



VIRGINIA DEPARTMENT FOR AGING
AND REHABILITATIVE SERVICES

**WORK
INCENTIVES
SPECIALIST
ADVOCATE
(WISA)
MANUAL**

October 15, 2019

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I. Introduction, Contact Information, Background, and Purpose

This Statement of Work and Manual provides information about and requirements for the WISA programs and billable services, DRS vocational rehabilitation counselor procedures, and samples of forms for Work Incentives Specialist Advocates (WISAs) and DRS counselors.

If you have any questions about WISA programs, services, or this Statement of Work and Manual, contact:

Michael Klinger, Work Incentives Specialist Coordinator at 804-245-5593 or Michael.klinger@dars.virginia.gov.

In his absence, contact David Leon, Ticket to Work Coordinator at 804-662-7151 or David.leon@dars.virginia.gov

****Figures that are highlighted in this manual are updated on January 1st of each year. An amendment to the Statement of Work and Manual will be provided as figures are updated*****

II. Work Incentives Services, Procedure Codes List, and Fee Schedule

<u>Service</u>	<u>Procedure Code</u>	<u>Fee</u>
Plan for Achieving Self-Support-Part 1	A3005	\$300
Plan for Achieving Self Support- Part 2	A3006	\$ 550
Impairment Related Work Expense	A3007	\$ 400
Blind Work Expense	A3017	\$ 400
1619(b) Medicaid	A3008	\$ 200
Student Earned Income Exclusion	A3009	\$ 400
Subsidy	A3011	\$ 400
Medicaid Works	A3012	\$ 250
Overpayment	A3018	\$ 150
Benefits Planning Query	A3019	\$ 50
WorkWORLD Summary and Analysis	A3013	\$ 300
Individual Development Accounts	A3020	\$ 300
Section 301	A3021	\$200
ABLEnow	A3022	\$200
Financial Health Assessment	A3023	\$150
Maximizing Employment Potential Through Career Pathways (MAX)	A3024	\$650
Increasing Budgeting Skills Using Financial Empowerment Tools	FEBudgetG/ FEBudget	\$300 (group) \$150 (individual)

III. Work Incentive Services Descriptions and Billing Requirements

Plan for Achieving Self-Support (PASS) - Paid in two parts

PASS is an income and/or resource exclusion that allows a person who is disabled or blind to set aside income and/or resources for an occupational or educational objective if it leads to employment. The income and resources put into the PASS do not count in determining the amount of the SSI check an individual is entitled to receive. A feasible PASS candidate must be receiving SSI, or will be able to establish SSI eligibility by establishing a PASS.

(Part 1)

Description: A Plan to Achieve Self-Support (PASS) is developed in collaboration with the Client and Rehabilitation Counselor. The Work Incentives Specialist Advocate (WISA) will ensure that it is submitted to the Social Security Administration (SSA).

Documentation required for payment: A copy of the PASS plan sent to SSA must be provided along with the invoice to the Vocational Rehabilitation Counselor.

(Part 2)

Description: The WISA ensures the approval of the PASS plan through recommended modifications from SSA if required or other appropriate services.

Documentation required for payment: A copy of the approval of the plan from the SSA PASS Cadre and the invoice must be provided to the Vocational Rehabilitation counselor prior to payment.

Impairment Related Work Expenses (IRWE)

IRWE's reduce the amount of income that Social Security counts against an Individual's benefits by deducting the amount of qualified expenses from their total countable wages. To qualify for the IRWE, the expense must be related to the Individual's disability and work, and be an expense that they could not work without. It must also be paid for out of the Individual's pocket and not reimbursed by any source, and approved by SSA. In SSI cases, the amount of the expense will be deducted from countable income every month, in which the expense is incurred. The amount of the SSI check will increase .50 for every \$1 in IRWE's. In SSDI cases, IRWE's will not be relevant in months where the Beneficiary is clearly earning less than SGA, but unlike SSI, the entire amount of the IRWE can be deducted in an SSDI case, whereas only half of the expenses are considered in an SSI case. **Note: Medication co-pays are considered an IRWE even though the Client may take them even when the Client is not working. The medication helps manage the Client's impairment, and as such, allows them to work. This option in the SSA policy does not have to meet the disability impairment that the claim was established. The advocate for the Beneficiary or the Beneficiary only has to report to the local SSA field office any other medical conditions that are documented by a physician. For example, if a physician notes hypertension, the Client may take an aspirin and the purchase price of the over-the-counter**

aspirin qualifies as an IRWE. As with any medical condition noted by a physician, the prescription/over-the-counter medication can be counted to reduce SGA amounts or countable income above the SSI threshold.

Description: Work with the Vocational Rehabilitation Client to develop and submit appropriate forms and supporting documents to SSA to successfully obtain the IRWE work incentive. This usually includes but is not limited to a letter addressed to the SSA representative handling the case requesting the IRWE, and receipts showing how much the Beneficiary spent must be included in the documentation package. A sample IRWE request form can be found in Attachment G.

Documentation required for payment: Documentation from the Benefits Planning Query (BPQY)

http://www.ssa.gov/disabilityresearch/documents/BPQY_Handbook_Version%205.2_7.19.2012.pdf can be used to verify that a Client has been approved to receive the IRWE work incentive. Another method to verify approval of the work incentive is a statement from SSA noting that the Beneficiary has been approved for the IRWE. Verification of approval must be submitted to the Vocational Rehabilitation Counselor prior to payment.

Blind Work Expense (BWE)

SSI will not count any earned income when a Client's primary diagnosis is blindness which is used to meet any expense reasonably attributed to earning the income, i.e. guide dog, transportation to and from work, etc. when individuals are eligible for SSI. To be classified as blind and qualify for the BWE, the Client must meet Social Security's definition of statutory blindness, which means that the Client has a central visual acuity (clearness of vision) of 20/200 or less in the better eye with a corrective lens.

Program Operational Manual System (POMS) Reference on statutory blindness:
<https://secure.ssa.gov/poms.nsf/lnx/0411005070>

Description: The WISA will work with the VR Client to develop and submit appropriate forms and supporting documents to SSA to successfully obtain the BWE work incentive. (Before working with a Client, it must be confirmed that "blind" is the SSA listed disabling condition through one of the following Client's SSA eligibility letter, a call to the Social Security Administration in the presence of the individual or by requesting a Benefits Planning Query (BPQY).

Documentation required for payment: Documentation is located on the SSA site as follows:

Send the both the SSA-827 and SSA-3288 forms, signed by the client (in person or returned by mail if speaking with a client via phone) with the work incentive information, attached to the local SSA Office Work Incentive Liaison or Claims Representative (call the local office to determine the procedure for that office). The WISA will also request documentation that the Work Incentive information was received by SSA and approved/applied to the Client's Record.

Form **SSA-827** (11-2012) Authorization to Disclose Information to the Social Security Administration:

<http://www.ssa.gov/online/ssa-827.pdf> and

Form **SSA-3288** (11-2016) Consent for Release of Information <http://www.ssa.gov/online/ssa-3288.pdf>; (Attachment C). The Client must sign two (2) copies of this form. One form is for the information as it relates to benefits received and work incentives used/available. The second copy is for the uncertified earnings record.

The above forms can also be sent with a cover letter to request a BPQY with the updated work incentive information on it. A sample cover letter can be found on page 11 of the BPQY Handbook at:

http://www.ssa.gov/disabilityresearch/documents/BPQY_Handbook_Version%205.2_7.19.2012.pdf

A copy of the BPQY or a statement from SSA verifying that the BWE has been applied to the Client's record must be provided to the Vocational Rehabilitation counselor to receive payment.

Medicaid While Working – Section 1619(b)

One of the most significant concerns individuals receiving SSI have about going to work is the possibility of losing Medicaid coverage. Section 1619(b) of the Social Security Act provides some protection for these beneficiaries. 1619(b) provides for the continuation of Medicaid with no spend down requirements when a Beneficiary loses their SSI due to earning wages above the SSI threshold or from a combination of earned and unearned income above this threshold. The Client's disability must continue, and they must still keep their resources under the \$2,000 limit for a single person or \$3,000 per disabled couple. In other words, Client(s) would still have to meet the other criteria for SSI eligibility apart from their income. The Client must have also used Medicaid within the last 12 months, or, at least, expects to use it and have an income amount insufficient to replace Medicaid. The Client must have been eligible for an SSI payment or have met the 1619(b) criteria for at least 1 month out of the last 12 months. In the Commonwealth of Virginia, income typically cannot exceed **\$36,548** per year for the Client to be still eligible for continued Medicaid under 1619(b). This figure can be changed on an annual basis. Certain SSI beneficiaries could qualify for an individual threshold that would allow them to retain Medicaid at wages above this limit if they have IRWE's, contribute to a PASS, or have home care costs covered by Medicaid and are essential to the client's ability to work.

Description: The WISA will work with the VR Client to develop and submit an appropriate letter and supporting documents to SSA and the Virginia Department of Social Services (DSS) Medicaid to receive benefits under 1619(b). Sample letters can be found in the forms section of this manual Attachments E and F .

Documentation required for payment: A copy of the communications sent by the WISA and/or VR Client to SSA and Social Services, documenting the Client's continued need and eligibility for Medicaid must be submitted with the invoice, as well as, verification from DSS that the work incentive has been applied to the Client's record.

Student Earned Income Exclusion (SEIE)

The Student Earned Income Exclusion allows individuals who receive SSI, are under the age of 22, and who regularly attend school or are involved in a vocational education program to exclude

earned income up to a certain amount (determined annually on January 1) in a month (with a maximum per year, also determined annually, when determining countable income for an SSI payment. For 2020, the maximum excluded amount is \$1,900 per month or with the maximum amount being \$7,670 per year. Regularly attending school means a minimum of 12 hours per week or enrolled in grades 7-12 or a minimum of 8 hours per week if attending a college or university.

POMS Reference on Attendance: <https://secure.ssa.gov/poms.nsf/lnx/0500501020>

Description: The WISA will work with the VR Client to develop and submit appropriate documents to SSA to receive benefits under the SEIE work incentive. Social Security will ask for proof that the Client is enrolled in school (class schedule, tuition bill) or documentation that the client is receiving vocational training services. A sample SEIE letter can be found in Attachment M.

Documentation required for payment: Information from the Benefits Planning Query (BPQY) located at http://www.ssa.gov/disabilityresearch/documents/BPQY_Handbook_Version%205.2_7.19.2012.pdf can be used to verify that a Client has been approved to receive the SEIE work incentive.

Another method of verification is a statement from SSA noting that the Beneficiary has been approved for the SEIE. Verification that the SEIE has been applied to the client's record must be submitted to the Vocational Rehabilitation Counselor with the invoice prior to payment. For an example of a letter in response to the request see Attachment L.

Subsidy

Subsidies apply to SSI cases during the initial eligibility process only. Once a Client is deemed SSI eligible, subsidies are no longer applicable. Using a subsidy reduces the amount of earned income that SSA counts in determining whether the Client is engaging in Substantial Gainful Activity (SGA). Subsidies apply to SSDI during the initial eligibility process, as well as, on an ongoing basis if the Client is approaching or appears to be over SGA in a given month after the Client has completed their Trial Work Period (TWP). Subsidies exist when an employer pays the Client, with a disability, the same rate as a non-disabled colleague, despite the fact that the Client with the disability may not be able to work at the same productivity level. If SSA finds that this is the case, it may result in a ruling that the Client is not performing SGA. Some examples of subsidies include; working fewer hours, having different or less responsibility, extra supervision on the job, or job coaching.

The amount of the subsidy is deducted from the total countable wages per month. Subsidies are similar to IRWE's, with the difference being that instead of the Beneficiary paying for the item or service the Client needs to work, this expense is usually paid for or performed by another person or organization.

Description: The WISA will work with the VR Client to develop and submit appropriate documents to SSA, in order to receive the subsidy work incentive. A subsidy is requested via a letter addressed to the Work Incentives Liaison (WIL) or claims representative of the local SSA office. If documentation of the subsidy is able to be obtained from the employer, include it with the Client's request. Otherwise, include the employer's contact information and ask that SSA obtain the necessary information (inform the employer that SSA will contact them to verify the subsidy). A copy of the subsidy request form can be found in Attachment H.

Documentation required for payment: This work incentive can be verified by SSA's "Work Review Notice, which the Client will receive. A copy of this notice must be included with the invoice to the Vocational Rehabilitation Counselor to receive payment.

Medicaid Buy-In Program – MEDICAID WORKS

Medicaid Works is a voluntary Medicaid plan option that will enable workers with disabilities to earn a higher income and retain more in savings, or resources than is usually allowed by Medicaid. This program provides the support of continued health care coverage so that people can work, save, and gain greater independence. **Vocational Rehabilitation Counselors may authorize a WISA to file a Medicaid Works application for the Client even if the Client is already getting Medicaid coverage protected under 1619(b). Please see page 30 for information on the eligibility criteria for Medicaid Works and information on the relationship between 1619(b) and Medicaid Works.**

Description: The WISA will work with the VR Client who is currently eligible for and/or receiving Medicaid to complete and submit the MEDICAID WORKS agreement along with supporting documents to the Virginia Department of Social Services (DSS) to enroll the Client in the Medicaid Works (buy-in) program, which may require a Medicaid application or updating the resource section of the Medicaid application.

Documentation required for payment: A copy of the documents sent by the WISA and/or VR Client to DSS must be submitted to the Vocational Rehabilitation Counselor with the invoice, along with correspondence from DSS that verifies the approval of Medicaid Works.

Overpayment

As Clients are transitioning into employment, WISA services assist them in resolving all issues that may affect their progress toward achieving self-support and long-term employment stabilization. While an overpayment is not a consequence of being employed, many Clients associate an overpayment as a barrier to employment and may decide not to continue working because of the overpayment and the inability to resolve the issue. The average Client may not be capable of effectively addressing an overpayment issue and may not understand how to navigate through the complex SSA systems and structure. In most cases, Clients find themselves in an overpayment situation because:

- The Client did not report their wages to SSA as required;
- SSA did not act timely on reducing/suspending the benefits payments due to countable earnings that were reported accurately and timely by the Beneficiary; or
- Benefits are ceased due to a Continuing Disability Review (CDR), and the suspension/termination of benefits occurred late.

In the first instance, DARS would like to help the Client resolve the overpayment so that the Client can focus on staying employed. Also, and just as important, DARS would like to help Clients develop systems and supports to help them to report their earnings as required by SSA, so there are not subsequent overpayment occurrences.

In the second and third scenarios, it is not the Client's fault that an overpayment occurred. In these cases, it is necessary to educate a Client or their representative/guardian with information that will help avoid an overpayment even if not caused by the Client. In these cases, the Client's rights regarding appeal of the overpayment must be discussed with the Client.

Description: The WISA will work with the VR Client to address Social Security overpayments that arise. This includes advising the Client on their appeal rights, helping the Client complete and submit the appeal paperwork to Social Security, and advocating with Social Security to ensure the timely process of the appeal.

The WISA may assist in the following matters in an attempt to resolve the overpayment: request for reconsideration, waiver, and/or payment arrangement. Multiple efforts may be required, but the service would result in a resolution of the overpayment. **Retroactively accessing unused but applicable work incentives may also assist in addressing the overpayment to reduce the total dollar amount of the overpayment.**

Request for Reconsideration: A request for reconsideration should be completed when the Client receives an overpayment notice, and the Client does not agree there was an overpayment, the Client disputes the reason for the overpayment, or disputes the amount in which SSA says is owed. Social Security will review the case to determine if the initial determination was correct. Reconsideration requests must be filed within 60 days of the overpayment notification.

Waiver: A waiver should be completed if the Client agrees there was an overpayment but feels they're without fault in causing the overpayment and cannot afford to pay it back. There is no time limit for requesting a waiver even if the overpayment has started to be repaid. If a person is receiving SSI, then the Client is automatically found to have met the hardship in paying the overpayment back criteria.

Payment Arrangement: If the Client agrees with the overpayment but claims withholding the Social Security benefit would be a hardship, then the Client can work out a payment arrangement with SSA. In SSI cases, SSA cannot withhold more than 10% of the monthly benefit; in SSDI cases, the entire monthly check can be withheld until such time an appeal is filed or arrangements made.

Documentation required for payment: A copy of any appeal(s) form(s) relating to the overpayment or any correspondence sent to SSA regarding payment arrangements must be included with the invoice to the Vocational Rehabilitation Counselor. If an overpayment appeal is approved or if payment arrangements are accepted, the customer will receive a letter from SSA stating this. A copy of this letter must be provided as part of the documentation package to the counselor to receive payment.

Note: If the WISA finds that a client is no longer entitled to benefits due to earning over SGA or the SSI threshold, the client needs to report their wages immediately to avoid any overpayments or additional overpayments. Further, it's recommended that the WISA help the Client fill out the Statement of Claimant Form (SSA 795) so that there is a written record of a request to stop benefits that are no longer due. This will assist in preventing overpayments (or additional overpayments) before they occur. See Attachment D for a link to this form.

Benefits Planning Query (BPQY)

A BPQY provides information about a Beneficiary's disability cash benefits, health insurance, scheduled continuing disability reviews, representative payee, and work history, as stored in SSA's electronic records. The BPQY is an important planning tool for a Beneficiary, WISA, VR Counselor, or job coaches and other advocates who may be developing customized services for a disability Beneficiary, who wants to start working or stay on the job.

Description: SSA provides BPQYs to Beneficiaries, their representative payees, and their authorized representatives of record upon request. Beneficiaries can request a BPQY by contacting their local SSA office or by calling SSA's toll-free number, **1-800-772-1213** between 7 a.m. and 7 p.m., Monday through Friday. People who are deaf or hard-of-hearing may call the toll-free TTY/TDD number, **1-800-325-0778**, between 7 a.m. and 7 p.m. Monday through Friday. If someone other than the Beneficiary, representative payee, or appointed representative wishes to receive a BPQY, they must submit two **SSA-3288 forms** (*Consent for Release of Information*) that have been signed by the Beneficiary. One is to authorize the release of Social Security records and the other to authorize the release of Internal Revenue Service earnings records. Both releases must contain the Beneficiary's Social Security number and/or the claim number. The SSA 3288 forms (consent for release of information) need to be completed for SSA to honor the requests. WISAs may contact Michael Klinger, Work Incentives Specialist, for sample release forms.

Documentation required for payment: A copy of the BPQY for the specific Client for whom the service was authorized.

*****Note to VR counselors when authorizing a WISA to obtain a BPQY. Due to a recent partnership between DARS and SSA, VR Counselors and WISA's are now able to obtain BPQY's electronically and securely via an email system. Due to this new agreement, the counselor should not authorize a WISA to obtain the BPQY in every case, and whenever possible should obtain the BPQY themselves prior to making a referral. This will result in cost savings of WISA funds. In some instances, you may find that SSA will not be able to process the request using this new system. In the event that SSA cannot process your request using this system, you may authorize the WISA to obtain the BPQY, but it's requested that you try this method first. *****

To obtain the BPQY using the secure email system, please following the following steps:

- 1) Scan the BPQY consent forms into your DARS email.
- 2) Send an email to BPQY.Securepartner.POC@ssa.gov
- 3) Include Beneficiary last name, first initial, and last four digits of SSN in the subject line of the email.
- 4) Include in the body of an email the organization name and DUNS number (shown below).

Example

Subject line: *Doe, J. 1234*

Body of email: *VADARS, 809740541*

As BPQY's are frequently updated, the VR counselor and/or WISA are required to request a new BPQY if the current BPQY on file is older than 60 days. Requesting a new BPQY ensures that the WISA has the most current and accurate benefit information available, allowing for the most comprehensive work incentives analysis. For example, if a client on SSDI began to work three months prior to an interview and earned \$900 per month, the WISA knows that the client has used three trial work period months, despite that the BPQY on file reflects no months used. Having current information available not only helps advise the client accurately on their status regarding work incentives eligibility, it serves as a method to document that SSA has applied those wage reports to the client's record, effectively helping to reduce the number of overpayment occurrences.

WorkWORLD Summary and Analysis

WorkWORLD is decision-support software for people with disabilities who are receiving public benefits. This software contains Virginia specific benefits information and provides up to five different scenarios about how work will impact disposable income as well as identifying potential work incentives that an individual may qualify for as earnings change. WorkWORLD provides a safety net to support a Client's choice to go to work by informing the Client of how work will affect disposable income and help to identify work incentives that allow a Client to say yes to work without negative consequences.

At the time of the WorkWorld referral, the VR Counselor must provide the WISA with the Client's vocational goal. This ensures that the Client, WISA, and counselor are on the same page regarding the Client's vocational goal, skills, interests, and abilities. The Vocational Rehabilitation Counselor must provide the WISA with a copy of the Client's BPQY at the time of the WorkWORLD referral if the BPQY has been received. If the BPQY has not been received, the WISA is expected to obtain a copy of the Client's BPQY before completing the WorkWORLD analysis, as a verification method of benefits and available work incentives.

Note: WorkWORLD only calculates results for individuals under the age of 66, and only addresses issues relating to SSI and SSDI benefits and work incentives. If an individual is over age 66 or is between the ages of 62 and 66 and only receiving Social Security retirement (no disability related) benefits, they are NOT appropriate candidates for a WorkWORLD analysis.

Description: WISA will use the current version of the WorkWORLD decision-support software, work with the VR Client to develop a WorkWORLD analysis and net income analysis report, with both a "current situation" AND at least two other "what-if" situations involving Social Security work incentives. These scenarios must include labor market information from Virginia Career View or O-net. Every WorkWORLD must include one scenario of the Client working off cash benefits. WorkWORLDs must not be completed prior to verifying Client's benefits status, benefits type, and eligibility for work incentives with a BPQY. Verifying information with a BPQY ensures the accuracy of information being provided for an analysis. For sample analyses, please contact Michael.klinger@dars.virginia.gov.

NOTE: THIS SERVICE CAN ONLY BE AUTHORIZED FOR WISA PROVIDERS WHO HAVE DEMONSTRATED THAT THEY HAVE COMPLETED TRAINING IN THE USE OF WORKWORLD. THE TRAINING WILL BE COMPLETED BY MICHAEL KLINGER, WHO WILL UPDATE THE WISA ROSTER TO REFLECT THAT THIS

TRAINING HAS BEEN COMPLETED. VR COUNSELORS MAY CHECK THE CURRENT DIRECTORY OF QUALIFIED WIS SERVICE PROVIDERS TO CONFIRM WHETHER A SPECIFIC VENDOR IS ELIGIBLE TO OFFER THIS SERVICE. EMAIL MICHAEL KLINGER AT MICHAEL.KLINGER@DARS.VIRGINIA.GOV FOR AN UPDATED ROSTER.

Documentation required for payment: A copy of the WorkWORLD numerical results showing both the current situation and at least two work incentive “what-if” situations must be provided along with a detailed narrative summary report describing the key possibilities demonstrated by the WorkWORLD analysis that is compatible with the VR Client’s preferences. One scenario should include an example of the Client working off of cash benefits. This scenario must include information on wage reporting responsibilities of the Client, a section on the Ticket To Work Program, information on potential Client eligibility for Individual Development Accounts (IDA’s) and Labor Market Information (LMI) from O-Net or Virginia Career View. Printouts from O-Net or Virginia Career View must accompany the analysis. A COPY OF THE CLIENT’S BPQY MUST ACCOMPANY THE DOCUMENTATION PACKAGE THE WISA SUBMITS. THIS IS A REQUIREMENT OF ALL VENDORS BILLING FOR A WORKWORLD ANALYSIS. IF THE BPQY IS MISSING, THE DOCUMENTATION IS INCOMPLETE, AND THE WORKWORLD CANNOT BE PAID.

Note: All WISAs are required to submit at least three (3) complete WorkWORLD reports to Michael Klinger, Work Incentives Specialist, per contract year for review before submitting them to the VR counselor for payment. This requirement is part of an ongoing quality assurance measure to ensure that each report is complete. Failure to send the reports for review will result in the suspension of a WISA’s ability to bill until they comply with this requirement. Please direct any questions to (804) 245-5593 or Michael.klinger@dars.virginia.gov.

Individual Development Accounts (IDAs) - Individual Development Accounts (IDA’s) are special savings accounts designed to help individuals with limited income and resources save money to purchase a home, go to school, or start a business. Federal funding was provided for IDA’s by the Temporary Assistance to Needy Families (TANF) program and the Assets for Independence Act (AFIA). Assets set aside in an IDA established with TANF or AFIA funds will not be counted against eligibility for Supplemental Security Income, Medicaid, or Supplemental Nutritional Assistance Program (SNAP) (food stamps) benefits. The Client establishing the IDA is required to deposit earned income into an account designated as an IDA for the money to be exempt from counting towards eligibility. Money set aside into an IDA is then matched with funds from state and local governments, financial institutions, and in some cases, private donations at a rate between \$1 to \$4 for every dollar saved. This match helps make the Client’s goal more feasible.

Description: If a Client is interested in establishing an IDA, the WISA must make sure that the Client has first filed their taxes and applied for the earned income tax credit. Information on eligibility for the credit is at <http://www.irs.gov/Individuals/EITC,-Earned-Income-Tax-Credit,-Questions-and-Answers>. The WISA must screen eligibility for the Client to make sure they qualify with the basic criteria for eligibility including:

- The Client is at least 18 years of age;

- The Client has earned income from employment or self-employment to put aside into the IDA;
- The Client's income does not exceed set guidelines (These figures typically change annually, the most current income limits can be found at <http://www.dhcd.virginia.gov/images/VIDA/VIDA-income-Levels.pdf>);
- The Client will be able to achieve their goal-within 24 months; and
- The Client must be willing to attend financial education training once accepted into the program

If the Client meets all the basic criteria, the WISA must then assist the Client to identify the appropriate agency that can work with them to establish the IDA. A current list is at <http://www.dhcd.virginia.gov/images/VIDA/VIDA-Intermediary-directory.pdf>. The WISA is expected to maintain contact with the Client and intermediary while the IDA is established to address any questions or concerns that arise and to ensure the timely process of the request to establish the account. The WISA must be available to provide ongoing analysis as needed to answer questions about ongoing eligibility for Medicaid, SNAP, and SSI. WISAs must also include information about IDA in all WorkWORLD reports, and assist the Client in reporting the IDA to Social Security and the Department of Social Services as needed.

Documentation required for payment: Once the Client is accepted into the IDA program, the Client is expected to open a savings account at a bank or credit union that associates with the IDA program and regularly deposit their earned income into that account. A statement from the bank or credit union showing that the account has been established and designated as an IDA or a statement from the intermediary stating that the Client has been approved to participate in the IDA program must be provided to the Vocational Rehabilitation Counselor with the invoice to receive payment.

Section 301

Section 301 of the Social Security Act allows some beneficiaries to remain eligible for cash benefits despite no longer meeting SSA's definition of disability following a Continuing Disability Review (CDR) (SSI and SSDI beneficiaries) or SSI's age 18 redetermination. (To qualify for this protection, the client must have been participating in an approved program that's expected to increase their ability for self-support **before** their disability was found to have ended. The following are examples of an approved program.

- An open case with the state Vocational Rehabilitation Agency (DARS/DBVI)
- Services provided under an Individualized Education Plan (IEP) for clients 18-21
- Participation with a Plan to Achieve Self-Support (PASS) approved by SSA
- Services provided by an Employment Network (EN) under an Individual Work Plan (IWP) as part of the Ticket to Work Program
- Individuals participating in the PROMISE initiative
- Individuals participating in one-stop center services
- Other appropriate vocational agencies approved by SSA, such as a trade school
- Individual's participating in a school's 504 plan

Benefit payments under an approved 301 case will continue until participation in the approved program ends, the individual stops participating in the plan or SSA determines that the approved program will not lead to a client's ability for self-support.

Section 301

Procedure Code: A3021

Description: Develop, in collaboration with the client and appropriate service provider that meets SSA's criteria for an approved program, a documentation package requesting the client be considered for continued payments under Section 301 of the Social Security Act. This package should include a letter to the Social Security Administration requesting the Section 301 work incentive, or SSA's statement of claimant form (SSA 795). The package should also include any supporting documentation that shows participation in an approved program before the client's disability was found to have ended (IEP, IWP, PASS, etc.). The request for protection under section 301 and any supporting documentation should go to the client's local SSA office.

If benefits are ceased before the individual having the opportunity to apply for protection under Section 301, the WISA should advise the client of their appeal rights, and assist them in completing and submitting the appropriate paperwork to request the appeal along with the documentation package requesting the 301 protection. If the WISA has the ability to provide the 301 documents before the appeal deadline, SSA may reopen the decision to stop the benefits without having to go through the reconsideration (appeal) procedure. The WISA should always inquire about the policy of the local SSA field office.

Fee: \$200

Documentation: A copy of the letter from SSA that the client receives documenting the approval of the 301 protection should be included with the invoice.

ABLEnow

ABLEnow is a national qualified ABLE savings program offered nationally by the Commonwealth of Virginia. ABLEnow is administered by Virginia529, the independent state agency which has administered the largest tax-advantaged college savings plan in the country for over twenty years and now has an expanded mission to meet the saving and investment needs of individuals with disabilities. ABLEnow accounts can be an important safety net for clients receiving PRE-ETS services. ABLEnow accounts give qualified and enrolled individuals the opportunity to invest and grow savings tax-free, without endangering eligibility for most means-tested benefits.

ABLEnow accounts are available to individuals who became disabled prior to age 26. Individuals who are older than 26 years of age can still qualify for an ABLEnow account provided their disability began before that. An individual does not have to be receiving Social Security Disability or Supplemental Security Income to be eligible to own an ABLEnow account; individuals with a physician's diagnosis of disability may certify the existence of the disability and age of onset in order to open an ABLEnow account.

Money in ABLEnow accounts may be used to pay for qualified disability expenses, which cover a broad range of expenses which help the person with a disability – the Eligible Individual - maintain or improve their health, independence or quality of life. An expense is “qualified” if incurred at a time the client was considered an Eligible Individual. Qualified expenses may include, but are not limited to, transportation, assistive technology, education and training, housing, financial management and health and wellness services.

Generally, funds in an ABLEnow account are disregarded when determining eligibility for means-tested benefits programs such as Medicaid and Supplemental Security Income (SSI). The only dollar limit for Medicaid eligibility is the maximum contribution amount for the program (currently \$500,000); for those receiving SSI, the ABLEnow account limit currently is \$100,000 (SSI benefits will be suspended if the balance exceeds that amount). The current annual contribution limit is \$15,000, so those upper limits will take a number of years to reach.

Procedure Code: A3022

Description: The WISA would work with the VR customer and their family, if applicable, to open an ABLEnow account. Assistance would include confirming the eligibility of the customer to open an ABLEnow account and educating the customer on maximum contribution limits. The WISA would also ensure that the customer **understood** allowable, qualified expenses that the account could be used to cover as well as reporting and documentation requirements. The outcomes needed to receive a payment would be (i) the opening of the ABLEnow account and (ii) a written implementation plan to build this asset through regular deposits along with the identification of three to five specific qualified monthly or regular expenses for which the customer would use the ABLEnow account, thereby increasing their financial expertise, self-sufficiency and independence.

Documentation required for payment: A copy of the ABLEnow debit card (provided to all ABLEnow account owners for use with the FDIC-insured deposit account which is part of the

ABLEnow account) OR a copy of the confirmation email received upon successfully opening of the account AND a copy of the account owner's written implementation plan, showing deposits and payments pursuant to the long-range plan described above, is required for payment by the WISA.

Financial Health Assessment (FHA)

The Financial Health Assessment (FHA) is a tool used to gauge a client's understanding of their current financial situation. The FHA asks questions related to whether the client has a current budget, has accessed their credit report, understands their credit score, or whether they're behind on bills among other questions relevant to the client's financial capabilities. The goal of the FHA is to help Vocational Rehabilitation counselors, their clients, and other service providers understand the client's current financial situation to assist with goal-setting and helping the client to improve their financial well-being. Authorization of the FHA service should be considered by the VR counselor as part of the client's IPE development if the client is receiving SSI and/or SSDI benefits.

The WISA's role in helping a client develop an FHA is to not just complete the assessment but to help the client access community supports and strategies that will help them achieve the goals outlined in the FHA. For example, resources that may help them improve their budgeting skills or information on how to access and read a credit report. The FHA expands on the existing work incentives counseling services to focus even more on a client's earnings goals to support the client's decision to transition from benefits to work.

Financial Health Assessment (FHA)

Procedure Code: A3023

Description: Work with the VR customer at the time of the initial meeting to complete the FHA. Completion of the FHA at the initial intake will help the WISA better understand the client's earnings goals, and to tailor the work incentives services provided to meet the client's individual needs. An example may be helping the client establish eligibility for an Achieving a Better Life Experience (ABLE) account if the client is on a needs-based benefit and expresses a desire to save more money for future expenses as a goal on their FHA. Based on the goals of the FHA, the WISA will make recommendations to the VR counselor for appropriate follow-up work incentives services and community supports.

Fee: \$150.00

Documentation: A copy of the completed FHA signed by the client must be submitted to the VR counselor with the invoice. Further, the WISA should submit in writing a follow-up plan to address the needs in the FHA, such as recommendations for additional work incentives services and recommendations for other community supports, such as credit counseling services.

****Only vendors who have completed required financial literacy training from the Consumer Financial Protection Bureau (CFPB) and training on Your Money, your goals will be eligible to receive payment for a completed FHA. Individuals who have completed this training will be indicated on the Work Incentives Specialist Advocate (WISA) roster. For a current copy of the roster, contact Michael Klinger, Work Incentives Specialist, at**

Michael.klinger@dars.virginia.gov or visit <https://www.vadars.org/gsp/wisa.htm>.

MAXimizing Earning Potential through Career Pathways (MAX)- A3024

Description: This is a group service. The WISA will work with the group participants to help them understand career pathways, transferable skills, and labor market information. The WISA will educate participants in understanding the advantages of earned income and safety nets available to MAXimize their monthly earning potential. The WISA will also prepare participants for an understanding on how to manage their income as a lifelong skill. This service may be provided in a variety of settings. This service falls in the category of Instruction in Self-Advocacy because the purpose of this service is to support students with to evaluate their options, make informed decisions about participating in paid employment (or not), set goals, and to begin to identify how to achieve financial independence.

Note: BPQYs and WorkWorlds are not part of this service. Those are VR services only available to individuals with open VR cases who are off the wait list.

Procedure Code: A3024

Documentation: The counselor will be given a copy of the sign-in sheet and any materials provided to the group.

How to arrange for this service: Please communicate with your schools to identify students who would benefit from participating in this service and then contact a WISA to provide the service. Only vendors who have completed required Community Financial Empowerment and financial literacy training from the Consumer Financial Protection Bureau (CFPB) and Your Money, your goals will be eligible to receive payment for a completed MAX session. Individuals who have completed this training will be indicated on the Work Incentives Specialist Advocate (WISA) roster. For a current copy of the roster, contact Michael Klinger, Work Incentives Specialist, at Michael.klinger@dars.virginia.gov.

Fee: \$650

Below is the link to the instructions on SharePoint for the Group Auth training that was done on 4/9/2018.

<https://sp.wwrc.net/dsaIT/aware/SitePages/Home.aspx?RootFolder=%2FdsaIT%2Faware%2FShared%20Documents%2FDRS%2FTraining%20Documents%2FGroup%20Auth%20WISA%20PreETS%20Training%20%2D%20April%202018&FolderCTID=0x012000469E4FD75D3A3E48BC955061B4E8370E&View=%7BCC19FED8%2D50FE%2D4537%2D97CE%2D3446D74FD168%7D&InitialTabId=Ribbon%2ERead&VisibilityContext=WSSTabPersistence>

Financial Empowerment - Increasing Budgeting Skills Utilizing Financial Empowerment Tools

Procedure Codes: FEBudgetG (Group) FEBudget (Individual)

Description: To assist in developing a curriculum geared toward teaching budgeting as a financial literacy skill, the Consumer Financial Protection Bureau (CFPB) Your Money, Your Goals (YMYG) toolkit, the Federal Deposit Insurance Corporation (FDIC) Money Smart, or other curriculum approved by DARS, such as Next Gen Personal Finance interactive activities (<http://www.playspent.org/>) will be utilized as part of the Increasing Budgeting Skills Utilizing Financial Empowerment Tools service delivery. Each curriculum offers comprehensive modules on different topics related to financial literacy. While tools to develop and follow a budget are included as part of the curriculum, each one also includes invaluable information on other topics youth need to be educated about, such as how to get and understand a credit report, tracking income and benefits, and saving for emergencies, bills, and other expenses.

While the curriculum can be tailored to meet the needs of the audience, at minimum, providers must cover the following topics:

- Budgeting for expenses related to work (costs for appropriate clothing, meals during work hours, etc.)
- Budgeting for transportation (how will clients get to work?)
- Overview of the purpose of credit as a financial asset and the benefit to the client in understanding their credit score

Each session should be between 60-90 minutes in length.

Fee: \$150 (Individual)
\$300 (Group)

Documentation: Providers are required to write up a report detailing the following:

- Which curriculum was used (YMYG, Money Smart, etc.)
- Which tools were covered (Budget sheet, bill pay calendar, understanding a credit report, etc?)
- Participant's response to service activities

Providers are to attach any products resulting from the service, such as a student-developed budget, to their report and bill.

Individual service provision requires supporting the client with creating a budget and spending plan.

Providers must complete a report for each client attending a session. Providers who complete multiple sessions in a month can compile individual reports and submit one report to the VR counselor monthly.

IV. Improving SSI and SSDI Client Outcomes

WISA services address Client fear of losing SSA benefits and health insurance if they work, by providing information and assistance in applying for SSA work incentives that protect benefits eligibility for a period while they test their ability to work. SSI and SSDI Clients who receive advisement on the impact of work on benefits and disposable income are more apt to try work and likely to have a higher success rate in employment long-term than those who do not. For example, if an SSI recipient fully understands the work incentives available to them, and is made to understand that the focus is not on how benefits will decrease, but on how overall income will increase when wages are earned; it dispels a lot of fear. Educating the Client about work incentives alleviates the fear of automatically losing cash benefits and health insurance when a Client goes to work. Through work incentives counseling and analysis, the Client can see that they have nothing to lose by attempting to work which increases job placements and successful Client outcomes.

V. Distinguishing Between WISA and WIPA

Many Vocational Rehabilitation Counselors have asked for clarification on the differences between the Work Incentive Specialist Advocate (WISA) program and the Work Incentives Planning and Assistance (WIPA) program. Here are a few main differences.

- 1) DARS has made a strategic decision to embed WISAs within Ticket to Work Employment Networks participating in partnership plus. Authorizing WISA services to staff affiliated with these organizations creates the anchor service for continued assistance after case closure through the Ticket to Work program when a client has the opportunity to work their way off of cash benefits. Authorizing WISA services to a partnership plus Employment Network creates additional resources for clients after case closure from DARS to support their choice to work their way off if cash benefits.
- 2) The WISA program is not connected to, or funded by, the Social Security Administration, whereas WIPA is funded by the Social Security Administration. Funding for the WISA program comes out of a separate pot of money provided by DARS that **does not** come out of service dollars.
- 3) WISA payments are outcome based. In other words, the WISA doesn't get paid for the services provided unless they can produce documentation that the specific service authorized has been provided to the client and the service has been approved by the Social Security Administration or Department of Social Services as appropriate. Payments under the WIPA program are not dependent on outcomes.

For more information on services that can be vended under WIS and the criteria for billing, please refer back to page #5.

- 4) WISA vendors are required to not only provide the client with information on applicable work incentives but to help them navigate the process of applying for these incentives. This may include assisting the client in gathering supporting documentation to support their eligibility for the incentives, and advocating with DSS and SSA as needed to ensure the timely process of the work incentive requests. As WISA vendors work on a case-by-case basis, this follow through is possible, whereas this may not be an option in a WIPA case due to higher caseloads and fewer WIPA providers.

For more information on the expectations of service in WISA referral case, please refer to page # 15.

- 5) WISA services are based on an employment-first model. The reason we require all WISA's to show at least one scenario in the WorkWORLD of a client working off of cash benefits in every case is because we want the Client to see what their disposable income would be if they were able to move into full-time employment, eliminating eligibility for benefits. One of the goals of the WISA program is to help a Client realize their employment potential and help them prepare for the financial changes that stem from going to work, receiving a raise, working more hours, or having work incentives that protect benefits eligibility end.

While the WIPA model requires that provider advises Clients of potential work incentives eligibility and impact of work on benefits, it does not require showing Clients scenarios where they work off of cash benefits. The WISA model shifts the focus to employment by highlighting an increase in disposable income as Client's work, not a decrease in benefits. Clients are almost always better off working than they are on receiving benefits alone, but they might not realize that unless it's emphasized in the work incentives counseling process.

VI. WISA Responsibilities

The responsibilities of the Work Incentives Specialist Advocate (WISA) to each DRS Client are:

- 1) Encourage and support the decision to enter the workforce or return to work. The success rate for people who transition from benefits to gainful employment increases dramatically if the Client fully understands they will not automatically lose benefits while testing their ability to work.
- 2) Provide “hands-on” analysis, including benefits received in the current scenario and at least two additional “what if” scenarios involving work incentives so that the DRS Client may make an informed decision about employment, work earnings, and benefits. Each analysis must include the requirements for reporting earnings to Social Security Administration (SSA) and any agencies providing public assistance services to the DRS Client (Department of Social Services, Housing Authority, etc.), along with contact information, so the DRS Client may report wages in a timely fashion. A sample analysis is included at the end of this manual.
- 3) Provide information on work incentives that the DRS Client is eligible to receive now or may be eligible for in the future as the employment and benefits situations that may change.
- 4) Help the Client apply for all work incentives for which they qualify.
- 5) Submit work incentive applications and documentation to SSA and/or DSS requesting applicable work incentives.
- 6) Follow-up with SSA and/or DSS to ensure timely processing and implementation of work incentives.
- 7) Advocate and communicate with various agencies that provide or effect benefits to ensure that the work incentive is applied so the DRS Client maintains certain benefits, reaches goals, and becomes more independent.
- 8) Assist in resolving all work incentive issues that may affect progress toward achieving self-support and long-term employment stabilization.
- 9) Help resolve any SSA overpayment issue so the DRS Client can focus on remaining employed and educate the DRS Client that an overpayment is not a good reason to stop working.
- 10) Provide monthly updates to the DRS Vocational Rehabilitation Counselor as the case progresses and send copies to the Counselor of any correspondence sent to the DRS Client. Updates can be given to the Counselor verbally or in writing. These updates will be documented in the Client’s case file, and case notes by the Vocational Rehabilitation Counselor.
- 11) Partner with the DRS Client throughout the process so they do not feel alone; for example, discussing fears and/or concerns about working, offering encouragement for long-term career success, explaining the next step in the process, etc.

VII. Vendor Requirements and Responsibilities

Only Vendors who have been approved as Department for Aging and Rehabilitative Services (DARS) Vendors can receive referrals and authorizations to provide services to Division of Rehabilitative Services Vocational Rehabilitation (DRS VR) consumers, and submit invoices for payment. The DARS VR Counselor must authorize the service before services can be billed and paid. Requirements for DARS WISA Vendors are:

- 1) Training on Federal and state work incentives must be received through either Cornell University or Virginia Commonwealth University (VCU), along with all required test cases for full credentials. **Vendors who are already a Certified Work Incentives Coordinator (CWIC) have received comparable training and are not required to complete the certification process.**

For information on these DRS-approved training programs, please visit:

Cornell: <http://edionline.org/courses>

VCU: <http://www.vcu-ntc.org/training/cwic.cfm>

- 2) **Submit IRS form W-9** “Request for taxpayer identification number and certification” to Michael Klinger via email @ Michael.Klinger@dars.virginia.gov.
- 3) Submit *WISA Provider Form* to Michael Klinger (Attachment B).
[REDACTED]
- 4) Individuals who are not affiliated with an agency or those who are affiliated with an agency but are providing services independently must obtain professional liability insurance. This protects a Vendor in the unlikely event that he or she provides incorrect advice for which a Client decides to hold them liable. The insurance is at the expense of the Vendor.
- 5) Establish a “scope of services” memorandum of understanding agreement with DARS to detail the services the Vendor is expected to perform to receive payment.
- 6) To remain in good standing, with their certification, approved Vendors must complete a minimum of 60 hours of continued education credits on work incentives within five years of the initial certification. This applies to all WISA Vendors, including certified CWIC’s. The contact person for information on continued education credits varies depending on where the initial training was completed. Any questions about continued education credits can be directed to Michael Klinger, Work Incentives Specialist , (804) 245-5593 or Michael.Klinger@dars.virginia.gov.

*****Note: As of April 30th, 2016, WISA’s associated with the Social Security Administration’s (SSA) Work Incentives and Planning Assistance (WIPA) project are no longer eligible to bill DARS for services provided under the WISA program. These individuals are being paid under Social Security grant funding, negating the need to bill DARS for these services. As the**

WISA program and utilization of services has continued to grow, it has become increasingly less cost effective for DARS to continue to pay vendors associated with WIPA for the services. This means that while Vocational Rehabilitation Counselors may continue to utilize providers associated with the WIPA program, DARS WILL NOT pay for these services, and the services SHOULD NOT BE authorized under the Work Incentives Services (WIS) budget. It is recommended that for clients in Service status, services be authorized to WISAs affiliated with Ticket to Work partnership plus Employment Networks. Please direct any questions about this to Michael Klinger at michael.klinger@dars.virginia.gov.

VIII. Counselor Requirements and Responsibilities with WISA

The Counselor is expected to get the most complete and accurate WorkWORLD analysis. The referral to the WISA must include:

- The Client's vocational goal;
- SSI or SSDI benefits received by the Client (Verified with BPQY);
- Recommended Stakeholders; a client's spouse, parent or other family member is very involved, or a payee;
- Other public assistance received;
- Health insurance; and
- Expected employment earnings. Knowing the Client's employment goal and expected earnings helps the WISA better advise the Client about work impact on disposable income. Imputing the expected earnings figure into WorkWORLD makes hypothetical earnings scenarios more accurate, and WorkWORLD can recommend several work incentives that may protect benefits eligibility for a time while the Client tests her or his ability to work.

A **Benefits Planning Query (BPQY)** must be obtained by either the counselor, the Client or the WISA. The counselor must ensure the BPQY is part of the documentation package received from the WISA before approving payment for the WorkWORLD service.

Virginia Career View or O-Net Labor Market Information (LMI) data is required as part of the WorkWORLD analysis.

The Counselor must review the **WorkWORLD** report and share the results with the:

Client upon receiving a job offer, refer a Client who does not understand the report back to the WISA for clarification;

Placement Counselor;

Job coaches;

Case managers;

- Employer, and especially if employer input is needed to implement future work incentives. Ensure employer understands that work incentives protect Client's SSA benefits eligibility as motivation to work; and
 - Family members or payees involved with the Client's financial planning.
- The counselor must **ensure the Client understands responsibility for reporting earnings information** to the Social Security Administration (SSA) or the Department for Social Services

(DSS) on an ongoing basis. Client failure to report earnings and maintain an accurate record of the report may result in SSA overpayment, which the Client must pay back.

Notes: WorkWORLD summary and analysis authorizations are only issued for Clients who are already receiving SSI/SSDI. While there is a benefit to showing hypothetical situations to Clients who are applying for benefits, we have limited funds that are reserved for Individuals who can benefit from the work incentives that WorkWORLD recommends. While it may be beneficial to help the Client prepare for his or her future needs, the analysis must be more focused on their immediate needs. If you have an Individual who is currently undergoing the application process for benefits, please do not issue an authorization until you have received notification from SSA that the Client has been approved for benefits. You may contact the WISA and ask them to provide general information about how earning over SGA or above the SSI threshold may affect the claim of a Client applying for benefits. However, because the WISA cannot be paid for the service unless a formal analysis is done, it's up to the individual WISA if they wish to do so.

A recent policy change requires that part of the Client's IPE development will include authorization of both the WorkWORLD and Financial Health Assessment (FHA) services if the Client is also receiving SSI and/or SSDI benefits at the time of plan development. Referring the Client to a WISA earlier in the counseling and guidance process is intended to help the VR counselor and WISA get a clear understanding of the Client's vocational goal, and to help the client understand how working in their chosen profession will impact their disposable income and benefits before they make decisions regarding their vocational goal. This gives the Client an informed choice about going to work, and allows for an amendment of the VR goal as needed based on the work incentives consultation with the WISA.

IX. Virginia Career View and WISA

Virginia Career View is an online tool that provides:

- Job-specific information for job comparisons;
- Education and training requirements for identification of VR services that may be needed;
- Job duties for identification of reasonable accommodations and assistive technology that may be needed;
- Earnings information for estimate if the Client will engage in SGA or earn above the SSI threshold, eliminating the need for Social Security and SSI benefits; and
- Estimated job growth or loss within the region the Client lives for long-range career planning.

Using Virginia Career View as a Part of WorkWORLD Analysis

As an example, let's say a WISA receives a referral for a Client, who has been hired to work in a veterinarian's office for 30 hours per week at \$8.00 per hour. The WISA would obviously include this scenario as part of their WorkWORLD analysis. However, Career View enables WISA's to compare salaries based on entry level versus experienced workers. It's important to consider the possibility for career growth and that the Client may have the potential to increase his or her earnings over time. In doing additional scenarios that demonstrate increased earnings potential and possible eligibility for additional work incentives as earnings increase, WISA's can alleviate the fear of losing benefits by making sure the Client understands upfront what may happen to their benefits as earnings increase. The WISA should highlight the potential increase in overall disposable income rather than a decrease in SSI/SSDI benefits.

Below, you can see how Virginia Career View demonstrates job growth in a particular career over time.

Veterinary Assistants and Laboratory Animal Caretakers

Earnings Benefits

Region	Entry Level	Average	Experienced
United States	\$16,970.00	\$24,430.00	\$34,970.00
Virginia	\$16,930.00	\$24,500.00	\$33,740.00
Region	Entry Level	Average	Experienced
Bay Consortium	\$15,735.69	\$19,999.69	\$24,188.72
Capital Region Workforce Partnership	\$19,600.45	\$26,961.13	\$36,652.42

Navigating Virginia Career View

Go to www.vaview.vt.edu/careers

To use the Quick Search tab for a specific job, click on one of the job titles in the alphabetized list of common careers to see the job-specific page with job description and tasks, education required, and state and national average earnings. For more information, such as current and projected state-level and national-level job loss or growth, click on the links in the Career Search box along the right side of the job-specific page.

For a wide search of jobs within a career cluster, click on the link in Career Cluster box.

Use the Advanced Search tab to search all or just one career cluster for jobs within a specific education level, income range, or Holland Code interest area, or you can type in a keyword.

The Skill Search tab lets you check one or more skill boxes to search for jobs that use that a specific skill.

I. MEDICAID WORKS

Health care coverage is a major concern for people with disabilities and not qualifying for Medicaid is a major impediment to employment. One of the many work incentives services that a Vocational Rehabilitation Counselor can authorize is Virginia's optional Medicaid Works buy-in program. At the time of the authorization, the WISA will be responsible for screening a Client's eligibility for Medicaid Works, ensuring that they meet all eligibility criteria, and for helping feasible candidates enroll in the program.

The Medicaid Works program permits enrollees to earn more in wages and save more in resources than the traditional Medicaid thresholds without compromising their eligibility for benefits. Once enrolled, an individual may earn up to \$75,000 in wages and save up to \$36,548 in resources. Currently, the program has no spend-down requirements, but a premium may be implemented in the future. (The figures cited above are based on 2019 levels and typically change annually.)

Relationship between MEDICAID WORKS and 1619(b) Medicaid While Working

MEDICAID WORKS income and savings thresholds are higher than the 1619(b) thresholds. A Client with SSI must not be discouraged from enrolling in MEDICAID WORKS. An SSI recipient who meets the criteria for Medicaid coverage as a Qualified Severely Impaired Individual (1619(b) Medicaid) may also concurrently be eligible for MEDICAID WORKS. According to SSA policy, individuals who are in 1619(b) status are considered SSI recipients as long as they would still be otherwise eligible for SSI if not for their income.

POMS Policy: <https://secure.ssa.gov/poms.nsf/lnx/0502302010>

Because Individuals who are in 1619(b) status are considered SSI recipients, they may also financially qualify for MEDICAID WORKS. Vocational Rehabilitation counselors may issue both 1619(b) and MEDICAID WORKS authorizations if a Client needs their Medicaid protected when they go to work. If a Client is eligible for both programs, the Virginia Department of Social Services can automatically switch a Client from 1619(b) Medicaid to MEDICAID WORKS when the Client's income and/or resources exceed SSI Medicaid levels. This allows the Individual to take advantage of the higher income and resource limits offered under MEDICAID WORKS without experiencing a lapse in coverage.

Eligibility Criteria for MEDICAID WORKS

To qualify for MEDICAID WORKS, at the time the application is submitted the Individual must:

Have countable income that does not exceed \$832 per month (80% of Federal Poverty Level) and savings/resources of \$2,000 or less (\$3,000 per couple) at the time of application. Individuals who are eligible for SSI automatically meet the income test (based on 2019 figures);

Have a disability (it is not necessary for them to be receiving Social Security benefits to be considered disabled. Applicants who are already receiving SSI or Social Security disability benefits are automatically deemed disabled for MEDICAID WORKS purposes. For others, an independent disability determination will be made);

- Be competitively employed (paid at least minimum wage or the going rate for their community) or be able to provide proof of when employment will start; and
- Be between the ages of 16 and 65.

Enrollment

To enroll, the Individual must:

- Sign a MEDICAID WORKS agreement. The agreement can be obtained by emailing Michael Klinger.
- Open a work incentives account. This is a regular checking or savings account specifically designated to allow the person to save his or her earnings in a separate account. When the Client sets up the account, he or she must designate that it to be classified as a work incentives account. All earned income must be deposited in this account; and
- The individual may be asked to provide a current bank statement at the time of enrollment and also periodically at the request of the eligibility worker at the Department of Social Services.

Note: Since November 1, 2014, all cost of living increases (COLA) increases in Social Security benefits are excluded from the income calculation for MEDICAID WORKS eligibility providing the increases are deposited into the work incentives account. Also, any unemployment insurance benefits that the Individual receives is also excluded if these benefits are placed in the work incentives account. The exclusion on unemployment insurance benefits will not exceed a period of six months. All other unearned income (income other than wages) must continue to remain at or below 80% of the federal poverty level for the Individual to satisfy the eligibility criteria for MEDICAID WORKS.

Once Clients are enrolled in MEDICAID WORKS, they must comply with any recertification requests from the Department of Social Services for their coverage to remain active. Clients are responsible for reporting if they start or stop working, if their income increases or decreases, or if they move.

Enrollment Issues with DSS and Resolutions

The MEDICAID WORKS program and eligibility criteria may be misunderstood among Department of Social Services (DSS) workers asked to enroll a person in MEDICAID WORKS. Here are some common misconceptions and suggestions to address each. If you continue to experience problems with enrollment or have general questions about the program or how to enroll contact:

Michael Klinger, Work Incentives Specialist, (804) 245-5593
Michael.Klinger@dars.virginia.gov

- Misconception: The program does not exist.*
 MEDICAID WORKS is a program for people with disabilities, including SSI recipients, as an incentive to work for Clients who are working or have a written job offer. Refer the DSS

worker to pages 24-30 of the Virginia Department of Social Services Medicaid manual under the aged, blind, and disabled covered group section if verification of the program eligibility requirements is needed.

http://www.dss.virginia.gov/files/division/bp/medical_assistance/manual_transmittals/manual/m03a.pdf

- *Misconception: The program is only available to individuals on Medicare.*
MEDICAID WORKS is different from the Medicare savings program that covers Medicare premiums, so a Client does not necessarily have to be on Medicare to be eligible for Medicaid Works.
- *Misconception: Clients have to meet a spend-down.*
MEDICAID WORKS has no spend-down requirement. However, one may be implemented in the future.
- *Misconception: A person with 1619(b) Medicaid does not need MEDICAID WORKS to work and keep Medicaid.*
While 1619(b) allows former SSI cash recipients to retain Medicaid, MEDICAID WORKS allows an Individual to save substantially more in resources and earn higher wages. Eligible Individuals must be given the opportunity to apply for MEDICAID WORKS even if they are already eligible for or receiving 1619(b).
- *Misconception: SSI amount is included in the MEDICAID WORKS budget.*
Individuals who receive SSI are considered to meet the initial eligibility income and resource requirements, and no evaluation of income is necessary for the initial eligibility determination. Refer the DSS worker to the MEDICAID WORKS regulations in the Virginia Department of Social Services Medicaid manual, pages 24-30.

Income

For the initial eligibility determination, the income limit is less than 80% of the Federal Poverty Level. The income requirements in chapter S08 of the Virginia Medicaid Manual must be met. Individuals who receive SSI are considered to meet the income requirements, and no evaluation of income is necessary for the initial eligibility determination. Interested applicants who are receiving SSI are encouraged to apply BEFORE SSI cash benefits stop.

XI. Forms (Attachments A-P)

W-9 and WISA service provider Forms: These are the forms that a WISA and/or the organization the WISA is employed by must fill out and return to DARS to become an approved Vendor. Send the forms to the attention of Michael klinger@dars.virginia.gov.

Attachment A: W-9

W-9

The IRS requires DARS to keep taxpayer information on file for all vendors. You can access the IRS W-9 form at:

<https://www.irs.gov/pub/irs-pdf/fw9.pdf>

Attachment B: WISA Provider Form

DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES

-WORK INCENTIVES SPECIALIST ADVOCATE (WISA) SERVICE PROVIDER FORM-

1. Tax Reporting Information:

Enter the Federal Tax Identification Number (FTIN) of your organization, if you plan to provide Work Incentives Specialist (WIS) services as an employee or representative of that organization:

OR

Enter your Social Security Number (SSN) if you plan to provide WIS services as a private individual:

2. Service Provider Information:

Please include the full name and contact information for the WISA. If you are using an SSN, the name of the SSN holder must be entered here.

Name:

Address:

Telephone number, including area code:

E-mail address:

3. Organizational Information:

Please include the name and address of the organization for payment purposes, if you are using a FTIN:

Name:

Address:

Telephone number, including area code:

Name of Fiscal Contact Person:

4. OPTIONAL: Is this a minority owned business (i.e. 50% or more of the business is owned by a racial minority such as Hispanic, Asian, Black, or other)? This information is used solely for reporting purposes and will in no way affect our Department doing business with you or the payments you may receive. Please place an X after your selection: YES _____ NO _____

5. Please indicate your business type (check one):

_____ Local or state government agency

_____ Private non-profit corporation

_____ Private for-profit corporation

_____ Individual or unincorporated for-profit business

SIGNATURE: _____

DATE: _____

Attachment C: Consent for Release of Information (SSA-3288 form)

Two forms must be signed and returned to SSA by the Client before any WorkWORLD analysis services are provided. The form authorizes the WISA to obtain a copy of the individual's Benefits Planning Query (BPQY). The BPQY serves as verification of the individual's benefits, work history, and work incentives that have been used. One copy of the form is for the Social Security record; the second copy is the IRS earnings record. Blank forms can be downloaded at <http://www.socialsecurity.gov/online/ssa-3288.pdf>. Please contact Michael Klinger at (804) 245-5593 or by email at Michael.klinger@dars.virginia.gov for samples of the forms. Specific language is required on these forms to obtain the BPQY, so it's recommended that WISA's obtain the sample forms and fill in the Client's identifying information accordingly.

As BPQY's are frequently updated, the VR counselor and/or WISA are required to request a new BPQY if the current BPQY on file is older than 60 days. Requesting a new BPQY ensures that the WISA has the most current and accurate benefit information available, allowing for the most comprehensive work incentives analysis. For example, if a client on SSDI began to work three months prior to an interview and earned \$900 per month, the WISA knows that the client has used three trial work period months, despite that the BPQY on file reflects no months used. Having current information available not only helps advise the client accurately on their status regarding work incentives eligibility, it serves as a method to document that SSA has applied those wage reports to the client's record, effectively helping to reduce the number of overpayment occurrences.

Attachment D: Statement of Claimant Form (SSA-795 form)

This form is used whenever a claimant needs to make a statement to SSA in writing. Use this form to ask SSA to cease benefits when the Client is no longer entitled to them because of work activity. This will help avoid overpayments in the future. The form can be downloaded at <http://www.socialsecurity.gov/forms/ssa-795.pdf>

Attachment E: Sample 1619(b) Referral Letter (Social Security Administration)

[Date]

[Claims Representative's Name]
Social Security Administration
[Address]

Dear [Claim Representative's Name]:

I am [your full name], and my Social Security Number is [SSN].

I am writing to inform you of my recent employment.

I started working on [date] at [employer's name and address and telephone number].

I will be making [hourly rate] and will be working [number] hours per week. My first payroll check will be distributed on [date], and I will be paid [Your payroll schedule]. My earnings will negate my SSI monthly income.

I [choose one of the following options: 1) do not have impairment-related work expenses; 2) have the following impairment related work expenses (list the type and amount of expenses)].

I have complied with the following Medicaid use test criteria, in order to be placed in 1619(b) status and continue to receive Medicaid:

[choose any of the following options that apply: 1) I have used Medicaid in the past 12 months; 2) I will need Medicaid in the next 12 months to cover expected medical expenses, or 3) I would need to use Medicaid if there are unexpected medical expenses].

The purpose of this letter is to proactively communicate with all concerned parties to ensure there is not a lapse in Medicaid benefits for me, as this could jeopardize my job placement.

Thank you for your assistance in this matter. Please feel free to contact me at [your telephone number] if there is any other information you need to facilitate this process.

Sincerely yours,

[your signature]

[Your Name]
[Your address and telephone number]

Attachment F: Sample 1619(b) Referral Letter (Department of Social Services)

[Date]

[Eligibility Worker's Name]
Department of Social Services
[Address]

Re: [Your Name, SSN, and Medicaid Identification Number]

Dear [Eligibility Worker's Name]:

I am writing to inform you of my recent employment. As a result of this employment, I may no longer be eligible for an SSI cash payment. If I am placed in 1619(b) status by the Social Security Administration, I should be evaluated to determine whether I continue to be eligible for Medicaid as a protected individual under the provisions of QSII-1619(b). (See § M0320.105, Volume XIII, of the Virginia Department of Social Services Medicaid Eligibility Manual.)

The purpose of this letter is to proactively communicate with all concerned parties to ensure there is not a lapse in Medicaid benefits for me, which might jeopardize my job placement.

Thank you for your assistance in this matter. Please feel free to contact me at [Your telephone number] if there is any other information you need to facilitate this process.

Sincerely yours,
[Your signature]

[Your Name]
[Your address and telephone number]

Attachment G: Impairment Related Work Expense (IRWE) Request Form

IMPAIRMENT RELATED WORK EXPENSE REQUEST

This request should accompany wage reports made to the Social Security Administration if you are a beneficiary receiving a Social Security or SSI disability benefit, or Medicaid under the 1619(b) provisions. **You should include receipts, and proof of wages or your self-employment tax returns.**

Note: Please do not use this form if you are a blind individual who only receives SSI benefits.

Date:
Period Worked:
Beneficiary Name:
Rep Payee (if applicable):
Social Security Number:
SSN on which payment is made (if different):
Type of Benefits Received: <input type="checkbox"/> SSI <input type="checkbox"/> Title II Disability benefit (SSDI, CDB, DWB)

This is a request that the items described below be deducted as Impairment Related Work Expenses when you consider the work activity I am reporting. The items listed below meet the following requirements:

- They are necessary for my work activity or self-employment
- They were paid by me, and not reimbursed by another source
- They were not deducted as a business expense; and
- They relate to an impairment being treated by a health-care provider
- For each expense, I will attach a receipt. I will be happy to provide additional documentation if requested.

List of expenses for this report period that appear on my attached pay stubs:

Note: You can include monthly expenses for months when you worked, or you can include the cost of durable goods, either the downpayment, the monthly payment, or the total cost, depending on how you paid for the item. Durable expenses may be pro-rated over a 12-month period.

Date of Payment	Amount of Expense	Impairment to Which Cost is Related	Healthcare Provider Name and Type (Example: Dr. Smith, Chiropractor)

Thank you for your consideration of this request.

Beneficiary or payee signature:

Note: Providers do not have to use this form to request an IRWE. A letter addressed to SSA requesting the IRWE is sufficient, but some providers find this form convenient. The form can be accessed in Microsoft Word or PDF from <http://www.vcu-ntc.org/resources/viewContent.cfm/734>

Attachment H: Subsidy Request Form

Please accept this information as a formal request for consideration of Subsidy/Special Conditions.

Beneficiary/Recipient: SSN:

Address: City/State/Zip Code: Phone Number:

Representative Payee (if applicable):

Part 1: Brief description of current employment status (name and address of the employing company, date of hire, job title, rate of pay, and hours worked per week).

Part 2: Itemized list and brief description of proposed Subsidy/Special Conditions. For each item/service, provide a brief explanation of how it meets the Social Security Administration's criteria for subsidy/special conditions as summarized below:

Subsidy/special conditions defined by Social Security:

An employer may subsidize the earnings of an employee with a serious medical impairment by paying more in wages than the reasonable value of the actual services performed. When this occurs, the excess will be regarded as a subsidy rather than earnings.

- 1. Employer Subsidy:** An employer who wants to subsidize the earnings of a worker with a serious medical impairment may designate a specific amount as such, after figuring the reasonable value of the employee's services.
- 2. Nonspecific Subsidy:** (Employer Can't Furnish a Satisfactory Explanation Identifying a Specific Amount as a Subsidy) In most instances, the amount of a subsidy can be ascertained by comparing the time, energy, skills, and responsibility involved in the individual's services with the same elements involved in the performance of the same or similar work by unimpaired individuals in the community; and estimating the proportionate value of the individual's services according to the prevailing pay scale for such work.
- 3. Special Conditions:** Provided by Employers and/or Organizations other than the Individual's Employer. Special conditions and certain special on-the-job assistance provided by an employer and/or organization(s) other than an individual's employer must be considered whether or not the individual's employer pays for the assistance directly.

(See POMS DI 10505.010 Determining Countable Earnings for specific information on how subsidy/special conditions provisions are applied to DI cases.)

I. Itemized List of Proposed Subsidy/Special Conditions: Item/service/support 1:

Cost (if possible):

Explanation of how this item/service meets subsidy/special conditions criteria:

II. Item/service/support 2:

Cost (if possible):

Explanation of how this item/service meets the subsidy/special conditions criteria:

III. Item/service/support 3:

Cost (if possible):

Explanation of how this item/service meets the subsidy/special conditions criteria:

IV. Item/service/support 4:

Cost (if possible):

Explanation of how this item/service meets the subsidy/special conditions criteria:

(Attach additional pages as needed)

V. Other information about this request:

I understand that I am responsible for reporting any changes in any approved subsidy/special conditions to Social Security in a timely fashion.

Thank you for considering this request. I look forward to receiving written notice of the determination within 30 days. Please contact me if you have any questions or require more information to make a determination.

VI. Signature: Date:

Note: This form is not required to request a subsidy. A letter to SSA requesting the subsidy is sufficient. However, some providers find the form convenient. The form can be downloaded in Microsoft Word and PDF from <http://www.vcu-ntc.org/resources/viewContent.cfm/777>

Attachment I: Sample Work Incentives and Reporting Timeline-SSI

This is a reference tool to help SSI recipients understand when certain work incentives stop or start and when they need to report income dependent on which type of benefits they receive. As with the WorkWorld Summary and Analysis, these need to be tailored to the individual's situation.

Current Scenario: *You stated that you receive SSI in the amount of \$771. You also stated that you receive Medicaid. The amount of SSI you said you received was verified with your Benefits Planning Query (BPQY) provided by Social Security.*

Employment goals and Plans: *As of January 1, 2019, you have accepted a job earning \$13.50 per hour working 40 hours per week with occasional overtime hours to be determined.*

Next Steps: *Now that you have begun to work, you must report this work activity to the Social Security Administration. Note that for SSI; income is counted in the month it is received so income earned in one month may be counted for the next month. This could further affect your eligibility for SSI. SSI payments are based on income from two months prior. This means that income that you earn in January but receive in February will be counted for January and start affecting your SSI payments beginning in March.*

<u>Event</u>	<u>Date</u>
Report wages to local SSA office in person, certified mail, fax, or online	January 2019*
Apply for 1619(b) Medicaid	February 2019
SSI check ceases due to Income	March 2019
1619(b) status approved	March 2019

** Wages must be reported as soon as the first paystub is received. Wages must not be reported any later than the 6th of the next month in any case. Certain SSI beneficiaries are permitted to report wages via telephone via an automated line at the discretion of SSA. Telephone reporting is due by the sixth of every month.*

Additional Work Incentives Available:

<u>Work Incentive</u>	<u>Dates Available</u>
Medicaid Works	As soon as you begin working, before wages start
IRWE	When expenses Incurred
SEIE	If a Client is a Student and under age 22

Monthly Reporting Form

Client Name:

Name of SSA Rep taking Report:

Reporting Method (in person, certified mail, online):

Receipt of Report issued? (if in person): (Yes/No):

Receipt of Certified Mail Received? (if by mail):

Has SSA Responded to your report in writing? (Yes/No):

Remember to write your SSN on any correspondence you send to SSA including pay stubs. Save copies of all correspondence you send them as well as any correspondence they send you in return. If reporting using the SSI wage reporting line, document the date and time reported for your records. This form serves as a sample form a Client can retain for their records to serve as documentation of when a Client reported their wages to SSA, what method they used to report, and who they spoke with. This is intended to assist the Client in avoiding SSI overpayments.**

Attachment J: Sample Work Incentive and Reporting Timeline - SSDI

This is a reference tool to help SSDI beneficiaries understand when certain work incentives may stop or start and when they need to report income dependent on which type of benefits they receive. These must be tailored specific to the individual's situation.

Current Scenario: You stated that you receive SSDI of X. You also stated that you receive Medicare parts A and B. The amount of SSD you said you received was verified with your Benefits Planning Query (BPQY) provided by Social Security.

Employment Goals and Plans: As of January 1, 2019 you have accepted a job earning \$13.50 per hour working 40 hours per week with occasional overtime hours to be determined.

Next Steps: Now that you have begun to work, you must report this work activity to the Social Security Administration. As you're grossing more than the \$880 Trial Work Period (TWP) limit, you will use all nine of your twp months in a row.

<u>Event</u>	<u>Date</u>
Report wages to local SSA office in person, certified mail, fax, or online	January 2019*
Trial Work Period Begins	January 2019
Trial Work Period Ends	September 2019
Grace Period Begins	October 2019
Grace Period Ends	December 2019

*This timeline is based on current and projected earnings. If your work stops or earnings decrease, report the change to SSA immediately as it may affect the timeline and your eligibility for benefits.

Additional Work Incentives Available:

<u>Work Incentive</u>	<u>Dates Available</u>
Extended Medicare	8 ½ years after SSDI stops including TWP
IRWE	Any month where out-of-pocket expenses can reduce earnings below SGA.
Subsidy	Any month where employment supports can reduce earnings below SGA.
EXR	Available for five years after SSDI stops if no longer engaging in SGA and still disabled (same or related to original impairment).
CDR Protection made.	As long as a Ticket to Work is assigned to an EN and timely progress is made.

Monthly Reporting Form

Client Name:

Name of SSA Rep taking Report:

Reporting Method (in person, certified mail, online):

Receipt of Report issued? (if in person): (Yes/No):

Receipt of Certified Mail Received? (if by mail): (Yes/No):

Has SSA Responded to your report in writing? (Yes/No):

Remember to write your SSN on any correspondence you send to SSA including pay stubs. Save copies of all correspondence you send them as well as any correspondence they send you in return. This form serves as a sample form a Client can retain for their records to serve as documentation of when a Client reported their wages to SSA, what method they used to report, and who they spoke with. This is intended to assist the Client in avoiding SSDI overpayments.

Attachment K: Student Earned Income Exclusion Summary Letter

Date:

Dear Social Security Administration,

This letter is to inform you that _____ recently began working. _____ meets Social Security's definition of a student and is eligible for the Student Earned Income Exclusion. Please see the attached documentation of employment and student status. Please call _____ at _____ with any further questions.

Sincerely,

XXX

Name of Student:

Social Security Number:

Employer:

Job Title:

Start Date:

Wage:

Estimate of hours to be worked each month:

Proof of Student Status *X all that apply*:

_____ School ID card

_____ Letter from school verifying student status

Please contact school at the following address/phone number to verify student status:

Is the student currently attending school? Yes/No:

Is the student expected to attend school during the next quarter? Yes/No:

Expected date of graduation from school:

Attachment L: REQUEST THAT SOCIAL SECURITY FLAG CASE FOR 301 PROTECTION FOR AGE 18 DETERMINATION FOR STUDENTS ON SSI (SUPPLEMENTAL SECURITY INCOME)

Name of Student: _____

Social Security Number: _____

_____ This student receives Special Education Services and has an Individualized Education Program (IEP). All students receiving Special Education Services have an IEP.

_____ IEP copy is attached.

_____ IEP is available from his/her school – further information has been provided in the completed form SSA-3368-BK which is attached.

<https://www.ssa.gov/forms/ssa-3368.pdf>

_____ This student is also active with Department for Aging and Rehabilitation Services (DARS) and has an Individualized Plan for Employment (IPE). Please maintain a record of DARS involvement in this case because of 301 Protection.

_____ IPE copy is attached.

_____ IPE is available from DARS:

▪ Name of Counselor: _____

▪ Address of DARS office:

▪ Counselor Phone Number: _____

_____ This student is under 504 regulations at school there should be a 504 Plan at the school and has an IPE with the Department of Rehabilitative Services/DARS. Please evaluate for possible 301 Protection and if found eligible, maintain a record of IPE/DARS involvement in this case because of 301 Protection.

_____ IPE copy is attached.

_____ IPE is available from DRS/DARS

▪ Name of Counselor:

▪ Address of DRS/DARS office: _____

▪ Counselor Phone Number: _____

Attachment M: Statement of Claimant or Other Persons (SSA 795)

<https://www.ssa.gov/forms/>

Attachment N: How to Authorize WISA Services in AWARE

The following is intended to serve as guidance for Vocational Rehabilitation Counselors responsible for issuing the authorizations for work incentive services. Authorizations for a WorkWORLD benefits analysis should be issued as early on in the vocational evaluation process as possible. VOCATIONAL REHABILITATION COUNSELORS DO NOT HAVE TO WAIT UNTIL THE CLIENT IS WORKING OR HAS A JOB OFFER TO AUTHORIZE A WORKWORLD. The sooner a Client understands the impact of wages on disposable income and work incentives, the greater the likelihood that the Client will be successful in their jobs and maintain employment long-term. Additional work incentives can be authorized as the need arises. The WISA will contact the Vocational Rehabilitation Counselor as the need for additional work incentives authorizations are required (i.e. Medicaid Works, 1619(b), PASS, etc).

- Click on “Participant”
- In your participant module, click on the Client you want to authorize a service for.
- Go to Special Programs Page and check the WISA box. Click finish to save the page.
- Click “New” on the menu at the top and then click on “Authorization.”
- Click on “FRS Vendor.”
- Enter the begin and end date, and make sure “Warrant” is highlighted for the payment type.
- Enter the Vendor that will be providing the service
- Click on the “New” tab
- Click on “Find” to the right of the procedure code field.
- The procedure category menu pops up, highlight Work Incentive Services from the drop-down menu and click “find.”
- This brings up a list of all work incentive services. Click on the one you want to authorize.
- Click “Finish.”
- Click “Actions” and “Issue Authorization.”
- Click “Okay” in the popup menu
- You will get an alert that the authorization was issued. Click “Okay” again.
- You will get an authorization that can be printed, faxed, or emailed to the chosen provider.

If the Client is in Post-Employment Service (PES) status, a few additional steps are required to issue the authorization. Please contact Michael.klinger@dars.virginia.gov for instructions or if you have any questions about issuing authorizations for WIS.

Go to the Special Programs page and uncheck the WISA box. Click Finish.