

Benefits Planning Fee-for-Service FAQ's

DORS-specific Questions

1. Is it true that supervisory/regional approval for benefits planning is no longer required?

Correct, as benefits planning is regarded as an essential service for all for whom it is appropriate, supervisory approval is no longer required.

2. What is the preferred method for including benefits planning on an IPE and for authorizing these services?

During service provision, the DORS counselor shall include the three new Benefits Planning Phases on the IPE.

Authorize:

- Phase 1 when the IPE is first initiated,
- Phase 2 when employment is achieved, and
- Phase 3 when employment is stabilized.

All three phases may be included in the same authorization when it can be expected that the individual will proceed through the Phases efficiently, such as when job development begins promptly after the IPE is initiated.

3. If drafting an “exploratory” IPE for primarily assessment services should benefits planning services be included and when should the services be authorized?

Benefits planning should be included on exploratory IPEs for Social Security beneficiaries so that the service may be

promptly authorized when appropriate. Authorize the service when needed to clarify the employment goal, or as soon as the employment goal has been clarified.

4. Will DORS counselors be able to use the information from benefits planners to assist in case closure?

Yes, provided the information reflects wages earned during the third month of employment stability. The benefits planner should be able to provide updates to the DORS counselor regarding employment and recent pay stubs, as the benefits planner will have been assisting the consumer in reporting these earnings to SSA.

5. If a consumer is on “delayed” status when should the DORS counselor provide information and referral to an EN?

A DORS counselor should only refer an SSA beneficiary to an EN or other provider once they are certain (based on all available medical documentation) that the individual has been assigned to the appropriate priority category. SSI and SSDI recipients automatically meet requirements for assignment to Category 2, Significant Disability. However, rather than assigning the individual to Order of Selection Category 2 and, consequently, to the DORS waiting list, strictly on the basis of this automatic presumption, the DORS counselor shall use up to but no more than 60 days from the date of the application, if necessary, to obtain additional documentation and assess whether a determination of Most Significant Disability is warranted.

6. What does a DORS counselor do if a consumer with an open DORS case begins to receive Social Security benefits?

Once it is confirmed that the individual receives Social Security Disability benefits (through the Social Security Programs Unit, a letter from SSA, a “*my Social Security*” account, or similar):

- a. A plan revision should be drafted to include applicable services as per the RS-1n.
- b. Once this plan revision is signed, a referral to a benefits planner should be made promptly, as this individual will likely have questions that will impact their potential VR success.

7. Are there benefits planning resources available for individuals who are not interested in any other services from DORS?

Yes, the individual could be referred to the Maryland Work Incentives Network, the SSA approved Work Incentives Planning and Assistance (WIPA) provider for benefits planning for the state (www.md-win.org).

8. What benefits planning services can an individual receive after achieving job stabilization as defined in [RSM 2, Section 802](#)?

Phase III is designed to begin after employment stability has been achieved. The authorization for Phase III can be issued before or after the individual achieves employment stability. Additionally, if Specialized Circumstances are identified during Phase III services, it is acceptable to authorize

payment for services required by Special Circumstances while the individual is in Job Stabilization. This should be the exception, however, as these issues often are identified and addressed during Phase II services.

9. As DORS no longer provides fee-for-service benefits planning as a Post-employment service (PES), what are the benefits planning options for a DORS consumer whose case is closed?

A Ticket to Work consumer should be linked to an Employment Network if they intend or are interested in increasing their self-sufficiency and working off of cash benefits.

If the individual is not interested in or eligible to work with an EN, they should be referred to the WIPA as above.

10. As a DORS counselor I have had some training in benefits planning, can I provide benefits planning as vocational counseling and guidance in lieu of fee-for-service benefits planning?

While a DORS counselor can provide general information, fact sheets, and guidance on accessing resources, it is critical that the individual receive fee-for-service benefits planning as certified benefits planners maintain up to date figures regarding changes in state and federal benefits programs. The DORS counselor and benefits planner work best as part of a team to support the consumer.

11. Is there a comparable benefit by which an individual may receive benefits planning services?

While general benefits information is often provided to consumers connected with CRPs or other community supports, this should not supplant fee-for-service benefits planning services and is not considered a comparable benefit.

If an individual was connected with the WIPA and has a current copy of their Benefits Summary and Analysis (BS&A; less than 1 year old), this information may be shared with a fee-for-service benefits planner (with consumer permission) along with an authorization for a benefits check-in to determine the level of service needed. This would not supplant fee-for-service benefits planning, but could supplement the service.

If the individual is connected with the Promoting Opportunity Demonstration or *POD* (an SSA research project with participants in Maryland who receive a unique benefits planning service and whose wages interact differently with their SSA benefits), the DORS Social Security Programs Unit will be in contact with the VR counselor. The benefits planning service on the IPE must indicate that the individual is receiving benefits planning through comparable benefit (Other State Agency). DORS will not authorize funds to a fee-for-service vendor for these consumers. This is the only comparable benefit that would eliminate the need for fee-for-service benefits planning.

12. If a case is closed and the individual later returns to DORS for further services, is there a timeframe, after which, a new benefits planning service is required?

If a case was closed less than 1 year ago and an individual is returning to DORS, a benefits check-in is appropriate to ascertain the need for additional services.

- If, as the result of a benefits check-in, it is determined that a new Phase I is not necessary, then an authorization of 4 hours under *Special Circumstances* on the RS-1n should be issued. These hours will allow the benefits planner to maintain quarterly contact with the consumer and DORS. When the individual is employed the DORS counselor may issue an authorization for Phase II and III.
- If, as a result of a benefits check-in, it is determined that there are substantial changes to the individual's benefits (as may be the case if the individual had substantial earnings, etc. while their case was closed) a new Phase I through III authorization is advised.

If the case is closed for over 1 year, a new authorization for Phase I through III is necessary.

Service-specific Questions

1. Could a General Benefits Consultation be used when someone has applied for but not yet been found eligible for Social Security benefits?

If the individual receives other public supports such as Food Stamps or HUD housing then a General Benefits Consultation may be authorized to address the impact of employment on these public supports. This service may only be authorized in delayed or eligible status and is valuable in assisting those consumers for whom concern

over the loss of public benefits is a barrier to the development of an IPE.

2. In Phased services, how many face-to-face meetings are required and when must they occur?

The only face-to-face meeting required is during Phase I and is at the preference of the consumer and provider. For example:

- If a consumer is willing, a provider may opt to send releases to gain the necessary background information on an individual's benefits prior to their meeting in person to review a resulting BS&A. Or,
- The meeting could be conducted as an intake and the results reviewed by phone, Skype, or other format as agreed upon by the consumer.

3. If a consumer is already employed when the IPE is initiated, can Phase I be skipped and services begin with Phase II?

Unless the consumer's case was closed within the past year, then the new IPE must include Phases I through III and a benefits planner will provide Phase I and II simultaneously. Phase I provides necessary background information that will be further developed in Phase II.

4. How should the provider bill for travel expenses?

When travel is required, the provider must request the authorization be amended to include the travel fee prior to the appointment.

5. Should a “benefits check-in” be authorized annually?

No. If a substantial change regarding the individual’s benefits status occurs, additional hours may be authorized under *Special Circumstances*, not a benefits check-in.

6. At what point would a benefits planning provider discontinue follow along services for a consumer in Phase I (DORS “Service” status)?

It is understood that it may take several quarters for an individual to obtain employment after their IPE has been initiated. For example:

- a. If the benefits planner provides this follow along for 1 year (4 quarterly contacts) and the consumer is not yet employed and thus ready to progress to Phase II, the benefits planner may cease quarterly contact and instead can reduce this contact to once every 6 months.
- b. If the consumer requires services that will delay their pursuit of employment (e.g., college training, vehicle modifications), the individual should be contacted, at a minimum, every six months.
- c. If the consumer asks that follow along services be discontinued until such time as they obtain employment, the benefits planner should advise the consumer that they will conduct a brief contact every six months to address potential employment (e.g., internships, summer employment, etc.).

d. If a consumer's DORS case is closed, a benefits planner should be notified and services ceased. The benefits planner may request an update of the statuses of their DORS consumer cases to ensure services are not provided to closed cases.

Benefits planners may request an update on statuses of their Phase I consumers to confirm any potential earnings or employment.

7. As stability date is not a set timeframe, how long should a benefits planner maintain monthly contact in Phase II (DORS "Service-E" status)?

Monthly contact should be maintained for the first 90 days of employment to ensure wage reporting, work incentives, and other benefits planning issues are addressed.

After 90 days, a quarterly contact should be sufficient unless changes to the consumer's benefits are identified.

Benefits planners may request an update on statuses of their Phase II consumers to verify that the individual's stability in employment has been confirmed.

8. What if a consumer is no longer responsive to the benefits planner?

If a consumer declines further services or multiple attempts to reach the individual are unsuccessful, the benefits planner should notify the DORS counselor who may elect to cancel subsequent authorization and the service will cease. Likewise, a DORS counselor should notify the benefits

planner if a case is closed and the service is no longer necessary.

9. What is the ‘template’ for the Phase I summary report?

The template for the Phase I summary report remains the standard BS&A template as per VCU and Cornell certification requirements with the additional DORS-specific considerations outlined in Appendix B of the RS-1n.

10. What should be included in Phase II and Phase III updates and when should these be provided to DORS?

Follow guidance on the RS-1n, but note that an itemized accounting of each individual consumer contact is not necessary. At a minimum, updates should include (as appropriate):

- A summary of contacts and items discussed since the last DORS update
- Next steps in place
- Consumer’s preferred method for reporting earnings
- Updates to consumer employment such as a new employer, new position, increased salary (copies of pay stubs are required with Phase III reports)
- If there are no changes: indicate “no changes to employment”
- Addressing any upcoming letters/issues from SSA
- Tracking of trial work months and work incentives utilized
- Development of long-term, post-VR services

It is recommended that a set time of the month to provide updates to DORS for each consumer would assist in

bookkeeping for all parties and can be established between a benefits planner and DORS counselor for all shared consumers.

11. Is the BS&A report due date of 60 days absolutely firm?

DORS recognizes that it sometimes takes SSA some time to provide a copy of the Benefits Planning Query (BPQY) or other documentation and that other extenuating circumstances can occur (consumer missed appointments, failed to sign releases, etc). In the event of such delays, it is recommended that the benefits planner provide an update to DORS as to the reason for the delay, so that we can ensure an authorization is not closed or the service cancelled unnecessarily.

12. What is the benefits planner's role in providing support to a consumer with regards to reporting wages?

Supporting a consumer would primarily take the form of advising the consumer of their reporting options, assisting in establishing a procedure to report earnings on a regular basis, and follow-along to ensure the consumer is able to do so. If the consumer is unable to do so on their own, setting up a support system through natural supports, etc. would be required and a summary of this system should be included in the write-up to DORS staff.

13. Can a fee-for-service benefits planner also serve as an Employment Network (EN) for a consumer after DORS case closure?

Informed choice is essential in all decision making. Regardless of the fee-for-service benefits planner's affiliation it is essential that a consumer be provided with information on options for support services after their DORS case is closed. This information should be supplied by and reinforced through coordination and cooperation between the DORS counselor, benefits planner and the consumer themselves. It is certainly appropriate and acceptable to offer information on EN services with which the fee-for-service provider is connected, provided this is done equitably and allows for the consumer to make an informed choice.

Regardless of whether an individual chooses to work with a specific EN, proper information on all available options should be provided (including the Ticket to Work website: <https://choosework.ssa.gov/findhelp/>, helpline [866-968-7842, 866-833-2967 (TTY)], and the table of Partnership Plus ENs with whom DORS is currently affiliated available on inDORS and the).

14. Can a benefits planning agency utilize a staff person who is not a certified benefits planner to complete intake and referral (to facilitate connection to and receipt of benefits planning information)?

This option may be appropriate provided that the intake personnel:

- a. Complete the DORS Ethical Standards Agreement for Benefits Planning;
- b. Do not provide specific benefits planning guidance; and
- c. Make clear to the DORS consumer to whom they should direct their benefits planning questions (i.e., name and contact of their assigned benefits planner).

15. How are referrals for services distributed between vendors?

Relationships between DORS staff and benefits planning fee-for-service providers are essential. There are specific areas of the state in which certain providers operate, while others operate statewide. To help facilitate a strong referral relationship, it is recommended that DORS district supervisors invite the benefits planning providers that practice in your area to monthly district meetings to provide information regarding their services and referral procedures. Likewise, benefits planning vendors should approach their local DORS office to discuss your services, your referral process, and how best to work together.

16. Is there a preferred method to communicate and coordinate services between DORS and a benefits planner? How will a benefits planner know when an individual is ‘stable’ in employment per DORS policy?

For Social Security beneficiaries to receive appropriate and timely benefits planning services it is essential for DORS counselors and benefits planners to know when a consumer has achieved employment and stability in employment. This requires regular communication between the consumer, DORS and benefits planners. If the benefits planner learns that the individual is employed, they should notify the DORS counselor and vice versa.

17. How will a benefits planner know when an individual is ‘stable’ in employment per DORS policy?

When the consumer and counselor agree that the individual is stable in employment, the benefits planner must be

notified. Benefits planners may also contact the DORS office who referred a consumer to request a case status update from the counselor or from the administrative support staff within that office. The case status of an individual consumer can be quickly confirmed in AWARE. Individuals listed in “Service-E” are employed and eligible for Phase II benefits planning services. Individuals listed in ‘Employed’ have achieved job stabilization, and are eligible for Phase III benefits planning services.