Introduction

An individual’s success in realizing their employment, financial and life goals will ultimately depend on effective management of their benefit programs. As addressed earlier, changes at any time, with any number of variables (including an individual’s employment, financial resources, living arrangements and work incentive utilization) may result in a significant impact on their benefit eligibility and payment status, and their health care coverage. Given these potential impacts, ensuring an overall positive change in a person’s financial and life situation necessitates continuous and effective monitoring and management of their benefit status.

Benefits assistance is about designing, implementing, monitoring, and evaluating the outcome of a long-term benefits support plan. Benefits assistance services usually build on the earlier efforts of the benefits specialist to establish a complete and accurate benefits profile, to analyze and provide advice on potential benefit paths, and, finally, to assist the individual in establishing a long-term benefits management plan based on their informed choice of action. The goals and objectives of this plan serve as a critical guide to the delivery and evaluation of benefit assistance services.

It is important for the benefits specialist to clarify for both the funder of benefits planning and assistance, and the consumer, the point at which benefits planning is shifting into benefits assistance. Planning is focused on analysis and counsel, while assistance deals more with providing long-term supports to oversee and proactively monitor an individual’s benefit status and financial well-being.

Effective benefits assistance services are characterized by the delivery of supports that are individualized, comprehensive, proactive, and available on a continuous basis.

Individualized supports:

The benefit assistance supports required vary significantly from person to person depending on a number of factors. The factors include:

- The array of benefits received;
- The nature and degree of interplay between benefit programs;
- The existence of benefit complications or problems;
- The level of anticipated change in the person’s benefits, employment and life situation;
- The individual’s knowledge regarding their benefit programs and ability to advocate for themselves;
- The existence of other programs or naturally occurring supports in the person’s life that can address support needs.
As these factors will vary widely in each case, benefits assistance plans must be developed on a person-by-person basis. The initial benefits assistance planning process provides a critical opportunity for assessing what type of support needs exist, the intensity of the supports needed, and the benefit specialist’s role in delivering or arranging for them.

Comprehensive services:

When discussing benefits assistance, the term “comprehensive” will be defined based on the support needs of each beneficiary or recipient. At one end of the spectrum, comprehensive services for one individual may consist of monthly or bi-monthly meetings to update employment and benefit information, help with reporting income to SSA, provide regular assistance with managing work incentives, and advocating on behalf of the person with other agencies. At the other end, an individual’s benefits assistance services may simply consist of periodic reassessment of benefit status and education concerning benefit issues as they arise.

In a broader sense, the term comprehensive addresses the need for an agency to ensure that an array of benefit assistance support services and access to information on all possible federal, state, and local benefits are made available to individuals. A comprehensive program of benefit assistance services includes the following key service components:

- Data collection, profiling and analysis
- Advisement and counsel
- Information and referral
- Counseling
- Support planning
- Long-term intervention
- Problem solving and advocacy

For benefits assistance programs limited in the array of services offered and/or scope of information provided, a strong information and referral component will be critical to the overall success of the individual. Efforts must be made to establish and maintain a network of community resources to ensure that all support needs are met, from benefits profiling and advisement to benefits management.

Proactive services:

To ensure that smooth benefit transitions are experienced that result in an overall positive impact; it is critical that benefits assistance services be provided on a scheduled, continuous basis. Proactive benefits assistance is characterized by planning for, and providing, supports at regular checkpoints, as well as at critical transition points in an individual’s benefit, employment, and overall situation. These regular, intermittent checkpoints, or wellness visits, reduce the likelihood and negative impacts of benefit complications by providing for:
• consistent communication with the individual;
• the opportunity to reassess the benefit situation as it currently exists; and,
• an opportunity to identify needs for benefit decisions and actions, as well as additional services, such as information and referral, problem solving and advocacy, and crisis management.

Long-Term Services:

Effective benefits assistance services involve the provision of supports to beneficiaries and recipients over time. Generally, long-term benefits assistance will involve the need for communication between adviser and consumer over a period of one to three years. In some cases, however, the adviser will retain an open case file and provide services for longer than three years, as individual circumstances dictate. It could extend for more than 36 months, for example, if the benefits specialist will be monitoring a consumer’s activity during the entire trial work period and extended period of eligibility. Similarly, benefits assistance may extend beyond 36 months if a benefits specialist is monitoring an approved PASS through the full period of the consumer’s undergraduate program.

As with the types and intensity of services needed, the duration of follow-along benefits assistance services will not only vary from person to person, but may also vary for a particular individual over time. For example, an individual whose case file was closed after several months of assistance regarding a work/benefit transition may identify the need for support in developing a PASS, or responding to a CDR notice, at a later point in time. Flexibility of the program that allows beneficiaries and recipients to move in and out of active case service status, as well as the overall accessibility and responsiveness of the benefits specialist, are key to effective support.

The following are just a few examples of situations where long-term benefits management is appropriate:

• The consumer is an SSI recipient who is expected to have significant variations in earned income (i.e., wages) from month to month.
• The consumer is an SSI recipient who is expected to have significant variations in the amount of exclusions from income from month to month. These exclusions could include, for example, IRWE, BWE, or the student-earned income exclusion.
• The consumer is an SSDI beneficiary who will need to monitor progress through a trial work period and/or extended period of eligibility.
• The consumer is eligible for both SSI and SSDI. Since the effect of work on benefits will vary greatly for the two programs, it is not likely that a person could provide adequate advisement in just one or two sessions with the consumer.
The dynamic interplay between employment, financial status and benefits requires that benefits specialists continually draw on an array of tools throughout the process of supporting benefits management. Analysis of the factors affecting a person’s situation conducted during the initial profiling process will need to be updated regularly as new conditions or factors surface. As a result of each updated analysis, new scenarios or opportunity paths will need to be developed and explored. Education and advisement about new possibilities and choices will likewise be necessary, as well as additional planning for the continued delivery of benefits assistance. The following outlines a number of strategies for the organization and delivery of benefits assistance services.

A primary component of benefits assistance services involves periodic or proactive meetings to ensure that the necessary communication occurs between all parties to move ahead with accomplishing the goals and objectives of the benefits assistance plan. These visits need to be scheduled and held with the beneficiary or recipient on an on-going basis, every three to six months, depending on the individual’s need for support, or when critical transition points are experienced in employment and benefits. Based on benefit management goals and activities laid out in the plan, a timeline or schedule of services may be established to serve as a tickler for contact points.

The long-term benefits plan can simultaneously serve as an agreement between the service provider and the individual, as well as a focal point for the on-going meetings and communication regarding the delivery of service. For individuals with relatively straightforward and consistent benefit and employment situations, the initial plan may serve to guide the delivery of benefits management services over an extended period of time. In most cases, however, the plan will serve as an evolving tool for the benefits counselor and the individual, and will be reviewed and built upon over time as the individual’s situation changes or unanticipated issues arise.

While the periodic, on-going meetings with beneficiaries and recipients will need to be tailored to address the specific needs of the person, the following areas of discussion are suggested as a guide:

- Update of extensive personal, financial, and work-related information originally gathered in the benefits profile;
- Review of benefits management goals and objectives, including an update on progress made, issues or problems raised, and an evaluation of outcomes;
- Identification, analysis and advisement regarding new variables affecting the benefits monitoring and management process. This may require revising existing goals and objectives and/or adding new ones.
• Review and update of benefits assistance service and support needs based on new information/changes in situation;
• Informal education and resource information related to specific benefit and work incentive provisions;
• Direct problem-solving and advocacy for the issues identified;
• Information and referral to community resources to address needs.

The benefits specialist will need to work with the consumer to identify other relevant individuals involved in the person’s benefit management process. To the extent possible, these individuals should be included in the periodic update meetings, as specific needs for their expertise, services, and supports are identified. This may include individuals from other agencies providing services or benefits to the individual, as well as family, friends and others involved in providing supports. Such an inclusive approach will provide greater assurance that the benefits management plan is built on complete and accurate information and that the needs/supports identified will leverage and build upon natural supports and resources currently available.

While the benefits management update meetings serve as the backbone of the follow-along services, they will in most instances need to be supplemented by periodic telephone or written communication with the beneficiary or recipient and other significant individuals involved. As mentioned earlier, all information gathered during the course of the benefits management meetings or other communications, and any record of the information and advice given, should be documented in the individual’s case file.

To minimize the incidence of benefit complications, the benefits specialist should make every effort to anticipate fluctuations or changes in an individual’s employment and financial situation, as well as other factors that will potentially affect benefits and overall well-being. The events or incidents being explored below are common touchpoints where the benefits specialist will need to plan for and intervene to ensure adequacy of safety nets and smooth benefits transitions.

**SSI Touchpoints**

**Event – Increase or decrease in earnings from employment**

An increase or decrease in a person’s earnings from employment will result in a change in their monthly SSI cash benefit. Changes in earnings may be caused by the fluctuations in the individuals work hours, pay rate, a change in pay dates, or termination of employment.
Overview – The SSI program is funded by the general revenues of the Federal Treasury and is intended to provide a minimum level of monthly income to persons who are aged, disabled, or blind and demonstrate economic need (i.e., have little or no income or resources). Individuals who are eligible for SSI receive a monthly cash benefit and will usually qualify for health care coverage under Medicaid as well. The SSI monthly benefit is intended to serve as a financial safety net for recipients during periods of time when they are not able to work at a substantial level, as well as during the process of working towards an employment goal.

As SSI is an economic need-based program, it is intended to supplement any income or resources an individual already has to ensure that they have a minimum level of income each month to meet their basic food and shelter needs. Therefore, the dollar amount of SSI benefit received by an individual in a given month depends on the dollar amount of other income they have for that particular month, as well as their resources, living arrangement, and use of work incentives.

In January of each year, Congress establishes the Federal Benefit Rate (FBR), which is the maximum dollar amount that an individual or couple can receive in SSI cash benefit on a monthly basis. The recipient’s monthly earnings from employment affects how much of the FBR is actually received. Generally, the more an individual has in earnings, the less they receive in SSI.

Not all of the person’s earnings, however, are counted in determining the amount of their monthly SSI benefit. There are several income exclusions that are available to all SSI recipients.

First, a $20 general exclusion is subtracted from a person’s income from any source. The general exclusion is applied first to any unearned income the person has. If the individual has no unearned income, then the general exclusion is subtracted from their earnings.

Secondly, a $65 earned income exclusion is subtracted from the person’s earnings. Finally, the SSA excludes one-half of the amounts of earnings after the $20 and $65 exclusions are applied. So, in other words, the SSI check is reduced $1 for every $2 earned after the other exclusions.

Event: Increase or decrease in unearned income

Examples of unearned income include SSDI, veterans’ benefit, civil service annuity, or monetary support received from another person. Deemed income is another type of unearned income that is counted for individuals who are married or under the age of 18. Deemed income refers to the amount of the parent or spouse’s income that is considered to be available to the recipient. A formula is used by the SSA to determine the amount of the parent’s income and resources that are deemed to be available to the child, taking into consideration the amount of income and number of parents and children in the house.
Background: As with earnings, the more unearned income a person has, the less they will receive in their monthly SSI cash benefit. The $20 general exclusion referenced above is subtracted from the recipient’s unearned income. The remaining unearned income, or countable unearned income, will reduce the person’s SSI cash benefit dollar for dollar.

In particular, benefit specialists should watch for changes in unearned income as a result of the following situations:

- An SSI recipient becomes eligible for an SSDI benefit, because of working and earning enough quarters for coverage on his or her own record.
- An SSI recipient with parental deemed income experiences a change in the number of parents/children living in the household.
- An SSI recipient reaches 18 years of age, at which point parental income is no longer deemed.
- An SSI recipient who is 18 years or age or older is determined eligible for SSDAC as a result of being a dependent of an insured worker who retires, becomes disabled, or dies.

Event: Change in resources

To meet initial as well as continuing eligibility for SSI, an individual must meet a resource test. Resource limitations are established under the Social Security Act and include countable real or personal property that cannot exceed $2,000 for an individual or $3,000 for a couple. If a person has resources in excess of the allowable limits at the beginning of a month, it renders them ineligible for an SSI cash benefit in that month and in future months, until their resources are again below the established limits.

A listing of resources counted can be obtained from your local SSA Office.

Event: Changes in living arrangement

Background: In-kind support and maintenance is considered to be unearned income in the form of food, clothing, or shelter that is given to an individual by someone else. If a person is 18 years of age or older, and receives food, clothing or shelter from a third party, they will be determined to be receiving in-kind support and this will result in their SSI check being reduced by 1/3 of the amount of the federal benefit rate. If an individual is able to pay within $5 of their fair share of the household expenses they’ll be determined not to be receiving in-kind support and will avoid this reduction in their benefit.
Event: Change in Marital Status

**Background:** Two SSI recipients who are married are subject to the couples Federal Benefit Rate. This will result in a decrease in the amount of SSI received by each recipient. Additionally, when an SSI recipient marries an individual who does not receive SSI, a portion of the spouse’s income may be counted as deemed income, resulting in a decrease in SSI cash benefit. SSI recipients who end a marriage relationship will conversely experience an increase in SSI.

Event: Attainment of Age 18

**Background:** Upon reaching age 18, SSI recipients will be subject to a re-determination process to determine their continued eligibility for SSI under the adult disability criteria. If determined eligible, SSI cash benefits will continue. There will, however, be a difference in the calculation of the monthly cash benefit they are eligible to receive because parental deemed income will no longer apply and living arrangement and in-kind support rules will apply.

Event: Movement into 1619(a) status

**Background:** Section 1619(a) basically provides a safety net that enables individuals who continue to be disabled to receive special SSI cash benefits in place of their regular SSI benefits, when earnings exceed the SGA level. To be eligible for 1619(a) benefits, individuals must continue to have the original disabling impairment under which eligibility for SSI was initially determined, and currently meet all other eligibility rules, including the income and resource test.

If all eligibility requirements continue to be met, when earnings increase to greater than the SGA level but remain lower than the break-even point, SSI recipients will automatically move into 1619(a) status. There are no observable differences in the SSI checks indicating the change from regular SSI benefits to a 1619(a) special benefit. Individuals will only receive notice regarding the reduction in their checks when their increased earnings place them over the SGA level. Eligibility for a 1619(a) cash benefits will continue until earnings fall below SGA, at which point individuals will automatically move back into regular status and receive regular checks; or earnings exceed the break-even point (BEP), at which time their cash benefits will cease.

Event: Movement into 1619(b) status

**Background:** Section 1619(b) of the 1987 legislation provides for continued Medicaid eligibility for individuals whose incomes are too high to qualify for an SSI cash benefits, but are not high enough to offset the loss of Medicaid or publicly funded attendant care. Individuals will be eligible only for the 1619(b) protected Medicaid status if the sole causes for SSI benefits cessation are increased earnings over the break-eve point. If cash benefits cessation is a result of a determination of medical recovery or are due to resources and/or unearned income in excess of the statutory limits, individuals will not be eligible for 1619(b).
A second criterion for 1619(b) status requires that individuals’ gross earnings fall below certain limits, called threshold amounts. The thresholds are used as an administrative convenience to determine if “sufficiency of earnings” is met rather than performance case-by-case computations. The law does not mention thresholds. Earnings at or above the threshold amounts are considered to be sufficient to replace the cost of Medicaid coverage. Threshold amounts vary from state to state as a result of variations in the cost of medical services. Individualized thresholds can be computed if individuals have unusually high medical costs, work expenses, or a Plan for Achieving Self-Support (PASS). Individuals are ineligible for 1619(b) if their earnings exceed the threshold amount. They may qualify for this provision at a later date if their earnings fall below the threshold amount within 12 months and all other eligibility requirements continue to be met.

A final criterion for 1619(b) is that individuals must need Medicaid in order to work. Compliance with this criteria is established through statements by the individuals to the SSA regarding the use of Medicaid in the last 12 months, expected use within the next 12 months, or need for Medicaid if individuals become injured or ill within the next 12 months. To qualify for 1619(b) Medicaid status, individuals must:

- Have a disabling condition or continue to be blind;
- Need Medicaid in order to work;
- Be unable to afford benefits equivalent to those received if not working; and/or
- Meet all other requirements for SSI payments other than earnings.

At the time that SSI cash benefits cease as a result of the formula explained above, the SSA computer would automatically determine eligibility for 1619(b). The field office will confirm 1619(b) eligibility at the next determination.

Advocates and family members should monitor earnings monthly and contact the SSA as soon as SSI cash benefits cease, to ensure that the 1619(b) determination is made.

Medicaid can be administered by the SSA or by another state agency, but this varies from state to state. In 32 states, eligibility for SSI brings automatic entitlement to Medicaid.

Individuals who begin working under the SSDI program are provided with several opportunities under the Act to try their hand at work. However, if an SSDI beneficiary medically recovers from their originating disability under which eligibility was established, these provisions of the law do not apply. It is critically important to stay abreast of the individual’s work status as is noted below.
Event: Participation in/ Completion of Trial Work Period

Background: SSDI beneficiaries not recovering from their medically determined disability are entitled to a nine-month trial work period (TWP). The TWP will begin the first month an individual is entitled to Title II benefits or files application for disability benefits. The TWP ends only if individuals perform nine months (not necessarily consecutively) of trial work within a rolling period of 60 consecutive months. TWP months must be carefully tracked, because a 36-month extended period of eligibility (EPE) begins immediately following the nine-month TWP.

Event: Participation in/Completion of Extended Period of Eligibility

Background: If a beneficiary has not medically recovered at the conclusion of the nine-month TWP, the individual will immediately enter into a 36-month Extended Period of Eligibility (EPE). This period begins the month following the ninth TWP month and is a minimum of 36 consecutive months. At the conclusion of the TWP and during the EPE if it is determined that a beneficiary is working at an SGA level, they will receive their full benefit check for the month in which SGA was determined, plus the following two months. This is known as a “grace period” to allow the beneficiary a period of time to adjust to the fact that they will not receive a SSDI check in the months following the conclusion of the grace period in months which their earnings exceed SGA. During the EPE, it is not necessary to file a new application for benefits to resume. Following the grace period, Title II cash benefits are received only during the remaining EPE months in which gross earnings are below the SGA level.

It is important to note that for individuals who are self-employed, individual determinations of what quantifies SGA during EPE will be established. The claims representatives will make this individualized determination by looking at: how many hours of work were performed; who performed the services; net and gross earnings; subsidies; and other particulars.

Consistency and accuracy in reporting monthly fluctuations in earnings between SGA and non-SGA levels is critical in avoiding overpayment or underpayment of Title II benefits during this period. The EPE ends the first month following the 36th month that individuals engage in SGA. For example: Individuals could earn below SGA in the 37th, 38th, and 39th months and continue to be in the EPE. If they earn SGA in the 40th month, the EPE ends. After the EPE has ended, if they decrease earned income due to medical impairment, a new application for Title II must be filed. Currently, within 12 months they can be reinstated.
Event: Extended Medicare Coverage

**Background:** Title II beneficiaries who lose benefit entitlement due to performance of SGA, but continue to be disabled, are eligible for extended Medicare coverage. The extended coverage is for a minimum of at least 93 months. In addition, it is possible for individuals with disabilities to buy into the Medicare program once the extended Medicare coverage is exhausted and Medicaid may possibly assist in paying the premium, which is over $300 a month.

Event: Use of Work Incentives

**Background:** The use of work incentive provisions can help beneficiaries and recipients in two significant ways. They can help individuals to pay for services or items that they need in order to work, and to maintain or even increase their cash benefits until they are stable in employment. In addition to the 1619(a) and 1619(b) work incentives, the PASS, IRWE, and BWE are incentives that enable people with disabilities to recover expenses they incur while working towards greater economic self-sufficiency. The goals of the work incentive programs are to assist individuals to achieve gainful employment, increase independence, facilitate empowerment, and acquire self-support.

In some cases, the work incentives can be used during the initial SGA test to assist individuals who may be working and earning at or above SGA level to establish eligibility. The dollar amount of impairment related work expenses (IRWE) and subsidies are subtracted from the gross monthly wages before the SGA determination is made. Individuals may be earning over the SGA level and still meet the disability criteria if the dollar amount of their IRWEs and/or subsidies is significant enough to reduce their gross monthly earnings below the SGA level. Earnings set aside under a Plan for Achieving Self-Support (PASS) cannot be deducted from gross monthly wages to meet the SGA criteria. However, if individuals are using wages under a PASS to pay for impairment-related work expenses, the PASS expense can simultaneously be computed as an IRWE to reduce wages for the SGA disability determination.

Regardless of whether the work incentive is used during the initial eligibility process or once benefits are established, a decision by a beneficiary or recipient to work and use the work incentives available to them should involve thorough up-front evaluation and planning to ensure an overall positive impact. First, projections should be made on the immediate effect of the earnings and the work incentive plan on cash benefits and the overall financial situation. Second, the long-term impact of changes in both earnings and work incentive utilization must be investigated. Some of the very basic questions that the benefits specialist will want to assist the individual in addressing include the following:
• What happens if earnings increase or decrease?
• If the vocational goal is reached, will benefits cease all together?
• What will be the impact on medical coverage?
• If a work incentive will be used to pay for a work expense that the individual has as a result of their 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 money or resources are accumulated under a PASS and the plan is interrupted, how will continuing eligibility for SSI be affected?
• How will resources, money accumulated under a PASS affect the individual’s eligibility for other benefits they may be receiving, such as housing?

Successful utilization of the work incentives and smooth benefit transitions ultimately depend on a cooperative effort between beneficiaries and recipients, families, advocates and the SSA. Proactive communication with the SSA will help to ensure that decisions made regarding employment and work incentive use are based on sound, accurate information and projections.

Event: SSI Age-18 Redeterminations

Background: As previously discussed, a redetermination review will be conducted for all individuals when they reach their 18th birthday. The purpose of the age-18 redetermination is to ensure that the individual meets the disability eligibility criteria for adults receiving SSI. The local SSA office will contact the recipient to initiate the process.

The potential loss of SSI as a result of the age-18 redetermination process holds significant implications for young adults and their efforts to become successfully employed. Consequently, strong justification is provided for benefits specialists, school, and rehabilitation professionals to take an early and active role in working with youth, their families, and the Disability Determination Service towards an accurate determination of SSI eligibility for the adult program. The following are suggested guidelines for the involvement of benefits specialists and other school and rehabilitation professionals in this process:

• **Provide information** on the age 18 redetermination requirement to individuals on the childhood SSI roles and their families. Discussions regarding SSI and the requirement that all youth must be redetermined for the adult SSI program should happen early in the transition process. Information shared should include both a discussion of the redetermination process as well as information regarding how input will be gathered and used in the work evaluation component of the process. The role of the individual, family, school professionals, and others in the process should likewise be addressed.
- **Gather and provide documentation** to the Disability Determination Service necessary to support an accurate determination of eligibility. It is critical to keep in mind that the documentation provided by teachers and rehabilitation professionals is used in the redetermination process to evaluate a young adult’s residual functional capacity and related ability to perform substantial work. In light of this, it is extremely important that the information provided give an accurate and comprehensive representation of the individual’s performance, including functional work limitations and information on the supports that are necessary to enable the work activity. In some instances, the forms used by DDS to gather input contain only questions related to the student’s performance in the classroom and other school settings. If a student has engaged in community-based work experience, documentation of performance and necessary supports should be included as supplemental information.

Requests for information on age-18 redeterminations will include questions related to assessing the potential for fraud and abuse. In responding to these questions, it is critical that teachers and others consider carefully both the purpose of the questions as well as the observations and information on which their responses are based.

- **Plan early** for the possible implications of benefit cessation with the individual and their family. Young adults who are utilizing and relying on their SSI for access to critical work supports will need to consider possible alternatives to maintain these supports should benefit eligibility cease. If not already established, efforts should be made to assist the individual in establishing eligibility and access to services under the State Vocational Rehabilitation Agency prior to the age-18 redetermination process. Other community agencies and resources should be investigated as well. Involving vocational rehabilitation and other agencies early in the transition planning process will reduce the likelihood that gaps in services will occur and enhance the overall supports available to the student.

- **Encourage and support** students and their families to appeal benefit cessations that result from age-18 redeterminations. A multi-step appeals process is available to all individuals who do not agree with a determination by DDS that they are not disabled. The first step of the appeals process involves a reconsideration of the initial determination at the state DDS level. If a favorable decision is not reached at the reconsideration level, the determination can be appealed through an Administrative Law Judge Hearing. The final steps may include an Appeals Council Review, followed by civil action in a U.S. District Court.
In a perfect world, the benefits specialist would be able to operate proactively at all times, planning for all benefit events and transitions before they occur and taking action to ensure smooth benefit progress. Unfortunately, not all benefit events or decisions can be anticipated! In some instances, the beneficiary/recipient will receive notice of actions that will need to be handled on a reactive basis.

**Change in Benefit Status**

SSA will provide written notice to beneficiaries/recipient of all decisions it makes and actions it plans to take. The notice will include an outline of information or factors on which they are basing their decision/ action. Individuals receiving benefits have the right to appeal any decision made if they disagree with it or think that it is a mistake. The documents that SSA sends regarding the decision are critical to keep on hand as they will assist in responding to or appealing the decision.

There are timelines that must be adhered to for a beneficiary/recipient to exercise their right to appeal. All decisions must be appealed within 60 days. In the case of some disability decisions, if the appeal is initiated within 10 days, the individual may be able to continue receiving their cash benefit while they appeal. Keep in mind that if they are once again determined not disabled as a result of the appeal, they may have to pay the money back.

**Overpayment/Underpayment**

Overpayments and underpayments in SSI and SSDI benefits are commonly experienced, and can have significant impact on an individual’s financial well-being. An overpayment exists when the individual receives more in their cash benefit than they were eligible to receive 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 for a cash benefit during the period of time;
- An SSI recipient had additional earned or unearned income that was not reported/counted by SSA in determining the cash benefit during a specific period of time;
- An SSDI beneficiary received cash benefits after the trial work period and a SGA determination was made;
- SSI or SSDI cash benefits were paid during a period of time that the individual was not eligible due to medical recovery;
- An SSI or SSDI cash benefit was paid during a period of time when any number of other eligibility requirements were not met.
The notice of overpayment sent to the beneficiary or recipient will include information on the time period of the overpayment, reason for it, and amount of overpayment. A request for reconsideration of the overpayment can be filed within 60 days of receiving the notice. This 60-day period may be extended if there is “good cause.” The beneficiary/recipient may also file for a waiver of SSA’s right to recover the overpayment if an argument can be made that the individual was not at fault. This would include situations where the individual was unaware of overpayment or told by SSA that it was not an overpayment, among other things. A waiver may be requested at any time.

If it is determined that SSA will move forward with recovery of an overpayment, the beneficiary or recipient will experience a decrease in their monthly cash benefit.

**Benefit Cessation**

For both the SSI and SSDI programs, benefits can be stopped at any point in time that an individual fails to meet any of the disability and/or non-disability requirements for the program. Again, appeals of the decision must be filed within the established timeframes.

It is critical for the benefit specialist to consider the opportunities for the individual to continue benefits while appealing. Additionally, individuals who are determined medically recovered as a result of any of the CDR processes outlined previously, may be eligible for continued cash benefits under Section 301. This provision allows for the continued payment of monthly cash benefits to individuals determined to be medically recovered if they are under an approved vocational rehabilitation plan. The plan must be in place before the CDR process was initiated, and there must be a good likelihood that providing benefits while the person completes the plan will result in self-sufficiency and their ultimate removal from the benefit roles.

Information and referral services will be a key component of the services that a benefits specialist provides in assisting a person with managing their benefits over time. The benefits specialist will frequently find himself or herself in the position of identifying needs for services that are beyond the purview of their program to provide, such as support in the area of employment development and supports and assistive technology. This is where the development and maintenance of a network of community providers discussed in Unit II becomes critical. As with all other services provided, the level of support in information and referral must be customized to individual needs.
While the onus may be on the benefits specialist to be as proactive in monitoring an individual’s benefit status and as knowledgeable regarding SSA’s policy and regulations as they can be, inevitably, situations will arise that require problem solving and crisis management. It is important in these situations to understand that the benefits planning and assistance arena is comprised of an array of human interactions during which, at any point, error or assumptions can be made that inadvertently result in problems/crisis. There 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 safety net issue?
- Does this situation involve other individuals?
- Is expertise needed outside of benefits planning and assistance?
- Who is available to network with on this issue?

Keep in mind that some individuals may need extensive support in resolving a problem while others may be capable of solving problems on their own. While the tendency may be to resolve the situation on their behalf, it is important to use the opportunity as a “teachable moment.” Keep in mind the multiple steps associated with problem solving and gauge where the individual you are working with may need some skill building support.

Step One: Recognize that there is a problem
Step Two: Understand the breadth and depth of the problem
Step Three: Generate potential solutions to the problem
Step Four: Evaluate and analyze solutions generate projected outcomes and consequences of each
Step Five: Select a solution
Step Six: Implement the solution
Step Seven: Evaluate outcomes and consequences

If desired outcome not achieved:

Step Eight: Identify factors contributing to lack of desired outcomes
Step Nine: Evaluate and analyze other solutions generated to project potential for success
Step Ten: Return to Step Five
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<tr>
<td>1. Try to buy time in order to investigate the situation.</td>
<td>1. Abandon the person requesting your support if they request your immediate attention.</td>
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<tr>
<td>2. Be sensitive to the individual’s problem and “legitimize” the complaint.</td>
<td>2. Accept the individual’s perceptions of the situation at face value without investigation.</td>
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<td>3. Assure the individual that you will take steps to work with them to solve the problem. You are the “expert” — inspire confidence in your ability.</td>
<td>3. Evade the situation, come across “wishy-washy,” sound unsure of your ability, or make excuses.</td>
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<tr>
<td>4. Investigate the situation thoroughly, utilizing all available information services.</td>
<td>4. Assume you know how to handle the situation without investigation or commit yourself to a specific plan of action without gathering information.</td>
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<tr>
<td>5. Develop and implement an intervention plan that treats root causes of the crisis.</td>
<td>5. Attempt to solve major problems by treating symptoms of a more pervasive underlying cause.</td>
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<tr>
<td>6. Use the least intrusive method of intervention, then move up the hierarchy.</td>
<td>6. Jump in with the most intrusive intervention strategy.</td>
</tr>
<tr>
<td>7. Utilize existing supporters and stakeholders in intervention plan to maximize involvement.</td>
<td>7. Try to solve the crisis all by yourself without investing others in the solution.</td>
</tr>
<tr>
<td>8. Be creative and have back-up plans prepared.</td>
<td>8. Assume that your first plan will always be successful.</td>
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Crisis Intervention Plan

Individual: ___________________________ Date: ___________________________

Issue (problem): ________________________________________________________________

The problem could have been avoided if:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Others to invest in plan:

<table>
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<tr>
<th>NAME</th>
<th>AFFILIATION</th>
<th>RESPONSIBILITY/ROLE</th>
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<tr>
<th>Goal</th>
<th>Strategies</th>
<th>Person(s) Responsible</th>
<th>Timeframe</th>
<th>Follow-Up</th>
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Future safety nets to be considered:
Case Study 1:

Chris is an SSDI beneficiary who tells you that he has been working part-time for the past four years. He has been getting help with his taxes from a volunteer tax preparer who is collecting Social Security retirement benefits. As he describes his work activity during the past four years, it becomes clear to you that he has been receiving benefits for some time that were not due him, under the SGA rule. [The tax preparer incorrectly advised him that his earnings, which were over $8,000 in 1997 and 1998, and over $9,000 in 1999 and 2000, would not affect his SSDI benefits. You know differently, and warn him that he has probably been overpaid.] He has never talked directly to an SSDI Claims Representative. Instead, he reported his earnings by calling the toll-free number.

You contact the SSA at his request, and are told that the beneficiary is overpaid by almost $22,000. He is also considered to have completed his TWP and EPE. His benefits terminate immediately.

This news throws Chris into a deep depression. Each time you talk to him, he suggests that suicide is a solution to his problem. His emotional status deteriorates so quickly that he has to quit his job.

What do you do?

Case Study 2

In another scenario, you are meeting for the first time with a young man named Jake. Jake recently graduated from high school and his mother comes to the appointment with him. He proudly tells you he has been working for two months, earning $450 a month. You have to ask if he has reported this work activity to the SSA. His mother says they were not aware that they were required to report. You explain how earned income reduces the SSI payment, and that he has been overpaid.

Both the young man and his mother become very agitated when you explain that his SSI payment will be reduced not only by the “countable” portion of his wages but by the amount that is withheld monthly to recover the overpayment. The mother says her son should quit working rather than lose part of his SSI payment. This would leave him with no activity at all during the day since he is no longer in school and he lives with his mother, who works full-time.

What is the best way to approach this situation?
Case Study 3

Mary is a woman who is receiving SSDI due to a severe medical condition that is now under control with treatment. Her benefit picture is complicated by the fact that she has three minor children, and each of them gets a monthly benefit because she has a disability. The family’s total income (her benefits combined with the children’s) is over $1100 per month. This individual was very successfully employed prior to her disability, and, having a strong work ethic, she wants to return to work. However, she can’t return to her previous occupation, and she has been advised by her physician not to work full-time.

Through your analysis, she learns that if her earnings are above the SGA level, not only may her cash benefits be terminated eventually; her children’s benefits may stop as well. Her projected earnings do not replace the $1,100 she loses, particularly when you consider the net income after taxes. In addition, as a part-time employee, she is not likely to qualify for employer-sponsored health insurance. Currently, her children are eligible for a special health care benefit for families with income below the poverty level. This coverage will be lost if her SSDI benefit terminates.

When you pause during your report to ask if she has any questions, she suddenly bursts into tears. She admits that she is embarrassed at having to live off the government. She wants to be able to give her children the things they need, and she wants to be a good role model by demonstrating the importance of work. She says that she does not understand all of this work incentive information, and she just wants to forget the whole thing.

What do you do?

Case Study 4

You are explaining a benefit analysis to a man named Bill when, suddenly, he becomes angry and begins to escalate talking about how the government is trying to steal his money. He does not overtly threaten you, but his anger continues to grow and he is not making any motions to leave your office.

What would you do in this situation?

Case-Load Management Strategies

Benefits specialists supporting a caseload of individuals in managing their benefits will need to be effective organizers and time managers. It will be difficult, if not impossible, to remain proactive if you are always finding yourself “behind the eight ball!” The following are some tools and suggestions to consider.
The benefits assistance process involves long-term service to the consumer over a period that will usually be 12 months or longer. It immediately follows the completion of the screening and profiling process, and the presentation of a detailed report to the consumer. The period for benefits assistance will usually vary between 12 and 36 months, depending on individual circumstances. It could extend for more than 36 months; for example, if the benefits specialist will be monitoring a consumer’s activity during the entire trial work period and extended period of eligibility. Similarly, benefits assistance may extend beyond 36 months if a benefits specialist is monitoring an approved PASS through the full period of the consumers undergraduate program.

An individualized timeline should be prepared for each individual, which incorporates not only the planned timeframe for wellness visits and telephone/contact letters, but the specific touchpoints that will apply to their situation as well. Examples of other items to be incorporated into the schedule are contacts concerning the trial work period, extended period of eligibility, transition to 1619(b), work incentive milestone dates, and CDRs.

Additionally, the benefits specialist may chose to establish a tickler file that lists by month all contacts and benefits assistance activities to be carried out for all consumers they are supporting in their caseload.

Main Case Record Elements

Maintaining comprehensive records of all data gathered, reports developed, and interactions with the beneficiary/recipient and other parties is critical to good planning and management of benefits over time. The following is suggested as a format for organizing information specific to an individual’s case in a case file:

- **Section 1** — Data collection instruments such as an Interview Questionnaire (screening/profiling) and/or Benefits Management Checklist. This is basically the benefits management timeline in a check-off format.

- **Section 2** — Correspondence with, and on behalf of, beneficiary/recipient. This section includes the initial report to the consumer developed during the process of providing benefits advisement, reports from intermittent visits, and correspondence with other agencies and members of the individual’s support network.

- **Section 3** — Case logs or a record of contacts with the individual whether they are in person, by telephone, or letter, etc. The case log should include documentation of issues discussed and actions taken, as well as provide dates.
• Section 4 — Financial records and other reports or notices regarding benefits received. This section may also include SSI budget worksheets, a month-by-month listing of income, pay stubs, and so forth.

• Section 5 — Information on work incentive programs, including PASS documentation, letters and documentation submitted on IRWEs, BWEs and so on. Any correspondence with SSA regarding work incentives would be maintained in this section.

• Section 6 — Agency referral and intake forms and documents, release forms, SSA Appointment of Representative Form (SSA 1696).

Effective benefits management will ultimately depend on good communication with the Social Security Administration. A key component of this communication is reporting information to the SSA that will impact continued eligibility and benefit amounts. The benefits specialist should take the time to meet with local SSA staff to discuss reporting procedures, timelines and content. The following are some additional strategies to ensure information is reported appropriately to the SSA:

• Encourage beneficiaries/recipients to develop their own personal Social Security notebook, complete with names and contact information, dates that contacts were made and any information obtained. Again, all written notices and letters from SSA should be saved in this notebook, as well as copies of documents submitted to SSA.

• Keep a log of phone calls, office visits, and names of SSA staff members who assisted in any way.

• Know which benefit is received (i.e., SSI and/or SSDI)

• Know who is responsible for reporting information. The beneficiary or recipient is responsible unless they have a representative payee.

• For both SSI and SSDI, report changes in earnings from employment. If the individual receives both benefits, ensure that the correspondence is directed to both the SSI and SSDI divisions. Failure to do so may result in one benefit being adjusted accordingly, while the other is not.

• For SSI, keep SSA informed of any changes in resources, living arrangements, living expenses, student status, and marital status.

• Provide documentation of subsidies the person may be receiving, as well as any work-related expenses they may have as a result of their employment.

• Inform SSA of any change in work incentive utilization.