) receives that could possibly be affected by employment. Check and double-check this list to make sure you haven’t forgotten anything. You may want to have a colleague or manager
look at the list and help you think about anything you may have missed.

3. Make sure you are clear about the beneficiary’s current employment status and any future employment or earnings goals. You can’t develop a BS&A without having some sort of earnings goal to analyze benefits against. If you are uncertain, contact the beneficiary one more time to clarify and confirm.

4. Make sure you have identified any problems the individual has with his or her benefits and list any questions the person asked about benefits that you need to address in the BS&A.

5. Begin by sorting benefits or issues you want to address under each of the categories of information required in a BS&A report. Put each benefit under the category that’s most appropriate and don’t list any benefit or issue more than once.

- How the earnings goal will affect Social Security cash benefits (this includes SSI, Title II disability benefits, auxiliary benefits, etc.)
- How the earnings goal will affect health insurance (Medicare, MSPs, Part D LIS, Medicaid, VA healthcare benefits, etc.)
- How the earnings goal will affect other benefits (SNAP, HUD housing assistance, TANF, Worker’s Compensation, Unemployment Insurance, etc.)
- Employment supports and other services that could help the beneficiary reach the earnings goal (State VR agency, ENs, other services to overcome barriers to employment);
- Other topics you want to include based on benefits issues you identified or questions the beneficiary posed (non-employment related issues like deeming or ISM, overpayments, ABLE accounts, the EITC, referrals for other benefits the person may need, etc.)
• Important things for the beneficiary to remember (information about how to report wages or other information, important deadlines, etc.)

6. In your outline, try to list the subjects you want to cover in the order you plan to present them in the report. Think carefully about the sequence of information. Does it flow logically? If there are work incentives or provisions you want to discuss, add those in too.

NOTE: We have attached a sample BS&A Planning Tool at the end of this unit that you may use to outline the information you plan to include in the BS&A prior to writing the actual report. This planning tool is really just a structured outline that will help you organize the information before you begin writing. You will use this tool during Part 1 of the CWIC certification process.

Avoiding TMI Syndrome – Too Much Information

One of the most difficult aspects of writing BS&As is deciding how much information to include in the report and what to leave out. Well-intended CWICs often worry about leaving something out that might possibly apply. In an attempt to cover all the bases, CWICs may discuss every conceivable work incentive that could ever possibly apply in agonizing detail.

Keep in mind that beneficiaries may be overwhelmed and intimidated by the sheer volume and complexity of the information you provide. This may intensify any fears a beneficiary has about a reduction or termination of benefits. If, after reviewing the BS&A, the beneficiary doesn’t understand how work will impact his or her benefits, he or she may choose not to work rather than take the risk. Overwhelmed with information, beneficiaries may avoid taking the next step toward employment. This is the worst possible outcome of providing too much information – the TMI syndrome.

When writing BS&A reports, TMI syndrome is characterized by two different mistakes CWICs make.
1. The first mistake is simply providing too much detail about work incentives or other benefits issues that would only marginally apply to the beneficiary, or that have a low probability of occurring.

2. Second, TMI includes discussing provisions, work incentives or other benefit effects that could happen far out in the future. The rule of thumb in developing BS&As is not to include information about anything that would occur more than one year to 18 months out.

In providing work incentives counseling, best practice is to follow the principles of “just in time” learning. The “just in time” learning theory is based on the idea that people are ready to learn and retain information only when the need to apply it exists. With “just in time” benefits counseling, the CWIC provides the right type and amount of information and support necessary to help the beneficiary move forward along the employment continuum.

So, how much information is too much? How do you know when you’ve provided enough information and at the right time? There’s no simple answer. It all depends on the beneficiary and his or her unique situation. Let’s take a look at each of the categories of information required in a BS&A report and some specific examples of what is enough and “just in time” and what would be too much.

**IMPORTANT NOTE:** "Just in time" benefits counseling assumes that CWICs have ongoing relationships with high priority beneficiaries and are making multiple contacts over time. Trying to apply the just-in-time approach won’t work if you’re only able to provide very time-limited services. Remember that the current WIPA service model is based on serving higher-priority WIPA candidates in a more intensive manner and over a longer period of time. Social Security expects CWICs to provide information over a period of weeks or months as part of the proactive follow-up process. If the beneficiary agrees, repeated contacts will be necessary, and you may need to revise the BS&A report as a beneficiary’s circumstances change over time.
What to Include in a BS&A and What to Leave Out

Remember that the sections in BS&As developed using the standard format and the BSADocs format are a little bit different. Don’t worry about the exact wording of a category or get hung up on exactly where discussion of a certain topic should appear in the report. We wrote this part of the unit to help you develop a broad understanding of what to cover in a BS&A and what to leave out.

Listing Verified Benefits

What to do:

- You should list all benefits that potentially could be affected by employment in this section with monthly amounts listed as appropriate. That includes all Social Security benefits plus other federal, state or local benefits such as SNAP, HUD housing subsidies, Workers Compensation, Unemployment Insurance, private disability insurance, etc.

- If the beneficiary has dependent family members in the household (spouse and/or children) be sure to verify and list any benefits those individuals receive that could be affected by the beneficiary’s employment. Things to watch for include eligible couples, Social Security child-in-care or child’s benefits, and Medicaid coverage.

- If the Social Security benefit is being reduced for some reason, be sure to verify that in this section. You should list the gross and net amounts of the cash payment and clearly state why the check is being reduced. Reasons for benefit reduction could include withholding for Medicare premiums, taxes, overpayment recovery or child support or SSI reductions due to ISM, deeming, unearned income, earned income, etc.

- Be sure to include all assistance the beneficiary may be getting with Medicare out-of-pocket costs such as Medicare Savings Programs (MSP) or the Part D Low Income Subsidy (LIS). Be specific by identifying which MSP the person is enrolled in (QMB, SLMB or QI) and whether the person is getting full or partial LIS.
• If the beneficiary is eligible for Medicaid through more than one Medicaid eligibility category, each category should be verified and listed separately. For example, if an SSI recipient receives SSI related Medicaid but also participates in a Medicaid waiver program, you need to list both of these eligibility categories. Be sure to use the correct name of the Medicaid program to avoid confusion.

• Be sure to check the BPQY for statutory blindness designation. If the beneficiary shows as being stat blind, that should be listed in this section of the BS&A since it has a bearing on the work incentives you will discuss in the report.

What to avoid:

• Only include information in this section that’s relevant to the counseling you are providing. For example, there’s no need to verify date of disability onset or date of entitlement unless that information has some bearing on the information you provide in the report. You don’t need to list every piece of information provided in the BPQY in this section – only that which is relevant.

• Don’t include information about employment services and supports the person is getting in this section. For example, there’s no need to verify here that the beneficiary has an open case with VR or has a ticket in assignment with an EN. Save all of that information for the section dedicated to employment services and supports.

• Including explanations of work incentives usage in this section would also be “too much information” or TMI. If the beneficiary had an approved PASS in the past or is currently eligible for the Student Earned Income Exclusion (SEIE) that discussion should go in other sections, not here.

• There’s no need to verify benefits the individual does NOT receive. It isn’t necessary to state that the beneficiary doesn’t get SNAP, HUD housing subsidies, etc. The only exception to this would be when a beneficiary alleged that a benefit was received, when it fact, you verified that it wasn’t.
Current Employment Situation and Future Employment Plans and/or Earnings Goals

What to do:

- Keep discussion here focused on the person’s current job and/or future employment and earnings goal if different from the current job. Be sure to include all of the relevant facts – employing company, job title, hours per week, hourly wage, estimated monthly gross earnings, and start date. **Remember – you MUST include a monthly earnings goal** in every BS&A in order to have something to analyze the benefits against.

- When you are illustrating anticipated monthly earnings, it’s helpful to show any calculations you used in determining this figure. The BSADocs software does not show calculations. If you want to provide this information, it needs to go in the “Specific to You” space.

- If the beneficiary is currently working and has been working for some time, the gross monthly wages you list in this section should be based on pay stubs or other actual wage data, rather than just an estimate. Remember, Social Security counts wages differently for SSI recipients than for Title II beneficiaries. For SSI recipients, wages count when they are received. In the Title II program, wages count in the month they were earned (with some exceptions). For Title II beneficiaries, Social Security will use a basic formula (rate of pay X # hours per week X 4.333) to determine monthly earnings.

- For Title II disability beneficiaries, it may be necessary to list past work since it may have some bearing on work incentives usage you discuss in subsequent sections of the report. Again, keep the content focused on employing company, job title, hours per week, estimated monthly gross earnings, and when the work occurred (start and end month/year). If the BPQY indicates that Social Security hasn’t fully developed the past work, list whatever information the beneficiary can provide or make a general statement that there appears to be undeveloped past work. You will have to revise the BS&A when all the past work is fully developed.
What to avoid:

- Nothing else should go in this section. Don’t include discussion of work incentives, employment services and supports, or anything else. Keep the content focused solely on current employment situation and/or future employment or earnings goal.

How Work will Affect Social Security Cash Benefits

What to do – Title II Beneficiaries:

- Beneficiaries who are working (or are planning to work) for the first time since entitlement who have projected earnings above the TWP guideline should receive specific information about TWP usage. If possible, project when the TWP is likely to end and be sure to illustrate your narrative using a TWP/EPE/EXR Tracking Chart.

- You should provide beneficiaries who have earnings goals just under SGA with some information about how it’s possible to earn more and still retain cash payments. Beneficiaries sometimes choose an earnings goal just under SGA because they are afraid of losing benefits and health insurance. You should include a brief discussion of the SGA determination process, and explain work incentives such as IRWE and subsidy. The only exception to this would be when the beneficiary has been very definite that he/she is not able or is unwilling to work above the stated earnings goal.

- Watch for earnings goals that would result in loss of benefits, but wouldn’t result in net wages that fully replace those benefits. CWICs have a duty to warn beneficiaries when an earnings goal would result in less disposable income. This is critical discussion, not TMI. Be sure to include discussion about how a higher earnings goal might result in increased financial well-being.

- If the beneficiary appears to be working above SGA or has a goal to do so, be sure to ask probing questions to see if any work incentives might apply (IRWE or Subsidy/Special Conditions). If it looks like a work incentive might apply, provide specific information about the work incentive that is customized to the beneficiary. For example, if the beneficiary plans to use
paratransit to and from work, explain that this expense may qualify as an IRWE. If possible, you should also provide an estimate of how much the IRWE or subsidy would be and explain how this would reduce the countable earned income.

- If past work is evident, you should provide specific information about TWP/EPE months used in the narrative and illustrate this information using a TWP/EPE/EXR Tracking Sheet.

**What to avoid – Title II Beneficiaries:**

- Beneficiaries with very low earnings goals (under TWP or over TWP but under SGA) do not need lengthy explanations of provisions that would result in suspended benefits, such as EXR. These beneficiaries would also not need a lengthy explanation of how SGA determinations are made with detailed discussion of the four tools Social Security uses to make SGA determinations (UWA, IRWE, Subsidy/Special Conditions, Income Averaging). A brief discussion (a few sentences) of SGA is sufficient.

- Don’t provide detailed explanations of TWP and/or EPE for beneficiaries who have already used up these work incentives. Offer a very brief summary (a sentence or two) and indicate that the work incentive is no longer available. Focus your discussion on how the earnings goal will affect benefits moving forward. If the earnings goal represents possible SGA, be sure to discuss how SGA determinations are made with detailed explanations of the 4 tools used to make these determinations. Be sure to include discussion of EXR if benefit termination is possible in the near future (i.e., within the coming 18 months).

- Don’t go into detail about how to report earnings in this section. That information goes elsewhere.

**What to do – SSI Recipients:**

- Be clear and specific in your narrative about how the current earnings or future earnings goal will affect the SSI cash payment and include SSI calculation sheets to illustrate your point. It isn’t TMI to explain the SSI calculations briefly. Don’t just refer the reader to the calculations sheets without providing any narrative explanation.
• Always emphasize the total financial outcome of work plus the reduced or eliminated SSI cash payment. Beneficiaries tend to focus on the fact that the SSI check will be reduced without understanding that the earnings more than compensate for that reduction. Clearly indicate how much disposable income is available after working as compared to being on SSI benefits alone.

• Show SSI recipients with low earnings goals how earning MORE always results in a better financial outcome – even if the countable earned income causes the SSI payment to stop. Focus your discussion on the positive financial benefits of working and earning more and the protections that 1619(b) provides for moving in and out of cash payment status. If the beneficiary has an earnings goal that would be over the BEP, show that in your calculation sheets, but focus your discussion on the positive aspects of earning more.

• Always check before assuming that no work incentives apply – particularly IRWE. If it’s possible that the beneficiary will incur IRWEs, provide a summary explanation with examples of expenses that might qualify and encourage the beneficiary to contact you when a job offer is made so you can explore further. Remember, many SSI recipients could benefit from applying IRWEs if they have expenses that would qualify.

• Any beneficiary who could qualify for the Student Earned Income Exclusion should receive a detailed explanation of this powerful work incentive.

• Any SSI recipient who is statutorily blind should receive a detailed explanation of Blind Work Expenses. You should include an SSI calculation sheet illustrating how any incentive you discuss would affect the SSI cash payment.

**What to avoid – SSI Recipients:**

• Do not provide detailed discussions of the break-even point or provide calculations showing how much in earnings would cause cash payments to be reduced to zero. This practice leads SSI recipients to worry that loss of cash benefits is a problem and may lead to wage suppression.
• Remember that EXR only applies to individuals who have fully terminated from benefits due to employment. In the SSI program, 1619(b) provisions protect the overwhelming majority of beneficiaries from terminating so discussion of EXR is seldom necessary.

• Don’t provide lengthy explanations of SSI work incentives (IRWE, BWE, SEIE) if they clearly would not apply to the beneficiary.

• Don’t discuss PASS with a beneficiary who is not clearly a good candidate for this complex work incentive. If the beneficiary specifically asks questions about PASS, or mentioned needing items or services to achieve an employment goal, provide a brief explanation and indicate why the person is or is not a good candidate for using a PASS.

• If the beneficiary has non-employment related reductions in the SSI cash payment, it’s fine to reference that briefly here, but don’t include lengthy explanations of the issue or possible solutions. That information goes in the “Benefits Issues” section of the BS&A. This section should only contain information related to employment.

**NOTE:** There are some unique considerations for concurrent beneficiaries that are covered in the resource document [on the VCU NTDC website](https://vcu-ntdc.org/resources/viewContent.cfm?contentID=76).

### How Work Affects Health Insurance

**What to do:**

• If the beneficiary is still in the Medicare Qualifying Period (MQP), you should indicate that and verify for the person when Medicare coverage will begin. If the person is going to be working over SGA in that period and could possibly lose cash payments due to work, you should explain that the MQP will simply continue with no change. If Medicare enrollment will be soon (in the coming 6 months), be sure to explain a bit about how enrollment works. If the beneficiary seems unsure about enrolling in Parts B or D,
offer brief summary information about the consequences of not enrolling initially if this coverage is needed later on.

• If the beneficiary is enrolled in a Medicare Savings Program (MSP) and/or Part D low-income subsidy (LIS) and the employment goal would affect eligibility for these programs, be sure to discuss this fully and illustrate your discussion using MSP/LIS calculation sheets as needed. If the employment goal would NOT result in a change in these programs, simply state that but don’t get into a lengthy explanation or include MSP/LIS calculation sheets.

• If it’s likely that Social Security would determine that the beneficiary is engaging in SGA be sure to explain the EPMC. If it appears that the beneficiary would not qualify for MSP or LIS at that point, be sure to go over how the individual will pay Part B and/or D premiums are paid. Check to see if employer sponsored health insurance is (or potentially will be) an option. If so, provide counseling on this option.

• If the beneficiary has used up all of the work incentives (TWP, EPE and cessation/grace period) and is likely to engage in SGA again, describe how long the EPMC will last. If possible, you should identify when the EPMC is likely to end. Be sure to provide explanations of additional alternatives such as Premium HI for the Working Disabled, employer sponsored health insurance, Medicaid buy-in or other options available in your area.

• If an SSI recipient has an employment goal that would NOT cause the loss of cash payments, explain that Medicaid will continue unchanged and provide a brief description of 1619(b). If the employment goal would cause the loss of cash payments, provide a detailed explanation of 1619(b) including all eligibility criteria.

• If an SSI recipient’s earnings goal is likely to exceed the threshold amount for 1619(b), be sure to indicate that and explain how an individualized threshold may be established, if needed. Explore additional alternatives including Medicaid buy-in and employer sponsored coverage as needed.
• Beneficiaries who are enrolled in Medicaid waiver services must receive clear and specific information about how the employment goal will potentially affect waiver eligibility and cost sharing, if that is applicable in your state. If cost sharing will apply, include a worksheet or calculation sheet illustrating that. If the employment goal would not affect waiver eligibility or cost sharing, simply state that with a very brief discussion.

• If the beneficiary is employed and employer sponsored health insurance is an option, be sure to discuss that. If there are any anticipated interactions between various forms of health insurance (Medicare and TRICARE or employer-sponsored coverage, for example) describe those interactions and offer advice as needed.

• Be sure to check to make sure the beneficiary’s health care needs are being met with the current insurance, or anticipated insurance after employment begins. If not, offer information on other options (if any).

What to avoid:

• If the beneficiary’s employment goal would not cause the suspension or termination of Title II cash payments, don’t provide a detailed explanation of the EPMC or ways to extend Medicare coverage after the EPMC expires (Premium HI for the Working Disabled and QDWI). A brief mention (one or two sentences) of the EPMC is sufficient. The same is true if it’s going to be longer than a couple of years before the EPE would end and termination could occur. You can always address this issue in more detail later.

• Don’t discuss any healthcare options for which the beneficiary is unlikely to qualify or which are not likely to be available.

How Work Affects Other Benefits

What to do:

• Provide a discussion of how the earnings goal would affect benefits the individual currently receives. If the work goal would not affect the other benefits in any way, state that clearly. If the work goal would affect other benefits, you must be specific about how. Indicate if the benefit will be reduced or if the goal will
cause ineligibility. If possible, provide an estimate of how much the benefit in question will be reduced.

- Be sure to include information about any work incentives available under other federal/state or local programs.
- If you see potential eligibility for additional benefits the individual needs, you may provide referral information in this section, but be careful not to make referrals for benefits the person would not be likely to qualify for or which aren’t available.

What to avoid:
- Don’t get into lengthy explanations about how to report earnings to other agencies in this section. That discussion should appear ONCE in the BS&A if it is relevant and that would go in the section entitled “Other Topics” or “Other Important Items”.

Employment Supports and Other Services that Could Help the Beneficiary Reach his/her Earnings Goal

What to do:
- This section should include a list of any employment services or supports the beneficiary participates in or receives. This could include having an open case with the state VR agency, getting supported employment or job placement services from a community rehabilitation provider, or participating in a career education program. You should ask what type of service or support the agency is providing if it isn’t clear.
- You should ask beneficiaries about employment barriers they face or unmet need for employment services or supports. Provide specific information about, and referrals to services that will meet identified needs. Don’t provide information about services the beneficiary would not be eligible for or doesn’t indicate a need for. Customize information you provide in this section to fit with what each person needs. If the beneficiary is clear that all needs are being met, just state that and encourage him/her to contact you if the situation changes.
What to avoid:

- You should not provide detailed discussions of the Ticket to Work program to all beneficiaries. Not all beneficiaries will benefit from Ticket assignment and even those with a Ticket assigned or in use with the state VR agency may not benefit from a detailed discussion of the Ticket program. Reserve detailed discussion primarily for people who would benefit most from the medical CDR protections and who plan to work at a level that would preclude cash benefits. Individuals who are already working at a level that would not cause loss of cash payments with no plans to work more are not good Ticket candidates and would not benefit from detailed information about this work incentive. For individuals who have their Ticket in use with the state VR agency, be sure to explain timely progress reviews and what to expect when those reviews are done.

Other Topics Based on Benefits Issues Identified or Questions posed by the Beneficiary

What to do:

- For SSI recipients, if the SSI check is being reduced for any reason other than earned income, provide an explanation of that here. This would include deemed income, unearned income, in-kind support and maintenance, overpayment recovery, etc. If there are options for increasing the cash payment by resolving the problem, provide clear and specific explanations of those options and offer advice about how to proceed.

- If the beneficiary informs you of a pending life change that could affect benefits, be sure to address it here and provide specific information about what to expect. This could include a change in residence, change in marital status, changes in resources, etc.

- If you see benefits changes that are likely to occur in the near future (12-18 months), be sure to identify those and explain them briefly. Provide any specific instruction to the beneficiary that they may need to manage the impending change. This would also include discussion of changes that could affect eligibility for additional Social Security benefits including retirement, death or retirement of a parent, or generating sufficient work credits to establish eligibility for SSDI.
Remember not to project out too far – focus on events that are likely to occur in the coming 12 to 18 months.

- If the beneficiary posed any questions related to benefits that were unrelated to working, address those questions in this section.

- This section is a great place to include information about other benefits, services, or programs the individual could take advantage of. This might include ABLE accounts, the Earned Income Tax Credit, referrals for additional assistance, or similar information.

**What to avoid:**

- Don’t include duplicate information about work incentives or discussion of how work will affect benefits that you have addressed elsewhere in the BS&A. This section is reserved for benefits issues or other assorted topics that are unrelated to employment.

- Don’t discuss potential issues or problems that are unlikely to occur or which have a very low probability of occurring unless the beneficiary asks a specific question.

- Don’t provide detailed discussion of possible issues or problems which might occur in the distant future – more than 12-18 months out. Save that discussion for a later date.

**Important Things for the Beneficiary to Remember**

**What to do:**

- Many people who are not yet employed, have little if anything that needs to be addressed in this section. If there is nothing to address, simply state that.

- For an employed beneficiary or someone with a job offer pending, it’s important to explain HOW to correctly report earned income – that is not considered TMI. Beneficiaries often are unclear about how to communicate with Social Security and other agencies that administer benefit programs. Include all agencies that the beneficiary needs to contact with contact information and offer specific instructions about reporting. A useful handout that provided Reporting Tips to Beneficiaries is

- Keep in mind that SSI recipients are required to report lots of different things in addition to earned income. This is a good place to offer reminders and instructions about what the beneficiary needs to report and how to report.

**What to avoid:**

- Do not provide lengthy explanations of how to report wages when the beneficiary is in the early stages of preparation for employment or job search. You should provide the Reporting Tips handout from the manual and reiterate that Social Security requires beneficiaries to report all earned income. Instruct the beneficiary to re-contact you when a job offer is pending or when circumstances change.

**Including Attachments with the BS&A Report**

You should include companion documents to support your analysis, as appropriate. SSI Calculation Sheets and TWP/EPE/EXR Tracking Charts are an essential part of the BS&A. For example, you should create an SSI Calculation Sheet for each possible scenario in a BS&A for an SSI-only or concurrent beneficiary. In addition to the narrative that explains how income is treated in the SSI program, include a separate calculation sheet to illustrate each of the following:

- How unearned income reduces the SSI payment.
- How earned income affects the SSI payment, including the earned income exclusion.
- How each additional deduction applies to the SSI formula (SEIE, IRWE, BWE, and PASS).
- How in-kind support reduces the SSI payment.

When you develop the BS&A, refer to Module 3 for calculation examples. You can find a blank copy of the SSI Calculation Sheet on the VCU-NTDC website. The beneficiary may want to see a comparison of different wage amounts before deciding on a level of work. Lay out the calculations side by side to provide a visual aide for the beneficiary.
For Title II beneficiaries, you should analyze the person’s status with regard to the Trial Work Period, the Extended Period of Eligibility, Expedited Reinstatement, and continuation of Medicare coverage. The TWP/EPE/EXR tracking chart shows progression of these work incentives phases, so the beneficiary will know when to expect changes in his or her benefits.

BS&A Quality Considerations

While problems CWICs encounter with not covering enough information or covering too much are the most common when developing BS&A reports, there are several other quality considerations worth discussion. Of these, the most important are:

• customizing the report to the beneficiary’s unique circumstances,
• maintaining a positive and encouraging tone, and
• warning beneficiaries when they are considering an action that might affect their benefits or health care coverage in a negative way.

Let’s take a look at these individually.

Customizing the Report to Meet the Beneficiary’s Unique Circumstances

The value of WIPA services and the BS&A report that summarizes the counseling provided lies exclusively in the individualized nature of that counseling. High quality work incentives counseling specifically addresses the beneficiary’s primary concern - “how will my earnings goal affect my benefits?”

When you write BS&As, a good rule of thumb is to follow any description of a work incentive of provision with a discussion about how this work incentive or provision applies specifically to the beneficiary and his or her unique situation. For example, after providing an explanation of the Trial Work Period, provide discussion of the beneficiary’s current work or earnings goal in terms of how it would or would not use TWP months. If any TWP months have been used in the past, be sure to mention that. Explain how a particular work incentive or benefit provision applies to the person for whom you are developing the report. If you use the BSADocs
software to develop BS&As, the template includes a “Specific to You” section at the end of each main topic area. This is where you provide original writing about exactly how the information provided in the template applies to the beneficiary given his or her unique goals and circumstances. Be sure to look over the sample BS&As we provide at the end of the unit to see how the authors tied information about work incentives back to the beneficiary in a customized way.

Maintaining a Positive and Encouraging Tone

Some things you might write in a BS&A report could worry the beneficiary. For example, if the beneficiary has an earnings goal that would cause the SSI cash payment to cease, he or she might fear that Medicaid coverage will also stop. Similarly, if an SSDI beneficiary has an employment goal and you determine that the work would probably represent SGA, the beneficiary might fear the sudden loss of the monthly cash payment. When writing BS&A reports, make sure you aren’t describing events in ways that cause beneficiaries to unnecessarily fear working above SGA, earning wages over the SSI break-even point, or earning more than the 1619(b) threshold amount. When writing narrative for BS&A reports, be extra cautious about the words you choose. Telling a beneficiary that he or she is “at risk” of termination or suspension will likely cause concern. While it’s important to be frank and honest, you also need to be positive and encouraging.

While it may not be in the best interests of some beneficiaries to terminate from benefits due to work, this is certainly NOT the case for all beneficiaries, or even most beneficiaries. Terminating from benefits isn’t a universally “bad” thing and isn’t harmful in the majority of cases. Don’t present this outcome in a negative fashion when you counsel beneficiaries. In fact, beneficiaries with the capacity to generate earnings sufficient to cause termination are frequently better off financially by doing so as long as they meet their health care needs and earn enough to fully replace all benefits. Remember, the intent of WIPA services isn’t to keep beneficiaries on disability benefits indefinitely but rather to promote employment and enhance financial independence. Counseling techniques or messages that discourage beneficiaries from working or frighten them into retaining attachment to public benefits are contrary to everything WIPA services are trying to achieve.

If you share potentially worrisome news in the BS&A, follow that news with something encouraging. For example, if you explain that the
beneficiary’s earnings goal will cause the SSI cash payment to be reduced to zero (potentially worrisome), immediately point out how the beneficiary will have more disposable income overall by working instead of relying solely on benefits (something encouraging).

**Remember this simple rule:** Always follow potentially negative news with positive news!

You can do that by focusing on the four positive messages you learned in the first unit of Module 2:

1. Paid employment and Social Security disability benefits aren’t mutually exclusive — beneficiaries don’t have to choose between work and benefits.
2. It’s possible to work (even full-time) and keep Medicaid, Medicare, or both in almost every case.
3. It’s possible to work and come out ahead financially, even if public benefits diminish or disappear.
4. It’s possible to receive disability benefits again if they’re lost due to employment.

Your objective is to help the beneficiary see the bigger picture of increased financial independence in the future rather than simply focusing in on an immediate reduction of benefits.

Another common situation that calls for your encouragement is when beneficiaries set a very low employment or earnings goal. For an SSI recipient, it could be a goal of working at less than $85 per month to avoid any reduction in cash payments. For a Title II beneficiary, it might be an earnings goal under the current TWP figure or just below the current SGA guideline. While there certainly are beneficiaries who simply can’t work above a very limited level, you shouldn’t assume that’s always the case. A low earnings goal may indicate that the person is afraid of benefits loss. We don’t want beneficiaries to choose low employment goals if they have the capacity to earn more but are afraid of how it would affect benefits. Don’t just accept the stated earnings goal at face value — probe gently to uncover how the beneficiary arrived at the goal. You should provide specific, individualized information in the BS&A about how higher wages might be possible to make certain that the beneficiary makes a fully informed choice. The objective is to show beneficiaries the positive possibilities rather than simply discussing a limited work goal.
selected out of fear. The intent isn’t to judge, but merely to fully inform beneficiaries and present their options.

**Understanding the Duty to Warn**

Some work situations can actually cause a beneficiary to be less financially stable than remaining on benefits alone. Our goal is to help beneficiaries improve their financial security by working. Employment situations that could cause a beneficiary to have less disposable income aren’t desirable, and you have a duty to warn the beneficiary when this potential exists.

Possible examples of this include:

- A Title II beneficiary receiving $1,200 in monthly benefits is considering a job offer resulting in gross wages of $1,300 a month. Social Security probably would consider this level of wages SGA if no potential for work incentives exists. The beneficiary’s net wages after all deductions would be substantially less than $1,200 (the amount of the SSDI cash payment), which would represent a LOSS of disposable income to the beneficiary once the SSDI payments ceased. The risk increases if the beneficiary has already used his or her TWP, EPE or both.

- Remember too that some beneficiaries have dependent family members who also receive a Social Security benefit based upon that person’s work record. Let’s take the example above of an SSDI beneficiary getting $1,200 each month and add the receipt of an additional $600 in benefits to dependent children. If that person accepted a job paying $1,300 a month, that would probably be considered SGA and that might cause the eventual loss of the total family benefit of $1,800. It’s really important that you help beneficiaries determine what they would need to earn to fully replace all benefits that could be lost or reduced. This is a very important discussion to include in BS&A reports.

- A Title II beneficiary receiving QMB coverage to pay the Medicare Part B premiums and other out-of-pocket costs accepts a part-time job making just enough to cause ineligibility for this benefit (or SLMB) while resulting in net wages of less than the value of this help. After the Medicare premium is deducted from
the SSDI cash payment, the beneficiary would have less disposable income than before going to work.

- A Title II or SSI beneficiary is planning to work at a level that would cause him or her to lose eligibility for Medicaid waiver services with no ability to replace the services through another source.

When an employment or earnings goal would potentially financially harm a beneficiary, you have an obligation to point this out. Keep in mind that you should never tell a beneficiary not to work or not to accept a job offer, or suggest that a beneficiary quit a job. The best approach: Show the beneficiary the consequences of various actions, and let the individual decide on a course of action. You should clearly explain the cost and benefit of each option and compare the financial outcomes of the various options so the beneficiary understands the differences.

In these cases, it’s really important to help beneficiaries determine how much they need to meet their living expenses and how much they would require to replace ALL public income supports when they determine an employment or earnings goal. Working at a level that wouldn’t fully replace the benefits lost isn’t the outcome we want to achieve. In these cases, show the beneficiary that working and earning MORE is really in his or her best interest. It’s up to the beneficiary to make employment decisions based upon accurate and complete information you provide.

**Quality Control for BS&As**

WIPA project staff should establish a protocol for supervisor and peer review and editing of BS&As before beneficiaries see the documents. It’s also good practice for new CWICs to ask their VCU NTDC technical assistance liaison to review the first few BS&A reports and provide feedback and suggestions for improvement. CWICs with more experience should submit BS&As for review on an ongoing, periodic basis as well.

**IMPORTANT:** Before releasing the BS&A to a beneficiary, check for the following common errors:

- The BS&A contains incorrect or outdated information about a benefit (such as listing the previous year’s income or resource limit).
- The BS&A doesn’t capture all of the relevant work incentive issues that would apply to the beneficiary, or it offers incomplete
information about applicable work incentives. It’s NOT appropriate to merely identify a specific work incentive and direct the beneficiary to look in the Social Security Red Book on a certain page for more information.

• The BS&A doesn’t provide work incentives information tailored to the beneficiary’s current or anticipated employment or earnings goal.

• The BS&A contains only generic descriptions of the work incentives because the beneficiary has no defined employment or earnings goal.

• The BS&A contains too much information and doesn’t consider where the beneficiary is on the road to employment and what his or her specific informational needs are at the present time.

• Information in the BS&A is disorganized, confusing, or presented out of order (for example, the BS&A switches back and forth between benefits and issues without any apparent planning or logic).

• The BS&A doesn’t address problems that are evident, or it mentions problems without offering specific advice about how to resolve them.

• The BS&A doesn’t address how working may affect other benefits besides Social Security disability benefits, such as food stamps, HUD housing subsidies, veteran’s benefits, etc.

• The BS&A doesn’t address how employment may affect the beneficiary’s health care coverage. This includes Medicare and associated Medicare Savings Programs (QMB, SLMB, QI, and QDWI) as well as Medicaid, including all Medicaid eligibility categories.

• The BS&A doesn’t address applicable near future events such as marriage penalties, establishing insured status for Title II benefits, etc.

• The BS&A doesn’t include SSI calculation sheets or TWP/EPE tracking sheets to illustrate the narrative on work incentives.
• The BS&A is poorly written, with incomplete paragraphs and sentences, incorrect grammar and punctuation, misspelled words, typographical errors, etc.

**Reviewing BS&As with Beneficiaries**

Always provide the beneficiary with a copy of the BS&A and schedule time to review the contents of the report by phone. Remember, the heart of WIPA services isn’t the BS&A, but rather the discussions that occur with a beneficiary about their benefits and work goals. Plan to spend at least an hour going over the BS&A and answering questions. The beneficiary may want to include other concerned parties in the discussion, so be prepared to honor that request. Remember that you aren’t authorized to send a copy of the BS&A to anyone (except the beneficiary) without a signed consent form. When you’re reviewing BS&A reports with beneficiaries, keep the following strategies in mind:

• Avoid the use of Social Security technical jargon and acronyms whenever possible — keep it simple!

• Present ALL relevant options, and discuss the pros and cons of each.

• Offer suggestions and recommendations.

• Speak directly to the beneficiary, not to other individuals who may be present.

• Offer to share the BS&A with other members of the employment support team for feedback.

• Be sensitive to the beneficiary’s level of comprehension.

• Be patient — you may need to review certain concepts multiple times before the beneficiary understands them.

• Don’t send copies of the BS&A to others working with the beneficiary without the beneficiary’s prior authorization and signed releases.

As stated earlier, you’ll need to update the BS&A and review of any new options as the beneficiary moves forward in achieving his or her employment, earning, and self-sufficiency goals. The BS&A will be one of your main tools to frame counseling sessions.
Developing Work Incentives Plans (WIP)

A Work Incentives Plan (WIP) is a written document the CWIC develops in collaboration with the beneficiary and appropriate members of his or her employment support team. It delineates an individualized action plan for furthering the beneficiary’s employment and financial independence goals.

CWICs develop WIPs after they’ve written and reviewed the BS&A report with the beneficiary. The BS&A offers options or choices for the beneficiary to consider, while the WIP is designed to provide a “to-do” list of action steps based on the recommendations described in the BS&A. The CWIC regularly updates the WIP as the beneficiary’s circumstances change and as the CWIC updates the BS&A.

How the Work Incentives Plan Relates to the BS&A Report

CWICs are often confused about how WIPs differ from BS&A reports. While both are written documents dealing with employment, benefits, and work incentives issues, they’re not the same thing, and you can’t use them interchangeably.

The WIP is essentially the “to-do” list for the beneficiary and their employment support team. The WIP details specific action steps they should take based upon the CWIC’s findings and recommendations in the BS&A and the beneficiary’s choices. For each action step listed, the WIP indicates the person responsible and a target date for completion. The WIP also includes a follow-up contact schedule, listing the frequency and type of contact to be made and who is responsible for initiating contact.

In addition to identifying action steps for the beneficiary and the CWIC to complete, the WIP should also include other parties as appropriate. For instance, the representative payee needs to be involved in any reporting-related steps; or, if the beneficiary decides to pursue a PASS, the VR counselor or EN employment specialist might have a role in facilitating this work incentive.

The WIP includes measurable action steps related to the content found in the BS&A. These include:

- Managing Social Security benefits and work incentives
• Planning for future health care needs
• Managing federal, state, or local benefit programs
• Accessing employment services and supports
• Resolving existing benefit problems
• Creating a follow-up contact plan

Determining Which Beneficiaries Need a WIP

Once you develop the BS&A report, review it with the beneficiary. Together you’ll decide if the beneficiary needs ongoing services and if the beneficiary wants your involvement moving forward. Remember, the WIP is a “to-do” list. Beneficiaries who don’t have benefits related tasks to complete, or anything to do that requires your assistance would not need a WIP. If there are actions that need to be taken for the beneficiary to achieve his or her employment goal or resolve benefits issues, it’s likely that the beneficiary will want to move forward with a WIP. In some cases, the beneficiary may not be ready to move forward, or will want to move forward without your help. Involvement in a WIP is voluntary and it’s up to the beneficiary to decide if he or she wants this support. People who require very limited short-term services typically won’t need a WIP.

Measurable Action Steps

A helpful approach to developing measurable action steps is the S.M.A.R.T. acronym, which stands for:

- **Specific**
- **Measurable**
- **Action-Oriented**
- **Realistic**
- **Time- and Resource-Constrained**

For steps listed on the WIP, the action, or “to-do,” step should be specific enough that all parties know what needs to be done; measurable, so all parties can tell exactly when they’ve reached the goal; action-oriented, to indicate an activity that will produce results; realistic, in that it’s practical and achievable; and, time- and resources-constrained, meaning that it has a definite deadline for completion and realizes limited availability of
resources. For example, the action step “Provide pay stub documentation to the CWIC and meet to cooperatively develop and document monthly earnings report for Social Security” is an example that follows these rules. It’s more specific than “Report earnings to Social Security.” Simply telling someone to report doesn’t give sufficient instruction on how, to whom, and with what documentation. Finally, identify the target date for completing the action step.

You should write action steps concisely, but in a manner that gives sufficient direction to the person responsible for completing the task.

**Example of action steps:**

Ralph is pursuing a degree in Accounting. He has Pell grants to pay for his education; however, he incurs out-of-pocket costs for everything other than his tuition expense. Ralph is a concurrent beneficiary. You’ve written a BS&A for Ralph and have offered the following options to assist him with his additional school expenses:

- Contact the local VR office for services related to educational expenses, or
- Develop a PASS to pay for the educational expenses.

After reviewing the BS&A, Ralph decides to pursue a PASS, because he previously had a bad experience with VR.

As you develop the WIP with Ralph, you create the measurable action steps identified in the “Managing Social Security Benefits” section:

1. Meet with the CWIC to begin identifying necessary information for PASS development.
2. Provide documentation of out-of-pocket expenses currently incurred for school.
3. Provide documentation of expenses covered by the Pell grants.
4. Submit the completed PASS application to the regional PASS Cadre for approval.

The steps in the example above are specific and provide clear direction to the beneficiary. If the step had simply been stated as “Develop a PASS,” the beneficiary wouldn’t have known how to start or what to do. By providing specific instructions on the WIP, the CWIC enables the
beneficiary to take an active role in reaching his or her own employment or earnings goal.

**General Guidelines for Developing the WIP**

1. Develop a WIP if the beneficiary requires any ongoing services after you complete the BS&A and review it with the beneficiary.

2. Develop a WIP with the beneficiary, his or her representative, or, if applicable, both the beneficiary and the representative. Because this is intended to be a collaborative effort, you should encourage the beneficiary to direct the action steps and involvement of others. You should point out action steps that need to be included to bring about the desired result, but shouldn’t direct the entire plan. The objective is to involve the beneficiary as much as possible to build ownership of and investment in the WIP.

3. To the greatest extent possible and practical, include members of the beneficiary’s employment support team in the development of the WIP. CWICs can’t expect other members of the employment support team to take an active role in the steps identified in the WIP if they haven’t taken part in to the development of it. At the very least, you must review the completed WIP with other members of the employment support team who have a role in any of the action steps. Partners identified in the plan should also have a copy of the BS&A for reference.

4. The WIP focuses on ALL federal, state, and local benefits and associated work incentives, in addition to Social Security disability program benefits. The WIP also includes action steps to help the beneficiary access needed employment services and supports. Check the BS&A for recommendations in this area.

5. Create an action step for every work incentive you’ve recommended in the BS&A and every issue you’ve identified as important to address. Refer back to the BS&A as you develop all action steps, and make sure you aren’t leaving out anything that requires action.
6. Write action steps only for specific tasks that need to be accomplished, and double check to make sure action steps are clear, measurable, or observable. Action steps are short and simple directives and shouldn’t include unnecessary information, such as how the step should be completed, why the step is needed, or why the action is needed (include discussion and explanations in the BS&A, not the WIP).

7. Break down action steps into as few increments as possible; otherwise, the WIP will be too long and difficult to follow.

8. Only include action steps involving issues and needs within the purview of the WIPA project.

**Updating the Work Incentives Plan**

Work Incentive Plans aren’t intended to be static. CWICs must periodically review, revise, and update them to reflect changes in the beneficiary’s situation. A WIP represents a snapshot in time and supports the beneficiary’s ongoing movement toward achieving the desired employment outcome, just as the BS&A report does. Each time the CWIC revises the WIP, he or she enters a new date and estimates when the CWIC will review the plan again in the future. You might develop action steps, check progress as target dates are reached, and establish new action steps indefinitely, depending on the beneficiary’s unique circumstances. Some beneficiaries will need you to update their plans frequently, while others won’t. The process for updating WIPs is highly individualized and driven by the beneficiary’s employment goals.

For example, Doug is a CDB who wanted training to become a truck driver. Once the CWIC wrote the BS&A and recommended PASS as an option to fund his training, the CWIC worked with Doug to develop a WIP. The CWIC included the following steps in the “Managing Social Security Benefits” section of Doug’s WIP:

- Meet with the CWIC to identify what information to collect for PASS development.
- Provide documentation of all expenses related to the CDL training program (cost of tuition, books, and transportation).
• Submit completed PASS application to the regional PASS cadre for approval.

• Submit completed PASS application to the local Social Security office and apply for SSI.

The Social Security office approved Doug’s PASS, so it’s time for the CWIC to update the WIP with the next steps. In the same section, the CWIC adds the following steps for Doug to take:

• Log your mileage to and from school each day.

• Collect and save all receipts for approved expenditures in the PASS.

• Meet with the CWIC to prepare documentation for the PASS cadre review.

You may need to provide additional guidance and “to-do” steps to assist the beneficiary with continuing progress towards his or her employment goal. Regular updates keep all parties on track. If you define too many steps at once, they may not have meaning and will lose relevance. Just as professionals use “to-do” lists to define their daily and weekly tasks and help them manage their time, a WIP helps define the tasks and continue a beneficiary’s progress.

**Conclusion**

The BS&A report and the WIP are an important component of WIPA services. These documents reflect the advice CWICs offer to beneficiaries using their considerable expertise. In addition, the documents become the beneficiary’s roadmap for effectively using work incentives and overcoming potential barriers to achieving employment goals.

Without a written BS&A, the beneficiary has nothing tangible that clearly explains all the benefits issues related to employment. Without the WIP, there’s no formal plan to follow for handling benefits issues related to employment. CWICs should update each of these documents on a regular basis as a beneficiary moves forward along the road to employment. Producing high-quality BS&A reports and WIPs will contribute significantly to the present and future employment prospects of Social Security disability beneficiaries. You can find samples of BS&A reports and WIPs at the end of this unit.
Conducting Independent Research

**Accessing Social Security publications** (https://www.ssa.gov/pubs/)

**SSI Spotlights** (http://www.ssa.gov/ssi/links-to-spotlights.htm)

**Social Security Red Book** (http://www.ssa.gov/redbook/)

Additional Resources

You’ll find a link to a blank version of the BS&A Planning Tool and the standard BS&A format:

**BS&A Planning Sheet**

(https://vcu-ntdc.org/resources/viewContent.cfm?contentID=94)

**BS&A Format**

(https://vcu-ntdc.org/resources/viewContent.cfm?contentID=92)

On the following pages, you’ll also find several real-life examples of completed BS&As and WIPs.
Sample BS&A #1 – Job Search Stage Using BSADocs

Note: Katy is currently searching for a job in retail after working for a brief time earlier in 2019. This is an example of a Title II disability beneficiary in the job search stage whose earnings goal is above the TWP level but less that the SGA benchmark. It includes information about some work incentives that the CWIC believes she would use if her gross earnings were above the SGA benchmark. This BS&A was created using the report writing software, BSADocs, and the template from the state of Texas. Some state-specific details are included, which could be different depending on where Katy lives.

Benefits Summary & Analysis

Name: Katy Dyd

Date: February 26, 2020

It was a pleasure speaking with you about your work goals. This report will show how you can work and get ahead.

Summary of Your Current Situation & Employment Goals

Current Situation: I verified with Social Security, Centers for Medicare and Medicaid Services and Texas Health and Human Services (HHS) that you are receiving the following benefits:

- Social Security Childhood Disability Benefits (CDB) - net $820.00/month
- Medicare (Part A-hospital, Part B-outpatient and Part D-prescription) based on entitlement to CDB
  - HHS pays your Part B premium and helps pay your Part A and B deductibles and coinsurance
  - Full Extra Help helps pay the Part D premium and keeps co-pays to a low amount

Employment Details:

- You are not currently working.
- Your goal is to earn $950.00/month as a retail worker.
How Work Affects Your Cash Benefits

Childhood Disability Benefits: CDB has 3 phases of work rules, each with work incentives to support your efforts to work. Some of the work incentives allow you to maintain CDB when working, while others allow you to easily restart the benefit if it stops. Below are the key details given your situation and goals.

Phase 1- Trial Work Period (TWP): During the TWP, you will receive your CDB regardless of how high your earnings might be, as long as you still have a disability. Your TWP ends when you use 9 TWP months within a 5-year period. Social Security will count a month as a TWP month if your gross earnings are more than $910 (2020 rate). Social Security confirmed you have 9 TWP months available. I estimate you have used 5 since your last work review, which means you likely have 4 TWP months available as of this report.

Phase 2-Extended Period of Eligibility (EPE): The month after your TWP ends, you begin a 36-month Extended Period of Eligibility. During the EPE, Social Security will give you CDB for months your countable earnings are below Substantial Gainful Activity (SGA), but they will suspend CDB for months your countable earnings are SGA. An explanation of SGA is provided below. During the EPE, Social Security can easily restart your CDB if your countable earnings fall below SGA. You don’t have to reapply. This is a great safety net.

Understanding SGA: After the TWP is over Social Security will decide whether your work activity is Substantial Gainful Activity (SGA). To make this decision they compare your monthly countable earnings to a guideline of $1,260 (2020 rate). The word “countable” is important because Social Security may not count all of your gross wages when deciding if your work is SGA. For example, they deduct paid time off, the value of extra help or reduced productivity on the job because of your disability, and impairment-related expenses you pay for that are necessary for you to work. Based on what you shared, it appears you will not need these work incentives because your gross earnings will be below SGA. I am sharing the following details with you in case you decide to earn more in the future.

• Impairment Related Work Expenses (IRWE): An IRWE is an expense that you pay for, is not reimbursed, is related to an impairment being treated by a healthcare provider, and enables you to work. Social Security may deduct the cost of these
expenses from your gross monthly wages to determine your countable earnings.

- **Subsidy and Special Conditions:** Social Security may deduct the value of extra support or reduced productivity on the job because of your disability. To determine this amount, Social Security may ask your employer to identify the value of the extra support or reduced productivity. If you get support on the job from an employment agency, Social Security may deduct your hourly wage for each hour you receive that help.

**Phase 3-Post EPE:** This phase begins after the 36th month of your EPE. If your work is below SGA, your CDB continues. If your work is SGA, your CDB will terminate. However, there is a work incentive called Expedited Reinstatement (ExR) that may be used to quickly restart the CDB if you can’t maintain SGA level work. I will provide more details about this work incentive when you are closer to this phase.

**Specific to You:**

- **Earning $950.00/month:** Based on the information above, I estimate you will use your Trial Work Period months. After your TWP ends, I estimate your CDB will likely continue because your work is expected to be below the SGA guideline.

I have attached a TWP/EPE Tracking Chart to this report that shows how these work incentives fit together. Keep in mind the changes noted above are only an estimate. Social Security makes final decisions about your CDB.

**How Work Affects Your Health Insurance**

Medicaid (Medicaid Buy-In): When you work, you can request eligibility for Medicaid through Medicaid Buy-In (MBI). Medicaid Buy-In provides medical assistance to people who have a disability and earned income from wage or self-employment. To be eligible, your countable earned income must be less than 250% of the Federal Poverty Level and your resources must be equal to or less than $5,000. Unearned income, such as Social Security cash benefits, is not counted. A premium is charged if you receive any unearned income greater than $783 in 2020 or net earnings exceed 150% of the Federal Poverty Level. If you are found eligible for Medicaid Buy-In and charged a premium, you must pay this...
premium to activate your coverage and continue to pay it monthly to maintain your coverage.

**Specific to you:**

- **Earning $950.00/month:** Based on the information above, I estimate you will meet the Medicaid Buy-In eligibility criteria. Given your earning goal, I estimate your premium will be $129.00/month.

- Medicaid Buy-In would be a good option for you to consider because:
  - Medicaid Buy-In works like a secondary insurance to your Medicare, helping to cover the Medicare Part A and B deductibles and co-insurance. This will replace the help you currently receive in paying for these expenses through the Medicare Savings Program, explained below. After discussing your medical care needs, you determined that the estimated Medicaid Buy-In Premium ($129) will be cheaper than what you would pay in out-of-pocket medical expenses if you did not have Medicaid Buy-In as secondary coverage.
  - Having Medicaid Buy-In makes you automatically eligible for Medicare Part D Extra Help program so you would have financial help with the Part D out of pocket expenses.
  - Medicaid Buy-In may cover some medical costs that Medicare doesn’t, such as personal care services.

Keep in mind the details above are only an estimate. Texas Health and Human Services (HHS) makes final decisions about your eligibility for Medicaid.

**Medicare:** Medicare is a federal health insurance program that offers inpatient coverage (Part A), outpatient coverage (Part B), and prescription drug coverage (Part D). You are eligible for Medicare because you have been entitled to CDB for more than 24 months. You continue to be eligible for Medicare as long as you are eligible for CDB. If your CDB terminates due to work, you can use work incentives to keep Medicare. If you chose to earn more in the future, I can share details about these work incentives with you.
Specific to You:

- **Earning $950.00/month:** Based on the information above, I estimate your Medicare eligibility will continue because your CDB eligibility is expected to continue.

Keep in mind the details above are only an estimate. Social Security makes the final decisions about your Medicare eligibility.

Medicare Parts A and B Financial Assistance: Beneficiaries with Medicare Parts A (hospital) and B (outpatient) usually have to pay a Part B premium, plus deductibles and coinsurance. However, Texas Health and Human Services (HHS) has two programs that help pay these costs: Medicaid and the Medicare Savings Program (MSP). Medicaid helps pay your Part A and B deductibles and coinsurance, plus the state may pay your Part B premium depending on the Medicaid group you use. MSP will pay your Part B premium, plus it may help pay your Part A and B deductibles and coinsurance if your countable income is at or below 100% of the Federal Poverty Level (FPL).

To get help through Medicaid you must be found eligible for one of the Medicaid eligibility groups. To get help through the MSP your countable income must be below 135% of the FPL (below 120% if you have Medicaid). But, HHS doesn’t count all your income; they exclude the first $20 of unearned income and over half of your earnings. The MSP also has a resource limit of $7,560.

Specific to You:

- **Earning $950.00/month:** Based on the information above, I estimate the MSP will pay your Part B premium because your estimated countable income is below 120% of the FPL and Medicaid Buy-In will help pay your Part A and B deductibles and coinsurance when you enroll. Therefore, your financial help with all of your Part A and B coverage will continue as it is now when you are not working.

Attached are MSP calculation worksheets. Keep in mind the details above are only an estimate. HHS makes the final decisions about your eligibility for help with Part A and Part B costs.

Medicare Part D Financial Assistance: Medicare Part D (prescription drug coverage) out-of-pocket costs can include a premium, a deductible and copays that vary depending on the plan you choose. Extra Help, also
known as the Low Income Subsidy program, helps pay those out-of-pocket expenses. The program has two levels of assistance, Full Extra Help and Partial Extra Help.

Full Extra Help pays all or most of the Part D premium, the annual deductible, and keeps copays to a low amount ($0 - $8.95 per prescription in 2020). People who get SSI, Medicaid, or help from Texas Health and Human Services (HHS) with any Medicare Part A and B costs are automatically enrolled. When working, if you fall under one of those groups you can get or keep Full Extra Help.

**Specific to You:**

- **Earning $950.00/month:** Based on the information above I estimate you will continue to be automatically eligible for Full Extra Help because HHS will pay your Medicare Part B premium and because of your enrollment in the Medicaid Buy-In Program (MBI).

Keep in mind the details above are only an estimate. Social Security and Centers for Medicare and Medicaid Services make final decisions about eligibility for Extra Help.

**Employment and Other Services to Help You Reach Your Goal**

You are currently receiving employment services from Texas Workforce Solutions-Vocational Rehabilitation Services (TWC) and a supported employment program (Just Jobs) that contracts with TWC to provide you with services. TWC is part of Ticket to Work, which is a Social Security funded program designed to help beneficiaries reach self-sufficiency. If you have a signed service plan that has been accepted by Social Security and you meet Timely Progress Requirements (details attached), Social Security may not conduct a medical continuing disability review (CDR). You can contact the Ticket to Work Help Line at 1-866-968-7842 to confirm whether you are currently meeting the Timely Progress Requirements. If you would like support, I can assist you in contacting them.

You shared that all of your employment support needs are being met and you don’t need additional services. However, you did express some concern about transportation to and from a job and we discussed several options. Your Supported Employment Specialist at Just Jobs has agreed to train you to use public transportation to and from your job once you
begin work. You are also interested in learning to drive and plan to save for a used car once you start getting a paycheck. Your TWC counselor has also agreed to pay for driving lessons once you begin working. I will follow up with you after you get a job offer to make sure everything is going as planned.

**Other Topics**

**Reporting Earnings to Social Security (CDB):** You must report to Social Security when you begin working, if your work activity goes above or below SGA, or if you stop working. To report this type of change, mail a copy of your pay stub to your local Social Security office at 333 Main Street, Austin, Texas 78757 or bring a copy of your pay stub to your local Social Security office at 333 Main Street, Austin, Texas 78757. Ask for a receipt that documents you reported. If you have low wages Social Security may not ask you to do anything more except report if your earnings increase. If you have earnings above SGA, Social Security may send you a Work Activity Report (form SSA-821). I can help you complete that form so please call me when you receive it. Once Social Security has listed the employer on your record, I recommend you log into your [my Social Security account](http://www.ssa.gov/myaccount) and report your earnings each month.

**Important Things for You to Remember**

**Issues requiring immediate action:**

- Report your past work activity in 2019 to Social Security immediately. You should provide them with a copy of your pay stubs and request a receipt.

**Important dates or deadlines:**

- When you get a job offer, you should call me immediately so we can talk about how to report your earnings to Social Security and Texas Health and Human Services (HHS). It is extremely important that you inform both of these agencies about any earnings you receive.

  - Once you begin working, you will want to apply for the Medicaid Buy-In Program through Texas Health and Human Services (HHS). I can assist you in filling out this application and submitting it.
Recordkeeping reminders: Please keep this Benefits Summary and Analysis in your records. Remember to keep letters you get about your benefits. Keep notes and receipts whenever you report changes and be sure to keep everything together in one place so you can find it. Notes should include: the agency where you made the report, the date you made the report, who you talked to, what you told them, and what papers you submitted.

It is your responsibility to promptly report all relevant changes to Social Security and any other federal, state, or local entity administering the benefits you receive.

Using this report: You should keep this report and refer back to it when you have questions about how your employment plans may affect your benefits. It is also important for you to share this report with other people who are helping you achieve your employment goals.

Changes in the situation described above may seriously affect the accuracy of the information provided in this correspondence. Please contact your CWIC immediately to discuss any changes in your benefits situation or employment plans or to answer any additional questions you have about how employment may affect your benefits.

______________________________

**CWIC:** Super CWIC

**Agency:** CWIC, Inc.

**Phone:** 333-333-3333

**Email:** super@cwicinc.org
Snapshot

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Changes to benefits noted above are estimates. Only benefit agency staff can make a formal determination of how working will affect that benefit. It is your responsibility to report changes in income to each agency. These estimates do not take into account all expenses, such as payroll taxes. Additionally, these estimates are based on your present situation, which means as your life changes this information can become outdated quickly. If you do not use this information in the next 2-3 months, please contact me and I can update this report.
**TWP / EPE Tracking Chart**

**Customer:** Katy Dyd  
**Date:** 2/26/2020  
**Work Incentives Counselor:** Super CWIC

**Scenario Description:** Part-time work at $950 per month beginning in April. This scenario assumes SSA will determine February-June 2019 to be Trial Work Period months based upon the pay stub information you provide.

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<td>$950</td>
</tr>
<tr>
<td>Benefit Status</td>
<td>EPE</td>
<td>EPE</td>
<td>EPE</td>
<td>EPE</td>
<td>EPE</td>
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</tr>
<tr>
<td>YEAR 4 2022</td>
<td>July</td>
<td>Aug</td>
<td>Sept</td>
<td>Oct</td>
<td>Nov</td>
<td>Dec</td>
</tr>
<tr>
<td>-------------</td>
<td>------</td>
<td>-----</td>
<td>------</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td>Countable Earnings</td>
<td>$950</td>
<td>$950</td>
<td>$950</td>
<td>$950</td>
<td>$950</td>
<td>$950</td>
</tr>
<tr>
<td>Benefit Status</td>
<td>EPE</td>
<td>EPE</td>
<td>EPE</td>
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<td>EPE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YEAR 5 2023</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>April</th>
<th>May</th>
<th>June</th>
</tr>
</thead>
<tbody>
<tr>
<td>Countable Earnings</td>
<td>$950</td>
<td>$950</td>
<td>$950</td>
<td>$950</td>
<td>$950</td>
<td>$950</td>
</tr>
<tr>
<td>Benefit Status</td>
<td>EPE</td>
<td>EPE</td>
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<td>EPE</td>
<td>EPE</td>
<td>EPE #36</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YEAR 5 2023</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Countable Earnings</td>
<td>$950</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benefit Status</td>
<td>Check Continues</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**MSP Calculation Sheet**

**Name:** Katy Dyd

**Scenario Description:** Earning $950 per month and retaining eligibility for CDB of $830

<table>
<thead>
<tr>
<th>Step</th>
<th>Calculations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unearned Income</td>
<td>$820</td>
</tr>
<tr>
<td>General Income Exclusion (GIE) $20</td>
<td>−$20</td>
</tr>
<tr>
<td>Countable Unearned Income</td>
<td>= $800</td>
</tr>
<tr>
<td>Gross Earned Income</td>
<td>$950</td>
</tr>
<tr>
<td>Student Earned Income Exclusion</td>
<td>−0</td>
</tr>
<tr>
<td>Remainder</td>
<td>$950</td>
</tr>
<tr>
<td>GIE (if not used above) $20</td>
<td>−0</td>
</tr>
<tr>
<td>Remainder</td>
<td>$950</td>
</tr>
<tr>
<td>Earned Income Exclusion (EIE) $65</td>
<td>− $65</td>
</tr>
<tr>
<td>Remainder</td>
<td>$885</td>
</tr>
<tr>
<td>Impairment Related Work Expense (IRWE)</td>
<td>− 0</td>
</tr>
<tr>
<td>Remainder</td>
<td>$885</td>
</tr>
<tr>
<td>Divide by 2</td>
<td>$442.50</td>
</tr>
<tr>
<td>Blind Work Expenses (BWE)</td>
<td>−</td>
</tr>
<tr>
<td>Total Countable Earned Income</td>
<td>= $442.50</td>
</tr>
<tr>
<td>Total Countable Unearned Income</td>
<td>$800</td>
</tr>
<tr>
<td>Total Countable Earned Income + $442.50</td>
<td>= $1242.50</td>
</tr>
<tr>
<td>PASS Deduction</td>
<td>− 0</td>
</tr>
</tbody>
</table>

You will likely continue to be eligible for a Medicare Savings Program, but this program will pay the Part B premium only when you are working. Your countable income of $1242.50 will be higher than the income limit for the Medicare Savings Program that pays all of your other Part A and B expenses. However, Medicaid Buy-In will assist you in paying these other Part A and B expenses when you enroll.
**Work Incentives Plan**

**Beneficiary Name:** Katy Dyd

**Date:** 3/01/2020

Employment Goal: Working 20 hours a week in a retail setting, earning approximately $950 a month.

### Accessing Employment Services and Supports

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Person Responsible</th>
<th>Target Date</th>
<th>Completed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue to meet with Supported Employment Specialist at Just Jobs</td>
<td>Katy</td>
<td>Ongoing until a job is secured</td>
<td></td>
</tr>
</tbody>
</table>

### Resolving Existing Benefit Issues

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Person Responsible</th>
<th>Target Date</th>
<th>Completed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>No benefits issues to address at this time</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Managing Social Security Benefits and Work Incentives

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Person Responsible</th>
<th>Target Date</th>
<th>Completed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gather pay stubs from previous work and report earnings to Social Security.</td>
<td>Katy</td>
<td>3/15/20</td>
<td></td>
</tr>
<tr>
<td>Call CWIC as soon as Work Activity Report is received and complete report together over the phone.</td>
<td>Katy/CWIC</td>
<td>4/15/20</td>
<td></td>
</tr>
<tr>
<td>Action Step</td>
<td>Person Responsible</td>
<td>Target Date</td>
<td>Completed Date</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>--------------------</td>
<td>-------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Create benefits binder to keep receipts for work-related expenses, letters from Social Security</td>
<td>Katy/CWIC</td>
<td>4/30/20</td>
<td></td>
</tr>
<tr>
<td>Continue to track TWP months</td>
<td>Katy</td>
<td>When job starts</td>
<td></td>
</tr>
<tr>
<td>Report beginning of work to Title 2 claims representative and submit paystubs monthly</td>
<td>Katy</td>
<td>After receipt of a month of paystubs</td>
<td></td>
</tr>
<tr>
<td>Report changes in monthly income to Title 2 claims representative</td>
<td>Katy</td>
<td>On-going after initial report</td>
<td></td>
</tr>
</tbody>
</table>

**Managing Federal, State or Local Benefit Programs**

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Person Responsible</th>
<th>Target Date</th>
<th>Completed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>No action needed at this time.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Planning for Future Healthcare Needs**

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Person Responsible</th>
<th>Target Date</th>
<th>Completed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apply for Medicaid Buy In</td>
<td>Katy</td>
<td>When job starts</td>
<td></td>
</tr>
<tr>
<td>Action Step</td>
<td>Person Responsible</td>
<td>Target Date</td>
<td>Completed Date</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------</td>
<td>--------------------</td>
<td>---------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Report wages to Texas Health and Human Services for Medicare Savings Program</td>
<td>Katy</td>
<td>When job starts</td>
<td></td>
</tr>
</tbody>
</table>

**FOLLOW-UP CONTACT PLAN**

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Person Responsible</th>
<th>Target Date</th>
<th>Completed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call CWIC when job offer is made.</td>
<td>Katy/CWIC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Call CWIC when Work Activity Report is received</td>
<td>Katy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Beneficiary Signature:** _Date:_

**CWIC Signature:** _Date:_
Sample BS&A # 2 - SSI Employment Stage Using BSADocs

Note: Benjamin has been working at a sheltered workshop but will soon start a new job at a retail store. He receives In Kind Support and Maintenance using the VTR rule because he lives at home with his parents and does not pay for rent or groceries. This Benefits Summary & Analysis was created using the report writing software, BSADocs, and the template from the state of North Carolina. Some state-specific details are included, which could be different depending on where Benjamin lives.

Benefits Summary & Analysis

Name: Benjamin Johnson

Date: January 17, 2020

It was a pleasure speaking with you about your work goals. This report will show how you can work and get ahead.

Summary of Your Current Situation & Employment Goals

Current Situation: I verified with Social Security and the local Department of Social Services (DSS) that you are receiving the following benefits:

- Supplemental Security Income (SSI) - net $464.50/month. Your SSI is less than the maximum amount ($783.00) because of earnings posted on your SSI record ($200.00) and free food and/or shelter you receive ($261.00).
- Medicaid (based on SSI eligibility)
- Community Alternatives Program for Disabled Adults - a Medicaid funded program that provides you with certain services so you can live in your community

Employment Details:

- You are working as a stocker at Independent Industries and are earning about $200.00/month. You have been doing this work since 10/17.
- Your goal is to get a different job working as a stocker at a local retail store and earning $1,200.00/month.
How Work Affects Your Cash Benefits

Supplemental Security Income (SSI): SSI is a cash benefit for people with disabilities who have low income and resources. The amount you get is reduced if you have other income. Many people think they’ll have less money if they work, but, that’s a myth.

Social Security doesn’t count all of your income when calculating your SSI amount. They deduct $20 from your unearned income; if you don’t have unearned income they deduct it from your gross earnings. Then they deduct $65 of your gross earnings and divide the remainder of those earnings in half. The amount of income left after the deductions is called total countable income. Social Security subtracts your total countable income from your base SSI rate; the remainder is your new SSI amount. Because of these deductions you have more money when working.

The following are additional deductions that appear to fit your situation:

- Impairment Related Work Expenses (IRWE): When Social Security calculates the SSI amount they may deduct expenses that: you pay for, are not reimbursed, are related to an impairment being treated by a healthcare provider, and enable you to work. Social Security deducts the IRWEs from your gross wages before dividing your wages in half. The IRWE deduction lets you keep more of your SSI when working. You indicated you have the following expenses that could be IRWEs: specialized transportation. When you report earnings to Social Security ask them to apply the IRWE deduction and provide receipts. They may ask you for proof that the expenses are related to a medical condition.

If your earnings cause the SSI to drop to $0 you can keep your SSI claim open by using a work incentive called 1619(b). With 1619(b) you just contact Social Security when your income is low enough to get SSI again and they will restart your benefit; you don’t have to reapply. Below I will explain how you can also keep Medicaid through 1619(b) and provide more details about the eligibility criteria.

Specific to You:

- Earning $1,200.00/month: Based on the information above, I estimate your SSI will be $0.00 per month, using the automatic income deductions. You can see in the Snapshot section of this
report that you have more money when earning $1,200.00/month, even with your SSI paused. Assuming you have $150.00/month in IRWEs, I estimate your SSI would instead be $39.50/month. If approved, this work incentive could help offset your cost for these expenses. It appears you’ll meet the 1619(b) criteria when your SSI is $0.00, which allows you to keep SSI eligibility status. This is another great safety net.

Attached are SSI calculation worksheets that show the details for these estimated changes. Keep in mind the changes noted above are only estimates. Social Security makes the final decisions about your SSI eligibility and payments.

How Work Affects Your Health Insurance

**Medicaid (SSI Beneficiary):** Medicaid is a health insurance program that covers certain groups of people who have low income and resources. As an SSI beneficiary, your state automatically enrolled you in Medicaid. Special rules make it possible to keep Medicaid when you work. If you are eligible to receive an SSI payment when you work, you keep Medicaid. If earnings make your SSI drop to $0, you can still keep Medicaid by using 1619(b). To use 1619(b), you must be ineligible for an SSI payment because of earnings, still have a disability, have countable resources below $2,000, need Medicaid, and have annual earnings under $34,571 (2019). Social Security allows you to use a higher annual earnings limit in some situations.

**Specific to You:**
- **Earning $1,200.00/month:** Based on the information above, I estimate your Medicaid eligibility will continue through the 1619(b) work incentive.

Keep in mind the details above are only an estimate. Social Security makes the final decisions about your eligibility for SSI-based Medicaid.

**Home and Community Based Services Waiver:** You are enrolled in the following Home and Community Based Services Waiver: Community Alternatives Program for Disabled Adults (CAP/DA). The waiver provides a number of services to support you in living in the community. To maintain financial eligibility for the waiver when you are working you must be eligible for one of the Medicaid eligibility groups approved by this waiver.
Specific to you:

- **Earning $1,200.00/month:** Based on the information above, I estimate your eligibility for waiver services will continue because you’ll be eligible for one of the Medicaid eligibility groups approved under this waiver (SSI/1619b).

Keep in mind the details above are only an estimate. DSS makes final decisions about your eligibility for Medicaid waivers.

**Employment and Other Services to Help You Reach Your Goal**

You are currently receiving employment services from the Division of Vocational Rehabilitation Services. You may benefit from other employment services because you are interested in increasing your earnings to a level at which you can rent your own apartment and live on your own. You may find the following employment services helpful given your needs.

**Ticket to Work:** A few months after you have reached your employment goal your services with the Division of Vocational Rehabilitation Services (DVR) will close. If you would like continued employment services or to prevent Social Security medical continuing disability reviews (CDR) for a few more years, you could use Social Security’s Ticket to Work program. The program provides funding to Employment Networks (EN) to support you in reaching and maintaining self-sufficiency. ENs are organizations that provide free employment services. When you sign an Individual Work Plan (IWP) with an EN, Social Security will assign your Ticket to them. When that happens, Social Security will not conduct a medical CDR as long as you are meeting the Timely Progress Requirements (attached). To use Ticket to Work, you need to choose an EN and sign an IWP with them after you close services with DVR. If you would like to work with an EN, call the Ticket Help Line at 1-866-968-7842 or see [a list of ENs at choosework.ssa.gov](http://www.choosework.ssa.gov).

**Other Topics**

**In Kind Support and Maintenance:** The Supplemental Security Income (SSI) benefit is intended to help you meet needs for food and shelter. If another person pays some or all of those expenses for you, your SSI benefit can be reduced. Social Security calls this free food and shelter “In Kind Support and Maintenance” (ISM). If you have ISM, Social Security reduces your SSI by the actual amount of help you get, up
to 1/3 of the highest SSI payment. Currently, Social Security is reducing your SSI because of ISM. If you pay more of your food and shelter costs, you may be able to get more in SSI. If you would like to do this, I can explore the options with you. If you compare SSI Calculation Sheet #3 to SSI Calculation Sheet #4, it shows how you would receive more in SSI if you did not have ISM.

**ABLE Accounts:** The ABLE account provides a way for people, whose disability began before the age of 26, to save money and maintain eligibility for public benefits. The beneficiary and other people can deposit a combined total of $15,000/year. A beneficiary who is working can deposit up to $12,140 more in 2019 if he or she isn’t participating in an employer-sponsored retirement plan.

Money deposited by other people and investment gains are not counted as income for federally funded need-based benefits. Money in an ABLE account is also excluded from the resource limit for federally funded need-based benefits like Medicaid and Supplemental Security Income (SSI), but with SSI only $100,000 is excluded. Money in an ABLE account can be used for qualified disability expenses which include things like, education, transportation, employment training and support, assistive technology, and health care expenses.

The North Carolina State Treasurer administers a version of the ABLE account called NC ABLE. To start an account with NC ABLE, you are required to make an initial deposit of $25. You can learn more about NC ABLE at their website or by visiting or by calling (888) 627-7503 (https://savewithable.com/nc/home.html). Other states have created ABLE programs that allow non-residents to participate. If you are interested in finding out more about setting up an out-of-state account, visit [www.ablenrc.org](http://www.ablenrc.org). This website has a tool that helps you compare ABLE accounts administered by different states so you can decide which one might best fit your needs.

**Reporting Earnings to Social Security (SSI):** You must always report gross monthly wages from your work by the 10th of the following month. I recommend you bring a copy of your first pay stubs from your new job to your local Social Security office at 333 Main Street, Raleigh, NC 27601 to report your new work. Then you must continue reporting earnings every month. To report gross wages on an ongoing basis, I recommend you call, mail, or bring a copy of your pay stubs to the local Social
Security office no later than the 10th day of the month after you receive earnings. Be sure to ask for a receipt to document you reported.

**Important Things for You to Remember**

**Issues Requiring Immediate Attention:**
- Explore the option of increasing your SSI by paying some or all of your share of the food and shelter costs to your parents.

**Important dates or deadlines:**
Once your new job begins:
- Report your monthly earnings to Social Security and ask for a receipt. I will help you monitor your SSI payments to be sure the amount is correct.
- Submit your paratransit costs to Social Security for approval as an IRWE. You will need to keep receipts for all trips to and from your job.
- Explore the possibility of setting up an ABLE account in order to save more money without an impact on your eligibility for SSI or Medicaid.

**Recordkeeping reminders:** Please keep this Benefits Summary and Analysis in your records. Remember to keep letters you get about your benefits. Keep notes and receipts whenever you report changes and be sure to keep everything together in one place so you can find it. Notes should include: the agency where you made the report, the date you made the report, who you talked to, what you told them, and what papers you submitted.

It is your responsibility to promptly report all relevant changes to Social Security and any other federal, state, or local entity administering the benefits you receive.

**Using this report:** You should keep this report and refer back to it when you have questions about how your employment plans may affect your benefits. It is also important for you to share this report with other people who are helping you achieve your employment goals.

Changes in the situation described above may seriously affect the accuracy of the information provided in this correspondence. Please contact your CWIC immediately to discuss any changes in your benefits.
situation or employment plans or to answer any additional questions you have about how employment may affect your benefits.

______________________________

CWIC: Super CWIC

Agency: CWIC Inc.

Phone: 333-333-3333

Email: super@cwicinc.org
## SSI Calculation Sheet #1

**Name:** Benjamin Johnson  
**Date:** January 17, 2020  
**Work Incentives Counselor:** Super CWIC  

**Scenario Description:** Current Situation - Earning $200 per month with In Kind Support and Maintenance.

<table>
<thead>
<tr>
<th>Step</th>
<th>Calculations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unearned Income</td>
<td>0</td>
</tr>
<tr>
<td>General Income Exclusion (GIE) $20</td>
<td>− $20</td>
</tr>
<tr>
<td><strong>Countable Unearned Income</strong></td>
<td>= 0</td>
</tr>
<tr>
<td>Gross Earned Income</td>
<td>$200</td>
</tr>
<tr>
<td>Student Earned Income Exclusion</td>
<td>− 0</td>
</tr>
<tr>
<td>Remainder</td>
<td>= $200</td>
</tr>
<tr>
<td>GIE (if not used above) $20</td>
<td>− $20</td>
</tr>
<tr>
<td>Remainder</td>
<td>$180</td>
</tr>
<tr>
<td>Earned Income Exclusion (EIE) $65</td>
<td>− $65</td>
</tr>
<tr>
<td>Remainder</td>
<td>= $115</td>
</tr>
<tr>
<td>Impairment Related Work Expense (IRWE)</td>
<td>− 0</td>
</tr>
<tr>
<td>Remainder</td>
<td>= $115</td>
</tr>
<tr>
<td>Divide by 2</td>
<td>$57.50</td>
</tr>
<tr>
<td>Blind Work Expenses (BWE)</td>
<td>− 0</td>
</tr>
<tr>
<td><strong>Total Countable Earned Income</strong></td>
<td>= $57.50</td>
</tr>
<tr>
<td>Total Countable Unearned Income</td>
<td>0</td>
</tr>
<tr>
<td>Total Countable Earned Income</td>
<td>+ $57.50</td>
</tr>
<tr>
<td>PASS Deduction</td>
<td>− 0</td>
</tr>
<tr>
<td><strong>Total Countable Income</strong></td>
<td>= $57.50</td>
</tr>
<tr>
<td>Base SSI Rate</td>
<td>$522</td>
</tr>
<tr>
<td>Total Countable Income</td>
<td>− $57.50</td>
</tr>
<tr>
<td><strong>Adjusted SSI Payment</strong></td>
<td>= $464.50</td>
</tr>
<tr>
<td>Adjusted SSI Payment</td>
<td>$464.50</td>
</tr>
<tr>
<td>Gross earned income received</td>
<td>+ $200</td>
</tr>
<tr>
<td>Gross unearned income received</td>
<td>+ 0</td>
</tr>
<tr>
<td>Step</td>
<td>Calculations</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Total Income Received</td>
<td>=$664.50</td>
</tr>
<tr>
<td>PASS, BWE or IRWE Expenses</td>
<td>-0</td>
</tr>
<tr>
<td><strong>Total Financial Outcome</strong></td>
<td>=$664.50</td>
</tr>
</tbody>
</table>
**Name:** Benjamin Johnson  
**Date:** January 17, 2020  
**Work Incentives Counselor:** Super CWIC  
**Scenario Description:** Earning $1200 per month with In Kind Support and Maintenance continuing and without IRWE approved.

<table>
<thead>
<tr>
<th>Step</th>
<th>Calculations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unearned Income</td>
<td>0</td>
</tr>
<tr>
<td>General Income Exclusion (GIE) $20</td>
<td>−$20</td>
</tr>
<tr>
<td><strong>Countable Unearned Income</strong></td>
<td>=0</td>
</tr>
<tr>
<td>Gross Earned Income</td>
<td>$1,200</td>
</tr>
<tr>
<td>Student Earned Income Exclusion</td>
<td>−0</td>
</tr>
<tr>
<td>Remainder</td>
<td>=$1,200</td>
</tr>
<tr>
<td>GIE (if not used above) $20</td>
<td>−$20</td>
</tr>
<tr>
<td>Remainder</td>
<td>$1,180</td>
</tr>
<tr>
<td>Earned Income Exclusion (EIE) $65</td>
<td>−$65</td>
</tr>
<tr>
<td>Remainder</td>
<td>=$1,115</td>
</tr>
<tr>
<td>Impairment Related Work Expense (IRWE)</td>
<td>− 0</td>
</tr>
<tr>
<td>Remainder</td>
<td>=$1,115</td>
</tr>
<tr>
<td>Divide by 2</td>
<td>$557.50</td>
</tr>
<tr>
<td>Blind Work Expenses (BWE)</td>
<td>−0</td>
</tr>
<tr>
<td><strong>Total Countable Earned Income</strong></td>
<td>=$557.50</td>
</tr>
<tr>
<td>Total Countable Unearned Income</td>
<td>0</td>
</tr>
<tr>
<td>Total Countable Earned Income</td>
<td>+$557.50</td>
</tr>
<tr>
<td>PASS Deduction</td>
<td>−0</td>
</tr>
<tr>
<td><strong>Total Countable Income</strong></td>
<td>= $557.50</td>
</tr>
<tr>
<td>Base SSI Rate</td>
<td>$522</td>
</tr>
<tr>
<td>Total Countable Income</td>
<td>−$557.50</td>
</tr>
<tr>
<td><strong>Adjusted SSI Payment</strong></td>
<td>=0</td>
</tr>
<tr>
<td>Adjusted SSI Payment</td>
<td>0</td>
</tr>
<tr>
<td>Gross earned income received</td>
<td>+$1,200</td>
</tr>
<tr>
<td>Gross unearned income received</td>
<td>+0</td>
</tr>
<tr>
<td>Step</td>
<td>Calculations</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Total Income Received</td>
<td>=$1,200</td>
</tr>
<tr>
<td>PASS, BWE or IRWE Expenses</td>
<td>−$150</td>
</tr>
<tr>
<td><strong>Total Financial Outcome</strong></td>
<td>=$1,050.50</td>
</tr>
</tbody>
</table>

*Note in this example IRWE was not submitted for approval. It is still paid out of pocket. This demonstrates the benefit of establishing the IRWE.*
**SSI Calculation Sheet #3**

**Name:** Benjamin Johnson  
**Date:** January 17, 2020  
**Work Incentives Counselor:** Super CWIC  
**Scenario Description:** Earning $1200 per month with In Kind Support and Maintenance continuing and with IRWE approved.

<table>
<thead>
<tr>
<th>Step</th>
<th>Calculations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unearned Income</td>
<td>0</td>
</tr>
<tr>
<td>General Income Exclusion (GIE) $20</td>
<td>$20</td>
</tr>
<tr>
<td><strong>Countable Unearned Income</strong></td>
<td><strong>0</strong></td>
</tr>
<tr>
<td>Gross Earned Income</td>
<td>$1,200</td>
</tr>
<tr>
<td>Student Earned Income Exclusion</td>
<td>0</td>
</tr>
<tr>
<td>Remainder</td>
<td>$1,200</td>
</tr>
<tr>
<td>GIE (if not used above) $20</td>
<td>$20</td>
</tr>
<tr>
<td>Remainder</td>
<td>$1,180</td>
</tr>
<tr>
<td>Earned Income Exclusion (EIE) $65</td>
<td>$65</td>
</tr>
<tr>
<td>Remainder</td>
<td>$1,115</td>
</tr>
<tr>
<td>Impairment Related Work Expense (IRWE)</td>
<td>$150</td>
</tr>
<tr>
<td>Remainder</td>
<td>$965</td>
</tr>
<tr>
<td>Divide by 2</td>
<td>$482.50</td>
</tr>
<tr>
<td>Blind Work Expenses (BWE)</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Countable Earned Income</strong></td>
<td><strong>$482.50</strong></td>
</tr>
<tr>
<td>Total Countable Unearned Income</td>
<td>0</td>
</tr>
<tr>
<td>Total Countable Earned Income</td>
<td>$482.50</td>
</tr>
<tr>
<td>PASS Deduction</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Countable Income</strong></td>
<td><strong>$482.50</strong></td>
</tr>
<tr>
<td>Base SSI Rate</td>
<td>$522</td>
</tr>
<tr>
<td>Total Countable Income</td>
<td>$482.50</td>
</tr>
<tr>
<td><strong>Adjusted SSI Payment</strong></td>
<td><strong>$39.50</strong></td>
</tr>
<tr>
<td>Adjusted SSI Payment</td>
<td>$39.50</td>
</tr>
<tr>
<td>Gross earned income received</td>
<td>$1,200</td>
</tr>
<tr>
<td>Gross unearned income received</td>
<td>0</td>
</tr>
<tr>
<td>Step</td>
<td>Calculations</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Total Income Received</td>
<td>$1,239.50</td>
</tr>
<tr>
<td>PASS, BWE or IRWE Expenses</td>
<td>-$150</td>
</tr>
<tr>
<td><strong>Total Financial Outcome</strong></td>
<td><strong>$1,089.50</strong></td>
</tr>
</tbody>
</table>
**SSI Calculation Sheet #4**

**Name:** Benjamin Johnson  
**Date:** January 17, 2020  
**Work Incentives Counselor:** Super CWIC

**Scenario Description:** Earning $1200 per month with no Kind Support and Maintenance and with IRWE approved.

<table>
<thead>
<tr>
<th>Step</th>
<th>Calculations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unearned Income</td>
<td>0</td>
</tr>
<tr>
<td>General Income Exclusion (GIE) $20</td>
<td>−$20</td>
</tr>
<tr>
<td><strong>Countable Unearned Income</strong></td>
<td>=0</td>
</tr>
<tr>
<td>Gross Earned Income</td>
<td>$1,200</td>
</tr>
<tr>
<td>Student Earned Income Exclusion</td>
<td>−0</td>
</tr>
<tr>
<td>Remainder</td>
<td>=$1,200</td>
</tr>
<tr>
<td>GIE (if not used above) $20</td>
<td>−$20</td>
</tr>
<tr>
<td>Remainder</td>
<td>$1,180</td>
</tr>
<tr>
<td>Earned Income Exclusion (EIE) $65</td>
<td>−$65</td>
</tr>
<tr>
<td>Remainder</td>
<td>=$1,115</td>
</tr>
<tr>
<td>Impairment Related Work Expense (IRWE)</td>
<td>− $150</td>
</tr>
<tr>
<td>Remainder</td>
<td>=$965</td>
</tr>
<tr>
<td>Divide by 2</td>
<td>$482.50</td>
</tr>
<tr>
<td>Blind Work Expenses (BWE)</td>
<td>−0</td>
</tr>
<tr>
<td><strong>Total Countable Earned Income</strong></td>
<td>=$482.50</td>
</tr>
<tr>
<td>Total Countable Unearned Income</td>
<td>0</td>
</tr>
<tr>
<td>Total Countable Earned Income</td>
<td>+=$482.50</td>
</tr>
<tr>
<td>PASS Deduction</td>
<td>−0</td>
</tr>
<tr>
<td><strong>Total Countable Income</strong></td>
<td>= $482.50</td>
</tr>
<tr>
<td>Base SSI Rate</td>
<td>$783</td>
</tr>
<tr>
<td>Total Countable Income</td>
<td>−$482.50</td>
</tr>
<tr>
<td><strong>Adjusted SSI Payment</strong></td>
<td>=$300.50</td>
</tr>
<tr>
<td>Adjusted SSI Payment</td>
<td>$300.50</td>
</tr>
<tr>
<td>Gross earned income received</td>
<td>+$1,200</td>
</tr>
<tr>
<td>Gross unearned income received</td>
<td>+0</td>
</tr>
<tr>
<td>Step</td>
<td>Calculations</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Total Income Received</td>
<td>=$1,500.50</td>
</tr>
<tr>
<td>PASS, BWE or IRWE Expenses</td>
<td>−$150</td>
</tr>
<tr>
<td><strong>Total Financial Outcome</strong></td>
<td>=$1,350.50</td>
</tr>
</tbody>
</table>
**Work Incentives Plan**

**Customer Name:** Ben Johnson  
**Date:** 01/27/2020  
**Employment Goal:** Work in retail as a stocker, earning $1200 per month.

**Accessing Employment Services and Supports**

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Person Responsible</th>
<th>Target Date</th>
<th>Completed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work with supported employment specialist to start position at retail store.</td>
<td>Ben</td>
<td>1/27/2020</td>
<td></td>
</tr>
</tbody>
</table>

**Resolving Existing Benefit Issues**

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Person Responsible</th>
<th>Target Date</th>
<th>Completed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meet with parents to discuss the fair share of household expenses and explore options for eliminating or reducing ISM.</td>
<td>Ben/CWIC</td>
<td>2/15/2020</td>
<td></td>
</tr>
<tr>
<td>Contact Social Security if you begin paying for food and shelter.</td>
<td>Ben/parents</td>
<td>As soon as change occurs</td>
<td></td>
</tr>
</tbody>
</table>
## Managing Social Security Benefits and Work Incentives

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Person Responsible</th>
<th>Target Date</th>
<th>Completed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create benefits binder to keep receipts for work-related expenses, letters from Social Security</td>
<td>Ben/CWIC</td>
<td>2/15/2020</td>
<td></td>
</tr>
<tr>
<td>Collect receipts for monthly paratransit costs once position at the new store begins.</td>
<td>Ben</td>
<td>Once new job begins</td>
<td></td>
</tr>
<tr>
<td>Complete IRWE request template and submit to local Social Security office for review and approval.</td>
<td>Ben/CWIC</td>
<td>By 10(^{th}) of the month after first month of work</td>
<td></td>
</tr>
<tr>
<td>Report wages and IRWEs monthly to Social Security by mailing or delivering paystubs; keep copies of paystubs.</td>
<td>Ben</td>
<td>By the 10(^{th}) of each month after work begins</td>
<td></td>
</tr>
</tbody>
</table>
### Managing Federal, State or Local Benefit Programs

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Person Responsible</th>
<th>Target Date</th>
<th>Completed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explore opportunity to set up ABLE Account</td>
<td>Ben/parents</td>
<td>Three months after new job begins or sooner if resources nearing $2000</td>
<td></td>
</tr>
</tbody>
</table>

### Planning for Future Healthcare Needs

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Person Responsible</th>
<th>Target Date</th>
<th>Completed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>None at this time</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Follow-Up Contact Plan

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Person Responsible</th>
<th>Target Date</th>
<th>Completed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact CWIC when start date at new store is determined.</td>
<td>Ben</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact CWIC when notified by Social Security of adjusted SSI payment</td>
<td>Ben</td>
<td>When new job starts and wages are reported</td>
<td></td>
</tr>
<tr>
<td>Contact CWIC if there are changes in IRWE amount or wages</td>
<td>Ben</td>
<td>Ongoing</td>
<td></td>
</tr>
</tbody>
</table>
Beneficiary Signature:
Date:

CWIC Signature:
Date:
Sample BS&A # 3 – Concurrent (SSDI/SSI) Employment Stage Using BSADocs

**Note:** William will begin a new job as an office administrator in February. He will earn approximately $2200 per month. After the interview, the CWIC determined that William has no IRWEs or subsidy/special condition. This Benefits Summary & Analysis was created using the report writing software, BSADocs, and the template from the state of Indiana. Some state-specific details are included, which could be different depending on where William lives. For example, Indiana’s Medicaid program currently pays the Medicare Part B premium for those in SSI/1619b Medicaid.

**Benefits Summary & Analysis**

**Name:** William Smith  
**Date:** January 17, 2020

It was a pleasure speaking with you about your work goals. This report will show how you can work and get ahead.

**Summary of Your Current Situation & Employment Goals**

**Current Situation:**

I verified with Social Security and Centers for Medicare and Medicaid Services that you are receiving the following benefits:

- Social Security Disability Insurance (SSDI) - net $400.00/month
- Supplemental Security Income (SSI) - net $403.00/month. Your SSI is less than the maximum amount ($783.00) because of SSDI benefits.
- Medicare (Part A-hospital, Part B-outpatient and Part D-prescription) based on entitlement to SSDI
  - Indiana Division of Family Resources (DFR) pays your Part B premium and helps pay your Part A and B deductibles and coinsurance
  - Full Extra Help helps pay the Part D premium and keeps co-pays to a low amount
- Medicaid (based on SSI eligibility)
**Employment Details:**

- You are not currently working.
- You have been offered a full-time position as an office administrator earning approximately $2200 per month beginning in February.

**How Work Affects Your Cash Benefits**

Social Security Disability Insurance: **SSDI has 3 phases of work rules, each with work incentives to support your efforts to work.** Some of the work incentives allow you to maintain SSDI when working, while others allow you to easily restart the benefit if it stops. Below are the key details given your situation and goals.

**Phase 1- Trial Work Period (TWP):** During the TWP, you will receive your SSDI regardless of how high your earnings might be, as long as you still have a disability. Your TWP ends when you use 9 TWP months within a 5-year period. Social Security will count a month as a TWP month if your gross earnings are more than $910 (2020 rate). Social Security confirmed you have 9 TWP months available.

**Phase 2- Extended Period of Eligibility (EPE):** The month after your TWP ends, you begin a 36-month Extended Period of Eligibility. During the EPE, Social Security will give you SSDI for months your countable earnings are below Substantial Gainful Activity (SGA), but they will suspend SSDI for months your countable earnings are SGA. An explanation of SGA is provided below. During the EPE, Social Security can easily restart your SSDI if your countable earnings fall below SGA. You don’t have to reapply. This is a great safety net.

**Understanding SGA:** After the TWP is over Social Security will decide whether your work activity is Substantial Gainful Activity (SGA). To make this decision they compare your monthly countable earnings to a guideline of $1,260 (2020 rate). The word “countable” is important because Social Security may not count all of your gross wages when deciding if your work is SGA. For example, they deduct paid time off, the value of extra help or reduced productivity on the job because of your disability, and impairment-related expenses you pay for that are necessary for you to work. Based on what you shared, it appears none of those deductions would help you at this time.
There is one final detail about SGA. After the TWP, the first time you have a pattern of work that is SGA Social Security pays your SSDI for 3 months. This is called the Grace Period, the first month of which is known as the cessation month. This can occur during Phase 2 or Phase 3.

**Phase 3-Post EPE:** This phase begins after the 36th month of your EPE. If your work is below SGA, your SSDI continues. If your work is SGA, your SSDI will terminate. However, there is a work incentive called Expedited Reinstatement (ExR) that may be used to quickly restart the SSDI if you can’t maintain SGA level work. I will provide more details about this work incentive when you are closer to this phase.

**Specific to You:**

- **Earning $2,200.00/month:** Based on the information above, I estimate your SSDI will pause after the Trial Work Period (likely ending October 31, 2020) and the Grace Period (likely November 1, 2020 - January 31, 2021) because your work is expected to be above the SGA guideline. If your work activity drops below SGA for any reason during Phase 2 (likely November 1, 2020 - October 31, 2023), you should report the change to Social Security right away. You can receive the benefit again if Social Security determines your work is no longer SGA. This is a great safety net to support you as you return to work.

I have attached a TWP/EPE Tracking Chart to this report that shows how these work incentives fit together. Keep in mind the changes noted above are only an estimate. Social Security makes final decisions about your SSDI.

**Supplemental Security Income (SSI):** SSI is a cash benefit for people with disabilities who have low income and resources. The amount you get is reduced if you have other income. Many people think they’ll have less money if they work, but that’s a myth.

Social Security doesn’t count all of your income when calculating your SSI amount. They deduct $20 from your unearned income; if you don’t have unearned income they deduct it from your gross earnings. Then they deduct $65 of your gross earnings and divide the remainder of those earnings in half. The amount of income left after the deductions is called total countable income. Social Security subtracts your total countable
income from your base SSI rate; the remainder is your new SSI amount. Because of these deductions you have more money when working.

If your earnings cause the SSI to drop to $0 you can keep your SSI claim open by using a work incentive called 1619(b). With 1619(b) you just contact Social Security when your income is low enough to get SSI again and they will restart your benefit; you don’t have to reapply. Below I will explain how you can also keep Medicaid through 1619(b) and provide more details about the eligibility criteria.

Specific to You:

- **Earning $2,200.00/month**: Based on the information above, I estimate your SSI will be $0.00 per month when you first reach this goal and after your SSDI stops, using the automatic income deductions. When this happens you will still have more money by working. You can see these details at the end of this report, in the Snapshot section. It appears you’ll meet the 1619(b) criteria when your SSI is $0.00, which allows you to keep SSI eligibility status. This is another great safety net.

Attached are SSI calculation worksheets that show the details for these estimated changes. Keep in mind the changes noted above are only estimates. Social Security makes the final decisions about your SSI eligibility and payments.

How Work Affects Your Health Insurance

**Medicaid (SSI Beneficiary)**: Medicaid is a health insurance program that covers certain groups of people who have low income and resources. As an SSI beneficiary, your state automatically enrolled you in Medicaid. Special rules make it possible to keep Medicaid when you work. If you are eligible to receive an SSI payment when you work, you keep Medicaid. If earnings make your SSI drop to $0, you can still keep Medicaid by using 1619(b). To use 1619(b), you must be ineligible for an SSI payment because of earnings, still have a disability, have countable resources below $2,000, need Medicaid, and have annual earnings under $38,506 (2019). Social Security allows you to use a higher annual earnings limit in some situations.
Specific to You:

- **Earning $2,200.00/month:** Based on the information above, I estimate your Medicaid eligibility will continue through the 1619(b) work incentive.

Keep in mind the details above are only an estimate. Social Security makes the final decisions about your eligibility for SSI-based Medicaid.

**Medicare:** Medicare is a federal health insurance program that offers inpatient coverage (Part A), outpatient coverage (Part B), and prescription drug coverage (Part D). You are eligible for Medicare because you have been entitled to SSDI for more than 24 months. You continue to be eligible for Medicare as long as you are eligible for SSDI. If your SSDI terminates due to work, you can keep Medicare by using a work incentive called the Extended Period of Medicare Coverage (EPMC). The EPMC ends at least 7 years and 9 months after your Trial Work Period. You do not have to request EPMC, it will start automatically.

Specific to You:

- **Earning $2,200.00/month:** Based on the information above, I estimate your Medicare eligibility based on SSDI entitlement will continue until October 31, 2023 when your EPE will end and your SSDI will terminate. After this, I estimate your Medicare will continue because of the EPMC work incentive.

Keep in mind the details above are only an estimate. Social Security makes the final decisions about your Medicare eligibility.

**Medicare Parts A and B Financial Assistance:** Beneficiaries with Medicare Parts A (hospital) and B (outpatient) usually have to pay a Part B premium, plus deductibles and coinsurance. However, the state will pay your Part B premium when you are enrolled in certain Medicaid eligibility groups. Medicaid also acts like a supplemental insurance and can help pay your Part A and B deductibles and coinsurance.

Specific to You:

- **Earning $2,200.00/month:** Based on the information above and the Medicaid eligibility group you are expected to use with this goal, I estimate the state will continue to pay your Part B premium and help pay your Part A and B deductibles and coinsurance.
Keep in mind the details above are only an estimate. The Indiana Division of Family Resources (DFR) makes the final decisions about your eligibility for help with Part A and Part B costs.

**Medicare Part D Financial Assistance:** Medicare Part D (prescription drug coverage) out-of-pocket costs can include a premium, a deductible and copays that vary depending on the plan you choose. Extra Help, also known as the Low Income Subsidy program, helps pay those out-of-pocket expenses. The program has two levels of assistance, Full Extra Help and Partial Extra Help.

Full Extra Help pays all or most of the Part D premium, the annual deductible, and keeps copays to a low amount ($0 - $8.95 per prescription in 2020). People who get SSI, Medicaid, or help from the Indiana Division of Family Resources (DFR) with any Medicare Part A and B costs are automatically enrolled. When working, if you fall under one of those groups you can get or keep Full Extra Help.

**Specific to You:**

- **Earning $2,200.00/month:** Based on the information above I estimate you will be eligible for Full Extra Help because of your enrollment in Medicaid.

Keep in mind the details above are only an estimate. Social Security and Centers for Medicare and Medicaid Services make final decisions about eligibility for Extra Help.

**Employer-Sponsored Health Insurance:** When you become an employee, your employer may offer health insurance. Depending on the plan, premium, deductible, and coinsurance, this may or may not be a cost-effective option. You should read over the plan details to make this decision. Here are a few details to consider about the interaction of employer-sponsored health insurance and your other insurance.

- **Medicaid:** You should report to the Indiana Division of Family Resources (DFR) if you become eligible for other health insurance. Medicaid is a payer of last resort. As a result, any other health insurance plan you have must be billed first. Depending on the cost of the service and the provider Medicaid may cover what the other insurance does not. In certain circumstances DFR will assist you in paying for your private
insurance premium. This is called the Health Insurance Premium Payment Program (HIPP).

Once you are offered employer-sponsored health insurance we can review these considerations in more detail.

**Employment and Other Services to Help You Reach Your Goal**

You are not receiving employment services at this time and you shared that you are not interested in receiving any services. If you change your mind, please let me know so I can refer you to agencies that assist with getting and keeping a job.

**Other Topics**

**Reporting Earnings to Social Security:** Since SSDI and SSI are two separate programs, you must report to each program separately.

- **Reporting for SSDI:** You must report to Social Security when you begin working, if your work activity goes above or below SGA, or if you stop working. To report this type of change, bring a copy of your pay stub to your local Social Security office at 333 Main Street, Indianapolis, Indiana 46201. Ask for a receipt that documents you reported. If you have low wages Social Security may not ask you to do anything more except report if your earnings increase. If you have earnings above SGA, Social Security may send you a Work Activity Report (form SSA-821). I can help you complete that form so please call me when you receive it. Once Social Security has listed the employer on your record, I recommend you log into your *my Social Security account* (http://www.ssa.gov/myaccount) and report your earnings each month.

- **Reporting for SSI:** When you begin working, you must report gross wages from your first month of work by the 10th of the following month. I recommend you bring a copy of your pay stub to your local Social Security office at 333 Main Street, Indianapolis, Indiana 46201 to report your new work. **You must continue reporting earnings every month.** To report gross wages on an ongoing basis, I recommend you use the SSI mobile wage reporting application (if you are approved by Social Security to do so) no later than the 6th day of the month after you receive earnings.
**Important Things for You to Remember**

**Important dates or deadlines:**

- Report your income to Social Security when you begin working. Remember that you must report your income to both your Title II claims representative (SSDI) and your Title XVI claims representative (SSI).

- Request approval to report your wages for SSI through the SSI wage reporting app and then download the app to phone.

- Track your Trial Work Period months.

- Near the end of your Trial Work Period, you should fill out a Work Activity Report and submit it to Social Security to facilitate Social Security pausing your SSDI check and to avoid an overpayment. I will assist you with this process.

**Recordkeeping reminders:** Please keep this Benefits Summary and Analysis in your records. Remember to keep letters you get about your benefits. Keep notes and receipts whenever you report changes and be sure to keep everything together in one place so you can find it. Notes should include: the agency where you made the report, the date you made the report, who you talked to, what you told them, and what papers you submitted.

It is your responsibility to promptly report all relevant changes to Social Security and any other federal, state, or local entity administering the benefits you receive.

**Using this report:** You should keep this report and refer back to it when you have questions about how your employment plans may affect your benefits. It is also important for you to share this report with other people who are helping you achieve your employment goals.

Changes in the situation described above may seriously affect the accuracy of the information provided in this correspondence. Please contact your CWIC immediately to discuss any changes in your benefits situation or employment plans or to answer any additional questions you have about how employment may affect your benefits.

**CWIC:** Super CWIC

**Agency:** Aspire Indiana, Inc

**Date:**
Phone: 333-333-3333
Email: super@cwicinc.org
### Snapshot

<table>
<thead>
<tr>
<th>Item</th>
<th>Current Situation</th>
<th>Earning Goal $2,200.00 (Before SSDI stops)</th>
<th>Earning Goal $2,200.00 (After SSDI stops)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross Wages</td>
<td>$0.00</td>
<td>$2,200.00</td>
<td>$2,200.00</td>
</tr>
<tr>
<td>SSDI</td>
<td>$400.00</td>
<td>$400.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>SSI</td>
<td>$403.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>$803.00</td>
<td>$2,600.00</td>
<td>$2,200.00</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
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<tr>
<td>Medicaid</td>
<td>$0.00</td>
<td>$0.00</td>
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<tr>
<td>Medicare Part B premium</td>
<td>$0.00</td>
<td>$0.00</td>
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</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>Remaining Money</strong></td>
<td>$803.00</td>
<td>$2,600.00</td>
<td>$2,200.00</td>
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</tbody>
</table>

Changes to benefits noted above are estimates. Only benefit agency staff can make a formal determination of how working will affect that benefit. It is your responsibility to report changes in income to each agency. These estimates do not take into account all expenses, such as payroll taxes. Additionally, these estimates are based on your present situation, which means as your life changes this information can become outdated quickly. If you do not use this information in the next 2-3 months, please contact me and I can update this report.
**TWP / EPE Tracking Chart**

**Name:** William Smith  
**Date:** 1/17/2020  
**Work Incentives Counselor:** Super CWIC  

**Scenario Description:** Earning $2200 per month beginning February 2020.

### YEAR 1 2020

<table>
<thead>
<tr>
<th></th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>April</th>
<th>May</th>
<th>Jun</th>
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<tr>
<td>Countable Earnings</td>
<td>$2200</td>
<td>$2200</td>
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<td>TWP #2</td>
<td>TWP #3</td>
<td>TWP #4</td>
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### YEAR 1 2020

<table>
<thead>
<tr>
<th></th>
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<td>Countable Earnings</td>
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<td>TWP #6</td>
<td>TWP #7</td>
<td>TWP #8</td>
<td>TWP #9</td>
<td>EPE Cessation / Grace Period</td>
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### YEAR 2 2021

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<tr>
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<th>May</th>
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<tr>
<td>Benefit Status</td>
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<td>EPE Check Pauses</td>
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<td>Oct</td>
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</tr>
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<td>-------------</td>
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<th>May</th>
<th>Jun</th>
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<th>May</th>
<th>Jun</th>
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<tbody>
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<td>$2200</td>
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<td>$2200</td>
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<td>EPE</td>
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<td>YEAR 4 2023</td>
<td>July</td>
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<td>Sept</td>
<td>Oct</td>
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<tr>
<td>Countable Earnings</td>
<td>$2200</td>
<td>$2200</td>
<td>$2200</td>
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<td>$2200</td>
</tr>
<tr>
<td>Benefit Status</td>
<td>EPE</td>
<td>EPE</td>
<td>EPE</td>
<td>EPE</td>
<td>Terminati</td>
<td>on</td>
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</table>

<table>
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<tr>
<th>YEAR 5 2024</th>
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<th>April</th>
<th>May</th>
<th>June</th>
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<tbody>
<tr>
<td>Countable Earnings</td>
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<td>Benefit Status</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>YEAR 5 2024</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
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<tbody>
<tr>
<td>Countable Earnings</td>
<td></td>
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</tr>
<tr>
<td>Benefit Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### SSI Calculation Sheet #1

**Beneficiary Name:** William Smith  
**Date:** January 17, 2020  
**Work Incentives Counselor:** Super CWIC  
**Scenario Description:** Current Situation - No Earnings and receiving $400 of SSDI

<table>
<thead>
<tr>
<th>Step</th>
<th>Calculations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unearned Income</td>
<td>$400</td>
</tr>
<tr>
<td>General Income Exclusion (GIE) $20</td>
<td>−$20</td>
</tr>
<tr>
<td><strong>Countable Unearned Income</strong></td>
<td>= $380</td>
</tr>
<tr>
<td>Gross Earned Income</td>
<td>$0</td>
</tr>
<tr>
<td>Student Earned Income Exclusion</td>
<td>−0</td>
</tr>
<tr>
<td>Remainder</td>
<td>0</td>
</tr>
<tr>
<td>GIE (if not used above) $20</td>
<td>−0</td>
</tr>
<tr>
<td>Remainder</td>
<td>0</td>
</tr>
<tr>
<td>Earned Income Exclusion (EIE) $65</td>
<td>−$65</td>
</tr>
<tr>
<td>Remainder</td>
<td>0</td>
</tr>
<tr>
<td>Impairment Related Work Expense (IRWE)</td>
<td>−0</td>
</tr>
<tr>
<td>Remainder</td>
<td>0</td>
</tr>
<tr>
<td>Divide by 2</td>
<td>0</td>
</tr>
<tr>
<td>Blind Work Expenses (BWE)</td>
<td>−0</td>
</tr>
<tr>
<td><strong>Total Countable Earned Income</strong></td>
<td>=0</td>
</tr>
<tr>
<td>Total Countable Unearned Income</td>
<td>$380</td>
</tr>
<tr>
<td>Total Countable Earned Income</td>
<td>+0</td>
</tr>
<tr>
<td>PASS Deduction</td>
<td>−0</td>
</tr>
<tr>
<td><strong>Total Countable Income</strong></td>
<td>= $380</td>
</tr>
<tr>
<td>Base SSI Rate</td>
<td>$783</td>
</tr>
<tr>
<td>Total Countable Income</td>
<td>−$380</td>
</tr>
<tr>
<td><strong>Adjusted SSI Payment</strong></td>
<td>= $403</td>
</tr>
<tr>
<td>Adjusted SSI Payment</td>
<td>$403</td>
</tr>
<tr>
<td>Gross earned income received</td>
<td>+0</td>
</tr>
<tr>
<td>Gross unearned income received</td>
<td>+$400</td>
</tr>
</tbody>
</table>

Gross earned income received +0  
Gross unearned income received +$400
<table>
<thead>
<tr>
<th>Step</th>
<th>Calculations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Income Received</td>
<td>= $803</td>
</tr>
<tr>
<td>PASS, BWE or IRWE Expenses</td>
<td>− 0</td>
</tr>
<tr>
<td><strong>Total Financial Outcome</strong></td>
<td>= $803</td>
</tr>
</tbody>
</table>
### SSI Calculation Sheet #2

**Beneficiary Name:** William Smith  
**Date:** January 17, 2020  
**Work Incentives Counselor:** Super CWIC

**Scenario Description:** Earning $2200 per month and still receiving $400 of SSDI (Trail Work Period and Grace Period)

<table>
<thead>
<tr>
<th>Step</th>
<th>Calculations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unearned Income</td>
<td>$400</td>
</tr>
<tr>
<td>General Income Exclusion (GIE) $20</td>
<td>−$20</td>
</tr>
<tr>
<td><strong>Countable Unearned Income</strong></td>
<td><strong>= $380</strong></td>
</tr>
<tr>
<td>Gross Earned Income</td>
<td>$2,200</td>
</tr>
<tr>
<td>Student Earned Income Exclusion</td>
<td>−0</td>
</tr>
<tr>
<td>Remainder</td>
<td>=$2,200</td>
</tr>
<tr>
<td>GIE (if not used above) $20</td>
<td>−0</td>
</tr>
<tr>
<td>Remainder</td>
<td>=$2,200</td>
</tr>
<tr>
<td>Earned Income Exclusion (EIE) $65</td>
<td>−$65</td>
</tr>
<tr>
<td>Remainder</td>
<td>=$2,135</td>
</tr>
<tr>
<td>Impairment Related Work Expense (IRWE)</td>
<td>− 0</td>
</tr>
<tr>
<td>Remainder</td>
<td>=$2,135</td>
</tr>
<tr>
<td>Divide by 2</td>
<td>$1,067.50</td>
</tr>
<tr>
<td>Blind Work Expenses (BWE)</td>
<td>−0</td>
</tr>
<tr>
<td><strong>Total Countable Earned Income</strong></td>
<td><strong>= $1,067.50</strong></td>
</tr>
<tr>
<td>Total Countable Unearned Income</td>
<td>$380</td>
</tr>
<tr>
<td>Total Countable Earned Income</td>
<td>+$1,067.50</td>
</tr>
<tr>
<td>PASS Deduction</td>
<td>−0</td>
</tr>
<tr>
<td><strong>Total Countable Income</strong></td>
<td><strong>= $1,447.50</strong></td>
</tr>
<tr>
<td>Base SSI Rate</td>
<td>$783</td>
</tr>
<tr>
<td>Total Countable Income</td>
<td>−$1,447.50</td>
</tr>
<tr>
<td><strong>Adjusted SSI Payment</strong></td>
<td><strong>=0</strong></td>
</tr>
<tr>
<td>Adjusted SSI Payment</td>
<td>0</td>
</tr>
<tr>
<td>Gross earned income received</td>
<td>+$2,200</td>
</tr>
<tr>
<td>Gross unearned income received</td>
<td>+$400</td>
</tr>
<tr>
<td>Step</td>
<td>Calculations</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Total Income Received</td>
<td>=$2,600</td>
</tr>
<tr>
<td>PASS, BWE or IRWE Expenses</td>
<td>−0</td>
</tr>
<tr>
<td><strong>Total Financial Outcome</strong></td>
<td>=$2,600</td>
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</table>
SSI Calculation Sheet #3
Beneficiary Name: William Smith
Date: January 17, 2020
Work Incentives Counselor: Super CWIC
Scenario Description: Earning $2200 per month with SSDI paused (After Trial Work Period and Grace Period)

<table>
<thead>
<tr>
<th>Step</th>
<th>Calculations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unearned Income</td>
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</tr>
<tr>
<td>General Income Exclusion (GIE) $20</td>
<td>−$20</td>
</tr>
<tr>
<td><strong>Countable Unearned Income</strong></td>
<td>=0</td>
</tr>
<tr>
<td>Gross Earned Income</td>
<td>$2,200</td>
</tr>
<tr>
<td>Student Earned Income Exclusion</td>
<td>−0</td>
</tr>
<tr>
<td>Remainder</td>
<td>=$2,200</td>
</tr>
<tr>
<td>GIE (if not used above) $20</td>
<td>−$−20</td>
</tr>
<tr>
<td>Remainder</td>
<td>=$2,180</td>
</tr>
<tr>
<td>Earned Income Exclusion (EIE) $65</td>
<td>−$65</td>
</tr>
<tr>
<td>Remainder</td>
<td>=$2,115</td>
</tr>
<tr>
<td>Impairment Related Work Expense (IRWE)</td>
<td>− 0</td>
</tr>
<tr>
<td>Remainder</td>
<td>=$2,115</td>
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<tr>
<td>Divide by 2</td>
<td>$1,057.50</td>
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<tr>
<td>Blind Work Expenses (BWE)</td>
<td>−0</td>
</tr>
<tr>
<td><strong>Total Countable Earned Income</strong></td>
<td>=$1,057.50</td>
</tr>
<tr>
<td>Total Countable Unearned Income</td>
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<tr>
<td>Total Countable Earned Income</td>
<td>+$1,057.50</td>
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<td>PASS Deduction</td>
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</tr>
<tr>
<td><strong>Total Countable Income</strong></td>
<td>= $1,057.50</td>
</tr>
<tr>
<td>Base SSI Rate</td>
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</tr>
<tr>
<td>Total Countable Income</td>
<td>−$1,057.50</td>
</tr>
<tr>
<td><strong>Adjusted SSI Payment</strong></td>
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<td>Adjusted SSI Payment</td>
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<tr>
<td>Gross earned income received</td>
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<td>+0</td>
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<tr>
<td>Step</td>
<td>Calculations</td>
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<td>------------------------------------</td>
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<tr>
<td>Total Income Received</td>
<td>=$2,200</td>
</tr>
<tr>
<td>PASS, BWE or IRWE Expenses</td>
<td>−0</td>
</tr>
<tr>
<td><strong>Total Financial Outcome</strong></td>
<td><strong>=$2,200</strong></td>
</tr>
</tbody>
</table>
**Work Incentives Plan**

**Beneficiary Name:** William Smith

**Date:** 1/17/2020

**Employment Goal:** Earning $2200 per month as an office administrator.

### Accessing Employment Services and Supports

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Person Responsible</th>
<th>Target Date</th>
<th>Completed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>No employment services needed now.</td>
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### Resolving Existing Benefit Issues

<table>
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<th>Action Step</th>
<th>Person Responsible</th>
<th>Target Date</th>
<th>Completed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>No benefits issues to address at this time</td>
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</table>

### Managing Social Security Benefits and Work Incentives

<table>
<thead>
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<th>Action Step</th>
<th>Person Responsible</th>
<th>Target Date</th>
<th>Completed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create benefits binder to keep pay stubs, reporting receipts, and letters from Social Security</td>
<td>William/CWIC</td>
<td>2/15/20</td>
<td></td>
</tr>
<tr>
<td>Report beginning of work to Title 2 claims representative and submit paystubs monthly</td>
<td>William</td>
<td>3/10/20</td>
<td></td>
</tr>
<tr>
<td>Track TWP months</td>
<td>William</td>
<td>2/1/20 and on-going</td>
<td></td>
</tr>
<tr>
<td>Action Step</td>
<td>Person Responsible</td>
<td>Target Date</td>
<td>Completed Date</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------</td>
<td>--------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Report changes in monthly income to SSDI claims representative</td>
<td>William</td>
<td>On-going after initial report</td>
<td></td>
</tr>
<tr>
<td>Report beginning of work to SSI claims representative</td>
<td>William</td>
<td>3/10/20</td>
<td></td>
</tr>
<tr>
<td>Request approval to use SSI reporting app</td>
<td>William</td>
<td>3/10/20</td>
<td></td>
</tr>
<tr>
<td>Report wages monthly through SSI reporting app</td>
<td>William</td>
<td>On-going after initial report</td>
<td></td>
</tr>
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**Managing Federal, State or Local Benefit Programs**

<table>
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<th>Action Step</th>
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<th>Target Date</th>
<th>Completed Date</th>
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</thead>
<tbody>
<tr>
<td>No action needed at this time.</td>
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**Planning for Future Healthcare Needs**

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<th>Action Step</th>
<th>Person Responsible</th>
<th>Target Date</th>
<th>Completed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirm 1619b status with Social Security</td>
<td>William and CWIC</td>
<td>4/1/20</td>
<td></td>
</tr>
<tr>
<td>Monitor continued eligibility for help with Medicare costs through state</td>
<td>William and CWIC</td>
<td>On-going</td>
<td></td>
</tr>
<tr>
<td>Action Step</td>
<td>Person Responsible</td>
<td>Target Date</td>
<td>Completed Date</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>--------------------</td>
<td>------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Explore employer-sponsored health insurance</td>
<td>William</td>
<td>First week of February</td>
<td></td>
</tr>
<tr>
<td>Contact DFS when offered employer-sponsored health insurance</td>
<td>William</td>
<td>When offered health insurance</td>
<td></td>
</tr>
</tbody>
</table>

**FOLLOW-UP CONTACT PLAN**

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Person Responsible</th>
<th>Target Date</th>
<th>Completed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact CWIC to confirm job has started and projected earnings are still accurate</td>
<td>William</td>
<td>After first paycheck received</td>
<td></td>
</tr>
<tr>
<td>Contact CWIC to review TWP usage</td>
<td>William and CWIC</td>
<td>8/1/20</td>
<td></td>
</tr>
<tr>
<td>Notify CWIC if employer-sponsored health insurance is offered to discuss Medicare/Medicaid interaction</td>
<td>William</td>
<td>When employer-sponsored health insurance offered</td>
<td></td>
</tr>
<tr>
<td>Contact CWIC to discuss status of work CDR and receipt of Work Activity Report</td>
<td>William</td>
<td>10/1/20</td>
<td></td>
</tr>
</tbody>
</table>

**Beneficiary Signature:**

**Date:**

**CWIC Signature:**

**Date:**
Competency Unit 5 – Providing Individualized WIPA Services and Ongoing Follow-up

Introduction

CWICs sometimes are unsure about what it means to provide ongoing follow-up to beneficiaries. They may be confused about who should receive ongoing services, how often they should make follow-up contact, the purpose for making repeated contacts over time, and when they should stop follow-up.

To sort this out, begin by defining what follow-up means within the context of WIPA service delivery. Standard dictionaries define the phrase follow-up as “1. Continuation; 2. Further action or investigation or a subsequent event that results from and is intended to supplement something done before.” What this means is that WIPA services don’t stop once you complete the initial Benefits Summary & Analysis report and Work Incentives Plan. Services you deliver from this point forward involve actually implementing the WIP. That means helping the beneficiary use the work incentives and other recommendations to reach his or her employment goal. Follow-up is necessary to ensure that the beneficiary completes the action steps and to check in with the beneficiary to make sure everything is progressing as he or she planned.

Determining Who Receives Follow-up Services and for How Long

CWICs work with so many beneficiaries that it would be virtually impossible to provide ongoing follow-up services to every eligible individual. Fortunately, not all beneficiaries who receive services will want or need ongoing follow-up services. The question then becomes, “How do I determine which individuals need regular follow-up as opposed to those needing ‘check-ins’ on a very intermittent basis?”
The answer to this question requires a review of what follow-up means within the context of WIPA services. Follow-up is the act of implementing, or facilitating the implementation of, the Work Incentives Plan (WIP). Individuals who will need or benefit from ongoing contacts have completed the BS&A process and have indicated a desire or need to move on to the Work Incentives Planning phase. As indicated in the last unit, not everyone who gets a BS&A will work with the CWIC to develop a Work Incentives Plan (WIP). Some people will either not be ready to complete this planning phase, or won’t want or require assistance from the CWIC to move forward toward employment.

Quite simply, the WIP is the plan that drives follow-up contact. The action steps you outline in the WIP will determine the type, intensity, and duration of your follow-up services. Each beneficiary’s plan will be unique. You should outline the length of time you spend working with a beneficiary and the exact supports you provide in the current WIP. Action steps you detail in the WIP may involve intense assistance for a short period of time, lower levels of support spread out over months or years, or in some cases - both. There’s no minimum or maximum time frame for follow-up. It all depends on the beneficiary’s needs and preferences.

**When to Follow Up with Beneficiaries — Proactive versus Reactive Contacts**

High-quality WIPA follow-up services are “proactive” rather than reactive. Proactive services happen on a scheduled basis as a form of prevention. They identify and avert problems before they occur. Proactive follow-up has the following characteristics:

- Services are pre-planned;
- Contact occurs at scheduled intervals as agreed upon by you and the beneficiary;
- Interaction between you and the beneficiary, or other key stakeholders, is predicated on action steps identified in the WIP;
- Interaction provides an opportunity to reassess the individual’s employment and benefit status and revise the WIP if necessary; and
• Follow-up anticipates changes and reduces the occurrence of negative effects or benefit complications.

The following best practices are indicators that you are providing follow-up services in a proactive manner:

• Developing a WIP and keeping it updated and current;
• Conducting periodic “wellness” checks to determine if the plan is progressing without problems and to ensure that you don’t miss critical issues;
• Talking to the beneficiary at critical transition points. These are points in time or events that would potentially cause changes in benefit status and require your assistance. Examples include the start of a job, the end of the TWP, nearing the 18th birthday, an impending marriage, etc. Critical transition points are identified in the BS&A and addressed in the WIP when they become relevant to the beneficiary.
• Routine contact in the form of letters, phone calls, email messages, and benefits updates to keep the lines of communication open. The more contact a beneficiary has with you, the more likely he or she is to ask questions or provide status updates.
• Encouraging beneficiaries to contact you whenever they receive correspondence from Social Security. You can explain what the correspondence means and what actions are required (if any).

More on Critical Touch-points

Critical touch-points are points in time that would require your intervention. To identify critical touch points, you should identify the “when,” “what,” and “why” for each event or change:

• When will an event or change occur?
• Why is this a critical contact point?
• What information do you need to present or update with the beneficiary as a result of this event?
Consider Jaime, a married concurrent beneficiary who has recently started working. Jaime receives $320 in SSDI and $865 in earnings, and she and her husband each receive a reduced SSI payment. She is considering doubling her hours. Some of the potential “whens,” “whys,” and “whats” for Jaime include:

**When:** Her earnings increase and put her over the break-even point.  
**Why:** She will move into 1619(b) status and her husband will lose his Medicaid eligibility unless he also works.  
**What:** Discuss the SSI calculation, transition to 1619(b) and the criteria for eligibility, and the impact to her husband’s benefits and medical coverage (including options).

**When:** She completes her TWP months.  
**Why:** She will now be subject to SGA determinations and may experience a change in her SSDI.  
**What:** She will need to understand how Social Security makes SGA determinations and what potential work incentives might apply in her situation.

**When:** She engages in SGA.  
**Why:** Social Security will suspend her SSDI check, and she may move back into cash payment status for SSI.  
**What:** She will need to understand that the loss of the SSDI check will result in a resumption of the SSI cash payment. This will also affect her husband’s SSI eligibility; if he has been in suspension less than 12 months, Social Security can reinstate him without a new application.

Keep these questions in mind as you are developing WIPs and scheduling ongoing follow-up contacts. The following are some of the critical events that require contact between you and the recipient.

**Common critical touch-points for SSI recipients:**
- Start or end of employment
- Changes in earned or unearned income
- Reaching the Break-Even Point (BEP)
- Transition to 1619(b) status
• Identification and use of IRWE or BWE
• Changes in student status or attainment of age 22 for Student Earned Income Exclusion (SEIE)
• Approval of a PASS and subsequent review points
• Attainment of age 18
• Reaching insured status for Title II benefits (SSDI, CDB, DWB, Retirement Insurance Benefits [RIB])
• Changes in living arrangement, marital status, or resources

**Common critical touch-points for Title II beneficiaries:**

• Completion of the TWP
• Beginning and end of the EPE
• Identification and use of IRWE, Subsidy, or Un-incurred Business Expenses and Unpaid Help (if self-employed)
• Work CDRs and SGA determinations
• Beginning and end of Extended Period of Medicare Coverage
• Attainment of dual entitlement (CDB becomes insured on own record)
• Transition to retirement benefits (early retirement or Full Retirement Age)

**Common critical touch-points that affect both SSI recipients and Title II beneficiaries:**

• Cessation of benefits due to medical improvement
• Expedited Reinstatement eligibility
• Overpayments or underpayments

Follow-up is necessary at these critical touch-points to provide updates and develop new options that present themselves at each benefit-changing event.
Reactive Follow-Up and Crisis Management

In contrast to proactive services, a reactive follow-up approach is nothing more than crisis management. It occurs when a beneficiary (or CWIC) doesn’t plan for or isn’t prepared for a problem that arises. While a reactive approach is certainly not desirable, there will be times when it’s unavoidable. Even the most skilled and attentive CWIC will encounter unexpected situations. When a problem arises, here are some important elements to consider:

- Is this really a problem or crisis situation?
- Is the nature of the situation based on financial, social, medical, or vocational factors?
- Are others affected by this situation?
- Is this a work incentive or safety net issue?
- Does this situation involve other individuals?
- Is expertise needed outside of work incentives planning and assistance?
- Who is available to network with on this issue?
- The following list demonstrates some helpful “dos and don’ts” of crisis management.

Do’s and Don’ts of Crisis Management

DO

- Try to buy time in order to investigate the situation.
- Be sensitive to the individual’s problem and “legitimize” the complaint.
- Assure the individual that you’ll take steps to work with them to solve the problem. You are the “expert” — inspire confidence in your ability.
- Develop and implement an intervention plan that treats root causes of the crisis.
- Investigate the situation thoroughly, utilizing all available information services.
• Use the least intrusive method of intervention; move up the list of possible interventions.
• Use existing supporters and stakeholders in the intervention plan to maximize involvement.
• Be creative and have back-up plans prepared.

DON'T
• Abandon the person requesting your support if he or she requests your immediate attention.
• Accept the individual’s perceptions of the situation at face value without investigation.
• Evade the situation, come across as “wishy-washy,” sound unsure of your ability, or make excuses.
• Attempt to solve major problems by treating symptoms of a pervasive underlying cause.
• Assume you know how to handle the situation without investigation, or commit yourself to a specific plan of action without gathering information.
• Jump in with the most intrusive intervention strategy.
• Try to solve the crisis all by yourself without investing others in the solution.
• Assume that your first plan will always be successful.

Providing Effective Follow-up Services

Effective follow-up services are those that achieve the primary mission of WIPA — to promote employment and enhance financial stability for Social Security disability beneficiaries. This section describes common characteristics of follow-up services that successfully support beneficiary progression along the employment continuum.

Using a Future Orientation

Due to time constraints, you may be tempted to simply address the initial question or concern that the beneficiary presents. The problem with this limited approach is that the initial question is often just the surface of the
problem. In many cases, there are numerous issues or problems that you need to address, or there is information that the beneficiary needs but didn’t know enough to ask about. In order to be truly effective, you must provide services using a future orientation. A well-trained and experienced CWIC uses his or her benefits expertise to anticipate changes and plan for them before they happen. Future orientation means educating beneficiaries on the options that are available in the future such as possible eligibility for Impairment Related Work Expenses (IRWEs) or use of a Plan to Achieve Self-Support (PASS).

A future orientation is especially critical when you are counseling younger beneficiaries, such as those transitioning from school to adult life. Discussions about adult life issues and their implications for benefits, including living situation, marriage, death of a parent, or plans for post-secondary education, are important. All of these life issues relate to public benefits in one way or another. Having future orientation educates beneficiaries, their families, and disability professionals on the need to plan and think ahead in order to use work incentives to their greatest advantage.

Applying a future orientation does have its limits. You must strike a delicate balance between alerting beneficiaries about potential future events and confusing beneficiaries by discussing events that are years away or are very remote possibilities. A good rule of thumb is to only address issues that have a high probability of occurring and keeping discussions of those issues within the relative near future (one year to 18 months). If you are maintaining ongoing contact with the beneficiary, there’s really no need to cover every conceivable issue in one or two phone calls. The advantage of ongoing follow-up is that it provides you with lots opportunities to explain important issues as they appear on the horizon.

**Using a Customized Approach**

In delivering services, no two individuals are alike. It’s important to remember that every person you serve has a unique set of circumstances and needs. To be effective, follow-up services require customization. As with the types and intensity of services a beneficiary needs, the duration of follow-along planning and assistance services won’t only vary from person to person, but may also vary for a particular individual over time. For example, an individual whose case was inactive after several months of your assistance regarding a work or benefit transition may identify the
need for support in developing a PASS, or responding to a CDR notice at a later point in time. It’s important that WIPA services remain flexible and allow beneficiaries and recipients to move in and out of active service status as needed.

The dynamic interplay between employment, financial status, and benefits requires that you continually draw on an array of tools throughout the process of supporting benefits management. You may need to update to the BS&A and the WIP.

Collaborating With Other Members of the Employment Support Team

Proactive follow-up also includes contact and collaboration with other members of the individual’s employment support team. As previously mentioned, you can’t operate in isolation of other entities that are involved in the individual’s pursuit of employment. All partners in the beneficiary’s network should be regularly communicating. Each update and revision of the WIP will require collaboration with other stakeholders to identify additional tasks that you and they will need to complete in order to achieve the employment goal, and to take an active role in completing those tasks as laid out in the plan.

Members of the employment support team may include:

- Representative payees, authorized representatives, family members, other caregivers;
- Case Managers or Service Coordinators from either the MH or the ID/DD systems;
- VR counselors;
- Supported employment personnel;
- Residential services staff; and
- Advocates.

When you delegate action steps to other team members, your role shifts to that of facilitator or coordinator. You serve as the central point of contact for all benefits and work incentives issues and monitor progress the team and beneficiary make on action steps in the WIP. This is an efficient way for you to oversee follow-up services.
Sharing Responsibility with the Beneficiary

It’s important for beneficiaries to be responsible for their own plan and take initiative to complete action steps. Rather than foster dependency, you should encourage and support the beneficiary to complete necessary tasks, such as initiating contact with employment support team members, whenever possible. It’s important to be clear about action steps and expectations, and then check in with beneficiaries who miss due dates or fail to provide updates.

The Most Important Follow-Up Role for CWICs: Facilitating the Use of Work Incentives

The mission of WIPA is to promote employment and to enhance financial stability. To fulfill this mission, your core function is to identify the appropriate work incentives that apply in each individual’s unique situation, and to help him or her to use the recommended work incentives at the appropriate times. Work with the beneficiary to develop the documentation he or she needs to successfully use specific work incentives. Acting as a guide, teach beneficiaries how to manage their own benefits in the future. Benefits literacy is one of the keys to enhanced financial stability. You must keep your role of “facilitator” at the forefront.

Strategies for Success in Assisting Beneficiaries with Work Incentives Use

Assisting beneficiaries to use work incentives to further their vocational goals is a defining activity for CWICs and a service that is typically unavailable elsewhere in the local service array. Because this function is so critical, you must do it well. To get started on the right foot, you should adopt the following strategies:

1. Be Prepared

Advance preparation will ease the stress of making sure the appropriate work incentives are applied at the proper time. The beneficiary’s BS&A and WIP provide the framework for your work incentives assistance. Once beneficiaries become employed, teach them to save paycheck stubs, collect and keep receipts for any work-related expenses, and document any supports they receive on the job. Although they may not
need these documents, it’s essential for the beneficiaries to begin building good habits and recordkeeping.

2. Regularly Update the WIP

Update the WIP as soon as the beneficiary becomes employed, and map out future critical points that may involve further reporting, potential change in benefits status, end of the TWP or EPE, age 18 re-determinations, change in student status, change in marital status or living arrangement, and other situations. At this time, you should discuss all available options for each upcoming touch-point. If necessary, you should prepare an updated BS&A that outlines the new options the transition points present.

3. Keep Open Lines of Communication

Regular communication with beneficiaries is critical. You shouldn’t step back once you’ve prepared the WIP and assigned the action steps. Ongoing case management is essential, and regular follow-up with the beneficiary is of utmost importance. Although the WIP identifies critical transition points and appropriate action steps, unexpected events happen, and you must be in regular contact with the beneficiary to address changes as they occur. Remind the beneficiary that unless communication lines are open both ways, you can’t effectively and proactively assist with work incentives use.

4. Coordination is Key

Being a CWIC requires strong coordination skills. Actively collaborate with other members of the individual’s employment and support teams as the benefits or employment situation changes and you adjust the Work Incentives Plan to reflect those changes. Keep all key stakeholders informed about how the upcoming changes affect not only Social Security benefits and medical coverage, but also all other federal, state, and local benefits the beneficiary receives. Include other partners in the WIP actions as support to the beneficiary, but don’t assign action steps to parties without consulting them and getting their agreement.

5. Work Closely with Local Work Incentives Liaisons (WILs)

It’s helpful to develop and maintain a good working relationship with the WIL in each local Social Security office. This could help to pave the way for assisting beneficiaries with work incentives usage. In most offices, the WIL is the main point of contact for CWICs. Be aware that in many
offices, this is an added responsibility for Social Security employees who are already very busy. Your approach should be respectful of the WIL’s circumstances and appreciative of his or her assistance.

WILs can assist with proper work incentives application and facilitate contact with the appropriate Claims Representative for wage reporting by specific individuals. Each Social Security office is structured a little differently, and the WIL can help you understand the best approach for reporting wages, resolving issues, etc.

Tips for getting to know the local WIL include the following:

- Call to arrange an introductory meeting. It’s a good idea for this to be a face-to-face meeting, if possible. If the WIL isn’t available to meet face to face or the office is too far for a personal visit to be practical, introduce yourself by phone.
- When you meet with the WIL for the first time, ask about other key players within the office (post-entitlement CR, SSI CRs, back-up WIL, and Public Affairs Specialist).
- Give a brief description of your services and how you see interaction between your services and Social Security. Focus on discussing ways that your role with beneficiaries can be an asset to Social Security. Many of the things you do will make the jobs of Social Security employees easier.
- Ask for the WIL to identify the appropriate contact and preferred methods of communication for BPQYs and other types of requests for information.
- Ask if you can give a brief presentation during the next field office staff meeting. Periodically the WIL conducts informational staff meetings to relay important work incentive information to the other members of the Social Security office. This is a great time to talk about your services and introduce yourself.
- Offer to collaborate with the WIL and the Public Affairs Specialist on any presentations that they conduct in the area.
- Maintain regular contact with your WILs.
Work Incentives Development and Management

Regardless of whether the beneficiary uses work incentives during the initial eligibility process or once Social Security has established his benefits, a decision by a beneficiary to work and use work incentives should involve thorough up-front evaluation and planning to ensure an overall positive impact. First, make projections on the immediate effect of the earnings and the work incentive plan on cash benefits and the overall financial situation. Second, investigate the long-term effect of changes in both earnings and work incentive use.

Some basic questions you’ll need to address include the following:

- What happens if earnings increase or decrease?
- If the beneficiary reaches the vocational goal, will his or her benefits cease all together?
- What will be the effect on medical coverage?
- If the beneficiary will be using a work incentive to pay for a work expense that’s the result of his or her disability, will the IRWE or PASS be more financially advantageous?
- Will the work incentive allow for funding of a needed service on a long-term basis, or will it be necessary to explore other funding options?
- If the beneficiary accumulates money or resources under a PASS and the plan is interrupted, how will eligibility for SSI be affected?

Successful use of work incentives and smooth benefit transitions ultimately depend on a cooperative effort between beneficiaries, families, advocates, and Social Security. Proactive communication with Social Security will ensure that the beneficiary bases any decisions he or she makes about employment and work incentives on accurate information and projections.

The following sections provide specific instruction about the CWIC’s role in facilitating the use of the various work incentives associated with Social Security disability benefit programs. For a complete description of each individual work incentive, please refer back to Module 3 or Module 5.
**Title II Disability Benefit Work Incentives**

**Trial Work Period (TWP)**

You must carefully track TWP months. During this period the beneficiary will retain cash payments regardless of how much he or she earned. When the TWP ends, it’s possible that the benefits may cease due to work.

You should contact the beneficiary at regular intervals during the TWP as prescribed in the WIP to calculate monthly earnings and track TWP usage. Although a beneficiary may have a regular work schedule, don’t assume that he or she will use TWP months consistently. Actual pay period wages may fluctuate and cause earnings to differ from month to month. Use pay stubs to identify what the beneficiary earned, not just what the employer paid.

**IMPORTANT NOTE:** The Bipartisan Budget Act of 2015 simplifies post-entitlement SGA determinations by allowing Social Security to presume earnings were earned in the month they were paid. However, prior to applying this paid versus earned assumption, Social Security personnel will evaluate any readily available earnings verification sources and determine when earnings were earned. If Social Security has no other readily available evidence to determine when earnings were earned, the agency will use other sources of earnings verification even if the earnings source only documents when earnings are paid. This change in policy makes development of wages when earned during the TWP even more important for CWICs. Whenever possible, support beneficiaries to report wage information when earned as opposed to when paid.

When the TWP ends, assist the beneficiary with compiling the information he or she needs to complete the SSA 821 – Work Activity Report. Once he or she has completed the report, the beneficiary should submit it to the proper person in the local Social Security office.

You should also review the effect of having both earnings and the disability payment during the TWP on any other federal, state, and local benefits that the individual may be receiving. The ability to have unlimited earnings AND disability benefits during the TWP could result in changes to other benefits. Prepare the beneficiary for this potential
effect. Make suggestions for how to use his or her money during the TWP. Point out that this is a time he or she can either use the disability check to begin building savings and assets, or take care of past debts. Of course, be aware of other benefit programs that have asset limits, and remind the beneficiary to stay below these limits or look for allowable ways to save. The TWP isn’t only a time for testing the ability to work; it’s also a good time to start developing financial literacy.

**Strategies for Success**

- Verify any previous TWP use via the BPQY before developing the BS&A. Don’t assume that the BPQY is accurate. Request development of past earnings when appropriate.
- Be sure that you have researched any and all past employment and have charted for potential TWP use.
- Maintain contact with the beneficiary on a regular basis to review and track earnings on the TWP/EPE Tracking Chart.
- Educate the beneficiary about continued reporting, how to calculate earnings, and maintaining proper documentation for future use of other work incentives.
- Prepare the beneficiary for the next steps after completion of the TWP.

**Extended Period of Eligibility (EPE)**

Once beneficiaries conclude their TWP, maintain regular monitoring of their monthly earnings. Because this is the point at which Social Security may determine SGA, the start of the EPE is a critical transition point, and beneficiaries should learn how to calculate and report their monthly earnings to Social Security. Also at this time, communicate with the beneficiary about other work incentives that might apply to reduce “countable” earnings during the SGA determination. If applicable, work with the individual, the employer, or other providers to identify and document appropriate deductions. Remind the beneficiary that eligibility continues during the 36-month period; however, payment status may change based on countable earnings.

**Strategies for Success**

- Continue tracking wages with the beneficiary.
• Assist the beneficiary in completing of the SSA-821 - Work Activity Report immediately after what you calculate to be the ninth TWP month, or when Social Security requests it.

• If the beneficiary appears to be performing SGA, prepare him or her for the official letter that arrives from Social Security upon their review of the SSA-821. The first sentence begins, “...based on your report of earnings, you are no longer disabled...” Too often, the reaction to this letter is negative; the beneficiary may think the solution is to immediately quit the job — this isn’t the outcome that Social Security desires, and may not be to the beneficiary’s advantage. Proactive preparation can help to ease this moment of confusion and concern. If you anticipate that an overpayment is possible, prepare the beneficiary by explaining appeal rights and the ability to repay the overpayment over time.

• Educate the beneficiary on the advantages of the EPE and when to expect benefits payments. If Social Security ceases benefits during the EPE, explain how to get benefits back again if earnings fall below the SGA guideline.

• Update the WIP appropriately, and identify upcoming critical touch points for ongoing contact.

**Work CDRs and SGA Determinations**

Work CDRs occur when Social Security is aware that a beneficiary is working and has reason to believe that the work might represent Substantial Gainful Activity (SGA). Most often, this is initiated by the beneficiary’s report that earnings have changed. A work CDR is often preceded by a request that the beneficiary complete a Work Activity Report (SSA-821 or 820) or when Social Security interviews the individual and completes the work report in the eWork system. Social Security uses this report to gather comprehensive information about an individual’s work activity in initial, continuing disability, and reconsideration cases. The Work Activity Report is important. The way a beneficiary answers pertinent questions on the SSA - 820 and 821 can have a significant effect on whether or not Social Security determines the beneficiary is engaging in SGA-level work.

Many people think that SGA is simply a number — an objective, concrete dollar figure that Social Security establishes each year that represents the
upper limit a beneficiary can earn before the agency ceases his or her benefits. In fact, SGA is far more than just a number, and the SGA determination process is often far from being a simple “black or white” decision. Like all decisions, SGA determinations require that Social Security personnel gather the applicable facts, apply the appropriate rules and procedures, and use their best judgment to make a final decision. SGA determinations involve the interpretation of complex regulations as they may apply to a unique set of circumstances, so some degree of subjectivity is always at play. This gives Social Security personnel some flexibility, which usually works in the beneficiary’s favor.

By assisting the beneficiary during a work CDR, the CWIC can ensure that Social Security has the appropriate information to make the SGA decision. The CWIC should use the following strategies during the work CDR and SGA determination process:

**Strategies for Success**

- Ensure that the beneficiary knows what to expect when he or she is earning at various levels and help him or her understand how Social Security assesses work activity when making an SGA determination.

- Help beneficiaries complete the Work Activity Report accurately to give Social Security the most complete and useful information. Because it’s important in the SGA decision, failure to complete the Work Activity Report or filling it out incorrectly may have a negative outcome for the beneficiary.

- Social Security has a variety of tools that they can use to accurately assess countable earnings during the SGA determination process. CWICs need to be aware of these tools and how to use them so that they can help facilitate an accurate SGA determination. Remember that Social Security’s decision isn’t final until Social Security has notified the beneficiary of the proposed decision and he or she has had a chance to submit further information if appropriate. Refer to Unit 3 of Module 3 to review the tools Social Security uses in the SGA decision. The CWIC can assist with the process by helping to develop the beneficiary’s work history, if time permits. This could include gathering wage data, tracking countable wages on a month-by-month basis, and determining which months may qualify as TWP months, EPE months, and cessation and grace months (if
applicable). By providing this assistance, Social Security can make the SGA determination quickly and with results that are more accurate.

- If there is an adverse SGA determination, carefully examine the employment situation and probe for any unidentified work incentives that Social Security could have applied. The CWIC may uncover subsidy or IRWE that Social Security didn’t catch and the beneficiary didn’t report.

CWICs are an asset to Title II beneficiaries and busy Social Security employees in that they can help Social Security have the documentation they need to complete work CDRs and make correct and timely SGA determinations. This is a high-priority function in WIPA services.

**Developing Subsidies and Special Conditions**

Subsidy is difficult to explain to beneficiaries, employment support workers, and employers. When Social Security is determining if a subsidy applies, it’s important that the beneficiary realize that Social Security isn’t evaluating his or her work performance. Instead, Social Security is assessing if the disability has an effect on the “value of the work effort,” whether the value of the beneficiary’s work is commensurate with what the person is actually being paid, and whether the beneficiary’s work is comparable to work performed by non-disabled peers performing the same functions. It’s a subtle but important difference.

To determine if an employer subsidy exists, Social Security will ask the employer to compare the beneficiary’s work to that of a non-disabled co-worker. Workers with disabilities may need extra supervision or additional time to perform job functions. They may not be able to perform all of the duties listed in their job description, or they may need accommodations such as a flexible schedule, working from home, etc. The employer may be reluctant to describe the beneficiary’s work as being “worth less” than other employees for fear of offending the worker. You can help the employer understand the concept of Subsidy so they can assign a dollar value or percentage to the extra supervision, job duties not being performed, or lost productivity, when evaluating “value of the work effort” of the beneficiary, if applicable.

Special conditions are easier to document in that the evidence consists of support provided to the beneficiary by an agency or other third party.
Again, the beneficiary needs to know that the presence of a job coach or other on-the-job supports doesn’t lower the value of his or her work.

You may assist the beneficiary request approval of subsidy by preparing the proper documentation for Social Security. A template for the Subsidy Request is provided in the Conducting Independent Research section at the end of this Unit.

**Strategies for Success**

- Begin by asking probing questions about the individual’s employment situation.

- Investigate all possible indicators of subsidy or special conditions, and facilitate the development of appropriate documentation.

- If necessary, contact with the employer or supervisor to explain subsidy thoroughly, and give pointers on how to describe the actual employment situation to Social Security. Be sure that you have the beneficiary’s permission to speak with the employer.

- Remind the employer that any accommodations or subsidies they may be providing aren’t negatively affecting the beneficiary in the eyes of Social Security.

- Assure the individual that reporting indications of subsidy or special conditions is beneficial; he or she shouldn’t view it as negative.

- Use the Subsidy Request template provided at the end of this unit when helping a beneficiary document a subsidy.

**NOTE:** Social Security may apply special forms of subsidy in self-employment cases. These incentives are known as “unincurred business expense” and “unpaid help.” These forms of subsidy are developed differently than either an employer subsidy or special conditions. In self-employment cases, you may need to help beneficiaries track the costs of items a third party (VR or other source) purchased for their business, and you’ll need to explain that they should record and assign a value to any paid help friends or relatives provided the business. For more
information about these work incentives, refer to Module 3, Unit 8.

Work Incentives that Apply to Both Title II Disability Benefits and SSI

Impairment Related Work Expenses (IRWE)

There’s no limit to the types of expenses that may qualify as IRWE. Help the beneficiary identify qualified expenses and describe them in a manner that facilitates Social Security’s approval. When discussing potential IRWEs with beneficiaries, talk about methods of justifying and documenting the expense to Social Security. If there is doubt about whether or not the expense meets all of the tests for approval, make the best argument possible and submit it to the local Social Security office for review. Use the Impairment Related Work Expense Request template to gather the necessary information and submit it to Social Security. Assist the beneficiary with completing the template. The template is located in the Conducting Independent Research section of this unit.

If the Title II beneficiary is earning over the SGA level, explain that he or she may still meet the disability criteria if he or she has IRWEs significant enough to reduce his or her gross monthly earnings below the SGA level. Make sure Title II beneficiaries understand that Social Security doesn’t “reimburse” them for the IRWE. The work incentive merely allows Social Security to continue their benefits even if they earn more than the SGA guideline. A review of the calculation for an SSI recipient who has a qualified IRWE is also appropriate at this time. SSI recipients need to understand that Social Security will disregard half the out-of-pocket IRWE expense.

Strategies for Success

- Use the five criteria necessary for IRWE to pre-screen potential IRWEs. Refer to the list on the IRWE Request template at the end of this unit.
- Think “outside the box” when assisting individuals with identifying potential IRWEs. Not every possible allowable expense is listed in the Red Book or the POMS. If it fits the five required criteria, submit it for review.
- Remind the individual about the documentation he or she needs to collect and submit with the request.
• Use this opportunity to educate the beneficiary about future use of IRWEs and self-management of benefits.

• Continuously review when and how IRWEs apply and affect earnings for both Title II beneficiaries and SSI recipients. Remember, things change periodically and require updates of information.

• Be prepared for changes. Some IRWEs won’t last forever, some will change, and new expenses may qualify. Help the beneficiary prepare for changes that may come about in the future.

**Ticket to Work**

The Ticket to Work is an important employment support program for Social Security beneficiaries. WIPA services are critically important for educating beneficiaries about how to use the Ticket, in addition to other work incentives, to achieve their employment goals. CWICs should have in-depth knowledge of how Employment Networks (EN) operate, the services they provide, and eligibility procedures and criteria. CWICs can also give information to beneficiaries on assigning or re-assigning their Ticket, moving a Ticket in or out of inactive status, understanding the medical CDR protections, and the requirements for meeting Timely Progress. For a detailed discussion of these issues, refer to Unit 10 of Module 3.

**Strategies for Success**

• Screen all beneficiaries to identify eligible individuals who would benefit from or be strong candidates for Ticket use or assignment.

• Explain how the Ticket program functions and the benefits individuals receive. Encourage strong candidates to consider assigning their Ticket.

• Provide information about ENs in the area, and help the beneficiaries select an EN that best matches their service or support needs and preferences.

• Counsel beneficiaries on what constitutes “timely progress” for each 12-month review period in the Ticket program.

• Have current and complete knowledge of all ENs serving your service area and which ENs are currently accepting Tickets.
• Know what services the various ENs provide, their eligibility requirements, and any restrictions on services or eligibility.

• Refer beneficiaries to ENs based on individual service or support needs and preferences.

SSI Work Incentives

Student Earned Income Exclusion (SEIE)

The CWIC can facilitate a beneficiary’s use of SEIE by helping students, their families, and teachers understand how the exclusion works and when it applies. Refer to Unit 6 of Module 3 for detailed examples.

You should also ensure that Social Security correctly documents the beneficiary’s student status on their record so that they apply the exclusion correctly. Students often have varying class schedules, and sometimes those schedules include practicums or vocational components. Due to these complicated schedules, it can become questionable as to whether or not the student is still meeting the “regular attendance” requirement. See POMS citation SI 00501.020 Student (https://secure.ssa.gov/apps10/poms.nsf/lnx/0500501020).

Strategies for Success

• Verify student status with Social Security at time of BPQY request. If they don’t indicate that the recipient is a student, assist the individual in obtaining the appropriate documentation, and with subsequent submission of documentation.

• Maintain periodic contact with the student to monitor earnings, and update the projected length of the SEIE exclusion based on actual monthly earnings.

• Stress the enhanced financial outcome for the student by use of SEIE.

• Remind the student of critical times that he or she would need to notify Social Security of any changes in status, and prepare the student for the effect of change in status to the SSI benefit.

• Remind students that the SSI resource limits still apply while the SEIE is in effect. If the student saves too much earned income, ineligibility for SSI or 1619(b) may result. Keep PASS in mind as a possible strategy for beneficiaries if their assets might exceed
the resource limit and they need to purchase goods or services for a vocational goal.

**Blind Work Expenses (BWE)**

It’s safe to assume that any SSI-eligible individual who receives benefits due to blindness and has more than $65.00 in earnings has deductible Blind Work Expenses (BWEs). Encourage beneficiaries to keep receipts for any potentially applicable deductions. Thoroughly review the expenses that could qualify as BWE deductions. Similar to the IRWE request template, facilitate the beneficiary’s use of the BWE Request template when reporting to Social Security. When working with concurrent beneficiaries, remember that BWEs only apply to SSI, but the Title II benefits have a higher SGA level for an individual who is blind, and items that qualify as BWE may qualify as an IRWE deduction for Title II. Refer to the comparison chart in [SI 00820.555 – List of Type and Amount of Deductible Work Expenses](https://secure.ssa.gov/apps10/poms.nsf/lnx/0500820555).

**Strategies for Success**

- Use the criteria necessary for BWE qualification to pre-screen potential expenses. Refer to the list on the BWE Request template at the end of this unit.
- Think “outside the box” when assisting individuals in identification of potential BWEs. Not every expense that qualifies as a BWE will be listed in the Red Book or in the POMS.
- Remind the individual what kind of documentation he or she will need to collect and submit with the request.
- Use this opportunity to educate the recipient about future use of BWEs and self-management of benefits.
- Continuously review when, and how BWEs apply and the effect of earnings for SSI recipients.
- Be prepared for changes. Some BWEs won’t last forever, some will change, and new things may qualify.

An ancillary role for the CWIC is to help the individual to communicate with Social Security if the BPQY doesn’t indicate blindness as the disability. In some cases, an individual meets the statutory blindness definition, but isn’t coded as such in Social Security’s system. See DI
**26001.001 – Definition of Blindness**


If Social Security’s record doesn’t show the beneficiary meets the definition of statutory blindness, but the beneficiary is blind according to his or her doctor, Social Security can add blindness as one of the disability diagnoses. Social Security will do this only when it’s material to the determination Social Security is making. For example, when the person has wages above the non-blind SGA level, but under the blind SGA level, Social Security would ask the state DDS to make a decision regarding the person’s blindness. Similarly, an SSI beneficiary with earnings from work would always be better off if Social Security uses BWE, so it would be appropriate for Social Security to make a determination in that situation.

**Work Incentives Related to Medical Coverage and Other Considerations**

**Extended Medicare Coverage**

As was discussed in Module 4, Unit 2 - Understanding Medicare, only Social Security can tell a beneficiary when his or her premium free Medicare coverage will end. The rules governing EPMC are very complex, and different rules apply depending on when the beneficiary engaged in SGA. To estimate the month that Medicare will end, the CWIC would have to know when the TWP ended and exactly when SGA occurred (the cessation month). Social Security employees use a software program known as the Medicare Wizard to determine the month in which the EPMC may end if earnings continue as the beneficiary predicts.

**Strategies for Success**

- Explain to beneficiaries that when earnings cause the loss of cash payment, premium-free Part A will continue because of the EPMC.

- Counsel beneficiaries that they will have to pay Medicare Part B premiums out of pocket once cash payments end. Social Security will bill the individual once per quarter for these Part B premiums, or the individual may pay the premiums monthly as a deduction from a bank account. Beneficiaries need to prepare for this additional expense, because Medicare bills the first quarter of coverage in advance.
Beneficiaries may be eligible for a Medicare Savings Program like QMB or SLMB (see Module 4). Even though the beneficiary has earnings, he or she may continue to be eligible for help paying his or her Medicare premiums. Part of your responsibility is to identify whether or not beneficiaries may access this support.

Beneficiaries can continue to participate in Part D prescription drug coverage as long as entitlement to Part A or Part B continues. Like the Part B premium, individuals may continue to be eligible for full or partial “Extra Help” with their Part D premiums and co-pay amounts. Refer to Module 4, Unit 2 for a review of who qualifies for the Extra Help and how to apply.

CWICs need to stress that even after EPMC coverage expires, beneficiaries can purchase Medicare coverage. This program is called Medicare for the Working Disabled. If the person meets financial requirements and isn’t eligible for Medicaid coverage, he or she may receive help paying the Part A premiums by accessing the Qualified Disabled Working Individuals option. See Module 4, Unit 2 for details.

**1619(b) Extended Medicaid Coverage**

The 1619(b) Extended Medicaid provision is explained in detail in Module 4, Unit 1. Eligibility for 1619(b) begins when the beneficiary’s countable income is high enough to cause the SSI payment to be reduced to zero. This is referred to as the “break-even point.” Calculating the break-even point (BEP) is the first step in helping SSI recipients understand 1619(b). The BEP may be different for each person because Social Security bases it on the amount of earned and unearned income the person has. For SSI recipients who have no unearned income, the break-even point is determined by reversing the countable income calculations. Instead of subtracting $20, $65, and dividing wages by two, you would take the Federal Benefit Rate (FBR), multiply it by two, and add the $65 and $20 exclusions.

If the person has any unearned income, including deemed income or in-kind support and maintenance, the “break-even” point is lower. The application of work incentive deductions would also cause a change in the BEP calculation. An example of determining an individual’s BEP is provided below:
**Example of how to calculate BEP:**

Louis receives $200 in Childhood Disability Benefits. He also receives SSI, and lives alone. To calculate Louis’ BEP, first calculate his benefit not considering his earnings:

- $200 − $20 general income exclusion = $180 countable unearned income.
- $783 (FBR in 2020) − $180 (Louis’ countable earned income excluding wages) = $603.
- To calculate Louis’ BEP, multiply this total by 2, and add $65. The $20 exclusion wasn’t added because it applies to his unearned income. Louis’ BEP would be $(603 × 2) + $65, or $1,271.

Not everyone who loses eligibility for SSI cash benefits will be eligible for 1619(b) Medicaid coverage. To be eligible for this important work incentive, individuals must meet five criteria and must continue to meet these criteria to retain Medicaid over time. It’s imperative that beneficiaries understand that they must meet ALL 1619(b) eligibility criteria for extended Medicaid coverage to continue uninterrupted. These criteria are explained at length in Unit 1 of Module 4.

In addition, CWICs need to understand that 1619(b) coverage doesn’t occur automatically when cash benefits cease due to earned income — even when the beneficiary meets all five eligibility criteria. Social Security personnel must enter a special code on the SSI record at the same time the SSI payment stops in order for 1619(b) status to begin. CWICs need to warn beneficiaries to check with Social Security when they reach their BEP to make certain that Social Security has established their eligibility for 1619(b) and noted it in the State Data Exchange (SDX). The state Medicaid agency uses these computerized files to determine who is eligible for Medicaid. If Social Security hasn’t made the notation in the SDX rolls, Medicaid eligibility could mistakenly end.

Some individuals will achieve earnings that are above the state charted threshold amount (see 1619(b) discussion in Module 4). Even though earnings exceed the state threshold, these beneficiaries may retain eligibility to Medicaid under the 1619(b) provisions by asking Social Security to develop an “individualized threshold.” To do this, Social Security gathers the person’s actual Medicaid costs, as well as the costs of publicly funded attendant care. They also look at the use of work
incentives such as PASS, IRWE, and Blind Work Expenses. If any of these factors permit the threshold to go above the charted amount for the state for that year, the person may be able to retain essential medical coverage. It’s critical that you know the 1619(b) threshold for your state, and that you inform beneficiaries with high earnings about their possible access to this safety net. In particular, advise beneficiaries with higher-than-average medical costs that they may be entitled to an individualized threshold for 1619(b).

**Other 1619(b) Considerations:**

While 1619(b) provisions offer excellent Medicaid coverage for individual SSI recipients who work, there are some complications for SSI-eligible couples (meaning two SSI recipients married to one another). Because 1619(b) is a work incentive, BOTH members of the eligible couple must be engaged in work in order for both to benefit from 1619(b) extended Medicaid. If only one member of the couple is working, only that individual continues Medicaid coverage under 1619(b). The other individual loses both cash payment and SSI-related Medicaid when the working partner causes the couple to exceed the BEP. You must warn couples about this issue to avoid potential loss of critical health insurance when only one member of a couple works. The non-working member may qualify for a different category of Medicaid, or another type of health coverage altogether.

**“Extra Help” – the Low Income Subsidy**

Many beneficiaries served will be participating in Medicare Part D prescription programs and will be receiving the Low Income Subsidy (LIS) or “extra help.” It’s critical that you explain how a beneficiary’s employment might affect his or her low-income subsidy. As was explained in Module 4, individuals can apply for the subsidy or they can be “deemed” eligible because they already have an attachment to Medicaid. It’s important to identify which category the person is in and advise him or her appropriately on the potential effect of earnings.

**Strategies for Success**

- Counsel beneficiaries on what are “subsidy changing events” versus “other events.”
- Prepare beneficiaries for their reporting and follow-up responsibilities following one of those events.
• Project changes to the low-income subsidy, i.e., reduction in the percentage of extra help, termination, or renewed eligibility.

• Remind those who are dual eligible of potential changes if their “deemed” eligibility status changes.

• Show the beneficiary how Social Security counts earning when they calculate extra help eligibility and percentage of help amounts. Remember to include the IRWE or BWE deductions if applicable.

Use the LIS calculation sheets supplied in the initial training handouts to conduct your analysis of continued eligibility for the low-income subsidy, either full or partial, if “deemed” eligibility doesn’t apply. The LIS calculation sheet is also available on the VCU NTDC website (https://vcu-ntdc.org/resources/viewContent.cfm?contentID=185)

QMB, SLMB, and QI – the Medicare Savings Programs

Many beneficiaries get help with the Part B premium through a Medicare Savings Program and need to understand the potential changes in eligibility when they begin working. CWICs must have up-to-date information on their state programs regarding income and resource limits in order to counsel beneficiaries appropriately. Changes in earnings can very quickly change a beneficiary’s status in regards to the various MSPs. Remember that helping someone to see the total financial picture means advising him or her on all benefits.

Strategies for Success

• Know the parameters for your state regarding income and resource limits for QMB, SLMB, and QI, or know if a “state buy-in” exists for people who have SSI-related Medicaid.

• Be alert to changes in income that will move an individual from one MSP coverage category to another, or will cause ineligibility for any of the MSP categories.

• Prepare the beneficiary for the anticipated changes and offer alternatives.

• Be sure to show the beneficiary the overall financial outcome. It may seem that he or she is losing more than he or she is gaining; however, seeing the total dollars and cents of all benefits will put the beneficiary’s mind at ease.
• Use the MSP calculation sheet supplied in the initial training handouts to conduct your analysis of continued eligibility for the Medicare Savings Program. The MSP calculation sheet is also available on the VCU NTDC website (https://vcu-ntdc.org/resources/viewContent.cfm?contentID=184)

Eligibility for the State Medicaid Buy-In

Many states have a Medicaid Buy-In program for people with disabilities who work. You must know about eligibility requirements, income and resource limits, and how beneficiaries can access these programs. This is a critical work incentive that needs to be part of your benefits advisement. Loss of medical coverage is one of the main fears that prevent beneficiaries from pursuing work. Offering accurate advisement on how to access additional coverage is critical to the beneficiary’s overall self-sufficiency.

Strategies for Success

• Understand all the requirements for your state’s Medicaid Buy-In.

• Be aware of the coverage that is provided and share that with the beneficiary — consider if participation in the Buy-In automatically covers part B premiums, deductibles, and co-payments; what premiums must a beneficiary pay to participate, etc.

• Remember that participation in the Buy-In is a door into Medicaid that makes the person “deemed” eligible for the part D Low Income Subsidy.

• Regularly update the WIP to reflect changes based on earnings and resources.

Other Protections for Title II Disability Beneficiaries and SSI Recipients

Expedited Reinstatement (EXR)

Beneficiaries have two options to become entitled to payments again if they lose benefits due to work activity: reapplication and Expedited Reinstatement, (EXR). Under both Title II and Title XVI, beneficiaries may receive provisional payments under EXR while they await a disability
decision. Under the SSI program, the difference between reapplying and requesting EXR is minimal outside of the advantage of those provisional payments. Under the Title II disability programs, computation issues, or possible entitlement on a CDB or DWB’s own work history, make the decision more complex. It’s important for beneficiaries under both programs to understand that EXR is an option and a protection. A document called “Comparison of EXR and Reapplication” is provided at the end of this unit, and compares the various advantages and disadvantages of each option. This chart can be a helpful tool when you’re discussing EXR as an option.

Title II disability beneficiaries should discuss this choice with a Social Security employee before making a final decision because of the potential consequences to the person’s benefit amount. The beneficiary should take proof of the prior year’s wages and the latest paystub for the current year to the meeting with Social Security. Provide the beneficiary with specific information about how to request this work incentive from the local Social Security office. Prepare beneficiaries to use the Red Book to make sure Social Security personnel understand what the beneficiary is requesting.

**Strategies for Success**

- Prepare the beneficiary to clearly describe how the disability of record (or a related condition) contributed to the current inability to engage in SGA.

- Make sure the individual understands that provisional benefits (if awarded) only last for a maximum of six months. If Social Security hasn’t completed the disability determination by the end of the six months, payments and health insurance will stop until they make a determination.

- Make sure the beneficiary takes current medical records or contact information, including accurate addresses for healthcare providers, with them to the interview.

- Explain to the beneficiary that provisional payments are unlikely to create an overpayment even if he or she has medically improved and Social Security denied reinstatement. Keep in mind, however, that provisional payments can be overpayments if the Family Maximum is involved, or if the person is otherwise
ineligible for benefits. An example might be a beneficiary incarcerated due to a felony conviction.

- Explain that once Social Security makes 24 months of EXR payments to the beneficiary, a new TWP and EPE will be available if the beneficiary decides to return to work.

**Section 301**

While Section 301 isn’t a work incentive, per se, it’s possible that a beneficiary pursuing work might need the protection this provision offers. Remember, the opportunity to use Section 301 only arises when a beneficiary has had an adverse medical review and he or she is participating in an approved vocational rehabilitation program that will result in the likelihood of remaining off benefits. You may be working with beneficiaries pursuing employment when Social Security makes a decision of medical improvement, and will need to advise the beneficiary on the potential applicability of Section 301 and the protections afforded by it. Section 301 is also critically important to the SSI child who doesn’t qualify for SSI as an adult. For detailed information about **Section 301 provisions**, refer to the resource document posted on the VCU NTDC website (https://vcu-ntdc.org/resources/viewContent.cfm?contentID=37).

**Strategies for Success**

- Inform and educate youth and parents prior to the age-18 redetermination.
- Be alert for medical diary dates indicated on the BPQY and offer information and options to beneficiaries in a timely manner.
- Be aware of the beneficiary’s employment support team and connection to a vocational program.
- Remind Title II beneficiaries that work incentives don’t apply if they begin receiving Section 301 benefits.
- Ensure that the beneficiary and their stakeholders understand when or why they are no longer eligible for WIPA services.
Benefits Literacy — Teaching Self-Management of Benefits

The concept of “benefits literacy,” part of an individual’s “financial literacy,” has risen out of the current emphasis on teaching individuals to manage their finances. The phrase “benefits literacy” means acquiring a basic understanding of the internal workings of public income maintenance programs such as Social Security disability benefits, Medicaid or Medicare, SNAP, HUD rental assistance, or any other income support a beneficiary receives. Far too often, beneficiaries aren’t aware of the rules governing eligibility and benefit amount for these programs. Because of this, they sometimes make decisions that inadvertently cause financial harm. Unfortunately, public support programs typically don’t take an educational approach with users. Government workers who deal with public income maintenance programs generally have enormous caseloads and have little time to make sure beneficiaries understand the complex regulations surrounding benefits. If beneficiaries aren’t familiar with the rules, they are unable to direct the course of their benefits.

To truly be empowered, Social Security disability beneficiaries need training and technical assistance on managing their public benefits. The first step in this educational process is helping beneficiaries understand the basic eligibility requirements of the various programs. Because most of these programs are means-tested, the training would focus on understanding how income and resources affect entitlement and payment amounts. The next step is to teach individuals about the effect of earned income on the benefits. This would include information on the work incentives built into the various programs. Ultimately, the goal is to provide information that encourages work and enhances financial independence through informed choice.

Another area of concern to beneficiaries, family members, and service providers is knowing what information the beneficiary needs to report to the various governmental agencies. Failure to report critical information in a timely fashion may cause an overpayment in benefits. You must teach beneficiaries what to report, when to report, and how to report. As part of this, you must teach beneficiaries how to keep records and documentation, and how to stay organized. They also need to understand how to communicate information to governmental agencies to ensure agencies act on the information the beneficiary provides.
In addition, beneficiaries and their representative payees need to understand their responsibilities in terms of entitlement to benefits. Beneficiaries often think that whatever payment they receive must be correct because the governmental agency understands the rules and must be applying them correctly. Instead, they need to accept primary responsibility for knowing what they should be receiving and behaving proactively to recognize and correct mistakes if they occur.

Finally, many beneficiaries need targeted training and support on how to avoid the most common benefits problems. Many of the minor problems that occur can be fixed with a minimum amount of time and effort. In some cases, it may be necessary to get help from a trained CWIC, but this isn’t always the case. You can empower individuals to take active control of their benefits. Teaching beneficiaries to help themselves lessens their dependency on you and expands the capacity of WIPA services.

**Strategies for success in advancing benefits literacy include:**

- Consistently keep the individual involved in the process.
- Give plenty of supporting examples and resource materials for future reference.
- Empower the beneficiary to take the lead on interaction with Social Security.
- Show beneficiaries how to request benefit providers to apply work incentives and how to collect appropriate documentation.
- Act as a mentor and guide the beneficiary through difficult processes.
- Give positive feedback and encouragement.
- Recognize achievements and accomplishments in mastering tasks such as documentation, earnings reports, communications with Social Security, etc.
- Be available to answer questions.

The following best practices are indicators that CWICs are actively working to improve the benefits literacy of the individuals for whom they are providing services:
• Use informational mailers, periodic newsletters, fact sheets, or other written updates to share information with beneficiaries.

• Develop creative ways to help beneficiaries gather wage information. This may be as simple as putting paycheck stubs into a shoebox, or as complex as using specially designed Work and Wage Calendars. Whatever method you choose, take the time to actively teach beneficiaries to use it correctly, and make periodic checks to ensure that information gathering continues uninterrupted.

• Enclose cover letters with pay stubs you mail to Social Security or other agencies to make certain the information gets to the right person in a timely fashion. In addition, using cover letters is a good way to highlight the use of special work incentives. An example of a useful form for reporting employment related information is in the Conducting Independent Research section of Unit 4 in this Module.

• Help beneficiaries stay organized by providing them with a benefits planning binder, notebook, or folder. This binder will serve as a repository for all benefits information such as BPQYs, BS&A reports, WIPs, correspondence to and from Social Security, and other relevant information. You can set up the binder into ready-made sections with dividers and train beneficiaries on how to file information for easy retrieval.

• Offer short seminars or informational sessions on a variety of benefits topics of interest to beneficiaries, families, and disability professionals. Keep the sessions short and provide plenty of notice so beneficiaries can plan ahead to attend. Schedule them in the evenings or on weekends to ensure that working individuals can attend.

• Include other concerned professionals in all training or information sessions. It’s important for disability professionals and special educators to have a basic understanding of public benefits and how earned income may affect these programs. Because so much misinformation gets passed around among professionals, investing time in teaching them the facts may pay significant dividends in the future.
• Encourage and support beneficiary participation in WISE events. Detailed information on WISE events conducted by the Ticket Program Manager (TPM) contractor is provided in Module 2.

Part of an individual’s path to financial independence includes reducing reliance on professional supports. Educating beneficiaries on how to manage their own benefits is a very important service CWICs can provide.

**Reporting Earnings**

Teaching beneficiaries how to correctly report earned income to Social Security and other agencies providing public benefits is an important job that CWICs perform. It’s essential to note that you aren’t responsible for reporting wages on behalf of beneficiaries. However, you should help beneficiaries develop methods for organizing wage information and assist in the preparation of earnings reports.

**Work Reports within the Title II Disability Program**

Advising Title II beneficiaries on when and how to report work is one of the greatest challenges you’ll face. As a general rule, beneficiaries must promptly report any changes in work activity. They must tell Social Security right away if:

- Work starts or stops;
- Duties, hours, or pay changes; or
- They stop paying for items or services they need for work due to the disability.

How work activity and earnings affect benefits varies with each beneficiary’s situation. Essentially, beneficiaries should report any change in work activity. The change may affect the beneficiary’s payments or work incentives status. For example:

- TWP months have been used or the TWP has been completed;
- Payments should be suspended during the EPE;
- Payments should be reinstated during the EPE;
- Payments should terminate because the EPE has been completed, and the person has demonstrated the ability to perform SGA;
• After termination of payments, a person should request Expedited Reinstatement (EXR) or reapply due to a drop in earnings.

Assisting beneficiaries in reporting work changes and helping them to understand how the changes may affect their benefit status is very important. Social Security’s work report and review processes can be confusing. Here are some of the reasons:

• Work decisions are almost always retrospective. Social Security reviews work activity that has already occurred. Social Security personnel try to reconstruct a pattern of past work activity to determine if a beneficiary was due payments or not. Your role, however, is to anticipate and help the beneficiary understand what may happen in the future, when and if work activity occurs. One of the challenges with this is that Social Security only applies work incentives like Impairment Related Work Expenses (IRWE) and subsidy once the person’s gross earnings have exceeded the applicable SGA guideline. If Social Security doesn’t approve the deductions, the person may be overpaid.

• The Title II program generally uses the amount a beneficiary earned in a month, rather than the amount he or she was paid when assessing whether or not work activity should affect payments. This can be confusing to beneficiaries. The pay stub itself is an easier measure to consider as a concept of earnings than a computation of hours worked multiplied by the hourly wage. The pay stub, however, would provide misleading information in situations where a person’s check represents work activity in more than one month, as often happens at the beginning or end of the month.

IMPORTANT NOTE: The Bipartisan Budget Act of 2015 simplifies post entitlement SGA determinations by allowing Social Security to presume earnings were earned in the month they were paid. However, prior to applying this paid versus earned assumption, Social Security personnel will evaluate any readily available earnings verification sources and determine when earnings were earned. If Social Security has no other readily available evidence to determine when earnings were earned, the agency will use other sources of earnings verification even if the earnings
source only documents when earnings are paid. This change in policy makes development of wages when earned during the TWP even more important for CWICs. Whenever possible, support beneficiaries to report wage information when earned as opposed to when paid.

• Different Social Security field offices may process work reports differently. In some offices, a particular workgroup or the WIL may process the work activity reports. In other offices, the workload is distributed alphabetically among all Title II CRs. Without knowledge of the office staff and how the work distribution occurs, you may not know the best contact person to receive a particular beneficiary’s report. The local office WIL can help you understand how each office operates.

• Beneficiaries don’t realize that telling Social Security about work is only a work activity report if a Social Security employee looks at the pattern of work, and makes a decision. They are unaware of the structure of the agency and often feel that calling the 800-number in one month and receiving their payment the next month means that Social Security properly processed the report.

• Even when a beneficiary reports work with pay stubs at the local office, the office staff doesn’t examine every month for effect on Title II benefits. Often, the Social Security employees taking reports aren’t the decision-makers. Instead, the front-line staff that takes the report gives the beneficiary a receipt and enters the data into the computer system, but they don’t examine it to determine if benefits should stop. Meanwhile, the beneficiary believes he or she has met all responsibilities to report work and assumes that the staff will determine any effect as soon as possible.

• eWorK is a system that Social Security employees use when making decisions about work activity. Prior to eWork they completed their decisions manually. The eWork system has significantly improved Social Security’s service to working beneficiaries. This system produces receipts when staff makes work reports and keeps track of the amounts the beneficiary earns. However, eWork doesn’t do anything more than store the reports until a Social Security employee looks at the work the
beneficiary reported, evaluates earnings and applicable work incentives, and makes a decision.

**New Reporting Option:** In September of 2017, Social Security released a new wage reporting application behind the *my Social Security* portal. Now, people who receive Social Security Disability Insurance (SSDI) benefits and their representative payees can report wages securely online. This new option makes it faster and easier than ever before for SSDI beneficiaries and their representative payees to report wages; they can avoid visiting a field office to report their wages in person and they can print or save a receipt of their report. When beneficiaries sign up for, or log into their *my Social Security* account, they will have access to this application on their desktop, laptop, and mobile device. After beneficiaries report their wages online, they can save or print a copy of their receipt. There are some limitations to using this online reporting information. To learn more about the New Wage Reporting Application [to blog.ssa.gov](https://blog.socialsecurity.gov/new-wage-reporting-application/).

**What CWICs Can Do**

Social Security is actively seeking solutions to the challenges outlined above. Until the time that the systems are perfected, however, you have to educate beneficiaries to make reports as painless as possible for everyone.

Here are some strategies for success:

- Get to know how the offices in your catchment area process work reports. This may mean frequent visits to talk with staff, to get to know them — particularly the WIL — and to ask in what manner they prefer beneficiaries to make reports effectively and efficiently.

- Explain to beneficiaries that work reports and reviews under the Title II programs are complex. Tell them that Social Security doesn’t rely on accessing earnings from the IRS records to make work decisions; instead, it’s up to the beneficiary to report work, provide wage data, and to report changes in work activity.

- Make sure that beneficiaries understand that in addition to reporting work, they must provide wage data, and receive a receipt. Also, teach beneficiaries to keep a good record of all contacts with Social Security. Whenever a beneficiary makes a
work report, have him or her keep all the receipts and pay stubs. Remind the beneficiary also to keep all of the IRWE receipts, letters regarding subsidy, or any other evidence that may help prove appropriate work incentives in the future. He or she should submit these at the same time he or she makes or repeats work reports. At the end of this module, there are worksheets you can use to facilitate reporting of the use of appropriate work incentives.

- As part of your WIP, make sure the beneficiaries know the “critical touch points” for their particular circumstances. When possible, map out the dates on the WIP when reports would be most effective.

- As part of your proactive follow-up plan, check with beneficiaries to ensure that they make reports when important events occur. For example, if you know that a beneficiary will complete his or her TWP in four months, put a mark on your calendar to check to make sure the beneficiary made the report. Did he or she keep receipts? Did he or she give Social Security receipts or other evidence to show that he or she used work incentives?

- Each beneficiary’s situation is unique. The critical piece is to educate beneficiaries, so that they can be proactive.

When Work Reports Aren’t Timely

One of the best tools you have to evaluate whether or not beneficiaries have reported work is the Benefits Planning Query (BPQY). The BPQY draws information directly from five different Social Security database records. The BPQY also provides IRS earnings information. Occasionally, you’ll find an extensive work history that the beneficiary hasn’t reported, or that Social Security hasn’t adjudicated to determine the effect on Social Security Title II payments. Use the BPQY as a tool to determine the need for reporting past work history.

The TWP information is one piece of information that is often incorrect on the BPQY. The BPQY shows the TWP dates from the most recent work CDR determination. A work CDR may be pending or overdue, so the dates on the BPQY may not be current. Here are some guidelines on how to use this information as part of your analysis:

Compare the TWP field to the earnings and:
• If earnings are present, and the TWP is showing as having been completed, it should be correct.

• If no earnings are shown or alleged by the beneficiary since the date the disability benefits began, and no TWP months are used, it’s likely to be accurate.

• If earnings are shown, but no TWP months are indicated, explore further.

It’s at this point that the beneficiary may need to report his or her earnings. The CWIC can be instrumental in helping this happen in a productive way, by helping the beneficiary gather evidence of work activity and work incentives to help the Social Security have all of the information necessary to make an appropriate decision, and help the beneficiary anticipate what might happen as a result of the work report.

Keep a few things in mind:

• Earnings may not show for the most recent calendar year because there may be a lag crediting the person’s earnings.

• Earnings that represent sick pay, separation pay, vacation, etc., aren’t counted during Title II work reviews. Often beneficiaries will show earnings the year after disability onset that may simply represent a payout of vacation or sick pay, or disability payments.

• If you look at the monthly breakdown of SSI earnings instead of the annual earnings, remember that the SSI program bases determinations on the wages received, not the wages earned in a month.

• Remember that the beneficiary should make self-employment reports when the work activity begins, but Social Security can only review work activity when the person’s self-employment tax return is complete. Social Security needs the self-employment schedules from the tax return to make accurate determinations.

• Social Security’s computer system will send alerts to the field offices when IRS recorded earnings show up on a disabled beneficiary’s record. It may take years for Social Security to act upon the alert, and that may mean an enormous overpayment. Instead, proactive intervention from you may expose
undeveloped past work earlier and will likely help the beneficiary in the long run.

Finally, remember CWICs don’t make these work decisions. Only Social Security personnel can make work activity determinations. Be careful about making predictions and don’t guarantee anything.

A Note about Self-Employment

If a beneficiary is self-employed, he or she should report the earnings when the work begins and when there is change. He or she should submit proof of the self-employment activity annually after completing his or her tax return.

If the beneficiary hasn’t completed the TWP, Social Security may also request a monthly breakdown of profit and loss. The tax return is critical, however, because it shows all of the deductions and the net profit, rather than an estimate. For this reason, it’s particularly important that beneficiaries who are self-employed report their tax liability to the IRS early in the next year. They can then take a photocopy of the finalized IRS 1040 and associated tax forms to the Social Security office, along with proof of deductions for IRWE, unpaid help, and unincurred business expenses.

Reporting for the SSI Program

SSI is a very different program, and requires different protocols for reporting wages or other income. Because SSI is income sensitive, frequent and timely reporting can help the beneficiary receive proper payment. One challenge with monthly reporting, however, is that it generates monthly notices that may confuse the beneficiary. If that is particularly stressful, the beneficiary may wish to estimate future income with Social Security.

It’s also valuable to keep in mind that self-employed beneficiaries should estimate their net earnings from self-employment (NESE) as accurately as possible. Remember, in the SSI program, NESE is always averaged over the entire calendar year, regardless of when the beneficiary earned the money in the calendar year. For this reason, estimates that significantly change annual self-employment income can drastically affect benefits, because they affect the entire year, rather than a single month.
Automated Wage Reporting

SSI beneficiaries now have two convenient ways to report monthly wages. The first is the SSI Telephone Wage Reporting system (SSITWR), which permits beneficiaries or their representatives to call a toll-free number to report the prior month’s gross wages. Second is a mobile application that allows for monthly wage reporting using smartphone technology. Beneficiaries can download and install the SSI Mobile Wage Reporting (SSIMWR) application on an Apple or Android device. Both systems will accept wage reports on any day during the current month, but you should advise beneficiaries to report wages during the first six days of the month to prevent improper payments. Regardless of which method a beneficiary chooses to report wages, he or she can sign up online to receive a monthly e-mail or text message wage-reporting reminder (http://www.socialsecurity.gov/disabilityssi/ssi-wage-reporting.html).

The use of the automated system is somewhat limited because it doesn’t permit deductions for the work incentives that beneficiaries may access. If a beneficiary doesn’t have work incentive deductions, use of this system is a valuable tool. The individual will be required to authenticate his or her Social Security number, name, and date of birth. The system will mail a wage receipt to the beneficiary or his or her representative payee (https://www.ssa.gov/disabilityssi/ssi-wage-reporting.html).

The wage reporting system works well for:

- Parents or spouses who aren’t disabled and need to report income that will be deemed to the beneficiary;
- SSI beneficiaries with no work incentive deductions other than the Student Earned Income Exclusion (SEIE); and
- Concurrent beneficiaries with no work incentive deductions other than the SEIE. (NOTE: Beneficiaries who only receive Title II benefits may not use the automated report.). Keep in mind that wage report made by the SSITWR only applies to SSI. Concurrent beneficiaries would still need to report the wages separately to the Title II disability program.

Those who may not use the wage reporting system:

- Beneficiaries who have Impairment Related Work Expenses (IRWE);
• Beneficiaries who meet the definition of statutory blindness;
• Beneficiaries who have a Plan to Achieve Self-Support (PASS);
• Beneficiaries who have deemed income;
• Beneficiaries contributing earnings to an Individual Development Account (IDA);
• Beneficiaries with more than one employer in a month; and

**IMPORTANT NOTE:** In September 2017, Social Security released the online wage-reporting tool "myWageReport" (myWR) behind the mySocial Security portal for SSDI beneficiaries and their representative payees. Effective June 2018, Social Security expanded availability of myWageReport (myWR) to SSI recipients and concurrent concurrent beneficiaries. Wage reporters using this tool provide information from individual pay stubs instead of calculating a monthly gross wage total. Once submitted, this information passes to eWork and the SSI claim system as applicable. MyWR also generates a wage receipt that wage reporters can print and save.

**Strategies for Success**

• Recommend that beneficiaries keep ALL correspondence they send to and receive from Social Security;
• Suggest beneficiaries use the form “Notice of Change in Earnings Status” to report work. This form can be found at the end of this unit;
• Demonstrate how to calculate wages in a month based on each program’s rules.
• Use “Reporting Tips for Beneficiaries” as an ongoing learning tool for beneficiaries. (Document is included in the Conducting Independent Research section of this unit.)
• Remind beneficiaries that the Title II program and the SSI program don’t always communicate with each other or share reported wage information. This is especially important for concurrent beneficiaries who will need to report separately to both programs.
The CWIC’s Role in Other Work-Related and Non-Work-Related Situations

Although the primary function of the CWIC is facilitating the use of necessary and appropriate work incentives, other events indirectly related to employment may require intervention. Beneficiaries may seek assistance from you on a wide range of benefit issues, regardless of whether they are related to work. To avoid becoming overwhelmed, you must learn when to provide limited assistance and when to offer full support. The following events are the most common in terms of requests for assistance:

- Notices of overpayment
- Medical CDRs
- Age 18 re-determinations
- SSI re-determinations
- Changes in in-kind support and maintenance (ISM)
- Changes in marital status or family composition
- Excess resources

While some of these events may appear to be completely unrelated to employment at first glance, some actually do have bearing on an individual’s ability to work. Here is an examination of each of these events individually that will show when intervention would or wouldn’t be appropriate and how much assistance you should offer.

Notices of Overpayment

Overpayments in the SSI and Title II disability programs are common and can affect an individual’s financial wellbeing. An overpayment exists when the individual receives a higher cash benefit than he or she was eligible for during a specified period of time. Overpayments may occur for a number of reasons, including, but not limited to:

- An SSI recipient had resources exceeding the allowable limits;
- An SSI recipient had additional earned or unearned income that wasn’t reported to or counted by Social Security in determining the cash benefit;
• A Title II disability beneficiary received cash benefits after the TWP and after Social Security made an SGA determination;

• SSI or Title II disability cash benefits were paid during a period of time that the individual wasn’t eligible due to medical recovery; and

• An SSI or Title II cash benefit was paid during a period of time when the beneficiary didn’t meet the eligibility requirements.

Beneficiaries who don’t agree with the overpayment have the right to appeal this decision. CWICs may provide information to beneficiaries about the Social Security appeals process; however, they should refer individuals to other entities for assistance with appeals, such as PABSS and the state Protection & Advocacy (P&A) program.

As a result of consultations with P&A systems nationwide, Social Security agreed that a beneficiary’s anxiety about erroneous payments and decisions on program issues related to employment and earnings is a disincentive to work. By providing limited assistance to beneficiaries in these disputes with Social Security, P&A personnel may alleviate some of that anxiety.

**Medical Continuing Disability Reviews (CDRs)**

After Social Security finds that an individual is disabled, they periodically evaluate the impairment(s) to determine if the disability continues or ceases. Both Title II and SSI beneficiaries are subject to medical CDRs.

The CWIC’s role in medical CDRs is limited to explaining the process to the beneficiary. Many times the individual doesn’t understand that medical reviews are regular occurrences throughout the period of disability. Help them understand the notices that come from Social Security. You can help by guiding the beneficiary to gather the necessary information.

**Age 18 Re-determinations**

As previously discussed in unit 5 of Module 3, Social Security will conduct a re-determination review for all SSI recipients at some point in the year after their 18th birthday. The purpose of the age 18 re-determination is to ensure that the individual meets the more stringent disability eligibility criteria for adults receiving SSI. The local Social Security office will contact the recipient to initiate the process.
The potential loss of SSI as a result of the age 18 re-determination process holds significant implications for young adults and their efforts to become successfully employed. Consequently, CWICs, school personnel, and rehabilitation professionals should be proactive in working with youth, their families, and the Disability Determination Service to ensure Social Security makes an accurate determination of SSI eligibility for the adult program. The following guidelines are suggested:

- Provide information on the age 18 re-determination to SSI children and their families early in the transition process. Share information on how Social Security gathers and uses input in the work evaluation component of the process. You should also address the role of the individual, family, school professionals, and others in the process.

- Conduct a “check-up” to identify and proactively plan for any benefits changes that may occur upon turning 18 years of age, and review a summary with the student and family. Develop a plan of action for dealing with the anticipated change, and document it in the WIP. You will find a handy tool to help with age 18 benefits check-ups at the VCU NTDC website (https://vcu-ntdc.org/resources/viewContent.cfm?contentID=71).

### SSI Re-determinations

As described in Module 3, the SSI program involves periodic re-determinations of all eligibility factors. Social Security gathers information about the recipient’s unearned income, resources, living arrangement, and other factors to verify continued eligibility and accurate monthly payment amount. Social Security notifies the individual or the representative payee of the review by mail and asks him or her to complete standardized forms and submit required information.

Your role in the SSI re-determination process is minimal, as this isn’t an event related to employment. Provide summary information about the annual re-determination process to the beneficiary, and be available to answer questions or provide general guidance. You aren’t responsible for completing re-determination forms or for accompanying the beneficiary to any meeting with Social Security to review this information.
Changes in In-Kind Support and Maintenance

Many times when working with an SSI recipient, you’ll encounter in-kind support and maintenance (ISM) issues that require time and effort to resolve. Don’t ignore these issues, as they can have an effect on the individual’s overall employment plan. In-kind support and maintenance rules are complicated. Refer back to Module 3 for a full review of this concept.

Once Social Security has verified SSI benefits, it may be evident that there is ISM causing a reduction in cash payments. Social Security may be applying this ISM under either the Presumed Maximum Value (PMV) rule, or the Value of the One-Third Reduction (VTR) rule. Verify this with Social Security to find out exactly how ISM is affecting the SSI cash payment.

Occasionally, these rules are applied incorrectly or the beneficiary didn’t accurately report a change in his or her situation. Review the rules and encourage the beneficiary to promptly report any changes in living arrangement or payment for food and shelter.

Often, an SSI recipient who has ISM under the VTR rule returns to work and subsequently begins paying his or her pro-rata share of the household living expenses. Prompt the individual to report the change to Social Security as soon as possible, so Social Security can update the recipient’s record to the full Federal Benefit Rate. The bottom line is that you do have a role in these types of issues, although not directly related to work.

You can find detailed information about ISM on the VCU NTDC website (https://vcu-ntdc.org/resources/viewContent.cfm?contentID=19).

Marriage, Divorce, and Changes in Family Composition

Proactive benefits counseling begins with being prepared for a beneficiary’s life changes. While providing assistance with proper application of work incentives, be mindful of other non-employment-related transitions that could affect benefits and applicable work incentives. Some common situations that you should be on the alert for include:

- A CDB beneficiary planning to marry a person not entitled to a Title II payment; an SSI beneficiary planning to marry;
• The birth or adoption of children, or having a step-parent relationship of children who could be eligible for auxiliary benefits; or

• An SSI individual who is considering separation or divorce, or otherwise changing his or her marital status or living arrangement.

**Excess Resources**

Advising beneficiaries about resource limits for continued eligibility is more than simply quoting the allowable amount. As beneficiaries begin working, they may want to save their earnings. Sometimes excess resources become an issue when they inherit money. Simply spending the money isn’t the only option available. Explore the needs of the beneficiary and recommend productive ways to use the excess resources to purchase allowable items. For example, they could use excess resources to:

- Purchase a home;
- Purchase a car;
- Contribute to a PASS;
- Pay the pro-rata share if ISM is being assessed;
- Pre-pay rent and utility bills; and
- Pay off consumer debt.

Help beneficiaries understand what documentation Social Security may need regarding excluded resources.

**Entitlement to Other Benefits**

Many times individuals become entitled to other benefits that will alter the counseling and recommendations you’ve previously given. Transitions that you’ll need to consider are as follows:

- Parent of a minor SSI beneficiary becomes entitled to a retirement benefit, dies, or becomes disabled, and the individual becomes CDB eligible.

- An SSI-eligible individual earns sufficient work credits to become insured for SSDI on their own work record.
- A Title II beneficiary has had enough earnings to cause a recomputation of benefits resulting in a higher benefit check.
- An SSI beneficiary loses his or her job and may be eligible for unemployment insurance.
- A Title II beneficiary becomes dually entitled on two separate records.
- A beneficiary becomes eligible for workers’ compensation benefits.

These transitions will likely require that you update the BS&A and WIP.

**Conclusion**

This unit has covered much of the core work of a CWIC. It’s important to remember that while the creation of the Benefits Summary & Analysis report is a critical function, it’s only the beginning of services. Long-term case management is essential for beneficiaries to be successful over time. On-going follow up at critical junctures is paramount to a beneficiary’s forward progress along the employment continuum. Helping the beneficiary navigate his or her roadmap is the very essence of follow-up and facilitating the use of work incentives. Because every beneficiary will have his or her own unique set of circumstances, setting standard time frames, such as 30-, 60-, or 90-day intervals, isn’t the most effective way to provide follow-up services. Carefully analyze each individual situation, and adjust the future contact points accordingly.

**Conducting Independent Research**

*Social Security Form SSA-3033 Work Activity Questionnaire used to gather information from employers about possible subsidy* (https://www.ssa.gov/forms/ssa-3033.pdf)

*Social Security POMS citation regarding Monthly Wage Reporting* (https://secure.ssa.gov/apps10/poms.nsf/lnx/0500820143)
Additional Resources

On the following pages, we have provided several useful resources:

- Templates CWICs can use to develop written requests for Subsidies, IRWEs, and BWEs. Remember that Social Security doesn’t require a standard form for these requests.
- A chart providing a comparison of EXR and reapplication.
- A useful handout explaining how to calculate earnings for wage reports.
- A handout to use when counseling beneficiaries, entitled “Reporting Tips for Beneficiaries of Social Security Disability Programs.”
- A Notice of Change in Earnings Status form beneficiaries can use to report changes to Social Security.
- A Wage and Benefits Tracking Form with a completed example.
Subsidy Special Conditions Request

Please accept this information as a formal request for consideration of Subsidy/Special Conditions.

Beneficiary/Recipient:

SSN:

Address: City/State/Zip Code:

Phone Number:

Representative Payee (if applicable):

Part 1: Brief description of current employment status (name and address of employing company, date of hire, job title, rate of pay, and hours worked per week).

Part 2: Itemized list and brief description of proposed Subsidy/Special Conditions. For each item/service, provide a brief explanation of how it meets the Social Security Administration’s criteria for subsidy/special conditions as summarized below:

Subsidy/special conditions defined by Social Security:

An employer may subsidize the earnings of an employee with a serious medical impairment by paying more in wages than the reasonable value of the actual services performed. When this occurs, the excess will be regarded as a subsidy rather than earnings.

1. **Employer Subsidy:** An employer who wants to subsidize the earnings of a worker with a serious medical impairment may designate a specific amount as such, after figuring the reasonable value of the employee’s services.

2. **Nonspecific Subsidy** (Employer Can’t Furnish a Satisfactory Explanation Identifying a Specific Amount as a Subsidy): In most instances, the amount of a subsidy can be ascertained by: comparing the time, energy, skills, and responsibility involved in the individual’s services with the same elements involved in the performance of the same or similar work by unimpaired individuals in the community; and estimating the proportionate value of the individual’s
services according to the prevailing pay scale for such work.

3. **Special Conditions:** Provided by Employers and/or Organizations other than the Individual’s Employer. Special conditions and certain special on-the-job assistance provided by an employer and/or organization(s) other than an individual’s employer must be considered whether or not the individual’s employer pays for the assistance directly.

(See POMS DI 10505.010 Determining Countable Earnings for specific information on how subsidy/special conditions provisions are applied to DI cases.)

**Itemized List of Proposed Subsidy/Special Conditions:**

**Item/service/support 1:**

Cost (if possible):

Explanation of how this item/service meets subsidy/special conditions criteria:

**Item/service/support 2:**

Cost (if possible):

Explanation of how this item/service meets the subsidy/special conditions criteria:

**Item/service/support 3:**

Cost (if possible):

Explanation of how this item/service meets the subsidy/special conditions criteria:

**Item/service/support 4:**

Cost (if possible):

Explanation of how this item/service meets the subsidy/special conditions criteria:

(Attach additional pages as needed)

**Other information about this request:**
I understand that I am responsible for reporting any changes in any approved subsidy/special conditions to Social Security in a timely fashion.

Thank you for considering this request. I look forward to receiving written notice of the determination within 30 days. Please contact me if you have any questions or require more information to make a determination.

**Signature:**  
**Date:**
Impairment Related Work Expense Request

This request should accompany wage reports made to the Social Security Administration if you are a beneficiary receiving a Social Security or SSI disability benefit, or Medicaid under the 1619(b) provisions.

You should include receipts, and proof of wages or your self-employment tax returns.

NOTE: Please don’t use this form if you are a blind individual who only receives SSI benefits.

Date:

Period Worked:

Beneficiary Name:

SSN:

Representative Payee (if applicable):

SSN on which payment is made (if different):

Type of Benefits Received:

☐ SSI
☐ Title II Disability Benefit (SSDI, CDB, DWB)

This is a request that the items described below be deducted as Impairment Related Work Expenses when you consider the work activity I am reporting. The items listed below meet the following requirements:

- They are necessary for my work activity or self-employment;
- They were paid by me, and not reimbursed by another source;
- They were not deducted as a business expense; and
- They relate to an impairment being treated by a health-care provider. For each expense, I will attach a receipt. I will be happy to provide additional documentation, if requested.

List of expenses for this report period that appear on my attached pay stubs:

NOTE: You can include monthly expenses for months when you worked, or you can include the cost of durable goods, either the down payment,
the monthly payment, or the total cost, depending on how you paid for the item. Durable expenses may be pro-rated over a 12-month period.

<table>
<thead>
<tr>
<th>Date of Payment</th>
<th>Amount of Expense</th>
<th>Impairment to which Cost is Related</th>
<th>Healthcare Provider Name and Type (Example: Dr. Smith, Chiropractor)</th>
</tr>
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</tbody>
</table>

Thank you for your consideration of this request.

Beneficiary or payee signature:
Blind Work Expense Request

This request should accompany wage reports made to the Social Security Administration if you are a blind individual receiving an SSI benefit, or Medicaid under the 1619(b) provisions. You should include receipts, and proof of wages or your self-employment tax returns.

Date:

Period Worked:

Beneficiary Name:

SSN:

Representative Payee (if applicable):

Contact Phone Number:

This is a request that the items outlined on this document be deducted as Blind Work Expenses when you consider the work activity I am reporting. The items listed below meet the following requirements:

- They are necessary for my work activity or self-employment;
- They were paid by me, and not reimbursed by another source;
- They were not deducted as a business expense;
- I will be happy to provide additional documentation, if requested.

List of expenses for this report period that appear on my attached pay stubs:

**NOTE TO BENEFICIARY:** You can include the cost of services or perishable goods for months when you worked, or you can include the cost of durable goods, either the down payment, the monthly payment, or the total cost, depending on how you paid for the item. Durable expenses may be pro-rated over a 12-month period.
List of other work expenses such as: Transportation, childcare, disability-related expenses, meals consumed at work, uniforms, etc. I have attached receipts, where possible as verification.

<table>
<thead>
<tr>
<th>Date of Payment</th>
<th>Type of Expense</th>
<th>Amount of Expense</th>
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</table>

Thank you for your consideration of this request.

Beneficiary or payee signature:
## Comparison of EXR and Reapplication

<table>
<thead>
<tr>
<th>Issue</th>
<th>Benefit</th>
<th>Expedited Reinstatement</th>
<th>Re-application</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provisional payments</strong></td>
<td>All benefits</td>
<td>Up to six months while disability decision is made.</td>
<td>Not payable under re-application.</td>
</tr>
<tr>
<td><strong>TWP</strong></td>
<td>SSDI, CDB, DWB</td>
<td>Eligible for TWP after 24 months of payments in the initial re-instatement period (IRP).</td>
<td>Eligible for TWP as soon as entitlement begins.</td>
</tr>
<tr>
<td><strong>Payment Amount</strong></td>
<td>SSDI</td>
<td>Adds COLAs and recomputations with recent earnings.</td>
<td>Adds COLAs only if termination was less than 12 months, but will re-compute with recent earnings. Calculation is different because of additional years added into the calculation and different computation year.</td>
</tr>
<tr>
<td><strong>Payment Amount</strong></td>
<td>CDB</td>
<td>Based on worker’s record, so re-computation isn’t applicable. COLAs will apply for all years. Family Maximum won’t affect provisional payment amount, so overpayments are possible if Family Maximum is involved.</td>
<td>Based on someone else’s work, so re-computation isn’t applicable. All COLAs will be applied. Family Maximum applies with first month of payments.</td>
</tr>
<tr>
<td>Issue</td>
<td>Benefit</td>
<td>Expedited Reinstatement</td>
<td>Re-application</td>
</tr>
<tr>
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<td>------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Payment Amount</td>
<td>SSI</td>
<td>Amount based on current income, living arrangement, and resources. Payments may begin with month after request.</td>
<td>Payments based on current income, living arrangements, and resources. Payments may begin the month after application.</td>
</tr>
<tr>
<td>Medicare</td>
<td>SSDI, CDB, DWB</td>
<td>Coverage begins with provisional payments. Denial of EXR request will terminate any remaining Extended Period of Medicare Coverage.</td>
<td>If within five years of prior termination, Medicare begins with the first month of entitlement after medical decision of approval is made.</td>
</tr>
<tr>
<td>Medicaid</td>
<td>SSI</td>
<td>Begins with first month of provisional payments in states where Medicaid is tied to SSI. May require separate application in some states.</td>
<td>Begins with the month after the month of application in states with Medicaid eligibility tied to SSI entitlement. May require a separate application in some states.</td>
</tr>
<tr>
<td>Other Work Incentives</td>
<td>SSDI, CDB, DWB</td>
<td>Begin after consumer completes 24 months of non-SGA work after reinstatement under EXR.</td>
<td>Begin immediately upon entitlement.</td>
</tr>
<tr>
<td>Other Work Incentives</td>
<td>SSI</td>
<td>Begins first month of provisional payments.</td>
<td>Begin with first month of eligibility.</td>
</tr>
</tbody>
</table>
How to Calculate Earnings for Wage Reports

Important Points

Supplemental Security Income (SSI) program:
- SSI counts income in the month that it’s received or first available for use, NOT when it’s earned. For example, if your check is dated January 2 for the pay period ending December 26, that check will count for January, not December.
- SSI will look at earned and unearned income each month.
- Keep any receipts for applicable Impairment Related Work Expenses or Blind Work Expenses.

Title II Disability Benefits (SSDI, CDB, DWB):
- Title II counts income in the month that it’s earned, NOT when it’s received. For example, if your check is dated January 2 for the pay period ending December 26, that check will count for December, not January.
- Keep any receipts and documentation for applicable Impairment Related Work Expenses or Subsidies.
- Once you have completed your Trial Work Period, you must complete an SSA Form 821 Work Activity Report and forward it to the local Social Security Field office, to the attention of the Title II Post Entitlement Representative, or make an appointment to take your documentation in and have an interview in eWORK.

Both programs:
- KEEP ALL OF YOUR PAYCHECK STUBS!
- Keep any receipts and documentation for applicable work incentives.

How to Report
1. Complete the Notice of Change in Status form.
2. Add up the GROSS earnings for each check received in the month reporting.
3. Write in the month and the total earnings in the earnings section. For example: January earnings - $425.00.
4. Fill in any special work incentives being used, if applicable. For example: IRWE (Impairment Related Work Expenses), BWE (Blind Work Expenses), SEIE (Student Earned Income Exclusion), PASS (Plan for Achieving Self Support), or 1619(b).

5. Be sure to complete and attach the appropriate paperwork to document special work incentives.

6. Sign the form.

7. Make a copy of the report form and your paycheck stubs.

8. Mail the original report form and a COPY of your paycheck stubs to Social Security.

9. File a copy of the report and your original paycheck stubs for yourself.
Reporting Tips for Social Security Disability Beneficiaries

January 2019

What information am I supposed to report to Social Security?
The answer depends on the type of benefits you get. The SSI program involves a lot more reporting than the Social Security Title II disability programs like SSDI because the SSI program has strict rules about how much income and resources you can have. Keep in mind that for the SSI program, these reporting requirements apply not only to the SSI eligible individual, but also to the parents of SSI recipients under 18 and to the spouse of SSI eligible individuals.

Supplemental Security Income (SSI)
- Unearned income including things like other Social Security payments, child support payments, or any other cash received that isn’t earned income.
- Any gross wages/earnings and net earnings from self-employment. This includes in-kind items received instead of wages (like room and board).
- In-kind support and maintenance received from others. This includes any assistance with food and shelter provided by another person.
- Change of address.
- Changes in living arrangements.
- Changes in marital status.
- Resources or assets received that cause total countable resources to be over the $2,000 limit.
- Use of any specific work incentives.

Title II Disability Programs (SSDI, CDB, DWB)
- Any gross wages/earnings and net earnings from self-employment. This includes in-kind items received instead of wages (like room and board).
- Changes in marital status (only applies to CDB and DWB – not SSDI).
• Change of address.
• Receipt of any public disability benefit such as Worker’s Compensation.
• Use of any specific work incentives.

NOTE: Unearned income and resources aren’t considered by the Title II disability programs, thus aren’t required to be reported to Social Security.

How am I supposed to report this information?
Theoretically, there are many ways to report information to Social Security, but some methods are more reliable than others. Tips for reporting relevant information include:

• SSI recipients may report earned income using a special toll free automated system. To access the system, SSI recipients may call 1-866-772-0953. You can report wages using this method any day during the current month, but report during the first 6 days of each month to prevent improper payment of SSI benefits. When calling the automated system, recipients must be ready with their Social Security number and the total amount of gross wages for the month. If you miss reporting wages during the first 6 days of the month, you can report the wages directly to your local Social Security office. You can’t use this line to report anything except wages and if you use work incentives such as Impairment Related Work Expenses (IRWEs), you can’t use the Telephone Wage Reporting System.

• Individuals may also use a new mobile application for monthly wage reporting. The SSI Mobile Wage Reporting (SSIMWR) application can be downloaded and installed free on an Apple or Android mobile device. It works the same as the telephone reporting system, except the individual submits wage data by entering it on the application screens instead of using the phone. You can find more information about SSI reporting options (https://www.ssa.gov/disabilityssi/ssi-wage-reporting.html).

Always follow-up phone or mobile application reporting with written wage information sent to the local Social Security field office. While the automated wage reporting system is a convenient way for some SSI recipients to report wages, it’s still important to provide written verification of wages.
• SSI recipients who need to report something other than wages, or who use work incentives, have to report their information directly to the local Social Security field office. You may submit the information in writing through the mail or visit the field office and deliver the information in person.

• As of January of 2018, SSI recipients and Title II disability beneficiaries may report earned income using a new wage reporting application behind the “my Social Security” online portal. Social Security calls this application myWage Reporting or myWR. When you sign up for or log in to your my Social Security account, you’ll have access to this application on your desktop, laptop, and mobile device. After you report your wages online, you can save or print a copy of your receipt. To sign up for an account, go to www.ssa.gov/myaccount/

• Title II disability beneficiaries (SSDI, CDB, DWB) may not use the SSI telephone wage reporting system. If not using myWR to report, Title II disability beneficiaries should either mail written information to the local field office, or visit the local field office and deliver the information in person. While it’s possible to report earnings by calling Social Security’s main toll free line, we don’t recommend doing that. The best way to report earnings is to provide written information to Social Security so that a paper train of documentation is established.

• Federal law requires Social Security to issue a receipt when they receive a report of a change in work activity or earnings status from a disabled beneficiary, or their representative. The receipt acknowledges that the beneficiary (or representative) gave Social Security information about a change in his or her work or earnings, and documents the date that we received the report. Be sure to request a receipt whenever you report work activity to your local field office.

• Keep a copy of all correspondence you send to or receive from Social Security.

• When reporting employment initially, or employment changes, always send a letter describing the critical information Social Security needs. This includes:
- Your name, address, phone number and Social Security Number
- Type of Social Security benefits you are receiving
- Name, address and phone number of employing company
- Name of direct supervisor
- Date of hire/date of termination
- Pay rate and average number of hours worked per week
- Pay dates
- Job title

• After the initial letter reporting employment or an employment change, keep all of your pay stubs or other wage documentation. Local Social Security field offices vary in terms of how often they want you to mail in your pay stubs to verify your earnings. Check with your Claims Representative BEFORE you start mailing in pays stubs. Be sure to make a copy of the pay stubs before you mail them in.

• SSI recipients generally have to report earnings more frequently than Title II beneficiaries. SSI recipients should submit their pay stubs to the local Social Security office by the 10th day of the month after the month in which the wages were paid. Some field offices may ask you to mail pay stubs less often. If you don’t report each month, make sure your estimated earnings are correct so you won’t be overpaid.

• Don’t assume that the check you receive from Social Security is correct and has had wages accounted for. You need to know what your check should be and watch to make sure Social Security makes the necessary adjustments.

• If you receive both SSI and a Title II disability benefit, make sure both programs are aware that you are working. Your report of earnings receipt should indicate both benefits. If your receipt doesn’t mention both benefits, contact your local office immediately.
• If you are getting checks or direct deposits that you think you may not be entitled to – don’t spend them. Deposit them in the bank while you work with Social Security to get the record updated.

• If you are self-employed, you need to report that to Social Security – even if you aren’t making a profit. Be sure to file your taxes promptly with the IRS and send a copy of your tax returns to the local field office. Get help from your local WIPA project to make sure you are keeping proper records.

• Keep receipts for all of the specific work incentives you are claiming. SSI recipients should submit receipts during periodic redeterminations. Title II beneficiaries should submit receipts when Social Security conducts a work review.
Notice of Change in Earnings Status

Beneficiary Name:

SSN:

Type of Social Security benefit: (check all that apply)
- □ SSI
- □ CDB
- □ SSDI
- □ DWB

Type of Change: (check one)
- □ Start employment, effective date
- □ Stop employment, effective date
- □ Change in earnings, effective date

Additional Information Regarding Change
(for employment start or stop please list employing company, immediate supervisor name and contact information, job title, rate of pay and pay dates. For earnings change, please describe the change in salary/wage, hours worked or other relevant change):

Applicable Work Incentives
(please indicate which work incentives this individual is eligible for, will be requesting a determination on, or is currently utilizing. Please attach written requests for work incentives that require approval from Social Security personnel):
- □ Impairment Related Work Expenses (IRWE)
- □ Student Earned Income Exclusion (SEIE)
- □ Blind Work Expenses (BWE)
- □ Plan for Achieving Self-Support (PASS)
- □ Subsidy/ Special Conditions – wage employment
- □ Subsidy/ Special Conditions – self-employment (unpaid help or unincurred business expense)
- □ No specific work incentives are applicable at this time
This individual is receiving vocational rehabilitation and/or employment services from the following agency. Please provide the following:

**Agency Name:**

**Address:**

**Contact Person:**

**Phone No:**

**E-mail Address:**

Signature of Beneficiary or Representative Payee:

Date:
Wage and Benefits Tracking Form

Beneficiary Name:

SSN:

Counting Wages for Title II: Total gross earnings by pay period in the month worked. Title II considers when work was performed, not when paid.

Counting SSI Wages: Total gross earnings by month received, NOT by pay period. SSI counts income in the month it’s received.

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<th>SSI Status</th>
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**Sample Wage and Benefits Tracking Form**

**SCENARIO:**

Brian is a concurrent beneficiary who has completed his Trial Work Period and began his Extended Period of Eligibility (EPE) in January 2006. He has already used his cessation and grace months. Note how his benefits change monthly as earnings fluctuate. For this example, assume that Brian’s base SSI rate is the full FBR for 2017 ($735) and he has no IRWE or PASS deductions. He receives $450.00 in SSDI/month.

**Beneficiary Name:** Brian

**Counting Wages for Title II:** Total gross earnings by pay period in the month worked. Title II considers when work was performed, not when paid.

**Counting SSI Wages:** Total gross earnings by month received, NOT by pay period. SSI counts the income in the month it’s received.

<table>
<thead>
<tr>
<th>Month/Year</th>
<th>Wages for Title II</th>
<th>Title II Benefit Status</th>
<th>Wages for SSI</th>
<th>SSI Benefit Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan. 2017</td>
<td>$1458.00</td>
<td>EPE-no SSDI check, over SGA</td>
<td>$1254.00</td>
<td>Check due, $150.50</td>
</tr>
<tr>
<td>Feb. 2017</td>
<td>$762.00</td>
<td>Under SGA- SSDI check of $450</td>
<td>$970.00</td>
<td>No check, 1619(b) status</td>
</tr>
<tr>
<td>March 2017</td>
<td>$1205.00</td>
<td>No SSDI check, over SGA</td>
<td>$942.00</td>
<td>Check due, $306.15</td>
</tr>
<tr>
<td>April 2017</td>
<td>$1136.00</td>
<td>No SSDI check, over SGA</td>
<td>$999.00</td>
<td>Check due, $278.50</td>
</tr>
<tr>
<td>May 2017</td>
<td>$ 742.00</td>
<td>Under SGA, SSDI check of $450</td>
<td>$782.00</td>
<td>No check, 1619(b) status</td>
</tr>
</tbody>
</table>
Competency Unit 6 – Effective Time Management Strategies for CWICs

Introduction

CWICs have many different tasks to accomplish, including providing high-quality WIPA services to beneficiaries and their stakeholders, maintaining professional competence, complying with project data collection activities, and meeting programmatic requirements of their employing agencies. Balancing all of these demands can become overwhelming, and it may seem as if there aren’t enough hours in the day to accomplish everything. CWICs who don’t manage time well will provide less service or lower-quality services than those who work efficiently. Poor time management isn’t just a minor issue — it can seriously decrease productivity of the entire WIPA project and diminish outcomes for beneficiaries. Time management matters!

Proven Time Management Strategies

CWICs aren’t the only professionals to face challenges with time management. This is a common concern in for-profit business as well as in human services agencies. Busy professionals always seem to have more work to do than available hours in the day, and effective time management is one hallmark of a successful and satisfying career. Fortunately, there is a wealth of information available on time management strategies that can apply to any profession, including Work Incentives Planning and Assistance.

Here are some proven strategies for managing the competing demands for time, as they would apply to the work of CWICs:

Plan

- Plan out your day or week in advance. Use tools such as to-do lists, calendars, or priority lists to help you plan.
- Make a plan and stick to it! When things come up to sidetrack you, stay focused on the task at hand. For example, if your plan
for the first half of the day is to complete a certain number of BS&As, don’t answer the phone. Let calls go to voice mail, and plan time directly afterwards to collect messages and return calls within 24-48 hours.

• Prioritize your plan using the four Ds:
  – Do It – This needs to be done immediately.
  – Delegate It – It needs to be done, but someone else can take care of it.
  – Defer It – It needs to be done, but it can wait.
  – Dump it – It isn’t important, so get it off your plate.

Simplify

• Are some of your tasks unnecessary or redundant? If so, look at ways to be more efficient and to simplify the work you are doing. Remember the saying, “Work smart, not hard.” Are you driving all over town to meet with different beneficiaries or stakeholders? If so, consider alternate methods of contact such as conference calls, email, mailing, etc.

• Can one strategically planned task accomplish the same goal as multiple tasks? Look for ways to collapse multiple steps into the fewest number you need to accomplish a quality outcome. If the step doesn’t add value to your work and help you meet the mission of WIPA services, stop doing it, or decrease the time you spend doing it.

• Divide large tasks into small ones to get a better sense of accomplishment as you complete each step. In addition, when you are interrupted in the middle of a task, it’s much easier to get back on track and regain your focus.

Delegate

• Don’t feel like you personally have to hold your beneficiary’s hand through every step of the process. When possible and practical, delegate appropriate tasks to other members of the employment support team.
• Teach the beneficiary or other family members or support providers to manage their own benefits. Give them the training, tools, and support to be self-sufficient. Use calendars that show steps from the WIP clearly marked on the dates that they need to be completed.

• Perhaps your team can develop group training events for beneficiaries to teach specific benefits literacy topics, such as reporting to Social Security and other public benefits agencies, maintaining work incentive documentation files (receipts, etc.), tips for communicating effectively with Social Security, etc.

**Set Time Limits and Enforce Them**

• If you are conducting a phone meeting with a beneficiary, set a time frame and have an agenda. Stick to your agenda and stay focused on the issues at hand.

• Calls with beneficiaries and other stakeholders should be all business. Limit the small talk; those few minutes can add up quickly.

• Avoid walk-ins! If someone walks in and wants to discuss an issue, politely redirect them to schedule a time for a call or appointment to review the concern.

• Don’t under or over-estimate time that tasks will consume. Overestimating time makes it difficult to fit all your tasks into your daily schedule, while underestimating cuts your day short and makes it impossible to complete your schedule. However, do be generous with your time allotments. It’s much easier to fit a small task into extra time than it is to try to make up for lost time.

**Review and Re-Evaluate**

• Make time at the beginning of each week to review your previous week. This shouldn’t take more than about 15 minutes. Take a look at what you accomplished and what you were unable to complete.

• Identify when you were working at peak performance. What factors contributed to your high level of productivity? Conversely, when did you experience low productivity? What
factors came into play at that time? Evaluating these things can help you to continue to manage your plan and become more productive. It can also help you to re-evaluate how you plan your week going forward, and what changes you implement.

Learn to say “No!”

• You can’t be everything to everybody. Identify the “time bandits” in your work, and evaluate whether or not they are directly related to your mission of promoting employment and enhancing financial stability for the beneficiaries you serve. Hold yourself accountable for decreasing the amount of time you spend doing things that aren’t directly related to the mission of WIPA services.

• Give yourself permission to say “no” and don’t feel guilty about doing that. Frequently, we consider that saying “no” is discourteous, but you can be frank without being rude. “I can’t now, but I could (insert when)” or “I’m sorry, but I just can’t manage that today” is just good time management.

• Face-to-face meetings are a major “time bandit.” This includes agency or other stakeholder group meetings, unnecessary trips to Social Security offices with beneficiaries, travel between appointments, unnecessary outreach, assisting with unauthorized services, serving ineligible individuals, etc. Make a point of limiting the amount of work you conduct in person, and focus on working more efficiently by phone, email, and other distance communication techniques.

Use Effective Scheduling Techniques

• Use a calendar program that has prompts and reminders, such as Microsoft Outlook to manage appointments.

• Use a calendar or some other mechanism to schedule reminders of when to do pro-active follow-up with beneficiaries. For example, “Let’s see, Stacy, you should get your second paycheck on October 30th. I’m going to make a note that you’ll contact me before November 5th, or I will call you on that date so that we can talk about how reporting those wages went.”
• Delegate tasks in advance to reduce the amount of time needed for appointments; don’t work in isolation.
• Be prepared for each contact point.
• Arrange your weekly schedule by types of contact beneficiaries need.
• Leave time to handle unexpected issues.

Specific Time Management Issues for WIPA Projects and CWICs

When we talk about effective time management within the WIPA program, you need to consider two different areas. First, CWICs need to focus the bulk of their time performing activities that are "important" relative to the mission of the WIPA initiative, and minimize time spent on activities that are less important. Second, CWICs need to be efficient in the performance of their duties, which means they work in ways that reduce wasted time and effort. Importance is all about WHAT activities you perform, while efficiency is related to HOW you complete tasks. These are very different concepts, but both are essential to effective time management.

Let's tackle the concept of "importance" first. Unit 1 of this module presented information about "urgency" and "importance" as described by Steven Covey in his famous book, "Seven Habits of Highly Effective People." Covey describes "urgency" as something that requires immediate attention. Urgent matters are usually very visible. They press on us and insist on action. In contrast, he describes "importance" as being related to results. When something is important, it contributes to your mission, your values, and your high-priority goals. Covey's premise is that too many people focus too much time on activities that may be urgent but aren't actually important.

If we apply Covey's concepts to WIPA services, presenting needs that beneficiaries have will fall into one of four distinct categories. The best way to think about this is to visualize a square divided into four quadrants:
CWICs who manage their time effectively try to minimize activity in Quadrants 1 and 2 while maximizing activity in Quadrants 3 and 4. The objective is to focus more on the importance of an activity rather than the urgency of an activity. Every minute you spend on urgent issues that aren’t important relative to the WIPA mission takes precious time away from acting on issues that are important to the mission of the WIPA initiative.

In order to spend time wisely on the most important tasks, WIPA Project Managers and CWICs need to evaluate their efficiency and identify practices that may be wasting time and diminishing results. To assess whether or not you are focusing your time on truly important WIPA work, research the following questions:

- **How much time do you spend on people who aren’t actually eligible for WIPA services?** Are ineligible beneficiaries able to access you directly, or is a process in place to handle beneficiary screening and triage before contact with individual CWICs?

- **How much time do you spend working with eligible beneficiaries who are a low priority under the WIPA service model?** Does your WIPA project have an efficient way of determining which beneficiaries meet the criteria for Priority Groups 1 and 2 before you plan for or provide services?

- **How much time do you spend delivering generic I&R services?** Under the current WIPA service design, Social Security expects CWICs to use most of their time delivering individualized WIPA services instead of generic I&R services. If you are providing more I&R services than this, you need to rethink your processes. Are you referring beneficiaries to the Ticket to Work Help Line to get basic I&R needs met, or handling these calls yourself? Are you only providing I&R services to people who really need individualized services and should be enrolled in WIPA?
• **How much time do you spend with eligible beneficiaries working on non-employment related issues?** Are there ways to refer beneficiaries to other services to get some of these needs met? Are there ways you could teach beneficiaries to handle these issues more independently rather than relying on you to resolve them? Are you clear about the parameters of WIPA services? Are you providing support in areas that are clearly outside of the role of the CWIC?

• **What process do you use to determine which beneficiaries receive a detailed BS&A report and written Work Incentives Plan?** How much time do you spend developing BS&As and WIPs? Individualized benefits analysis and work incentives counseling is the core component of WIPA services and requires a significant investment of your time.

• **How much time are you spending in crisis management with beneficiaries?** Do there always seem to be emergencies that you need to deal with? Could you avoid or minimize these crises with more proactive follow-up service?

• **How much time are you spending on proactive follow-up activity?** Remember, under the current WIPA service design, you should be serving fewer people who have higher priority needs. In particular, employed beneficiaries require ongoing follow-up to make sure they are reporting and that Social Security is adjusting their benefits accordingly. Follow-up is important work relative to the mission of WIPA services.

• **How much are you doing for beneficiaries as opposed to teaching them to do for themselves?** Are you supplying beneficiaries with Web links, packets of information, handouts, videos, or any other materials they can use to learn about various work incentives?

These questions may also help you identify the areas in which you need to invest MORE time. For example, if you are constantly dealing with benefits emergencies, it may be that you need to provide more proactive follow-along service as a preventive measure. If very few of the beneficiaries you serve are utilizing work incentives such as IRWE or PASS, you may need to spend more time explaining these provisions early on and probing to see if they might apply. Working efficiently isn’t
just about working quickly — it’s about focusing your energies on the most IMPORTANT tasks relative to the mission of WIPA services.

Now, let’s turn our attention to the issue of “efficiency.” It’s important for you to perform your work in ways that reduce wasted time and effort. This means you have processes in place that minimize duplication of effort and unnecessary tasks that don’t contribute to your mission or the quality of your work. Even though you might be very good about spending your time on the most important activities, if you are inefficient in the way you perform them, you’ll still waste precious time. To assess whether or not you are working efficiently, research the following questions:

- Are you spending a lot of time trying to make initial contact with referrals? Are you trying multiple forms of contact at varying times of day and documenting your efforts? Does your project have a clear and consistent policy on how to handle non-responsive beneficiaries?

- Under the current WIPA service model, Social Security encourages WIPA projects to conduct services using distance communication techniques rather than face-to-face meetings, whenever possible. How much time are you still spending on transportation to and from meetings with beneficiaries or community agency personnel?

- How do you go about verifying benefits, and how much time do you spend performing benefits verification? Are you using the most efficient methods of getting information from Social Security? Have you met with Social Security Field Office Managers or the local Work Incentives Liaisons (WILs) in your area to discuss which methods they prefer for getting critical information released? Do you understand when to contact the Area Work Incentives Coordinator (AWIC) to get benefits issues or questions resolved when progress isn’t being made at the field office level?

- How are you interacting with Social Security personnel, and which staff members are you dealing with? Are you using phone calls, email, and faxes, or are you going to local offices in person? Are you accompanying beneficiaries to Social Security
field office visits, or are you teaching beneficiaries to conduct visits independently?

• How much time do you spend sorting out how the other federal benefits (Medicaid, HUD, TANF, SNAP) will affect paid employment? Have you received adequate training on how the state operates these programs? How much effort have you put into developing knowledgeable contact people within these state agencies? Are you working collaboratively with other WIPA projects and staff within the state to obtain state-specific benefits information, or is the project working in isolation?

• When a Social Security work incentives question arises, how do you go about resolving it? Are you searching the POMS, calling or emailing your VCU Technical Assistance Liaison, asking other knowledgeable WIPA staff, or requesting help from Social Security personnel? How much time do you spend per week finding answers to questions or researching benefits issues?

• How much time do you spend on record keeping and data tracking? Are there any forms, paperwork procedures, or data entry procedures that your WIPA team could discontinue or make more efficient? Are you spending the amount of time necessary to stay current on your data tracking responsibilities, or are you playing catch up at the end of every month?

• How much time do you spend on non-service oriented activities such as outreach, presentations, and agency meetings? Are there ways that you could reduce the time you spend in these activities?

Analyzing the answers to these questions can help you identify where problems exist that waste valuable time. Once you identify the problem areas, CWICs and WIPA Project Managers should work together to develop strategies for streamlining process and eliminating unnecessary steps.

**Meetings and Face-to-Face Contact with Beneficiaries**

Meetings can be “time vampires” that consume huge chunks of your workday without providing a satisfactory return on that investment of time. This may include agency staff meetings, project meetings, and meetings with beneficiaries and other members of their employment
support teams. Remember, Social Security now expects WIPA personnel to limit the amount of face-to-face service they provided to beneficiaries. Before you agree to attend meetings, you should seriously consider the following factors:

- Is attending this meeting necessary to meet the mission of WIPA services to promote employment and enhance financial stability? Is the meeting critical to the success of the beneficiary reaching his or her employment goals, and do you have a defined role to play at this meeting?
- Does the meeting require your physical attendance, or can you attend via phone or web-conferencing?
- How much transportation time will the meeting require, and is the outcome of the meeting really worth the time and expense involved in getting there?

When meetings aren’t directly related to achieving the mission of WIPA services, or when you may use another communication method as effectively as a face-to-face meeting, don’t feel bad about declining to participate. Your time is a precious resource that you must allocate in the most effective and efficient manner possible. It’s acceptable to say “no” to requests for meetings when they aren’t an appropriate use of your time.

**When Beneficiaries Need Help Making a Field Office Visit**

There will be times when beneficiaries have problems they can’t resolve without going to the local Social Security field office. Any number of issues could require a visit to the field office, including problems with claiming or documenting a work incentive, resolving problems with an SGA determination, or sorting out adjusted SSI payments. In some cases, the beneficiary will request that the CWIC accompany him or her to the office to provide support and assistance. While there is no rule prohibiting this activity, it’s extremely time consuming, and you should avoid it when possible.

CWICs should follow this protocol to determine when a field office visit is necessary:

1. Prepare the beneficiary to conduct the visit independently by explaining what to expect and listing questions that he
or she needs to ask. You may even want to role-play to practice ways to communicate effectively with Social Security employees. The objective here is to teach the beneficiary as much as possible about the issues in question and how to work with Social Security to resolve problems.

2. If the beneficiary isn’t capable of managing the visit alone, check for a family member, friend, advocate, or other professional who can help. Provide the same preparation to the person who will be helping that you would provide to the beneficiary. A three-way phone call works well for this, as it allows you to share information with the beneficiary and the helper at the same time.

3. Follow up by phone with the beneficiary (and the helper as applicable) after the field office visit to find out how things went, determine whether the field office resolved the beneficiary’s issues, answer remaining questions, or plan for future actions.

4. If the beneficiary is unable to manage the visit alone and there is no one available to provide assistance, you may need to accompany the beneficiary to the field office. Remember — CWICs should attend meetings like this only as an absolute last resort, if ever.

**NOTE:** A personal visit might not be necessary if you have a good working relationship with the local WIL or AWIC. You can resolve many benefits problems or issues by phone if you have done the work to build those important relationships in advance. Remember that you’ll need a signed SSA-3288 Release of Information form detailing the information you need to gather from Social Security before the WIL or AWIC speaks with you.

**Effective Use of Distance Communication Techniques**

While the current WIPA service design doesn’t prohibit face-to-face contact with beneficiaries, it does encourage CWICs to apply use distance communication techniques whenever possible. This includes email, teleconferencing, videoconferencing, Skype, FaceTime, and related technologies to “virtually” meet in secure environments with beneficiaries.
This emphasis on distance technology reflects Social Security’s recognition that WIPA resources and staff time are limited and that high-quality WIPA services aren’t dependent on face-to-face interaction. Here are some practical tips for using distance communication techniques when delivering WIPA services:

**Initial Information Gathering**

- Conduct information-gathering sessions by phone. You may need to make an appointment for the session, because you never know what you might be interrupting when you make that first phone contact with a beneficiary.

- Explain to the beneficiary the purpose and intent of the call, and the time allowed. For example, you might say, “I want to take a few minutes to gather some basic information, introduce you to our services, and determine whether you might benefit from our services. At the end of the call, I will schedule an appointment for you to help you understand the effect of work on the benefits you receive, and also help connect you to services and supports you need to make a successful transition back to work.”

- Respectfully stick to your agenda. Beneficiaries are often upset when they call, or they have had difficult experiences that are outside the scope of WIPA services. Be respectful of the individual’s need to talk, but try to guide the interview back to the goals that you need to accomplish. For example, you could say something like, “Thanks for sharing that information. I am concerned, though, about getting back to the services I can provide. So, have you worked since you became entitled to benefits?”

- Keep your phone sessions to an hour or less. It’s really difficult for most people to attend longer than that. You may need several sessions to gather all of the necessary information from the beneficiary.

- Gather email addresses and all phone numbers, and ask how the beneficiary prefers to communicate with you. If you get an email address, ask the beneficiary is he or she checks it on a daily or regular basis. If the beneficiary provides you with a cell phone number, be sure to ask if he or she prefers calls or text...
messaging. Make sure you check on convenient times for you to call.

- Don’t interrogate the beneficiary. Have a friendly conversation and try to get to know the individual. The goal is to establish trust and rapport while gathering the information you need to deliver individualized benefits counseling.

- Send all release forms to the beneficiary after the initial information-gathering session. You can scan the forms and send them by email if the forms do not include any PII. If you are sending release forms or other information with PII, you will need to send them via encrypted email. You may also use the postal service when sending forms with or without PII. Include a self-addressed stamped envelope if using mail. Be sure to explain how important these forms are and WHY they are needed.

- Mark your calendar to contact the beneficiary if you haven’t received signed forms within 10 days. Send reminders as needed by phone, text, email, mail, or multiple ways.

Verifying Benefits

- Support the beneficiary to verify his or her own benefits whenever possible and practical. This may include gathering necessary documentation from the agencies administering the benefits and forwarding this information on to you. Check to see if the beneficiary has award letters or other correspondence that he or she can use to verify benefits. It may be that additional contact with the administering agency isn’t necessary.

- It’s possible for beneficiaries to request their own BPQYs from the local field office or by calling the toll-free line (1-800-772-1213). To speed up the process, the beneficiary can request to have the BPQY mailed or faxed directly to you, the CWIC.

- Explore the availability of online account options for benefits verification, and help beneficiaries sign up for and use online accounts. There’s no need for signed releases of information when beneficiaries provide verification directly to you.

- Once you receive the BPQY and other verification documents, make sure you review this information with the beneficiary to
identify and discuss any discrepancies between what the beneficiary reported to you and what shows on the BPQY.

**Individualized Benefits Analysis and Work Incentives Counseling**

- Begin sharing summary work incentives information with the very first call. Again, try to keep your counseling sessions limited to one hour. Most beneficiaries would have difficulty processing more than an hour’s worth of detailed information at a time.

- Start with a general overview of how employment affects benefits. Be careful about overwhelming the beneficiary with too much detail all at once. You can always go over concepts in greater depth at a later date.

- Reinforce your phone conversations with written information (fact sheets, brochures, Redbook, etc.). You can send these by web link, email or postal service. SSA publications are available at [www.ssa.gov/pubs/](http://www.ssa.gov/pubs/).

- You may also want to suggest that the beneficiary watch [YouTube videos produced by Social Security](https://www.youtube.com/channel/UCNm7O9WmYwy_CuU7YEg8UOA)

- Once you have provided the general overview of how work will affect benefits and have verified all benefits, begin providing case-specific individualized benefits counseling. At each step, probe for questions. Be open to explaining concepts multiple times in different ways to ensure that the beneficiary has a solid understanding of what to expect.

- Send the completed BS&A report to the beneficiary by email or mail. Always go over the report by phone to explain it and answer questions.

**NOTE:** CWICs may only send PII as an encrypted attachment to an email message. You’ll need to give the password for the encryption to the beneficiary in a phone call or a separate email. Don’t send PII in the body of the email message!
Providing Proactive Follow-Up

- The WIP should provide you with a good outline of when you need to make contact and how often you should reach out to the beneficiary. With employed beneficiaries, be sure to follow up on a regular basis to ensure that the beneficiary is retaining documentation of work incentives usage and reporting earnings correctly.

- If you use the phone to check in on beneficiaries, make sure you time those calls wisely. If beneficiaries are working, they probably can’t take calls during work hours. You may need to make follow-up calls after regular work hours.

- Some beneficiaries will prefer that you make contact using text or emails message. These are also good ways to set appointments for phone conversations when you need to discuss or explain something.

- Be responsive to high-priority beneficiaries who are trying to contact you. You should respond to phone calls, texts, or email messages within 48 hours whenever possible.

- If you receive no response despite repeated attempts to make contact using multiple methods, follow-up with letters by mail. Make an extra effort with the highest priority beneficiaries — individuals who are employed.

Setting Aside Time for Professional Development

Another important demand on a CWIC’s time relates to professional development. The current WIPA project cooperative agreements require CWICs to earn a minimum of 18 Continuing Certification Credits (CCC) each year following full certification in order to retain their certification and authority to work with beneficiaries. By requiring ongoing continuing education, Social Security has taken another major step to improve the quality and consistency of WIPA services.

The primary mechanism through which CWICs meet this professional development requirement is participation in NTDC supplemental trainings and completion of supplemental training assessments. VCU’s NTDC delivers these trainings in a variety of formats — teleconferences, webinars, online courses, and archived supplemental trainings — and on a wide range of subjects relevant to the work of CWICs and WIPA.
NTDC personnel have designed the trainings to meet the needs of novice, intermediate, and advanced skill levels. Track your successful completion of a training event through the “myNTC” feature on the VCU NTDC website.

With so many training opportunities available on so many different topics, CWICs need to be strategic when determining which events to participate in. Before you register for an event, consider whether or not it’s well suited to your skill level. An experienced master CWIC probably wouldn’t benefit from participating in a training event designed for newly certified WIPA personnel. Think about the areas in which you require competency building, and allocate your training time to those subjects you are weakest in.

You also need to consider the time commitments involved in completing the various training opportunities. Live teleconference or webinar events are short in duration (2 hours or less), but these events are only offered on specific dates and times. You’ll need to block that time out on your calendar to avoid conflicts. Also, you have a limited window of time to complete the assessment in order to get credit for the training. You need to plan ahead to make sure you have afforded the time necessary to participate in the event and complete the assessment. If participating in the live training events isn’t convenient, keep in mind that most conference call events are archived on the VCU NTDC website (https://vcu-ntdc.org/training/initial/archives.cfm). These archived events now have assessments provided so CWICs can gain CCCs by completing them independently.

Web courses generally cover deeper and more complex subject matter, but they typically are 4-6 weeks in duration. On the positive side, web courses offer tremendous flexibility, and you can complete the course work from any computer at any time of the day. Professional development is an extremely important activity for CWICs. Only by constantly building your skill will you be able to provide the highest-quality WIPA services to beneficiaries.

**The Importance of Record Keeping and Data Tracking**

With all of the competing demands for your time, you need to plan carefully to make sure you meet any applicable data tracking and paperwork completion requirements. It’s all too easy to put off mundane
administrative tasks when there are so many beneficiaries to serve. Here are some practical tips to help you be successful in this area:

- Block time out on your calendar at least weekly (and preferably DAILY) to complete data tracking and record keeping tasks, and don’t allow others to interrupt you during these times. Let your calls go to voice mail, and close your office door to reduce possible distractions. Make sure your colleagues know that your schedule includes certain times when you aren’t available. Some people find that setting aside an hour each morning or afternoon for paperwork works well, while others find that completing these tasks on Friday afternoon or Monday morning is best. Every CWIC needs to find the method that works best and be disciplined about reserving that time for important administrative tasks.

- WIPA Project Managers should check data tracking for each staff person on a regular basis to ensure that CWICs aren’t getting behind. It’s virtually impossible to be accurate and complete if you wait 30 days or more to record data. Trying to play catch up will result in the loss of valuable performance data.

- An important part of your job is developing BS&A reports and WIPs. You need quiet time to get this done, so don’t forget to include this task in the time you set aside for completing paperwork.

**Important Time Management Reminders**

- Referrals generated by the Ticket to Work Help Line are a high priority for WIPA projects. Social Security expects WIPA projects to assign or reply to encrypted referral emails within 48 hours. Social Security requires that CWICs attempt to contact beneficiaries referred by the Help Line **within 5 business days of the referral** and make a minimum of 3 contact attempts.

- Please don’t leave messages on your voice mail stating that you are unable to take new referrals, or that there will be a long delay returning calls. If the CWIC responsible for returning initial calls is out of the office, have another CWIC make initial
calls to beneficiaries and schedule appointments for the CWIC as appropriate.

- If you have subcontractors providing WIPA services, remember that it’s your responsibility as the recipient of the Social Security WIPA cooperative agreement to ensure that all parts of the service area are being served adequately and appropriately.

- If you are short-staffed, temporarily reassign existing CWICs to cover additional service areas. When it’s necessary, heighten your awareness of case priorities, and serve only the highest-priority beneficiaries for the short-term, and start a waiting list for individuals with a lower-priority service need. Remember to let your Social Security Project Officer know if this is the situation you are experiencing.

- Balance your outreach with your workload. It’s acceptable to significantly reduce the number of outreach appearances you make. In fact, outreach should encompass no more than 10 percent of your workload. Direct services to beneficiaries are the WIPA project’s primary business. You must serve beneficiaries with a potential for work to meet the goals of the WIPA program — positive employment outcomes.

- Review the referrals you get from various sources. If you have particular sources that tend to send you referrals that aren’t appropriate, take some up-front time and work with that referral source to help the source better understand your services. Provide the source with pamphlets to distribute that adequately describe what WIPA projects do so that the majority of your referrals are individuals who are appropriate for intensive back-to-work services.

**Conclusion**

Time management often brings a picture to mind of a daily planner with every minute plotted from the time your alarm clock sounds until the time you crawl into bed. However, time management experts suggest that planning only 50 percent of your time leaves you time to relax as well as time to cope with the unexpected. Developing effective time management techniques is similar to planning a budget. Just as the goal
of a budget is to put you in control of your money, your goal in time management is to regain control of your time. With a little bit of focus and effort, you can balance all of the competing demands of your job and experience success as an effective provider of WIPA services.

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