

# **Module 1 – Supporting Increased Employment and Financial Independence Outcomes for Social Security Disability Beneficiaries**



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# **Module 1 – Supporting Increased Employment and Financial Independence Outcomes for Social Security Disability Beneficiaries**

## **Introduction**

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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. To actively promote employment outcomes, CWICs must have a solid understanding of Social Security's Ticket to Work program and various other work incentives, as well as the full array of vocational services available to individuals with disabilities. While you must be able to help beneficiaries understand the potential effect of certain employment outcomes on their benefits, you must also be able to connect beneficiaries to the specific services and supports they need to obtain and maintain paid employment.

The content in this module begins by discussing the CWIC's role in promoting employment and increased financial stability for Social Security beneficiaries with disabilities and in establishing functional collaborative partnerships with the community. In the second unit, we provide an overview of Social Security's efforts to promote employment and increase financial independence for disability beneficiaries. The content in Unit 3 focuses on services available from various entities such as:

- State Vocational Rehabilitation Agencies (SVRA);
- Employment Networks (ENs) under the Ticket to Work program;
- State of local Workforce Investment Boards (WIB) and American Job Centers (AJCs);
- State local Intellectual/Developmental Disability (ID/DD) agencies;
- State local mental health, chemical dependency, or substance abuse agencies;

- Centers for Independent Living (CILs);
- State Protection and Advocacy (P&A) agencies;
- Public school systems;
- U.S. Department of Veteran’s Affairs (VA); and
- Agencies administering Individual Development Accounts (IDAs) or Asset Development Services.

## **CWIC Core Competencies**

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- Describes recent governmental efforts to increase community-based paid employment outcomes for people with even the most significant disabilities and current best practices in employment services and supports for persons with disabilities.
- Demonstrates knowledge of current Social Security efforts to promote employment and increase financial independence for disability beneficiaries, including the Ticket to Work and Self-Sufficiency Program, Social Security/Vocational Rehabilitation Reimbursement program, Work Incentives Planning and Assistance (WIPA) program, Protection and Advocacy for Beneficiaries of Social Security (PABSS) program, and demonstration projects sponsored by Social Security or other federal agencies operating in the service area.
- Describes to beneficiaries their rights and opportunities under Sections 503 and 504 of the Rehabilitation Act, the Americans with Disabilities Act (ADA), federal Schedule A employment, and other programs that provide protections to job seekers and employees with disabilities.
- Demonstrates knowledge of state VR agencies, American Job Centers, and other public or private programs that fund or provide employment services for Social Security disability beneficiaries, including the local employment services and supports available to assist Social Security beneficiaries in choosing, planning, securing, and maintaining employment over time.

# Competency Unit 1 – WIPA is all about WORK! Understanding the CWIC’s Role in Promoting Employment and Enhancing Financial Stability

## Understanding the Problem – The Relationship between Poverty and Disability

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Unfortunately, in the United States, poverty and disability go hand in hand. A number of recent studies have uncovered the following disturbing statistics:

- In the United States in 2017, the **poverty rate of working-age people with disabilities was 26.1 percent** (<http://www.disabilitystatistics.org/reports/acs.cfm?statistic=7>).
- Almost half of working-age adults who experience income poverty for at least a 12-month period have one or more disabilities.
- Nearly two-thirds of working-age adults who experience consistent income poverty — more than 36 months of income poverty during a 48-month period — have one or more disabilities.
- People with disabilities are also much more likely to experience material hardships — such as food insecurity; inability to pay rent, mortgage, and utilities; or not being able to get needed medical care — than people without disabilities at the same income levels. The same goes for families caring for a child with a disability.
- In addition to income poverty, individuals with disabilities are also nearly twice as likely to lack even modest savings in case of an unexpected expense or other financial shock. Seventy percent of individuals with disabilities responded that they

“certainly” or “probably” could not come up with \$2,000 to meet an unexpected expense, compared to 37 percent of individuals without disabilities. More than 50 percent of individuals with disabilities are “unbanked” with no access to financial services such as checking, savings, credit, and other opportunities. See **Disability Is a Cause and Consequence of Poverty** (<http://talkpoverty.org/2014/09/19/disability-cause-consequence-poverty/>).

When we restrict our analysis to beneficiaries of the Social Security disability programs, the relationship of poverty and disability becomes even more distressing. Consider these facts:

- Approximately six million beneficiaries, more than 70 percent of Supplemental Security Income (SSI) beneficiaries, and 30 percent of Social Security Disability (SSDI) beneficiaries, are currently living below the federal poverty level.
- The average SSI benefit of \$586 per month (September 2021) was only 55.1 percent of the 2021 federal poverty level for a family of one. The maximum federal monthly SSI payment of \$794 (in 2021) was 74.7 percent of the 2021 federal poverty limit for a family of one.
- The average SSDI monthly benefit of \$1,152 (September 2021) was only 83.7 percent of the 2021 federal poverty level for a family of one.

**Social Security’s Monthly Statistical Snapshot** for September 2020 ([https://www.ssa.gov/policy/docs/quickfacts/stat\\_snapshot/](https://www.ssa.gov/policy/docs/quickfacts/stat_snapshot/)).

**Social Security’s SSI Monthly Statistics** for September 2020 ([https://www.ssa.gov/policy/docs/statcomps/ssi\\_monthly/index.html](https://www.ssa.gov/policy/docs/statcomps/ssi_monthly/index.html)).

A major cause of poverty and material hardship among Social Security disability beneficiaries continues to be the low rates of employment within the population. A study conducted by Social Security in 2015 using 2011 data found that a relatively low percentage of disability program beneficiaries in current-pay status in December 2010 worked in calendar year 2011: 11.4 percent of SSDI-only beneficiaries, 5.4 percent of SSI-only recipients, and 6.9 percent of concurrent beneficiaries (individuals who receive both SSDI and SSI) were employed (defined as earning \$1,000 or more in the year). In addition, the study found that among

beneficiaries who were employed in 2011, about three-quarters of SSDI-only and SSI-only beneficiaries and about eight-in-nine concurrent beneficiaries earned less than \$10,000 in the year. Only a small fraction of beneficiaries earned more than the annualized Substantial Gainful Activity (SGA) level that year (\$12,000 in 2011). Only 2.2 percent of the SSDI-only beneficiaries had earnings above that level in 2011, as did 0.8 percent of SSI-only recipients and 0.5 percent of concurrent beneficiaries. This level of earnings remains below the federal poverty guidelines and does little to move beneficiaries toward financial stability. See **Employment, Earnings, and Primary Impairments among Beneficiaries of Social Security Disability Programs, 2015** (<https://www.ssa.gov/policy/docs/ssb/v75n2/v75n2p19.html>).

## **Breaking the Connection between Poverty and Disability – Work Incentives Planning and Assistance as Part of the Solution**

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Given the dismal statistics cited above, we still have a great deal of work to do to help Americans with disabilities avoid lives of poverty and hardship. The Work Incentives Planning and Assistance (WIPA) program is an important part of our national effort to break the connection between poverty and disability as it seeks to support employment among Social Security disability beneficiaries. However, it's important to understand that the WIPA program has a more comprehensive mission than simply helping disability beneficiaries get jobs. The larger goal of this national program is to provide accurate information to enhance the long-term financial stability and independence of those the program serves. The specific goals of the service are to:

- Increase the number of Social Security disability beneficiaries who engage in paid employment or self-employment;
- Support beneficiaries in successfully maintaining employment (or self-employment) over time;
- Provide accurate and timely work incentives planning and assistance services that enable beneficiaries to increase their earnings capacity over time and maximize the financial benefit of working;

- and other income support programs; and
- Increase the financial independence and stability of beneficiaries through self-sustaining employment, asset development, and improved management of fiscal resources.

## **Outreach:**

Outreach is the process of marketing WIPA services to beneficiaries, local agencies, and other stakeholders. Outreach activity includes, but isn't limited to, describing WIPA services prominently on the organization's website; engaging in dialogue with local and state service providers to educate the community about WIPA services.; and meeting with diverse audiences to explain how WIPA supports beneficiaries who go to work.

Social Security requires WIPA programs to limit outreach to no more than ten percent of the program's commitment of funds and staffing.

Beginning with July 1, 2022, WIPA programs must request permission from their Social Security Project Officer before conducting outreach. A Project Officer is a Social Security employee that provides support and monitoring to WIPA programs.

When WIPA programs conduct outreach, Social Security requires that programs target outreach efforts to reach underserved populations such as transition-aged youth, veterans, Native Americans, and other groups who experience additional barriers due to race, socio-economic status, disability, ethnicity, sexual orientation, language, or other characteristics that may reduce access to services. Detailed information about outreach in the WIPA program is contained in Module 2, Unit 1.

## **Screening Requests for Services to Establish Eligibility and Priority for WIPA Services:**

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Social Security expects WIPA programs to provide the bulk of services to eligible, high-priority beneficiaries. This includes individuals who are employed (or engaged in self-employment), actively seeking employment, or otherwise preparing for employment. Not everyone who contacts a WIPA provider will meet the program eligibility criteria, nor will the WIPA provider consider him or her a high priority for individualized services. Because of this, WIPA programs need to establish methods for screening initial contacts and conducting triage.

## **Providing Information and Referral (I&R) Services:**

CWICs work with each beneficiary to determine his or her need and then provide the specific information and/or necessary service referrals to meet those needs. I&R services involve 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.). Unit 2 of Module 6 provides detailed information about providing I&R within the WIPA program.

## **Information Gathering and Benefits Verification:**

All Community Work Incentives Coordinators (CWIC) providing individualized WIPA services must gather a comprehensive set of information from the beneficiary before analysis and counseling begin. This information includes contact information, basic demographics, benefits received, future plans or goals with regard to employment, past work since entitlement, and a variety of other data based on the unique needs and circumstances of the individual. WIPA programs must complete a thorough benefits verification process to ensure that all information is correct, complete, and current. CWICs use this information to provide customized benefits analysis and work incentives counseling. Detailed information about this function is available in Module 6, Unit 3.

## **Providing Individualized Work Incentives Planning and Assistance:**

This is the cornerstone of WIPA services and includes the following services:

- In-depth personalized benefits analysis covering all federal, state, and local benefits;
- Customized counseling about the effect of work on all federal, state, and local benefits and development of a comprehensive Benefits Summary & Analysis (BS&A) report;
- 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;

We provide detailed information about individualized WIPA services in Module 6, Units 4 and 5.

## **Ongoing Proactive Follow-Up Services:**

Many beneficiaries require ongoing contact from WIPA personnel to avoid or resolve benefits problems over time. In the WIPA program, ongoing follow-up is the act of implementing, or facilitating the implementation of, the Work Incentives Plan (WIP). The action steps included in the WIP determine the type, intensity, and duration of follow-up services. Each beneficiary's plan is unique and details the exact supports WIPA personnel will provide and the timeline for contacts. Action steps detailed in the WIP may involve intense assistance for a short period of time or lower levels of support spread out over months or years. Some beneficiaries may require long-term work incentives management on a

scheduled, continuous basis, allowing for the planning and providing supports at regular checkpoints, as well as critical transition points. Unit 5 of Module 6 provides a detailed discussion of WIPA follow-up services.

## **Important Themes within the WIPA Program**

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Social Security designed the WIPA program on a set of three core concepts or themes. These three concepts undergird the entire WIPA initiative and drive the services provided to Social Security disability beneficiaries.

### **1. WIPA is all about WORK!**

The clear purpose of the WIPA program is to provide the specific work incentives planning and assistance services that will directly assist Social Security disability beneficiaries to succeed in their return-to-work efforts. This program requires CWICs to provide a base level of informational support to all eligible beneficiaries contacting the program and to take significant steps to make sure that individuals with all types of disabilities, from every type of diverse ethnic background, and from varying age groups and geographic locations are able to access and benefit from the WIPA program. The goal 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. Being a passive dispenser of work incentives information isn't sufficient to get the job done. CWICs must put information into action by providing direct assistance with applying work incentives and resolving issues related to benefits that create a barrier to employment.

The WIPA program places great emphasis on the analysis of available work incentives. Assisting beneficiaries in accessing these work incentives will aid in the overall employment plan and support him or her in reaching their work goal. CWICs emphasize employment through the use of work incentives and play a direct and active role in assisting beneficiaries to develop, monitor, and manage their work incentives effectively over time.

For CWICs, there is more to actively promoting employment outcomes than merely 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 into areas not directly related to public benefits. These areas include helping beneficiaries identify and access the services and resources they need to:

- Identify, select, or clarify their career goals;
- Achieve the desired career goal;
- Understand Social Security's Ticket to Work program and other vocational services and supports available to beneficiaries with disabilities in the local service area;
- Obtain and maintain paid employment; and
- Resolve problems related to work efforts, higher education, occupational skills training, accommodation, and work attainment or continuation of work.

We provide detailed information about how WIPA personnel work with beneficiaries to promote employment in Unit 3 of Module 6.

## **2. WIPA Services are Based on Collaborative Partnerships**

Social Security has designed WIPA services as a critical component of the agency's comprehensive approach to assisting beneficiaries to achieve their employment and financial independence goals. CWICs are an essential partner on the employment service team. They play an active and direct role in supporting the long-term employment process. This includes providing information, guidance, and direct assistance in the vocational planning process and job development effort as well as in assisting beneficiaries to access resources to meet their employment support needs.

Social Security requires CWICs to refer beneficiaries with disabilities to appropriate Employment Networks (ENs) based on the beneficiary's expressed needs and types of impairments. As a result of this requirement, CWICs must have a comprehensive knowledge of the current employment service system for youth and adults with disabilities, and knowledge of the vocational assessment and planning process local employment agencies use, and be aware of the referral, eligibility,

program planning, and service delivery approaches employment service agencies use within their service area.

CWICs must also understand that Social Security is an essential partner in providing WIPA services. It's impossible for CWICs to provide effective work incentives planning and assistance services without interacting with local Social Security offices and personnel. For WIPA programs to work collaboratively with Social Security, WIPA personnel need a general understanding of how this agency functions and what the various players do. The most effective CWICs maintain close relationships with their local Social Security offices, regional PASS (Plan to Achieve Self- Support) Cadres, and the Area Work Incentive Coordinator (AWIC). Locally, CWICs can establish important working relationships for reporting protocols with Claims Specialists and Work Incentive Liaisons (WILs). We provide specific information on how CWICs should work with these Social Security employees to help support beneficiaries in achieving their employment goals in Unit 2 of Module 2.

Social Security also requires WIPA programs to develop collaborative working relationships with other community agencies and make referrals to community agencies for employment services. The program recognizes that to truly support the work efforts of beneficiaries, these services must integrate with other employment services and support services available to the beneficiary in the local community. Developing, managing, and maintaining effective collaborations with multiple organizations providing employment and employment support services are essential. Critical employment support partner agencies for the WIPA programs include state VR agencies, American Job Centers (AJCs), ENs, state education agencies and local public school systems, mental health providers, and other community rehabilitation service agencies.

CWICs assume an important role in helping beneficiaries plan for employment and access the services and supports needed to make employment possible.

To build strong working partnerships with local agencies providing services and supports, CWICs should focus on:

- Communicating directly with multiple agencies or organizations to build a more comprehensive understanding of their missions, eligibility rules, policies and procedures, and the services or supports they provide;

- Educating the employment service or support community on the purpose and role of WIPA in directly supporting the return-to-work and employment efforts of beneficiaries;
- Identifying, developing, and implementing formalized strategies and processes for collaborative employment and work incentive planning for beneficiaries;
- Implementing strategies to build general knowledge of the use of available work incentives, and incorporate these incentives into existing vocational planning, job development, and employment support efforts; and
- Maintaining and enhancing collaborative work with agencies or organizations by assessing the effectiveness and quality of outcomes for beneficiaries.

### **3. WIPA Services are Ongoing**

Social Security intends WIPA services to be proactive and expects CWICs to follow up with high priority beneficiaries as needed throughout the entire process of preparing for employment, obtaining employment, and maintaining employment. CWICs not only provide initial planning and counseling services but monitor and actively work with beneficiaries at key employment and work incentives transition points to ensure that they update information, analyses, employment, and work incentive plans to meet the changing needs and goals of each beneficiary.

The long-term nature of WIPA services creates many expectations for CWICs. This “case management” approach to service delivery anticipates that they will develop a defined caseload of beneficiaries for whom they will provide individualized, intensive, on-going services that will include:

- Individualized benefits analysis and counseling;
- Identification of relevant work incentives that will promote employment goals;
- Assistance in the development of a comprehensive Work Incentives Plan;
- Identification of employment supports or resources;
- Referral to appropriate employment support services; and

- Continuous updating of the Work Incentives Plan as benefits, health care, and financial status change over time.

Because WIPA services target beneficiaries who are employed or progressing toward employment, CWICs need to proactively monitor the beneficiaries' use of work incentives. This includes helping beneficiaries identify and avoid potential problems. In addition, CWICs assist beneficiaries to obtain work supports from other agencies including such as the Public Housing Authority, Medicaid, or Vocational Rehabilitation.

## **Conclusion**

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WIPA is all about WORK! When counseling beneficiaries, promoting employment and enhancing financial stability must stay solidly front and center.

Good WIPA services provide a deciding factor in the battle to enhance employment outcomes for persons with disabilities.

## **Conducting Independent Research**

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### **Information about WIPA services on Social Security's website**

(<https://www.ssa.gov/work/WIPA.html>)

### **PowerPoint presentation describing the WIPA program**

(<https://vcu-ntdc.org/resources/viewContent.cfm?contentID=194>)



# Competency Unit 2 – Past and Current Social Security Efforts to Promote Employment for Disability Beneficiaries

## Statement of the Problem – Growth of the Social Security Disability Programs

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Supplemental Security Income (SSI) and the Social Security Disability programs authorized under Title II of the Social Security Act (SSDI, CDB, and DWB) are currently the largest federal programs providing cash payments to people with disabilities. In August 2021, more than 9.3 million people received Social Security benefits based on disability, and more than 4.4 million adults ages 18-64 received SSI due to blindness or disability. An additional 1.3 million people received both Social Security and SSI due to disability. This represents more than 15 million people across all programs. See **Social Security Annual Statistical Supplement 2021**

(<https://www.ssa.gov/policy/docs/statcomps/supplement/index.html>).

The steady growth of the DI and SSI rolls seen over the past decade isn't a new phenomenon. As early as 1994, the General Accountability Office (GAO) was investigating the growth in Social Security's disability programs. In a study released in February 1994, the GAO reported that in the three years between 1989 and 1992, DI applications rose by a third, and almost half the applicants in 1992 succeeded in obtaining benefits. The GAO also found that once on the rolls, beneficiaries were staying longer. Between 1985 and 1992, the number of beneficiaries who had been on the rolls more than 15 years grew by an alarming 93 percent. In addition, while the total number of DI terminations continues to increase as the rolls swell, termination rates as a percentage of those on the rolls have steadily declined.

Terminations from the DI program averaged approximately 12 percent during the 1988-89 time period but stood at only 9.5 percent by 1994. Social Security research concluded that termination rates were declining for three main reasons: First, the younger average age of beneficiaries

over the last 10 to 15 years has led to a lower number of conversions to retirement and terminations due to death. Secondly, the decline in the number and rate of medical continuing disability reviews (CDRs) has been a significant problem (Social Security Bulletin, 1996). Finally, terminations from the disability programs due to employment are almost non-existent. Social Security statistics cited in a 2003 GAO report estimate that less than one of every 500 DI beneficiaries has left the rolls by returning to work.

Any meaningful effort to slow down or reverse this long-term increase in federal disability benefits will require significant and sustained collaboration and coordination between the Social Security Administration and the other federal agencies with a stake in developing disability and employment policy. Over the past two decades, Social Security has made a concerted effort to promote employment for disability beneficiaries by improving its own internal policies and practices as well as by partnering with other federal agencies.

## **Collaborative Efforts Involving Public Health Care Systems**

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One of the most commonly cited reasons Social Security disability beneficiaries offer for not engaging in work activity is the fear of losing health care benefits. For individuals with disabilities who may have significant health care needs or high costs, the thought of losing health care coverage can be particularly frightening. Health insurance considerations are also critical when beneficiaries make decisions about continuing to work versus applying for disability benefits. Social Security is well aware that health care concerns may represent the greatest factor contributing to increasing rates of dependency on federal disability benefits. Social Security partners with the Centers for Medicaid and Medicare (CMS) to decrease employment disincentives. Similarly, Social Security has developed many partnerships to support beneficiary success with other federal, state, and local community entities. Social Security Demonstration Projects Related to Beneficiaries with Disabilities

Social Security conducts numerous research and demonstration projects to study ways to improve services to current and future beneficiaries and supports a number of demonstrations and projects intended to address the broad needs of beneficiaries with disabilities. These projects can lead

to ways to better serve individuals with disabilities, including potentially changing program rules to allow for better coordination among other federal and state programs. Social Security also receives funding for projects through specific congressional mandates. These projects support specific program changes or outreach activities targeted to populations in particular need.

At times, WIPA CWICs will work with beneficiaries who are or were involved in one of these demonstrations. When that happens, CWICs should seek information from your Technical Liaison to determine if you can serve the person, or if you must refer them to counseling provided as part of the demonstration.

You can find descriptions and reports about **Social Security's research and demonstration programs**

(<https://www.ssa.gov/disabilityresearch/demos.htm#:~:text=What%20are%20demonstration%20projects%3F,our%20current%20and%20future%20beneficiaries.&text=These%20projects%20support%20specific%20program,to%20populations%20in%20particular%20need>).

## **Social Security's Internal Efforts to Promote Employment of Beneficiaries with Disabilities**

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In recent years, Social Security has introduced an array of internal improvements in its disability programs. These improvements are too numerous to describe fully in this unit because they include everything from online reporting opportunities for beneficiaries who work, updated work incentive regulations to enhanced internal record-keeping processes to increased staff training and new job functions. These improvements also include the creation of the Work Incentives Planning and Assistance (WIPA) program, which is the basis for this training manual. Social Security has created several staff positions focused on work incentive issues that warrant discussion here.

### **Area Work Incentives Coordinators (AWICs)**

Social Security has staff called Area Work Incentives Coordinator (AWIC) position in all 58 Area offices. The AWIC positions are filled by individuals dedicated to providing assistance to personnel in field offices on employment support and outreach issues. Their duties include:

- Coordinating or conducting local public outreach on work incentives;
- Providing, coordinating, or overseeing training for all personnel regarding Social Security’s employment support programs;
- Handling some sensitive or high-profile disability work-issue cases; and
- Monitoring the disability work-related issues in their respective areas.

## **Work Incentive Liaisons (WILs)**

AWICs coordinate with the 1,335 Work Incentives Liaisons (WILs) housed in local field offices around the country. The Work Incentives Liaison is a special designation given to a Social Security employee with significant expertise in the disability programs and associated work incentives. The WIL acts as an internal resource for other Social Security personnel within that local office. The WIL is the “go-to” person in each local field office for questions about how earned income from wage employment or self-employment affects Social Security disability benefits. Depending on the Social Security office, the WIL may also be the primary contacts on work incentives issues for CWICs.

The Social Security Administration no longer defines its role as being limited to processing initial claims and making sure that the right check in the right amount gets to the right person by the right date. The expanded role of Social Security includes actively developing and implementing policies and practices that encourage disability beneficiaries to work and decrease their dependence on public income support programs. The Social Security Administration encourages and supports CWICs to join this effort to enhance the economic independence and financial stability of disability beneficiaries.

## **Conducting Independent Research**

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### **Social Security’s Office of Research, Demonstration, and Employment Support**

(<https://www.ssa.gov/disabilityresearch/index.html>)

# **Competency Unit 3 –Understanding the Disability Services System: Key Stakeholder Agencies that Fund or Provide Vocational/ Employment Services for Persons with Disabilities**

## **Introduction**

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As a CWIC, you are an integral partner on the employment service team. You play an active role in supporting the long-term employment process, including providing information, guidance, and direct assistance in vocational planning. You also help identify and leverage resources to meet the employment support needs of beneficiaries. To be effective in this role, you must have a comprehensive knowledge of the current employment service system for youth and adults with disabilities, and knowledge of the vocational evaluation and planning processes used by local employment agencies. You must also be fully aware of the referral, eligibility, program planning, and service delivery approaches employment service agencies use in their local community.

This unit will provide an overview of the major stakeholders in the vocational service system for persons with disabilities. The following agencies serve as collaborative partners in promoting employment and enhancing financial independence of Social Security disability beneficiaries:

- State Vocational Rehabilitation Agencies (SVRAs)
- Employment Networks (ENs) under the Ticket to Work program
- State or local Workforce Investment Boards (WIBs) and American Job Centers (AJCs)
- State or local Intellectual/Developmental Disability (ID/DD) agencies
- State or local mental health, chemical dependency, or substance abuse agencies

- Centers for Independent Living (CILs)
- State protection & advocacy agencies (P&A)
- Public school systems
- U.S. Department of Veteran’s Affairs (VA)
- Community agencies administering IDAs or Asset Development Services

This unit will provide a basic overview of these agencies and describe the most common services they provide to persons with disabilities. For specific information about your role in partnering with each of these agencies, please refer to Module 2, Unit 3.

## **Understanding the Disability Service System**

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The disability services system may seem very confusing to those with no prior experience in the field. There are so many different agencies involved, and each agency has its own distinct eligibility criteria, menu of services, and restrictions on what assistance it can provide. Instead of a coordinated “system”, it is made up of multiple systems and agencies.

To start, it’s important to understand the two main categories of systems or agencies that serve persons with disabilities. These categories are:

### **1. Disability Specific System:**

These agencies generally provide a wide range of services to persons who meet the definition of a specific disability type. For example, the mental health system may provide psychiatric services, mental health counseling, day programs, residential support, or even employment services to certain individuals who have mental illnesses. Similarly, the intellectual disability or developmental disability system generally provides a variety of services to persons who meet the definition of having an intellectual disability or a developmental disability including case management, residential support, vocational training, or supported employment. In addition to these relatively large state systems, smaller agencies such as the Brain Injury Association, United Cerebral Palsy Association, or the Down Syndrome Association often provide a more limited menu of services to more narrowly defined populations. In some cases, individuals may meet the eligibility

criteria to receive services from multiple systems or agencies simultaneously.

## **2. Service Specific System:**

These agencies typically serve persons with many different types of disabilities, but only provide one type of service, or a group of related services. For example, State Vocational Rehabilitation Agencies (SVRAs) provide services across many different disability types, but the services all focus primarily on preparing for, obtaining, and maintaining paid employment. Similarly, the local American Job Center funded by the Department of Labor serves a broad spectrum of people, but it too is focused on employment-related services. Some individuals may meet the eligibility criteria of multiple agencies, so several agencies may serve them simultaneously.

The best way to begin is by conducting research to find out what agencies exist in your service delivery area in each of the two broad categories identified above. You will need to know a few basic things about each agency such as who they serve, what specific services they provide, and what restrictions or limits they place on services. It may be possible to find listings of disability service organizations in the phone book, by accessing the Internet, or even by contacting umbrella groups such as the United Way. When working with specific beneficiaries with disabilities, it's helpful to ask which agencies the person has used or are using for disability or employment support.

It will take time to get to know all of the agencies involved in serving persons with disabilities in any given community. The best advice is to start with the larger state systems and ask for contact information for any other service providers with whom these agencies work or of which they are aware. This unit will help you know where you should start in the information-gathering process.

## **Understanding Employment Services and Supports Available to Individuals with Disabilities**

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The following descriptions offer some background information on the most common types of employment services and supports.

## Supported Employment

The Rehabilitation Act defines supported employment as “competitive work in integrated work settings, or employment in integrated work settings in which individuals are working toward competitive work, consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals, for individuals with the most significant disabilities:

- For whom competitive employment hasn’t traditionally occurred; or
- For whom competitive employment has been interrupted or intermittent as a result of a significant disability; and
- Who, because of the nature and severity of their disability, need intensive supported employment services.”

Supported employment providers facilitate competitive work in typical community business settings for individuals with the most severe disabilities (i.e., psychiatric impairments, intellectual disabilities, learning disabilities, traumatic brain injury) for whom competitive employment hasn’t traditionally occurred, and who, because of the nature and severity of their disability, need ongoing support services in order to perform their job. Supported employment provides assistance such as job coaches, transportation, assistive technology, specialized job training, and individually tailored supervision. The jobs involve pay at a competitive wage and may be part- time or full-time.

Supported employment entails intensive and long-term employment supports. In most cases, the supported employment professional helps individuals find jobs by conducting individualized job development services in the local business community. When the beneficiary secures an appropriate job match, the supported employment professional will typically provide direct job site training to the individual for as long as it takes that person to master the job functions. Even after the individual masters the job functions, the supported employment professional will stay in close contact with the individual and the employer to make certain employment progresses smoothly.

Private non-profit community rehabilitation agencies generally provide supported employment services, but there are exceptions to this. In some states, the state VR agency delivers supported employment

services directly instead of or in addition to purchasing these services from community providers. Some agencies may provide supported employment services as well as sheltered employment services. In most areas, the best way to locate the supported employment providers is to contact the local state VR agency personnel.

## **Customized Employment Services**

Customized employment may best be described as a type of supported employment that involves a specialized relationship between job seekers and employers in ways that meet the needs of both. Customized employment is based on a specific approach to client assessment that examines the strengths, requirements, and interests of a person with a complex life — a process often referred to as “discovery.” In addition, in customized employment great care is taken to analyze the employment site, the job functions, and the availability of natural support from supervisors or co-workers. Jobs are often specially created or negotiated with the employer to accommodate the unique needs of the employee. Successful customized employment opportunities are built on four key elements:

- Meeting the job seeker’s individual needs and interests;
- Using a personal representative to assist and potentially represent the individual. This can be a counselor, job developer, advocate, employment specialist, or other qualified professional;
- Negotiating successfully with employers; and
- Building a system of ongoing supports for the job seeker.

Like supported employment, customized employment opportunities include the expectation that accommodations and supports will be available to the job seeker and the employer as necessary over time. Supports may include (but aren’t limited to) benefits counseling, personal assistance, transportation coordination and assistance, and adaptive equipment. These individualized supports should be flexible to reflect the unique needs of both the job seeker and employer.

## **Sheltered Employment Services**

Agencies known as “sheltered workshops” generally provide sheltered employment services. State vocational rehabilitation, mental health, or developmental disabilities agencies often provide funding. Sheltered

employment environments tend to be segregated facilities, meaning that all or most of the employees except supervisory personnel experience a disability of some type. Employees generally earn less than minimum wage, making it highly unlikely that beneficiaries will be able to use earnings from sheltered employment to enhance their financial independence. Many states are establishing initiatives to limit the use of sheltered employment and promote an “Employment First” policy that relies on placement into competitive jobs.

Agencies can also provide sheltered employment services in community-based settings such as businesses. For example, a manufacturing company may have a specific function that it contracts with a sheltered workshop to perform. The agency will provide employees experience disabilities and will often send a non-disabled staff person to supervise the work on a day-to-day basis. While working at the manufacturing company, the individuals with disabilities are generally employees of the rehabilitation facility, which, under a special provision in the Fair Labor Standards Act, pays them sub-minimum wage based on productivity.

## **Day Habilitation Services**

Day Habilitation services provide individualized assistance to persons with significant disabilities who wish to acquire and maintain life skills that would enable them to become and remain a productive member of our community. In general, the services they offer focus on the development, retention, and improvement of self-help, socialization, adaptive skills, and development of manual or perceptual motor skills. The services correspond with the person’s individual strengths and needs. A variety of Day Habilitation activities include:

- Mobility training
- Development of social behaviors
- Development of communication skills
- Training and assistance in developing basic safety skills
- Training and assistance in developing competency in housekeeping skills
- Training and assistance in developing competency in personal care skills
- Training and assistance in developing health care skills

- Training and assistance in developing money management skills
- Providing individual and group social, health-related, and recreation activities
- All necessary transportation

For the most part, Day Habilitation services are generally don't provide employment and job skill training. There are certainly exceptions to this, and some Day Habilitation programs also provide both sheltered employment and supported employment services. The most common funding source for Day Habilitation Services is special state Medicaid programs, called Medicaid waivers. State VR agencies don't fund Day Habilitation services. Professionals may deliver Day Habilitation services within a facility, in community-based settings, or a combination of both.

## **State Vocational Rehabilitation Agencies**

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Vocational Rehabilitation (VR) is a nationwide federal-state program that provides medical, therapeutic, counseling, education, training, work-related placement assistance, and other services to eligible individuals with disabilities. Specifically, the system of state VR agencies was established to provide the services and supports that individuals with disabilities might need to overcome barriers to employment. The Rehabilitation Services Administration (RSA) of the U.S. Department of Education is the federal agency responsible for overseeing the grant programs that help individuals with physical or mental disabilities to obtain employment and live more independently by providing such supports as counseling, medical and psychological services, job training, and other individualized services. RSA's major Title I formula grant program provides funds to state vocational rehabilitation (VR) agencies to provide employment-related services for individuals with disabilities, giving priority to individuals who are significantly disabled. VR agencies cover the following services:

- Assessment to determine eligibility and needs, including (if appropriate) by someone skilled in rehabilitation technology;
- Counseling, guidance, and job placement services, and (if appropriate), referrals to the services offered by other providers;

- Vocational and other training, including higher education and the purchase of tools, materials, and books;
- Diagnosis and treatment of physical or mental impairments to reduce or eliminate impediments to employment, to the extent financial support isn't available from other sources, including health insurance or other comparable benefits;
- Maintenance for additional costs incurred during rehabilitation;
- Transportation, including adequate training in the use of public transportation vehicles and systems that is provided in connection with providing any other service described in this section and that the individual needs to achieve an employment outcome. Transportation may include vehicle purchase. Under the regulations, transportation is defined as "travel and related expenses that are necessary to enable an applicant or eligible individual to participate in a VR service";
- Personal assistance services while receiving VR services;
- Interpreter services for individuals who are deaf, and readers, rehabilitation teaching, and orientation and mobility services for individuals who are blind;
- Occupational licenses, tools, equipment, initial stocks, and supplies;
- Technical assistance for those who are pursuing telecommuting, self-employment, or small business operation;
- Rehabilitation technology, including vehicular modification, telecommunications, sensory, and other technological aids and devices;
- Transition services for students with disabilities to facilitate the achievement of the employment outcome identified in the Individual Plan for Employment (IPE);
- Supported employment;
- Services to the family to assist an individual with a disability to achieve an employment outcome; and
- Post-employment services necessary to assist an individual to retain, regain or advance in employment.

To be eligible for state VR services, a participant must meet certain criteria. First, he or she must have a physical or mental impairment that results in a substantial barrier to employment. However, the disability doesn't need to be so severe that it qualifies the person for Social Security disability benefits. SSI and DI beneficiaries can receive VR services, assuming they intend to achieve an employment outcome. Second, individuals must be able to benefit from VR services. Finally, they must eventually be able to achieve an employment outcome. State VR agencies can deny benefits if they can show that a person can't benefit from the services. To make determinations, state VR agencies use existing data, such as medical reports, Social Security records, and education records and, to the extent that the existing data is insufficient to determine eligibility, an assessment by the VR agency.

The State Vocational Rehabilitation agency assigns a VR counselor to those eligible for services. The counselor will develop and coordinate the types of assistance a person with a disability needs for employment, including the development of an Individual Plan for Employment (IPE). The IPE is a written agreement between VR and the individual to achieve the individual's employment goal, and must be consistent with his or her interests, unique strengths, priorities, abilities, and capabilities. The VR counselor provides some services directly to the eligible individual and arranges for or purchases other services from providers in the community. Before providing certain services, the VR counselor must consider the availability of comparable services and benefits for which the individual is eligible through other sources, such as Medicaid.

For VR participants who don't receive Social Security disability benefits, the payment method for VR services varies by state. Based on the individual's available financial resources, the state VR agency may require an eligible individual to help pay for services. All eligible and accepted VR participants have access to the following services at no cost: assessments to determine eligibility and VR needs, vocational counseling, guidance, referral services, and job placement services.

To access **[contact information for all of the state VR agencies](https://www.choosework.ssa.gov)**, go to **[choosework.ssa.gov](https://www.choosework.ssa.gov)**.

## Employment Networks (ENs)

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An Employment Network (EN) is an organization or group of organizations that has an agreement with Social Security to deliver necessary employment-related services and supports to assist Social Security beneficiaries with disabilities to enter, maintain, and advance towards self-supporting employment.

The EN assumes responsibility for the coordination and delivery of employment services, vocational rehabilitation services, or other support services to beneficiaries who have assigned their Ticket to that EN. ENs provide services either directly or by entering into agreements with other providers. Under the Ticket program, all ENs are required to develop Individual Work Plans (IWP) for each beneficiary the program serves. The Individual Work Plan (IWP) is an agreement between a beneficiary and an Employment Network (EN) outlining the specific employment services, vocational rehabilitation services, and other support services that the two parties agree are necessary to achieve the beneficiary's stated employment goal.

ENs must:

- Inform and educate Ticket holders that the purpose of the Ticket Program is to provide individuals with the opportunities and supports they need to go to work, increase earnings, and become financially self-sufficient by leaving cash benefits to the maximum extent feasible.

Organizations must apply to become ENs and are required to meet certain criteria as determined by Social Security. Organizations must apply to become ENs by responding to the EN Request for Application (RFA). Once approved, the organization must sign a Ticket Program Agreement (TPA) and key staff must complete a suitability determination and orientation training before operating as an EN. ENs can be for-profit or non-profit service providers, state, and local government agencies, or a group of providers working together as a single EN. Federal agencies can't be ENs.

To learn more about the **EN requirements**, visit <https://yourtickettowork.ssa.gov/web/ttw/en-home>.

Traditional ENs are community-based service providers that have been involved in promoting employment for individuals with disabilities. Examples of these providers are community rehabilitation programs such

as Goodwill Industries and United Cerebral Palsy organizations, community mental health programs, independent living centers, habilitation providers, disability student services at community colleges, and vocational training schools. This is the largest pool of organizations currently operating as ENs.

Over the years, a variety of other EN models have emerged. The Ticket to Work program defines the Employer Employment Network (EN) model as a business model that includes the EN serving as the beneficiary's employer or an employer's agent. The program describes an employer's agent as a group or individual who is working with an employer under an agreement or other arrangement to locate and place suitable job candidates with that employer.

For a detailed description of how ENs operate under the Ticket to Work Program, refer to Unit 10 Module 3 of this manual. For a **listing of current ENs**, visit <https://choosework.ssa.gov/findhelp/>.

## **American Job Centers (AJCs) and Workforce Investment Boards (WIBs)**

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### **American Job Centers (AJCs)**

The Workforce Investment Act of 1998 (WIA) provided the original framework for a national workforce preparation and employment system designed to meet both the needs of the nation's businesses and the needs of job seekers as well as those who want to further their careers. This legislation created an entirely new national Workforce Development System, which replaced programs and services provided under the former Job Training Partnership Act (JTPA).

The key guiding principles of the Workforce Investment Act included:

- **Streamlining Services:** Programs and providers co-locate, coordinate, and integrate activities and information, so that the system as a whole is coherent, accessible, and easy to use.
- **Empowering Individuals:** Eligible adults have the financial power to use Individual Training Accounts (ITAs) at qualified institutions.

- **Universal Access:** Through the creation of the American Job Centers (AJCs) all individuals have access to core employment-related services. This includes information about job vacancies, career options, student financial aid, relevant employment trends, and instruction on how to conduct a job search, write a resume, or interview with an employer.
- **Employer Involvement:** Businesses provide information and leadership and play an active role in ensuring that the American Job Center system prepares people for current and future jobs.

The principles described above were refined and reauthorized in the **Workforce Innovation and Opportunities Act of 2014 (WIOA)**. The enactment of WIOA provides opportunity for reforms to ensure the American Job Center system is job-driven—responding to the needs of employers and preparing workers for jobs that are available now and in the future.

For more information about **WIOA**, visit <https://www.dol.gov/agencies/eta/wioa>.

### **“One-Stop” Approach**

The current national Workforce Development System is based on a “one-stop” concept where information about and access to a wide array of job training, education, and employment services is available for customers at neighborhood locations called American Job Centers (AJC). A **virtual American Job Center (AJC)** is available online at <https://www.americasvos.com/vosnet/Default.aspx>.

By using the American Job Center system, job seeking customers are able to easily:

- Receive a preliminary assessment of their skill levels, aptitudes, abilities, and support service needs;
- Obtain information on a full array of employment- related services, including information about local education and training service providers;
- Receive help filing claims for unemployment insurance and evaluating eligibility for job training and education programs or student financial aid;

- Obtain job search and placement assistance, and receive career counseling;
- Access up-to-date labor market information, which identifies job vacancies and skills necessary for in-demand jobs, and provides information about local, regional, and national employment trends; and
- Get information about accessibility and special accommodations for people with disabilities.

In addition, through the local American Job Centers, employers have a single point of contact to provide information about current and future skills needed by their workers and to list job openings. **Find the nearest AJC** online at

<https://www.careeronestop.org/localhelp/americanjobcenters/find-american-job-centers.aspx>.

For information about **Youth Services**, visit the US Department of Labor's website at [http://www.doleta.gov/Youth\\_services/about](http://www.doleta.gov/Youth_services/about).

## **State/Local Intellectual/Developmental Disabilities (ID/DD) Agencies**

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Individuals with intellectual or other developmental disabilities generally enter the state ID/DD system at an early age and stay in this system during their post-school transition and through adulthood. State ID/DD agencies work cooperatively with local governments, voluntary organizations, service providers, and families to provide necessary services for persons with a diagnosis of intellectual disabilities or developmental disabilities. In most states, ID/DD agencies provide or fund an array of services including after-school programs; services for the aged; housing and residential options; counseling; day habilitation services; developmental programs; family support services; financial assistance; health care; respite care; transportation; waiver programs; research, prevention and intervention programs; and supported and sheltered employment.

States generally define developmental as a severe, ongoing, mental or physical disability that was present before 22 years of age. It's important

to note that some states vary age of onset of disability requirements. For example, Arizona requires onset of disability before age 18.

A service delivery-planning construct similar to the Individualized Education Plans (IEPs) used in Special Education programs at public schools guides the ID/ DD system. The Individual Service Plan (ISP) requires specific services, supports, roles, responsibilities, and time frames for assisting individuals in meeting their objectives. In most cases, ID/DD practitioners develop the ISP with assistance from counselors, case managers, or others with administrative oversight.

ID/DD agencies are funded in a variety of ways. The state typically allocates general funds through the state ID/DD agency, and a growing portion of funding for ID/DD services comes from Medicaid. ID/DD agencies typically access these funds through special programs known as “Medicaid waivers.” While Medicaid historically financed long-term institutional care, there have been recent movements to place persons with ID/DD in community settings. For example, Medicaid Home and Community Based Services (HCBS) waiver programs have been effective at reducing institutionalization and providing Medicaid funds for community-based services. For more information about the Medicaid Home and Community-Based Services waivers, refer to Unit 1 of Module 4.

## **State/Local Mental Health and Substance Abuse Agencies**

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People with mental health support needs may access a relatively independent and loosely coordinated public and private service system. The system’s four major components include:

- **Specialty Mental Health Sector:** Consists of mental health professionals such as psychiatrists, psychologists, psychiatric nurses, and psychiatric social workers trained to treat people with mental disorders. Mental health professionals provide services in this sector in outpatient settings such as private office-based practices or in public or private clinics.
- **General Medical/Primary Care Sector:** Consists of health care professionals such as general internist, pediatricians, and

nurse practitioners. The general medical sector is often the first point of contact for adults with mental disorders.

- **Human Services Sector:** Social services, school-based counseling services, residential rehabilitation services, VR, criminal justice-based services, and religious professional counselors are part of this sector. For children, school mental health services are a major source of care, as are services in the child welfare and juvenile justice systems.
- **Voluntary Support Network Sector:** Consists of self-help groups such as 12-step programs and peer counselors. The network is an established component within the mental and addictive disorder treatment system as adult usage of services has increased since the early 1980s.

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the federal agency in charge of the state mental health systems. The Center for Mental Health Services (CMHS), one of the three centers under SAMHSA, awards state grants for providing mental health services to people with mental illnesses. These grants improve access to community-based health care delivery systems for people with serious mental illnesses who don't have private health insurance. CMHS works closely with each state to design a customized service delivery plan that addresses the unique needs of the state's populations. Each state administers its public mental health budget and authorizes services in several broad areas, including: system leadership for state and local county mental health units; systems oversight, evaluation and monitoring; administration of federal funds; and operation of state mental health programs, hospitals, or institutions.

Medical professionals, human service agencies, or schools refer people into the mental health system. Individuals with mental impairments gain access to these services by meeting specific state medical criteria usually related to the Diagnostics Statistical Manual (DSM). Because the largest provider of mental health services to children and adolescents is the school system, most youth with mental illnesses will contact the mental health system before their exit from school. Individuals with mental health impairments may enter this system during their schooling years through the Comprehensive Community Mental Health Services for Children program in several states or local collaborative programs

administered jointly by schools and county mental health services. Upon leaving school, some youth may continue to use services.

To find local providers of **mental health or substance abuse treatment**, visit samhsa.gov at <https://www.samhsa.gov/find-treatment>.

## **Centers for Independent Living (CILs)**

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The Centers for Independent Living (CIL) program provides grants for consumer-controlled, community-based, cross-disability, nonresidential, private nonprofit agencies that individuals with disabilities design and operate within a local community. These centers provide an array of independent living services. At a minimum, centers are required to provide the following core services:

- Information and referral;
- Independent living skills training; and
- Peer counseling;
- Individual and systems advocacy; and
- Services that support transition from nursing homes and other institutions to the community, provide assistance to those at risk of entering institutions, and facilitate transition of youth to postsecondary life.

Most CILs are also actively involved in one or more of the following activities: community planning and decision making; school-based peer counseling, role modeling, and skills training; working with local governments and employers to open and facilitate employment opportunities; interacting with local, state, and federal legislators; and staging recreational events that integrate individuals with disabilities with their non-disabled peers. Many CILs also provide vocational services such as job development and placement. Some CILs are also actively involved in providing WIPA services.

The Centers for Independent Living program is funded and administered by the **Health and Human Services Administration on Community Living (ACL)** (<https://acl.gov/programs/aging-and-disability-networks/centers-independent-living>). This program provides support for the planning, conduct, administration, and evaluation of centers for

independent living that comply with the standards and assurances in Section 725 of the Rehabilitation Act, consistent with state plans for establishing statewide networks of centers. The purpose of the Independent Living Program is to maximize the leadership, empowerment, independence, and productivity of individuals with disabilities and to integrate these individuals into the mainstream of American society. The Independent Living Program provides financial assistance to provide, expand, and improve independent living services; develop and support statewide networks of centers for independent living; and improve working relationships among state independent living rehabilitation programs, Centers for Independent Living, statewide Independent Living Councils (SILCs), Rehabilitation Act programs outside of Title VII, and other relevant federal and non-federal programs.

A directory of **local CILS** is available online at <http://www.virtualcil.net/cils/>. More information about the **independent living movement**, visit [www.ncil.org](http://www.ncil.org).

## **The State Protection and Advocacy System**

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The Protection and Advocacy (P&A) system is the one longstanding and institutionalized system of disability-related advocacy services available, free of charge, in every state. The P&A system has the capacity to provide a wide range of advocacy services to persons with disabilities through several specific federally funded P&A grants. Each P&A grant establishes a program with its own unique mandate.

Each state has a designated state P&A agency. Typically, this is an independent, not-for-profit agency such as Disability Rights Texas in Texas or Disability Rights California in California. In some states, the designated P&A agency will be part of the state government such as the Indiana Disability Rights. Most P&A systems deliver services through employees of the state-designated P&A agencies. However, some state P&A agencies will provide grants or subcontracts to other agencies to provide all or part of the services mandated under a particular P&A program.

All state P&A agencies employ, directly or through subcontractors, attorneys and other advocates to deliver services to eligible individuals with disabilities. The non-attorney advocates typically carry the title of advocate; some carry the title of paralegal.

The sections below describe the P&A programs that exist in each state. These include:

- Protection and Advocacy for the Developmentally Disabled (PADD)
- Protection and Advocacy for Individuals with Mental Illness (PAIMI)
- Protection and Advocacy for Individual Rights (PAIR)
- Protection and Advocacy for Assistive Technology (PAAT)
- Protection and Advocacy for Beneficiaries of Social Security (PABSS)
- Protection & Advocacy for Individuals with Traumatic Brain Injury (PATBI)
- Protection & Advocacy for Voting Accessibility (PAVA)
- Protection and Advocacy for Beneficiaries with Representative Payees (PABRP)
- The Client Assistance Program (CAP)

Although CAP does not carry the P&A name, most consider CAP a part of the P&A family of programs. Like the P&A programs, it's a federally funded advocacy program that exists in every state to serve persons with disabilities. In many states, the same agencies that deliver services under the other P&A grants offer the CAP program.

The services of the eight P&A programs and the CAP program will, in all states, typically fall under one of the following categories:

- Information and referral services;
- Individual representation, including pursuit of client objectives through negotiation, mediation, administrative appeals, and court actions;
- Investigation of allegations of abuse and neglect (primarily a function of the PADD and PAIMI programs); or
- Outreach and community education (e.g., speaking, dissemination of print and web-based materials).

In addition, many P&As dedicate staff time to activities such as sitting on boards and committees where they make decisions concerning disability service delivery and policy within a state, or region of a state.

In the descriptions below, some of the more typical P&A services are outlined with an emphasis on the type of services that would most likely help an SSI or SSDI beneficiary overcome a barrier to employment. Although individual P&A programs discuss typical services or advocacy cases, there is great overlap among the P&A programs regarding the types of services each offers to eligible individuals. For example, each of the four traditional P&A programs may become involved with Americans with Disabilities Act (ADA) issues. Each state P&A system develops its own set of priorities on how best to use its limited resources, and some state P&A programs do not provide the full range of services described below. In addition, many P&A agencies provide valuable services other than those described, including services they provide through additional, non-P&A sources of funding.

## **Description of the Individual P&A Programs**

### **The Protection and Advocacy for Persons with Developmental Disabilities (PADD) Program**

The Protection and Advocacy for Persons with Developmental Disabilities (PADD) Program was created by the Developmental Disabilities Assistance and Bill of Rights (DD) Act of 1975. The Act requires P&A programs to pursue legal, administrative, and other appropriate remedies to protect and advocate for the rights of individuals with developmental disabilities under all applicable federal and state laws. The governor in each state designated an agency to act as the P&A system and provided assurance that the system was and would remain independent of any service provider. The 1994 amendments to the DD Act expanded the system to include a Native American P&A program. The Health and Human Services Administration on Community Living (ACL) administers the PADD program.

### **The Protection and Advocacy for Individuals with Mental Illness (PAIMI) Program**

The Protection and Advocacy for Individuals with Mental Illness (PAIMI) Program was established in 1986. Each state has a PAIMI program that receives funding from the national Center for Mental Health Services.

Agencies must protect and advocate for the rights of people with mental illness and investigate reports of abuse and neglect in facilities that care for or treat individuals with mental illness. Agencies provide advocacy services or conduct investigations to address issues that arise during transportation or admission to, the time of residency in, or 90 days after discharge from such facilities. The system designated to serve as the PADD program in each state and territory is also responsible for operating the PAIMI program. SAMHSA CMHS administers the PAIMI program.

### **The Protection and Advocacy for Individual Rights (PAIR) Program**

The Protection and Advocacy for Individual Rights (PAIR) Program was established by Congress as a national program under the Rehabilitation Act in 1993. PAIR programs protect and advocate for the legal and human rights of persons with disabilities. Although PAIR is funded at a lower level than PADD and PAMI, it represents an important component of a comprehensive system to advocate for the rights of all persons with disabilities. The system designated to serve as the PADD program in each state and territory is also responsible for operating the PAIR program. OSERS RSA administers PAIR.

### **The Protection & Advocacy for Assistive Technology (PAAT) Program**

The Protection & Advocacy for Assistive Technology (PAAT) Program was created in 1994 when Congress expanded the Technology-Related Assistance for Individuals with Disabilities Act (Tech Act) to include funding for P&As to “assist individuals with disabilities and their family members, guardians, advocates, and authorized representatives in accessing technology devices and assistive technology services” through case management, legal representation, and self-advocacy training. Originally passed by Congress in 1988, the Tech Act set up a lead agency in each state to coordinate activities to facilitate access to, providing, and funding for assistive technology devices and services for individuals with disabilities. The Health and Human Services Administration on Community Living (ACL) administers PAAT.

### **The Protection and Advocacy for Individuals with Traumatic Brain Injury (PATBI) program**

Created by the Traumatic Brain Injury (TBI) Act of 1996 (Public Law 104-166) as amended, the Protection and Advocacy for Individuals with

Traumatic Brain Injury (PATBI) program is designed to improve access to health and other services for all individuals with brain injury and their families through grants to State Agencies and Protection and Advocacy Systems. PATBI serves to protect the rights of adults with TBI and ensures access to services for students with TBI.

### **The Protection & Advocacy for Voting Accessibility (PAVA) program**

The Help America Vote Act, which was signed into law on October 29, 2002, overhauled federal elections in the United States through new set of minimum voting standards that each state and territory must follow. The Act also authorizes the Secretary of Health and Human Services to provide funds to the P&A of each state and territory to ensure full participation in the electoral process for individuals with disabilities, including registering to vote, casting a vote, and accessing polling places. These funds created the Protection & Advocacy for Voting Accessibility (PAVA) program operated by the state Protection & Advocacy agencies. The Health and Human Services Administration on Community Living (ACL) also administers this program.

### **The Client Assistance Program (CAP)**

The Client Assistance Program (CAP) was established as a mandatory program by the 1984 Amendments to the Rehabilitation (Rehab) Act. Every state and territory, as a condition for receiving allotments under Section 110 of the Rehab Act, must have a CAP. CAP services include assistance in pursuing administrative, legal, and other appropriate remedies to ensure the protection of persons receiving or seeking services under the Rehab Act. The Rehabilitation Services Administration (RSA) also administers CAP.

### **Protection and Advocacy for Beneficiaries with Representative Payees (PABRP) Program**

In 2018, the Strengthening Protections for Social Security Beneficiaries Act authorized Protection and Advocacy for Beneficiaries with Representative Payees (PABRP) program. Under this program, Social Security funds state Protection and Advocacy systems to assist the agency to monitor the representative payees who receive benefits on behalf of beneficiaries who are unable to manage benefits on their own.

## **Protection and Advocacy for Beneficiaries of Social Security (PABSS) program**

One critically important P&A partner for WIPA programs is their state's Protection and Advocacy for Beneficiaries of Social Security (PABSS) program. In addition to the national WIPA program, the Ticket legislation created Protection & Advocacy for Beneficiaries of Social Security (PABSS). Beginning in 2000, Social Security awarded 57 grants to the designated Protection and Advocacy (P&A) systems in each of the 50 states, the District of Columbia, the U.S. Territories of American Samoa, Guam, Northern Mariana Islands, Puerto Rico, the Virgin Islands, and the P&A system for Native Americans. Social Security's P&A Program serves Title II disability beneficiaries and Supplemental Security Income (SSI) beneficiaries who want to work despite their continuing disabilities. The purpose of the PABSS program is to assist beneficiaries with disabilities in obtaining information and advice about vocational rehabilitation and employment services and to provide advocacy or related services that beneficiaries with disabilities may need to secure, maintain, or regain gainful employment.

Services offered by the PABSS include but aren't limited to:

- Securing services from community agencies, including employment networks providing services under the Ticket to Work program;
- Helping people who are entitled to benefits understand work incentives and issues with their disability benefits;
- Helping beneficiaries understand and protect their employment rights, responsibilities, and reasonable accommodations under the Americans with Disabilities Act (ADA) and other applicable laws;
- Protecting rights to transportation;
- Protecting access to housing assistance; and
- Obtaining vocational rehabilitation and employment related services and supports.

For more information and to locate **state PABSS projects**, visit [choosework.ssa.gov](https://choosework.ssa.gov) at <https://choosework.ssa.gov/findhelp/>.

For more information about the **state protection and advocacy system**, visit <https://acl.gov/programs/aging-and-disability-networks/state-protection-advocacy-systems>.

## **Public School Systems**

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### **Special Education**

National and state laws govern special education services and supports for children with disabilities attending public schools. Congress passed the landmark legislation of the Education for All Handicapped Children Act (PL 94-142) in 1975 establishing a national policy for the education of all children with disabilities. In 1990, the law became the Individuals with Disabilities Education Act (IDEA), and Congress has reauthorized it twice, most recently in 2004. The law mandates a free appropriate public education (FAPE) for all children regardless of their disability. The federal law specifies children to receive services age three through 21. However, some states have authorized services beginning at an earlier age and extending past the age of 21. A free and appropriate public education (FAPE) means that special education and related services:

- Are provided at public expense, under public supervision and direction, without charge;
- Meet the requirements established by a state board of education;
- Include preschool, elementary school, middle school, or secondary education in a state; and
- Are provided in keeping with an individualized education program (IEP).

Children in special education receive specifically designed instruction to meet their unique needs. The five-step special education process begins with identifying a child through reevaluation every three years to determine continuing need for special education and related services.

1. **Identification and referral:** When a child is suspected of having a disability, a referral, either written or oral, is given to the school requesting an evaluation.

2. **Evaluation:** The school then evaluates the child to determine whether or not the child has a disability as well as the nature and extent of the special education and related services needed.
3. **Determination of eligibility:** Based on the results of the evaluation, a team determines if a child is eligible to receive special education and related services.
4. **Development of an individualized education program (IEP) and determination of services:** If a child is found eligible to receive special education and related services, a team then develops and implements an appropriate IEP to meet the needs of the child. The IEP must be reviewed and revised at least annually.
5. **Reevaluation:** At least every three years, a team must reevaluate a child to determine whether he or she continues to need special education and related services.

Beginning in 1990, the Individuals with Disabilities Education Act (IDEA) required transition services for all children with disabilities. Secondary education transition is a results-oriented process focused on improving the academic and functional achievement of the child with a disability to facilitate the child's movement from school to post-school activities including postsecondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living, and community participation. The IEP must contain transition goals and activities no later than the first IEP to be in effect when the child is 16 and updated annually. The law states that special education and related services prepare students for employment and independent living that makes it clear that educators, parents, and students must consider adult outcomes as they plan for students' school experiences.

## **U.S. Department of Veterans Affairs (VA)**

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A completely separate system of services provided by both the VA and the U.S. Department of Labor helps veterans re-enter the civilian workforce. Some programs are for veterans with disabilities, while other programs or services are available to all veterans. It's important to

understand that individuals may receive services from BOTH the veteran's system and the general service system, and CWICs should explore all potential options.

The following section will describe the major vocational rehabilitation and employment support programs offered by the VA to veterans with disabilities. For more information about **VA services**, visit [www.va.gov](http://www.va.gov).

Also, keep in mind that a wide range of employment services and supports are available to all veterans of the U.S. armed forces. You may find more information about these programs at **Department of Labor** ([www.dol.gov/vets/](http://www.dol.gov/vets/)).

## **The Vocational Rehabilitation and Employment (VR&E) Program**

The Vocational Rehabilitation and Employment (VR&E) Program assists veterans who have service-connected disabilities with obtaining and maintaining suitable employment. This program is also referred to as the Chapter 31 program because Congress authorized it under Title 38, Code of Federal Regulations (CFR), Chapter 31. Services that the VR&E program may provide include:

- Comprehensive rehabilitation evaluation to determine abilities, skills, and interests for employment;
- Vocational counseling and rehabilitation planning for employment services;
- Employment services such as job-training, job-seeking skills, resume development, and other work readiness assistance;
- Assistance finding and keeping a job, including the use of special employer incentives and job accommodations, on-the-job training (OJT), apprenticeships, and non-paid work experiences;
- Post-secondary training at a college, vocational, technical, or business school;
- Supportive rehabilitation services including case management, counseling, and medical referrals; and
- Independent living services for veterans unable to work due to the severity of their disabilities.

## **Eligibility for the VR&E Program**

The VR&E program is only available to certain individuals who meet very specific eligibility criteria. Active-duty service members are eligible if they:

- Expect to receive an honorable discharge upon separation from active duty;
- Obtain a memorandum rating of 20 percent or more from the VA; and
- Apply for Vocational Rehabilitation and Employment (VR&E) services.
- Veterans are eligible if they:
  - Have received, or will receive, a discharge that is other than dishonorable;
  - Have a service-connected disability rating of at least 10 percent, or a memorandum rating of 20 percent or more from the Department of Veteran Affairs (VA); and
  - Apply for Vocational Rehabilitation and Employment (VR&E) services.
- VR&E services are only available to eligible individuals for a certain period of time, the "basic period of eligibility." The basic period of eligibility in which veterans may use VR&E services is 12 years from the latter of the following:
  - Date of separation from active military service, or
  - Date the VA first notified the veteran of a service-connected disability rating.

The VA may extend the basic period of eligibility if the agency determines that a veteran has a serious employment handicap.

## **Applying for VR&E Services**

Veterans and active-duty service members can apply for **VR&E benefits** using the Internet (<https://www.ebenefits.va.gov/ebenefits/homepage>).

Veterans may also apply for VR&E services by mail by **completing VA Form 28-1900, Disabled Veterans Application for Vocational**

**Rehabilitation** (<http://www.va.gov/find-forms/>). Veterans should mail the completed form to the nearest VA regional office.

## **Community Agencies Administering Asset Development Programs**

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In the past, our best efforts to help American families living in poverty focused almost exclusively on providing income supports, such as TANF and SSI monthly cash payments. In recent years, there has been a growing emphasis on moving beyond these methods. While monthly cash payments provide much-needed assistance to meet basic living needs, they do very little to help poor families save for their future and become more self-sufficient. Some of the most current thinking in poverty reduction focuses on the accumulation of “wealth,” not just on cash flow. This approach encourages people to save money and invest in assets that increase in value over time based on the theory that asset development has the capability to both move people out of poverty and keep them out over time. Unfortunately, this population has historically been left out of asset building programs for a variety of reasons, including lack of information. This is beginning to change, and the new way of thinking about asset development is gaining a foothold in the disability services community.

### **Achieving a Better Life Experience (ABLE) Accounts**

A new asset-building opportunity for beneficiaries is the Achieving a Better Life Experience (ABLE) Act. This Act, signed into law in December 2014, provides an opportunity for certain individuals with disabilities to establish a tax-favored savings account that is excluded from the SSI resource limit, up to \$100,000, and from certain other means-tested federal programs, up to the ABLE program limit.

The beneficiary can use the funds in the account to pay for qualified disability expenses. The expenses must relate to blindness or disability, including expenses for maintaining or improving health, independence, or quality of life. These expenses may include education, housing, transportation, employment training and support, assistive technology and related services, personal support services, health, prevention and wellness, financial management and administrative services, legal fees,

expenses for ABLE account oversight and monitoring, funeral and burial, and basic living expenses.

The ABLE Act addresses the significant costs that individuals with disabilities have in living or working in the community. For more information on ABLE accounts, visit the **ABLE National Resource Center** (<https://ablenrc.org/>).

## **Conclusion**

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This unit provided brief overviews of the services offered by the most common agencies that assist individuals with disabilities. It's important to recognize that there will be variance among states and local areas in terms of which agencies are operational and how they provide services. In addition, we did not discuss many small service providers in this unit. You will need to scan your local communities and note all providers of services that could potentially help Social Security disability beneficiaries achieve their employment goals. You should maintain and update regularly any contact information for all potential service providers. WIPA Program Directors need to ensure that they maintain agency information in a centralized location accessible to all team members. We also recommend that personnel receive training on the various service systems so that they will understand all of the local rules governing who is eligible for services, which agencies provide services, and how beneficiaries can access them.