VR-SFP Chapter 26: Benefits and Work Incentives Counseling Services

The contractor and contractor staff members who provide the services described in this chapter also must comply with Chapters 1–3 of the Vocational Rehabilitation Standards for Providers (VR-SFP) manual.

# 26.1 Overview of Benefits and Work Incentives Counseling Services

Benefits and work incentives counseling consists of individualized services that provide detailed information on the impact of employment and other income on Social Security Administration (SSA) disability cash benefits, Medicaid and/or Medicare coverage, and other publicly and privately funded services.

Information provided through benefits and work incentives counseling services supports customers’ abilities to make informed decisions about earning a living wage. An important component to such services is identification and explanation of SSA and Health and Human Services Commission (HHSC) work incentives that the customer may qualify for when employed.

The benefits counselor must review the deliverable for the benefits and work incentives counseling service in detail with the customer and document the review with the benefits counselor’s signature and the date. Once the review has been completed and a copy of each deliverable has been sent to the VR counselor, the benefits counselor may submit an invoice for payment.

Customers who have an individualized plan for employment (IPE) and are participating in other VR services before engaging in employment-related services may be referred for Benefits Information and Referral (Benefits I&R) only.

Customers are eligible for benefits and work incentives counseling services if they are actively looking for work or already working and have an IPE and one or more of the following SSA benefits:

* Title XVI Childhood Disability
* Title XVI Adult Disabled/Blind Supplemental Security Income (SSI)
* Title XVI SSI Aged only if the customer has a letter from the SSA retaining the disability designation
* Title II Social Security Disability Insurance (SSDI)
* Title II Childhood Disability Beneficiary /Disabled Adult Child (CDB/DAC); and/or
* Title II Disabled Widow/Widower Beneficiary (DWB)

The following services may be provided through benefits and work incentives counseling services:

* For recipients of SSI or Title II Disability Benefits (SSDI, CDB/DAC, or DWB):
* Benefits I&R;
* Benefits Summary and Analysis/Work Incentive Plan (BSA/WIP);
* Veteran’s BSA/WIP; and/or
* Revision to BSA/WIP or Veteran’s BSA/WIP.
* For SSI recipients:
* Student Earned Income Exclusion (SEIE);
* Impairment-Related Work Expense (IRWE)
* Blind Work Expense (BWE);
* Plan to Achieve Self-Support (PASS); and/or
* Property Essential to Self-Support (PESS).
* For Title II recipients:
* PASS;
* IRWE; and/or
* Subsidy or Special Condition.

Completion of HHSC’s Medicaid Buy-In for people with disabilities who work application, including assistance gathering necessary documentation can be purchased for any customer regardless of receipt of SSA disability benefits.

# 26.2 Staff Qualifications and Training

Before any benefits and work incentives counseling services are provided to customers, the benefits counselor’s director must:

* approve the VR3455, Provider Staff Information Form, completed by each staff member; and
* submit approved forms to the benefits counselor’s TWC-assigned regional program support specialist or regional quality assurance specialist.

The VR3455, Provider Staff Information Form, must document the benefits counselor’s qualifications with evidence such as transcripts, diplomas, reference letters, credentials, and licenses.

The benefits counselor must meet one of the following qualifications, as determined by the program specialist for benefits and work incentives:

* Current full certification from [Virginia Commonwealth University's National Training and Data Center](https://vcu-ntdc.org/) (Counselors with provisional certification from Virginia Commonwealth University (VCU) as a community partner work incentives counselor (CPWIC) may not provide fee-for-service benefits and work incentives counseling services to VR customers unless they are working under the supervision of a currently certified CPWIC.)
* Current full work incentives practitioner credential certification from [Cornell University’s Yang-Tan Institute on](https://www.ytionline.org/) Employment and Disability (WIP-C™)
* A copy of the credential and a list of all courses taken to maintain credentialed status for the individual’s current Cornell five-year certification period must be provided.
* Staff members who complete Cornell University’s Work Incentives Planning and Utilization For Benefit Practitioners Certificate Series: Non-Credentialing Program may not provide fee-for-service benefits and work incentives counseling services to VR customers.

## 26.2.1 Community Work Incentive Coordinator at a Work Incentives Planning and Assistance Program

To qualify to provide benefits and work incentives counseling services to VR customers, a community work incentive coordinator (CWIC) must be in possession of the following:

* a copy of current VCU certification; and
* a list of SSA-required continuing certification credits completed for the certification year.

Veterans’ benefits information may be provided by a CWIC who is a veteran or who has completed the Online Basic Training Course from the National Veterans Legal Services Program (NVLSP) and the VCU veterans supplemental training course. The CWIC must have a minimum of five years’ experience working with one of the following:

* A veterans’ organization (for example, Operation Pay it Forward, the Military Veteran Peer Network, or any organization listed in the Directory of Veterans Service Organizations)
* The US Department of Veterans Affairs (VA)
* The Texas Veterans Commission

A BSA/WIP or revised BSA/WIP completed by a provisionally certified CWIC must be reviewed and cosigned by a certified CWIC.

## 26.2.2 Community Partner Work Incentives Counselor

To qualify to provide benefits and work incentives counseling services to VR customers, a CPWIC must be in possession of the following:

* a copy of current VCU certification; and
* a list of SSA-required continuing certification credits completed for the certification year.

Veterans’ benefits information may only be provided by a fully certified CPWIC who is a veteran or who has completed the Online Basic Training Course from NVLSP and the VCU veterans supplemental training course and who has a minimum of five years’ experience working with one of the following:

* A veterans’ organization (for example, Operation Pay it Forward, the Military Veteran Peer Network, or any organization listed in the Directory of Veterans Service Organizations)
* The VA
* The Texas Veterans Commission

A Veteran’s BSA/WIP or Revision to Veteran’s BSA/WIP written by a provisionally certified CPWIC must be reviewed and cosigned by a certified CPWIC.

## 26.2.3 Work Incentives Practitioner-Certified (WIP-C™) Certified through Cornell University’s Yang-Tan Institute on Employment and Disability

To qualify to provide benefits and work incentives counseling services to VR customers, a WIP-C™ must be in possession of the following:

* a copy of current Cornell certification; and
* a list of continuing education units courses completed toward ongoing certification and the date the candidate expects to complete all 60 hours.

Veterans’ benefits information may only be provided by a WIP- C™ who is a veteran or who has completed the Online Basic Training Course from NVLSP and has a minimum of five years’ experience working with one of the following:

* A veterans’ organization (for example, Operation Pay it Forward, the Military Veteran Peer Network, or any organization listed in the Directory of Veterans Service Organizations)
* The VA
* The Texas Veterans Commission

# 26.3 Supplemental Security Income and/or Title II Disability Benefits

Benefits and work incentives counseling services are available to customers receiving one or more of the following:

* Childhood SSI
* Adult Disabled/Blind SSI
* SSDI
* CDB/DAC
* DWB

A concurrent beneficiary is someone who is receiving both SSI and a Title II disability benefit.

The Medicaid Buy-In service is available to any customer who is working, including those receiving a Title II disability benefit.

The following benefits and work incentives counseling services are available to SSI and Title II disability recipients:

* Benefits I&R
* BSA/WIP
* Revision to BSA/WIP
* Veteran’s BSA/WIP
* Revision to Veteran’s BSA/WIP
* SSI SEIE
* SSI IRWE
* SSI BWE
* SSI PASS
* SSI PESS
* Title II PASS
* Title II IRWE
* Title II Subsidy or Special Condition
* Texas HHSC’s Medicaid Buy-In for any customer who is working, including, but not limited to, those receiving Title II disability benefits

## 26.3.1 Supplemental Security Income and/or Title II Benefits Information and Referral

### 26.3.1.1 Service Description

SSI and/or Title II Benefits I&R provides the customer with a high-level overview of SSA Title XVI, Title II, and/or concurrent cash benefits and health care programs and with general information regarding the impact of earned and unearned income on the programs. A written narrative record of the conversation is the deliverable.

Benefits I&R must be as specific to the customer as possible. Fact sheets and checklists may be provided but cannot substitute for individualized information.

The Benefits I&R deliverable may contain a proposal for more detailed benefits and work incentives counseling services via a BSA/WIP if there is supporting evidence for this recommendation.

### 26.3.1.2 Process and Procedures

The benefits counselor receives:

* a VR1512, Benefits and Work Incentives Planning Referral, requesting Benefits I&R;
* an SSA Benefits Planning Query (BPQY); and
* a service authorization (SA).

The benefits counselor schedules a meeting with the customer. The meeting should be scheduled within 10 working days from receipt of the TWS-VRS referral. If the customer does not respond to the benefits counselor’s phone, email, or text message to schedule an appointment within five business days of the date on the VR1512, the benefits counselor should request the referring VR counselor’s assistance in contacting the customer.

When the BPQY is submitted with the VR referral packet, the benefits counselor should make every effort to review the completed Benefits I&R packet with the customer within 15 business days after the date on the VR1512.

When the BPQY is not submitted with the VR referral packet and the benefits counselor must obtain the BPQY, the benefits counselor should make every effort to review the completed Benefits I&R packet with the customer within 45 business days after the date on the VR1512.

The benefits counselor outlines the basics of the customer’s Title XVI, Title II, or concurrent cash and health care benefits and answers the customer’s basic questions. If the customer wants information on how specific amounts of income affect benefits and health care, a BSA/WIP must be purchased. The Benefits I&R conversation is recorded in a written narrative. Generic fact sheets on the customer’s SSA disability program may be offered for additional information.

The benefits counselor compiles the Benefits I&R packet, mails it to the customer, and contacts the customer to review the packet. All questions and concerns in the VR1512 Benefits and Work Incentives Planning Supports and Services Requested section must be addressed in the Benefits I&R documentation.

The benefits counselor submits a copy of the Benefits I&R packet to the requesting VR counselor with an invoice.

Any request to change the Benefits I&R Service Description, Process and Procedure, or Outcomes Required for Payment must be documented and approved by the VR director using the VR3472, Contracted Service Modification Request form, before the change is implemented. For more information, refer to VR-SFP 3.6.4.2 Evaluation of Service Delivery.

### 26.3.1.3 Outcomes Required for Payment

The benefits counselor documents in descriptive terms in the Benefits I&R packet all information required in the Service Description and Process and Procedure, demonstrating that the following are covered or included:

* Basic information about the customer’s SSA Title XVI, Title II, and/or concurrent cash benefits and health care program
* General information regarding the impact of earned and unearned income on the programs
* All questions and concerns in the VR1512 Benefits and Work Incentives Planning Supports and Services Requested section (addressed in the Benefits I&R documentation)
* Documented proof that the customer and the benefits counselor have reviewed the packet, as evidenced by the benefits counselor’s signature and date of review

Note that any service provided by a provisionally certified CPWIC must be cosigned by a supervising certified CPWIC.

Payment for Benefits I&R is made when the VR counselor approves a complete, accurate, signed, and dated invoice and Benefits I&R packet (reviewed with the customer, as documented).

### 26.3.1.4 Fees

For information on benefits and work incentives counseling services fees, refer to VR-SFP 26.7 Benefits and Work Incentives Counseling Services Fee Schedule.

## 26.3.2 Supplemental Security Income and/or Title II Benefits Summary and Analysis/Work Incentive Plan

### **26.3.2.1** Service Description

An SSI and/or Title II BSA/WIP is a written document that provides both general and individualized information about a customer’s verified Title II and/or Title XVI cash benefits, health care, and other benefits and how working will affect all publicly and privately funded benefits.

The BSA section must provide the customer with:

* an overview of the customer’s disability benefit program and associated health care;
* detailed information on how anticipated or current earned income will affect SSA disability benefits;
* an explanation of how any other publicly or privately funded benefits will be affected by employment income; and
* information on where to go for more information.

The source of verification of all benefits and programs must be documented on the BSA/WIP. Verification must come from the SSA, HHSC, or another funding entity.

The WIP section details current and future actions, including timelines, that must be taken by the customer and others involved in the customer’s case in relation to SSA disability benefits and other publicly or privately funded benefits.

A BSA/WIP must include recommendations for any work incentives under Title XVI or Title II for which the customer may qualify.

Assistance with completion of the application process for specific work incentives is purchased separately from the BSA/WIP.

### 26.3.2.2 Process **and Procedures**

The benefits counselor receives:

* a VR1512, Benefits and Work Incentives Planning Referral, requesting a BSA/WIP;
* an SSA BPQY; and
* an SA.

The benefits counselor schedules a meeting with the customer. The meeting should be scheduled within 10 working days from receipt of the TWS-VRS referral. If the customer does not respond to the benefits counselor’s phone, email, or text message to schedule an appointment within five business days of the date on the VR1512, the benefits counselor should request the referring VR counselor’s assistance in contacting the customer.

When the BPQY is submitted with the VR referral packet, the benefits counselor should make every effort to review the completed BSA/WIP packet with the customer within 30 business days after the date on the VR1512.

When the BPQY is not submitted with the VR referral packet and the benefits counselor must obtain the BPQY, the benefits counselor should make every effort to review the completed BSA/WIP packet with the customer within 60 business days after the date on the VR1512.

At the BSA/WIP meeting, the benefits counselor provides an overview of the customer’s SSA disability benefit program and associated health care, as well as detailed information on how anticipated or current earned income will affect SSA disability cash and other benefits. Generic fact sheets about the customer’s SSA disability program, Medicaid/Medicare, and other benefits programs may be offered for additional information. All questions and concerns in the VR1512 Benefits and Work Incentives Planning Supports and Services Requested section must be specifically addressed in the BSA/WIP documentation.

The use of HotDocs is required for work incentives planning and assistance (WIPA) BSA/WIPs.

CPWIC– and WIP-C™–generated BSA/WIP documentation must contain each of the following seven sections in the order listed. Each section must contain the information listed.

* Section One: Summary of Customer’s Current Situation
* List of SSA and other benefits received to be addressed in the BSA/WIP
* Type of benefit and how that information was verified
* Current cash benefit amount awarded, current net benefit the customer is receiving, and how those amounts were verified
* Value of SNAP benefit and how receipt of this benefit was verified
* Type of health care coverage, including any private insurance plans, and how that information was verified
* Monthly health insurance premiums, if applicable, and how that information was verified
* Name of representative payee or authorized representative, if applicable
* Overpayment balance and monthly overpayment recovery amount, if applicable
* Name of home- and community-based services waivers the customer receives, if applicable
* Section Two: Summary of Current Employment/Future Employment Plans
* Any future employment and earnings goals identified
* If not employed, wage and hours expected and how that information was verified
* Current employment situation, if applicable, including job title, hours worked each week, start date, and current rate of pay
* Section Three: Employment Services and Supports
* List of employment services currently receiving
* List of employment services and/or supports from which the customer could benefit
* Section Four: Benefits Issues
* Issues related to Title II disability benefit (for example, potential eligibility on another work record, conversion to retirement, or overpayment issues)
* Issues related to SSI benefit (for example, in-kind support and maintenance, excess resources, deeming, marriage, or overpayment)
* Issues relating specifically to CDB/DAC benefits (for example, restriction on whom the CDB/DAC beneficiary can marry; transition from CDB/DAC to SSDI)
* Where to get assistance with an overpayment that is work related and poses a barrier to continuing employment, if applicable
* Any additional benefit issues that should be addressed
* Section Five: Issues Requiring Immediate Action
* How and when earnings from employment and any work incentive programs must be reported to the SSA and other agencies, such as HHSC/Medicaid
* List of all issues requiring immediate action to be addressed in the BSA/WIP, including, but not limited to, reporting income and dealing with an overpayment or medical review notice
* Section Six: Work Incentive Plan
* Managing SSA benefits and work incentives (for example, reporting monthly income; timely payment of overpayment recovery amount), with timelines and responsible party
* Planning for future health care needs (for example, options for customers who lose their Medicare savings program or Medicaid), with timelines and responsible party
* Managing federal, state, or local benefit programs, with timelines and responsible party
* Accessing employment services and supports (for example, once VR closes the case, the customer may be able to access an employment network), with timelines and responsible party
* Resolving existing benefit problems, with timelines and responsible party
* Creating a follow-up contact plan with the benefits counselor
* Section Seven: Calculation Sheets
* For those on SSI, this section must contain one or more calculation sheets that illustrate the information in the BSA/WIP.
* For those on Title II disability, this section must contain one or more tracking charts that illustrate the information in the BSA/WIP.
* For concurrent beneficiaries, this section must contain both SSI calculation sheets and Title II tracking charts that illustrate the information in the BSA/WIP.
* BSA/WIPs produced by a provisionally certified CPWIC must be cosigned by the supervising certified CPWIC.

The benefits counselor:

* documents the meeting in the approved format noted above;
* compiles the BSA/WIP packet;
* ensures all questions and concerns in the VR1512 Benefits and Work Incentives Planning Supports and Services Requested section are addressed in the BSA/WIP documentation;
* mails the BS&A/WIP packet to the customer; and
* reviews all materials with the customer, as documented by the benefits counselor’s date and signature.

Any request to change the BSA/WIP Service Description, Process and Procedure, or Outcomes Required for Payment must be documented and approved by the program specialist assigned to benefits planning and the VR director using the VR3472, Contracted Service Modification Request form, before the change is implemented. For more information, refer to VR-SFP 3.6.4.2 Evaluation of Service Delivery.

### **26.3.2.3 Outcomes Required for Payment**

The benefits counselor documents in descriptive terms in the BSA/WIP all information required in the Service Description and Process and Procedure, demonstrating that the following are covered or included:

* An overview of the customer’s disability benefit program and associated health care
* Detailed information on how anticipated or current earned income will affect SSA disability and other benefits
* All questions and concerns in the VR1512 Benefits and Work Incentives Planning Supports and Services Requested section (addressed in the BSA/WIP documentation)
* Documented proof that the customer and the benefits counselor have reviewed the packet, as evidenced by the benefits counselor’s signature and date of review

Note that any service provided by a provisionally certified CPWIC must be cosigned by the supervising certified CPWIC.

Payment for a BSA/WIP is made when the VR counselor approves a complete, accurate, signed, and dated invoice and BSA/WIP (reviewed with the customer, as documented).

### 26.3.2.4 Fees

For information on benefits and work incentives counseling services fees, refer to VR-SFP 26.7 Benefits and Work Incentives Counseling Services Fee Schedule.

## 26.3.3 Veteran’s Supplemental Security Income and/or Title II Benefits Summary and Analysis/Work Incentive Plan

### 26.3.3.1 Service Description

A Veteran’s SSI and/or Title II BSA/WIP is a written document that provides both general and individualized information about a customer’s verified Title II or Title XVI cash benefits, health care, and other benefits. A Veteran’s BSA/WIP includes detailed information on the impact of employment on a veteran’s cash benefits, health care, housing, and participation in other veterans’ programs.

The Veteran’s BSA section must provide the customer with:

* an overview of the customer’s veteran’s benefits, SSA disability benefits, and associated health care;
* detailed information on how anticipated or current earned income will affect veteran’s and SSA disability benefits;
* an explanation of how any other publicly funded benefits will be affected by employment income; and
* information on where to go for more information.

The source of verification of all benefits and programs must be documented on the Veteran’s BSA/WIP. Verification must come from the VA, SSA, HHSC, or another funding entity.

The Veteran’s WIP section details current and future actions, with timelines, that must be taken by the customer and others involved in the customer’s case in relation to SSA, VA, and other disability benefits.

A Veteran’s BSA/WIP must include recommendations for any work incentives under Title XVI or Title II for which the customer may qualify.

Assistance with completion of the application process for specific work incentives is purchased separately from the Veteran’s BSA/WIP.

### 26.3.3.2 Process and Procedures

The benefits counselor receives:

* a VR1512, Benefits and Work Incentives Planning Referral, requesting a Veteran’s BSA/WIP;
* an SSA BPQY; and
* an SA.

The benefits counselor schedules a meeting with the customer. The meeting should be scheduled within 10 working days from receipt of the TWS-VRS referral. If the customer does not respond to the benefits counselor’s phone, email, or text message to schedule an appointment within five business days of the date on the VR1512, the benefits counselor should request the referring VR counselor’s assistance in contacting the customer.

When a BPQY is submitted with the VR referral packet, the benefits counselor should make every effort to review the completed Veteran’s BSA/WIP packet with the customer within 30 business days after the date on the VR1512.

When a BPQY is not submitted with the VR referral packet and the benefits counselor must obtain the BPQY, the benefits counselor should make every effort to review the completed Veteran’s BSA/WIP packet with the customer within 60 business days after the date on the VR1512.

At the Veteran’s BSA/WIP meeting, the benefits counselor provides an overview of the customer’s SSA disability benefit program and associated health care, as well as detailed information on how anticipated or current earned income will affect SSA disability, VA, and other benefits. Generic fact sheets about the customer’s SSA disability program, Medicaid/Medicare, VA, and other benefits programs may be offered for additional information. All questions and concerns in the VR1512 Benefits and Work Incentives Planning Supports and Services Requested section must be specifically addressed in the Veteran’s BSA/WIP documentation.

The use of HotDocs is required for WIPA Veteran’s BSA/WIPs.

CPWIC– and WIP-C™–generated Veteran’s BSA/WIPs must contain each of the following seven sections in the order listed. Each section must contain the information listed:

* Section One: Summary of Customer’s Current Situation
* A list of SSA and other benefits received to be addressed in the Veteran’s BSA/WIP
* Type of benefit and how that information was verified
* Current cash benefit amount awarded, current net cash benefit the customer is receiving, and how that information was verified
* Value of SNAP benefit and how receipt of this benefit was verified
* Type of health care coverage, including any private insurance plans, and how that information was verified
* Cost of monthly health insurance premiums, if applicable, and how that information was verified
* Name of representative payee or authorized representative, if applicable
* Overpayment balance and monthly overpayment recovery amount, if applicable
* Name of home- and community-based services waivers the customer receives, if applicable
* Section Two: Summary of Current Employment/Future Employment Plans
* Any future employment and earnings goals identified
* If not employed, employment goal, including wage and hours expected and how that information was verified
* Current employment situation, if applicable, including job title, hours worked each week, start date, and rate of pay
* Section Three: Employment Services and Supports
* List of employment services the customer currently receives
* List of employment services and/or supports from which the customer could benefit
* Section Four: Benefits Issues
* Issues related to VA and SSA disability benefits (for example, potential eligibility on another work record, conversion to retirement, and overpayment)
* Issues related to SSI benefit, if applicable (for example, in-kind support and maintenance, excess resources, deeming, marriage, and overpayment)
* Issues relating specifically to CDB/DAC benefits, if applicable (for example, restriction on whom the CDB/DAC recipient can marry; transition from CDB/DAC to SSDI)
* Where to get assistance with an overpayment that is work related and poses a barrier to continuing employment, if applicable
* Any additional benefit issues that should be addressed
* Section Five: Issues Requiring Immediate Action
* How and when earnings from employment and any work incentive programs must be reported to the SSA, VA, and any other agencies, such as HHSC/Medicaid
* List of all issues requiring immediate action to be addressed in Veteran’s BSA/WIP, including, but not limited to, reporting income and dealing with an overpayment or medical review notice
* Section Six: Work Incentive Plan
* Managing SSA and VA benefits and work incentives (for example, reporting monthly income; timely payment of overpayment recovery amount), with timelines and responsible party
* Planning for future VA- or SSA-associated health care needs (for example, options for customers who lose their Medicare savings program or Medicaid; determining whether TRICARE will be affected), with timelines and responsible party
* Managing federal, state, or local benefit programs, with timelines and responsible party
* Accessing employment services and supports (for example, the customer’s ability to access an employment network after VR closes the case), with timelines and responsible party
* Resolving existing benefit problems, with timelines and responsible party
* Creating a follow-up contact plan with the benefits counselor
* Section Seven: Calculation Sheets
* For those on SSI, this section must contain one or more calculation sheets that illustrate the information in the Veteran’s BSA/WIP.
* For those on Title II disability, this section must contain one or more tracking charts that illustrate the information in the Veteran’s BSA/WIP.
* For concurrent beneficiaries, this section must contain both SSI calculation sheets and Title II tracking charts that illustrate the information in the Veteran’s BSA/WIP.

In addition to the sections above, detailed information on how employment will affect the following veterans’ benefits, if applicable, must be addressed in the Veteran’s BSA/WIP:

* VA disability compensation, pension, or military retirement benefits and how the specific VA benefit identified is affected by earned income and SSA Title XVI or Title II disability benefits, or vice versa
* TRICARE
* VA health system
* Special VA programs disregarded by the SSI program
* Veteran Readiness and Employment
* Available subsistence allowances, including housing and work-study
* Housing grants for veterans, including Texas State Veterans Homes
* Veterans employment centers
* Compensated Work Therapy programs
* Education and training programs for veterans, including the Hazlewood Act
* Service-disabled veterans’ insurance
* Assistance with vehicle modifications
* Annual clothing allowances
* VA Thrift Savings Plan

The following may also be provided:

* Links to and information about private programs, such as VetAssist and the Military Veteran Peer Network
* How to locate and a short description of the services provided by:
	+ TWC’s Workforce Solutions Offices’ Local Veterans’ Employment Representatives or “vet reps”
	+ The TWC/Texas Veterans Commission online list of private Texas employers that have a written policy of employment preference for veterans
	+ The Disabled Veterans’ Outreach Program
* Self-employment resources specifically for veterans, if applicable, including links to the following:
* The Texas Veterans Commission Veteran Entrepreneur Program
* The US Small Business Administration (SBA) Office of Veterans Business Development
* The SBA Veterans Business Outreach Center
* The US General Services Administration
* SCORE

The benefits counselor compiles the Veteran’s BSA/WIP packet, mails the packet to the customer, and reviews the packet with the customer. All questions and concerns in the VR1512 Benefits and Work Incentives Planning Supports and Services Requested section must be addressed in the Veteran’s BSA/WIP documentation.

Veteran’s BSA/WIPs produced by a provisionally certified CPWIC must be cosigned by the supervising certified CPWIC.

Any request to change the Veteran’s BSA/WIP Service Description, Process and Procedure, or Outcomes Required for Payment must be documented and approved by the VR director using the VR3472, Contracted Service Modification Request form, before the change is implemented. For more information, refer to VR-SFP 3.6.4.2 Evaluation of Service Delivery.

### 26.3.3.3 Outcomes Required for Payment

The benefits counselor documents in descriptive terms in the Veteran’s BSA/WIP all information required in the Service Description and Process and Procedure, demonstrating that the following are covered or included:

* An overview of the customer’s disability benefit program and associated health care
* Detailed information on how anticipated or current earned income will affect SSA and VA disability and other benefits
* All questions and concerns in the VR1512 Benefits and Work Incentives Planning Supports and Services Requested section (addressed in the Veteran’s BSA/WIP documentation)
* Documented proof that the customer and the benefits counselor have reviewed the packet, as evidenced by the benefits counselor’s signature and date of review

Note that any service provided by a provisionally certified CPWIC must be cosigned by the supervising certified CPWIC.

Payment for the Veteran’s BSA/WIP is made when the VR counselor approves a complete, accurate, signed, and dated invoice and Veteran’s BSA/WIP (reviewed with the customer, as documented).

### 26.3.3.4 Fees

For information on benefits and work incentives counseling services fees, refer to VR-SFP 26.7 Benefits and Work Incentives Counseling Services Fee Schedule.

## 26.3.4 Revision to Supplemental Security Income and/or Title II Benefits Summary and Analysis/Work Incentive Plan or Veteran’s Benefits Summary and Analysis/Work Incentive Plan

### 26.3.4.1.1 Service Description

To make changes to an SSI and/or Title II BSA/WIP or Veteran’s BSA/WIP, a Revision to BSA/WIP or Veteran’s BSA/WIP packet is necessary. Revisions to a BSA/WIP or Veteran’s BSA/WIP must be employment related and can occur when a customer with an open VR case has a change in the earned income documented in Section 2 of the original BSA/WIP or Veteran’s BSA/WIP.

### 26.3.4.2 Process and Procedures

The benefits counselor receives:

* a VR1512, Benefits and Work Incentives Planning Referral, requesting a Revision to BSA/WIP or Veteran’s BSA/WIP;
* an SSA BPQY; and
* an SA.

The benefits counselor schedules a meeting with the customer. The meeting should be scheduled within 10 working days from receipt of the TWS-VRS referral. If the customer does not respond to the benefits counselor’s phone, email, or text message to schedule an appointment within five business days of the date on the VR1512, the benefits counselor should request the referring VR counselor’s assistance in contacting the customer.

When the BPQY is submitted with the VR referral packet, the benefits counselor should make every effort to review the completed Revision to BSA/WIP or Veteran’s BSA/WIP packet with the customer within 30 business days after the date on the VR1512.

When the BPQY is not submitted with the VR referral packet and the benefits counselor must obtain the BPQY, the benefits counselor should make every effort to review the completed Revision to BSA/WIP or Veteran’s BSA/WIP packet with the customer within 60 business days after the date on the VR1512.

In the Revision to BSA/WIP or Veteran’s BSA/WIP meeting the benefits counselor reviews the overview of the customer’s SSA disability benefit program and associated health care, as well as the detailed information on how anticipated or current earned income will affect SSA disability, VA, and other benefits, as applicable. Generic fact sheets about the customer’s VA and SSA disability program, Medicaid or Medicare, TRICARE, and any other benefits programs, as applicable, may be offered for additional information. All questions and concerns in the VR1512 Specific Information Needed and Additional Comments section must be specifically addressed in the Revision to BSA/WIP or Veteran’s BSA/WIP documentation. After completing the BSA/WIP the benefits counselor mails the final packet to the customer and reviews the packet with the customer.

Any request to change the Revision to BSA/WIP or Veteran’s BSA/WIP Service Description, Process and Procedure, or Outcomes Required for Payment must be documented and approved by the program specialist assigned to benefits planning and the VR director using the VR3472, Contracted Service Modification Request form, before the change is implemented. For more information, refer to VR-SFP 3.6.4.2 Evaluation of Service Delivery.

### 26.3.4.3 Outcomes Required for Payment

The benefits counselor documents in descriptive terms in the Revision to BSA/WIP or Veteran’s BSA/WIP all information required in the Service Description and Process and Procedure, demonstrating that the following are covered or included:

* An overview of the customer’s disability benefit program and associated health care
* Detailed information on how anticipated or current earned income will affect VA benefits, SSA disability, and other benefits, as applicable
* All questions and concerns in the VR1512 Benefits and Work Incentives Planning Supports and Services Requested section (addressed in the Revision to BSA/WIP or Veteran’s BSA/WIP documentation)
* Documented proof that the customer and the benefits counselor have reviewed the packet, as evidenced by the benefits counselor’s signature and date of review

Note that any service provided by a provisionally certified CPWIC must be cosigned by the supervising certified CPWIC.

Payment for a Revision to BSA/WIP or Veteran’s BSA/WIP is made when the VR counselor approves a complete, accurate, signed, and dated invoice or Revision to BSA/WIP or Veteran’s BSA/WIP (reviewed with the customer, as documented).

### 26.3.4.4 Fees

For information on benefits and work incentives counseling services fees, refer to VR-SFP 26.7 Benefits and Work Incentives Counseling Services Fee Schedule.

# 26.4 Supplemental Security Income Work Incentives

The following SSI work incentives are available:

* SEIE
* IRWE
* BWE
* PASS
* PESS

## 26.4.1 Supplemental Security Income Student Earned Income Exclusion

### 26.4.1.1 Service Description

The SSI SEIE is an in-depth written explanation and application for this work incentive, which allows certain students under age 22 to retain more of their monthly SSI cash benefit when working.

### 26.4.1.2 Process and Procedures

The benefits counselor receives:

* a VR1512, Benefits and Work Incentives Planning Referral, requesting SEIE;
* an SSA BPQY; and
* an SA.

The benefits counselor schedules a meeting with the customer. The meeting should be scheduled within 10 working days from receipt of the TWS-VRS referral. If the customer does not respond to the benefits counselor’s phone, email, or text message to schedule an appointment within five business days of the date on the VR1512, the benefits counselor should request the referring VR counselor’s assistance in contacting the customer.

When the BPQY is submitted with the VR referral packet, the benefits counselor should make every effort to review the completed SEIE packet with the customer within five business days after the date on the VR1512.

When the BPQY is not submitted with the VR referral packet and the benefits counselor must obtain the BPQY, the benefits counselor should make every effort to review the completed SEIE packet with the customer within 35 business days after the date on the VR1512.

The SEIE packet consists of:

* a completed application for SEIE on SSA Form 1372 or an SEIE request letter; and
* Instructions on reporting income to the SSA.

Generic fact sheets about the customer’s SSA disability program and SEIE may be offered for additional information.

An SEIE request letter must contain the following information:

* A statement from the student including the student’s age and confirmation of receipt of SSI benefits
* The name and complete address of the school the student attends
* The school’s authorized website or the email address of the student’s instructor
* Proof of enrollment using the Texas Department of Public Safety’s Verification of Enrollment and Attendance form or other acceptable documentation from the secondary or postsecondary school
* The number of weekly class hours the student attends
* A description of the student’s course of study
* The student’s anticipated date of completion
* The employer’s complete business name and address
* The dates of the student’s employment
* The student’s hourly and gross monthly pay
* The number of hours the student works per week
* A copy of the student’s first pay stub or direct deposit statement (If the SEIE request is backdated, copies of all pay stubs or direct deposit statements for the period for which SEIE is requested must be included.)
* The student’s wet signature
* The student’s full name, as it appears in the SSI record
* The student’s full address
* The student’s telephone number and email address, if available

The benefits counselor completes the SEIE application, mails it to the customer and reviews it with the customer. All questions and concerns in the VR1512 Benefits and Work Incentives Planning Supports and Services Requested section must be addressed in the SEIE documentation.

Any request to change the SEIE Service Description, Process and Procedure, or Outcomes Required for Payment must be documented and approved by the VR director using the VR3472, Contracted Service Modification Request form, before the change is implemented. For more information, refer to VR-SFP 3.6.4.2 Evaluation of Service Delivery.

### 26.4.1.3 Outcomes Required for Payment

The benefits counselor documents in descriptive terms in the SEIE packet all information required in the Service Description and Process and Procedure, demonstrating that the following are covered or included:

* Basic information about SEIE, SSI, and Medicaid
* Information regarding the impact of earned and unearned income on SSI
* All questions and concerns in the VR1512 Benefits and Work Incentives Planning Supports and Services Requested section (addressed in the SEIE packet)
* Documented proof that the customer and the benefits counselor have reviewed the packet, as evidenced by the benefits counselor’s signature and date of review

Note that any service provided by a provisionally certified CPWIC must be cosigned by the supervising certified CPWIC.

Payment for an SEIE packet is made when the VR counselor approves a complete, accurate, signed, and dated invoice and SEIE packet (reviewed with the customer, as documented).

### 26.4.1.4 Fees

For information on benefits and work incentives counseling services fees, refer to VR-SFP 26.7 Benefits and Work Incentives Counseling Services Fee Schedule.

## 26.4.2 Supplemental Security Income Impairment-Related Work Expense

### 26.4.2.1 Service Description

An SSI IRWE is a completed application with an in-depth written explanation for this work incentive, which allows customers to retain more of their SSI monthly cash benefit for items and/or services related to the customer’s disability if needed to maintain or advance in employment.

### 26.4.2.2 Process and Procedures

The benefits counselor receives:

* a VR1512, Benefits and Work Incentives Planning Referral, requesting IRWE
* an SSA BPQY; and
* an SA.

The benefits counselor schedules a meeting with the customer. The meeting should be scheduled within 10 working days from receipt of the TWS-VRS referral. If the customer does not respond to the benefits counselor’s phone, email, or text message to schedule an appointment within five business days of the date on the VR1512, the benefits counselor should request the referring VR counselor’s assistance in contacting the customer.

When the BPQY is submitted with the VR referral packet, the benefits counselor should make every effort to review the completed IRWE packet with the customer within 10 business days after the date on the VR1512.

When the BPQY is not submitted with the VR referral packet and the benefits counselor must obtain the BPQY, the benefits counselor should make every effort to review the completed IRWE packet with the customer within 40 business days after the date on the VR1512.

The IRWE packet consists of a completed application for IRWE and a copy of SSA Form 795 with instructions on reporting income to the SSA. Generic fact sheets about the customer’s SSA disability program and IRWE may be offered for additional information.

There is no SSA form for IRWE. The benefits counselor can create a template IRWE request letter for the customer.

Requests for IRWE must include the following information:

* The date
* The period worked
* The customer’s name
* The customer’s Social Security number (SSN)
* The representative payee, if applicable
* Confirmation of receipt of SSI
* A statement that the document is an IRWE request
* A statement that items listed for IRWE consideration:
	+ - * + are necessary for work activity or self-employment;
				+ are paid for by the customer;
				+ are not reimbursed by another source;
				+ are not deducted as a business expense; and
				+ relate to an impairment being treated by a health care provider
* A receipt showing payment for each IRWE expense requested
* A statement that the customer will provide additional documentation, if requested
* A list of requested IRWEs, including:
	+ the amount of each expense;
	+ the impairment to which the cost is related;
	+ the health care provider’s name and type (for example, Dr. Jane Smith, family practitioner), if applicable; and
	+ where possible and applicable, the accompanying doctor’s notes verifying the need for the item or service

The benefits counselor completes the IRWE packet, ensuring that pay stubs and receipts are included, mails the packet to the customer, and reviews the packet with the customer. All questions and concerns in the VR1512 Benefits and Work Incentives Planning Supports and Services Requested section must be addressed in the IRWE packet.

The benefits counselor submits a copy of the IRWE packet to the requesting VR counselor with an invoice.

Any request to change the IRWE Service Description, Process and Procedure, or Outcomes Required for Payment must be documented and approved by the VR director using the VR3472, Contracted Service Modification Request form, before the change is implemented. For more information, refer to VR-SFP 3.6.4.2 Evaluation of Service Delivery.

### 26.4.2.3 Outcomes Required for Payment

The benefits counselor documents in descriptive terms in the IRWE packet all information required in the Service Description and Process and Procedure, demonstrating that the following are covered or included:

* Basic information about IRWE, SSI cash benefits, and Medicaid
* Information regarding the impact of earned and unearned income on SSI
* All questions and concerns in the VR1512, Benefits and Work Incentives Planning Supports and Services Requested section (addressed in the IRWE packet)
* Documented proof that the customer and the benefits counselor have reviewed the packet, as evidenced by the benefits counselor’s signature and date of review

Note that any service provided by a provisionally certified CPWIC must be cosigned by the supervising certified CPWIC.

Payment for an IRWE packet is made when the VR counselor approves a complete, accurate, signed, and dated invoice and IRWE packet (reviewed with the customer, as documented).

### 26.4.2.4 Fees

For information on benefits and work incentives counseling services fees, refer to VR-SFP 26.7 Benefits and Work Incentives Counseling Services Fee Schedule.

## 26.4.3 Supplemental Security Income Blind Work Expense

### 26.4.3.1 Service Description

The SSI BWE is a written or electronic in-depth explanation and application for this work incentive, which allows customers who are statutorily blind, by SSA’s definition, to retain more of their SSI monthly cash benefit when working.

### 26.4.3.2 Process and Procedures

The benefits counselor receives:

* a VR1512, Benefits and Work Incentives Planning Referral, requesting BWE;
* an SSA BPQY; and
* an SA.

The benefits counselor schedules a meeting with the customer. The meeting should be scheduled within 10 working days from receipt of the TWS-VRS referral. If customer does not respond to the benefits counselor’s phone, email, or text message to schedule an appointment within five business days of the date on the VR1512, the benefits counselor should request the referring VR counselor’s assistance in contacting the customer.

When the BPQY is submitted with the VR referral packet, the benefits counselor should make every effort to review the completed BWE packet with the customer within 10 business days after the date on the VR1512.

When the BPQY is not submitted with the VR referral packet and the benefits counselor must obtain the BPQY, the benefits counselor must review the completed BWE packet with the customer within 40 business days after the date on the VR1512.

The BWE packet consists of a completed application for BWE and a copy of SSA Form 795, with instructions on reporting income to the SSA. Generic fact sheets about the customer’s SSA disability program and BWE may be offered for additional information.

The completed written BWE application must contain the following information:

* Receipts and proof of wages or self-employment tax returns
* The date
* The period worked
* The customer’s name
* The representative payee, if applicable
* The customer’s SSN
* A contact phone number
* Statements that:
	+ - * + the letter is a BWE request;
	+ the customer would like the SSA to consider allowing the items outlined in the application to be deducted as BWEs;
	+ the BWEs requested are necessary for work activity or self-employment;
	+ the BWEs are paid for by the customer and are not deducted as business expenses; and
	+ additional documentation will be provided if requested by the SSA
* A list of expenses and other information for the report periods on included pay stubs or direct deposit statements, including:
	+ - * + pay date;
				+ federal taxes;
				+ local taxes;
				+ Social Security taxes; and
				+ mandatory dues or pension costs
* A list of other work expenses (such as transportation, child care, disability-related expenses, meals consumed at work, and uniforms, with receipts for verification wherever possible)
* For each BWE requested:
* the date of payment;
* the type of expense;
* the amount of the expense; and
* a copy of SSA Form 795 for reporting BWE expenses

The benefits counselor completes the BWE packet, mails the packet to the customer and reviews the packet with the customer. All questions and concerns in the VR1512 Benefits and Work Incentives Planning Supports and Services Requested section must be addressed in the BWE packet.

Any request to change the BWE Service Description, Process and Procedure, or Outcomes Required for Payment must be documented and approved by the VR director using the VR3472, Contracted Service Modification Request form, before the change is implemented. For more information, refer to VR-SFP 3.6.4.2 Evaluation of Service Delivery.

### 26.4.3.3 Outcomes Required for Payment

The benefits counselor documents in descriptive terms in the BWE packet all information required in the Service Description and Process and Procedure, demonstrating that the following are covered or included:

* Basic information about BWE, SSI cash benefits, and Medicaid
* General information regarding the impact of earned and unearned income on the programs
* All questions and concerns in the VR1512, Benefits and Work Incentives Planning Supports and Services Requested section (addressed in the BWE packet)
* Documented proof that the customer and the benefits counselor have reviewed the packet, as evidenced by the benefits counselor’s signature and date of review

Note that any service provided by a provisionally certified CPWIC must be cosigned by the supervising certified CPWIC.

Payment for a BWE packet is made when the VR counselor approves a complete, accurate, signed, and dated invoice and BWE packet (reviewed with the customer, as documented).

### 26.4.3.4 Fees

For information on benefits and work incentives counseling services fees, refer to VR-SFP 26.7 Benefits and Work Incentives Counseling Services Fee Schedule.

## 26.4.4 Supplemental Security Income Plan to Achieve Self-Support

### 26.4.4.1 Service Description

An SSI PASS is a completed application on SSA Form 545 with budgets and an in-depth written explanation for this SSI work incentive, which allows customers to set aside money to pay for items and/or services needed to achieve a work goal. Money deposited in the customer’s PASS account will increase the amount of the monthly SSI cash benefit and not be counted towards the SSI $2,000/$3,000 monthly resource limit.

Customers are not required to be working to have a PASS but must have a work goal that will result in a living wage.

### 26.4.4.2 Process and Procedures

The benefits counselor receives:

* a VR1512, Benefits and Work Incentives Planning Referral, requesting PASS;
* an SSA BPQY; and
* an SA.

The benefits counselor schedules a meeting with the customer. The meeting should be scheduled within 10 working days from receipt of the TWS-VRS referral. If the customer does not respond to the benefits counselor’s phone, email, or text message to schedule an appointment within five business days of the date on the VR1512, the benefits counselor should request the referring VR counselor’s assistance in contacting the customer.

When the BPQY is submitted with the VR referral packet, the benefits counselor should make every effort to review the completed PASS packet with the customer within 30 business days after the date on the VR1512.

When the BPQY is not submitted with the VR referral packet and the benefits counselor must obtain the BPQY, the benefits counselor should make every effort to review the completed PASS packet with the customer within 60 business days after the date on the VR1512.

The benefits counselor:

* assists in completion of the PASS application on SSA Form 545;
* attaches the PASS budget;
* explains how to track and report PASS savings to the SSA;
* assists with gathering other needed documentation for the PASS;
* mails the packet to the customer; and
* reviews the packet with the customer.

All questions and concerns in the VR1512 Benefits and Work Incentives Planning Supports and Services Requested section must be addressed in the PASS documentation.

Any request to change the PASS Service Description, Process and Procedure, or Outcomes Required for Payment must be documented and approved by the VR director using the VR3472, Contracted Service Modification Request form, before the change is implemented. For more information, refer to VR-SFP 3.6.4.2 Evaluation of Service Delivery.

### 26.4.4.3 Outcomes Required for Payment

The benefits counselor documents in descriptive terms in the PASS packet all information required in the Service Description and Process and Procedure, demonstrating that the following are covered or included:

* Basic information about SSI, PASS, and Medicaid
* General information regarding the impact of earned and unearned income on the programs
* All questions and concerns in the VR1512, Benefits and Work Incentives Planning Supports and Services Requested section (addressed in the PASS packet)
* Documented proof that the customer and the benefits counselor have reviewed the packet, as evidenced by the benefits counselor’s signature and date of review

Note that any service provided by a provisionally certified CPWIC must be cosigned by the supervising certified CPWIC.

Payment for PASS is made when the VR counselor approves a complete, accurate, signed, and dated invoice and PASS packet (reviewed with the customer, as documented).

### 26.4.4.4 Fees

For information on benefits and work incentives counseling services fees, refer to VR-SFP 26.7 Benefits and Work Incentives Counseling Services Fee Schedule.

## 26.4.5 Supplemental Security Income Property Essential to Self-Support

### 26.4.5.1 Service Description

SSI PESS is an in-depth written explanation and application on SSA Form 795 and accompanying documents, such as a tax return, a deed, or documents proving the base value of livestock or tools. This work incentive allows customers receiving SSI who own property, livestock, or tools used in a trade or business or as an employee to exclude all or a portion of those items from resources. PESS only applies to unincorporated for-profit businesses that produce net earnings from self-employment in the trade or business exclusion, such as sole proprietorships, partnerships, and limited liability companies.

### 26.4.5.2 Process and Procedures

The benefits counselor receives:

* a VR1512, Benefits and Work Incentives Planning Referral, requesting PESS;
* an SSA BPQY; and
* an SA.

The benefits counselor schedules a meeting with the customer. The meeting should be scheduled within 10 working days from receipt of the TWS-VRS referral. If the customer does not respond to the benefits counselor’s phone, email, or text message to schedule an appointment within five business days of the date on the VR1512, the benefits counselor should request the referring VR counselor’s assistance in contacting the customer.

When the BPQY is submitted with the VR referral packet, the benefits counselor should make every effort to review the completed PESS packet with the customer within 15 business days after the date on the VR1512.

When the BPQY is not submitted with the VR referral packet and the benefits counselor must obtain the BPQY, the benefits counselor should make every effort to review the completed PESS packet with the customer within 45 business days after the date on the VR1512.

The benefits counselor:

* assists in completion of the PESS request on SSA Form 795;
* attaches supporting documentation, such as a tax return, a deed, or documents proving the base value of livestock or tools;
* explains how to track and report PESS savings to the SSA;
* mails the packet to the customer; and
* reviews the packet with the customer.

The SSA Form 795 PESS request must have attached or contain the following information:

* Tax returns, deeds, or other proof of ownership of PESS exclusions
* The date
* The period worked
* The customer’s name
* The representative payee, if applicable
* The customer’s SSN
* The customer’s contact phone number
* A statement on SSA Form 795 that:
* the PESS is necessary for work activity or self-employment;
* the items are paid for by the customer;
* the cost of the items is not deducted as a business expense; and
* additional documentation will be provided if requested by the SSA
* A list of PESS exclusions

Any request to change the PESS Service Description, Process and Procedure, or Outcomes Required for Payment must be documented and approved by the VR director using the VR3472, Contracted Service Modification Request form, before the change is implemented. For more information, refer to VR-SFP 3.6.4.2 Evaluation of Service Delivery.

### 26.4.5.3 Outcomes Required for Payment

The benefits counselor documents, in descriptive terms in the PESS packet, all information required in the Service Description and Process and Procedure, demonstrating that the following are covered or included:

* Basic information about SSI, PESS, and Medicaid
* General information regarding the impact of earned and unearned income on the programs
* All questions and concerns in the VR1512 Benefits and Work Incentives Planning Supports and Services Requested section (addressed in the PESS documentation)
* Documented proof that the customer and the benefits counselor have reviewed the packet, as evidenced by the benefits counselor’s signature and date of review

Note that any service provided by a provisionally certified CPWIC must be cosigned by the supervising certified CPWIC.

Payment for PESS is made when the VR counselor approves a complete, accurate, signed, and dated invoice and PESS packet (reviewed with the customer, as documented).

### 26.4.5.4 Fees

For information on benefits and work incentives counseling services fees, refer to VR-SFP 26.7 Benefits and Work Incentives Counseling Services Fee Schedule.

# 26.5 Title II Work Incentives

The following Title II services are available:

* PASS
* IRWE
* Subsidy or Special Condition

## 26.5.1 Title II Plan to Achieve Self-Support

### 26.5.1.1 Service Description

A Title II PASS is a completed application on SSA Form 545 with budgets and an in-depth written explanation for this Title II work incentive, which allows customers to set aside money to pay for items and/or services needed to achieve a work goal.

Customers on Title II disability benefits who have an approved PASS will always get some amount of SSI disability monthly cash benefit and Medicaid while the PASS is active.

A PASS application packet for a Title II disability beneficiary must include instructions on how to report income to the Title II claims representative and a note that, as long as the customer is receiving Medicaid, he or she must have no more than $2,000/$3,000 in monthly resources.

Customers are not required to be working to have a PASS but must have a work goal that will result in a living wage.

### 26.5.1.2 Process and Procedures

The benefits counselor receives:

* a VR1512, Benefits and Work Incentives Planning Referral, requesting PASS;
* an SSA BPQY; and
* an SA.

The benefits counselor schedules a meeting with the customer. The meeting should be scheduled within 10 working days from receipt of the TWS-VRS referral. If the customer does not respond to the benefits counselor’s phone, email, or text message to schedule an appointment within five business days of the date on the VR1512, the benefits counselor should request the referring VR counselor’s assistance in contacting the customer.

When the BPQY is submitted with the VR referral packet, the benefits counselor should make every effort to review the completed PASS packet with the customer within 30 business days after the date on the VR1512.

When the BPQY is not submitted with the VR referral packet and the benefits counselor must obtain the BPQY, the benefits counselor should make every effort to review the completed PASS packet with the customer within 60 business days after the date on the VR1512.

The benefits counselor completes the PASS application on SSA Form 545, the PASS budget, and other documentation, educates the customer on how to track and report PASS savings to the SSA, mails the packet to the customer, and reviews the packet with the customer.

All questions and concerns in the VR1512 Benefits and Work Incentives Planning Supports and Services Requested section must be addressed in the PASS documentation.

Any request to change the PASS Service Description, Process and Procedure, or Outcomes Required for Payment must be documented and approved by the VR director using the VR3472, Contracted Service Modification Request form, before the change is implemented. For more information, refer to VR-SFP 3.6.4.2 Evaluation of Service Delivery.

### 26.5.1.3 Outcomes Required for Payment

The benefits counselor documents in descriptive terms in the PASS packet all information required in the Service Description and Process and Procedure, demonstrating that the following are covered or included:

* Basic information about SSA Title II and concurrent cash benefits and Medicaid and Medicare
* Information on the resource limit with Title II PASS
* General information regarding the impact of earned and unearned income on the programs
* All questions and concerns in the VR1512 Benefits and Work Incentives Planning Supports and Services Requested section (addressed in the PASS documentation)
* Documented proof that the customer and the benefits counselor have reviewed the packet, as evidenced by the benefits counselor’s signature and date of review

Note that any service provided by a provisionally certified CPWIC must be cosigned by the supervising certified CPWIC.

Payment for PASS is made when the VR counselor approves a complete, accurate, signed, and dated invoice and PASS packet (reviewed with the customer, as documented).

### 26.5.1.4 Fees

For information on benefits and work incentives counseling services fees, refer to VR-SFP 26.7 Benefits and Work Incentives Counseling Services Fee Schedule.

## 26.5.2 Title II Impairment-Related Work Expense

### 26.5.2.1 Service Description

A Title II IRWE is a completed application with an in-depth written explanation for this work incentive, which allows customers to retain their Title II monthly cash benefit if expenses for items and/or services related to the customer’s disability are needed to maintain employment. Title II IRWEs can only be ordered if the customer has finished a trial work period and is earning above substantial gainful activity.

### 26.5.2.2 Process and Procedures

The benefits counselor receives:

* a VR1512, Benefits and Work Incentives Planning Referral, requesting Title II IRWE;
* an SSA BPQY; and
* an SA.

The benefits counselor schedules a meeting with the customer. The meeting should be scheduled within 10 working days from receipt of the TWS-VRS referral. If the customer does not respond to the benefits counselor’s phone, email, or text message to schedule an appointment within five business days of the date on the VR1512, the benefits counselor should request the referring VR counselor’s assistance in contacting the customer.

When the BPQY is submitted with the VR referral packet, the benefits counselor should make every effort to review the completed Title II IRWE packet with the customer within 10 business days after the date on the VR1512.

When the BPQY is not submitted with the VR referral packet and the benefits counselor must obtain the BPQY, the benefits counselor should make every effort to review the completed Title II IRWE packet with the customer within 45 business days after the date on the VR1512.

The Title II IRWE packet consists of:

* a completed application for Title II IRWE;
* a copy of SSA Form 795; and
* instructions on reporting income to the SSA.

Generic fact sheets about the customer’s Title II disability benefits and Title II IRWE may be offered for additional information.

There is no SSA form for Title II IRWE. The benefits counselor can create a template IRWE request letter for the customer. The Title II IRWE letter must contain the following information:

* The date
* The period worked
* The customer’s name
* The customer’s SSN
* The representative payee, if applicable
* The SSN on which payment is made, if different from the customer’s SSN (for example, for a CDB/DAC or DWB recipient)
* The type of Title II benefit received
* A statement that the document is a Title II IRWE request that items listed be deducted as IRWEs when considering the work activity the customer is reporting
* A statement that items listed for Title II IRWE consideration:
* are necessary for work activity or self-employment;
* are paid for by the customer;
* are not reimbursed by another source or deducted as a business expense; and
* relate to an impairment being treated by a health care provider
* A receipt for each Title II IRWE expense, attached by the customer
* A statement that the customer will provide additional documentation, if requested
* A listing of requested Title II IRWEs including:
	+ the date of payment;
	+ the amount of the expense;
	+ the impairment to which the cost is related;
	+ the health care provider’s name and type (for example, Dr. Jane Smith, family practitioner), if applicable; and
	+ where possible and applicable, accompanying doctor’s notes verifying the need for the item or service

The benefits counselor completes the Title II IRWE packet, mails the packet to the customer and reviews the packet with the customer. All questions and concerns in the VR1512 Benefits and Work Incentives Planning Supports and Services Requested section must be addressed in the Title II IRWE documentation.

Any request to change the Title II IRWE Service Description, Process and Procedure, or Outcomes Required for Payment must be documented and approved by the VR director using the VR3472, Contracted Service Modification Request form, before the change is implemented. For more information, refer to VR-SFP 3.6.4.2 Evaluation of Service Delivery.

### 26.5.2.3 Outcomes Required for Payment

The benefits counselor documents in descriptive terms in the Title II IRWE packet all information required in the Service Description and Process and Procedure, demonstrating that the following are covered or included:

* Basic information about Title II IRWE, the Title II benefits program, and Medicare
* General information regarding the impact of earned and unearned income on the programs
* All questions and concerns in the VR1512 Benefits and Work Incentives Planning Supports and Services Requested section (addressed in the Title II IRWE documentation)
* Documented proof that the customer and the benefits counselor have reviewed the packet, as evidenced by the benefits counselor’s signature and date of review

Note that any service provided by a provisionally certified CPWIC must be cosigned by the supervising certified CPWIC.

Payment for a Title II IRWE is made when the VR counselor approves a complete, accurate, signed, and date invoice and Title II IRWE packet (reviewed with the customer, as documented).

### 26.5.2.4 Fees

For information on benefits and work incentives counseling services fees, refer to VR-SFP 26.7 Benefits and Work Incentives Counseling Services Fee Schedule.

## 26.5.3 Title II Subsidy or Special Condition

### 26.5.3.1 Service Description

A Subsidy or Special Condition service consists of a completed application on SSA Form 3033 signed by the customer’s employer and an in-depth written explanation. This work incentive allows customers to keep their monthly Title II cash benefit after completion of the trial work period when working above substantial gainful activity and receiving natural or paid on-the-job supports.

### 26.5.3.2 Process and Procedures

The benefits counselor receives:

* a VR1512, Benefits and Work Incentives Planning Referral, requesting Subsidy or Special Condition service;
* an SSA BPQY; and
* an SA.

The benefits counselor schedules a meeting with the customer. The meeting should be scheduled within 10 working days from receipt of the TWS-VRS referral. If the customer does not respond to the benefits counselor’s phone, email, or text message to schedule an appointment within five business days of the date on VR1512, the benefits counselor should request the referring VR counselor’s assistance in contacting the customer.

When the BPQY is submitted with the VR referral packet, the benefits counselor should make every effort to review the completed Subsidy or Special Condition packet with the customer within 30 business days after the date on the VR1512.

When the BPQY is not submitted with the VR referral packet and the benefits counselor must obtain the BPQY, the benefits counselor should make every effort to review the completed Subsidy or Special Condition packet with the customer within 60 business days after the date on the VR1512.

The Subsidy or Special Condition packet consists of a completed application for Subsidy or Special Condition on SSA Form 3033 and instructions on reporting income to the SSA. Generic fact sheets about the customer’s SSA disability program and Subsidy or Special Condition may be offered for additional information.

The benefits counselor mails the customer SSA Form 3033, along with the information needed for the employer to complete and sign SSA Form 3033, and reviews the packet with the customer. All questions and concerns in the VR1512 Benefits and Work Incentives Planning Supports and Services Requested section must be addressed in the Subsidy or Special Condition documentation.

Any request to change the Subsidy or Special Condition Service Description, Process and Procedure, or Outcomes Required for Payment must be documented and approved by the VR director using the VR3472, Contracted Service Modification Request form, before the change is implemented. For more information, refer to VR-SFP 3.6.4.2 Evaluation of Service Delivery.

### 26.5.3.3 Outcomes Required for Payment

The benefits counselor assists the customer in getting the SSA Form 3033 completed and signed by the employer and attaches pay stubs and any other documentation, as described in the Subsidy or Special Condition Service Description.

Note that any service provided by a provisionally certified CPWIC must be cosigned by the supervising certified CPWIC.

Payment for a Subsidy or Special Condition is made when the VR counselor approves a complete, accurate, signed, and dated invoice and Subsidy or Special Condition packet (reviewed with the customer as documented).

### 26.5.3.4 Fees

For information on benefits and work incentives counseling services fees, refer to VR-SFP 26.7 Benefits and Work Incentives Counseling Services Fee Schedule.

# 26.6 Medicaid Buy-In

### 26.6.1 Service Description

The Medicaid Buy-In service consists of a completed application on HHSC Form 1200/MBI, pay stubs and other required documentation, and an in-depth written explanation for this work incentive, which allows any qualifying customer who is working and needs health insurance to purchase Medicaid and earn a living wage.

If the customer also receives Title II disability benefits, a BSA/WIP must be purchased simultaneously or before purchasing the Medicaid Buy-In service.

### 26.6.2 Process and Procedures

The benefits counselor receives:

* a VR1512, Benefits and Work Incentives Planning Referral, requesting Medicaid Buy-In;
* an SSA BPQY, if applicable; and
* an SA.

The benefits counselor schedules a meeting with the customer. The meeting should be scheduled within 10 working days from receipt of the TWS-VRS referral. If the customer does not respond to the benefits counselor’s phone, email, or text message to schedule an appointment within five business days of the date on the VR1512, the benefits counselor should request the referring VR counselor’s assistance in contacting the customer.

If a BPQY is necessary and submitted with the VR referral packet or was previously provided within the past year, the benefits counselor should make every effort to review the completed Medicaid Buy-In packet with the customer within 30 business days after the date on the VR1512.

If a BPQY is necessary but not submitted with the VR Referral Packet and the benefits counselor must obtain the BPQY, the benefits counselor should make every effort to review the completed Medicaid Buy-In packet with the customer within 60 business days after the date on the VR1512.

The Medicaid Buy-In packet consists of a completed application on HHSC Form H-1200/MBI and instructions on reporting income to HHSC. Generic fact sheets about Medicaid Buy-In and the customer’s SSA disability program, if applicable, may be offered for additional information.

The benefits counselor assists the customer in completing the HHSC H-1200/MBI and gathering pay stubs and other necessary documentation, mails the packet to the customer, and reviews the packet with the customer. All questions and concerns in the VR1512 Benefits and Work Incentives Planning Supports and Services Requested section must be addressed in the Medicaid Buy-In documentation.

Any request to change the Medicaid Buy-In Service Description, Process and Procedure, or Outcomes Required for Payment must be documented and approved by the VR director using the VR3472, Contracted Service Modification Request form, before the change is implemented. For more information, refer to VR-SFP 3.6.4.2 Evaluation of Service Delivery.

### 26.6.3 Outcomes Required for Payment

The benefits counselor completes and submits a Medicaid Buy-In packet to the requesting VR counselor with an invoice.

Note that any service provided by a provisionally certified CPWIC must be cosigned by the supervising certified CPWIC.

Payment for Medicaid Buy-In is made when the VR counselor approves the invoice and the completed MBI packet (reviewed with the customer as documented).

### 26.6.4 Fees

For information on benefits and work incentives counseling services fees, refer to VR-SFP 26.7 Benefits and Work Incentives Counseling Services Fee Schedule.

# 26.7. Benefits and Work Incentives Counseling Services Fee Schedule

A benefits counselor cannot collect money from a VR customer or the customer’s family for any service.

|  |  |  |
| --- | --- | --- |
| Services | **PROPOSED NEW Rates** | Comment |
| Benefits I&R | **$100** | May be purchased one time for a customer  |
| BSA/WIP | **$550** | May be purchased one time for a customer |
| Veteran’s BSA/WIP | **$1,000** | May be purchased one time for a customer |
| Revision to BSA/WIP or Veteran’s BSA/WIP | **$300** | May be purchased multiple times for a customer |
| PASS  | **$450** | May be purchased one time for a customer |
| IRWE | **$100** | May be purchased one time for each job a customer obtains |
| BWE (SSI only) | **$100** | May be purchased one time for each job a customer obtains |
| PESS (SSI only) | **$100** | May be purchased one time for each job a customer obtains |
| SEIE (SSI only) | **$100** | May be purchased one time for each job a customer obtains |
| Subsidy or Special Condition (Title II only) | **$100** | May be purchased one time for each job a customer obtains |
| Medicaid Buy-In Application (Any customer) | **$260** | May be purchased one time for each job a customer obtains |