# IDVR SSI Benefits Planning & Analysis Template

**Beneficiary Name:** **Date:**

## Summary of your Current Benefits Situation

**I have verified with Social Security (SSA) and the Idaho Department of Health and Welfare (DHW), and the Center for Medicare and Medicaid Services (CMS) that you are receiving the following benefits:**

* Supplemental Security Income (SSI):
* Full
* Net
* Medicaid through, Examples: **1619 (b),** **Aid to the aged, blind, and disabled (AABD Medicaid)**
* Waiver Services – Community Support Services, **A&D or DD**
* SNAP (food stamps) - **$/month**
* Aid to the aged, blind, and disabled (AABD) Cash Assistance - **$XX.XX**

### **Additional Information:**

Examples can include:

* Representative Payee
* Guardian
* Receiving Service Coordination from VR Counselor, Job Coach, Employment Specialist, Targeted Service Coordinator (TSC), Qualified Intellectual Disabilities Professional (QIPD), Transportation
* If Full cash amount and Net cash amount are different, explain why (wages, overpayment, Garnishment, Child Support, Spousal Support, Tax withholding, Deeming, Unearned income)
* Unreported wages, In Kind Support and Maintenance (Living Arrangements)
* Overpayment and what is happening,
* HOUSING, Public Disability Benefit (PDB) Workers Comp, If you have a current applied IRWE, If you have a current applied, LHEAP (heating assistance),
* Unemployment.
* Or any other information that you may find out.

### **What you told me about your current employment situation (including average monthly wages) or your future employment plans and earnings goals:**

**Examples to include**:

* Employed status
* IDVR Employment Goal title
* Community Resource Partner, (CRP) and support being provided
* Add an additional work scenario to get to non-pay status, breakeven point. Breakeven Point for **20XX is $X,XXX**.

**Current Work Scenario 1: include full calculation 15 hr. X $15.00 X 4.33=$974**

**Work Scenario 2: include full calculation 20 hr. X $15.00 X 4.33=$1299**

**Work Scenario 3: include full calculation 30 hr. X $15.00 X 4.33=$1949**

## Analysis of How Employment May Affect Your Social Security Benefits

**Supplemental Security Income (SSI):** SSI is a cash benefit for people with disabilities who have low income and resources. The amount you receive is reduced if you have other income. Many people think they will have less money if they work, but that is a myth.

Social Security doesn’t count all of your income when calculating your SSI amount. They deduct $20 from your unearned income; if you don’t have unearned income, they deduct it from your gross wages. Then they deduct $65 of your gross earning and divide the remainder in half. The amount income left after these deductions is called countable income. Social Security subtracts your total countable income from your base SSI rate; the remainder is your new SSI amount. Because of these deductions you have more money when working.

If your earnings reduce the SSI to $0 you can keep your SSI claim open by using a work incentive called 1619(b). With 1619(b) you just contact Social Security when your income is low enough to get SSI again and they will restart your benefit; you don’t have to reapply. Later in this report I will explain how you can also keep Medicaid through 1619(b). To use 1619(b) you must: still have a disability, have resources below $2,000, need Medicaid, and earn under the annual limit **$XX,XXX** **(20XX).**

The following is an additional deduction that appears to fit your situation. I can assist you in requesting this work incentive when you begin work.

* **Impairment Related Work Expense (IRWE) (also for self-employment):** When Social Security calculates your earned income amount, they may deduct the cost of times or services that you pay for, are not reimbursed, are related to an impairment being treated by a healthcare provider and enable you to work. Social Security may deduct the cost of these expenses from your gross monthly wages to determine your countable earning. The IRWE deduction could bring your countable income below SGA when working, enabling you to continue receiving your SSDI. **Based on our discussion add your information here**. Remember you must receive pre-approval from Social Security for an IRWE.

**Examples of other possible Work Incentive**

* SEIE – for student if applicable
* PASS – If applicable
* BWE

### **Specific to YOU: SSI**

**Work Scenario 1: Earnings $XXXX/month:**

**Work Scenario 2: Earnings $XXXX/month:**

**Work Scenario 3: Earnings $XXXX/month:**

Attached is the SSI calculation worksheets that show details for these changes. Keep in mind the changes noted above are only estimates. Social Security makes the final decision about your SSI eligibility and payments. **Local SSA Field Office phone number.**

## How Your Employment Situation or Plans May affect your health insurance Medicare or Medicaid

**Medicaid (SSI Beneficiary):** Medicaid is a health insurance program that covers certain groups of people who have low income and resources. Idaho requires a separate application for Medicaid. Special rules make it possible for you to keep Medicaid when you work. If you are eligible to receive an SSI payment when you work, you keep Medicaid. If your earning reduces your SSI to $0, you can still keep Medicaid using 1619(b). To use 1619(b), you must be ineligible for an SSI payment because of your earnings, still have a disability, have countable resources below $2,000, need Medicaid, and have annual earnings under **$XX,XXX (20XX).** Social Security allows a higher annual earnings limit in some situations.

Medicaid has confirmed that you are receiving Medicaid through, **List Medicaid Program**

**Example: 1619 (b) or AABD Medicaid**

### **Specific to YOU: Medicaid:**

**Work Scenario 1: Earnings $XXXX/month:**

**Work Scenario 2: Earnings $XXXX/month:**

**Work Scenario 3: Earnings $XXXX/month:**

Keep in mind that the details above are only estimations. DH&W makes the final decision regarding your eligibility for SSI-based Medicaid. DH&W **CITY Office at (X-XXX-XXX-XXXX).**

**Home and Community Based Services Waiver:** You are enrolled in the following Home HBCS Medicaid Waivers allow states to offer benefits outside of long-term care facilities. The goal of HCBS is to delay or prevent institutionalization, and to that end, care may be provided in one’s home, the home of a relative, assisted living, or adult foster care/ adult family living. Waivers can target specific groups who require a Nursing Home Level of Care and are at risk of institutionalization, such as the elderly, disabled or persons with Alzheimer’s. Waivers are not entitlements. This means that meeting eligibility criteria does not guarantee receipt of benefits, as there are limited number of slots for program participants.

Department of Health & Welfare indicated you are receiving **List type of waiver.**

### **Specific to YOU: Waivered Services**

**Work Scenario 1: Earnings $XXXX/month:**

**Work Scenario 2: Earnings $XXXX/month:**

**Work Scenario 3: Earnings $XXXX/month:**

Keep in mind that the details above are only an estimation. DH&W makes the final decision regarding your eligibility for SSI-based Medicaid. If you should have any questions regarding your DD Waivered services you should contact the DH&W **CITY Office at (1-XXX-XXX-XXXX).**

**Employer- Sponsored Health Insurance:**

* **Medicaid:** If you have Medicaid and have other health insurance available, such as employer sponsored group coverage, you are required to report this to Medicaid. ask your Department of Health and Welfare representative about this program. If you or your children qualify, the Department of Health and Welfare may pay the premiums, deductibles, and copayments for your other insurance. This is called Health Insurance Premium Payment Program (HIPP).

We can review these considerations in more detail if you are offered employer-sponsored health insurance.

## How Your Employment May Affect your Other Benefits

Examples can include SNAP, any type of Housing, Workers Comp, Public Disability Benefit, LHEAP (heating assistance) and any other benefit that you learn about.

**Put descriptor(s) for the benefit Here:**

### **Specific to YOU: Other Benefits**

Provided Program Names and Review dates when applicable.

Keep in mind the details above are only an estimate. They agency providing the benefit makes the final decisions about eligibility for the program(s) listed above.

## How Your Employment May Affect your Other Benefits

* You are currently receiving employment services through **Idaho Division of Vocational Rehabilitation (IDVR).**
* You and your VR counselor are working on your employment goals.
* **Ticket to Work** (TTW) is a SSA program that helps beneficiaries go to work. The program provides funding to State Vocational Rehabilitation Agencies (SVRA) and Employment Networks (EN) to support you in reaching self-sufficiency. ENs are organizations that provide employment services. SVRA is a state agency that provides vocational counseling and supports. When you sign a plan with an EN or SVRA, Social Security will assign your Ticket to them. SSA will not conduct a medical continuing disability review (CDR) when Your Ticket to Work is In-Use.

### **Specific to YOU: Ticket To Work**

TTW was assigned to IDVR on **XXXXXXXXX**. The TTW will be unassigned when you close your case with IDVR. You have a 90-day extension to put the TTW back “in-use” with a VR or Employment agency. If you do not reassign the TTW during the extension, Social Security considers it no longer “in use” and could initiate a medical CDR. In the meantime, you are exempt from regularly scheduled medical CDRs as long as you are participating and making “Timely Progress” per SSA Requirements. You shared that at this time your employment needs are being met and you do not need additional services.

**Continuing Disability Review:** All individuals who receive SSDI will have a Continuing Disability Review (CDR). Social Security sets a date to check on your medical condition to make sure you still meet the definition of having a disability. If you receive a letter requesting updated medical records, you should provide Social Security with the information they are asking for. If you do not, Social Security could determine that you no longer have a disability. Do not be alarmed if Social Security asks you to see one of their doctors. This can be standard procedure so please cooperate. The review is designed to give you every opportunity to show that you still have a disability and to assure that your benefits are not incorrectly stopped. **Your next medical review date is scheduled for.**

### **Other Topics:**

Examples can include: In Kind Support and Maintenance (ISM), SEIE, PASS, Room and Lodging Agreement, Earned Income Tax Credit, ABLES, Future Childhood Disability Benefits and any other topics.

**Put descriptor(s) for applicable program(s) here:**

**Reporting Earnings to Social Security:** As an SSI recipient you or your Representative Payee are obligated to report to SSA when you start or stop work or when there is a change in your earnings or circumstances, you need to report this information right away. This information must be reported no later than the 10th day of the month after the month of change. **You must continue reporting earnings every month.**

You can report wages using the following options.

1. Once Social Security has listed the employer on your record, you can upload the SSA Mobile Wage Reporting (myWR) from Google Play Store to your phone.
	* You will need to provide the pay period beginning and ending dates, the day you were paid, and your gross wages.
2. You can report **your SSI wages** using the automated telephone wage reporting system. This is available 24 hours a day, 7 days a week. Call **X-XXX-XXX-XXXX** between the 1st and 6th of each month to report your wages. This system is for **SSI** only.
3. Set up a My Social Security account (<http://www.ssa.gov/myaccount>) and report your gross earning each month through this website.
4. If you bring a copy of your paycheck stubs to the local office be sure that you write your full name and social security number on your check stubs no matter how you submit them and always ask for a receipt.
5. You can mail photocopies of your paystubs to your local SSA by the 10th of each month. You can request some pre-paid envelops from your local office. **Local Office Address.**
6. You can fax your wages. Send your paystub to **the local office fax number** by the 6th of the month. Please include your fax number on your fax coversheet.
7. You can sign up for a monthly reporting reminder through SSA by using the following link. <https://public.govdelivery.com/accounts/USSSA/subscriber/new?topic_id=USSSA_541>

**Reporting Earning to the Department of Health & Welfare:** DHW requires Medicaid beneficiaries to report a new job and income to DHW within 10 days of their job start date. There are several ways you can report your new job; set up a MyBenefits@dhw.idaho.gov or a <https://idalink.idaho.gov/> account. You can call **X-XXX-XXX-XXXX**; or you can visit the **local DH&W office address**.

Their office is open from 8:00 AM to 5:00 PM and closed on Saturday and Sunday’s and closed on all state and federal holidays. Call before visiting to make sure they are taking in person appointments.

## Important Things for You to Remember

#### **Issues Requiring Immediate Action: This section is specific to the customer given their circumstance. Examples:**

* Report new job to SSA, or continue to report earnings to SSA
* Report your gross wages by the 6th of the following month (ongoing) to your local SSA
* Report past wages to SSA
* Respond to Re-determination letters from SSA or DH&W.
* Apply for AABD Cash assistance, MWD
* Additional information.

#### **Important Dates or Deadlines: This section is specific to the customer given their circumstance. Examples:**

* Report your gross wages by the 6th of each month to your local SSA office after you obtain employment.
* Keep all IRWE receipts for SSA.
* Contact SSA regarding overpayment.
* Provide SSA with Work Activity Report.
* Respond to letters from SSA or DH&W RE: Re-determination, work activity review etc.
* Additional information

### **Recordkeeping Reminders:**

Keep this Benefits Summary and Analysis in your records. Remember to keep all letters you get from SSA or DHW about your benefits. Keep notes a receipts whenever you report changes and be sure to keep everything together in one place so you can find it. Notes should include the agency where you made the report, the date you made the report, who you talked to and what you told them, and what papers you submitted.

**Remember that it is your responsibility to promptly report all relevant changes to the Social Security Administration and any other federal, state, or local entity administering benefits you receive!**

**Timely reporting of your wages will prevent an under or over payment by Social Security.**

### **Using this Report:**

You should keep this report and refer to it when you have questions about how your employment plans may affect your benefits. It is also important for you to share this report with other people who are helping you achieve your employment goals.

The information contained in this report is intended to help you make informed choices about important life issues that may affect your Social Security or other public assistance benefits. The accuracy of the information and advice contained in this report is dependent upon:

The accuracy and completeness of the information you provided about your current and past benefits status.

1. The accuracy and completeness of information you provided about relevant factors such as current and past earnings, unearned income, resources, disability status/medical condition, marital status, and living arrangements,
2. Current laws and regulations governing the effect of employment and other factors on Social Security disability benefits and other federal benefits; and
3. Current Social Security Administration policies and procedures regarding the use of applicable work incentives.

Changes in the situations described above may seriously affect the accuracy of the information provided in this plan.

**If you need further assistance and your case is still open with IDVR, you may contact your Vocational Rehabilitation counselor requesting further help with your SSA Disability benefits.**

**If your case has been closed with IDVR and you are employed, have a job offered, or are soon to be employed, or are a student, you should contact the Ticket to Work Hotline at (866-968-7842) so that a referral can be made for you to work with the Montana State University (MSU) WIPA program on benefits planning. WIPA will respond to you within 5 to 7 business days.**

### **Required Additional Information:**

* Date of Referral: **Date**
* Date of first contact with customer: **Date**
* Date of Intake Meeting **Face to Face or Virtual**: **Type**
* **Type of meeting Face to Face or Virtual: Type**
* BS&A Debrief Date: **Date**
* **Type of meeting Face to Face or Virtual? Type**

By signing this Benefits Summary & Analysis report, the benefit planner is verifying that a copy of this report has been provided to and reviewed with the beneficiary.

By signing this Benefits Summary & Analysis report, the benefit planner is verifying that the beneficiary made a choice not to participate in the final review of the report A copy was of the report was sent to the beneficiary.

**Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name & Credentials**

### **Required Attachments:**

### **Other Information Shared:**