A Practical Guide to Benefits Advocacy

CENTER FOR EVIDENCE-BASED PRACTICES
& its Ohio Supported Employment Coordinating Center of Excellence (CCOE) initiative

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Definitions and Abbreviations

**Adult** – 18 years of age or older

**Aged** – 65 years of age or older.

**Blind** – Blindness is defined by Social Security as: Central visual acuity of 20/200 or less in the better eye with best correction; or Limitation in the field of vision of the better eye, so that the widest diameter of the visual field subtends an angle no greater than 20 degrees.

**Break-Even Point** – The point at which pay from employment becomes high enough that it cancels out any SSI benefit. The break-even point is based on the current maximum SSI benefit for an individual. Using the current federal payment standard of $721, the break-even point would be $1527 in earned income per month.

**BWE – Blind Work Expense** – Allows individuals on SSI who are considered blind by the Social Security Administration to deduct the cost of work related expenses from their total income. See page 38

**Credit (also known as a quarter of coverage)** – The defining factor in an individual’s eligibility for insured status for SSDI. An individual can earn up to four credits per year. In 2014, a credit is earned for each $1200 an individual earns in a year. See page 18

**Disabled Child** – According to Social Security, a disabled child is defined as a child who has a disability that:
- results in marked and severe functional limitations; and
- can be expected to result in death; or
- has lasted or can be expected to last for a continuous period of not less than 12 months.

**Earned Income** – Income earned from employment of any type. See page 33

**EPE – Extended period of eligibility** – The period immediately following the end of the trial work period. The EPE lasts for 36 consecutive months. During this period, an individual may work without fear of permanent loss of SSDI benefits. See page 21
EXR – Expedited reinstatement - A work incentive available for 5 years following a permanent loss of SSDI cash benefits due to employment. Expedited reinstatement allows a beneficiary to receive provisional benefits and a new medical review if their income decreases or stops due to symptoms of their disability. See page 31

FPS – Federal payment standard – The standard benefit rate for an individual who receives SSI benefits. This rate is used in all SSI calculations. See page 32

Insured Status – Insured status means that an individual has worked and earned enough credits during the history of their work that they may be eligible for Social Security benefits. See page 18

IRWE – Impairment Related Work Expense – A work incentive available to both SSI and SSDI beneficiaries. An IRWE allows credit for expenses that an individual pays for themselves that are related to their disability and are necessary for employment. See page 29

PASS – Plan to Achieve Self Support – A dedicated savings account for SSI recipients. PASS’ allow individuals receiving SSI to save money towards some specific vocational expense. The money saved is excluded from countable income for the individual when the new SSI check amount is determined. See page 45

SEIE – Student Earned Income Exclusion – An SSI work incentive that allows active students to disregard a portion of their income from employment so that it does not impact their SSI benefit. See page 43

SGA – Substantial Gainful Activity – The level at which the Social Security Administration determines that an individual is able to work and support themselves. The SGA amount changes each year in January. There are separate amounts for blind and non-blind individuals. See http://www.ssa.gov/OACT/COLA/sga.html for a list of SGA amounts from any given year. See page 21

Title 2 benefits – Social Security Disability Insurance, SSDI as well as other Social Security benefits. See SSDI, page 17

Title 16 benefits – Supplemental Security Income, SSI. See SSI, page 31

TWP – Trial Work Period – A period during which an individual who receives SSDI can work and earn any amount of money without losing their SSDI cash benefit. The trial work period lasts nine, non-consecutive months. See page 19
**Unearned Income** – Income that is not directly earned from employment. Examples – SSDI and VA benefits. SSI benefits are reduced at a rate of almost $1 for each $1 of unearned income. See page 33

An important note about this manual: Medicaid rules vary from state to state and much of the information about Medicaid contained in this manual is specific to the state of Ohio.

It is also critical to note that, while the rules for determining the impact of earnings on benefits remain the same, many of the amounts listed in this manual change from year to year.
Benefits advocacy is not benefits planning or benefits consultation.

Benefits Planning and Benefits Consultation refer to a specific, professional discipline that requires a great deal of specialized knowledge and training. Quality Benefits planning should provide individuals with:

- a comprehensive, detailed assessment of an individual’s benefits,
- information about how those benefits are or would be impacted by income,
- follow along to assist with changes in work situation or benefits once employment is located,
- assistance identifying and resolving potential benefits problems.

Benefits planning is a critical service for individuals with disabilities who receive benefits such as SSI, SSDI, Medicaid, Medicare, food stamps, and subsidized housing (as well as many others). Benefits planning is an information intensive service and, as such, should be provided by individuals with a thorough understanding of the benefits system and significant training gained either through experience working with the benefits system, intensive benefits training, or, ideally, a combination of both. The technical and information intensive nature of the service often leads to more demand for professional benefits planners than there is supply.

Benefits planning and benefits advocacy are similar in some ways but dramatically different in others. The following chart is designed to help you identify some of the different roles provided by Benefits Advocates and Benefits Planners.

<table>
<thead>
<tr>
<th>Benefits Advocates</th>
<th>Benefits Planners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess, identify, and verify basic benefits to expedite benefits planning</td>
<td>Assess, identify, and verify all benefits to ensure accurate benefits planning</td>
</tr>
<tr>
<td>Provide explanations of the impact of earnings on benefits</td>
<td>Provide detailed, comprehensive explanations of the impact of earnings on benefits</td>
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**Assist with reporting income**

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<tr>
<th>Assist with reporting income</th>
<th>Assist with reporting income</th>
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<tbody>
<tr>
<td>Provide ongoing supports and tips for beneficiaries to help them manage their benefits</td>
<td>Provide detailed reports that document the impact of earnings on all of a beneficiary’s benefits</td>
</tr>
<tr>
<td>Assess and identify potential work incentives</td>
<td>Assess and help beneficiaries apply for work incentives</td>
</tr>
<tr>
<td>Assist with interpretation of letters and correspondence from benefits providers</td>
<td>Assist with interpretation of letters and correspondence from benefits providers</td>
</tr>
<tr>
<td>Help individuals access benefits planning services</td>
<td>Provide a full range of benefits planning services</td>
</tr>
<tr>
<td>Provide follow along services that acknowledge benefits as a part of the follow along process</td>
<td>Provide guidance aimed at helping beneficiaries identify potential situations that could lead to benefits concerns during follow along</td>
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To assist with providing a continuum of benefits information services, it is important that there are other individuals with basic knowledge and understanding of the benefits system to assist and supplement professional benefits planners. In this manual, we refer to this type of service as “benefits advocacy” and these individuals as “benefits advocates”. Benefits advocates do not provide full, in depth benefits plans the way a benefits planner or consultant would. Instead, a benefits advocate would provide other supports related to benefits. With a little training and information, many individuals can provide benefits advocacy.

It is important to understand that this manual is designed to assist individuals in this capacity. It is not meant to provide information aimed at providing full benefits planning services, rather, it is designed to provide basic information and tips necessary for having effective discussions with individuals about benefits and work. Benefits advocacy is a supplement to, not a replacement for, benefits planning.

**Using this Manual**

This Manual is designed to provide you with the basic information about benefits advocacy. In order to do that, it is important to understand what benefits advocacy is and what it isn’t.

I use the term “individual” and “beneficiary” throughout this manual. The terms are interchangeable for the terms of this text. Both refer to the person who is receiving benefits.

This information is presented in a number of different formats – narrative descriptions of the benefits, worksheets and handouts for use with beneficiaries, and useful links and information that may be of assistance as you further your knowledge of benefits advocacy. Ensuring that an individual has resources available to provide accurate information about benefits is a critical part of providing high quality, effective
vocational services. Developing competencies in the area of benefits information allows agencies to increase referrals, plan for changes in benefits once a person is employed, and most of all, provide more opportunities for individuals who desire to go to work.

Traditionally, the service of benefits planning has been provided once an individual engages in vocational services and begins asking questions or expressing concerns about their benefits.

One misconception about both benefits planning and benefits advocacy is that these disciplines are focused on maximizing the benefits that an individual receives. Actually, benefits planning and advocacy are less about maximizing benefits and more about helping individuals understand their benefits and benefits options so they can make informed choices about their future.

As you use this manual, I encourage you to look at benefits information as a critical piece of the vocational service not only at the time an individual is preparing for a new job, but throughout the vocational process. For many individuals, work has been treated as an unreachable goal. They have been told that work would be too stressful, or, as frequently happens, that working would reduce or discontinue their benefits and cause financial or physical ruin. This misinformation comes from many well-meaning sources; family members, friends, physicians, psychiatrists and other service professionals are often misinformed about the impact of employment earnings on work.

Because of these misconceptions, discussions about benefits concerns need to happen early in the vocational conversation. When these discussions don’t happen, an entire group of potential workers are disengaged from ever considering work. Potential workers don’t actively discuss employment because, among other concerns, they feel that work isn’t possible without jeopardizing the financial benefits that keep them afloat. They may also fear loss of existing medical benefits that allow them the health to be able to keep a job.

Some of the most common misconceptions about employment and earnings are listed below:

- If I work, my (SSI, SSDI, Medicaid, Medicare) will be stopped
- I’m applying for (SSI, SSDI) and if I go to work, I won’t be eligible
- If I go to work, I’ll end up being overpaid and Social Security will ask for money back
- It won’t pay for me to go back to work
- Benefits from Social Security are unchanging and will always be available and work the same way
Each of these myths is grounded in some reality. As an advocate, understanding these misconceptions and the reasons they exist can make it easier to address any concerns that arise from them. Benefits advocates can help beneficiaries look at these myths by using the following steps:

1. Develop an understanding of the facts
2. Acknowledge benefits concerns and show a genuine interest in the beneficiary
3. Provide information for informed discussion and decision making

The following paragraphs discuss these steps in greater detail:

- **Develop an understanding of the facts** - Good, individualized, benefits information can only be provided with accurate information. It is important to properly verify the type and amount of benefits before attempting to provide accurate assessment of the impact of employment. We will discuss verification of benefits information more in chapter one of this manual.

  **TIP:** It is also be important to be aware of your knowledge base. Each individual that provides benefits information has a different background and understanding of benefits. Understanding that it is OK to say “I don’t know” and refer an individual for additional assistance with a benefits issue is an important skill.

- **Acknowledge benefits concerns and show a genuine interest in the beneficiary** – Each person that seeks information about benefits will have their own specific concerns and reasons for wanting benefits information. Taking the time to understand these individual concerns is an important part of providing information that is most useful to the beneficiary. By listening, we can provide the information that is most meaningful to the beneficiary. In addition, individuals who feel a part of the benefits conversation are more likely to feel empowered with the information they are provided.

- **Provide information for informed discussion and decision making** – Once the facts are established and an individual's concerns are known, information can be provided to allow the beneficiary to make informed decisions about his or her future. It is important that benefits services are provided in this spirit. The goal of benefits planning and advocacy should be to give individuals needed information to make informed decisions about their own lives, not to make the decisions for them.

Ultimately, informed discussion is the ultimate goal of any benefits work. This means that the beneficiary has been provided with accurate information in a manner that makes it understandable to him/her. The individual then has the opportunity to make decisions based on this information with a full understanding of any possible consequences to his/her benefits. **The role of a benefits**
advocate should not be to push an individual into working or tell them how much they can earn.

**A Note about the Importance of Family Involvement**

Much of this manual is written from the perspective of discussions with individual beneficiaries. It is important, however, for benefits advocates and planners to be aware of the importance of including family in benefits conversations.

Family considerations are of importance for multiple reasons. Probably the most critical is that many benefits are determined based on household income. Earnings and income from other family members may impact benefits such as SSI and Medicaid that are held by the beneficiary.

In addition, some benefits that may be received by the family of a beneficiary may be impacted by changes to the beneficiary’s benefits.

As a result of the interconnected nature of familial benefits and income, the impact that employment will have on an individual’s benefits may be as much a source of concern to family members as it is to the beneficiary themselves. Family members also often act as payees for beneficiaries (whether designated as a payee or not).

It is important to talk with beneficiaries to determine who is important to them to have involved in benefits conversations. Benefits discussions are of limited help if they are discounted by family members who are fearful of the impact that work might have on benefits. Including family members and payees in benefits conversations can help ease concerns, ensure that questions are answered, and assist with critical budget conversations. By including family members in the conversation (when desired by the beneficiary), advocates can sometimes build important supports (and eliminate potential familial barriers) for individuals who are considering employment. In many cultures, families are an essential part of the decision making process. Including the family in the benefits advocacy process may not only be a way of helping build necessary supports but also a way of acknowledging the culture of the beneficiary.

**Why is Benefits Advocacy Needed?**

When looking at the role of a Benefits Advocate, it is important to realize that benefits information is crucial to help individuals make informed decisions about work and income before looking for work, during the job finding process, and after they are employed.
Individuals who receive benefits often spend a great deal of time and energy during the application process with the goal of obtaining some relief from financial difficulty. As a result, the loss of benefits or even the perception that benefits could be reduced or eliminated is a frightening proposition.

For these individuals, the prospect of returning to work is intimidating and may be perceived as too risky. When you combine this perception with the misconceptions and misunderstandings that individuals are often presented with about benefits, you see an employment picture that appears harsh and uninviting.

Individuals acting as benefits advocates are often in an ideal position to help individuals who are in need of clear, basic information about benefits. They can provide basic information to help dispel misconceptions such as “If I go to work all my benefits will be stopped” or “If I start working I won’t have medical insurance anymore and won’t be able to get my medicine”, or “My doctor told Social Security I can’t work so I am not allowed to work anymore”. Early in the process of considering work, individuals often have misconceptions such as these. Rarely are these concerns expressed to a qualified benefits planner. More frequently, these concerns are expressed to a friend, family member, case manager, therapist or another individual who is close to the beneficiary. When these concerns aren’t addressed or are addressed with incorrect information, it often leads to a continued reluctance to explore the possibility of working.

In this manual, I will explore these benefits advocacy roles and share some tips and information that can be used to help you provide benefits advocacy services to beneficiaries you know.
Chapter 2 - Understanding Basic Benefits Information

One of the key roles of a benefits advocate is helping dispel misconceptions about benefits and work. The first step to combat these misconceptions is to develop a basic understanding of the impact earnings from work have on various benefits.

Misunderstandings about the benefits an individual receives can not only lead to significant misinformation about individual benefits, it also may lead to furthering the spread of these misconceptions about benefits to others who are friends, family or acquaintances of the beneficiary. Each benefit we will talk about in this section of the manual is different from the other and earnings from work impact one far differently from the other:

An important note: In this manual I will focus heavily on four common benefits – Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Medicaid and Medicare. In fact, this section of the manual is aimed primarily at helping people identify and discuss basic information about these four benefits. There is good reason for this; many benefits issues revolve around these programs. I would be remiss, however, if I didn’t mention the importance of identifying benefits such as food stamps (SNAP benefits), subsidized housing, TANF, Veterans benefits, Worker’s compensation, Unemployment benefits, and many others that can have a dramatic impact on an individual’s overall financial picture. In fact, a quality benefits plan will take these types of benefits into account in addition to the four key benefits mentioned above. This is one of the reasons that Benefits Planning services are critical. Good, comprehensive benefits planning takes into account these other programs. While this manual, and benefits advocacy in general, doesn’t specifically address these programs, benefits advocates may be able to assist by referring interested individuals with these types of benefits to qualified benefits planners.
Assessing and Verifying Benefits

One way that individuals providing benefits advocacy services can be helpful is to assist by gathering information necessary to properly assess individual benefits. A tool designed to assist advocates in collecting basic benefits information is contained in the appendix of this manual. The Initial Benefits Checklist (see page 72) can be used by advocates to gather basic information about the benefits an individual receives.

While benefits advocates often have a prior relationship with individuals they work with, it is important to remember that individuals are often sensitive about talking about financial information. As a result, the assessment process should be looked at not as an event, but as an ongoing process of discussing benefits and financial concerns. Beneficiaries may not initially be comfortable talking about these topics but may, as time and the relationship progresses, become more comfortable with sharing information. Having correct information about the benefits that an individual receives can:

- Help avoid the spread of misinformation about individual benefits and the impact of earnings from work on benefits to friends, family and others
- Allow a beneficiary to take action related to work based only on accurate benefits information
- Help beneficiaries avoid overpayments, benefits terminations, and jobs terminated or declined that could have been avoided
- Help a beneficiary become better prepared for benefits planning services

Having a clear picture of the benefits an individual receives can provide the benefits advocate with information that is essential to any benefits conversation they have with an individual they are working with.

There are a variety of ways of verifying benefits.

- Many individuals still have copies of the letters they receive from the Social Security Administration or the agency that administers their Medicaid benefits. Award letters can be used to verify the type of benefits received but not necessarily the amount of the benefit (care must be taken to determine how old the letter is since benefit amounts change over time). Other, more recent letters may be used to verify the amount of specific benefits.

**TIP:** One helpful practice when working with an individual who receives benefits is to make sure they have some place to keep all of their letters from benefits providers. This makes identifying benefits and keeping track of correspondence much simpler. If a beneficiary doesn’t have a system for keeping track of these documents, helping the individual develop a
system to organize and track information and correspondence they receive from benefits providers can be a huge help. This may be as simple as offering to provide a large envelope or manila folder to keep these documents in.

- Another tool called a Benefits Planning Query or BPQY, can be obtained through Social Security. A BPQY provides information about a variety of benefits issues. A free handbook about the BPQY is available online by accessing the Social Security Administration website at www.socialsecurity.gov and searching for BPQY Handbook.

- Beneficiaries can now access some significant information about benefits online through a “MySSA account”. While the BPQY mentioned above is not available through this method, beneficiaries can obtain a basic letter that verifies benefits obtained through the Social Security Administration through these accounts.
  - To set up a “MySSA” account, the beneficiary should go to the Social Security website at www.ssa.gov. There is a link to create an account on the Social Security homepage. In order to obtain an account, a beneficiary must:
    - Have a valid e-mail address
    - Have a Social Security number
    - Have a US mailing address
    - Be at least 18 years old.
  - When individuals set up their MySSA account, they will be asked to answer some security questions. These questions are developed by using information from an individual’s Equifax credit report and are sometimes difficult for individuals to answer. If an individual has difficulty setting up a MySSA account online for this or any other reason, they can also set up an account in person at their local Social Security office.
  - While these accounts are only to be used by the beneficiary, an individual who is acting as a benefits advocate may be able to help a beneficiary by assisting them as they set up the account and attempt to navigate through the system to obtain information.

- There are also some clues that may help you determine which benefit an individual is receiving. Since these benefits work in different ways, each benefit has some specific characteristics that can sometimes help you identify one
benefit from another. While these characteristics can provide clues, they should never replace solid documentation of benefits or benefits amounts.

- Dollar amounts and dates that benefits are received can be clues to what benefit an individual receives:
  
  - In 2014, $741 is normally the maximum amount of total benefit that an individual who receives both SSI and unearned income can receive in combined benefits. As a result, if an individual receives exactly $741, it is likely that they receive both SSI and some unearned income (such as SSDI). If an individual receives a benefit from Social Security that is more than $741, it is likely to be SSDI benefits.

  - A benefit check that is exactly $721 per month is most likely to be SSI since $721 is the standard amount that is received by a single adult who is SSI eligible.

  - In addition, a benefits check that is received later than the beginning of the month is most likely an SSDI check while a check that is received on or near the first of the month is more likely to be SSI.

- A one page document to help with identification of Social Security benefits, the SSA distinction tree, is located in the appendix in the back of this manual.

- If an individual receives a medical card through the mail each month, the benefit is most likely a type of Medicaid. If the individual has a medical card that is not renewed each month and has red, white, and blue stripes on the top front of the card, it may be Medicare.

Other benefits, such as Medicaid, food stamps, and subsidized housing, may be verified through recent correspondence or by obtaining permission from the beneficiary to contact the benefit provider directly for written verification.

Advocates are often in a position to help with the assessment of familial composition and benefits as well since they are likely more familiar with a beneficiary. Unlike benefits planners who often don’t have a relationship with a beneficiary prior to the delivery of services, a benefits advocate may have built some trust, making it more comfortable for a beneficiary to talk about sometimes sensitive issues such as household composition and finances.

Assessing and verifying benefits information prior to referral to a benefits planner serves a couple of purposes for the benefits advocate:
- It allows an advocate to provide basic benefits information with the knowledge that the correct benefits are being discussed.

- It allows the beneficiary to provide recently verified information to the benefits planner thereby expediting the individualized benefits planning process.

**Counting and Estimating Earned Income for SSDI and SSI**

When discussing basic benefits information, it is important that advocates are familiar with the rules that the Social Security Administration uses to count income. Earnings for beneficiaries receiving SSI income and SSDI income are counted differently. SSDI counts income when the individual works and earns the money while SSI counts income when it is paid. Understanding this difference allows advocates to more accurately estimate the impact that working will have on individual benefits.

Caution: For both SSDI and SSI, gross earnings (earnings prior to taxes being subtracted) are always used in calculations and benefits determinations.

SSDI is Social Security Disability Insurance. It is a program that individuals may become eligible for when they have a disability that impacts their ability to work and if they have worked and contributed enough into the Social Security system to reach insured status. I’ll talk more about Social Security Disability Insurance later in this chapter.

For now, it is important to understand that, when considering earnings from employment for purposes of determining SSDI benefits, income is counted when the work is done, not when it is paid. As a result, earnings that are counted for SSDI are not dramatically increased if a beneficiary has an extra paycheck during a month. The following examples illustrate this:

**Example #1a – Counting income for SSDI**

Emma works 75 hours during the month of April at a pay rate of $9.00 per hour. She is paid for 55 of these hours (gross earned income of $495) during April. The other 20 hours (gross earned income of $180) are paid to her in May due to a paycheck delay for accounting. Emma’s gross income for April for SSDI purposes remains $675 (75 hours X $9.00 per hour) because pay for SSDI is calculated based on when the work is done not when it is paid.

When estimates are necessary, taking an average weekly check and multiplying it by 4.3 or taking an average bi-weekly check and multiplying it by 2.15 can provide a fairly accurate estimate of monthly gross income.
For many individuals who receive SSDI and go to work, a helpful way to keep track of monthly income is to write the hours worked on a given day on a calendar. Then, at any time, an estimate of monthly gross income can be obtained by adding up the hours worked during the month and multiplying it by the beneficiary’s hourly wage. While this is not 100% accurate, it serves the purpose allowing for a reasonably accurate, up to date estimate of income at any given time during a month. Not only does this allow for the estimate, in some cases it is also a tool that allows beneficiaries to feel more in control of their income. A blank calendar that can be offered to beneficiaries who receive SSDI (see page 90) is contained in the appendix at the back of this manual.

Caution: When helping someone calculate earnings for SSDI, it is critical that estimated income is not made by calculating only four weeks of earnings. Calculating only four weeks of earnings will almost always lead to underestimating income.

Example #1b – Estimating SSDI countable income using a paycheck
Chip receives a weekly paycheck with a gross pay of $200. His earnings for SSDI purposes can be estimated by multiplying the paycheck amount ($200) by 4.3 (the average number of weeks per month). Estimated monthly income would be $860.

Shelby receives a bi-weekly paycheck with a gross amount of $400. Her earnings for SSDI purposes could be estimated by multiplying the paycheck amount ($400) by 2.15 (the average number of bi-weekly pay periods per month). Estimated monthly income would be $860.

It is important to remember that the methods shown in example #1b provide an estimate of income for the month. Variations in actual days worked per month or hours worked per week can dramatically change this estimate (particularly if the hourly wage changes).

SSI stands for Supplemental Security Income. It is a needs-based benefit that is available to many individuals who have a disability that impacts their ability to work, have a significant financial need, and are not eligible for other forms of financial assistance. Individuals do not have to have worked in the past to receive SSI benefits. I’ll talk more about SSI later in this chapter.

The earned income calculation for SSI is more straightforward than for SSDI benefits. SSI income is counted during the month it is paid. Individuals who are paid on a weekly basis will have eight months each year during which they will receive four paychecks and four months of five paychecks each year. Individuals who are paid on a
biweekly basis will have ten months of the year with two paychecks and two months each year with three paychecks.

- **CAUTION:** As a result of extra paycheck months, individuals who receive SSI benefits and income from work will need to plan for months during which their countable income used to determine SSI is significantly higher than other months.

- **TIP:** Offering to assist individuals with basic budgeting skills can help individuals plan for the complications that can arise from extra paycheck months.

Another important thing to remember with benefits from Social Security is that there is a delay between the time that earnings are counted for SSI and the time that the SSI benefit is impacted. As a general rule, earnings paid in one month impact the SSI check that is received two months later. For example, if a beneficiary received pay in May 2013, it would impact the SSI check that is received in the beginning of July 2013. One exception to this is if earnings are substantial enough to cancel the entire SSI check (see the section on SSI benefits for details of this calculation). In this case, benefits should stop in the same month the pay is received. It is critical that if a beneficiary knows income will be this high, they should contact Social Security as soon as possible to avoid being overpaid.

**Example #2 – Determining earned income for SSI**

For the month of April, Larry is paid $300 on April 1st, $300 on April 15th, and $300 on April 30th. Total gross income for SSI purposes is $900.

For the month of May, John is paid $300 on May 14th and $300 on May 28th. Total gross income for SSI purposes is $600.

**SSDI – Social Security Disability Insurance**

Social Security Disability Insurance is an insurance program that is available to individuals who have worked and later become disabled. SSDI eligibility is determined based on an individual having both a disability and having paid into the Social Security system enough to obtain “insured status”.

Social Security defines disability for an adult as “the inability to engage in any substantial gainful activity (SGA) because of a medically determinable physical or mental impairment(s):

- That can be expected to result in death, or
- That has lasted or that we can expect to last for a continuous period of
not less than 12 months.”

Based on this definition, a few important concepts can be noted.

**First, work does not necessarily mean any work at all.** Instead, it means that an individual must be unable to work and perform Substantial Gainful Activity (SGA). SGA is the level of work that Social Security determines is necessary in order for an individual to support themselves without Social Security benefits. Individuals who are considered able to perform SGA are not eligible for SSDI benefits.

**Second, “disability” has to be expected to last for a significant period of time.** A broken leg that heals and leaves no limitations after six or eight months is not considered disabled by Social Security’s definition of disability.

**The third major concept is the idea that a disability must be “medically determinable”.** This is what often causes delays in the application process when people initially apply for benefits. The fact that a physician indicates that an individual has a specific diagnosis or cannot work has far less to do with eligibility than does documentation of how this diagnosis was arrived at and how it impacts the individual in their day-to-day life.

In order to be eligible for SSDI benefits, an individual must not only show that he/she has a disability that meets Social Security’s definition, he/she must also have obtained “insured status”. This is done by working and earning “credits” by paying into the Social Security system.

In order to be in insured status, an individual must have paid enough into the Social Security system during the years immediately prior to the onset of their disability to be eligible.

**Caution:** Since recent work history is a factor in the determination of both eligibility and payment of SSDI benefits, it is sometimes important that individuals who feel they may have a need for SSDI benefits apply as soon as they feel there may be a need instead of waiting until the need is urgent. If an individual does not apply it can impact both eligibility and the amount of the benefit received. This is also important since SSDI payments do not start until at least five months after an individual is found disabled.

SSDI benefits (also referred to as title 2 benefits) are distributed on a varied schedule. Check distribution is determined based on birth date.

**TIP:** A calendar that lists the payment dates for SSDI checks can be found at [www.ssa.gov](http://www.ssa.gov) by searching for “schedule of Social Security benefits payments” followed by the year in question (for example – “schedule of Social Security benefits payments 2014”).
Social Security has rules for both SSI and SSDI benefits that allows individuals who want to work some ways to work and earn money while still having a “safety net” with their benefits if things at the job don’t work out. These are called work incentives. In the next part of this manual, I will begin talking about the specific work incentives for individuals who receive benefits from Social Security.

The SSDI Work Incentive “Timeline”

As I mentioned above, SSDI benefits are typically granted to individuals who have some prior work experience. When an individual first receives SSDI benefits, they are granted a nine month Trial Work Period (TWP). During this period individuals are permitted to work and earn any amount of money without fear of losing their SSDI benefits. This allows individuals with SSDI to start by trying any job without having to worry about losing their benefits. This is critical since SSDI is an “all or nothing” benefit, a beneficiary either receives an SSDI benefit or does not, there is not a reduction in the benefit amount.

A Beneficiary uses a trial work month during any month he/she earns $770 per month or more (2014 amount). This means that, if a beneficiary works but earns less than $770 during a month it is not considered a trial work month by Social Security. He/she thus doesn’t even use up one of his/her nine months of protection. Individuals who are self-employed have a different standard for trial work. A person who is self-employed and works 80 hours or more in a month will be considered to have used a trial work month.

The benefit of the trial work period is that, as long as an individual has not used all of their nine trial work months, they can work and earn any amount of money without fear of losing their SSDI check.

Since the threshold for counting a month as trial work month changes each year, table 1.1 below is provided to show you how this threshold has changed over time.

<table>
<thead>
<tr>
<th>Year</th>
<th>Threshold Amount</th>
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<tbody>
<tr>
<td>2014</td>
<td>$770</td>
</tr>
<tr>
<td>2013</td>
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</tr>
<tr>
<td>2012</td>
<td>$720</td>
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<tr>
<td>2011</td>
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<td>2010</td>
<td>$720</td>
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<tr>
<td>2009</td>
<td>$700</td>
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<tr>
<td>2008</td>
<td>$670</td>
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<tr>
<td>2007</td>
<td>$640</td>
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<td>2006</td>
<td>$620</td>
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<td>2005</td>
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<td>2004</td>
<td>$580</td>
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<td>2003</td>
<td>$570</td>
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<tr>
<td>2002</td>
<td>$560</td>
</tr>
<tr>
<td>2001</td>
<td>$530</td>
</tr>
</tbody>
</table>
Trial work months are not always consecutive. The trial work period is used if an individual works and has nine of the months of employment described on the previous page within a sixty month period. If it has been more than sixty months since a trial work month was used, it is “rolled over” and is no longer counted towards the nine months. Trial work months are not counted if an individual doesn't work above the threshold for a trial work month. In some cases, the nine trial work months can be spread over the course of years before a beneficiary uses up his or her entire trial work period.

A beneficiary receives one trial work period per period of disability. Once the trial work period is used the beneficiary does not receive another unless benefits stop and the individual re-applies for benefits at another time. One exception is for individuals who receive cash benefits through the expedited reinstatement work incentive. These individuals may be eligible for a new trial work period after receiving cash benefits through the expedited reinstatement process.(see page 21 in this toolkit).

Example – non-consecutive trial work months. Zoe receives SSDI and is starting a job for the first time since she began receiving her benefits. She begins work in January 2014 and earns $500 during her first month. The table below shows her earnings for each month. Months that have earnings that would lead to the use of one of Zoe's nine trial work months are highlighted in yellow.

<table>
<thead>
<tr>
<th>Jan</th>
<th>Feb</th>
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<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
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</thead>
<tbody>
<tr>
<td>2014</td>
<td>$500</td>
<td>$800</td>
<td>$800</td>
<td>$500</td>
<td>$500</td>
<td>$500</td>
<td>$900</td>
<td>$1000</td>
<td>$1000</td>
<td>$600</td>
<td>$600</td>
</tr>
</tbody>
</table>

Zoe worked for a total of seventeen months but, since her income was only over the trial work threshold of $770 for seven of those months, Zoe still has two of her nine trial work months remaining. During this entire period, Zoe would still receive her full SSDI check because of the protections afforded to beneficiaries during the trial work period.
Once the ninth trial work month is used, the month immediately following is the start of the thirty-six month period of extended eligibility, also called the “re-entitlement period”. Unlike the trial work period, the extended period of eligibility (EPE) runs for thirty-six consecutive months. During this period, Social Security will compare the beneficiary’s income to the current Substantial Gainful Activity (SGA) level. A new Substantial Gainful Activity level is set each year by the Social Security Administration and takes effect on January 1. This level represents the amount of money an individual would need to earn in order to support themselves without benefits. This amount holds great significance for individuals who receive benefits. The change in SGA is normally announced in October along with other cost of living (COLA) changes.

**TIP:** One way an advocate can be of assistance to an individual who is working and receiving benefits is to keep apprised of Social Security cost of living adjustments as they occur. Cost of living change information is available on the Social Security website (along with other cost of living adjustments) by going to www.ssa.gov and searching for “cola” followed by the year. For example, in 2014 you would search for “cola 2014”.

During the extended period of eligibility, earnings in excess of the SGA level may lead to the discontinuation of benefits for that month. The advantage of the extended period of eligibility is that, if earnings are reduced below SGA in a later month, the SSDI check is reinstated. This means that a beneficiary in the extended period of eligibility could have their check stop and start multiple times during the thirty-six month course of the EPE.

**TIP:** Assisting individuals with reporting income during the extended period of eligibility can be an extremely important support since timely, accurate income reporting is critical to allow any necessary discontinuation of benefits (if the beneficiary earned in excess of the SGA amount) or reinstatement of benefits (if income dropped back below the SGA amount) to happen promptly. I talk more about ways Benefits Advocates can help with income reporting in chapter 3 (page 54) of this manual. There is also a tool for helping individuals track income for reporting purposes (see benefits monitoring packet beginning on page 87) in the appendix of this manual.
The SGA level for both blind and non-blind individuals has changed dramatically over the years. Below, in the next two tables, I have listed the SGA amounts for each year. The first table 1.2, lists these amounts for individuals who are not considered blind. The second table, 1.3, lists the amounts for individuals who are considered blind.

### Table 1.2: Substantial Gainful Activity Amounts - non-blind

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>$1070</td>
</tr>
<tr>
<td>2013</td>
<td>$1040</td>
</tr>
<tr>
<td>2012</td>
<td>$1010</td>
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<tr>
<td>2011</td>
<td>$1000</td>
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<td>2010</td>
<td>$1000</td>
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<td>2009</td>
<td>$980</td>
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<td>2008</td>
<td>$940</td>
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<tr>
<td>2007</td>
<td>$900</td>
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<tr>
<td>2006</td>
<td>$860</td>
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<td>2005</td>
<td>$830</td>
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<tr>
<td>2004</td>
<td>$810</td>
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<td>2003</td>
<td>$800</td>
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<tr>
<td>2001</td>
<td>$740</td>
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<td>2000</td>
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<tr>
<td>7/1999 to 12/1999</td>
<td>$700</td>
</tr>
<tr>
<td>1/1999 to 6/1999</td>
<td>$500</td>
</tr>
<tr>
<td>1990 to 1998</td>
<td>$500</td>
</tr>
<tr>
<td>1980 to 1989</td>
<td>$300</td>
</tr>
<tr>
<td>1979</td>
<td>$280</td>
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<tr>
<td>1978</td>
<td>$260</td>
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<tr>
<td>1977</td>
<td>$240</td>
</tr>
<tr>
<td>1976</td>
<td>$230</td>
</tr>
<tr>
<td>Prior to 1976</td>
<td>$200</td>
</tr>
</tbody>
</table>

*Table 1.2 shows SGA amounts and corresponding years for non-blind individuals.*

### Table 1.3: Substantial Gainful Activity Amounts - blind

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>$1800</td>
</tr>
<tr>
<td>2013</td>
<td>$1740</td>
</tr>
<tr>
<td>2012</td>
<td>$1690</td>
</tr>
<tr>
<td>2011</td>
<td>$1640</td>
</tr>
<tr>
<td>2010</td>
<td>$1640</td>
</tr>
<tr>
<td>2009</td>
<td>$1640</td>
</tr>
<tr>
<td>2008</td>
<td>$1570</td>
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<td>2007</td>
<td>$1500</td>
</tr>
<tr>
<td>2006</td>
<td>$1450</td>
</tr>
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<td>2005</td>
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<tr>
<td>2001</td>
<td>$1240</td>
</tr>
<tr>
<td>2000</td>
<td>$1170</td>
</tr>
</tbody>
</table>

*Table 1.3 shows SGA amounts and corresponding years for blind individuals.*
Once the trial work period is completed, the first month during which earnings exceed the substantial gainful activity level is called the cessation month. The two months immediately following the cessation month are called grace period months. Beneficiaries continue to receive their benefit check during both the cessation and the two grace period months.

Once the extended period of eligibility ends (thirty six months after the final trial work month), earnings in excess of the substantial gainful activity level may lead to termination of benefits.

**Example #3 – SSDI timeline**

Felicia became eligible for SSDI benefits beginning January 2013. She is not considered blind by Social Security’s definition. She worked and received gross income of $400 per month from January 2014 to March 2014, $900 per month from April 2014 to July 2014, and $1200 per month from August 2014 to May 2015.
By looking at this chart of Felicia’s earnings over time we can begin filling in some more information regarding the current stage of her benefits. In the chart below, each month is marked with “TW” during months that would count as a trial work month and “EPE” during months that count as extended period of eligibility months.

<table>
<thead>
<tr>
<th></th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>$400</td>
<td>$400</td>
<td>$400</td>
<td>$900</td>
<td>$900</td>
<td>$900</td>
<td>$900</td>
<td>$1200</td>
<td>$1200</td>
<td>$1200</td>
<td>$1200</td>
<td>$1200</td>
</tr>
</tbody>
</table>

In this example:

- From January to March 2014, Felicia earned $400 per month which is lower than the corresponding level for a trial work month of $770. During these months, Felicia was able to work and receive her entire SSDI check and did not use a trial work month.

- From April to July 2014, when Felicia was earning $900 per month, she continued to receive her entire SSDI check, however, since $900 is higher than the level for using a trial work month, Felicia would have used the first four of her trial work months during this period.

- From August 2014 to May 2015, when Felicia was earning $1200 per month, she continued to use her trial work months. Her trial work period ended in December 2014 because she had used all nine of her trial work months.

- Felicia’s extended period of eligibility began in January 2015 (the month following the end of the trial work period) and will continue for the next 36 consecutive months.
In this next table, we continue to follow the progression of Felicia’s employment. As you can see, this table includes the trial work information from the table above but continues to document Felicia’s income past May 2015, when the previous table ends.

In this table, trial work months are highlighted in yellow while the Extended Period of Eligibility is highlighted in blue. We can see from this table:

- Since Felicia’s earned income in January 2015 is over the SGA level (assuming the same SGA level as in 2014 ($1070) for purposes of the example) this will become her cessation month (marked CESS in the table).
  
  - The next two months will be grace period months (marked “GP”). Felicia’s SSDI check would cease in April 2015 (marked “CBS” for cash benefits stop) following the grace period months and would not return until Felicia’s earned income decreased to less than the SGA amount.
  
- The last month of Felicia’s extended period of eligibility will be December 2017 – 36 months from the start of the extended period of eligibility.

- If Felicia continued to work and earn in excess of SGA, her benefits would likely be terminated in January 2018 (marked BT) following the final month of her extended period of eligibility.

<table>
<thead>
<tr>
<th></th>
<th>Jan</th>
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<th>Jul</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
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</thead>
<tbody>
<tr>
<td>2014</td>
<td>$400</td>
<td>$400</td>
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<td>$900</td>
<td>$900</td>
<td>$900</td>
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<tr>
<td></td>
<td>TW</td>
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<td>TW</td>
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<tr>
<td>2015</td>
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<td>$1200</td>
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</tr>
<tr>
<td></td>
<td>EPE</td>
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<td>EPE</td>
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<td>EPE</td>
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</tr>
<tr>
<td></td>
<td>CESS</td>
<td>GP</td>
<td>GP</td>
<td>CBS</td>
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<td>2017</td>
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<tr>
<td>2018</td>
<td>$1200</td>
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</tbody>
</table>
Some discussion points for Individuals who receive SSDI Benefits

Social Security Disability benefits can feel very complex but there are some basic rules that can be discussed with individuals to help them further their understanding of the benefits and clarify common misconceptions. Some simple facts that advocates can discuss with individuals who have questions about SSDI benefits include:

• Many individuals may be able to work for as long as 12 months in any job without fear of losing their SSDI benefits (as long as they remain disabled). The 12 months is the nine trial work months in addition to the cessation month and two grace period months.

• Many individuals who earn less than $1070 per month may be able to keep their SSDI cash benefits indefinitely (as long as they remain disabled).

• Work incentives are sometimes available that may allow an individual to earn more than $1070 per month without losing their benefits. (These work incentives are explained in the next section of this manual)

• Social Security’s work incentives provide a predictable path for individuals who choose to eventually go to work and get off of benefits.

Tips for Providing Support for Individuals who Receive SSDI

• Talk with the individual about benefits. What are his or her concerns about work and SSDI? What are his or her goals? Is the individual hoping to stay on benefits long term or is life after benefits a consideration? Discuss how the beneficiaries’ benefits goals may impact any current or future job search.

• Help the individual verify their benefits. This is crucial since SSDI benefits have their own specific work incentives.

• If desired, help the individual access a professional benefits planner. This is of increasing importance if the individual has worked since receiving their benefits. SSDI consultations can involve some complicated situations such as determining the amount of trial work that has been used.
• **Offer assistance with tracking the amount of income earned each month.** Concerns about having income that exceeds the SGA amount (and that could lead to the discontinuation of benefits) can be a significant stressor for some beneficiaries. In the appendix, there is a set of tools for helping individuals track and report income. (see the benefits monitoring tools beginning on page 87)

• **Offer to assist with monthly income reporting.** Not reporting or reporting income incorrectly may lead to overpayments with Social Security. If you are working with someone who receives SSDI and is employed, just asking “have you reported your income this month” and offering to assist the beneficiary with reporting may go a long way towards alleviating some benefits related stress and avoiding overpayments. See the section on reporting later in this manual for ways advocates can help (page 57)

• **Help the individual identify eligibility for various work incentives.** Does the individual have expenses related to work that are related to their disability? Does he or she receive additional support or accommodations at the workplace in order to do his or her job? Getting to know the individual and their work situation may help you not only provide helpful work supports, it may also help you identify potential work incentives. Some of these work incentives are discussed later in this manual. A decision tree designed to help identify work expenses that might modify countable income is located in the appendix. (page 83)

• **Help individuals understand and respond to requests that sometimes begin as a result of reporting income.** Often when an individual begins working, correspondence from the Social Security Administration increases. This correspondence is often misinterpreted and can become a stressor. Sometimes going to work may trigger a continuing disability review and, as a result, the beneficiary may receive a letter asking for more information about their disability. Offering to review correspondence with beneficiaries when it is received can be a needed support for beneficiaries who go to work.

*It is important to remember that it is still essential that individuals receive a benefits analysis from a qualified benefits planner. Issues such as determining the number of trial work months available to a beneficiary can be critical and is sometimes difficult to determine without a more advanced understanding of benefits issues.*
**Childhood Disability Benefits (formerly Disabled Adult Child benefits)**

In some cases, individuals are granted a benefit that by most observation, looks like an SSDI benefit but the individual does not appear to have completed work sufficient to obtain insured status.

In these cases, this is often a sign that the individual is receiving a benefit called “childhood disability benefits”. These benefits appear very similar to SSDI benefits but are obtained when an individual is disabled before age 22 and is receiving benefits based on the work record of a parent.

The SSDI work incentives discussed above will also apply to individuals who receive childhood disability benefits. One important difference, however, is that an individual who receives childhood disability benefits and gets married may lose these benefits.

**SSDI for individuals who are considered statutorily blind**

Individuals who meet the Social Security definition for statutory blindness are eligible for the trial work period, extended period of eligibility, cessation and grace period months and expedited reinstatement just as individuals with other disabilities are. One significant difference however, is that the SGA level for individuals who are considered blind is significantly higher than the $1070 for individuals who are considered disabled. Individuals who are considered statutorily blind are subject to an SGA level of $1800 per month (for 2014).

As a result, it is always good to consider any visual impairment when talking with an individual with SSDI. If a visual impairment is present, confirming statutory blindness designation at SSA can make a significant difference for individuals.

One situation that is important to be aware of occurs when individuals develop a visual impairment as a result of another disability. For example, if a person was diagnosed with Multiple Sclerosis and received disability based on limitations from the illness but later experienced a significant visual impairment as a result of the MS. Oftentimes these instances occur in between medical reviews by Social Security and SSA may not be aware of the visual impairment. As a result, while the person might be eligible for the statutory blindness designation, since SSA is not aware, they are not eligible for the $1800 SGA amount. This can be resolved by sending new information to SSA about the visual impairment and asking that a new medical review be done to consider the new information. The benefit of this new review would be that the new information would be included in the medical review and might result in the individual being made eligible for the SGA level of $1800. There is a potential drawback to this process as well. Anytime a medical review is done, there is the potential, however unlikely, that Social Security could determine an individual is no longer disabled. This is highly unlikely in an instance where information about a new visual impairment is being added to the record but should still be discussed with the beneficiary prior to any action being taken.
As an advocate, we may be more aware when these instances arise than a benefits planner that may or may not have a history of working with the beneficiary. In addition, an advocate might be able to discuss with the individual the pro's and (potential) cons of a new medical review and the reasons that a new medical review might be beneficial if the beneficiary wanted to go to work. The role of an advocate might also include helping the individual find resources to assist with the process of requesting a new medical review or contacting a qualified benefits planner to continue discussions about benefits.

**SSDI Work Incentives**

There are a number of rules in Social Security law that could potentially reduce countable income because of special situations or expenses that relate to work.

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**Impairment Related Work Expenses**

Impairment Related Work Expenses (IRWE's) consist of any expense that a beneficiary purchases once employed that meets the following criteria:

1. The cost of the expense must be paid by the beneficiary and not reimbursed by another source
2. The expense must be related to the disability for which the beneficiary receives benefits
3. The expense must be necessary in order for the individual to work
4. The expense must be considered reasonable (comparable to the cost of similar expenses in the community)

Examples of IRWE expenses include but are not limited to:

- The cost of medication used to control symptoms of disability,
- The cost of adaptive equipment used on the job,
- The cost of attendant care used while at work,
- The cost of special transportation services that are related to the symptoms of the beneficiary’s disability.

If in doubt about the eligibility of an expense as an Impairment Related Work Expense, it is almost always worth contacting someone at the Social Security Administration to discuss the expense. There are a wide range of expenses that may be considered Impairment Related Work Expenses.
IRWE’s can be used to reduce countable income for purposes of determining SGA. When an individual who receives SSDI has an IRWE expense, the entire value of the expense can be subtracted from countable income. For example, if an individual was through the trial work period and earned $1100 during a month from employment, but paid $200 during a month towards expenses considered IRWE’s, Social Security would count the total income for the month as $1100 - $200 or $900. This would reduce the countable income to less than the SGA level of $1070. As a result the individual would receive an SSDI check that month when it originally didn’t appear they would be eligible.

**TIP:** Another role that a benefits advocate can play when a beneficiary is working is to help the individual identify and document possible IRWE expenses.

In order to document an IRWE expense, the following is helpful:

- An individual will need a receipt for the expense that lists the item or service purchased, the cost, and the seller.

- Documentation from a doctor or treating professional that indicates the expense is needed in order for the individual to perform the duties of their job may also help expedite the process of having the IRWE expense approved.

- Once documentation is obtained, it is helpful to visit the Social Security Administration with the beneficiary and documentation and meet with a claims representative to discuss the IRWE expense.

### Subsidies and Special Conditions

A special condition occurs when an individual who receives SSDI benefits is working and receives assistance that exceeds what is provided to an employee who does not have a known disability.

An example of a special condition is an individual who receives job coaching that is paid for by someone else on the job site. (If the beneficiary paid for this job coaching themselves, this expense might be considered an IRWE as described above) If the expense is considered a special condition, Social Security would discount the earnings the individual receives for the work they do while the job coach is present.

If you or your organization is the one providing the job coaching, you can offer to assist with this process by writing a letter on letterhead that explains the services you are providing and documents the amount of job coaching time.
The Social Security Administration would consider work to be subsidized if an individual is hired for a job but, due to the symptoms of their disability, is unable to do a portion of the job that other workers do but continues to be paid at the same rate. For example, if, as a result of a back problem, an individual doing custodial work was not required to empty trash cans even though this was included in the jobs of others with the same job title.

**Expedited Reinstatement**

Expedited reinstatement (EXR) is available to individuals within 60 months from the date their SSI or SSDI benefits terminate due to earnings from employment. For individuals with SSDI, this only applies to individuals following the completion of the extended period of eligibility. In order to access this work incentive, an individual must go to the Social Security Administration and request it. Social Security then begins a new medical review and immediately starts providing provisional benefits for up to six months. The beneficiary then undergoes a new medical review of their case. If Social Security determines that the beneficiary is still disabled, benefits will be reinstated.

As a bonus, individuals who receive SSDI and are approved for expedited reinstatement payments will receive a new trial work period after 24 months of payments through the expedited reinstatement system. These reinstated benefit payments are not necessarily consecutive. For example, if an individual is approved for payments and later earns at a level in excess of SGA they will not receive a reinstated SSDI payment or credit towards the 24 months while earning in excess of SGA. If the work later becomes less than SGA, the individual would again begin receiving a reinstated SSDI check and credit towards the 24 months that can lead to a new trial work period.

**CAUTION:** It is important to check to ensure that individuals who have received 24 months of payments of reinstated benefits have been credited with a new trial work period before the individual decides to return to work. Visiting Social Security to meet with a claims representative prior to taking action based on the assumption of a new trial work period can help avoid misunderstandings.

**SSI – Supplemental Security Income**

SSI, or Supplemental Security Income, is a program of last resort for individuals who are aged (65 or older), blind, or disabled. In order to be eligible for SSI, an individual must, in addition to other requirements, have limited income and resources and be a US citizen or alien in certain categories. Unlike individuals with SSDI, individuals receiving SSI do not have to have worked to be eligible.
CAUTION: The work incentives for SSI are completely different than for SSDI. The concepts discussed in the SSDI section do NOT apply to SSI benefits: Trial work period, extended period of eligibility and the entire SSDI “timeline” do not apply to SSI benefits.

Individuals who receive SSI:

- Have been determined ineligible for other cash benefits or receive small amounts of these benefits.
- Have resources of less than $2000 that can be readily turned into cash.
- Do not necessarily have any work history.
- Receive checks from SSI on a monthly basis. These checks are normally received on the first of the month or immediately before.

SSI payment amounts are not determined based on past work as SSDI payments are. Instead, since work is not a requirement for SSI, beneficiaries receive a standard amount called the federal benefit rate (or federal payment standard). In 2014, the federal benefit rate for a single adult is $721 per month. This amount normally changes every year on January 1. In 2013, the amount was $710 per month.

Some states provide a supplement to SSI. These states increase the SSI benefit with an additional payment. If a beneficiary receives SSI (and it has been verified that the benefit is indeed SSI) and his/her check is higher than the federal benefit rate, this could be the reason.

As was discussed above, SSI eligibility is based on need. It is meant to give individuals enough income to pay for food, clothing and shelter. As a result, when a beneficiary lives in the home of someone else, Social Security will look closely at the living arrangements. If the SSI beneficiary does not pay a fair share of the cost of food clothing and shelter in the home, Social Security may count the value of these things as in-kind income. This may lead to a decrease in the amount of SSI the beneficiary receives. Most frequently this results in a one third reduction of the SSI payment (in 2014, this would mean that the individual receives approximately $480 per month rather than the normal $721 federal benefit rate.

It is important to recognize that living situation can have a significant impact on SSI benefits. As an advocate it is important to realize that changes in living situation may lead to either a reduction due to in-kind income or an increase (if the individual begins paying rent) in the SSI payment amount.

Many individuals may have a living situation that changes over time, particularly when beginning work and adding additional work earnings. It is important to recognize beneficiaries who live in someone else’s home and receive a reduced rate of SSI as a result. Frequently, when beneficiaries move into independent housing and begin
paying a fair share of rent, it does not get reported to Social Security. As a result, these beneficiaries continue to receive the reduced payment from SSI.

**TIP:** Advocates can make an impact by helping identify individuals who are currently receiving a reduced SSI rate because in the past they lived in a home with someone else and did not pay a portion of the household expenses. If these individuals are now living independently and paying all or a portion of the expenses for the household, reporting that the individual is in an independent living situation may result in an increased SSI benefit. In addition, advocates may be able to help if a beneficiary moves into an independent living situation by helping the beneficiary report their change in living situation to the Social Security Administration as it happens.

**Earned and Unearned Income.**

Income for SSI is looked at in different ways depending on its source. **Earned income** is any income that an individual receives due to work. Earned income is always counted before taxes are taken out. Earned income can be very beneficial to SSI beneficiaries since less than half of any earned income is counted when the SSI check amount is determined.

**Unearned income** is income from sources other than employment such as SSDI benefits, VA benefits, and alimony. In general, unearned income is less beneficial to individuals with SSI since unearned income counts almost dollar for dollar when the SSI check amount is determined.

The maximum amount of combined SSI and unearned income for a single adult is the amount of the federal benefit rate ($721) plus $20. So in 2014, an individual could get SSI and unearned income combined of no more than $741 ($721 + $20).

In the next section, I will discuss, step by step, the formula for determining SSI payment amounts. I will go through two examples of the benefits calculation; one with only SSI and earned income and one that includes unearned income as well.

**The SSI Payment Calculation**

Individuals who earn income from work and receive SSI will receive less SSI as their earnings from work increase. However, their earnings from work will always be more than the amount their SSI decreases. In the section below, I will outline the formula that is used by the Social Security Administration to determine the amount of SSI benefits an individual receives. I have broken the formula into five steps:

1. **The General Income Exclusion**
2. **The Earned Income Exclusion**
3. Exclude half the remaining income
4. Determine the new SSI payment amount
5. Calculate and compare revised total income

Earlier in this chapter, I mentioned the difference between the way Social Security counts earned and unearned income. In the description of each step below, I have included two examples. The “a” examples provide an example of the impact of earnings on an individual who receives only earned income. The “b” examples provide an example of the impact of earnings on an individual who receives both earned and unearned income.

Step One

When individuals work and receive SSI benefits, they are given a number of exclusions from income that can make work more financially beneficial. The first of these exclusions is the General Income Exclusion. This exclusion can be applied to either earned or unearned income but is most beneficial when it is applied to unearned income such as SSDI. The general income exclusion allows an individual to exclude $20 of any income so that it is not counted when the Social Security Administration determines the beneficiary’s SSI check amount.

If the individual receives any unearned income, the general income exclusion is taken from it. If there is any remainder (the unearned income is less than $20), the remainder is subtracted from the earned income. If there is no unearned income, the entire amount of the general income exclusion would be subtracted from the earned income of the individual.

*Example #4a – the general income exclusion with only earned income.*

Floyd is receiving the full SSI federal benefit rate of $721 per month. He goes to work and receives gross earnings of $685 during his first month of employment.

In this first step, Social Security would subtract the $20 general income exclusion. Since there is no unearned income, the full $20 would be subtracted from the earned income of $685.

$685 (gross earned monthly income) – minus $20 = $665 left after subtracting the general income exclusion from earnings from employment

*Example #4b – the general income exclusion with earned and unearned income.*

Dale is receiving SSI benefits in the amount of $387 per month and SSDI benefits in the amount of $354 per month. Dale goes to work and is paid gross earnings of $200 during his first month of work.

In this case, Dale has an additional source of income, SSDI, which is considered unearned by the Social Security Administration. Because there is unearned income,
Social Security would subtract the general income exclusion from the unearned income of $354 per month.

$354 (unearned income from SSDI)  
- $20 (general income exclusion)  
= $334  left after subtracting the general income exclusion from unearned income

**Step Two**

The next exclusion that Social Security provides for beneficiaries who go to work is the earned income exclusion. This is a $65 exclusion that is taken directly from any earned income.

**Example #5a – earned income exclusion with earned income only**

We saw in example #4a that Floyd’s countable earned income was reduced to $665 through the use of the general income exclusion (of $20). When the earned income exclusion is applied, this amount (the remaining $665 from above) is reduced by an additional $65 as shown below:

$665 (from example 1A)  
- $65 (earned income exclusion)  
= $600

**Example #5b – earned income exclusion with earned and unearned income**

We saw in example #4b that Dale, unlike Floyd, receives SSDI benefits, a type of unearned income. As a result, Dale’s general income exclusion (of $20) was taken from his unearned income, reducing the countable portion of this income to $287. Dale also received $200 from working. Since the general income exclusion was taken from the unearned SSDI income, only the earned income exclusion is taken from earned income. The calculation looks like this:

$200 (earned income)  
- $65 (earned income exclusion)  
= $135
Step Three

Now that both the general and earned income exclusions have been applied, the third exclusion can be calculated. In the third step, Social Security allows one half of the earned income that is remaining following the application of the general and/or earned income exclusions to be excluded from the new calculation of benefits.

**Example #6a – Half the remainder exclusion – earned income only**

Floyd has had the general and earned income exclusions applied to his earned income. Now it is time to subtract the half the remainder exclusion. In example #5a, we saw that Floyd’s countable earned income had been reduced to $600. By applying this final exclusion we are able to reduce Floyd’s countable income by half of the remaining $600 which is equal to $300. As a result, Floyd’s final countable earned income will be $300.

**Example #6b – Half the remainder exclusion – earned and unearned income**

Dale has also had the general and earned income exclusions applied to income. However, since Dale has unearned income, his general income exclusion was applied differently as was shown in example #4b. In example #5b, we saw that, after the application of the earned income exclusion, Dale is left with earned income of $135. So, the deduction of half of the remainder of $135, or $67.50, leaves Dale with countable earned income of $67.50. In addition, Dale has countable unearned income of $334 as noted in example #4b.

Step Four

Now that countable income amounts have been determined, it is time to figure out the actual amount of the new SSI check. This is done by adding any countable earned income to any countable unearned income and subtracting the total from the federal payment standard ($721 in 2014). The remainder after this calculation is the amount of the new SSI check.

**Example #7a – Determining SSI check amount – earned income only**

In the first three steps we determined that Floyd’s countable earned income is $300 and that he has no countable unearned income at this time. We can figure the new SSI check by subtracting the countable earned income from the current federal payment standard.

\[
\begin{align*}
\text{$721$ (federal payment standard)} \\
- \text{$300$ (Countable earned income)} \\
\end{align*}
\]

$421 (New SSI check)
**Example #7b – Determining SSI check amount – earned and unearned income**

In Dale’s case, he has both countable earned income of $67.50 and countable unearned income of $334. When we add these amounts together, we find that Dale has total countable income of $401.50. To determine Dale’s new SSI check amount, we subtract this amount from the current federal payment standard.

$721 (federal payment standard)  
- $401.50 (total countable income)  
$319.50 (New SSI check)

**Step Five**

Once the SSI check amount is determined, it is important to review the total income of the individual following employment.

**Example #8a – Calculate and compare total income – earned income only**

$421 new SSI check + $685 gross earnings = new total income of $1106 (minus some tax)

Compare the new total income of $1106 per month to Floyd’s total income before he began work of $721 (from his SSI check).

Table 1 Floyd - Total income before and after working

![Graph showing total income before and after working](graph.png)
Example #8b – Calculate and compare total income

New SSI check $319 + Earnings of $200 + SSDI of $354 = $873 new total income compared to original income before work of $741

Table 2: Dale - Total income before and after work

Compare Dale’s new total income of $837 to his income before he started working of $741.

When discussing total income, it is important to acknowledge that taxes will be deducted from the earnings and, as a result, total income will be lower than in the example.

This is a critical comparison since the reduction in SSI that will always occur when an individual who receives SSI goes to work can be of great concern to beneficiaries.

TIP: Using a graph like the ones above can sometimes help illustrate the impact that earnings from work have on SSI.

What Happens when SSI cash benefits stop?
The point where SSI cash benefits stop due to income is called the break-even point. When individuals hit the break-even point they enter a 12 month suspension period for benefits. If SSI cash benefits are stopped for 12 consecutive months, SSI eligibility is terminated.

A work incentive, 1619b, is available for individuals whose cash benefits stop and receive Medicaid. Individuals who are in 1619b status do not enter the 12 month suspension period. As a result, the beneficiary may often retain SSI eligibility (without a cash benefit) for as long as he or she is eligible for 1619b status.
1619b status is discussed further in the SSI work incentives section of this manual since it has a significant impact on Medicaid benefits as well.

**Tools**

While it is not the role of a benefits advocate to complete full benefits calculations for individuals with benefits questions, it is sometimes helpful to have tools that help explain or develop examples of important benefits concepts. Doing this may help answer basic questions and provide a forum for further discussion about the possibility of further benefits assistance. A worksheet designed to assist with basic SSI calculations is contained in the back of this manual. (see page 81) Remember that using a worksheet like the one included in this toolkit should only be a means of providing a basic estimate of the impact of earnings on benefits. It is not a replacement for an actual benefits consultation.

**Some discussion points for Individuals who receive SSI Benefits**

Supplemental Security Income (SSI) benefits can feel very complex but there are some basic rules that can be discussed with individuals to help them gain understanding of the benefits. Some simple facts that can be discussed with individuals who have questions about SSI benefits include:

- **Many individuals are able to work and keep a portion of their SSI benefits.** For a person who received the full SSI benefits of $721 per month before working, earnings of less than $1527 per month will often allow individuals to receive a partial benefit check.

- **Work incentives are sometimes available that may allow an individual to receive a higher percentage of their SSI check when they work.** These work incentives are discussed in the next section of this chapter.

- **In general, the more income an individual receives from working, the less they will receive from SSI. However, the reduction in SSI will never be more than half of the amount they earn from working.**

- **Reporting income is critical for individuals receiving SSI benefits.** If income is not reported to the Social Security Administration on a monthly basis, beneficiaries will likely be overpaid.

- **SSI yearly increases do not generally keep up with the increase in the cost of living.** As a result, individuals who are on
SSIs will not normally increase their standard of living through SSI alone. Working is one way to help individuals increase the amount of total income coming into their household.

**Tips for Providing Support for Individuals who Receive SSI Benefits**

- **Talk with the individual about benefits.** What are his or her concerns about work and SSI? What are his or her goals? Is the individual hoping to stay on benefits long term or has he/she considered decreasing his/her use of benefits at some point in the future? Discuss how the beneficiaries’ benefits goals may impact any current or future job search.

- **Discuss the impact of extra paycheck months and the delay between one of these months and the impact it will have on the SSI check two checks later.**

- **Help the individual verify his/her benefits.** This is crucial since SSI benefits have their own specific work incentives. Knowing a benefit is SSI allows for the proper reporting and estimating of upcoming income.

- **Help the individual access a professional benefits planner.** This will allow for a more comprehensive look at benefits. Individuals who are eligible for SSI are often eligible for other needs based benefits as well. A benefits planner can help identify the impact work would have on these other benefits.

- **Offer assistance with tracking the amount of income earned each month.** Knowing how much income SSA is counting can help the beneficiary identify and proactively budget for fluctuations in check amounts.

- **Offer to assist with monthly income reporting.** Not reporting or reporting income incorrectly may lead to overpayments with Social Security. If you are working with someone who receives SSI and is employed, just asking “have you reported your income this month” and offering to assist the beneficiary with reporting may go a long way towards alleviating some benefits related stress and avoiding overpayments. Individuals who receive SSI and don’t report income will almost always be overpaid since SSI checks are adjusted based on actual income. See the section on reporting later in this manual for ways advocates can help (page 57).
• Help the individual identify eligibility for various work incentives. Does the individual have expenses related to work that are related to his/her disability? Does he/she have a long term vocational goal that would require saving money to achieve? Getting to know the individual and their work situation may help you not only provide helpful work supports, it may also help you identify potential work incentives. Some of these work incentives are discussed later in this manual. A decision tree designed to help identify work expenses that might modify countable income is located in the appendix. (See page 81)

• Remind the beneficiary that reporting income may lead to requests for information from Social Security. When an individual begins working, correspondence from the Social Security Administration increases. This correspondence is often misinterpreted and can become a stressor. Sometimes going to work may trigger a continuing disability review and, as a result, the beneficiary may receive a letter asking for more information about their disability. Offering to review correspondence with beneficiaries when it is received can be a needed and appreciated support for beneficiaries who go to work.

• Assist with developing supports for budgeting. SSI benefits change from month to month and, when combined with extra paycheck months and the processing delay between income and impact on an SSI check, can lead to some difficulty with effective budgeting.

SSI Work Incentives
Impairment Related Work Expense

An IRWE for SSI is an expense that meets the same requirements as an IRWE for individuals with SSDI:

1. The expense must be paid by the beneficiary and not reimbursed by another source.

2. The expense must be related to the disability that the beneficiary receives benefits for.

3. The expense must be necessary in order for the individual to work.

4. The expense must be considered reasonable (comparable to the cost of similar expenses in the community)

The difference in the work incentive arises in the way it is applied. With SSDI, the full value of the IRWE expense was subtracted from countable income.
With SSI, the beneficiary receives up to one half of the cost of the expense as a reimbursement in their SSI check.

**Example #9 – IRWE with SSI**

Returning to our friend Floyd, we realize that he pays $40 per month towards medication that is used to control symptoms of his disability. This $40 is most likely an IRWE so we know that Floyd will receive up to $20 per month back in his SSI check. Using the earnings information from our earlier examples, we see that Floyd is earning gross income of $685 per month from his job. The calculation of Floyd’s benefits check would be as follows:

Earnings from employment $685

- general income exclusion $20 (Step 1)

  = $665

- earned income exclusion $65 (Step 2)

  = $600

- IRWE expense $40 (Step 3)

  = $560 ÷ 2

  = countable earned income $280 (Step 4)

Federal payment standard (2014) $721 - $280 (countable earned income) = New SSI check amount $441 (an increase of $20 due to the $40 IRWE expense) (Step 5)

**1619(a) and 1619(b)**

1619(a) extends Medicaid benefits for individuals who receive SSI benefits and go to work. Medicaid benefits will be discussed in more detail later in this manual. Most individuals enter 1619(a) status when they receive Medicaid and work and earn in excess of the Substantial Gainful Activity (SGA level). When an individual enters 1619(a) status, he or she continues to have benefits determined using the formula we discussed earlier in this chapter. In addition, beneficiaries who receive SSI continue to be eligible for Medicaid. In states such as Ohio, where a Medicaid spend down system is present, this can be an effective way of eliminating spend down. A spend down is similar to a monthly deductible for Medicaid. In Ohio, individuals with what is deemed excess income have to pay or incur a spend down prior to receiving their Medicaid card each month. An individual who is eligible for 1619(a) receives Medicaid with no spend down.
Like 1619(a), 1619(b) extends Medicaid benefits for individuals who work and receive SSI benefits. Many beneficiaries become 1619(b) eligible when their income from employment reaches the break-even point, the point where earnings from work cancel out eligibility for a SSI cash benefit.

Break-even point for an individual can be determined through use of the following formulas:

If the beneficiary has only earned income:

\[(\text{Maximum SSI benefit}) \times 2 + 85 = \text{the break-even point}\]

If the beneficiary has both earned and unearned income:

\[(\text{Maximum SSI benefit after unearned income}) \times 2 + 65 = \text{break-even point}\]

Individuals can remain eligible for 1619(b) coverage as long as their income continues to be less than the Medicaid threshold for their state. In 2014 in Ohio, this amount is $36063.

- **TIP:** A chart that lists the Medicaid threshold amounts for each state is available at [http://www.socialsecurity.gov/disabilityresearch/wi/1619b.htm](http://www.socialsecurity.gov/disabilityresearch/wi/1619b.htm).

As with 1619a, individuals who receive 1619b should not be placed on spend down in states that use a Medicaid spend down.

### The Student Earned Income Exclusion

The **student earned income exclusion** is an SSI work incentive that allows active students to disregard a portion of their income from employment so that it does not impact their SSI benefit.

The SEIE allows a person who is under age 22 and regularly attending school to exclude a portion of their earned income from countable income in the SSI check determination process.

Social Security defines “regularly attending school” as someone who takes at least one class and is:

- in a college or university for at least eight hours a week, or
- in grades 7–12, for at least 12 hours a week, or
- in a training course to prepare for employment, for at least 12 hours a week (15 hours a week if the course involves shop practice), or
One exception to the above requirements arises if an individual is enrolled in one of the above educational pursuits for less time than indicated above for reasons beyond the student’s control, such as illness.

Beneficiaries who meet these eligibility requirements are able to deduct up to $1750 per month from their countable income towards SSI. They can use this up to a maximum exclusion of $7060 during the year (2014 amounts). This exclusion is subtracted from countable earned income before any other exclusion, including the general and earned income exclusions.

**Example #10 - SEIE exclusion in the SSI calculation**

Jonah is attending college classes 12 hours each week. He goes to work and earns $1000 per month in February, March, and April. In this case, Jonah would be able to exclude the entire $1000 of earned income each month since it is less than the monthly maximum of $1730. At the end of April, Jonah would have $4060 in SEIE exclusion available to use the rest of the year (SEIE maximum of $7060 minus the SEIE of $3000 used during February, March, April). As a result, the entire $1000 of earned income for each month is excluded and Jonah would continue to receive his full SSI check of $721 per month.

**Blind Work Expense (BWE)**

Individuals who meet Social Security’s definition of blindness are eligible for a special work incentive called a **blind work expense (BWE)**. A blind work expense is similar to an IRWE in that it allows an individual to exclude the value of an expense that they need in order to work. **It is different from an IRWE in that the expense does not need to be work related.** This allows an individual who is considered blind by Social Security to subtract the cost of any work expense from their countable income. Examples of blind work expenses are things such as federal, state, and local taxes taken from the beneficiary’s paycheck, transportation costs, cost of uniforms worn at work, and any other expense that is part of the cost of working. **One other key difference from an IRWE is that the exclusion is subtracted later in the SSI calculation, allowing the individual to receive the full value of the exclusion.** Any expense that is considered an IRWE will also be considered a blind work expense. In those cases, there is always more value to using the expense as a blind work expense.

**Example #11 - Blind Work Expense**

To demonstrate the differences, let’s take another look at the example of Floyd that we used when talking about IRWE’s. This time we want to change the IRWE that we used earlier to a blind work expense.

Returning to our friend Floyd, we realize that he pays $40 per month towards the cost of the taxi that takes him to and from work. This $40 is considered a blind work expense so we know that Floyd will receive the $40 per month back in his SSI check. Using the earnings information from our earlier examples, we see that Floyd is earning $685 per month from his job. The calculation of Floyd’s benefits check would be as follows:
Earnings from employment $685 – general income exclusion $20 = $665 (Step 1)

$665 – earned income exclusion $65 = $600 (Step 2)

$600 ÷ 2 = countable earned income $300 (Step 3)

$300 - $40 blind work expense = countable earned income $260 (NEW Step for BWE)

Federal payment standard (2014) $721 - $260 = New SSI check amount $461 (Step 4)

Plan to Achieve Self-Support (PASS)
The Plan to Achieve Self-Support (PASS) is an SSI work incentive designed to allow individuals who receive SSI benefit to save money towards some vocationally-related expense without the saved income reducing their SSI benefit.

Example #12 – Plan to Achieve Self-Support

Dana receives $721 in SSI. She has dreams of working as a carpenter but has been unable to purchase the tools she needs to be able to work in this field. Dana writes a PASS plan that allows her to save money for the tools she needs to get started working as a journeyman carpenter. Dana feels she needs to save $3000 in order to have enough money to pay for the tools she will need. To obtain money for the PASS plan, Dana takes a job working in a hardware store. She is paid $500 per month and decides to save the entire $500 per month towards these tools. Once the PASS plan is approved by Social Security, Dana would be able to put the $500 into a savings account for the purpose of saving money towards her tools. This money would be excluded from the calculation of Dana’s SSI benefits, and she would continue to receive her entire SSI benefit.

PASS plans are very detailed and take a significant amount of work and research to complete, however, if done correctly, it can be worth the time and effort. These plans can allow an individual an opportunity that they would not have had without the PASS. It is important to note that, in addition to excluding income saved in a PASS from the monthly SSI calculation, earnings saved toward PASS goals also do not count as resources against the $2000 resource limit for SSI.

A sample PASS form can be downloaded from the Social Security Administration at http://www.socialsecurity.gov/online(ssa-545.html).
Ticket to Work
One additional topic that often is the cause of misconceptions is the Ticket To Work program. Ticket to Work was designed to provide recipients of Social Security benefits with greater options for returning to work by allowing individuals free access to a network of providers or employers that can receive payment from the Social Security Administration as part of the ticket to work program; these providers are called an employment network. Most beneficiaries of SSI and SSDI benefits who are receiving cash benefits should have received a ticket through the mail. Oftentimes these tickets have been lost or thrown away by individuals who did not understand the ticket’s purpose. These tickets may be used to access employment opportunities through qualified employment networks (EN’s) or the state vocational agency.

TIP: Since employment networks are all different, Benefits Advocates may be able to assist by helping individuals weigh the pros and cons of assigning a ticket to a particular employment network.

A beneficiary does not have to be in possession of the actual paper ticket to be eligible to use the Ticket to Work program. For those who have a paper ticket, it looks like this:

![Ticket to Work]

Beneficiaries typically are sent their ticket along with information about the various work incentives available through the Social Security Administration. This has led to the misconception that a beneficiary must use his or her ticket to work in order to be eligible for work incentives. This is untrue. The work incentives discussed in the second chapter of this manual are available to each beneficiary based on his or her individual benefits. Beneficiaries do not have to assign a ticket to access these work incentives.

There is one often overlooked benefit to assigning a ticket. Beneficiaries who assign their ticket to an Employment Network or state VR agency are able to avoid some scheduled continuing disability reviews (CDR’s) as long as they are making “timely progress”. CDR’s are reviews of a beneficiary’s Social Security record that are regularly completed for any individual that receives benefits through the Social Security Administration. These reviews allow Social Security to look at a beneficiary’s most recent medical and work information to determine if the individual still meets the standards that Social Security uses to define an individual as disabled. As a reminder,
making “timely progress” towards ticket to work goals allows an individual to avoid some of these CDR’s.

**TIP:** Advocates can be of assistance to ticket holders by explaining what the Ticket to Work program is and how it may benefit an individual who is contemplating going to work. More information about the ticket to work program can be found at [www.choosework.net](http://www.choosework.net). In addition, helping to ensure beneficiaries who are ticket eligible but prefer not to assign a ticket understand that they are still able to access Social Security’s work incentives can encourage people to consider employment.

**Medical Benefits**

With the implementation of the Affordable Care Act, the health insurance landscape is rapidly changing. In each state, the Medical insurance options are shifting. It is important to learn the different options available to individuals in your state.

In this section, I outline a couple of key federal rules for Medicare and some important Medicaid programs for beneficiaries who work in Ohio.

**Medicare**

Medicare is a medical insurance program that is administered by the Social Security Administration. Individuals who receive SSDI benefits become eligible to receive Medicare benefits after 24 months of SSDI eligibility.

You can identify individuals who receive Medicare benefits by looking at their medical card. A Medicare card will say Medicare and will have red, white and blue stripes on the top.

There are four different parts of Medicare labeled A, B, C, and D.

**Medicare part A** – hospital insurance, pays for inpatient care. Beneficiaries become eligible for part A without any additional cost as long as they are eligible for Social Security Benefits.

**Medicare part B**, medical insurance, pays for things like doctor’s appointments and many of those expenses that are incurred outside of inpatient settings. Beneficiaries can choose not to take Medicare part B and those that do receive part B pay a premium (in 2014 this premium is $104.90 for most beneficiaries) for this benefit. The premium is often either taken directly from the beneficiary’s SSDI cash benefit or paid for through programs such as the Qualified Medicare Beneficiary (QMB) or Specified Low income Medicare Beneficiary (SLMB) program that help pay for some of the costs associated with Medicare benefits. I’ll talk more about these programs below.
**Medicare part C**, Medicare advantage plans, are independent medical plans that replace Medicare part A and B for individuals who choose them. They often pay for additional services and/or supplies and in many cases, have an additional premium attached to them. Medicare part C will not be discussed further in this manual. More information about Medicare part C plans can be found by going to [www.Medicare.gov](http://www.Medicare.gov) and clicking on the links about Medicare health plans. In Ohio, these programs are typically used more by senior adults than by individuals with disabilities.

**Medicare part D** is medication insurance through Medicare. It is administered by private companies and coverage varies significantly from program to program. In some cases, part D recipients pay an additional premium for the benefit. Individuals who have lower income or receive SSI and Medicaid or Medicare and Medicaid are often eligible to receive extra help with premiums and part D costs. The “extra help” program can help individuals lower the overall cost of their part D coverage.

**TIP:** Advocates can help individuals with part D coverage by working to find information about different Medicare part D providers and the medications their plans cover and by assisting with “extra help” eligibility.

Medicare is directly linked to SSDI eligibility in many cases. An individual who becomes eligible for SSDI will become eligible for Medicare twenty four months later.

The impact of employment on Medicare eligibility for individuals with disabilities is fairly straightforward. Individuals who work and receive Medicare will continue to receive their Medicare benefits as long as they receive an SSDI cash benefit. Individuals whose SSDI cash benefits stop due to earnings from employment will continue to receive extended Medicare benefits for at least 93 months (7 ¾ years) following the final month of the trial work period.

Medicare part A benefits will be completely unaffected during this extended 93 months, no additional costs will be incurred by the beneficiary.

Medicare part B benefits are somewhat different. If cash benefits cease and the individual is not eligible for a program such as QMB or SLMB that pays for their part B premium, the cost of the part B premium will be the responsibility of the beneficiary. The beneficiary will be billed quarterly for the part B premium from the previous three months. Since this is a significant expense, it is critical to discuss this change with individuals prior to the change.

Medicare part D benefits are a bit more complex. While any individual who receives Medicare is eligible for prescription assistance, the cost of the assistance can be dramatically decreased for individuals at certain lower income levels. Medicare part D beneficiaries with income (in this case the total of all income) less than 150% of the current federal poverty level ($17505 in 2014 for a single adult or $23595 for a married couple) who have resources of less than $13,440 for an individual or $26,860 for a...
married couple, may be eligible for “extra help” with their prescription costs. There
are two situations where an individual would be automatically eligible for extra help:
The first is an individual who receives SSI and Medicare. The second is an individual
who receives both Medicare and Medicaid. An individual who receives “extra help”
will have significantly lower costs for premiums and co-pays.

Medicare part D plan availability varies from state to state and county to county.

○ **TIP:** For a list of available Medicare part D plans in your area and the details
of coverage for each plan, visit [http://www.medicare.gov](http://www.medicare.gov). Click on link that
says “Find health and drug plans”. This will allow you to enter a zip code and
some additional information to view available Medicare part D plans. This
tool allows an individual to enter a great deal of personal information about
medications and current coverage in order to help them evaluate their possible
costs under different Medicare part D plans.

**Medicare Savings Programs**

Medicare has a number of costs associated with the program in the form of deductibles
and co-payments. In most cases, Medicare pays about 80% of costs for many
expenses. This can lead to higher co-pays for Medicare beneficiaries. A number of
programs exist to help assist with these costs. QMB, SLMB, and QI programs are
income based programs that provide assistance with premiums and/or copays to
individuals with lower incomes.

Qualified Medicare Beneficiary (QMB) - The QMB program pays for all deductibles
and co-payments that are not covered by Medicare. It also pays for part A and part B
premiums. Eligibility for this program is based on income. In 2014, individuals must
have countable income of less than $993 a month to be eligible for QMB (keep in
mind that, when an individual works, a portion of their income is not counted). It
covers the most costs and has the lowest eligibility level of the Medicare assistance
programs.

Specified Low Income Medicare Beneficiary (SLMB) – Pays for the Medicare Part B
premium and can pay for up to three months of this premium retroactively. Individuals
with countable monthly income of less than $1187 may be eligible for SLMB.

Qualified Individual (QI) - Individuals who are eligible for Medicaid are not eligible for
QI benefits. Individuals must apply for QI benefits each year and benefits are granted
on a “first come, first served” basis. QI pays for the Medicare Part B premium.
Individuals with countable monthly income of less than $1333 may be eligible for QI
benefits.

Each of these programs has eligibility based on income. It is important to realize that,
for individuals that receive assistance through a Medicare savings program, earning
income from working may change or eliminate their eligibility, thus increasing the cost
of their medical insurance. As with many of the other benefits we have mentioned in this manual, individuals who receive these benefits may benefit from a benefits planning session.

**Medicaid**

Medicaid is a low income medical insurance for individuals who are aged, blind, or disabled. Again, unlike other programs in this manual, Medicaid is not administered by the Social Security Administration. In addition, Medicaid programs can vary significantly from state to state.

It is important to note that some of the information in this manual applies to Medicaid in the state of Ohio only.

This chapter will discuss two of the many different Medicaid programs that are available to individuals in Ohio: Medicaid for the aged, blind, and disabled (sometimes called spend down Medicaid or MAB) and Medicaid buy in for workers with disabilities (MBIWD). There are numerous other programs administered by Medicaid that are beyond the scope of this document. More information about other Ohio Medicaid programs is available at the ODJFS website at jfs.ohio.gov

Medicaid for older adults (65 or older) and individuals with disabilities provides low or no cost medical insurance for individuals who have low income, a need for medical insurance, and are age 65 or older, blind, or have a disability. In most cases, Medicaid for older adults and individuals with disabilities will pay the entire cost of medical expenses incurred by an individual. In Ohio, many individuals also pay a co-pay for medication costs. Individuals who receive Medicaid and Medicare part D benefits are automatically assumed eligible for “extra help” for prescription assistance as discussed in the Medicare part D section above. In order to be eligible for Medicaid for older adults and individuals with disabilities an individuals must also have resources less than $1500.

A major barrier for individuals who receive Medicaid benefits in Ohio and go to work has been the spend down system. A spend down is basically a monthly Medicaid deductible that is incurred by individuals who receive Medicaid and have higher levels of income. Individuals cannot utilize Medicaid benefits until they have either paid or incurred medical expenses (that would normally be eligible to be paid for by Medicaid) equal to or greater than the amount of their spend down. Medicaid spend down is determined by comparing countable income to a Medicaid need standard that is set on an annual basis and is used to determine Medicaid eligibility. Once countable income is calculated, income in excess of the need standard becomes the amount of the spend down. If countable income is less than or equal to the need standard, there is no spend down.

A beneficiary who has a spend down will not receive a Medicaid card and coverage at the beginning of the month. Instead, the card will be received after any spend down is met each month. For example, an individual who has a spend down of $40 would...
need to spend or incur $40 towards medical expenses before they would be eligible to receive their Medicaid for the month.

Many individuals who work may find that income from employment leads them to incur a spend down, particularly if the beneficiary also receives unearned income such as SSDI benefits. In these cases it is important to realize there are other Medicaid options to help individuals avoid spend down due to increased income from work.

The 1619a and 1619b provisions of SSI rules that were explained in the SSI work incentives portion of this manual protect individuals from incurring spend down. In addition, the Medicaid Buy In for Workers with Disabilities (MBIWD) program in Ohio allows individuals with income from work to work without being placed on spend down (see below for more information about MBIWD).

Beginning in April 2008, Medicaid beneficiaries in the state of Ohio who begin working become eligible for Medicaid Buy-In for Workers with Disabilities (MBIWD). MBIWD allows for significantly higher earnings and resource limits for individuals who are employed as a way of encouraging individuals to work.

MBIWD allows individuals with higher income the opportunity to pay a premium based on income rather than receive Medicaid through the spend down system that was described in the previous section. **Individuals who receive MBIWD are not placed on spend down at all. If they have a spend down prior to receiving MBIWD, that spend down is eliminated once they become eligible for MBIWD.**

In order to be eligible for MBIWD, an individual must meet the following requirements. The individual must:

- be between 16 and 64 years old
- have a job that pays them on a regular basis (this is determined by looking at whether the individual pays into FICA and state and federal income tax systems or the equivalent)
- have a disability that meets the SSI or SSDI standard for disability
- have countable income less than $28,725 annually (250% of the federal poverty level).
  - **Countable income for MBIWD includes a number of significant exclusions including one exclusion of $20,000 of annual income**
If in doubt, individuals who are interested in MBIWD but concerned about income eligibility should go ahead and apply

- have countable resources of less than $11,281 in 2014

Individuals who meet these requirements may be eligible for MBIWD but must apply for the benefit. Individuals are not automatically enrolled in MBIWD if they are eligible. They must submit a separate application in order to become eligible.

Individuals who are eligible for MBIWD and have income of less than 150% of the federal poverty level may be eligible to receive MBIWD with no premium. Individuals with income higher than 150% of the federal poverty level will be charged a premium based on income.

**Tips for Providing Support for Individuals who Receive Medicare and/or Medicaid Benefits**

- Talk with the person about his or her benefits. What are his or her concerns about work and medical benefits?

- Look for potential work barriers that are related to Medical benefits. If the individual receives Medicaid, is there a potential for a spend down? If they receive Medicare, how is the part B premium paid?

- Help the beneficiary verify his/her benefits. There are often many different options for Medicaid benefits. It is important to know what type of insurance the beneficiary receives.

- Help the individual access a professional benefits planner. This will allow for a more comprehensive look at benefits.

- Look for potential barriers. If the individual receives Medicare, has he or she worked in the past? Is it possible that the individual used trial work previously? Does the individual receive QMB or SLMB that could be impacted if income increases?

- Offer to assist with reporting information to the Social Security Administration or whichever agency administers Medicaid in your state. A new job or income should be reported to Medicaid. Assisting with reporting may help avoid future conflicts with the Medicaid office. See the section on reporting later in this manual for ways advocates can help with the reporting process (page 57).
• Help the individual identify other options for medical benefits that may be useful such as 1619a or 1619b, MBIWD or insurance from employment. Offer to assist with the application process if the beneficiary feels one of these other programs is a better fit.

• Offer to assist with locating supports for activities such as choosing the most fitting Medicare part D plan.
Chapter 3 – The Benefits Advocate Role

There are roles for individuals serving as benefits advocates (and benefits planners) before, during, and after a beneficiary finds employment. A benefits advocate can fill a variety of roles during these “stages” of an individual’s employment journey.

Having discussions about benefits on an ongoing basis allows the advocate to address a variety of benefits questions and needs. It also allows the beneficiary to grow more comfortable talking about benefits and benefit concerns.

Before the job search process:

- Include conversations about benefits in discussions about work. Ask about benefits and benefit concerns and identify barriers to consideration of work that are benefit related.

- Explain basic benefits requirements (rules) and other regulations related to benefits and employment. These explanations could include basic benefits concepts such as those described in the previous chapter. The fact sheets in the appendix at the back of this manual may also assist with this.

- Offer to help the beneficiary obtain more information about his or her specific benefits situation. Identify local resources for Benefits Planning and inform individuals about these services. When desired by the beneficiary, assist with referral to these programs.

- Help gather information that may be useful and help streamline the process when a beneficiary participates in a benefits consultation. A tool, the initial benefits checklist, is included in the appendix at the back of this manual (page 72). It can help identify and document key information that would be needed by a benefits planner.
During the Job Finding Process:

- If the beneficiary is interested and it has not already been done, offer to help the beneficiary connect with a qualified benefits planner

- When possible, participate in any benefits planning meetings. These meetings should provide information that will allow benefits information to be used during the process of finding a job

- Develop a plan with the beneficiary to ensure key benefits and earnings information is maintained for use in future conversations with benefits providers

- Discuss the reasons for reporting income

- Work with the beneficiary to plan how reporting of income will be done once he/she locates employment

- With the consent of the beneficiary, ensure that information from any benefits planning report is shared with others who are working with the person to locate employment

Once a Job is found:

- Help beneficiaries report income and other important information to benefits providers

- Help beneficiaries identify and document benefits and available work incentives such as Impairment Related Work Expenses (IRWEs), and Plans for Achieving Self-Support (PASS)

- Help the beneficiary obtain and maintain benefits and work documentation

- Provide support when benefits concerns such as overpayments arise. When possible, help with waivers, appeals and state hearings. More information about waivers and appeals is referenced later in this chapter (page 63)

- Help beneficiaries anticipate and interpret correspondence from various benefit providers

Benefits Advocates can play an important role by promoting programs such as MBIWD and Social Security work incentives
- Identify situations that may lead to changes in benefits such as a change in household situation, a pay increase, a new job, or loss of work

Benefits Advocates can also play an important role by increasing awareness of programs such as MBIWD and Social Security work incentives that are not always easily understood. Many individuals with benefits questions or concerns are more likely to ask these questions of a Benefits Advocate such as Case Manager, Employment Specialist or a friend or family member than of a professional benefits planner. In fact, oftentimes, individuals who may be most in need of benefits planning have no idea that these services exist. Unfortunately, in many cases, misinformation about benefits and work spread when these questions are asked because well-meaning family, friends, and service professionals unintentionally reinforce the misconceptions. By learning more about benefits and the role of a benefits advocate, friends, family, and service professionals can empower those they serve by providing accurate information or helping the individual find information.

**Explaining basic benefits requirements (rules) and other regulations related to benefits and employment.**

The information in the previous chapter was designed to provide crucial basic benefits information. This type of basic information can be helpful when beneficiaries have concerns about benefits and work. Oftentimes, beneficiaries are provided benefits information from many different sources. This information can be complex and confusing. As a result, much of the way the information is often unintentionally explained to beneficiaries is inaccurate or beneficiaries are provided information that does not apply to the benefit they receive.

Many individuals are hesitant to consider working because of fears that they will lose or experience unmanageable changes to their financial or medical benefits. Benefits advocates are not typically in a position to fully explain an individual’s benefits situation. Again, the system is complex and without extensive training, it is difficult for someone other than a benefits planner to fully explain the interactions between various benefits.

Instead, the benefits advocate role is to help provide very basic information that will allow individuals the comfort necessary to consider work as a possible option and will help clarify misconceptions about benefits. For many advocates this may mean providing some basic explanation of benefits followed by an offer to help the beneficiary obtain more detailed information.

When providing basic benefits information, it is important to remember that inaccurate information can be more damaging than no information. It is critical that benefits advocates do not provide information that they (the benefits advocate) do not fully...
understand. It is important for a benefits advocate to feel comfortable saying “I don’t know but let’s see if I can help you find an answer”. Advocates should provide simple information that helps beneficiaries understand that work is possible and help individuals access a benefits planner for more details and a written report.

- **TIP:** When desired by the beneficiary, it may also be helpful for the benefits advocate and other supports such as family members and friends to attend the benefits planning meetings. These discussions can be helpful learning experiences for other supports and may serve as a professional development opportunity for the benefits advocate.

**Assisting beneficiaries with reporting income and other information to benefits providers**

One of the most important roles of a benefits advocate is to help individuals who receive benefits with reporting important information that may or may not impact benefits.

Individuals who receive SSI benefits should report income each month before the sixth business day of the following month. As was shown in the section on SSI in Chapter Two of this manual, SSI benefits can change based on the amount of income an individual is paid during a month. If a beneficiary does not regularly report income, SSI benefits may be calculated improperly and a beneficiary is likely to be over or underpaid.

To provide an example of how this might happen, consider the following:

**Bob’s Story**

- First month
  - Bob begins working and is paid $10 an hour.
  - He worked four weeks during his first month of employment and is scheduled 10 hours per week
  - He is paid every two weeks and receives $200 per paycheck for a total income of $400 his first month.
  - Bob’s SSI check based on $400 of income would be about $552
  - Bob reports his income to Social Security and his SSI check is changed accordingly

It is critical that benefits advocates do not provide information that they (the benefits advocate) do not fully understand.
- Second Month
  - Bob’s hours increase to 12.5 hours per week.
  - He works two more pay periods and is still paid $10 per hour
  - His income for the month increases to $500
  - His corresponding SSI check based on $500 would be approximately $502
  - Bob does not report his income to Social Security. As a result he still receives a check for $552.

- Bob is overpaid by $50 for the month

Since Bob didn’t report his income to the Social Security Administration, SSA is not aware of the change in income and doesn’t adjust his SSI check. Instead they use his earnings from his first month of income to estimate the amount of his check. As a result, Bob receives an SSI check that is $30 more than he is entitled to for that month. Eventually, SSA will receive accurate wage information and Bob will be informed that he was overpaid during the month. Unfortunately, if Bob does not report income, it could be months or in some cases, years, before SSA catches up with reported income. Imagine if Bob was overpaid for a full year before SSA finds out about the income. If Bob’s income was $500 a month for each of those months, he would be overpaid by $600 (12 months x $50 overpayment each month).

Imagine the impact on Bob when he receives a letter from the Social Security Administration indicating that he has been overpaid by $600 and is required to pay the money back.

Individuals who receive SSDI benefits should also report earned income each month. Unfortunately, individuals who receive SSDI benefits are often informed that it is not necessary to report unless monthly income exceeds substantial gainful activity (SGA - $1070 per month during 2014 for individuals who are not considered blind) or are told that they should only report once a year.

In many cases, accurately determining if work is considered SGA is difficult. As a result, reporting only if a beneficiary has income that exceeds SGA can be problematic and can lead to problems such as overpayments. An alternative that may help individuals avoid potential problems is reporting income once a month.

Monthly reporting ensures:

- that a beneficiary gets into a habit of reporting
- quick identification of benefits issues to prevent a larger problem

Since individuals who receive SSDI don’t see a reduction in benefit amount as SSI recipients do, it is often less likely an individual will be overpaid. However, since beneficiaries receive their entire SSDI check or no check at all, when individuals
who receive SSDI are overpaid, the overpayment may be much larger than it would be for someone who receives SSI.

**Roberta’s Story**

- First month
  - Roberta receives $750 per month from SSDI
  - She is working and earning $900 per month from her job
  - She has used her nine trial work months, her cessation month, and her two grace period months. She is now in her extended period of eligibility
  - Roberta gets a raise and begins earning $1500 per month from her job
  - Roberta should not be eligible for an SSDI check since her new income of $1500 per month is higher than the SGA level of $1070

*If Roberta reports her income to the Social Security Administration each month, this change in income would most likely be caught and entered into the Social Security system. As a result Roberta’s SSDI check would be stopped during each month her earnings are over $1070. In this case, let’s assume that Roberta does not report her income. As a result, Social Security is not able to adjust Roberta’s benefits each month. Because she is receiving SSDI benefits, Roberta should not be eligible for any of the $750 she receives each month. If it takes Social Security six months to learn of Roberta’s changed income, that would mean she is overpaid the entire $750 per month over that six month period for a total overpayment of $4500 (six months x $750 per month).*

There are a number of simple ways to assist beneficiaries who receive benefits through the Social Security Administration with reporting:

- Ask an individual if income has been reported and offer to assist if it has not. This is often the simplest and most impactful way to provide a beneficiary with assistance.
- Discuss the reasons for timely income reporting with beneficiaries (within the first six days of the month). Oftentimes, income is not reported because the beneficiary is fearful that, if income is reported, the Social Security Administration will punish or sanction him or her. This is not typically the case when individuals report their own earned income
- Offer to go visit the Social Security Administration with the beneficiary to report income. This can often be a helpful and appreciated support
- Provide the use of a phone or fax machine to help with reporting

Income reporting for both SSI and SSDI can be done in a number of ways:
• Individuals who receive any benefit from the Social Security Administration can report in person or by fax (with a timestamp and documentation showing where the fax was sent)

• It is critical that any time an individual reports income, he/she has something (a receipt or confirmation number) that documents the reporting.

• A beneficiary may also report by mail but will not have anything to verify that this reporting was done until pay stubs are returned. As a result, this is not a preferred means of reporting.

Beneficiaries who receive SSI or concurrent SSI/SSDI benefits have two additional reporting options. These methods of reporting are not available for individuals who only receive SSDI benefits:

• Both telephone reporting and the SSA Wage Reporting app (available from both the I-tunes store and Google Play) are options for individuals with SSI or concurrent SSI/SSDI benefits
  o Individuals who want to report wages by telephone can do so by calling 1-866-772-0953. Reporting by telephone or mobile app requires that a person has the following information available:
    ▪ The Social Security Number (SSN) of the caller
    ▪ The SSN of the wage earner
    ▪ The total gross wages of the wage earner for the month.
    ▪ The SSN of the individual who is eligible for SSI
    ▪ The caller’s name as it appears on their Social Security card
  o Telephone and wage reporting can only be used by individuals who receive either SSI or both SSI and SSDI benefits concurrently. Individuals who receive only SSDI benefits must report using different methods
  o A beneficiary must be current with his/her reporting and must have previously reported the job to Social Security in order to use the telephone or app reporting system

Reporting responsibilities are not limited to income. Beneficiaries should also report:

• Changes in household composition
• Changes in job status (position, hours, pay rate, job start or job end)
• Changes in contact information
• Changes in marital or family status
Reporting income is also important for individuals who receive other benefits such as Medicaid, food stamps and subsidized housing. The reporting process for individuals receiving these benefits may vary depending on the agency responsible for administering the benefit. As an advocate it is helpful to learn who administers these benefits and what needs to be reported. In addition, it will be important to know what the best process is for reporting for each benefit. In general, if there is a significant change in income, household composition, address, phone number or any other job related change, it is a good practice to work with a beneficiary to ensure that these changes are properly reported to the benefits provider. In general, it is better for a beneficiary to report when it was not necessary than it is to not report when a beneficiary should have. Better safe than sorry!

Assisting with identifying and documenting benefits and available work incentives such as Impairment Related Work Expenses (IRWE’s) and Plans for Achieving Self-Support (PASS’)

When beneficiaries intend to access work incentives such as the ones discussed earlier in this manual, it sometimes increases the reporting burden. By helping with this process, advocates may allow beneficiaries to more easily access potentially helpful work incentives.

Impairment Related Work Expenses (IRWE) – when a beneficiary requests an IRWE, the most critical activity to maintain the IRWE expense is to collect receipts for the expense and provide those receipts to the Social Security Administration. Beneficiaries should keep the receipts for any expense they choose to use for an IRWE. It may not enough to keep a cash register slip that is not itemized; the beneficiary will need a receipt that explicitly indicates the name of the item or service that was purchased and the out of pocket cost of the expense. In addition, the beneficiary should have something that documents the need for the expense since one requirement for the IRWE is that the expense is necessary in order for the beneficiary to work. A letter from a treating physician or psychiatrist can help meet this requirement.

Once an IRWE has been approved, the beneficiary will need to report the expense each month (or as often as the IRWE is being requested). A good way to do this is to turn in copies of the receipts for any IRWE’s along with pay stubs (unless the smartphone reporting app or telephone reporting is being utilized). A template of a sample letter a beneficiary can use when reporting IRWE’s is located in the appendix at the back of this manual (page 84).
TIP: Advocates can help beneficiaries with IRWEs by:

- Helping identify potential expenses that might qualify as an IRWE (a tool for helping to identify potential IRWE expenses is contained in the appendix at the back of this manual on page 83)
- Helping maintain, organize and report IRWE documentation to the Social Security Administration

Plan for Achieving Self-Sufficiency (PASS) are more complex and may require even more assistance. A PASS requires a significant investment in time and needs to be approached carefully. PASS can be very powerful work incentives that help an individual pay for expenses needed for achieving vocational goals that might otherwise be difficult to attain.

PASS have to be approved by a member of the Social Security PASS “cadre”. Normally this means the Social Security representative will review the PASS and make suggested changes to the plan. A sample PASS form can be downloaded from [http://www.ssa.gov/online/ssa-545.html](http://www.ssa.gov/online/ssa-545.html).

There are a number of ways that advocates can assist with PASS. Possibly the most important is to help find assistance from someone who has some experience writing PASS. Frequently, this may mean contacting a qualified benefits planner to assist with the plan development.

In addition, many times there is research involved in PASS development. Assisting with the research may smooth the PASS development process. This might mean helping an individual research the costs for an item identified in a PASS plan. It could also mean working with the beneficiary to develop a plan for reaching their stated PASS goal and identifying the costs that would be incurred to reach the goal.

One aspect of a PASS plan that is sometimes overlooked is the need for proper accounting to ensure that the PASS monies are spent only on expenses outlined in the PASS. An advocate can assist with this in a couple of ways. Helping individuals with basic budgeting and ensuring that there is support for individuals may help avoid a situation where a beneficiary spends PASS monies on other, unapproved expenses, and not the expenses that the PASS was written for. One other way to assist with this is to put the PASS monies into a separate bank account. An advocate may be able to assist with this by helping the beneficiary find the best way to separate the PASS monies from other income and savings.
**Obtaining and maintaining necessary documentation**

Regardless of a beneficiary’s individual benefits situation, it is often helpful to discuss the different documents that should be saved and collected for proper document management. Beneficiaries should keep track of letters and correspondence from benefits providers, receipts from work expenses, pay stubs and any receipts received when information is reported to the Social Security Administration or any other benefits provider. Working with the beneficiary to ensure a plan is in place for efficiently storing these documents in one place can make it easier to access needed information at a later date if there is an overpayment or other confusion about the benefits. Offering to provide a manila folder, clasp envelope, or a dual pocket folder can be a simple way to assist a beneficiary who needs a system for keeping track of needed documents.

Helping beneficiaries track income from work can help by giving the beneficiary more control of his or her income. A package of tools to assist with income tracking is included in the appendix of this manual (beginning on page 87).

**Assisting with Appeals, Waivers, and State Hearings**

Beneficiaries who go to work sometimes face decreases in checks or adverse actions as a result of misunderstandings, unreported income, or mistakes.

**Appeals**
Both the Social Security Administration (SSA) and the Ohio Department of Job and Family Services (ODJFS - Ohio’s Medicaid administrator) have procedures for challenging actions that beneficiaries do not agree with. Social Security permits beneficiaries to appeal actions or decisions they feel were made based on inaccurate information. Appeals are frequently used during the process of applying for benefits but can also be used if a beneficiary feels the Social Security Administration has attempted to request recovery of an overpayment based on wrong information.

When the Social Security Administration makes a decision about benefits, a letter is generated and sent to the beneficiary. This letter explains the decision, the
rationale for the decision, and provides additional information about the appeal process. Beneficiaries generally have 60 days from receipt of this letter to request an appeal. The appeal process is started by completing and submitting form SSA-561, the “request for reconsideration.” Advocates may be able to assist by helping beneficiaries obtain and complete the “request for reconsideration.”

**Waivers**

A waiver is different from an appeal. A waiver acknowledges that the decision by the Social Security Administration was factually correct. The Social Security Administration allows beneficiaries who have been overpaid to request a waiver of the overpayment if he or she: 1) has completed his or her reporting responsibilities and 2) will be faced with a financial hardship if the action is taken. Proper reporting of income can be a critical factor when Social Security determines if a beneficiary has met the first requirement. A waiver is requested by completing and submitting form SSA-632.

The forms for appeals and waivers can be downloaded from the Social Security Administration website at [www.ssa.gov](http://www.ssa.gov). Beneficiaries or advocates can access the forms by entering the form number into the search box at the top right on the website home page.

The waiver form in particular can become confusing and will require that the beneficiary gather information about his or her current bills and expenses; SSA will look at the income and expenses of the beneficiary to determine if repayment will create a financial hardship. Advocates can assist by becoming familiar with the forms and offering to help as the beneficiary completes them.

**State Hearings**

ODJFS’ appeal process is called a state hearing. In Ohio, each decision about benefits administered by ODJFS rather than SSA (for example, Medicaid or SNAP/food stamps) is accompanied by a written notification of the decision. Beneficiaries can request a state hearing anytime they receive one of these notifications from ODJFS about their benefits. A form for requesting a state hearing is contained on the last page of these notifications. Beneficiaries can complete and send in this form via U.S. Mail, fax or email to request the state hearing. Once this is done, the beneficiary will be contacted (often in the form of a letter) about a date to meet with a hearing officer who will listen to the case. State hearings must be requested within 90 days of the mailing date on the letter announcing ODJFS’ decision. This process is likely to be different in every state since each
state has its own Medicaid authority. The information about state hearings above is specific to Ohio.

Interpreting letters and documentation from various benefit providers

There is often a great deal of fear when an individual begins a job. Letters and other forms from Social Security can be difficult to understand in some cases and the intent of these letters is often misinterpreted. For beneficiaries who are already concerned about the impact work has on their benefits, these letters that request work information are sometimes interpreted as Social Security looking for a reason to terminate benefits. By becoming familiar with the common types of forms and letters sent by Social Security, advocates can help ease some of the stress that can be caused by the receipt of this correspondence.

TIP: An advocate can help by informing an individual that, once he or she begins working and reports work, he or she is likely to begin receiving additional correspondence and requests for information from benefits providers. By letting individuals know in advance that the correspondence is coming, advocates help alleviate some of the surprise and concern that may arise with the correspondence. Advocates can also help by offering support and assistance when correspondence is received.

Beneficiaries often receive letters and forms from a variety of benefits providers. These letters may increase when individuals become employed. Some key documents that individuals may receive from Social Security may include the following among others (a brief description of each is included below):

- Work Activity Report form that is sent when work is initially reported
- Letters sent each month the benefit amount changes
- Periodic letters as a result of a continuing disability review
- Letters that request verification of income or other work or household information

The Work Activity Report is completed when a beneficiary begins working and reports work. If reporting is done in person, the claims representative will often sit down and complete this with the beneficiary. If this is not completed at the
time work is reported, it is often sent to the beneficiary. It is needed by Social Security to update the work record of the beneficiary. The receipt of this document is frequently a concern for beneficiaries since it usually is sent soon after work begins. It is helpful to let beneficiaries know that this form is likely to be sent and to offer assistance completing it. An example of the work activity form can be downloaded at www.ssa.gov by searching for form SSA-821.

*Letters are sent by the Social Security Administration* anytime benefit amounts change. As a result, once SSI beneficiaries begin working and earning income, the changes in benefits amounts due to the new income can lead to a significant number of letters being sent that document the changes. In most months, if income information is entered into Social Security’s system in a timely fashion, one letter is generated that informs the beneficiary of the amount of SSI the individual will receive. However, if income reporting is late, the Social Security Administration’s system may generate multiple letters during a month that conflict with each other. When Social Security does not have up to date income information or income information is entered into the system late, they will often pay SSI benefits based on an estimate of income. If actual pay stubs are received following this estimate, the benefit will be adjusted based on the verified income. Because many of the letters that Social Security generates are automated, this can lead to two different letters being generated: one that indicates the benefit based on estimated income and one that provides a benefit amount based on verified income. Advocates can help by informing SSI beneficiaries that these letters will likely arrive and offering to review the letters in order to clarify their meaning and identify any necessary response.

*Continuing disability reviews* are completed periodically by the Social Security Administration as a means of determining if a beneficiary remains disabled. In some cases a continuing disability review is conducted by the Social Security by looking at the beneficiary record and determining that there is no evidence that the disability has ended. In other instances, beneficiaries may receive a questionnaire or a Work Activity Report from Social Security to begin the continuing disability review process. Continuing disability reviews are generally conducted for two major reasons:

1. The first is a regularly occurring medical continuing disability review that is conducted with anyone who receives SSI or SSDI benefits. This review will happen every one to seven years, depending on Social Security’s view of the likelihood a beneficiary will show improvement of his or her disability. The more likely Social Security believes improvement is possible, the more
frequent the reviews will be. These reviews most frequently occur about once every three years and are conducted regardless of whether the individual is working or not.

2. The second is a continuing disability review that is conducted as a result of a SSDI beneficiary working. These reviews are triggered when a beneficiary who has been receiving SSDI obtains paid work and reaches certain milestones such as the end of the trial work period.

*Letters that request verification of income or other work or household information.* Beginning to work often triggers a variety of different letters that request verification of income or other specific information. These letters may be sent for a variety of reasons but often are a cause of concern for beneficiaries, particularly when they are received soon after the person begins working. Just as with the letters from Social Security that were mentioned above, Benefits Advocates can help with these letters by letting individuals know they may receive letters and by offering support when letters arrive.

**Accessing more detailed benefits planning services**

Another important role of a benefits advocate is to help guide individuals to more detailed benefits planning services. As was discussed in earlier chapters, benefits advocates are not meant to take the place of qualified benefits planners.

Each state currently has programs that are provided through the Social Security Administration called WIPA’s (Work Incentive Planning and Assistance). These programs are designed to provide beneficiaries with free professional benefits planning services. In Ohio, three organizations provide the WIPA services throughout the state. COVA, Legal Aid Society of Greater Cincinnati, and Disability Rights each cover different areas of the state.

*Tip:* A state by state listing of WIPA programs is available at [http://choosework.net/resource/jsp/searchByState.jsp](http://choosework.net/resource/jsp/searchByState.jsp).

A map that shows the WIPA coverage for each county in Ohio is located in the appendix at the end of this manual on page 92.

WIPA program effectiveness varies from state to state, program to program, and provider to provider. In many states, the WIPA services cannot meet the needs of the entire state for benefits planning. Therefore, it is important to identify other
resources for these services. When identifying other agencies or individuals that provide benefits planning services it may help to contact the local VR organization since they may be aware of other benefits planners. It may also help to contact other organizations that provide services for individuals with disabilities since they may have worked with other benefits planners in the area.

Not all benefits planning services are equal. When looking at different benefits planning services it helps to ask some questions. There are a number of things to consider when evaluating a benefits planning provider.

- **What population** does the benefits planner serve?
- **Are the services limited to a specific funder?**
- **Training**
  - How are the benefits planners trained?
  - Have they been through training to become a benefits planner?
  - What did the training entail?
  - There is one certification available now that is required for individuals to provide services as a benefits planner in a WIPA program. This certification is the Community Work Incentives Counselor Certification or CWIC. Individuals who are CWIC’s have been through some extensive training and a testing process to establish basic competency to provide benefits planning services. There are individuals who provide effective benefits planning that are not CWIC’s but asking about CWIC certification is an easy way to determine that the individual has had some basic benefits planning education.
- **Are the benefits planning services provided comprehensive in nature?** Do they evaluate all benefits or just Social Security and Medical benefits? Quality benefits planning services will also analyze the impact of earnings from work on an array of benefits and work incentives that include Social Security, SSI, Medicaid and Medicare but also other benefits such as food stamps, TANF benefits, subsidized housing, and any other benefits the beneficiary receives.
- **Is a written report** that documents the findings of the benefits planning service provided? If there is a report, is it simple and clear enough to be understandable? Benefits can be confusing. Having a report that documents the findings and conclusions of the benefits planner is important as a future reference.
- **Is there a mechanism for follow up** with the benefits planner? Does the service have follow along as a part of the process? Benefits situations change as beneficiaries’ lives change. Beneficiaries may change jobs or get a raise. Their living situation may change or they may get married or have a child. All of these things can alter the benefits situation. Having a reliable way to get revised information about benefits is critical.
• Is the benefits planning service willing to include other professionals, friends or family members in the benefits consultation if desired by the beneficiary? In many cases it is helpful to have others involved in the benefits planning process. Friends and family may be supports for the beneficiary and may have many questions about benefits and work that can best be addressed by a professional benefits planner. Other professionals can more effectively assist an individual who is going to work by deepening their knowledge of the benefits situation of the individual.

• Does the benefits planner honor personal preferences - How does the service (or individual benefits planner) frame benefits information when it is presented? Do they tell the beneficiary what they should do or do they provide information so the beneficiary can make that choice themselves? Is the benefits planner judgmental about beneficiary’s choices during discussions or do they providing information and allow the beneficiary to determine the best next steps?

**Conclusion**

It is not necessary to be a fully trained benefit planner to assist an individual who is considering working and has benefits. While benefits planning remains a critical service for individuals who have an interest in or are seeking employment, there are many ways individuals with basic benefits training (such as a benefits advocate) can help facilitate this process. The key is to have open discussions with individuals about benefits and the impact of work on these benefits. The activities discussed in the above chapters are all ways advocates can have a significant positive impact. Benefits advocacy discussions may require little technical knowledge and often are not time consuming. The common thread is that each of these activities helps support a beneficiary who is either contemplating work or has chosen to take steps to obtain or maintain work.

You do not have to be an expert on all things benefits or go through weeks or months of benefits training to be an effective benefits advocate. Providing a little information can go a long way… so do not hesitate to have even informal conversations with individuals about benefits.
Appendix - Tools and Informational documents

1. Initial Benefits Checklist – Used to obtain basic information about benefits. Can be completed and provided to a benefits planner along with benefits verification to help speed up the benefits planning process.

2. SSA Benefit Decision Tree – A quick visual reference to three major combinations of Social Security administered benefits. Each column contains questions that can help identify the type of benefit (or benefits) a beneficiary receives. Not definitive but can be used as a quick guideline when working with beneficiaries who are not sure what benefit they receive or do not have verification.

3. SSDI Fact Sheet - A short reference with basic information about SSDI and working.

4. SSI Fact Sheet – A short reference with basic information about SSI and employment earnings.

5. SSI Basic Calculation Worksheet – A step by step guide to calculating SSI benefits for individuals with earnings from work. This tool can be used to help estimate the impact of work on SSI benefits and total income. This should not take the place of an actual benefits consultation.

6. IRWE Decision Tree – Can be used to help identify work related expenses that may be countable as Impairment Related Work Expenses.

7. Sample IRWE Letter – A letter that can be included with other documentation when a beneficiary requests an IRWE.

8. IRWE Fact Sheet – A short reference with basic information about IRWEs.
9. Benefits Monitoring Tool Packet – Can be used with beneficiaries who hope to more closely monitor their earnings. Contains a set of tools that can be used to help track income. The packet includes:

   i. A short reference about how income is calculated for SSI and SSDI benefits

   ii. An income tracking calendar that beneficiaries can use to track and monitor daily earnings for individuals who receive SSDI benefits

   iii. A monthly tracking worksheet for individuals who receive SSI

   iv. A yearly tracking worksheet that can be used to look at income “at a glance” over the course of the year.

10. Ohio WIPA Map – A map of the current WIPA programs in Ohio with contact information.
Initial Benefits Checklist (Complete once, update as benefits change)

Fill this out using the best information available. If you are not sure which benefits are received, acknowledge that on the form. When it is possible, it may be helpful to contact a friend, family member, case manager, Employment Specialist, or other individual who is familiar with the beneficiary for assistance. This form should be brought to the initial meeting with a benefits planner along with any supporting documentation. Keep this document in a folder or envelope with any verification letters that document current benefits. If more space is needed, please use the “additional information” section at the end of the form.

Beneficiary Name (as listed on the Social Security card): ___________________________

Date Completed: _________________

<table>
<thead>
<tr>
<th>Check All that Apply</th>
<th>Benefit</th>
<th>Amount of benefit (if applicable)</th>
<th>Recent letters or other documents are available that verify this benefit (Yes or No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Cash Benefits</td>
<td>SSI (Supplemental Security Income)</td>
<td></td>
<td></td>
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<tr>
<td>SSDI (Social Security Disability Insurance)</td>
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<tr>
<td>CDB (Childhood Disability Benefits)</td>
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<tr>
<td>Widow’s Benefit</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Other Social Security Benefit/Not Sure</td>
<td>If other benefit is known, what type of benefit</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Medical Benefits | Medicare part A (hospital insurance) | | |
| | Medicare part B (medical insurance) | | |
| | Medicare prescription drug plan (part D) Plan Name: | | |
| | Spend down (Aged, Blind, and Disabled) Medicaid Spend down amount: | | |
| | Medicaid Managed Care: Provider (Aetna, Caresource, Meridan, Paramount, United Healthcare): | | |
| | MBIWD (Medicaid Buy in for Workers with Disabilities) Premium amount: | | |
| | Other/Not sure | | |
### Other cash assistance (TANF, Veteran’s benefits, etc.):

<table>
<thead>
<tr>
<th>Type of Benefit</th>
<th>Amount of Benefit</th>
<th>A letter or other verification of this benefit is available (Yes or No)</th>
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### Other Medical assistance (Veteran’s benefits, private insurance, etc.):

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<th>Type of Benefit</th>
<th>A letter or other verification of this benefit is available (Yes or No)</th>
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### Other benefits (housing subsidy, telephone assistance, Home Energy Assistance Program (HEAP), Percentage of Income Payment Plan (PIPP)):

<table>
<thead>
<tr>
<th>Type (and amount if applicable) of Benefit</th>
<th>A letter or other verification of this benefit is available (Yes or No)</th>
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### Are others living in the household?

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to beneficiary</th>
<th>Age</th>
<th>Pays part of household expenses (Yes or No)</th>
<th>Does this individual receive benefits? (Circle “yes” or “no”. If applicable, indicate the type of benefits received)</th>
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<tbody>
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<td>Yes No Type:</td>
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<td>Yes No Type:</td>
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<td>Yes No Type:</td>
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</table>
Most significant concerns that the beneficiary or a member of his/her household has about benefits:

1. _____________________________________________________________________________________________
   _____________________________________________________________________________________________

2. _____________________________________________________________________________________________
   _____________________________________________________________________________________________

3. _____________________________________________________________________________________________
   _____________________________________________________________________________________________

Additional Information: ____________________________________________________________________________
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SSA Distinction Guide
Identifying SSI vs. SSDI benefits

Caution: These questions are not definitive and provide only general questions that help identify the type of benefit an individual receives. This chart is intended to be used as a guideline only to make quick identification based on common characteristics of benefits. It does not replace actual benefits verification. Social Security benefit amounts change annually. Please check the date of this form to ensure it is current.
Fact Sheet – Social Security Disability Insurance (SSDI)

Also known as “Title II” Benefits

Facts about SSDI:

- Basic eligibility: Potential beneficiaries must have a significant disability that impacts his/her ability to work and earn in excess of the substantial gainful activity level (SGA). In addition, potential beneficiaries must have worked earned enough “credits” to be eligible for “insured status” with Social Security.

- There is no resource limit for SSDI beneficiaries.

- The payment amount for SSDI beneficiaries varies based on how much he/she earned and paid through Social Security taxes before becoming eligible for SSDI benefits.

- SSDI benefits are not impacted by the income of other individuals living in the beneficiary’s household.

- In 2014, an individual who receives less than $741 from SSDI may also be eligible for an SSI check.

SSDI and Employment Earnings

- SSDI benefits are not reduced as earnings increase. Beneficiaries will normally either receive his/her entire check or no check at all.

- A variety of protections are available to individuals with SSDI who go to work. These include the Trial Work Period, the Extended Period of Eligibility, and Cessation and Grace Period Months.
A beneficiary who works and receives SSDI will normally continue to receive his/her benefit as long as his/her income remains below the Substantial Gainful Activity (SGA) level. In 2014, the SGA level is:

- For beneficiaries who are considered disabled - $1070 earned during a given month
- For beneficiaries who are considered blind - $1800 of earnings in a given month

**The Trial Work Period**

- When a beneficiary begins receiving SSDI benefits, he/she is eligible for a pool of nine months of trial work.
  
  - In 2014, a working SSDI beneficiary will only use up one of these nine trial work months during any month in which they earn $770 or more.
  
  - As long as any of the trial work months are remaining, the beneficiary can work and earn any amount of money without impacting his/her SSDI benefit.

- Once all nine trial work months are used, the trial work period ends.

- Trial work months that were used more than sixty months previously are rolled over and no longer count towards the trial work period.

**The Extended Period of Eligibility**

- The month immediately following the final trial work month is the start of the extended period of eligibility.

- During this thirty six consecutive month period, earnings of more than the Substantial Gainful Activity (SGA) level ($1070 per month in 2014 unless considered blind by SSA) would cause the beneficiary’s SSDI check to stop for the corresponding month. If earnings decrease to below the SGA level, the SSDI check would start again without a new application.

- Individuals who are in the extended period of eligibility can lose and regain their benefits check repeatedly during the course of the thirty-six months.
The Cessation and Grace Period Months
- The first month following the trial work period during which an individual earns more than the SGA amount is called the cessation month.
- A beneficiary will continue to receive his/her full SSDI check during the cessation month and the two months that immediately follow (called grace period months)
- The cessation month could occur during or following the extended period of eligibility

The Period Following the Extended Period of Eligibility
- Once the extended period of eligibility ends, the beneficiary will continue to receive his/her benefits is less than the Substantial Gainful Activity (SGA) level.
- If the beneficiary receives earnings in excess of SGA following the extended period of eligibility, his/her SSDI check will stop. If the cessation and grace period months have not been used, these will apply. If they have been used, benefits may stop immediately.
- If earnings stop or are later reduced to under SGA, the beneficiary may be able to receive benefits through expedited reinstatement.
Fact Sheet - Supplemental Security Income (SSI)

Also known as “Title 16” benefits

Facts about SSI:

- Basic Eligibility: A potential beneficiary must have a disability that impacts his or her ability to work and earn money. He or she must also demonstrate a financial need for the SSI benefit.

- If an individual has resources that add up to more than $2000 ($3000 for a married couple) at any time, he or she is not eligible for an SSI benefit.

- A person receiving the full amount of SSI benefit will receive $721 in 2014.

- Other income in a household may lead to a decrease in SSI benefit amounts.

- The amount of an SSI benefit is impacted by most other sources of income.

- Income is counted by adding the total, before taxes are removed, of any paychecks the beneficiary receives during the month.

- Income from employment impacts the SSI check a beneficiary receives two checks after the income is paid to the beneficiary.

SSI and Employment Earnings

- SSI benefit amounts are based on financial need. As a result, when an individual receives SSI and begins earning money, his or her SSI benefits are impacted by earnings.

- The first $65 of earned income does not impact the SSI check. An additional $20 of income from any source is also excluded.

- After the $65 and $20 exclusions are subtracted, every two dollars remaining results in one less dollar of SSI.

- The decrease in SSI will never be more than the increase in income from earnings from work.
**Example**

Bill receives the full federal benefit of $721 from SSI and goes back to work. He is paid $485 (before taxes) from two paychecks he receives from the job. Social Security would calculate his SSI benefit as follows:

<table>
<thead>
<tr>
<th>Earnings from work</th>
<th>$485</th>
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<tbody>
<tr>
<td>Minus $65</td>
<td></td>
</tr>
<tr>
<td>Minus $20</td>
<td></td>
</tr>
<tr>
<td>Equals</td>
<td>$400</td>
</tr>
<tr>
<td>Divided by 2</td>
<td></td>
</tr>
<tr>
<td>Equals</td>
<td>$200</td>
</tr>
</tbody>
</table>

New SSI check calculation:

- Federal Benefit Rate $721
- minus $200 (from the calculation)
- New SSI Check $521
- Plus earnings from work $485
- New Total Income $1006 - tax

---

**Figure 1: Bill’s Income Before and After Working**

![Bar chart showing Total Income, SSI, and Earnings before and after work.](chart)
# Basic SSI Calculation Worksheet

## What income (other than SSI) does the beneficiary receive?

**Earned Income (earnings from employment before taxes are taken out):**

<table>
<thead>
<tr>
<th>Type</th>
<th>Source</th>
<th>Amount</th>
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</table>

Total Earned: ________________(D)

**Unearned Income (Earnings from sources other than work, for example SSDI or VA benefits):**

<table>
<thead>
<tr>
<th>Type</th>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
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Total Unearned: ________________(A)

## Calculate Countable Unearned Income

If the total unearned (line A) is $20 or more, subtract $20 (the General Income Exclusion) from the total unearned:

Total unearned: ________________(A) minus $20 equals ________________(B)

If the total unearned (line A) is less than $20, subtract the total unearned (line A) from $20 (If there is no unearned income enter $20 on line (C))

$20 minus total unearned: ______________ (A) equals ______________(C)
**Calculate Total Countable Income**

Now subtract $65 (the Earned Income Exclusion) from the total earned:

Total earned: ____________(D) minus $65 equals __________(E)

Now subtract the amount from line (C) from the amount of line (E) (If line C is blank, enter zero for line (C):

Line (E) minus line (C) equals __________(F)

Divide the amount on line (F) by two

_________ (F) divided by 2 equals __________(G)

Add the amount from line (G) to the amount from line (B) (If (B) is blank, enter zero for line (B)):

__________ (G) plus __________(B) equals total countable income ___________ (TCI)

---

**Determine the Amount of the new SSI check**

Subtract the amount from line (TCI) from the current Federal Benefit Rate ($721 in 2014):

$721 minus ______(TCI) equals the estimated amount of the new SSI check ________ (SSI)

---

**Calculate revised total income**

Earned Income: __________(D)

Unearned Income: __________(A)

New SSI Check: __________(SSI)

New total income: __________ (minus some tax on the earned income)
**SSA Decision Trees**

*Determining eligibility for Impairment Related Work Expenses (IRWE)*

- **Does the beneficiary incur any work related expenses?**
  - Yes → **Does the beneficiary pay for the expenses out of pocket without reimbursement?**
    - Yes → **Are the expenses related to the disability that qualifies the beneficiary for Social Security benefits?**
      - Yes → **Is the cost of the expenses close to the normal cost of the expense within the beneficiary’s community?**
        - Yes → **Possible eligibility for an IRWE (See IRWE fact sheet)**
        - No → **Not an IRWE**
      - No → **Not an IRWE**
    - No → **Not an IRWE**
  - No → **Not an IRWE**

- **Possible eligibility for an IRWE (See IRWE fact sheet)**

This document was developed using funding provided by OhioMHAS

4/24/14
Social Security Administration
[Street Address of local office]
[City, ST  ZIP Code]

RE: Request for approval of an Impairment Related Work Expense [Your Name], DOB: [your date of birth], SSN: [Social Security Number]

To Whom it May Concern:

I am writing to request that you approve an Impairment Related Work Expense (IRWE) for the following expense(s): [List applicable expenses].

I will be paying for this expense myself and will not be reimbursed. [attach receipts]

This expense is related to my disability because

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I need this expense in order to work because [attach physician’s statement if available] __

________________________________________________________________________

________________________________________________________________________

I have attached receipts for the expense(s) to this letter.

Thank you in advance for your attention to this request.

Sincerely,

[Your Name]
What is an IRWE?

- A Work incentive available to beneficiaries with SSI, beneficiaries with SSDI, and beneficiaries who receive both SSI and SSDI and are working.
- Is an expense that...
  - Is related to a disability that is all or part of the reason he/she receives benefits through Social Security
  - The beneficiary pays out of pocket and that is not reimbursed
  - Is necessary in order for the beneficiary to work (even if it is an expense, such as medication, that the beneficiary uses when he/she is not working as well)
  - Has a cost that is comparable to what other individuals pay for similar expenses in the beneficiary’s community
- If an expense meets the above qualifications, it is normally worth checking to see if it can be considered an IRWE.
- A work incentive that allows a beneficiary to receive some credit for work expenses that he/she pays for as a result of the symptoms of his/her disability. IRWE’s impact SSI and SSDI differently. (*Please see the SSI and SSDI fact sheets for further explanation of the impact of employment on these benefits*)

<table>
<thead>
<tr>
<th>SSI</th>
<th>SSDI</th>
<th>SSI and SSDI</th>
</tr>
</thead>
<tbody>
<tr>
<td>The beneficiary will receive up to half of the cost of the IRWE in his/her SSI check. The total SSI check will never exceed the standard benefit rate for that year.</td>
<td>The beneficiary will be able to reduce the amount of countable income by the amount of the IRWE. This may allow him/her to receive an SSDI check that, without the IRWE, would be stopped.</td>
<td>The IRWE would be applied to both the SSI check and the countable income for SSDI.</td>
</tr>
</tbody>
</table>

SSI Example – John receives $721 from SSI. He goes to work and begins earning $485 each month. Normally, this would lead to a reduced SSI check of $521. However, since John pays $100 per month towards an approved IRWE expense, he is eligible for a $100 IRWE. As a result of the IRWE, John is eligible to receive half of the IRWE expense ($50) returned to his SSI check. Instead of receiving a check for $521, John would receive $571.
SSDI Example – Sarah receives $1500 from SSDI each month. She has been working for the last year and is currently being paid $1100 per month. She is currently in the Extended Period of Eligibility and her monthly income from work of $1100 each month is higher than the substantial gainful activity (SGA) level for 2014 of $1070. As a result, her SSDI check would normally be stopped. However, Sarah pays $75 each month towards an approved IRWE expense. As a result, her countable income is reduced by $75 from $1100 to $1025. Since this amount is less than the SGA level of $1070, Sarah would continue to receive her check.

How can I assist someone with an IRWE?

➤ Help identify potential IRWE expenses. Ask about any expenses that the beneficiary has paid for in anticipation of or as a result of work.

➤ Helping organize and collect the information needed for the IRWE. Provide a folder or envelope that the individual can use to hold onto any correspondence or receipts related to the IRWE expense. Key documents that are needed include;

  o Itemized receipts for the IRWE expense(s). The receipt must show the expense and cannot be a general cash register slip. The beneficiary will need to provide these receipts to Social Security each time he/she pays for the expense.

  o When available, documentation that shows that the item being paid for is necessary in order for the beneficiary to work. This often is taken as the form of a letter provided by a treating physician.

➤ Offer to join the individual on a trip to Social Security to report/request the IRWE.

➤ Assist with income and IRWE reporting. One way this can be simplified is by doing both income and IRWE reporting at the same time.

  o Remind the beneficiary to reporting (both income and any IRWE expenses). Discuss the benefits of reporting (as well as any potential consequences)

  o Help the individual set up a system for monthly reporting of income and IRWE receipts that works.

  o Offer to assist the beneficiary with reporting if he/she is having difficulty

  o Inform the beneficiary about monthly reporting reminders that he/she can have texted or e-mailed each month. Beneficiaries can sign up for reminders at www.ssa.gov/ssiwagereporting/.
Tracking Countable Income Information

Employment income impacts SSDI and SSI very differently. SSI counts income as it is paid to an individual. SSDI counts income as the individual earns it.

Counting income as it is earned can lead to very different income totals than counting income when it is paid. This is illustrated by the following example:

Bob starts a job in the last week of October. He works for two weeks. Bob is paid for this two weeks of work on the final day of the second week. Bob’s daily earnings are shown in the diagram on the right.

Bob’s total pay on the last day of work is $360 – the total of his pay for week one added to the total of his pay for week two. For a person receiving SSI, this income would count as $360 in November.

For a person receiving SSDI, this would be counted differently. Week one income of $200 would count towards October earnings while week two income of $160 would count towards November.

Understanding the way that income is counted is a critical part of helping people work with SSI and SSDI benefits.
SSI and SSDI Income Tracking worksheets

• The following worksheets are designed to help the process of tracking income for individuals who receive SSI and/or SSDI benefits.

• Individual worksheets for tracking income for both SSI and SSDI are part of the packet. Use the worksheet for the applicable benefit (or both if both benefits apply).
SSDI Tracking Worksheet
Month/Year:_______

<table>
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<tr>
<th>Date</th>
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<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
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<tbody>
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<td>10</td>
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<td>12</td>
<td>13</td>
<td>14</td>
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<tr>
<td>Hours Worked</td>
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<td>Hours Worked</td>
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</table>

Total hours worked this month ____________ X hourly wage ____________

Equals estimated earnings for this month: $____________
### SSI Income Tracking Worksheet

**Month: ________**

#### Paid Weekly

<table>
<thead>
<tr>
<th>Pay Date</th>
<th>Amount Paid</th>
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<tr>
<td>Total Pay</td>
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</table>

#### Paid Bi-Weekly

<table>
<thead>
<tr>
<th>Pay Date</th>
<th>Amount Paid</th>
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<tr>
<td>Total Pay</td>
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</table>
# Yearly Income Tracking Worksheet

**Year:** ______

Type of benefit received:

- [ ] SSI
- [ ] SSDI

Enter the amount from the monthly tracking worksheet into the box to the right of the corresponding month.

Keep this document, along with monthly tracking worksheets and any pay stubs, for your records.

If you have both SSI and SSDI Income, use one sheet for SSI and one for SSDI

<table>
<thead>
<tr>
<th>Month</th>
<th>Income</th>
<th>Date Reported</th>
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<tbody>
<tr>
<td>January</td>
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<td>December</td>
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BENEFITS ADVOCACY & PLANNING

Relationships supporting recovery

Build Trust
Improve Outcomes
Promote Recovery

ABOUT US
The Center for Evidence-Based Practices at Case Western Reserve University is a technical-assistance organization that promotes knowledge development and the implementation of evidence-based practices, emerging best practices, and other strategies for the treatment and recovery of people with mental illness and substance use disorders. The Center helps service systems, organizations, and providers implement and sustain the practices, maintain fidelity to the practices, and develop collaborations within local communities that enhance the quality of life for consumers and their families.

The Center provides these services:
- Service-systems consultation
- Program consultation
- Clinical consultation
- Training and education
- Evaluation (fidelity and outcomes)
- Professional peer-networking

OUR EXPERIENCE
Our consultants, trainers, and evaluators are experienced administrators, direct-service providers, and researchers who offer personal attention and customized consulting, training, and evaluation services throughout the implementation process.

CONSULTING & TRAINING
We understand that every service system and organization exists within a unique social, political, and economic context. Therefore, we work closely with customers to adapt each service innovation to the unique culture of their community, while maintaining fidelity to the service or model.

We provide consultation to help people integrate new knowledge and skills into practice. We provide consultation and training onsite (at organizations), in the community, and via teleconferences and video conferences. We offer a menu of training activities.

Systmes Change
Organizational Change
Clinical Change

Implement and integrate behavioral healthcare innovations

The Center for Evidence-Based Practices at Case Western Reserve University is a partnership between the Jack, Joseph and Morton Mandel School of Applied Social Sciences and the Department of Psychiatry at the Case Western Reserve School of Medicine. The partnership is in collaboration with and supported by the Ohio Department of Mental Health and Addiction Services (OhioMHAS).

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