

Maryland State Department of Education
Division of Rehabilitation Services
**Benefits Planning Desk Reference for DORS Counselors
and Fee-for-Service Providers**

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Benefits planning services help consumers who receive Social Security benefits make important choices about work and income. Trained benefits planners can explain how working and earning money might affect a person's benefits.

Because of this, DORS approves qualified benefits planners to offer services to consumers on a fee-for-service model. To become an approved benefits planning provider with DORS, you must complete specific training and earn certain credentials.

Approved Providers

Individuals and organizations can apply to be DORS-approved benefits planning providers.

- Individual providers must show proof that they have completed one of the required qualifications and have kept their certification up to date.
- Organizations must prove that all staff providing benefits planning services have completed one of the required qualifications and have kept their certification up to date. Please contact [Mindy Ober](#) to add new staff members.

Required Qualifications

Community Work Incentive Coordinator (CWIC) & Community Partner Work Incentives Counselor (CPWIC)

- SSA Suitability Clearance is required. DORS will sponsor new Suitability applicants.

- Training and certification for CWICs/CPWICs is provided by the Virginia Commonwealth University (VCU).
- CWICs/CPWICs must become certified and renew their certification every year as required by VCU.
- Provisional CWICs/CPWICs must provide the expected date of full certification and a copy of certification once completed.

Certified Work Incentive Practitioner (WIP-C)

- This credential is for benefits planners who complete the [Cornell University online course called “Work Incentives Planning for Benefit Practitioners.”](#)
- Practitioners must also keep this credential up to date according to Cornell’s requirements.

Note: DORS does not require any extra continuing education credits beyond those already required by VCU or Cornell University.

Besides having the right training and certification, individuals or organizations who want to become DORS-approved benefits planning vendors or add additional staff must also review & submit:

- A [Provider/Vendor Application \(RS-9g\)](#) and an [Addendum](#).
- A signed [DORS Ethical Standards Agreement for Benefits Planning Vendors](#) and the [Acknowledgement form](#).

DORS Counselor Responsibility

DORS counselors must give consumers the following handouts and resources:

- The [Ticket to Work Fact Sheet \(RS-1f\)](#) at intake or when there is evidence of a consumer receiving Social Security benefits.
- The [Benefits Planning for SSI/SSDI Beneficiaries Fact Sheet \(RS-1k\)](#) during the Comprehensive Assessment of VR Needs.
- The [mySocial Security Account Fact Sheet \(RS-1j\)](#) during the Comprehensive Assessment of VR Needs.
- Links to [videos on the DORS website](#) covering a variety of benefits planning topics.

DORS counselors are also responsible for referring consumers for benefits counseling at the appropriate times for each service. (See [Counselor Toolkit: Timing of Benefits Planning Services](#) to determine when to initiate each service.)

When referring for services:

- Fully complete the Benefits Counseling Referral form in AWARE™ letters.
- Include a copy of the Individualized Plan for Employment (IPE) or the Pre-ETS Service Agreement.
- Include an authorization for the service selected.

- Provide the Benefits Counselor with relevant information about the consumer.
- Follow the [Benefits Planning Referral Checklist in the Counselor Toolkit](#).

Menu of Individualized Services

Services can be delivered virtually or in-person according to consumer's needs.

Pre-ETS Benefits Counseling (\$560)

Pre-ETS Benefits Counseling is specifically designed for high school students. Consumers who have exited high school **should not** receive this service. Use Pre-ETS funds for this service, it would fall under Work Readiness.

Pre-ETS Benefits Counseling includes:

1. A meeting with the Benefits Counselor, the consumer, and other supports as needed. During the meeting the following would be addressed:
 - General overview of work incentives and health insurance options.
 - Specific discussion of Work-Based Learning Employment (WBLE) income and use of Student Earned Income Exclusion (SEIE) and/or Trial Work Periods (TWP).
 - A review of the Benefits Planning Query (BPQY) to identify any specific concerns.
2. A report detailing:
 - A summary of current benefits including:
 - SSA cash benefits
 - Medical benefits/health insurance
 - At least one income scenario showing how work affects benefits.
 - Use Work-Based Learning Employment (WBLE) income, if participating.
 - Use goal employment income, if not employed.
 - **If SI:** Specific Discussion on SEIE, including:
 - Monthly and yearly maximums.
 - Verifying student status and hour/credits requirements with SSA.
 - **If Title II:** Specific Discussion on Trial Work Period including:
 - Trial Work Limit
 - Discussion of reporting wages to SSA and how to do so
 - Discussion of any findings from the BPQY
 - Action steps/To Do List of things consumer is responsible for, examples include:
 - Reporting employment
 - Reporting wages on monthly basis
 - Submitting proof to verify student status

General Benefits Consultation (In-house service)

A General Benefits Consultation (GBC) gives consumers general information about how working could affect their benefits. It can be authorized for:

- Individuals eligible for vocational rehabilitation services who don't yet have an IPE, including those on the DORS waiting list.
- Consumers with an IPE who are not yet ready for Phase 1 services.

To refer for GBC, the DORS counselor will complete the [DORS General Benefits Consultation Request](#). DORS Benefits Planning Staff Specialist will communicate with the consumer for services and document services with an actual service record. The Benefits Planning Staff Specialist may also decide that Phase 1 services are more appropriate for a consumer and give recommendations to Counselors.

GBC includes:

- A virtual meeting with the DORS Benefits Planning Staff Specialist, the consumer, and other supports as needed.
- An overview of work incentives and health insurance options.
- A summary of Ticket to Work and how to connect with Employment Networks (ENs), especially for those on the DORS waiting list.

Phase 1: Pre-Employment Benefits Planning (\$1,120)

Phase 1 gives in-depth information on how the consumer's specific earnings goals will affect their benefits. Ideally, Phase 1 services should be authorized while the consumer is in job development. (See [Counselor Toolkit: Timing of Benefits Planning Services](#).)

It is only authorized for VR consumers with an IPE.

Phase 1 services include:

- Contact with the consumer within five days of the referral.
- At least one meeting and ongoing support until Phase 2 begins.
- A Full Benefits Summary and Analysis (BS&A) due within 60 days (see [Appendix A: Phase 1 Expectations](#)).
- Regular contact at least once every three months between the benefits planner, consumer, and DORS counselor until the consumer finds a job. Contact with the consumer should be in the consumer's preferred method. Contact with DORS counselor should be via email.

Phase 2: Job Placement and Employment/Maintenance (\$280)

Phase 2 is issued once the consumer begins work or has a job offer with pay and hours. Phase 2 must be authorized to the same provider that completed Phase 1.

Phase 2 includes:

- An updated BS&A with income scenarios based on the new job. This must also be submitted to DORS for billing.
- Supporting the consumer in:
 - Reporting wages to SSA
 - Encourage electronic reporting

- Work incentive use
 - Guidance on how to apply or submit documentation to SSA
 - Tools to track use of work incentives
- Calculating monthly benefit payment amount
- Maintaining monthly check-ins with both the consumer and the DORS counselor to discuss wage reporting and any new developments.

Phase 3: Developing Supports for DORS Case Closure (\$140)

Phase 3 is issued when getting ready for successful case closure. It should be issued with Phase 2 for consumers that will be closing 90 days after starting employment. Phase 3 must be issued to the same provider that completed Phases 1 & 2.

Phase 3 includes:

- Connecting consumer with long-term supports and other resources after DORS case closure.
- Reviewing current work activity to check for new work incentives.
- Ensuring earnings continue to be tracked and reported.
- Explaining SSA redetermination processes.
- Providing wage information to DORS upon request.
- A discussion of Ticket to Work and ticket reassignment if applicable
- A report submitted to DORS that includes:
 - A summary of the consumer's needs and resources provided
 - Ticket to Work discussion
 - To-do list of tasks consumer is responsible for
- Monthly updates to the DORS counselor with employment details.

If combining Phases 2 & 3, only one report is required as long as it contains the information needed for both services.

Benefits Check-In (\$140)

If a DORS case closed within the past year and a new case opened, the DORS counselor can authorize a Benefits Check-In to see if anything significant has changed with the consumer's benefits. Benefits Check-In must be authorized to the same provider that completed Phase 1.

Benefits Check-In includes:

- A meeting with the consumer and their support team.
- Documentation of any changes in benefits due within 30 days of the meeting.
- Recommendations to the DORS counselor about any further services the consumer might need.

Special Circumstances (\$70/hour)

See [Appendix B: Special Circumstances](#).

Vendor Travel (\$35/hour)

Every attempt will be made to schedule several consumers for benefits planning services on the same day at the same location and invoiced to one consumer only.

No Show Fee (\$50)

A no-show fee can only be billed for if:

- The consumer fails to attend an in-person meeting.
- The consumer cancels an in-person meeting with less than 24-hour notice and another consumer cannot be scheduled in their place.
- Vendor Travel can also be billed if the provider has already driven to the meeting place when the meeting is canceled/consumer no-shows.

In the event of a no-show, a provider must communicate with the DORS counselor before rescheduling the consumer.

DORS Selection of Provider

In instances where an organization is approved to be a vendor for benefits planning services, DORS reserves the right to request a specific benefits planner in making a referral for services. The organization may set certain conditions for referrals to a specific benefits planner (i.e., only for consumers within a specific geographic area, limits on numbers of referrals), but the organization may not substitute a different benefits planner for the one requested unless DORS consents.

ASL Interpreter Services

For Deaf consumers, DORS counselors will make interpreter arrangements and pay the service separately from benefits planning services.

Contact Information

For additional information and inquiries contact Mindy Ober (mindy.ober@maryland.gov) 410-554-9307).

Appendix A: Phase 1 Expectations

The written Benefits Summary & Analysis should include:

- Invoice for the Phase 1 service.
- A summary of the person's current benefits, including:
 - Social Security benefits
 - Medical benefits
 - Food stamps
 - Subsidized housing
 - Any other relevant benefits
- A summary of work scenarios and employment goals for the future (including short- & long-term goals). This should include:
 - Calculations using the consumer's goal work & monthly income
 - Calculations using a monthly income high enough to suspend benefits
 - Both written explanations and visuals (charts, spreadsheets, diagrams, etc.) showing:
 - How working affects benefits
 - Available work incentives for cash benefits
 - Available protections for health insurance including EID if applicable
- A section on reporting wages
 - List all the ways consumer can report wages depending on their benefit type.
 - Encourage electronic reporting.
- Resources useful for consumer (e.g., ABLE account):
 - Include current website links
 - Provide referral/application if available
- A copy of the BPQY results verifying the person's benefits.
- Information about Ticket to Work status and a discussion of Continuing Disability Reviews (CDR) and timely progress including:
 - All beneficiaries have periodic reviews by Social Security.
 - Getting a "timely progress" letter doesn't mean benefits will stop, but the person must respond and provide paperwork.
 - Provide the date of the next scheduled CDR if it's known.
 - Explain how assigning the Ticket to DORS and making timely progress can help delay or avoid these reviews.
 - Provide a list of DORS Partner ENs and share the link to the Ticket to Work website for other VR/EN options.
- Next steps, immediate actions, and future planning.
- Attachments of brochures and fact sheets relevant to the person's situation, shared with both the consumer and the DORS counselor.

Appendix B: Special Circumstances

Direct assistance with complex benefits planning services may be delivered at an hourly rate (\$70/hour) and can be completed at any point during the consumer's case. Examples of special circumstances and an estimate of hours needed are listed below. These estimates are taken from averages in previous cases and feedback from benefits planning providers. Benefits planning providers can request additional hours over what is estimated as needed and with justification and approval by DORS. **Note:** Special Circumstances cannot be used to assist with applying for benefits.

- Addressing an Overpayment – 3 hours. Examples: appealing overpayment, requesting change in recovery rate.
- Applying for a Work Incentive & Developing a Work Incentives Plan (WIP) – 3 hours. Examples: Impairment Related Work Expense, Blind Work Expense, Student Earned Income Exclusion, Subsidy/Special Condition, Employed Individuals with Disabilities, HUD Earned Income Disregard, Individual Development Account.
- Connecting to Other Public Benefits – 3 hours Examples: ABLE Accounts, SNAP, housing, Medicaid, Medicare.
- Tuition Waiver – 2 hours. Examples: completing waiver paperwork for FAFSA or individual community college.
- Plan for Achieving Self Support (PASS) – 8 hours.
- Coordination w/SSA to address BPQY error – 3 hours. Should be used when BPQY is not accurate. Service includes addressing the issue with SSA and requesting new BPQY.
- Meeting with SSA – 4 hours. May include attending a scheduled SSA meeting with the consumer (in-person or by phone) or helping the consumer prepare for the meeting. Check to make sure a meeting is already scheduled before issuing.
- Impact of other sources of income on benefits – 2 hours. Should be used if consumer receives a new source of income, but not from work.
- Updating Phase 1 due to substantial benefits changes – 3 hours. For changes not caused by employment when Phase 1 was issued within the past year.
 - If more than a year has passed, a new Phase 1 may be more appropriate.
 - If changes are due to employment, issue Phase 2 instead.
- Provisional benefits application & medical review during expedited reinstatement – 6 hours. If benefits have been terminated due to working income and consumer is no longer working or working under SGA, this can be used to apply for reinstatement of benefits.

The above is not a complete list. Special Circumstances can be identified by the consumer, their supports, DORS Counselor, or Benefits Counselor. Once a special circumstance is identified, DORS Counselor & Benefits Counselor should discuss the service and the hours needed for the service.

When issuing a special circumstance service, note on the authorization what the circumstance is, include this on the referral as well. Once the service is authorized, service should be provided as soon as possible.

Documentation needed to bill for Special Circumstances includes:

- Invoice
- Summary – explaining issue and what was done to resolve.
- Copies of forms sent to SSA – also provide these to the consumer.