Introduction

A Framework for Benefits Planning, Assistance and Outreach

Objectives

1. Understand the history and evolution of BPA&O and PABSS services in the U.S. and context of TWWIIA in promoting further expansion.
2. Define BPA&O and PABSS services and supports and a framework for service delivery.
3. Recognize the breath and comprehensiveness of the benefits specialists’ and PABSS specialists’ roles and responsibilities.
4. Articulate the values, which drive the delivery of BPA&O and PABSS services and supports.
The last 15 years have seen an expansion of benefits planning and assistance services and supports being provided to Social Security Administration (SSA) disability program beneficiaries and recipients. With the growth in integrated employment service delivery and increased national emphasis on the employment of persons with disabilities the need for access to these types of services and supports has become essential to promoting successful employment outcomes and attachment of beneficiaries and recipients to work.

With this increased focus on benefits planning and assistance comes the need to further articulate the service delivery construct for this growing field as well as identify the essential knowledge and skills required of practitioners to competently work within this specialized area. Important to this discussion is recognition that the field of benefits planning and assistance has grown from existing roles and functions of practitioners in diverse fields. These related fields and professions have included rehabilitation counselors; an insurance rehabilitation specialist, transition planners, advocates and peer counselors, supported employment personnel, vocational evaluators, and others. While these fields and professions have not focused solely on the delivery of benefits planning and assistance services and supports, they have been a valued activity within the context of their existing responsibilities, contributing to the employment success of consumers they have worked with.

The last five years have seen a growth in the number of practitioners that exclusively provide benefits planning, assistance and outreach (BPA&O) support and services as the primary role of their job. This increase has been partly in response to SSA’s inception of state partnership initiatives focusing on the removal of barriers to employment for beneficiaries and recipients as well as anticipation of the recent passage of the Ticket to Work and Work Incentives Improvement Act of 1999. However, prior to these initiatives a few states did have existing benefits planning and assistance infrastructures for select groups of beneficiaries and recipients.

For example, since the early ‘90s the New York State Office of Vocational and Educational Services for Individuals with Disabilities (VESID) has had an established network of 38 independent living centers statewide that state vocational rehabilitation counselors can access to deliver benefits advisement.

as prescribed in an Individual Plan for Employment (IPE). A formal referral process is utilized to secure this service and centers are paid under contract with VESID to deliver benefits planning as outlined in the IPE. In addition, a cadre of approximately 700 work incentive specialists have been trained and equipped in New York to provide benefits planning and assistance under the auspices of their existing professions. This cadre includes: educators, community rehabilitation practitioners, advocates, peer counselors, parent trainers and mentors, state agency personnel and other stakeholders. Other states have also equipped similar types of cadres although services and supports provided using this approach have been rather informal and not been the primary job responsibility of the practitioner delivering the service. This is of particular relevance to the discussion of quantifying and qualifying framework for how benefits planning and assistance services and supports are delivered.

For our purposes we define benefits planning and assistance as…

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\text{a set of benefits counseling strategies, services and supports that seek to promote work preparation, attachment, and advancement focusing on the enhancement of self-sufficiency and independence of Social Security Administration beneficiaries and recipients with disabilities through informed choice, which may result in decreased reliance on public benefit programs and increased financial well being.}
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The knowledgeable reader will immediately recognize that the definition provided above does not encompass other situations under which benefits planning and assistance might be applied (i.e., supporting the movement of beneficiaries and recipients from institutions to community living and other areas such as health care and insurance planning). While the arena of benefits planning and assistance is larger than is narrowly defined here, for our purposes we are looking at its application in supporting successful employment outcomes for beneficiaries and recipients with disabilities.

Given the diversity in training backgrounds of practitioners providing benefits planning and assistance and percentage of time and efforts allocated to these roles, any service and support delivery construct must be flexible in its design and able to be accessed on a variety of levels given the unique and heterogeneous employment support needs of beneficiaries and recipients as they consider work preparation, attachment, maintenance, and advancement.
To begin looking at a framework for major practice domains within the arena of benefits planning and assistance Cornell University’s Program on Employment and Disability convened a workgroup of leading national experts in the field to outline an initial framework and set of associated knowledge areas and job functions. The work group identified several primary practice domains or function categories including:

- Outreach;
- Information and referral;
- Data collection and profiling;
- Benefits analysis;
- Scenario advisement and counsel;
- Support planning; and,
- Benefits assistance.

These domains within the BPA&O construct continue to be refined. For example, the Institute on Rehabilitation Issues convened by the Rehabilitation Services Administration as coordinated by the University of Wisconsin-Stout is currently addressing the implications of benefits planning and assistance on the roles of rehabilitation counselors. This Institute, comprised of experts from the Social Security Administration, Rehabilitation Services Administration, state vocational rehabilitation agencies, specific universities, and private service providers, initially seems to further support the flexibility of a service delivery construct that provides for easy access and delivery of services and supports from a broad array of practitioners based on the inherent capacities of these practitioners to deliver specific services.

Virginia Commonwealth University, worked with state projects in Federal Region V to further refine a taxonomy of benefits planning and assistance services that included five service categories: information and referral; problem-solving and advocacy; benefits counseling; long-term benefits assistance; and follow-up services. These service categories and stemming definitions were based largely on the work of the Minnesota and Wisconsin state partnership initiatives.
Benefits Planning, Assistance and Outreach

Information and Referral
Marketing
Systems Intervention
Training

Proactive Benefits Monitoring and Follow-Up
Support Planning
Benefits Assistance
Long-Term Intervention

Information Gathering, Profiling and Analysis
Problem Solving and Advocacy
Advisement and Counsel
Short-Term Intervention
Benefits Planning

Information Gathering, Profiling, Analysis and Advisement: An important first step in the benefits planning process is that of information gathering and profiling. Inevitably, at some point, a request for support will come in pertaining to an individual’s benefit status. It is at this point that the benefits specialist will need to make a decision as to the complexity of the issue at hand and depth of information that will be needed to provide solid guidance. Often, requests will be short-term in nature and counsel needed provided through problem solving and advocacy. In more complex cases requiring in-depth data collection, a customized profile of an individual’s personal demographics, history, benefit status, work status, and other relevant information may need to be developed which will provide a base upon which to give guidance that will support the consumer in making a decision based on their initial request. This profile is an important tool in understanding the individual’s current status so that it can be used as a springboard in proposing future alternatives and scenarios that the consumer may want to consider. Based on this and goals, aspirations, interests and support needs expressed by the individual the benefits specialist will conduct a comprehensive analysis of how the consumer’s current situation may be effected by their purported goals and changes in other variables such as income, resources, living arrangements, supports and subsidies, etc. This analysis culminates in a comprehensive summary of information collected and presents options and recommendations for the consumer’s consideration. An important element of counsel at this point is making sure the individual and their key supporters and stakeholders understand the options report generated and are provided with or connected with other resources to support them in making informed choices as to employment plan development and resulting need for benefits assistance. Counsel should result in informed choice leading to the possible development of actual employment goals.

Information and Referral: Information and referral services and supports really cut across each of the three BPA&O domains. Information may include both spoken and print materials pertaining to SSA and other federal benefit programs. This may also include information on other community rehabilitation and employment programs and federal/state resources that may be available. It is important to recognize that the benefits specialist will not be able to be all things to all people. For example, a consumer may need to access rehabilitation counseling services or special evaluative services to assist them in making an employment decision. In those types of cases, and situations where the consumer’s needs exceed the skills and expertise of the benefits specialist, referral to other community service providers or federal/state agencies for these supports may be appropriate. A comprehensive BPA&O program will have a diverse network of providers to whom they can refer.
Problem Solving and Advocacy: As requests and referrals come in for the benefits specialist, information and counsel will inevitably need to be provided. This type of support is typically classified as either short- or long-term in nature. Most problem solving and advocacy is short-term in nature and consists of questions and needs for information pertaining to eligibility for various benefit programs, utilization of work incentives, and community referral. However, in some cases there may be a need for ongoing or long-term support with problem solving and advocacy. In this type of case, these services and supports are much more of a benefits management nature that will be discussed later in this introduction.

Benefits assistance is critical for individuals who may require long-term BP&O services and supports and picks up where initial planning may end. That is, actually supporting the individual in establishing a plan and developing long-term supports that may be needed to ensure success.

Support Planning: Whether deciding to prepare for employment, attach to work, maintain employment, or advance in work, planning is a core function of a benefit specialist’s duties. It requires the practitioner to be skilled in existing service plan delivery mechanisms and understand how each is designed, implemented, and evaluated across an array of systems. For example, transition-aged youth may often have an Individual Education Program (IEP) and an Individual Transition Plan (ITP) that provides a mechanism by which management goals may become a part of the child’s education program. Individuals currently in the vocational rehabilitation system may have an Individual Plan for Employment (IPE) or individuals in the mental retardation / developmental disabilities system may have an Individual Service Plan (ISP) both of which provide additional mechanisms for integrating benefits management and long-term support into existing service delivery constructs. Should the individual not be attached to a current service delivery system or goals not be appropriate to integrate into existing service delivery plan, the practitioner may need to consider the development of a benefits support plan that outlines support areas, activities, responsibilities, timeframes, and criteria/indicators for successful outcomes.

Benefits Assistance: Proactive benefits monitoring is the key to success at this level of support potentially focusing on regular intermittent contact with individuals, consistent communication, crisis management, information and referral, problem solving and advocacy, and assistance with management of the individual’s benefit status. Benefits assistance is known by the long-term nature of services and supports needed by the consumer that may include ongoing data collection, analysis, counsel, and benefits reporting.

Follow-Up: In many cases, some individuals may not need benefits assistance, but rather intermittent spot-checking to maintain their financial well being. Proactive benefits monitoring may also serve as a key to success at this level of support as well.
### Outreach

This domain provides several important tools for recruiting and securing referrals of beneficiaries and recipients with employment interests. Marketing and network building are an important aspect of outreach, essential to developing a customer base. Many effective BPA&O providers offer community education programs and group counsel as an outreach tool. Others, target their outreach and education campaigns at a systems level hoping to in effect change specific systems. Whatever the approach, the key to effective outreach is securing a solid referral base.

While an individual who is considering employment for the first time may come in through the outreach process and enter the construct more linearly as they make a decision as to whether or not to enter employment (e.g. proceeding through planning and assistance), the construct proposed does not require linear movement. For example, an individual may be referred who is already attached to work and simply requires long term management supports in managing a specific work incentive or reporting earnings. Another scenario may include a referral of someone who is already working and needs assistance in considering whether or not a job advancement should be taken and what its impact on benefits might be. In that case, the individual may only need initial problem solving and advocacy.

### Counseling

Counseling is a vital cross cutting skill for the effective benefits specialist. It is the tool by which the benefits specialist gleans information, shares expertise, supports problem solving, provides advocacy, fosters the development of self-determination, and supports informed choice and decision making. Critical to counseling are effective communication skills that include: receptive listening; values-free communication; and expressive communication that include body language, voice tone, and inflection, and words. Interviewing and negotiation skills are also important.

### Implications for Staff Preparation and Service Delivery

As the field of benefits planning and assistance continues to grow and evolve, it will place an increasing need on continued and consistent development of human resources. This development will require both pre- and post-service development with a focus on the measurement of individual competency. In addition, sustainability of current and future planning and assistance efforts will need to be addressed. Critical to this emerging field will be the more rigorous identification and certification of a minimum set of standards and competencies for the profession and those practitioners that comprise it. However, equally important will be how success of practitioners in providing these essential services and supports will be measured and the extent to which customer feedback continues to enhance the quality improvement of planning and assistance services and supports provided.
Major job and practice domains provide a clear differentiation of how job functions and critical knowledge will vary depending on the level, extent and comprehensiveness of support provided by a specific practitioner. Some practitioners may only provide outreach, profiling, analysis, and advisement, while another provides a broader scope of services and supports. This requires the major job/practice domains to be further refined into a flexible service delivery construct or framework for how services and supports might be provided while at the same time configuring for extent and level to which a benefits specialist may be engaged in service and supports delivery.

The framework discussed and outlined in TWWIIA clearly sets forth the three primary domains under which job functions and critical knowledge can begin to be identified. It is important to note though that further extensive qualitative and quantitative analysis of these domains and stemming job functions is needed. In addition, information pertaining to minimum credentials in terms of education and work experience that a practitioner should have need to be identified. Given the breadth of backgrounds, disciplines, agency placement, and percentage of time devoted to providing services a more rigorous research protocol will need to consider and possibly control for these variables. The framework proposed also delineates the level and competency at which a practitioner will need to be equipped based on types of services provided under each domain.

A first step for the benefits specialist or agency providing related services and supports is to consciously be aware of the extent and breadth of benefits planning services and supports that are being provided and available. A sample job description is provided in Appendix A.

Individualized BPA&O services.
Each individual served must be viewed as an individual and not as a member of some disability group. Each consumer will have unique interests and goals that are based upon their own individual values and preferences, which have nothing to do with the disabling condition or label. Services planned for and then delivered must be based upon the individual’s personal preferences and must not be offered in a “on size fits all” manner.

Consumer choice.
It is within sound BPA&O practice to provide consumers with the information necessary to make informed choices. It is also appropriate to explain why one course of action may be preferable to another. It is important to remember, however, that the ultimate decision about the path or action to be taken must be made by the consumer.
Non-judgmental approach. While benefits specialists may offer advice based upon benefits expertise, it is completely inappropriate to make value judgments about the choices consumers make. For example, it is not the benefits specialists place to tell a consumer that the “should” work or are somehow wrong to choose not to work. While the benefits specialists should advice consumers when they are about to pursue a course of action that is against SSA laws, regulations, or policies, they must be careful not to assume a judgmental tone.

The Protection and Advocacy (P&A) system is the one longstanding and institutionalized system of disability-related advocacy services that is 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 Advocacy, Inc. in Texas, or Protection and Advocacy, Inc. in California. In some states, the designated P&A agency will be part of the state government, such as the Indiana Protection and Advocacy Services program or the State Commission on Quality of Care in New York. 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. For example, in New York, the Commission on Quality of Care has provided grants to a range of Legal Services programs, law schools, Centers for Independent Living, and other agencies to deliver advocacy services under various P&A programs.

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 ratio of attorneys to advocates varies greatly from state to state, since the P&A funding sources provide individual discretion regarding how to design a state P&A system to serve eligible individuals.

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2 For a more detailed description of the individual P&A programs, their mandates, eligibility criteria, and representative services, contact the National Disability Rights Network in Washington, D.C. at 202-408-9514 or visit their web site at www.napas.org. The web site contains links to web sites of the state P&A programs. An excellent article on this subject was written by Gary Gross, Senior Public Policy Counsel, NAPAS. See, *The Protection and Advocacy System and Collaboration with Legal Services Programs*, published in *Management Information Exchange Journal*, vol. XII, No. 2, July 1998, p. 28. An updated version of the article will soon be published and appear on the NAPAS website. We acknowledge that article as a primary reference in preparing these materials and thank Mr. Gross and Cheryl Bates-Harris of DRN for editorial assistance.
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)
• The new Protection and Advocacy for Beneficiaries of Social Security (PABSS)
• 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 is a federally funded advocacy program that exists in every state to serve persons with disabilities. In many states, CAP is found in the same agencies that deliver services under the other P&A grants (i.e., within the state-designated P&A or within one of its subcontractors).

The services of the five 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)
• outreach and community education (e.g., speaking, dissemination of print and web-based materials)

In addition, many P&As dedicate some staff time to activities such as sitting on boards and committees where decisions are made 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 typical services or advocacy cases are discussed by individual P&A program, there is great overlap among the P&A programs regarding the types of services offered to eligible individuals. (For example, each of the four traditional P&A programs, as well as the new PABSS, may become involved with Americans with Disabilities Act 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. In addition, many P&A agencies provide valuable services other than those described, including services provided through additional, non-P&A sources of funding.
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. P&A programs are required by the Act to pursue legal, administrative and other appropriate remedies to protect and advocates 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. 1994 amendments to the DD Act expanded the system to include a Native American P&A program. Administration for Children Youth and Families, Administration on Developmental Disabilities (ADD) administers the PADD program.

The **Protection and Advocacy for Individuals with Mental Illness (PAIMI) Program** was established in 1986. Each state has a PAIMI program, which receives funding from the national Center for Mental Health Services. Agencies are mandated to (1) protect and advocate for the rights of people with mental illness and (2) 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, which 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. Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (CMHS) administers the PAIMI 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 were established to protect and advocate for the legal and human rights of persons with disabilities. Although PAIR is funded at a lower level than PADD and PAIMI, 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. Office of Special Education and Rehabilitative Services, Rehabilitation Services Administration (RSA) administers PAIR.

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. Rehabilitation Services Administration also administers CAP.

In addition to the core P&A programs highlighted more in-depth below the P&A for Voting Accessibility (PAVA) was established in 2003. Also strengthened P&A services for individuals with TBI were put in place in 2002.
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, provision of and funding for assistive technology devices and services for individuals with disabilities. Office of Special Education and Rehabilitative Services, National Institute on Disability and Rehabilitation Research (NIDRR) administers PAAT.

The Protection and Advocacy for Beneficiaries of Social Security (PABSS) Program was established pursuant to the Ticket to Work and Work Incentives Improvement Act of 1999.3 It is administered by the Social Security Administration (SSA) through direct grants to each state-designated P&A agency. As stated by SSA, these new grants are made for two specific purposes: 1) to provide information and advice about obtaining VR and employment services; and 2) to provide advocacy or other services that a beneficiary needs to secure or regain gainful employment. PABSS programs can serve any individual who is entitled to SSI or SSDI benefits based on disability or blindness.4

PABSS Priorities

PABSS programs are to provide the following services in the order of priorities listed below:

i. Investigate and review any complaint of improper or inadequate services provided to a beneficiary with a service provider, employer or other entity involved in the beneficiary’s return to work effort.

ii. Provide information and referral to SSI and SSDI beneficiaries about work incentives and employment, including information on the types of services and assistance available to them in securing or regaining gainful employment, particularly services and assistance through employment networks under the Ticket to Work and Self Sufficiency Program. Provide information and technical assistance on work incentives to individuals, attorneys, governmental agencies, employment networks and other service providers, and advocacy organizations.

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4We believe, but it is not clear from SSA’s written grant conditions, that a person no longer eligible for SSI or SSDI cash benefits is eligible for PABSS services if the person receives continuing Medicaid benefits through the 1619(b) program or extended Medicare benefits for former SSDI recipients. Both 1619(b) and extended Medicare benefits are a derivative of the cash benefit programs, with a requirement that the person continues to be disabled.
iii. Provide consultation to — and legal representation on behalf of — beneficiaries when such services become necessary to protect the rights of such beneficiaries. To the extent possible, alternative dispute resolution procedures should be used.

iv. Assist beneficiaries with disabilities in disputes before SSA involving work related program decisions and benefits overpayments that are clearly a barrier to obtaining employment. PABSS personnel may not receive legal fees for these services.

v. Advocate to identify and correct deficiencies in entities providing VR services, employment services, and other support services to beneficiaries with disabilities, including reporting to the program manager on identified deficiencies related to employment networks and other concerns related to the Ticket to Work and Self Sufficiency program.

Within these priorities, it appears that PABSS programs can provide any advocacy services that fall within a P&A’s traditional categories of service. One exception is that PABSS programs cannot use this new grant money to pursue appeals or litigation against SSA, its commissioner, or any SSA official. See discussion of condition four below.5 PABSS programs may pursue appeals and litigation against other federal agencies for issues directly related to securing or regaining employment.

Within priority category one, SSA clearly envisions that PABSS programs will represent beneficiaries in disputes with the new employment networks under the Ticket to Work and Self Sufficiency program. This will involve the Ticket’s dispute resolution system as set forth in regulations expected to become final later this year.6 The Ticket program will be implemented in 13 states during the latter part of 2001,7 with the remaining 37 states to be phased in during 2002 and 2003. PABSS programs could also handle beneficiary disputes with state and private VR programs under this priority, but many of those cases are expected to be referred to CAP programs.

5The extent of SSA-related advocacy and appeals done through the other P&A programs will vary from state to state. A number of state P&A agencies have established priorities, within their PADD, PAIR and PAIMI programs, to pursue SSI and SSDI issues on behalf of persons with disabilities.

6The proposed Ticket regulations were published on December 28, 2000, with comments received by SSA through February 26, 2001. 65 Federal Register 82843. Final regulations are expected to be published in late 2001.

Priority two creates a mandate similar to what is expected of the newly created BPA&O projects; that is, to provide information and technical assistance to beneficiaries, advocates, and a range of provider agencies regarding the SSI and SSDI work incentives and related provisions. What PABSS programs do under this mandate may depend, in part, on previous expertise in doing similar work under existing grants, work currently done by only a few P&As. It may also depend on collaborative agreements they negotiate with the BPA&Os in their states. In many states, we expect that PABSS programs will collaborate with BPA&Os to maximize their combined resources and jointly embark on efforts to provide training, disseminate materials, and provide technical assistance to beneficiaries and the providers that serve them.

Priority three provides authority for PABSS programs to provide consultation and legal representation to beneficiaries, when necessary to protect their rights. As long as the issues involved have a connection to employment, we can expect PABSS attorneys and advocates to be potentially available to provide consultation or representation on the following types of cases: special education; vocational rehabilitation; enforcement of the ADA or section 504 as related to employment, training, college programs, transportation, or anything else that stands as a barrier to employment; and denials of funding for goods and services (including AT) through Medicaid, Medicare or private insurance companies. In all their advocacy work, PABSS programs are required to first pursue administrative remedies, where available, before initiating litigation in a state or federal court, unless doing so would compromise the rights of the beneficiary.

Priority four allows PABSS programs to represent cash beneficiaries who encounter adverse, work related decisions from SSA concerning their benefits, such as work related continuing disability reviews and work related over-payments. PABSS activities permitted under this condition include, but are not limited to, assisting and/or representing a beneficiary during the pursuit of a waiver or reconsideration of an overpayment assessed due to excess earnings (up to and including the Administrative Law Judge hearing), explaining the SSA appeal process to beneficiaries and assisting with the completion of necessary paperwork, assisting continuing disability review, and providing advice and information to assure complete consideration by SSA of potential employment subsidies, impairment related work incentives, and plans for achieving self support.

Priority four, as mentioned above, does not allow the pursuit of any litigation, e.g., the filing of a Federal Court Complaint for Judicial Review, using PABSS funds. There is no prohibition that will prevent the use of alternative P&A funding streams to bring this type of claim however.
Priority five is best described as performing a watchdog function over the existing and new VR and employment systems that are available to serve individuals with disabilities. Under this priority, we can expect PABSS programs to: monitor the existing state and private VR systems; monitor the new one-stop agencies established pursuant to the Workforce Investment Act; and monitor the employment networks serving beneficiaries under the Ticket program, reporting concerns to the program manager who will oversee that program. Here again, we expect that many PABSS programs will collaborate with BPA&Os to identify how best to accomplish this priority. We expect that in many states, the PABSS program will seek to address this priority by attending public meetings or seeking appointments to boards that oversee the functions of the systems described above. In addition, individual complaints from beneficiaries about these systems can be regularly referred by the BPA&Os to the PABSS staff.

PABSS Programs have been typically staffed with a Project Coordinator, a lead staff person with program reporting responsibilities, PABSS Specialists who provide direct line services, and other administrative support personnel. A sample composite job description, detailed by the NAPAS, is provided for reference in Appendix A.

The following is taken from the NAPAS Standards for Advocacy Programs Serving People with Developmental Disabilities and People with Mental Illness. Originally developed by a workgroup, these standards were later adopted by the NAPAS Board of Directors for use by all P&A agencies.

**Principles**

The following principles govern the way in which advocacy services are organized and delivered:

1. People with disabilities share with all citizens of the United States and its territories, basic human, legal, and civil rights.

2. The primary role of advocates is to establish, expand, protect and enforce the human, legal and civil rights of people with disabilities.

3. The role of the advocate is to inform the client about options, to assist the client to express preferences, and to ensure that these preferences are heard and vigorously pursued within the scope of the law.

4. Advocacy efforts are sensitive and responsive to the unique needs of individuals from diverse ethnic, racial, and cultural backgrounds.

5. Advocates appreciate the realities that confront clients and take meaningful direction from clients.
6. Advocacy programs are accessible and reasonably available to the places where people live and work.

7. The availability of advocacy services is known to potential clients, the location of services is physically accessible and the program possesses the resources necessary to communicate with its clients.

8. When a decision or meaningful choice cannot be or is not expressed by a client, or when consent is not available from or provided by a client or legally authorized substitute, advocates safeguard and advance the human, legal and civil rights of the person with a disability in a way that does not limit the client's options for choice.

9. Advocates assist people with disabilities to speak for themselves regarding their personal, programmatic and service goals and desires.

10. Advocates seek access to, and participate in forums such as state rule making, state planning, legislative and policy development processes that affect the rights and opportunities for people with disabilities.

11. Advocacy programs are accountable to the people whom they represent and such accountability is reflected in the policies and practices of the program as well as in the ethnic, racial, cultural, and consumer composition of the governing authority and staff.

12. Advocates employ multiple means of action and redress such as individual and class representation, legislative and other systemic advocacy, training and consumer education.

13. Advocacy programs are administratively independent and physically separate from service providers and state agencies responsible for the provision of services to persons with disabilities.

14. Advocacy priorities include the special concerns of people in segregated settings and promote opportunities for integration in work, education, leisure, and housing.

15. Advocacy resources and priorities address the human, legal, and civil rights of those individuals in the greatest jeopardy and with the greatest needs.

16. Advocacy efforts recognize and promote the right to a range of appropriate and humane treatment and habilitation.
Values and Philosophy

Advocacy for persons with disabilities is based on the following values:

Equality, Equity and Fairness

People with disabilities are full and equal citizens under the law. They are entitled to equal access to the same opportunities afforded to all members of the society. People with disabilities are entitled to be free from abuse, neglect, exploitation, discrimination, and isolation, and to be treated with respect and dignity.

Meaningful Choice and Empowerment

People, regardless of age, type and level of disability have the right to make choices and to have their choices acted upon. These choices are exercised both with respect to daily routines and major life events.

Supports and Participation

Services and supports are shaped by the unique needs and preferences of each individual, and assure and enhance opportunities for integration in all aspects of life. Services are age appropriate and premised on the fact that people with disabilities, continue to learn, grow and develop throughout their lives. For children, such growth is best accomplished within families, and for adults, within integrated communities rather than institutions.

Independence

Advocacy services are based on a philosophy of equal access, peer support and self-determination to be achieved through individual, professional and system advocacy. Services are delivered in a manner that maximizes leadership, independence, productivity and integration of individuals with disabilities.

Advocacy services reflect, and are responsive to, the diverse cultural, ethnic and racial composition of society.