

Chapter 15

Social Security & Ticket to Work & Work Incentives

15.1 Authority: 20 CFR Subpart V, Section 404

Congress has passed legislation to enable persons with disabilities entitled under Sections 223, 202d and e, to enter the workforce and achieve economic self sufficiency by performing Substantial Gainful Activity (SGA) for a period of at least 9 months. In addition, rehabilitation providers who assist in this process may receive payment from Social Security as outlined in Section 222(d) of the Social Security Act and Section 411.510 of the Ticket to Work and Work Incentive Improvement Act. The purpose is twofold: 1.) To make VR services more readily available to individuals with disabilities to help them achieve gainful employment and become self-sufficient; 2.) To ensure that savings accrue to the Social Security Trust.

15.2 Policy

It is essential that VR Counselors have an understanding of Social Security programs in order to guide clients who receive SSI or SSDI benefits toward full competitive employment. It is USOR policy that SSI/SSDI recipients are presumed eligible for VR services and are exempt from financial needs tests. Self-sufficiency is generally obtained once the beneficiary has reached SGA and/or SSA benefits have ceased. SGA changes yearly and can be found at www.ssa.gov.

15.3 Titles II and XVI of the Social Security Act:

The Social Security Administration directs two disability programs Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI). The SSDI and SSI programs use the same definition of disability and overlap to some extent although each applies different rules for people who are blind. Both SSDI and SSI define disability as the inability to engage in any substantial gainful activity (SGA) because of a medically determinable physical or mental impairment(s):

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

15.4 SSDI

Social Security Disability Insurance (SSDI) provides benefits to disabled or blind individuals who are "insured" by workers' contributions to the Social Security trust fund. These contributions are the Federal Insurance Contributions Act (FICA) Social Security tax paid on the individual's earnings or the earnings of their spouse or parents. Title II of the Social Security Act authorizes SSDI benefits. SSDI recipients and their cash benefits are governed by specific income guidelines that differ from SSI income guidelines. After two years of SSDI entitlement, SSDI recipients are automatically eligible and usually automatically enrolled for the federally-administered Medicare program. To be eligible for SSDI:

1. The worker must have worked and paid Social Security taxes for enough years (or "credits") to be covered under Social Security insurance; some of the taxes must have been paid in recent years; and the individual must:

- a. Be the worker, or worker's widow, or worker's disabled adult child (among the requirements for a disabled adult child: individual must be unmarried, is or was dependent on parent(s), age 18 or over, the disability must have begun before age 22);
- b. File an application;
- c. Meet Social Security's definition of medically disabled(defined above); and
- d. Not be working or working but not performing Substantial Gainful Activity (SGA).

15.5 SSI

The Supplemental Security Income (SSI) program makes cash assistance payments to aged, blind and people with disabilities (including children under age 18) who have limited income and resources. The Federal government funds SSI from general tax revenues. Individuals receiving SSI usually have not worked enough or earned enough "credits" to become "insured" under the SSDI program. A waiting period is not required for new SSI recipients to qualify for cash benefits and Medicaid benefits. Although SSI recipients are immediately eligible for their state-administered Medicaid program, they must separately apply to Medicaid for benefits to begin. When an SSI beneficiary works and has earned income the cash benefit amount is reduced as earnings rise. SSI benefits generally continue until death (no age cut-off) unless the beneficiary medically improves or ceases to meet other eligibility requirements, such as the income and resources test. To be eligible for SSI based on a medical condition:

1. The individual must have little or no income or resources (under \$2000 for an individual, and under \$3000 for any couple- both need not be on SSI);
2. Must be a U.S. citizen or meet the requirements for non-citizens;
3. Must be considered medically disabled or blind;
4. Must be a resident of the 50 States, District of Columbia, or Northern Mariana Islands;
5. Must file an application;
6. Must file for any and all other benefits for which you are eligible; and
7. *At the time of application*, the individual either must not be working or, if they are working, they must not be working at the SGA level (Once they are receiving SSI benefits, this requirement no longer applies and SGA has little bearing. Their eligibility will continue until they medically recover or do not meet a non-disability-related requirement). If the individual is blind, only the first six requirements apply.
8. To qualify for SSI benefits, a person with a disability or whom is blind must meet the definition of disability or blindness and also meet certain other eligibility requirements, including an income and resources (financial need) test. A waiting period is not required for new SSI recipients to qualify for cash benefits and Medicaid benefits. The SSI program differs from the SSDI program in that it is a public assistance program for individuals who are disabled or blind with a demonstrated need who have not earned eligibility under the SSDI program. When an SSI recipient works and has earned income, the cash amount is reduced as earnings rise. This is called the benefit offset adjustment. The SGA test is not applied after a person is determined to be eligible.

15.6 Applying for SSI/SSDI Benefits and Appealing Decisions

The determination of whether or not a person is disabled by Social Security, is conducted by the Disability Determination Services (DDS) which is federally funded, but administered by the Utah State Office of Rehabilitation. Social Security regulations provide a 5-step sequential evaluation process which is used in determining whether a claimant meets the legal definition of disability.

Once the decision is made that an individual is disabled, evaluation under subsequent steps is not necessary. Evaluation follows this sequence:

1. See if claimant is engaging in SGA.
2. See if claimant has a non-severe (slight) impairment.
3. See if impairment(s) meet or equal listed medical criteria.
4. See if claimant retains capacity to perform work done in past.
5. See if claimant can perform work other than past work. In these evaluations, the individual's age, education and work experience are considered as well as residual functional capacity.

For complete details on Disability Determination "screen-in" criteria see Disability Evaluation Under Social Security SSA Publication No. 05-10089. Individuals who are determined to meet SSA's guidelines for disability determination may be referred to Benefits Planning and Outreach (BPAO). Claimants who are not determined eligible for Social Security benefits may also be referred to USOR. Periodically, VR Counselors may also receive documents from DDS on an open client who is not a Social Security recipient. This information is meant to be helpful to the VR Counselor and should be filed in the case. Applicants have the following appeals rights:

1. The unsuccessful claimant may request an appeal and review of that decision within sixty (60) days. The reconsideration claim is reviewed by a representative of Disability Determination Services to determine if the initial determination was accurate.
2. If the individual still disagrees with the reconsideration decision, they may request a hearing before an Administrative Law Judge (ALJ) of the Office of Hearings and Appeals. The ALJ makes an evaluation of residual functional capacity as compared with the demands of his or her past work.
3. If the individual disagrees with the ALJ's decision, a request can be made for review by the Appeals Council.
4. After this review, the individual who still disagrees with the Appeals Council decision may file suit in Federal District Court.

Regardless of the status of the individual's Social Security application, the VR Counselor will evaluate eligibility for VR services as described in the chapter on eligibility.

15.7 Features of TWWIA and Pre-existing Social Security Work Incentives

In the Ticket to Work and Work Incentive Improvement Act of 1999 as well as amendments to the Social Security Act, Congress has provided certain incentives to encourage individuals with disabilities to work or to return to work. Some of the highlights of these incentives include: Benefits Planning Outreach and Assistance (BPAO) programs, Medicaid Work Incentives, Expedited Reinstatement of Benefits, Expansion of Medicare Coverage and, Employment Related Personal Assistance Services. These and other important provisions from each program are explained in Appendix 15A, please refer to this appendix for detailed information on the SSI/SSDI and Medicaid work incentives.

15.8 Ticket to Work and Work Incentive Improvement Act of 1999

Ticket to Work: The Ticket to Work program allows and encourages SSDI and SSI beneficiaries to seek employment services, vocational rehabilitation services, and other support services needed to obtain, regain, or maintain employment and eliminate their dependency on Social Security. Social Security will attempt to call the beneficiary. If they are unable to reach the beneficiary they will leave a message if possible. They will allow the beneficiary to hear more about the

Ticket program as well as provide information about EN's in the beneficiaries area. If they leave a message, they will give the beneficiary information on how to contact them for more information. However, if a beneficiary wants to get a ticket before receiving it in the mail, the beneficiary may contact Maximus for a Ticket on Demand (TOD). The Social Security Administration contracted with MAXIMUS Inc. to be the National Program Manager. MAXIMUS is responsible for distributing tickets, recruiting Employment Networks, and general oversight of the Ticket to Work program. In addition, USOR has a Ticket to Work Specialist in the Administrative office. Questions regarding the Ticket to Work can be directed to either MAXIMUS (1866 YOUR TICKET or 1866 TDD2 WORK), or the Ticket to Work Specialist. For general questions regarding Ticket to Work and other Work Incentives clients can also call 1-877-2GO-WORK. To be eligible to receive a "Ticket" an individual must meet the following criteria:

1. Be age 18 through 64 years of age;
2. Be receiving a Federal Social Security (SSDI) and/or SSI cash benefit based on the individuals disability;
3. Have a disabling impairment which is not expected to medically improve, or to have gone through at least one disability review if medical improvement is expected;
4. Individuals who receive SSI must meet adult standards for disability (usually determined at age 18)

Ticket Assignment: Ticket holders may seek VR services and "assign" their ticket with an approved Employment Network (EN) or Vocational Rehabilitation, (which for the purpose of the Ticket to Work program is automatically considered an EN). The beneficiary may choose whom to assign the ticket to, and may also "un-assign" it from an EN and assign it elsewhere. The EN is responsible to write a rehabilitation plan with the ticket holder and also comply with the rules and regulations of the Ticket to Work program. The Ticket does not have cash benefit to the Ticket holder, but it represents the potential of cash value to the EN or USOR if the ticket has been assigned to their organization; thus the "Ticket" is a document that provides evidence of SSA's agreement to pay an EN or USOR for providing rehabilitation services which enable a beneficiary to become self sufficient and go off SSA cash benefits. A beneficiaries participation in the Ticket to Work program is voluntary however, Social Security considers a clients signature on the IPE as evidence that the client agrees to assign their Ticket to USOR, (if the ticket has not already been assigned elsewhere), due to the clients choice to select rehabilitation services. A beneficiaries non-use of a ticket will not affect entitlement to SSA disability benefits or eligible vocational rehabilitation services.

15.9 Ticket to Work Procedures for VR Counselors:

- A. Application (Status 02)
 1. Determine if the client is a Social Security recipient. VR Counselors can obtain SSA information by emailing the Ticket to Work Specialist. Include the clients name, VR case number, SSN, Date of birth, and gender.
 2. VR Counselors need to verify the Social Security information with the client for accuracy.
 3. Ask the client whether he/she is a Ticket Holder.
 - If yes, then discuss the advantages of assigning their Ticket to USOR;
 - If no, then consider the ticket eligibility criteria to determine whether the client is likely ticket eligible. If Ticket eligibility is in doubt, VR Counselors may either call Maximus (1-866-949-3687) for verification. Record the status of the

ticket in the 911 system (for complete details, refer to chapter 16 on the 911 data system)

4. If the client presents their Ticket to you at any time during the case, make a copy for the client record and return the original to the client. Actual Ticket assignment happens when the IPE is finalized.
5. Clients who wish to assign their tickets may do so without bringing the VR Counselor actual "ticket" (SSA form 1359).

B. Eligibility (Status 10)

The guiding regulation for eligibility is the Rehabilitation Act of 1973; not the Ticket to Work Act. Proceed with eligibility just as you would whether the client is a ticket holder or not. SSA beneficiaries are presumed eligible for rehabilitation services. A client may indicate that he or she can only work "part time", if so, probe the client to determine why. If the client states that he or she will lose Social Security Benefits, follow the "Fears and Fixes" script found in Appendix B. Explain to the client that Social Security has rules for allowing and encouraging beneficiaries to work and even keep their health care benefits. Most often, beneficiaries who work may actually increase their disability benefit if they never go off. You should also explain the SGA limit, Trial Work Period, Expedited Reinstatement, and Extended period of Eligibility, and BPAO Services. These terms are defined in Appendix A.

C. Plan Development (Status 12 and up)

1. Develop the IPE with Timely Progress Provisions in mind.
2. Consult with a Benefits Specialist when necessary to determine the effect of earnings on the individuals SSA (and other) benefits.

D. Plan development when the individual does not choose to assign the Ticket:

All efforts should be made to inform clients about their options to assign their ticket and the advantages of assignment to USOR. The VR counselor should continue to encourage the individual to assign the Ticket to USOR. With or without Ticket assignment, USOR is legally responsible to serve the individual and should proceed accordingly. Social Security considers a signed IPE proof that an individual agrees to assign his or her ticket to USOR. Social Security will consider the date of the signature on the IPE as the day of Ticket assignment. Therefore, USOR may submit an unsigned copy of the 1365 form to Maximus along with the signature and goal page of the IPE. This must be thoroughly explained to the client.

E. Plan development when the individual has assigned the Ticket to an Employment Network with or without DRS as a partner: When a client assigns their ticket to an Employment Network other than USOR, USOR is still legally responsible to serve them. However the Employment Network is responsible for providing whatever services are specified in its Individual Work Plan for that client. VR Counselors should view those services as "comparable benefits" and thus not purchase or directly provide those particular services. In situations where both the EN and USOR are serving a client with a Ticket, both parties must abide by the Ticket to Work EN agreement found in Appendix C. VR Counselors are not responsible to sign this agreement for each ticket case, but only to abide by contents of the agreement. The Ticket Specialist is available to resolve concerns regarding the partnership agreement. Clients should be asked to present the VR Counselor a copy of the Individual Work Plan (IWP) that they hold with the other EN. Sharing this copy and all amendments of the IWP should be a standing client responsibility in the IPE. If you are unable to get the IWP right away, proceed with IPE development. A plan amendment may be necessary once the IWP is received from the

EN or client. For instructions on how to document that the client has assigned their ticket to an EN other than USOR, please refer to CSM chapter 16.

- F. Case Closure: If an EN was involved in serving this individual, follow up services will continue to help the client with job retention ,the Ticket to Work Specialist will monitor these follow up services.

15.10 Ticket Payment Options

SSA will reimburse USOR for the funds which VR expends on a Social Security Beneficiary when USOR holds the Ticket. To receive this reimbursement the client who is an SSA disability beneficiary must work 9 out of 12 months above SGA. USOR must request reimbursement from Social Security within one year of the 9th month SGA was achieved by the individual. This is referred to as Traditional Cost reimbursement or simply Cost reimbursement. It will be necessary for USOR to obtain the Ticket assignment in order to be eligible for Cost Reimbursement. Clients are likely to be fearful about going to work above SGA. VR Counselors will need to address these concerns and as appropriate, encourage the individual to consult with a benefits planner regarding the potential impact of employment on their benefits and healthcare coverage. Script scenarios to help you address these concerns can be found in APPENDIX B.

15.11 SSA Reimbursement Program

VR will only be able to collect Reimbursement payments on clients whose tickets are assigned to USOR, or for individuals which are not ticket eligible (but are SSA recipients). The only exception to this rule will be for "Pipeline Cases" or in other words "Those who signed an IPE before receiving a ticket to work from SSA" All other cases are designated by SSA as "New" It is critical therefore, that VR Counselors take initiative to get tickets assigned at the time of IPE development. If the Ticket is already assigned elsewhere, determine where the ticket has been assigned whenever possible. The client will have to tell you where their ticket is assigned because that information is not available through Maximus. Reports will be generated monthly at the Home Office to submit for payment from Social Security. VR Counselors will not be required to do any of the paperwork necessary to submit for payment from Social Security. Once the Social Security, Ticket, and wage information is recorded on the 911, reports will be automatically generated on a quarterly basis for submission to SSA. VR Counselors will be notified of the results of payment submission to SSA.

15.12 Ticket Un-assignment/Re-assignment

A Ticket holder may choose to un-assign his/her ticket. This is an important consideration for the client, given the fact that SSA considers the date the IPE is signed as Ticket Assignment. The client will only receive CDR protection if he/she meets certain work requirements and actively participates in the IPE. (See Timely Progress). A client may un-assign their ticket and must do so in writing to Maximus. Once the ticket has been un-assigned, the client can re-assign the ticket to USOR or another EN. To re-assign a ticket USOR must follow the same procedures for ticket assignment as in original ticket procedures.

15.13 Timely Progress

Maximus is responsible to assure that timely progress has been met and may request verification from the VR Counselor. By signing the IPE and therefore assigning the Ticket to USOR, the client agrees to make progress toward the goal of sustainable employment. During the first 24 months, Maximus will assume progress is being made unless they are notified by the VR Counselor otherwise. During subsequent 12 month periods, the client must demonstrate increased work activity and earnings to continue receiving CDR protection. This is depicted in the following table. SSA considers time in intervals of 12 month periods, to account for possible inactivation of the Ticket, thus, the 12 month periods only refer to the time that the Ticket is in active use.

Timely Progress Provisions:

1 st 12-Month Review	Complete 3 months of work at Trial Work Level amount OR complete GED or high school diploma OR complete 60% of a full-time course load for an academic year in a college or technical, trade or vocational training program, OR complete a combination of this work and education requirement.
2 nd 12-Month Review	Complete 6 months of work at Trial Work Level amounts OR complete 75% of a full-time course load for an academic year in a college or technical/trade/vocational training program, OR complete a combination of tis work and education requirement.
3 rd 12-Month Review	Complete 9 months of work at Substantial Gainful Activity amount OR complete an additional full-time academic year of study, OR complete a 2-year or 4-year college program, OR complete a 2-year technical, trade or vocational training program, OR complete a combination of this work and education requirement.
4 th 12-Month Review	Complete 9 months of work at SGA amount OR complete an additional academic year of full-time study, OR complete a combination of this work and education requirement.
5 th 12-Month Review	Complete 6 months of work at SGA amount with no SSDI and/or SSI cash benefits in months worked, OR complete an additional academic year of full-time study OR complete a 4-year degree program.
6 th 12-Month Review	Complete 6 months of work at SGA amount with no SSDI and/or SSI cash benefits in months worked, OR complete a 4-year degree program
7 th 12-Month Review	Complete 6 months of work at SGA amount with no SSDI and/or SSI cash benefits in months worked

***The guidelines for any subsequent 12-month Progress Review are the same as for the 7th 12-month Progress Review.**

15.14 Termination of the Ticket

In general terms, the ticket will terminate when the individual is no longer eligible for a SSA disability benefit for reasons other than work activity, or the individual attains age 65. If the individual's ticket terminates, a client may no longer participate in the Ticket to Work program.

There are two instances in which SSA will issue a new ticket:

- The first is if an individual's SSA benefits are reinstated due to Expedited Reinstatement provision;
- The second is if an individual files a new application for SSA benefits and is approved.

15.15 911 Data Reporting System

It is critical that VR Counselors accurately report the SSA status of their clients. To verify entitlement to SSDI or SSI benefits, use one of the following:

- A. IRIS Batch Verification
- B. Copy of the client's award letter from SSA
- B. Copy of the Social Security check from client.
- C. Verification with Social Security Area Work Incentive Coordinator (AWIC) Esther Medina (801)524-4145 X3883
- D. Verification with the Ticket to Work Specialist.
- E. Copy of the "Ticket to Work" (SSA form 1359)

For more information on the 911 data reporting system please refer to Chapter 16, 911 reporting for details.

15.16 Benefits Planning and Outreach

The Utah Benefits Planning Assistance and Outreach program is designed to give Social Security Disability Beneficiaries information on how employment may affect their benefits so that they may make an informed choice about working. The UBPAO can also look at any other benefits a consumer receives and assess how work may affect those benefits. Referrals can be made when the individual is considering returning to work, increasing his/her number of work hours, or entering a training program. Anyone can refer into the UBPAO program by filling out the referral form which can be found at www.uwin.org. Individuals referred to this program should know that they would be required to share information about their benefits and employment history. This will include information concerning their income and may include information on anyone residing in their household. A benefits specialist will meet with a beneficiary and develop an individualized analysis of their benefits and the impact of employment. The UBPAO may also provide a set of strategies enabling an individual to protect his/her financial and medical benefits for a period of time while trying out work.

15.17 Medicaid Work Incentives

There are a wide variety of medical assistance programs offered in Utah. A brief summary of some of the programs can be found below. These summaries are designed to give a broad overview of the programs and should not be used to determine eligibility.

1. Employment-Related Personal Assistance Program (EPAS): The Employment Related Personal Assistance Program was started in July 2001 through Utah's Medicaid State Plan

under the Personal Care State Plan option. This Program is one of the Utah Work Incentive Initiative's goals to expand the availability of personal assistance to enable people with disabilities to obtain and maintain employment.

2. Medicaid Work Incentive Premium (MWI): The Medicaid Work Incentive Premium was designed for people with disabilities who are working, but because of their income and/or assets do not qualify for a "free" Medicaid Card. This Program instead gives a person the option to pay a premium, based on their countable income, to obtain health care with a Medicaid Card. The intent of this Program is to encourage people with disabilities to return to work or to increase their income.
3. Medicare: Medicare is a health insurance program for people age 65 or older, certain people with disabilities who are under age 65 and people of any age who have permanent kidney failure. It provides basic protection against the cost of health care, but it doesn't cover all medical expenses or the cost of most long-term care and at this time does not cover the expense of prescriptions.

15.18 Protection and Advocacy for Beneficiaries of Social Security (PABSS)

In addition to the CAP program available at the Disability Law Center, protection and advocacy is available to help clients understand their rights in relation to Social Security and employment. The Disability Law Center can provide protection and advocacy over disputes with Social Security, Employment Networks, or with VR when VR is serving as an Employment Network.

1. Disputes with Social Security: Waiver for overpayment of Social Security Benefits

Both SSI and SSDI programs follow a two-part test for granting waivers. First, the beneficiary must show that he or she was "without fault". Second, the beneficiary must show one of three things:

- a. The recovery of the overpayment would cause undue hardship;
- b. Or that recovery would be against equity and good conscience; or
- c. For SSI, recovery would impede the effective and efficient administration of the program, due to the small amount of money involved.

2. Disputes with Employment Networks

A client should access the EN's grievance process. Each EN is required to have an internal grievance process that allows the individual to have the opportunity to resolve their complaint with a representative of the EN. If the dispute cannot be resolved, the individual and the EN have the option of contacting the Program Manager, Maximus. Maximus will then conduct a full review and make a recommendation on how the dispute might be resolved. If the parties are still in disagreement, they can bring the dispute to Social Security. Protection and Advocacy can help throughout this process as needed.

3. Disputes with Vocational Rehabilitation as the Employment Network

Grievances with Vocational Rehabilitation can be handled through the Disability Law Center (Chapter 21).

APPENDIX 15-A**A. SSDI Work Incentives:**

1. Trial Work Period - The TWP allows a beneficiary to test their ability to work for at least 9 months. During the TWP, they will receive *full* SSDI benefits *regardless of how high earnings might be* so long as they have a disabling impairment. The TWP continues until they accumulate 9 months (not necessarily consecutive) in which they performed the Trial Work Period amount within a rolling 60-consecutive-month period. Social Security uses the Trial Work Period amount rule only to control when the TWP stops. The dollar amount for the Trial Work Period amount is adjusted each year. A person is not eligible for disability benefits or a TWP if they work at SGA level within 12 months of the start of their impairment(s) and before Social Security approves their claim for disability benefits.
2. Extended Period of Eligibility - Social Security reviews a person's work and earnings after the end of the Trial Work Period to decide if they are working at the SGA level. Social Security also considers whether any of the work incentive provisions may affect a claimant's situation. If a person's impairment has not medically improved, they are now in the extended period of eligibility
 - If Social Security decides that the beneficiary is not working at the SGA level, their SSDI benefits continue.
 - The Extended Period of Eligibility lasts for 36 consecutive months. Any month the individual is earning over SGA level wages, they are not eligible for a check. If their earnings are under SGA level, they are eligible for a check.
 - If Social Security stopped disability payments because of work at the SGA level the individual can automatically start benefit payments again. No new application and/or disability determination is required during the EPE.
3. Extended Medicare Coverage - Most people with disabilities who work will continue to receive at least 93 consecutive months of hospital and medical insurance under Medicare after the last month of the trial work period. There is no premium for hospital insurance (Part A). There is, however, a premium for the medical insurance (Part B). Although cash benefits may cease due to work, a claimant has the assurance of continued health insurance. The 93 months start the month after the last month of your trial work period. Medicare as well as Medicaid should be considered as comparable benefits.
4. Expedited Reinstatement of Benefits- If a person's benefits ended because they worked and had earnings, they can request to have benefits started again without having to complete a new application. A beneficiary can request that benefits start again if they:
 - Stopped receiving SSDI or SSI benefits because of earnings from work;
 - Are unable to work or perform SGA because of an impairment(s) that is the same as or related to the impairment(s) that allowed them to receive prior benefits; and
 - Make the request within 5 years from the month the benefits ended.

While Social Security determines whether they can get their benefits again, Social Security can give provisional (temporary) benefits for up to 6 months. These benefits include payments, and Medicare/Medicaid coverage. If Social Security determines that the individual no longer has their disability, Social Security usually will not ask them to repay the provisional benefits. During the first 24 months an individual is eligible for benefits, SSA will not pay for any months the individual performs SGA, but Medicare coverage will continue. Once the individual has received 24 months of benefits (which do not have to be in a row), the individual receives a new trial work period and extended period of eligibility.

5. Continuing Disability Reviews (CDR)- Generally, Social Security reviews a beneficiary's disability case periodically to see if their condition has medically improved or if they can perform SGA.
 - If the original disabling condition is expected to improve, Social Security reviews the case on or about the date they expect the improvement; or
 - If medical improvement is possible, Social Security reviews the case at least once every 3 years; or
 - If medical improvement is not expected, Social Security reviews the case every 5 - 7 years.

Therefore, it is possible for a person's benefits to stop due to medical recovery. However, If the individual is "using" his or her ticket, Social Security will suspend the CDR. This may mean that an individual who has an IPE and has assigned his or her ticket will continue to receive the Social Security check until their earnings are sufficient to stop payments or the ticket becomes inactive.

6. Impairment Related Work Expenses (IRWE) - Social Security deducts the cost of certain impairment-related items and services that a person needs to work from their earned income when making an SGA determination. Social Security will deduct IRWE when they figure SSI payment amounts when all the conditions below are met: The item or service enables a person to work; The person needs the item or service because of a disabling impairment; The person pays the cost and are not reimbursed by another source (e.g., Medicare, Medicaid, private insurance); The cost is "reasonable"--that is, it represents the standard charge for the item or service in your community; *and* The person paid the expense in a month that they received earned income or performed work while they used the impairment-related item or service. (Note: In certain situations, Social Security may deduct IRWE amounts for expenses paid before the person starts or after the person stops work.)
7. Subsidy -"Subsidy" and "special conditions" are Social Security's names for support received on the job that may result in the claimant receiving more pay than the actual value of the services performed. "Subsidy" is support provided by the employer. "Special conditions" are generally provided by someone other

than the employer, for example, a vocational rehabilitation agency. Social Security considers the existence of subsidy and special conditions when they make an SGA decision. Only earnings that represent the real value of the work performed are used to decide if work is at the SGA level. Subsidy and special conditions may exist if:

- A person receives more supervision than other workers doing the same or a similar job for the same pay;
- A person has fewer or simpler tasks to complete than other workers doing the same job for the same pay; or
- A person has a job coach or mentor.

If the person's employer and/or other involved parties cannot or will not set the real value of their work, Social Security will decide the value of the work.

B. SSI Work Incentives:

1. Eligibility for Students - Deeming of income and resources for parents will stop when an SSI child attains age 18, even if a student.
2. Student Earned Income Exclusion – If an individual is under age 22, not married nor head of household, and regularly attending school, Social Security does not count a certain amount of earned income per month when the SSI payment amount is figured. There is however, a yearly maximum, both the monthly and yearly amounts are adjusted yearly based on the cost-of-living. "Regularly attending school" means that an individual takes one or more courses of study and attend classes:
 - In a college or university for at least 8 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
 - For less time than indicated above for reasons beyond the student's control, for example illness.

If an individual is home taught because of a disability, they may be considered "regularly attending school" by:

- Studying a course or courses given by a school (grades 7-12), college, university or government agency; and

- Having a home visitor or tutor who directs the study.
 - The student earned income exclusion before the general income exclusion or the earned income exclusion.
3. Earned Income Exclusion – Social Security does not count most of the individuals earned income when Social Security figures their SSI payment amount. Social Security does not count the first \$65 of the individuals earnings in a month plus one-half of the remainder. This means that they count less than one-half of earnings when figuring the SSI payment amount. Social Security applies this exclusion in addition to the \$20 general income exclusion (an exclusion that is first applied to any unearned income that an individual may receive). Once the individual starts to receive SSI, Social Security will consider that the recipient's disability continues until they medically recover, even if they work. However, the recipient must continue to have the original disabling impairment under which eligibility for SSI was initially determined, and must currently meet other eligibility rules including the resources test. (Take note that, with SSI, cash payments continue to be paid, even though the earned income is at or above the amount designated as the substantial gainful activity level. This is because, after the initial determination for SSI, SGA is no longer looked at and has no bearing on determining the SSI cash payment.)
4. Continued Medicaid Eligibility (1619b) – An individual's Medicaid coverage can continue, even if earnings along with other income become too high for an SSI cash payment. To qualify, the individual must:
- Have been eligible for an SSI cash payment for at least 1 month;
 - Still be disabled; · Still meet all other eligibility rules, including the resources test;
 - Need Medicaid in order to work; and
 - Have gross earned income that is insufficient to replace SSI, Medicaid, and any publicly funded attendant care. (The Threshold)

The "threshold amount" is the measure that Social Security uses to decide whether a person's earnings are high enough to replace SSI and Medicaid benefits. The threshold amount is based on:

- The amount of earnings which would cause the individuals SSI cash payments to stop in their State; and
- The annual per capita Medicaid expenditure for the individual's State.

If your gross earnings are higher than the threshold amount for the individuals State (see chart below), Social Security can figure an individual threshold if the individual has:

- Impairment-related work expenses
 - Blind work expenses
 - A plan for achieving self-support
 - Publicly funded attendant or personal care; or
 - Medical expenses above the State per capita amount.
5. Impairment Related Work Expenses (IRWE) – Social Security deducts the cost of certain impairment-related items and services that a person needs to work from their earned income when they are figuring their SSI monthly payments. Social Security will deduct IRWE when they figure SSI payment amounts when all the conditions below are met:
- The item or service enables a person to work;
 - The person needs the item or service because of a disabling impairment;
 - The person pays the cost and are not reimbursed by another source (e.g., Medicare, Medicaid, private insurance);
 - The cost is "reasonable"--that is, it represents the standard charge for the item or service in your community; *and*
 - The person paid the expense in a month that they received earned income or performed work while they used the impairment-related item or service. (Note: In certain situations, Social Security may deduct IRWE amounts for expenses paid before the person starts or after the person stops work.)
6. Plan to Achieve Self Support – A PASS allows the Social Security recipient to set aside income and/or resources for a specified time for a specific work goal. SSA will not count the income or resources that are set aside under the PASS plan when they are figuring out the recipient's SSI payment amount. A PASS can help an individual establish or maintain SSI eligibility and can increase their SSI payment amount. A PASS plan must:
- Be designed especially for the SSI recipient and their specific situation;
 - Be in writing, (Social Security prefers that their form is used, the SSA-545-BK);
 - Have a specific and viable work goal which the SSI recipient is capable of performing; (SSA will assume the work goal of the individual is viable if the plan has the support of a public VR agency counselor.
 - Have a specific timeframe for reaching the work goal;
 - Show what money (must be other than their SSI payments) and other resources the recipient has or receives that they will use to reach their specific work goal;
 - Show precisely how the recipient's money and resources will be used to reach their work goal;
 - Show how the money the recipient sets aside will be kept identifiable from other funds;

- Be approved by Social Security; and
- Be reviewed by Social Security periodically to assure the plan is actually helping the recipient achieve progress.

It will take six to eight weeks for approval. Although it is not necessary to demonstrate that a plan will lead to complete termination of benefits, but only that the plan will likely reduce benefits, a PASS plan that leads to self-sufficiency is more likely to get approved. Anyone, including the counselor, can assist the client in writing the PASS. **NOTE:** Only one PASS is allowed per occupational objective at a time, once a PASS plan has been completed or rescinded, another, with a new specific work goal can be applied for.

See the following websites for more information about PASS plans.

<http://www.passonline.org/>,

www.socialsecurity.gov/work/ResourcesToolkit/pass.html.

7. Blind Work Expenses (BWE) - Impairment-related Work Expenses (IRWE) for blind SSI recipients. Similar to IRWE in that SSA will not count earned income spent to meet the expenses needed to earn that income when they are determining the SSI payment amount. The Blind Work Expenses that are allowed are broader and include many more types of expenses than IRWE.
8. Property Essential to Self-Support – Social Security does not count some resources that are essential to the SSI recipient’s means of self-support when they decide the recipient’s initial and continuing eligibility for SSI.
 - Social Security does not count property that the recipient uses in a trade or business (for example, inventory) or uses for work as an employee (for example, tools or equipment). Other use of the items does not matter.
 - Social Security does not count up to \$6,000 of equity value of non-business property that the recipient uses to produce goods or services essential to daily activities, for example land used to produce vegetables or livestock solely for consumption by the recipient’s household.
 - Social Security does not count up to \$6,000 of equity value of non-business income-producing property, for example rental property, if the property yields an annual rate of return of at least 6 percent. However, they do not consider liquid resources, for example stock, bonds, or notes as property essential to self-support, unless the recipient uses them as part of a trade or business.
9. Reinstating Eligibility Without a New Application- If the SSI recipient has been ineligible for a SSI benefit for 12 months or less for any reason other than medical recovery, they may be able to restart their SSI cash payment and/or continued Medicaid coverage without a new application. For example, if the recipient is eligible for continued Medicaid coverage under section 1619(b) and their countable income drops enough to allow a payment, then Social Security can start their SSI cash payments again.
10. Expedited Reinstatement of Benefits- If an SSI recipient’s benefits ended because they worked and had earnings, they can request to have their benefits started again without having to complete a new application. This “expedited

reinstatement” process became effective January 1, 2001. A former SSI recipient can request that their benefits start again if they:

- Stopped receiving SSDI or SSI benefits because of earnings from work;
- Are unable to work or perform SGA because of an impairment(s) that is the same as or related to the impairment(s) that allowed them to get benefits earlier; and
- Make the request within 5 years from the month Social Security terminated their entitlement or eligibility. The termination month is usually later than the month they stopped receiving cash benefits.

While Social Security determines whether they can get benefits again, Social Security can give them provisional (temporary) benefits for up to 6 months while Social Security conducts a Continuing Disability Review. These benefits include payments, and Medicaid coverage. If Social Security denies their request, Social Security usually will not ask them to repay the provisional benefits. If Social Security approves their request for expedited reinstatement of their SSI benefits, their benefits will begin the month after their request.

11. Section 301 The Social Security Law provides for the continuation of SSI and SSDI benefits after the physical or mental impairment ceases to be disabling if:

- A. The beneficiary/recipient is participating in a vocational rehabilitation plan approved under the Rehabilitation Act of 1973, as amended, and
- B. The beneficiary/recipient was not expected to medically recover at the beginning of the rehabilitation program, but does recover and is no longer considered disabled, and
- C. The Commissioner of Social Security determines that completion of the training program or participation for specified period of time will significantly increase the likelihood that the person may be permanently removed from the disability rolls.

Payments by Social Security to the beneficiary/recipient and any auxiliaries, including hospital insurance benefits, State services, Medicaid, and State Supplementation, where applicable, will continue until training is completed, participation in the VR program ceases, or Social Security determines that continued participation will not increase the likelihood that the person will be permanently removed from the disability rolls.

Fears and Fixes

Appendix B

<i>I'm not going to work because:</i>	<i>I can go to work now because:</i>
I am afraid to lose my healthcare.	There are a number of programs that can protect my health care. One of the newest programs in Utah is called the Medicaid Work Incentive. I may be able to keep my Medicaid even if I go to work.
I am afraid of losing my benefits and then finding out I can no longer work. I've always heard that it is so hard to get back on benefits.	There is a new Social Security program called Expedited Reinstatement where I can quickly get back on SSI or SSDI benefits without a new application. I have this protection for 5 years after my benefits stop because of work.
I am afraid of losing my coverage for Personal Assistance Services.	If I am working and on Medicaid, I may be qualify for the Employment Related Personal Assistance Program
I am afraid to lose my subsidized housing.	There is a new work incentive where Housing may not count my income for the first year that I work.
I don't trust that I am getting accurate information about what will happen to all of my benefits if I go to work.	Through the Benefits Planning Assistance and Outreach Program, I have access to benefits specialists who will tell me exactly what will happen to all of my state and federal benefits when I go to work. This will help me make better decisions about work.
I don't want to lose my Social Security benefits	I may be able to use several of the work incentives available through Social Security. I can earn any dollar amount for up to 9 months and still keep my benefits, after that there are ways to gradually reduce my Social Security check.

Ticket to Work Process

Clients who receive SSI or SSDI are often eligible for the Ticket to Work Program through the Social Security Administration. The purpose of the Ticket to Work Program is to assist individuals receiving SSI or SSDI to return to work and eliminate dependency on Social Security benefits. When a client does receive a ticket, it is important that we assign the ticket to VR and do so correctly. If we fail to process tickets properly, then we lose the opportunity to obtain reimbursement from the Social Security Administration and the client is not exempt from Continuing Disability Reviews. This exemption is from Medical Reviews only. All work and income rules will still apply.

Clients must be registered in IRIS before you begin this process.

Verify the Client is Receiving SSI or SSDI

1. There are several things that may alert you the client may be receiving SSI or SSDI benefits. You must always verify Social Security benefits beyond client report.
 - A. Look at the application, does the client report having SSI/SSDI benefits? The client may bring in verification of benefits.
 - B. Check the To Do List, at the top of the Utilities drop down box, is there notification and verification of benefits?
 - C. If the application says they are not sure what they are receiving or they do not bring in verification, check the Social Security Batch Update Summary Screen from the 911 drop down box. From the tool bar at the top of your screen select **911**. Go to the bottom of the drop down box and select **Display SSA Info**. At the bottom of the screen, on the left, it will tell you if the client is currently receiving SSI or SSDI. If benefits are allowed, there should be an amount under the corresponding benefit under either **Application** (if the client was receiving benefits at the time of application. In this case, the amount will appear on the complete application.) or **Closure** (if the client began receiving benefits after being found eligible for VR, the amount received is stored in the closure screen).
 - D. If you cannot obtain the information from the registered client and the 911 Social Security information does not make sense or does not seem right, e-mail Coy Jackson at cwjackson@utah.gov with the clients name, social security number, and birth date. The client must currently be registered in IRIS.

NOTE On the 911 Referral and Update Screen, only enter **N** next to **Ticket Holder** only if you have verified that the client does not have a ticket to work. Enter * until you have determined if the client has a ticket to work.

For Clients Who are Receiving SSI or SSDI**YOU MUST DETERMINE IF THEY HAVE A TICKET TO WORK**

2. There are several ways to verify Ticket Information:
 - A. Check the Application. Does the Client report having a Ticket to Work?
 - B. Talk to each client receiving SSI or SSDI. Ask them if they remember receiving a ticket. Try to verify this information with the client and obtain a copy of the ticket.
 - C. If you are unable to obtain a copy of the ticket from the client, you can call **Maximus** at 1-866-949-3687 to verify an assignable ticket.
 - a. Follow the prompts to the receive information for an employment network.

- b. They will ask you for our **DUNS #: 029999372**.
- c. Verify that you work for USOR.
- d. Tell them you need to find out if the client has an assignable ticket.
- e. You will need the client's Social Security Number and to verify their name.
- f. All the information they can give you is that **"yes"** they have an assignable ticket, **"no"** their ticket is not assignable, or **"they are not in the data base"**.
- g. An answer of **"yes"** means you can assign the ticket to VR. An answer or **"no"** can mean several things; they may not currently meet the criteria to receive a ticket to work, they may have assigned their ticket to another employment network, their payments may be temporarily suspended, etc. If **"they are not in the data base"**, they have never been assigned a ticket.

If a client is receiving Social Security Benefits and when you do the initial ticket verification has not yet received a Ticket to Work, you will need to follow the ticket verification process about every three months. Many clients receive a ticket after we have done their initial confirmation.

For Clients with Tickets

YOU MUST ASSIGN ALL ASSIGNABLE TICKETS TO VR

- 3. For every client who has an assignable ticket, you must make sure it is assigned to USOR at IPE development. It is important to process tickets immediately to insure that clients are exempt from continuous disability reviews.

In order to assign the ticket:

- A. Enter Y on the 911 referral and update screen next to **Ticket Holder**.
- B. Enter Pending next to **Ticket Assigned**.
- C. In anticipation of ticket assignment select **USOR** from the drop down box under **Ticket Assigned To**.
- D. If the client is reluctant to assign their ticket to VR, explain to them that while their ticket is assigned; they are exempt from Continuous Disability Reviews.
- E. By signing the IPE, we can assume they are assigning it to USOR. Make sure the client understands they are assigning their ticket by signing the IPE.

For Pipeline cases, older cases where the client was receiving Social Security and VR benefits prior to the Ticket to Work program, VR can obtain the reimbursement through the old program, but the client is not exempt from Continuing Disability Reviews unless the ticket is assigned. Assign the ticket for the client's protection.

Assigning the Ticket in IRIS

- J. When Maximus assigns the ticket, they will send a notification to **Suzy Sanchez**. **Once verification is received, the Ticket will automatically be assigned in IRIS. It is important however, to set yourself a task to check back in 90 days. If the Ticket has not been assigned, you may contact the Ticket to Work program specialist.**
- K. Enter the last digit of the **Ticket Number** next to the prompt. (The actual ticket number is the client's Social Security Number, TW, and single digit specifying how many tickets the client has received. This single digit is the only one you need to enter.) This number is almost always 1. This number appears on the ticket.

If the Ticket is Assigned to Another Agency

4. When Maximus or the client reports the ticket has been assigned to another agency,
 - A. Enter Yes next to **Ticket Assigned** on the 911.
 - B. If you know what organization the client assigned the ticket to and they appear on the drop down list under **Ticket Assigned to**, select the organization. If they are not on the list, select **Other**. If the client has assigned their ticket to someone else and you do not know who it is assigned to, select **Unknown**.
5. The **Ticket Payment Method** box will fill in automatically, with the type of payment the assigned agency will receive, depending on your choice from the Assignment box. If they do not have a ticket to work, * is automatically entered in the box.

Appropriate BPAO Referrals

6. For clients receiving SSI or SSDI, the Benefits Planning, Assistance, and Outreach Program (BPAO) can assist them in understanding their incentives to return to work and how returning to work will affect their Social Security Benefits.

There are several things that need to be considered before referring a client to a Benefits Specialist.

- A. Is the client job ready?
- B. Have their restoration needs been met?
- C. Have their training needs been met?

The information provided by the Benefits Specialist is perishable and some of it will change with time and as the client's situation changes.

NOTE: The purpose of a Benefits Specialist is not to assist clients with Social Security applications.