Chapter 20 —
**INFORMATION GATHERING, ANALYSIS, ADVISING, AND REPORTING**

**BPA&O Decision Tree**

Action / Decisions:
1. Assess the Situation
2. Determine the level of support needed

**Query**

**Short-term**

Information & Referral

**Intermediate**

- **Is it a crisis?**
  - Need to respond quickly
  - e.g. urgent

- **Is it time-sensitive?**
  - e.g.
  - agency deadline, job offer

**Pro-Active Planning**

- collect
- verify
- analyze
- summarize
- confirm desired response (written/verbal face to face phone/email)

**Long Term Benefits Management**

**Is there a need for long-term support?**

- **Short-term Problem response**
  - requires research, contact with one or more agencies to find an answer to a specific problem or question.
Data collection and profiling is typically seen as the initial point of entry into the benefits planning and assistance construct. Data collection is the process by which information and data is collected and a customized comprehensive benefits profile may be completed outlining several important facets of the beneficiary’s or recipient’s financial status and life. These include:

- Personal demographics
- Personal directions / future outlook
- Description of disability
- Outline of other agency involvement
- Description of monthly income
- Summary of existing resources
- Description of Property Essential to Self Support
- Employment information
- Trial Work Period analysis
- Extended Period of Eligibility analysis
- Expedited Reinstatement of Benefits
- Health insurance needs
- Analysis of Impairment-Related Work Expenses
- Analysis of Blind Work Expenses
- Analysis of Subsidies
- Plan for Achieving Self Support history/potential
- Ticket to Work

Information gathering and data collection is a sensitive area. The needs of the customer being served will dictate the level and sophistication of information to be gathered. In the case of beneficiary or recipient simply calling for a quick piece of advice, it may not be necessary to compile a comprehensive profile of the individual’s status. Rather, the benefits specialist will pick and choose specific areas where they need additional information upon which to base their counsel and advice.

Attached in Appendix F is a model Data Collection Questionnaire. This questionnaire is intended to be used as a guide in conducting both telephone and in-person interviews of persons with disabilities and/or the persons who seek assistance on their behalf. In some cases, the practitioner will need to gather no more than a fraction of the information sought by the form. In other cases, the practitioner will want to cover all, or most of, the questions.

If in doubt, it is recommended that the practitioner obtain all the suggested information during the interview and gather any documents (e.g., Social Security Administration notices) that might be relevant. In all cases of long-term benefits advisement and management, it is recommended that this form, or something like it, be used to ensure completeness, comprehensiveness, and consistency of information collected.
The questionnaire is intended as an aid to analyze the effect of work on benefits. The user of the form may wish to customize it to meet the individual needs of the practitioner. For example, if your agency serves transition-aged students, you may want to develop an additional set of questions regarding the nature of special education services the child receives. If your agency serves only members of a particular disability group, you may wish to develop a set of questions based on the typical symptoms, limitations and interventions that may be expected.

The remainder of this unit walks through the major headings of the questionnaire. For each heading, we explain the data that should be gathered, why that information is important, how to analyze the information collected, and finally, how to report your findings. The reader should keep in mind that some benefits specialists might not have the expertise to identify and analyze every issue suggested in this form. However, the form will be helpful in spotting issues that can be then referred to persons or agencies who will be in a position to provide the analysis and information needed.

It is important that the adviser gather basic contact information, including name, address, phone number and other contact information. Information about age, marital status and living arrangements is critical as a recipient’s SSI check may be affected by the answers to those questions. The form seeks information about other family members in the household, as their existence may suggest the need to determine whether the benefits of other household members will be affected by the work activity of the individual being profiled.

When collecting information, be sensitive to several areas:

- Level of discomfort on the part of the person sharing information
- Sensitivity of information and confidentiality
- Individual’s need for reassurance
- Need to triangulate data collected to verify accuracy
- Identification of other stakeholders in the person’s life
- Possible need to go through the questionnaire in a non-linear manner, as information is shared
Initial Questions Presented:

I. Personal Demographics

Name:    Social Security #: 
Address: 
County of residence: 
State of residence: 
Date of birth: 
Type of residence, check one:  
  ____ Home, apartment  
  ____ Group home  
  ____ Intermediate Care Facility (ICF)  
  ____ Hospital  
  ____ Other, please describe:  
  ____ Residential placement, funding (specify)  
Home phone:   Work phone:  
Fax:     E-mail:  
☐ Married  ☐ Single  ☐ Divorced  
Name of spouse: 
Names, ages of children: 
Living arrangements  
  Live alone?   ____ yes __ no 
  Live with spouse?   ____ yes __ no 
  Live with children?   ____ yes __ no 
  Live with roommate?   ____ yes __ no 
  Share expenses?   ____ yes __ no 

Gaining an Understanding of Personal Direction and Future Outlook

Gathering information on the individual’s personal direction and future outlook begins with making sure you have and understand some basic information:

- interests and preferences;
- long range goals and aspirations
  - employment,
While it is important to weigh this information when providing advice and counsel, it is also important to understand what skills, interests and preferences the individual brings to the table. In some cases, this information may be provided as part of the referral or may be evident in existing data. The role of the benefits specialist is not to “diagnose” and become an “evaluator,” but rather to use the information available as a benchmark to consider in the planning and assistance process.

II. Personal Direction and Future Outlook

Reason for referral:

Expectations for services being requested:

Preferred location to receive services:

Individual’s long-range dreams and aspirations (within 1—3 yrs.):

- Employment:
- Postsecondary and/or continuing education:
- Community living:

What the person expresses they need to achieve their desired outcomes (frame as supports):

This information is vital to projecting the future orientation of the individual being served and discovering specific considerations that may need to be made should the person be seeking benefits advisement or require long-term management supports.

The first two sections of the Benefits Screening Questionnaire (Personal demographics and Personal Direction and Future Outlook) are pieces of information that can easily be compiled into a forward for the comprehensive report. They would provide important information about why the individual was referred; what the individual’s personal and home life experience is like; as well as the dreams, aspirations and potential outcomes they are interested in.
Using Section I and II of the completed Profile in Appendix F, and pairing up with a colleague, draft a few paragraphs from the profile that could be used as a forward to the report. Use the Reporting Template provided in Appendix G to draft your document.

This section seeks information about the person’s diagnosis, doctors/therapists, medications, and their side effects. It also seeks functional information about how the disability limits activities, including ability to work.

The information gathered here could be important in determining if the person is eligible for impairment related work expenses (IRWEs) or blind work expenses (BWEs). It could also be important in evaluating whether certain expenses proposed for a Plan for Achieving Self Support (PASS) are needed to overcome a particular limitation. Gathering the names and addresses of health professionals at this point eliminates the need to seek that contact information later, when a letter is needed to support the application for an IRWE, BWE or PASS deduction.

### III. Disability Description

Primary diagnosis: Secondary diagnosis:

Tertiary diagnosis:

Age at onset of disability:
Specific date if available:
Currently seeing a doctor or therapist? __ yes __ no

Name, address of doctor or therapist:

Medication, please list:

Any side effects: __ yes __ no
Describe side effects:

How does disability limit activities?

How does disability limit ability to work?
Compiling a description of an individual’s disability is an extremely sensitive portion of the comprehensive report and one that requires much thought and foresight. When defining the individual’s disability, stick with the original disabling condition, which first established their eligibility for benefits. That does not preclude providing more functional information regarding residual capacities and functional limitations or other tertiary diagnosis. A comprehensive summary of the individual’s disability might include:

- Primary diagnosis or label, as determined by a qualified medical examiner
- Secondary and tertiary diagnosis
- Onset of disability
- Medications received and functional side effects
- Description of how the disability limits an individual’s functioning, and possibly, work activity

When drafting this portion of the report, use first-person language that is empowering to the person and recognizes their individuality first and not their label.

For example, if John had a label of severe mental retardation, you wouldn’t state any of the following:

- Mentally retarded, John is unable to…. (makes John’s disability his identity rather than his name)

- The retarded…. (classifies John with a group of people assuming they are homogeneous, ultimately losing his identity as a result)

You could say:

- John has been diagnosed with…
- John experiences…
- John is an individual with the following unique capacities, strengths and interests who is also classified with a label of …

Many individuals with disabilities who are working or planning to work will be involved with another state or local agency such as state or private vocational rehabilitation (VR); the state MR/DD system; state MH system; or others. Some individuals will receive services from both state and private agencies. If an individual being served is not involved with, or aware of, other service delivery networks, you should take the opportunity to explore the employment and services and supports potentially available to them, to assist them in making a better informed choice as they consider.
This section seeks information about specific agencies providing services, the name and contact information for key personnel assigned, and the nature of services being provided. In some cases, you may want to obtain the individual service plan or any other documents that describe the services provided. The information gathered here could be very relevant in determining whether any employment is subsidized. The information could also be helpful in determining whether there are any additional goods or services needed that could be funded out of a PASS.

Benefits specialists and other professionals who regularly take part in planning activities with individuals with disabilities also need to be on guard against the somewhat inevitable tendency for this process to become predictable and routine. When this happens, professional participants lose sight of the significant impact this planning has for the quality of life and future for that individual. Regularly transpose yourself to the position of the individual and family, and ask if the planning process is really taking into consideration their interests, needs and concerns; and whether you are bringing the necessary compassion, creativity, and energy to work with you to create positive outcomes.

When crafting a section of the comprehensive report on involvement of the beneficiary or recipient with other agency or support networks, there are several factors to keep in mind and to document.

- If still in school, when will the person exit?
- Is the person currently participating in any educational programs that might impact on benefit status?
- If being provided services and supports from other agencies, what timeframes should we be aware of?
- Do any of the programs or services provided hold implications for what we are trying to accomplish?
- Are there teachers or counselors involved in the person’s life that should be invested in the benefits planning and assistance process?
- What strategies should be used to invest these potential stakeholders?
- Does the individual currently have a formal plan for services that should be considered?
- If need arises, do we have access to the individual(s) commissioned with developing those plans?
IV. Involvement With Other Agencies / Support Systems

Is the individual still enrolled in secondary school? ___ yes ___ no
If yes, name of school:
Name, phone number of teacher:
Describe education program:

Is the individual enrolled in continuing education or a postsecondary education institution? ___ yes ___ no
If yes, name of school:
Name, phone number of counselor:
Describe education program:

Is the individual involved with the state VR agency? ___ yes ___ no
If yes, name of agency:
Name, phone number of VR counselor:
Describe program, services getting from agency:

Is the individual involved with a private VR agency? ___ yes ___ no
If yes, name of agency:
Name, phone number of VR counselor:
Describe program, services getting from agency:

Is the individual involved with the State MR/DD system? ___ yes ___ no
If yes, name of agency:
Name, phone number of case manager/rep:
Describe program, services getting from agency:

Is the individual involved with the State MH system? ___ yes ___ no
If yes, name of agency:
Name, phone number of case manager/rep:
Describe program, services getting from agency:

(Continued on next page)
Chapter 20 Benefits Planning, Assistance and Outreach

Is the individual involved with any other agencies?  
___ yes ___ no
If yes, name of agency:
Name, phone number of case manager/rep:
Describe program, services getting from agency:

If yes, name of agency:
Name, phone number of case manager/rep:
Describe program, services getting from agency:

If yes, name of agency:
Name, phone number of case manager/rep:
Describe program, services getting from agency:

Briefly describe other informal or unpaid supports in the individual’s life (family, friends, etc.).

Summarizing Monthly Income

This section seeks information regarding all income of the individual and other members of the household. The intent is to determine how the person’s current or future work activity will affect SSDI, SSI, Medicare or Medicaid benefits. It also seeks to paint a picture of income needed to offset the loss of cash benefits.

Information about the income of other household members is sought for two reasons. If that income is from SSI, welfare or some other form of public benefit, the adviser needs to identify whether those benefits will be affected by the individual’s wages. If the other household member has wages or other income, the adviser needs to identify whether those wages or other income might affect the person’s eligibility for, or amount of, SSI benefits.

If the individual receives SSDI benefits, the questionnaire asks whether they are collected against the consumer’s earnings record, or as a Disabled Adult Child (DAC), or as the widow/widower of another wage earner. The answer to these questions could determine continuing eligibility for health care coverage.

For example, the person who loses SSI when he or she becomes eligible for SSDI/DAC benefits may be able to retain automatic Medicaid, indefinitely, under a special provision of the law. Similarly, the person who loses SSI when he or she becomes eligible for SSDI widows or widower’s benefits may be able to retain automatic Medicaid during the 24-month waiting period for Medicare eligibility.
Prior to providing advisement on future scenarios, the practitioner must do a comprehensive job of identifying other means-tested benefits, services or supports an individual may receive. This would include not only SSI, but also:

- Pell grants or other financial aid received during postsecondary education
- TANF
- Food stamps
- State subsidized housing
- HUD support
- Other public welfare programs

V. Monthly Income

Unearned Income:
SSDI amount:
Type of benefit (check appropriate benefit):
___ Against own record
___ Disabled Adult Child
___ Widows/Widowers
___ Other:
___ Unknown
Unemployment amount:
Veteran’s benefit amount:
Railroad Retirement Pension amount:
Alimony / Palimony amount:
Child Support amount:
Private disability insurance amount:
Worker’s Compensation amount:
Other amount (specify types):

Financial Needs-Based Assistance (means tested):
SSI amount:
Pell grant amount:
TANF amount:
Food stamps amount:
State subsidized housing:
___ yes___ no amount:
HUD:
___ yes___ no amount:
Other amount (specify types):
Anyone in household receive welfare benefits?
___ yes ___ no
Describe form and amount:
### Reporting Monthly Income

If individual receives SSDI or SSI:
Name, address of Social Security office serving them:
If known, name, address, phone, fax and email address of Claims Representative serving them:

#### Earned Income / Wages:
- ___ employed by others
- ___ self- employed
  - Monthly gross amount:
  - Weekly gross amount:
  - Bi-weekly gross amount:
  - If wages vary, please explain:

Other income in household:
- Spouse, describe form and amount:
- Children, describe form and amount:

When compiling a summary of the individual’s monthly income, make sure to be “values-free” when reporting types of income received. Whether earned or unearned income, the impact on both must be explored with equity.

### Unearned Income
Given that unearned income is considered first in SSA’s calculations for the SSI program, outline the specific types of unearned income and amounts received and how the individual is entitled. This should be coupled with either notation or footnote as to how these benefits may be affected by earnings or fluctuations in other benefits or entitlements. Unearned income might include, but not limited to: Veteran’s benefits; Railroad Retirement Pension; alimony / palimony; child support; private disability insurance; and/or, Worker’s Compensation. When available, it may also be important to provide contact information for subsequent caseworkers or claims representatives.

### Financial Needs-Based Income
While also considered unearned income, it may be important in some cases to separate out needs-based income in the income summary specific financial needs-based income received (e.g. SSI, HUD, TANF, etc.). These incomes will inevitably be affected, based on other income received. This type of income is usually associated with providing the individual and/or their family with a minimal means of existence and not only provide financial resources but possibly access to affordable housing and other essential daily support. Make sure to reference type of income, source, and amount with a footnote or notation as to how each specific type of income listed may be affected by other types of income. When available, it may also be important to provide contact information for subsequent caseworkers or claims representatives.
**Earned Income and Wages**

Begin this piece by summarizing current or potential employment status (for example, in the employ of another, self-owned business, considering employment option, etc.). Depending on the person’s financial status, it may be desirable to translate all earnings into an average monthly amount or to provide specific analysis of weekly or bi-weekly income. It may also be useful to calculate annual earnings, should the figure be needed to measure against certain state thresholds. Particular attention and description should be given to any wage variations that may occur during specific periods of time (e.g. production slowdowns, busy seasons, etc.). It is also important to explain other income received by a spouse or child, including source and amount.

Consider concluding this section by providing an individualized comprehensive budget, which shows the individual’s monthly incomes versus monthly expenses. This could prove an important piece of information, especially when demonstrating how an existing job may not allow an individual to meet monthly expenses.

Breaking into groups of three, prepare a monthly budget considering the information outlined above. Have one person play the role of the consumer contributing the financial information, another the role of recorder designing the budget, and the last the interviewer collecting the information. Be ready to volunteer to transcribe the budget prepared onto a transparency to share with the class.

This section seeks information about home ownership, bank accounts and other liquid assets. It also seeks information about ownership of a vehicle. These issues are primarily relevant to SSI and Medicaid eligibility because those programs require that an individual must have limited resources. Here is a place where you may wish to customize the questionnaire to add questions that are relevant to your state’s Medicaid criteria.

The questions in this section may also have relevance for the person who receives only SSDI, but who may wish to consider using a PASS to become eligible for SSI. In order to take advantage of the PASS, that person’s resources must be within SSI’s limits.
VI. **Resources** (Relevant to SSI, Medicaid eligibility.)

The individual

- Own home: __yes__ no
  - If jointly owned, please indicate other owner(s):

Bank accounts

- Savings, list amount:
- Checking, list amount:
- Other, describe and list amount:

Individual retirement account (IRA), tax deferred annuity or similar retirement account - describe and list amounts:

Vehicle(s) owned by individual

- Model and year:
- Check one: ___ car ___ van ___ truck ___ other, describe:
- Current fair market value:
- Is vehicle used by the individual beneficiary or a family member for transportation? ___ yes ___ no

Responsible relative with whom the person resides

- Check one: ___ spouse ___ parent(s) ___ Other, describe:
- Own home: __yes__ no

Bank accounts

- Savings, list amount:
- Checking, list amount:
- Other, describe and list amount:
  - Individual retirement account (IRA), tax deferred annuity or similar retirement account - describe and list amounts:

Extracting information directly from the screening questionnaire, highlight existing resources that an individual may have. Keep in mind, this section specifically pertains to the SSI program and meeting the resource portion of the income and resources test. This information may prove crucial in the case of someone who is considering application for SSI eligibility.
When summarizing existing resources, consider classifying these resources under several broad categories: residential; savings account(s); checking account(s); retirement account(s); other account(s); vehicle(s); and resources of another individual with whom the person resides. In each case, it will be important to identify specific amounts, and to discuss fluctuations that might occur over specific periods of time. In the case of the individual residing with another, specify the nature of the relationship.

It is also critical to assess and document any property that is essential to the person’s self-support. Make sure to detail and describe the property owned, its inherent value, and how it is currently used or expected to be used.

Conclude this section by providing notation as to resource considerations the individual may need to make, such as specific dollar amounts resources will need to be kept under, or resources that may count against the individual’s eligibility for SSI.

For SSI recipients, property is considered “exempt” and not counted by SSI as a resource if it is essential for self-support. This could include both property owned and used as an employee. Here you might list carpenter’s tools or mechanic’s tools. Potentially, this includes a very wide range of property used for self-employment, i.e., in the person’s own business, including the physical building(s), equipment and business-related vehicles. Keep in mind that any of the resource issues addressed in this part and the previous part of the questionnaire are also relevant to section 1619(b) Medicaid, which requires that a person have resources within SSI limits.

### VII. Property Essential for Self Support

Describe any property owned (and its value) that is used in job as an employee (such as mechanic’s tools, carpenter’s tools):

Describe any property owned (and its value) that is used in “self employment” (such as office equipment, company vehicle, stock, business bank account):
This section seeks considerable information about the employer, the job, when it started and the nature of any special supervision or services provided at the job. This section should also be filled out if the person is about to start working or is considering a job. The information gathered here is relevant in a number of ways. The information about when the job started and the rate of pay will be relevant to SSDI recipients and the adviser who must analyze continued eligibility under the substantial gainful activity rule. This information will be used in tandem with the information gathered in sections VIII (trial work period) and IX (extended period of eligibility) to allow the adviser to perform a comprehensive benefits analysis for the consumer.

The information about how the job was found, extra supervision and whether the job is a supported employment position will be relevant if the adviser will be expected to assist the consumer in showing that their work was subsidized in order to lower countable wages below SGA. Depending on the answers to these questions, there may or may not be a need to more fully develop the subsidy issue in section XII of the questionnaire.

When benefits advisement is done in a timely manner, it will often occur at the point when a person is about to start work or is thinking about it. This will be a critical part of the questionnaire in those cases.

VIII. Employment Information
(If Employed, About to Start Working or Considering a Job)

Name, address of employer or potential employer:

Describe job (or potential job)
Title:
Duties:
Hours:
Salary/hourly wage:
Benefits:

Date you started working (as employee):
How job was found?
Found on own: __ yes __ no
Agency helped find job, describe:

If self employed (or potentially self employed)
Describe business:
Date started:
Was job selected because of limits of disability?
__ yes __ no
If yes, please explain:

(continued on next page)
Any extra or special supervision on job?  __ yes __ no
If yes, describe:
Is this a “supported employment” position?  __ yes __ no
Agency sponsoring job:
Is there a job coach?  __ yes __ no
Name:
Hours per month:
Services performed:
How long will job coach remain in picture?

Does government agency (i.e., other that employer)
pay all or part of wage?  __ yes __ no
Please describe:

Please record work history (last 10 years) or attach resume/vita.

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<tr>
<th>Place of Employment</th>
<th>Title</th>
<th>Duties</th>
<th>Wage/Hours</th>
<th>Dates</th>
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Briefly describe any past attempts at self-employment:

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<tr>
<th>Business</th>
<th>Location</th>
<th>Dates</th>
<th>Income</th>
<th>Reason for Cessation</th>
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Consider summarizing employment information and the individual’s work history, by beginning to detail the extent to which the person is currently working or the employment scenario being considered. This should include:

- location;
- address;
- job title;
- wage and benefit information;
- duties; and,
- other pertinent information that must be considered.

If self-employed or considering this option, it may also include:

- type of business;
- location;
- timeframe of business;
- income information;
- business plan;
- business profile; and/or,
- reason for business cessation.
For an individual who is already employed, consider providing a profile of how the person secured the job. This information could prove extremely beneficial in helping to ascertain the extent to which an individual may be able to seek employment on their own, advance in their career, or connect to external support systems to assist in job placement, training and advancement. In the case of someone who has been provided external supports to obtain, maintain, or advance in employment, identifying and documenting specific supports provided and person(s) responsible may prove an important consideration for development of employment safety nets.

Depending on the person the report is being prepared for and purpose of referral, consider profiling the individual’s employment history, attaching a copy of the person’s resume, or profiling their self-employment history. If networked closely with the individual’s employment support system, also consider working closely to outline in the summary important support needs which may contribute to the individual’s long-term work attachment, which, when coupled with a plan for benefits planning and assistance, provides a comprehensive safety net.

The trial work period (TWP), like its companion work incentive, the extended period of eligibility, applies only to SSDI recipients. If a person receives only SSI benefits, you need not complete this section.

The completion of this section could be easy or challenging, depending on whether the consumer has a long history of work activity. Except in those cases where there is no work history or the person just started working, we recommend that the person completing the form develop a comprehensive, month-by-month history of work and wages since the consumer first started collecting SSDI benefits. This can be done on the attached “Notes” pages or on a separate document.

Based on the comprehensive history of work and wages, you can answer the questions listed in this section. This will determine whether the consumer has exhausted the TWP by earning more than the monthly limit in nine months during a rolling 60-month period. If not, the TWP months can be listed, putting the adviser in a position to monitor the TWP as part of long-term benefits advisement.
IX. Trial Work Period (TWP) Analysis

This section applies to SSDI recipients only. To complete this section, it may be necessary to develop a comprehensive, month-by-month history of work and wages since the consumer first started collecting SSDI benefits. This can be done on the attached “Notes” pages or on a separate document. Also, if the person is self-employed you may need to discuss what constitutes a trial work month.

Date when first received SSDI?
Has the person worked and earned more than TWP amount in any month(s) since first receipt of SSDI? ___yes ___no
If no, full nine-month TWP available.
If yes, continue through questions.

Did person use up nine TWP months before 1/1/92?
If yes, no TWP available unless SSDI terminated, eligibility re-established after new application five-month waiting period.

If person did not exhaust TWP before 1/1/92
Work nine TWP months during 60-month period, which ended after 1/1/92? ___yes ___no
If yes, TWP exhausted.

If less than nine TWP months during 60-month period, list each TWP month during past 60 months. For each, list month, year and gross wages earned. [Note: In many cases, will have to obtain information from SSA.]

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<tr>
<th>Month</th>
<th>Year</th>
<th>Gross Wages Earned</th>
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Based on information, how many TWP months left?

If less than nine TWP months during 60-month period, list each TWP month during the past 60 months. For each, list month, year and gross wages earned. [Note: In many cases, will have to obtain information from SSA.]
Use table on pg. 316 to chart 60 months from the current month/year.
Begin reporting the trial work period analysis by stating the date when the individual first received Social Security. Going back in history, trace and identify a timeline, which presents months in which a person worked and earned more than monthly limit. Make sure to present this information in the context of the 60-month rolling window.

*For individuals who received Social Security prior to January 1, 1992, make sure to explain that the 60-month rolling window prior to this date did not apply, and any months in which earnings exceeded $200 per month will count against the trial work period. Further, make sure to reference that individuals are only entitled to one trial work period per period of eligibility for SSDI benefits.*
If all TWP months have been expended, make the transition into a discussion on the analysis of extended period of eligibility (EPE), as described below. If TWP months remain, highlight the number and close this section of the report by discussing the implications of completing the TWP, then move into the next section on EPE.

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<th>Year</th>
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Conducting an Extended Period of Eligibility Analysis

Like the TWP, the extended period of eligibility (EPE) applies only to SSDI recipients. Once the TWP section above is completed, completion of this section should be easy. If the TWP is not yet completed, this section can be left blank or the words “trial work period not yet completed” can be inserted. If the TWP has been completed, the month and year that it was completed is filled in and the EPE begins the very next month.

Accurate completion of the TWP and EPE sections is critical for the benefits specialist who is working with the SSDI recipient. To date, SSA has not uniformly asked its staff to monitor the TWP and EPE as they occur, in order to give recipients a running account of where they stand. The benefits specialist, then, must assume this role. For those consumers in the middle of a TWP or EPE, a six-month check-up may be critical in providing a running account of how many months are left in the TWP or EPE.

(Note: The Benefits Planning Query or BPQY should be available from SSA in all SSDI cases. When accurate and up-to-date (not always the case), the BPQY is a tremendous tool for analyzing the TWP and EPE.)
X. Extended Period of Eligibility (EPE) Analysis
(SSDI recipients only)

Ninth TWP month (month/year):
Beginning of EPE (month/year):
Last month of 36-month EPE (month/year):

Remember, during EPE:
The first time that the individual is determined to be performing
substantial gainful activity by earning more than the applicable SGA
amount, they will get SSDI checks for that month and two more (i.e.,
during the “grace period”)

Following the grace period:
• No SSDI check during months countable gross wages exceed the
  SGA amount.
• Will get SSDI check when countable gross wages less than the
  SGA amount.

Impairment related work expenses (IRWEs) and subsidies are deducted
from gross wages. A table similar to the one on page 316 can be used
to chart EPE months from the point the individuals TWP ended.
Listing of EPE payment, nonpayment months:

While TWP and EPE are distinct and separate, it is important to help individuals
who will be reading the report to understand the correlation between the two.
Make sure to clearly explain that if SSA makes a determination that an
individual has medically recovered, s/he may not be entitled to a TWP and/or
EPE. When compiling this section of the report, provide the reader with enough
information to understand the EPE. In addition, identify and outline a
timeframe which shows where the person currently stands in relation to using
their EPE. At minimum, this should include dates associated with:

• End of TWP;
• Beginning of EPE, and
• Projected end of EPE.

The report should clearly explain that the first time the individual is
determined to be performing substantial gainful activity by earning
more than SGA, they will get SSDI checks for that month and two more
(i.e., during the “grace period”). Following the grace period they will
receive no Social Security check during months countable gross wages
exceed SGA although they will get a Social Security check when
countable gross wages are less than SGA.

At this juncture in the report, reference the role that impairment-related work
expenses (IRWE) and subsidies may play in reducing gross monthly wages
below the SGA level.
XI. Expedited Reinstatement (EXR)

A. Has individual received SSDI benefits in the past?
   ___yes ___no
   If no, stop and go on to B.
   If yes, continue.

   Did individual lose SSDI due to performance of SGA?
   ___yes ___no
   If no, stop and go to B.
   If yes, continue.

   Has individual completed their TWP and EPE?
   ___yes ___no
   If no, stop and go to B.
   If yes, continue.

   Has individual either stopped working or ceased performing SGA?
   ___yes ___no
   If no, stop and go to B.
   If yes, continue.

   Interviewer should do a full screening for potential EXR eligibility on the SSDI claim.

B. Has the individual received SSI benefits in the past?
   ___yes ___no
   If no, stop
   If yes, continue.

   Did the individual lose SSI due to budgeting of wages or a combination of wages and other income?
   ___yes ___no
   If no, stop. If yes, continue.

   Is individual currently receiving Medicaid through the 1619(b) program?
   ___yes ___no
   If yes, stop. The EXR provisions are not needed to reinstate SSI cash benefits.
   If no, continue.

(continued on next page)
Would individual be eligible for SSI based on current income because he/she either stopped working or is now earning less money?

__yes  __no

*If no, stop. If yes, continue.*

Interviewer should do a full screening for potential EXR eligibility on the SSI claim.

The first set of questions in this section seeks to identify the current health insurance that is available to the consumer, including Medicaid, Medicare and private insurance coverage. The section specifically asks for out-of-pocket expenses incurred for Medicaid spenddowns, Medicare Part B premiums, Medicare Part D prescription drug copayments, and private insurance premiums. These expense questions are asked for several reasons. First, the adviser should make sure that the consumer is taking advantage of any special health insurance benefits that are available. These include provisions like: the Qualified Medicare Beneficiaries (QMB) program under which a state or local Medicaid agency will pay for the optional Medicare Part B premiums; the section 1619(b) provision, allowing former SSI recipients who lose SSI because of wages to continue eligibility for Medicaid; and the special provisions allowing persons who lose SSI due to receipt of SSDI/DAC or SSDI for widows/widowers to continue receiving Medicaid in some circumstances.

Collect information about out-of-pocket expenses for health insurance, as the payments for doctors, therapists, medication and other health-related care is important in determining just how much of this care is covered by health insurance and how much is paid by the consumer. This will be instructive for the benefits specialist in determining both the current income/expenses of the consumer and how much that individual stands to lose if one or more of their health benefits are lost. The information may also be instructive in nature as the specialist may be able to identify one or more expenses that the consumer is paying that could be picked up through one of their health insurance plans or through a different program. For the specialist who needs to consider the availability of impairment related work expenses (IRWEs)(see section XI.), this information will be invaluable in determining the potential amount of any IRWE deduction.

XII. Health Insurance Needs

Health insurance coverage, check each that is available:

___ Medicaid

Amount of spend down, if any:

*(Note: Not every state will have a Medicaid spend down program.)*

(continued on next page)
___ Medicare
___ Part A (hospitalization)
___ Part B (outpatient)

Does individual pay Part B premium?
   Yes ___ No ___

Discuss availability of Medicaid payment of Part B premium (QMB, SLMB, QI-I)
___ Medicare Advantage Plan
___ Part D (prescription drug plan)

Discuss availability of low-income subsidy program..
___ Private insurance

Monthly/quarterly/yearly premium paid by individual:
___ Other, please describe:

Total out-of-pocket expenses for spend downs, premiums:
Monthly: ______  Yearly: ______

Special Medicaid categories

If not eligible for Medicaid, but receives Medicaid with a spend down:
Did you receive SSI in the past?  ___ yes ___ no
Section 1619(b) eligibility:
   Did you lose SSI due to wages?  ___ yes ___ no
If yes, go through 1619(b) eligibility work up.

Medicaid eligibility under SSDI/DAC, SSDI for widows/widowers, Pickle Amendment provisions:
   Did you lose SSI due to receipt of some form of Social Security benefits?  ___ yes ___ no
If yes, please describe:
   Go through work up for special eligibility categories.

If your state has a Medicaid Buy-In and the individual is not otherwise eligible for Medicaid, screen for buy-in eligibility.

Doctor visits
Estimate monthly or annual costs:
   What purpose?
   How covered?
   Total out-of-pocket expenses
   Monthly: ______  Yearly: ______
Psychiatrist visits
   Estimate monthly or annual costs:
   What purpose?
   How covered?
   Total out-of-pocket expenses
   Monthly:  Yearly:

Mental health counseling
   Estimate monthly or annual costs:
   What purpose?
   How covered?
   Total out-of-pocket expenses
   Monthly:  Yearly:

Other therapies (occupational, physical, speech, etc.)
   Please describe:
   Estimate monthly or annual costs:
   What purpose?
   How covered?
   Total out-of-pocket expenses
   Monthly:  Yearly:

Home health care
   Estimate monthly or annual costs:
   What purpose?
   How covered?
   Total out-of-pocket expenses
   Monthly:  Yearly:

Medication
   Estimate monthly or annual costs:
   Describe each medication and purpose?
   How covered?
   Total out-of-pocket expenses
   Monthly:  Yearly:

Other health-related costs
   For each, list item(s), monthly or annual costs,
   purpose and how covered:

<table>
<thead>
<tr>
<th>Item</th>
<th>Monthly/Annual Cost</th>
<th>Purpose</th>
<th>How Covered</th>
</tr>
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</table>

When reviewing, projecting future need for, and documenting existing use of health care coverage, begin by thoroughly identifying the person’s existing coverage. This should include not only Medicare and Medicaid but also private insurance the individual may maintain or have.

**Medicaid**

Critical to the Medicaid recipient is identifying under what grounds the individual was made eligible for Medicaid. In the case of an SSI recipient who receives Medicaid, the importance of 1619(b) coverage should be explained early on in the report. This may include a description of the 1619(b) eligibility criteria which includes:

- the individual continues to have the original disabling condition;
- the reason for cash benefit cessation is due to increased earnings in excess of the break-even point;
- the individual continues to meet the ongoing resource test;
- the individual earnings haven’t exceeded the state income threshold; and,
- the individual needs Medicaid in order to work.

For the individual who is a non-SSI recipient but still receives Medicaid, it is important to document the state’s medical neediness level. In some cases this amount may be the same as the federal benefit rate. This figure is critical in considering what level of spend-down an individual might have to pay, should earnings increase over the medical neediness level. (Note: about two-thirds of the states will have the optional medically needy or spend down program.)

*Note: Remember, Medicaid, through state-specific waiver programs, often funds other needed services beyond healthcare, such as case management, residential support, transition planning and employment support.*

**Medicare**

When discussing Medicare in this section, first identify whether the individual is receiving traditional Medicare or managed care Medicare (officially known as the Medicare Advantage Program). In addition, identify whether the individual receives Part A or Part B coverage or both, remembering that someone must receive Part A to be entitled to Part B. Some additional information to report is whether the individual pays the Part B premium or if Medicaid pays it through the Qualified Medicare Beneficiaries (QMB), Selected Low Income Beneficiaries (SLMB), or QI-1 programs. The QMB, SLMB, and QI-1 programs apply a monthly income test.

Effective January 1, 2006, the new Medicare Part D prescription drug plan is now in effect. You will need to note whether the individual receives coverage through Part D and, if so, discuss potential eligibility under the low-income subsidy program.
Complete discussing Medicare in this section by highlighting in the report the extended coverage which will be available for at least a 39-month period or 93-month period after the trialwork period, as long as the individual does not medically recover. Make sure when projecting Medicare cessation and termination to use a tracking form similar to the one provided in Chapter 6. Also note that generally individuals who have completed their EPE and had benefits terminated prior to 9/30/00 will not be eligible for a period of extended Medicare coverage under the TWWIIA provisions.

Note: If the individual lost SSI due to receipt of Social Security benefits, consider continued Medicaid eligibility under special provisions for recipients of SSDI/DAC or SSDI for widows/widowers. Also, consider eligibility under the Pickle Amendment.

Private Insurance
Important to note here is whether the individual is part of a group or individual policy and whether the individual, employer, or a combination, pays the premium. It may also be important to provide notation if the individual receives this insurance as a dependent under the policy of another.

Note: Many insurance policies provide for continued coverage for adult dependent children with disabilities. However, some policies may provide that an individual who is working does not meet the definition of disabled.

Given this, it will be important to incorporate into the report, if appropriate, the private insurer’s definition of disability as it applies to adult dependent children.

Summary
It may be important to summarize at the conclusion of this section expenditures under the following categories, highlighting if costs are current or projected, their purpose, how covered, and monthly/annual “out of pocket” expenses.

- Doctor visits
- Psychiatrist visits
- Mental health counseling
- Other therapies
- Home health care
- Medication
- Other health related costs

It would be wise to educate the individual at some point, either verbally or in the context of the report, regarding guaranteed insurance coverage under the Health Insurance Portability Act.
Impairment related work expenses (IRWEs) are important to SSDI recipients as they may allow them to reduce countable income below the substantial gainful activity level. They are important for SSI recipients as deductions from wages in determining countable earned income.

This section provides a fill-in-the-blank format for the more common IRWEs, such as transportation or medication expenses. As with other parts of the questionnaire, in some cases you will want to take more detailed notes at the end of the form or attach additional pages.

XIII. Analysis of Impairment Related Work Expenses

Remember the three-part criteria for IRWE: Individual must pay expense in question; Item/expense must be related to disability; Individual could not work if he or she did not receive item or service

Transportation IRWE
Nature of item/service:
How related to disability and work:
Monthly cost:

Medication IRWE
Nature of item/service:
How related to disability and work:
Monthly cost:

Health insurance IRWE (premiums, co-payments, deductibles).
(Note: SSA has no written policy on the deductibility of health insurance premiums. They have been approved as IRWEs in individual cases.)
Nature of item/service:
How related to disability and work:
Monthly cost:

Other IRWEs (check each that applies and describe below):

☐ attendant care at home
☐ attendant care at work
☐ medical devices
☐ prosthetic devices
☐ work related equipment
☐ residential modification to work away from home
☐ residential modifications to work at home

Other # 1
Nature of item/service:
How related to disability and work:
Monthly cost:

(continued on next page)
Before making recommendations as to potential IRWEs which might be available to an individual in the report, provide an explanation of how the use of an IRWE could potentially impact an individual’s monthly income. Clearly explain how an IRWE might allow recovery of a portion of expenses paid for impairment-related work items.

Following a brief summary, highlight findings from the screening, itemizing work expenses related to the individual’s disability under the following categories:

- Transportation
- Medication
- Health Insurance
- Other expenses (see POMS for listing of additional expenses)

Make sure to explain the nature and cost of the item or service and how it is related to the individual’s disability and work. This documentation will prove useful should a decision be made to apply for an IRWE. This information can then be excerpted directly into a letter of request, along with copies of receipts for the expenses for which consideration is being sought.

Another important consideration is providing counsel to the individual as to whether large ticket expenses should be taken at one time or prorated over a 12-month period.

Remember, an IRWE may be taken under the SSI program affording a recipient the opportunity to recoup up to 50 percent of the cost of monthly disability work-related expenses. It may also be taken under the SSDI program to reduce countable wages used to determine if the individual is performing SGA during the EPE. This application would potentially reduce the person’s gross monthly earnings below the SGA, allowing them to receive their cash benefit.

Blind work expenses (BWEs), an SSI work incentive, are available to individuals who are legally blind. They provide for a very extensive list of work-related deductions from earned income, some of which need not be disability-related. Any time the consumer is legally blind, the benefits specialist should explore the use of BWEs even if the individual is not currently working.
It is expected that most benefits advisement agencies will serve only a small percentage of consumers who are legally blind. For this reason, the questionnaire does not contain a checklist of the most common BWEs for the interviewer. We recommend that you keep such a list or worksheet available for those occasions when the consumer is legally blind. If your agency serves only persons who are legally blind or a high percentage of them, you may wish to customize the questionnaire to include a BWE checklist.

**XIV. Blind Work Expenses (BWEs)**

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<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>Is the individual legally blind?</td>
<td>___ yes ___ no</td>
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If legally blind and individual is working:

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<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Is the individual an SSI recipient?</td>
<td>___ yes ___ no</td>
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<tr>
<td>If yes, do BWE work up.</td>
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If the person is not an SSI recipient, do work up for potential SSI eligibility using BWEs.

If legally blind and not currently working, explain potential for BWEs.

Following a similar protocol as listed in the IRWE section begin this section of the report by briefly describing the intent of a blind work expense and the individual’s eligibility based on SSA’s definition of blindness. Before making recommendations in their report about potential BWEs that might be available to an individual, provide an explanation about how use of the expenses could potentially impact that individual’s monthly income. Clearly explain how a BWE might allow them to recoup all, or some portion of the expenses associated with working.

Following a brief summary, highlight findings from the screening, itemizing expenses associated with working. Explain the nature and cost of the item or service and how it is related to the individual working. This documentation will prove useful should a decision be made to apply for a BWE. This information can then be excerpted directly into a letter of request along with copies of receipts, for the expenses for which consideration is being sought.

Like IRWEs, subsidies are important to SSDI recipients as they may allow them to reduce countable income below the substantial gainful activity level. The primary use of this section is to provide a checklist for determining the probable existence of a subsidy. If a subsidy is likely to exist, the benefits specialist will need to document it in the “notes” section of the questionnaire or in a separately attached document.
XV. Analysis of Subsidies

Remember why we look for a subsidy: to ensure that only earnings which represent the true value of the work a person is performing is considered in making the determination of SGA.

Subsidy checklist

Is government agency paying part of wage?

___ yes ___ no

Does individual get special assistance on the job?

___ yes ___ no

Does individual perform fewer duties than others?

___ yes ___ no

Does employer accept less in productivity than from others?

___ yes ___ no

Does individual receive extra rest periods/breaks?

___ yes ___ no

Is individual frequently absent or working irregular hours because of disability?

___ yes ___ no

Does individual receive job coach assistance?

___ yes ___ no

If you checked yes to any of the above, describe the special circumstances:

Calculate value of monthly subsidy, indicating countable wages after subsidy:

When documenting existing, and/or projecting future subsidy begin by explaining how subsidy works and its potential impact on the individual’s benefit. Document evidence of possible subsidy identified through the screening process. When possible, it is important to document the type of subsidy: agency-sponsored; employer-sponsored (specific or non-specific); and/or subsidy for the self-employed.

Note: The benefits specialist may not be able to project an actual dollar amount or worth of the subsidy in all cases. In the case of a non-specific employer-sponsored subsidy, the claims representative will need to assist in allocating an amount. That doesn’t preclude the benefits specialist from providing additional information or clarification to assist the claims rep in making their decision.
In any case, it is critical to be as specific and quantifiable as possible to explain the potential subsidy. When concrete quantifiable information is not available, qualifying statements will prove helpful to the claims representative. In closing, make sure to provide mathematical calculations explaining how subsidy amounts were calculated and describe how formulas were derived, providing back-up documentation if needed and/or requested.

The Plan for Achieving Self Support (PASS) is an SSI work incentive that provides for special exclusions of income and/or resources. The PASS is important because it may provide a source of funding, for items that will help the consumer reach a work goal, where no other funding for the items is available.

The primary use of this section is to provide a screening tool to determine whether the PASS might be available to an individual. To that end, the questionnaire seeks to identify two key elements: the existence of income (other than the SSI check) or resources that would be counted by the SSI program; and the existence of expenses related to the work goal, that will not be funded by any other source, and that could be funded through a PASS. If the answers to these questions identify the consumer as a likely candidate for a PASS, the benefits specialist should: schedule a separate meeting with the consumer to fully explore the possibility of a PASS; refer the consumer to an agency that can assist them in that regard; or refer them to an SSA office to explore the possibility of a PASS.

### XVI. SSI Plan for Achieving Self Support (PASS)

<table>
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<tr>
<th>Does individual have an approved PASS?</th>
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<th>No</th>
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<tbody>
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<td>If yes, describe briefly and obtain a copy for file.</td>
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<tr>
<td>If no, explain PASS and then complete remaining questions.</td>
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</table>

<table>
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<tr>
<th>Does individual have income other than SSI?</th>
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<th>No</th>
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<tr>
<td>If yes, please describe (see section V, above):</td>
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| Does individual have resources in the form of bank accounts or items that could quickly be converted to cash? | |
|---------------------------------------------------------------|
| If yes, please describe (see section VI, above): |

| Are there goods and/or services that would help individual reach a vocational goal that he or she would purchase if extra money were available? | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------|
| If yes, list items, their expected purpose and their approximate cost, if known: |

<table>
<thead>
<tr>
<th>Item</th>
<th>Purpose</th>
<th>Approximate Cost</th>
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Again, based on who the report is targeted to, it may be very important to provide a brief synopsis of what PASS is and why it might be useful to this individual. Never assume that the person reading the report is savvy about issues pertaining to all work incentive provisions. When completing this section of the report, keep in mind that a person’s successful candidacy for the PASS program hinges on certain variables. If the person participated in the program in the past and did not achieve the occupational objective identified, documentation will need to be presented explaining the specific circumstances under which this occurred, if future candidacy is going to be established.

Make sure to highlight what makes this individual a good PASS candidate, articulating findings from the screening. However, do not consider this section a PASS application. We simply want to present the possible option of a PASS. While the benefits specialists may be able to summarize a great deal of information that will go a long way in completing the actual application, it shouldn’t be assumed that the benefits specialists will be the one who supports this person in completing the SSA-545. Present enough information to allow the person to understand the option and to make a case as to why this scenario may be one that should be considered.

Given that most benefit specialists are not vocational rehabilitation experts, there may be a need to work closely with a vocational rehabilitation counselor, an employment agency, or someone else with expertise in the area of identifying a feasible occupational goal. It is critical to ensure others are available to assist in the development of a viable plan to support the person in achieving their occupational objective.

Complete this section of the report by re-emphasizing the employment goal stated by the individual earlier in the screening, and outline specific items and/or services, their expected purpose, and associated costs that might support the person in obtaining this goal and becoming more self-sufficient.

The Ticket to Work Self Sufficiency Program is the SSA’s primary return to work program for beneficiaries with disabilities. The following questions will assist the practitioner in identifying the beneficiary’s current level of involvement.

**XVII. Ticket to Work**

<table>
<thead>
<tr>
<th>Is individual receiving services under a Ticket?</th>
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<tbody>
<tr>
<td><em>yes</em> <em>no</em></td>
</tr>
<tr>
<td><em>If no, stop. If yes, continue.</em></td>
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</tbody>
</table>

(continued on next page)
Name of Employment Network: ________________________________
Contact at EN: ____________________________________________
Describe services received from EN:_____________________________

NOTE: If individual is receiving services from the state’s vocational rehabilitation agency, they may be receiving those services under the Ticket.

Explain that individual will not be subject to a continuing disability review while using a Ticket and making timely progress.

There are two important types of notes that the effective benefits specialist should maintain. This includes field notes taken while compiling the screening profile, and actual case notes of activities, events, and other information conducted and collected which is pertinent to the actual case.

Field Notes

As a screening session or interview is being conducted, the practitioner should keep copious notes outlining information being shared by the beneficiary or recipient and/or other stakeholders in their life. These notes will serve as a reference when conducting an analysis of data collected and verifying data reported.

Case Notes

Maintaining a case record is a vital part of effective management. As part of the record, case notes should be maintained in their own section. At a minimum, case noting should include the following important elements:

• Date;
• Person(s) involved;
• Brief description of event/activity;
• Summary of outcomes; and a,
• Prescription for next steps, as necessary and needed.

To determine if information collected about an individual is accurate, reliable and true (triangulating), the benefits specialist should use at least three modes. These common modes include: observation, demonstration, and testing/surveying.

When collecting information, it is important to gauge the extent to which you feel the beneficiary or recipient or other information contributors are reliable reporters. This can be done by cross-referencing information collected and
verifying points of agreement. A variety of sources can be used to test data obtained, particularly in regard to information such as trial work months, employment history, or other types of information that are likely to “leave a trail.”

For example, information regarding trial work months could be obtained by contacting your SSA office. Employment history could be verified by looking at the individual’s resume, looking at past income tax reports, etc.

The key to reliable data is in multiple modes of verification.

Using scripts, form groups of three and complete the portion of the Data Collection Questionnaire as assigned. One person should serve as the interviewer, the other as a customer and the third as group recorder and observer. Be prepared to come back together to discuss particular tips your team has found for gleaning the most reliable and useful information. Forms provided earlier in Chapter Two can be used to assess effectiveness of communication.

**Profile Scripts**

**Personal Demographics Script:**

**Date:** September 2008

**Your name:** Anne Perreault (that’s French Canadian you know; you are distant cousin of Gilbert Perreault, a Hall-of-Fame hockey player)

**Age:** 40, born 7/2/68

**Social Security #:** make one up

**Address:** 123 Any Street, Buffalo, New York 14214  (Erie County)(you live alone)

**Phone:** 888-8888 (you are reluctant to give your work phone, 999-9999, because your boss said “no personal calls” unless it is a dire emergency)(no email or fax)

**Marital status:** Single

**Children:** Your daughter, Jill Perreault, age 22, lives nearby in Buffalo

**Personal Direction and Future Outlook Script:**

The reason you came to see the benefits specialist is because you are worried about your right to keep collecting SSDI benefits. You have been working for nearly two years. You want to know if you were entitled to the checks you have already received and whether you have a right to keep collecting SSDI checks.
You would like to maintain your current job. If all goes well, you would like to work in a supervisor’s job in this business (a bulk mail service), or you would even consider starting your own business if your therapist thought you could do it. You also think that your private rehabilitation counselor plays an important part in your success and you would like to keep that support. Your big concern about making these moves is that you want to stay in a very small business; you don’t want to work in a large office. You just want to work and go home to your apartment, without having to socialize with your co-workers. You tried going back to college a few years ago and it did not work out. You have no immediate plans to continue your education.

You want to remain as independent as possible and will need to have enough money to keep living in your own apartment. You want to keep seeing your therapist and getting help from your case manager. (“I still have to do it on my own. They can help me find the best ways to live and work based on who I am.”)

You have a small, but important support network. That support network includes three key people: your 66-year-old mother, Madeline Perreault; your 22-year-old daughter, Jill Perreault; and your one close friend, Mary Jamison. You and your mom meet each other’s needs for companionship. You go to church together, to the movies, and to dinner. Your daughter calls on the phone at least once during the week and visits most weekends. She has a car and often takes you shopping. Your friend Mary provides the support that only a peer can provide. She has problems that are similar to yours and is the one person, other than your therapist, that you can confide in about your disability. You talk to Mary, by phone, 3 to 4 times per week.

Disability Description Script:

You have a long history of emotional problems. It all started when you were 28 years old. You remember those days like they were yesterday. It was the summer of 1996, when your daughter, Jill, was 10 years old. For a while you just told everyone you were not feeling well. You missed a lot of work and your daughter stayed with her grandmother most of that summer.

After many years of therapy, you have progressed to the point where you are back on your own, living in your own apartment. You are also working again, but not a lot. You worry that the anxiety attacks will return. You often get very nervous when there is a lot of commotion. This is why you prefer to work in a small business without lots of people.

You are still getting counseling through the Southside Counseling Center on Elm Street in Buffalo. You see a psychiatrist, Dr. Renee Paul, once every two months. Dr. Paul monitors your medication and your mental health status. You also see a counselor, John Johnson, every two weeks. Mr. Johnson has been
your counselor now for four years. You have an understanding with Mr. Johnson that it is O.K. to call him in between appointments if you are having a rough day. You probably do this about twice per month. Dr. Paul wants you to stay on Prozac for the indefinite future. You have been taking this medication for depression for about 12 months now and as far as you can tell it does not create any significant side effects.

It is very important that people understand that you are not “cured.” You still have good days and bad days. “On bad days, I have very limited energy. Generally, I do not want to interact with lots of different people. On a bad day, I prefer to keep to myself and go about my business, whether it is at work or home.” Because of your disability, it is difficult to work a full-time schedule. You need a job where you can take off if you are having a bad day. Therefore, it is very important that you are employed by an understanding and tolerant employer.

Other Agency Involvement Script:
You have been involved with VESID for several years now. You are still working with the same counselor, Teddy Thomas, whom you like now that the two of you have a better understanding of what you would like to pursue as a goal. A few years ago, Mr. Thomas was really pushing social work on you and you started college to pursue that goal.

Most recently, Mr. Thomas arranged for VESID to pay for job coaching supports when you started working in ABC Rehab’s supported employment program. You worked in their bulk mail service. Now that you are working for the private business, Quality Mailers, they continue to pay for limited case management supports. Donna Romero is the case manager with ABC Rehab who continues to meet with you 2 to 4 times per month. When you meet with her, the two of you discuss problems you may be having on the job and strategies to deal with those problems. You are not involved with any other agencies.

Employment Information Script:
Your current job is with a business called Quality Mailers, Inc. They are located at 239 Swan Street, Buffalo, New York 14203. Your position is that of “bulk mail specialist.” It is your job to make sure that a bulk mailing order is properly sorted, coded, and bagged for delivery to the Post Office.

You work four days per week, Monday, Tuesday, Thursday, and Friday. Your workday runs from 9:30 a.m. to 3:30 p.m., with 30 minutes off for lunch. You really have no benefits other than one week’s vacation. You have no health insurance and have no sick days. When you must take off a day because of your disability you do not get paid. Your rate of pay is $9.00 per hour.
Keep in mind that it is now September 2008 and you have been working at this job since January 2008. ABC Rehab, following one year of successful employment in a similar job for their in-house bulk mailing service, placed you there. ABC has a longstanding relationship with Quality Mailers and they have hired other persons with disabilities. Your rehabilitation counselor at ABC assured you that Quality Mailers would be understanding and tolerant of your disability.

During your first three months at Quality Mailers, January through March 2008, you received 3 hours per week of job coaching support. Your job coach was Jerry Greene. Mr. Greene “helped me to deal with the new job and deal with my disability.” The two of you worked together to develop strategies to deal with your disability.

Before the current job, you worked at ABC Rehab, Inc. between January 2007 and December 2007. Your job there was almost identical to your job at Quality Mailers. At ABC, you worked in a much more supported environment. You never had less than five hours of job coaching per week. During this period you worked 50 hours per month and made $6.00 per hour.

You did not work between 1999 and 2005.

Before you became disabled, you worked four years, 1992 to 1996, as a secretary. The company you worked for was General Accounting, Inc. and your rate of pay when you left was $14,000 per year. You left that job in the summer of 1996.

Between 1997 and 1999, you worked for a temporary agency, Kelly Services. Your work for them was sporadic (four to six days per month) and you did general office work. Your rate of pay with Kelly Services ranged from $5.00 to $7.00 per hour depending on the job.

During the fall of 1999, you worked at J.C. Penny in Cheektowaga as a sales clerk. This job paid $5.00 per hour. Your duties included waiting on customers and running a cash register. You left this job because you could not take the pressure.

The first step in developing a comprehensive benefits advisement report is to review the profile that has been developed in its entirety. Often the novice practitioner will jump into exploring application of different work incentives creating an array of options and scenarios without first considering the person’s complete life situation.

For example, while at face value it may appear that someone has an IRWE that is not being taken full advantage of, that might not be as important as the fact that the person resides in a state where eligibility for Medicaid may not be met. This could potentially shift the priority of what a benefits specialist might choose to focus in on first.
This is the section of the report where the benefits specialist attempts to weave possible futures together, providing clear visual examples of how a person’s employment outlook might be altered under certain scenarios. It is important at this juncture to not force decisions but rather simply present options from which the individual can make an informed choice. The last section of the report provides the opportunity to make closing comments and suggest a specific scenario or series of options that may be most advantageous to the individual. This is simply where the array of options that are available is explained and set side by side for comparison and contrast.

One of the best ways to do this might be to simply create certain options and number them. For example:

- Option I: Gross Monthly Income Not Working;
- Option II: Gross Monthly Income Working with an IRWE;
- Option III: Gross Monthly Income Working With A PASS.

Under each option, provide a written commentary briefly explaining the option and its unique features. A side-by-side table showing how monthly income might vary by the option selected could then follow this.

Michael receives SSI and SSDI and is not currently working. He is interested in knowing how his benefits and usable monthly income would be affected if he went to work. He is also very interested in the PASS and/or IRWE incentive as a tool to purchase the training he needs to be able to work.

<table>
<thead>
<tr>
<th></th>
<th>Option I</th>
<th>Option II</th>
<th>Option III</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SSI</td>
<td>173.00</td>
<td>173.00</td>
<td>603.00</td>
</tr>
<tr>
<td>Social Security</td>
<td>450.00</td>
<td>450.00</td>
<td>450.00</td>
</tr>
<tr>
<td>Earnings</td>
<td>0.00</td>
<td>450.00</td>
<td>450.00</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>623.00</td>
<td>1,073.00</td>
<td>1,503.00</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job Coaching</td>
<td>0.00</td>
<td>622.50</td>
<td>622.50</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>0.00</td>
<td>622.50</td>
<td>622.50</td>
</tr>
<tr>
<td><strong>Income Minus Expenses</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SSI</td>
<td>623.00</td>
<td>1,073.00</td>
<td>1,503.00</td>
</tr>
<tr>
<td>Social Security</td>
<td>450.00</td>
<td>450.00</td>
<td>450.00</td>
</tr>
<tr>
<td>Earnings</td>
<td>0.00</td>
<td>622.50</td>
<td>622.50</td>
</tr>
<tr>
<td><strong>Total Useable Income</strong></td>
<td>623.00</td>
<td>450.50</td>
<td>880.50</td>
</tr>
</tbody>
</table>

It is important to note that Michael is not recouping all of the money he is spending on goods and services under his PASS. In this example Michael recoups $603.00 of his $622.50 PASS expenditures. Because his monthly net income is being decreased by this amount, Michael must pay for the remaining $19.50 of his PASS expense.
Attempt at all costs to remain “values-free” at this point in the report. Again, deciding which option to select is up to the individual and other stakeholders in their life. Provide as much information as possible and consider providing some supplemental information, footnotes, or annotations where additional information pertaining to a specific option may be found.

Using the information provided in Appendix F (Anne’s completed Screening Questionnaire completed in 2008) propose some options that Anne might want to consider. Make sure to define each option and then present a side-by-side comparison of impact on gross monthly income. Anne is particularly interested in what her useable income is going to be at the end of each month.

Option I:

Describe:

Option II:

Describe:

Option III:

Describe:

<table>
<thead>
<tr>
<th>Option I</th>
<th>Option II</th>
<th>Option III</th>
</tr>
</thead>
</table>

Making closing comments and providing a set of recommendations is extremely sensitive and requires much thought about how the individual being served is best supported in making an informed decision and providing the right information. Deciding to choose or select a certain option is more than just evaluating the mathematical calculations provided. It requires the person to holistically look at their life and make an informed choice as to the impact of their decision on the financial well-being, physical and mental health, and continued wellness of others in their family.

Values-free writing is the key here. The benefits specialist should thoughtfully consider the breadth of the person’s life and those who could be affected and make recommendations, beyond just which “option” should be selected. Recommendations might also include other considerations to which the person should be sensitive. Some recommendations may also include the thoughts of other stakeholders with expertise outside the benefits planning realm, such as long-term employment supports, which might be an important part of someone’s safety net should they decide to move toward employment. While definitely outside the realm of the benefits specialist’s expertise, external consultants might provide some useful and essential assistance in crafting recommendations for the individual to consider.

As discussed earlier, it is critical to ensure the accuracy of information provided to beneficiaries and recipients. The same holds true for verifying and ensuring the accuracy of analysis and advice to be given. This can be done in several ways:

- Double checking mathematical calculations
- Verifying source data
- Using commercially available calculation software to verify analysis
- Having a colleague or mentor double check your work
- Establish a relationship with someone within your local SSA office who might provide additional guidance re: policy interpretation

A comprehensive profile is the key to providing quality advisement to beneficiaries and recipients considering employment and other options to increase self-sufficiency. The profile developed can be used in several ways depending on the purpose for referral. A practitioner could simply print out the profile for future reference or for use by someone else. Or, as will be discussed in the next unit, a comprehensive report outlining different scenarios and how they impact the financial well-being of the person being advised could be generated.
What the term “comprehensive” means, as it applies to benefits advisement, will vary, depending on the needs of the individual SSI or SSDI recipient or beneficiary. Depending on those needs, the intervention will be either short term or long term. An agency providing full-service benefits planning and assistance should be available for both short-term and long-term advisement. Other agencies, which provide more limited benefits assistance, will offer only short-term advisement. Depending on the scope of the long-term support needed and requested, an individual may be provided with this advisement in the context of a long-term benefits management plan.

Providing advice and counsel begins at the point when a benefits specialist is not just collecting data (profiling) but actually beginning to analyze the data collected, and providing advice and counsel regarding specific scenarios which should be taken into consideration by the beneficiary and recipient and/or their stakeholders.

The premise of these resource materials is that benefits advisement is most effective when it is both individualized and comprehensive. The term “individualized” should be self-explanatory. Benefits advisement must be delivered on a case-by-case basis, to one individual at a time. Although resource materials must, by their nature, be directed at general principles and a large audience, the application of those principles must be based on knowledge of a person’s individual circumstances and the employment-related goals he or she has set.