

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

Benefits planning services are a very important part of career and household decision making for adult DORS consumers who receive Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI). Furthermore, for students receiving pre-employment transition services (Pre-ETS), benefits can be important to both the individual and their household, parents, or guardians.

DORS recognizes that certified benefits planners are skilled in helping these consumers determine the effect of working on their benefits. It is important to share information with consumers regarding the changing landscape of benefits as individuals age and the work incentives available to beneficiaries change as they gain and maintain employment.

As such, DORS approves qualified benefits planners to provide services to consumers through a fee-for-service model. To obtain approval as a benefits planning vendor, applicants are required to have completed a course of training and achieved credentials in benefits planning as outlined below.

Approved Providers

Approved individual providers must provide documentation certifying completion and maintenance of one of the following qualifications. Approved organizations must provide information to DORS confirming that all benefits planning staff providing the service to DORS consumers comply with one of the following.

Community Work Incentive Coordinator (CWIC)

The CWIC designation applies to benefits planners employed by Work Incentive Planning & Assistance (WIPA) organizations. The CWIC designation also applies to benefits planners employed by organizations under contract to and affiliated with a local WIPA. CWIC training and certification is provided by Virginia Commonwealth University National Training & Data Center (VCU/NTDC). A CWIC must achieve certified status and satisfy requirements to maintain CWIC certification as specified by VCU annually (12 Continuing Certification Credits through training provided by VCU/NTDC; 3 credits for submission and approval of a Benefits Summary and Analysis report (once every 3 years); and 3 credits for state and local training events which **must be approved by the WIPA Social Security Project Officer**).

Community Partner Work Incentives Counselor (CPWIC)

The CPWIC designation applies to benefits planners employed by Community Partner organizations. CPWIC training and certification is provided by Virginia Commonwealth University (VCU). A CPWIC must achieve provisional or full certification status and satisfy requirements to achieve and maintain full certification as specified by VCU annually (18 Continuing Certification Credits earned through **training provided only by VCU/NTDC**).

Work Incentive Practitioner

This designation applies to benefits planners who have completed the Cornell University Work Incentives Planning & Utilization for Benefit Practitioners Online Certificate course and have satisfied requirements to maintain this credential (60 Continuing Education Units for **training approved by Cornell** within five years of obtaining certification).

Please note: DORS does not require any Continuing Certification Credits or Continuing Education Units beyond that specified by VCU/NTDC or Cornell University.

Vendor Approval Process

In addition to the completion of training and certification, individuals and organizations who seek DORS approval as benefits planning vendors must also submit the following:

- [Provider/Vendor Application \(RS-9g\)](#) and [Addendum](#), which are available on the DORS website.
- Documentation of having completed the VCU provisional or full certification or satisfied the Cornell credentialing requirements. If an applicant has provisional CWIC or CPWIC certification but has not yet completed the VCU requirements for full certification, information regarding completion date will be required. Once completed, a copy of the full certification is required.
- Approved providers **must submit annual evidence** of having successfully satisfied the continuing educational requirements to maintain the credential as specified by the educational institution.
 - Providers who have obtained certification through VCU must provide documentation of the annual certification renewal.
 - Providers who have obtained certification through Cornell must provide **documentation of annual progress** in obtaining the requisite CEUs required for Cornell (copies of completed CEUs to date). To ensure providers demonstrate current knowledge, DORS requires that benefits planners with this certification demonstrate at least 30 CEU credits (of the 60 required) within 36 months of certification. Additionally, the

vendor must provide documentation that all 60 credits are completed within the five-year timeframe as established by Cornell.

Ethical Standards

As part of the approval process, benefits planning services providers must agree to the terms of the [DORS Ethical Standards Agreement for Benefits Planning Vendors](#) and sign the [DORS Ethical Standards Agreement for Benefits Planning Vendors – Acknowledgement](#). Both the Agreement and Acknowledgement are available on the DORS website.

General Benefits Planning Information – DORS Counselor Responsibility

In addition to referral for benefits planning service using the menu of services below, DORS counselors shall also provide the following general benefits information to applicable consumers:

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

Menu of Individualized Services – Fee for Services

In consultation with the consumer, DORS counselors shall select the most appropriate service type and generate a Referral for Benefits Planning Services (RS-1h) (available on AWARE™) for the service to the benefits planning vendor.

The provision of services shall be decided by the consumer at the time of referral whether that be in-person, over the phone, or using other means of communication efforts.

- General Benefits Consultation: May be provided as a pre-employment transition service to students with disabilities or, in VR cases, to assist eligible individuals to establish an earnings goal during the comprehensive assessment of need prior to.
- When provided as a pre-employment transition service, benefits planning services are limited to:
 1. General Benefits Consultation.
 2. Phase 1: Pre-Employment Benefits Planning – Prior to work-based learning experiences.
- When provided as part of a VR case, benefits planning services include:
 1. General Benefits Consultation – Initiated prior to IPE. Assist w/ Assessment of VR needs.
 2. Phase 1: Pre-Employment Benefits Planning – Initiated upon IPE signature by all parties.
 3. Phase 2: Job Placement and Employment Maintenance – Initiated when consumer is offered employment consistent with IPE goal.
 4. Phase 3: Developing Supports – Initiated when advised that consumer achieved employment stability.
 5. Benefits Check-In – Initiated when a VR consumer who previously received at least Phase 1, reapplies for services, initiates an IPE, and the prior benefits planning provider is available to receive the referral.

6. Special Circumstances – Initiated to address Special Circumstances before or after completing all three phases.

General Benefits Consultation

(\$350: contact should be made with consumer within five days of referral to benefits planner. Report due no later than 30 days from date of meeting) – A General Benefits Consultation (GBC) is provided to assist individuals to understand their employment or paid work-based learning experience and earnings options, and may be authorized for:

- Students with disabilities as a Pre-ETS Workplace Readiness Training service.
- Individuals eligible for vocational rehabilitation services who do not yet have an Individualized Plan for Employment, including those on the DORS waiting list.

A general benefits consultation will include one meeting of 1½ to 2 hours with the benefits planner, the consumer, any guardian/parent for a pre-ETS consumer under age 21, and any representative payee designated by SSA. It is recommended that other parties attend, including: DORS counselors and other team members such as long-term support providers or other supports. A template of the topics to be reviewed in a GBC is attached (See [Appendix A: General Benefits Consultation Expectations](#)). A report from the benefits planner to the DORS counselor and consumer should include a brief review for each benefit that is “checked.”

Additionally, the following should be included in the brief written summary:

- Introduction to interaction between work and SSA benefits; reporting wage info; basic money management; setting up a mySSA account; developing potential earnings goals.

- Overview of work incentives, health insurance options, potential barriers to employment (transportation, stable housing, accommodations, family barriers, etc.) as applicable to the “checked” benefits AND links to community resources to address needs.
- General Ticket to Work overview and linkage to ENs if on DORS delayed/waitlist.

The benefits planner will also obtain/analyze a Benefits Planning Query (BPQY) for the individual to identify any specific areas of concern (familial public benefits, other needs based benefits, participation in Pre-ETS services, etc.).

As documentation of the service, the benefits planner will provide a summary report, following the template, to the consumer and referring DORS counselor with an explanation of questions addressed in the meeting and the findings from (and a copy of) the BPQY. The report and BPQY should be sent with the invoice for the service, no later than one month after the service was provided.

Phase 1: Pre-Employment Benefits Planning

(\$1,120) – This service is available to all DORS consumers who receive SSA disability benefits (SSDI, CDB, DWB) or SSI. Pre-employment benefits planning shall be authorized for:

- Students with disabilities as a Pre-ETS Workplace Readiness Training service, documented on an IPE or Pre-ETS Service Agreement, prior to participation in a paid work-based learning experience.
- Individuals with IPEs including those who have previously received Pre-Employment Benefits Planning as a Pre-Employment Transition Service.

For VR consumers, a referral should be made for this service immediately after the IPE is initiated. Contact should be made with consumer within five days of referral to benefits planner. Report due no later than 60 days from date of meeting. Phase 1 services include:

- At least one meeting and then continued follow along support until Phase 2 is reached.
- Full Benefits Summary and Analysis (BS&A) with BPQY, including multiple earnings scenarios in line with DORS IPE as well as up to and including full-time work. The full BS&A should be reviewed with the consumer and DORS counselor as well as interested and necessary parties (short and long-term supports, residential supports, parents/guardians, representative payees, etc.). For more on what to include in BS&A's see [Appendix B: Phase 1 Expectations](#).
- The benefits planner should maintain at least quarterly contact with consumer and DORS counselor until job placement is obtained. Communication with the consumer should be in the method preferred by consumer. Communication with the DORS counselor should be via email. No PII should be included, instead a reference to the DORS participant ID in the subject line of the email will be required.

Phase 2: Job Placement and Employment/Maintenance

(\$280: services to continue seamlessly) – DORS counselor to generate authorization and consult with benefits planner to begin Phase 2 services once the consumer has been offered employment and thus has an understanding of the type of work, salary, and hours of the position. Benefits planner will revise BS&A with projected impact to benefits based on real world employment, address work incentives, facilitate wage reporting, etc.

Phase 2 services include:

- Revision to calculations provided to consumer and team. Continued follow-along support until Phase 3 is reached.
- Supporting consumer with: reporting wages via preferred method (in person, phone, wage reporting app, etc.), work incentive evaluation, identifying the need for EID, developing an action plan to address issues on the job, etc.
- The benefits planner should maintain monthly check-ins with consumer and DORS counselor to address wage reporting. If identified and required the benefits planner should consult with the DORS counselor regarding additional hourly fees for work incentives development, assistance in completing SSA work activity reports, resolving SSA issues, PASS, EID application, overpayment, etc. A written justification for such should be provided to the DORS counselor.
- Monthly employment updates to the DORS counselor including employer name, position title/description, average hours worked per week, and wages earned. Otherwise, indicate “no changes from previous report.”

Phase 3: Developing Supports for DORS Case Closure

(\$140: services to continue seamlessly) – Once the consumer has achieved stability in employment (as defined by DORS policy), DORS counselor will generate authorization to benefits planner to begin Phase 3 services in preparation for case closure (90 days after stability in employment).

Benefits planner, in coordination with DORS and consumer, will facilitate linkage to long-term supports, address Ticket to Work referral to EN as applicable or other resources as appropriate based on earnings level. Benefits planner to provide:

- Checklist of to-do items for consumer (with copy to DORS), linkage to other resources/agencies after DORS closes case (such as: EN/AJC/BHA/DDA/WIPA).
- A review of current work activity to ensure that there are no new work incentives that may apply (subsidies or IRWEs), discuss referrals and natural supports (as appropriate), ensure earnings continue to be tracked and reported, inform consumer regarding SSA redetermination processes, provide wage information to DORS at counselor's request.
 - If additional work incentives are identified or additional services required (such as support for the completion of Work Activity Reports (SSA-821) or Self-employed Work Activity Reports (SSA-820), these may be authorized under "Special Circumstances" rate.
- Monthly employment updates to the DORS counselor including employer name, position title/description, average hours worked per week, and wages earned. Otherwise, indicate "no changes from previous report."

Combining Phase 2 and III Services

For referrals in which a consumer **IS NOT** connected with DDA or BHA: when that consumer starts employment, their stability date is the same as their start date. This means a DORS counselor should authorize and benefits planners should complete Phase 2 and III simultaneously. The benefits planner would provide the content for both Phase 2 and III reports and maintain communication with the consumer as per the Phase 3 guidance in this desk reference.

For referrals in which a consumer **IS** connected with BHA or DDA: the phases will remain separate and distinct; with Phase 1 beginning prior to employment, Phase 2 beginning at employment start, and Phase 3

beginning when it is determined that the consumer is stable in employment.

Benefits Check-In

(\$140) – If a DORS case was closed within the past year, the DORS counselor may authorize a Benefits Check-in to determine whether there have been substantial changes to the consumer's benefits since the consumer's VR case was last open.

When possible and consistent with the consumer's informed choice, the consumer should be referred back to the provider who most recently provided benefits planning services. When that referral is not possible or the prior closure is older than one year, the counselor shall authorize Phase 1 Pre-Employment Benefits Planning immediately after the IPE is initiated.

Within three weeks after the service is complete, the benefits planner will provide an invoice for this service, pertinent documentation of benefits changes, and a recommendation to the DORS counselor as to additional services needed.

Special Circumstances

(\$70/hour) – See [Appendix C](#).

No Show Fee

(\$50) – If a consumer confirmed and failed to attend an in-person benefits planning meeting, the benefits planner may invoice DORS for a \$50 no show fee.

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.

Referral Process

DORS Staff shall use the Referral for Benefits Planning Services (RS-1h) (available on AWARE™) form in making a referral, and shall include a copy of the IPE, if one has been developed. Referrals should include indication of representative payee (if known) and whether a parent/guardian is required to be present (Pre-ETS or legal guardianship cases). If possible, DORS counselor should indicate if there are other team members such as long-term support (DDA/BHA), residential supports, case managers, etc.

ASL Interpreter Services

DORS will arrange and pay the cost of interpreter services required for consumers who are Deaf to participate in benefits planning services (facilitated by the DORS counselor).

Payment for Vendor/Provider Travel

\$35 per hour. Every attempt will be made to schedule several consumers for benefits planning on the same day at the same location. Benefits planners may invoice for travel time only once when multiple consumers are seen in the same visit. DORS counselors can find more information about [Billing for Travel Time for DORS-Approved Benefits Planning Providers on InDORS](#).

For additional information and inquiries contact:

- Eric Schmidt (eric.schmidt@maryland.gov or 410-554-9295)

Appendix A: General Benefits Consultation Expectations

A General Benefits Consultation (GBC) is appropriate for most Pre-ETS cases, unless the youth is employed in a wage earning position (in which case a Phase 1 may be more appropriate to address work incentives). GBCs may only be authorized for adult SSA beneficiaries prior to DORS IPE if a consumer is hesitant about work, unsure of an earnings goal and where information from a benefits planner may assist the individual in making a decision about whether and how much they wish to work. Establishing an earnings goal may then help a DORS counselor and the consumer develop an IPE.

The General Benefits Consultation should consist of an information gathering meeting with the consumer wherein the following items are discussed. For those items checked (i.e., those applicable to consumer), a report with a brief overview should be provided to the consumer and DORS counselor. A target earnings goal should be established, though this can change and will be further clarified in Phase 1.

GBC Report Template

Consumer Name:

Date:

Earnings Goal:

Benefits Information discussed (check all that apply):

Social Security Benefits

☐ SSDI

☐ Childhood Disability Benefit

☐ SSI

☐ Child ☐ Adult

☐ Survivor's Benefit

☐ Child ☐ Spouse

Work Incentives

☐ Section 301

☐ Student Earned Income
Exclusion

☐ Plan to Achieve Self-Support
1619(b)

☐ Trial Work Period

☐ Extended Period of Eligibility

___ Retirement
___ Initial Eligibility
___ Other: _____
___ Ticket to Work

Health Care Assistance ___
___ Medicaid
___ Medicaid Waiver
___ Medicare
___ Part A
___ Part B
___ Part C
___ Part D _____
___ Private Health Insurance
___ Other: _____
___ Referrals/Resources

___ Impairment Related Work
Expense
___ Subsidies/Special Conditions
___ Expedited Reinstatement

Other: _____

Other Benefits
___ Temporary Cash Assistance
___ SNAP
___ Subsidized Housing
___ Child Support

Other: _____

Basic Money Management

Additional Benefits Information and Resources: (insert narrative paragraph here.)

Benefits Counselor: _____ **Date:** _____

Appendix B: Phase 1 Expectations

Phase 1 is appropriate for Students with disabilities as a Pre-ETS Workplace Readiness Training service, prior to participation in a paid work-based learning experience, as well as for adult SSA beneficiaries receiving DORS VR services and who are sure that they want to work. This service is also appropriate for consumers who are already employed or have been offered a position in order to expedite answers regarding their benefits as they enter or maintain employment in the workforce.

Phase 1 should be initiated within one month of authorization and will continue until a consumer is offered employment. If employment is reached more quickly or was already obtained then Phase 1 will still be completed and a transition to Phase 2 will occur immediately, so that services may continue seamlessly.

An integral part of Phase 1 services is the Benefits Summary and Analysis (BS&A). BS&As should include at least one meeting and then follow along meetings as needed and preferred method by consumer (face-to-face, phone, video, etc.). The first meeting should be a detailed intake interview to gather information (similar to that which is collected in a GBC), provide an overview of applicable work incentives to consumer, and identify important support persons in the consumer's life. The second meeting will be to discuss results of the BPQY analysis and the written BS&A with the consumer and all applicable team members (DORS counselor, consumer, representative payees, legal guardians for pre-ETS consumers, and other support providers as appropriate). The BS&A should include the impact of various work scenarios such as; not working, working part time, and working fulltime at or above SGA. Copies of the BS&A should be provided to DORS, the consumer, and other parties as appropriate and should be provided at least by the time of the second meeting.

The written Benefits Summary & Analysis should include:

1. An invoice for Phase 1 services.
2. Summary of current benefits situation (Federal, State and Health coverage) including information gathered about benefits from all relevant sources including SSA, Medicaid, Medicare, food stamps, subsidized housing, etc.
3. Summary of various work scenarios and future plans. Scenarios should be multimodal (a narrative and a visual such as a spreadsheet, bottom line comparison, chart, diagram, etc.).
 - How employment affects applicable benefits:
 - Summary of work incentives by disability type with particular attention paid to those applicable to beneficiary/household. Examples include:
 - Impairment related/Blind Work Expenses (IRWE/BWE)
 - Subsidy/Special Conditions
 - Unsuccessful Work Attempts (UWA)
 - Expedited Reinstatement (EXR)
 - Trial Work
 - Extended Period of Eligibility (EPE)
 - Medicare
 - Earned Income Exclusion
 - Student Earned Income Exclusion
 - PASS, 1619b, Section 301, EID, etc.
 - Address temporary employment such as that obtained through Youthworks, Summer Youth, Quest Internships, etc. and pertinent incentives available.
 - Related benefits issues – Household impact, overpayments, resources limits, deeming, etc.

4. A copy of the verification of benefits through the Benefits Planning Query (BPQY).
5. Ticket to Work status if known.
 - If Ticket is with an agency other than DORS, planner should assist consumer in understanding how and a Ticket should be assigned to DORS and **the steps for consumer and DORS counselor** to accomplish this. Principally:
 - To avoid duplication of services if consumer is receiving from another EN or VR.
 - To facilitate exemption from CDR and timely progress.
 - If Ticket w/ DORS, this would immediately lead to discussion of CDR/timely progress.
 - If no assignment yet, indicate this will likely happen soon (if there has been a recently signed IPE) and discuss role of CDR/Timely Progress as below
6. A discussion of timely progress and Continuing Disability Review (CDR)
 - Indicate that all beneficiaries are subject to these reviews and can expect periodic letters from Social Security
 - Indicate that just because a beneficiary receives a timely progress letter this does not mean their benefits will cease, but that if the beneficiary does not cooperate with the request for timely progress documentation they will be subjected to a review at their regularly schedule time, NOT SOONER.
 - Indicate that if the beneficiary receives a letter requesting updated medical records for Continuing Disability Review this, also, does not mean their benefits will automatically cease, but

they must cooperate with the review or risk being found no longer disabled. o Indicate the beneficiary may also be asked to attend an appointment with a doctor at the discretion of Social Security's Disability Determination Services. Again this can be standard procedure and they should cooperate.

- Provide the date at which the CDR is scheduled to occur per BPQY (if known).
- Provide description of how Timely Progress may protect from those reviews provided the Ticket is Assigned to DORS and paperwork is completed by beneficiary.

7. Information on unassignment of Ticket at VR case closure and EN handoff.

- What this means re: CDR/Timely Progress
- How and why to work with an EN after VR case closure
- Provide DORS Partner EN chart as handout
- Provide link to Ticket to Work website for other VR/EN options
- Provide next steps for consumer regarding handoff coordination (when to contact an EN: at employment stability, advise that DORS may connect Partner ENs w/ consumer)

8. Next Steps, Immediate Action, Future Planning

9. Attachments

- Relevant brochures and fact sheets shall be provided to the consumer and referring DORS counselor.

Appendix C: Special Circumstances

Particularly complex benefits planning services may necessitate additional services at an hourly rate (\$70 per hour) and can be completed during any of the Phases as necessary and appropriate. 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.

- **Addressing an Overpayment** – 3 hours.
Examples: appealing overpayment, requesting change in recovery rate.
- **Establishing an SSA Work Incentive & Developing a Work Incentives Plan (WIP)** – 3 hours.
Examples: Impairment Related Work Expense (IRWE), Blind Work Expense, Student Earned Income Exclusion, Subsidy/Special Condition, Unsuccessful Work Attempt.
- **Establishing a non-SSA Work Incentive & Developing a Work Incentives Plan (WIP)** – 3 hours.
Examples: Employed Individuals with Disabilities, HUD Earned Income Disregard, Individual Development Account.
- **Shift to Retirement Benefits** – 1 hour.
When a consumer's benefit changes to retirement benefits rather than benefits related to disability.
- **Tuition Waiver** – 2 hours.
Consumers receiving benefits can have tuition waived at some colleges for certain classes, this can be used to assist with the paperwork involved in filing for the waiver. Check to make sure a college accepts tuition waivers before issuing/making referral.

- **Establishing a Plan for Achieving Self Support (PASS)** – 8 hours.
- **Connecting to Other Public Benefits** – 3 hours.
Examples: ABLE Accounts, SNAP, housing, Medicaid, Medicare.
- **Coordination w/SSA to Address BPQY Error** – 3 hours.
Examples: Requesting new BPQY, addressing BPQY errors, reporting changes to SSA, responding to SSA letter, completing SSA forms.
- **Meeting with SSA** – 4 hours.
Can be used for attending an SSA meeting with the consumer or assisting a consumer to prepare for an SSA meeting.
- **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. Examples: pension, inheritance, child/spousal support.
- **Updating Phase 1 Due to Substantial Benefits Changes** – 3 hours.
This should be used if Phase 1 was issued less than a year prior, and the changes are not due to employment. If it has been more than a year, it may be more appropriate to issue Phase 1 again. If the changes are due to employment, issue Phase 2.
- **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 list is not a complete list. If other issues are identified, Special Circumstances can be identified by the consumer, consumer's supports, DORS counselor, or benefits planning provider. Once a Special Circumstance is identified, the DORS counselor and benefits

planning provider 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. Pertinent documentation should be provided to the DORS counselor along with the invoice no later than three weeks after the service is completed.