Understanding Social Security Benefits

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Positive Education, Inc.
GMHS, Ft. Lauderdale, FL
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Objectives

- Offer a basic understanding of benefits offered through The Social Security Administration
- Define some of the major programs of Social Security
- Define eligibility criteria of those programs
Overview

Social Security is a contributory fund that was meant to supplement our income at retirement, and assist us when necessary through out our lives.

Social Security benefits make up a matrix of programs that are the safety net of our society.
Retirement benefits

- Social Security Retirement income
- Provides income based on how long and how much you have paid into the system
- Can also provide income for your spouse based on your income
- Provides basic medical coverage
- Currently full benefits begin at age 65
- Early retirement is available at a reduced rate
Social Security Disability Insurance (SSDI)¹
(insured, FICA-Federal Insurance Contributions Act)

- If you should become disabled, you can receive income while you are disabled.
- You can qualify if you have worked long enough and recently enough under Social Security.
- Your spouse or dependent child may also be able to receive benefits based on what you have paid into FICA.

Joseph L. Lennox-Smith
August 23, 2010
Supplemental Security Income (SSI)$\uparrow$

- SSI is an entitlement program
- It is available to disabled and low income individuals and families
- There is a basic national rate ($674*2011$)
- People that get SSI may also get food stamps and "Medicaid" assistance

* These figures can change yearly, so check with your case manager or SSA office for correct amount.
WHAT’S NEW IN 2011?

• The Substantial Gainful Activity (SGA) amount for individuals with disabilities, other than blindness, is $1,000 for 2011. The amount is unchanged from 2010.

The SGA amount for individuals who are blind is $1,640 for 2011. The amount is unchanged from 2010.

The monthly earnings amount that we use to determine if a month counts for the Trial Work Period (TWP) is $720 for 2011. The amount is unchanged from 2010.

For 2011, the Supplemental Security Income (SSI) Federal Benefit Rates (FBR) are $674 for an eligible individual and $1,011 for an eligible couple. The amounts are unchanged from 2010.

For 2011, the income amounts that will have no effect on eligibility or benefits for SSI beneficiaries who are students are unchanged from 2010. For 2011, the monthly amount is $1,640 and the yearly maximum is $6,600.

For 2011, the monthly Medicare Part A Hospital Insurance Base Premium is $450.00, and the 45 percent Reduced Premiums is $248.00. The Part B Supplemental Medical Insurance monthly Base Premium is $115.40.
Where to Get More Information

1. On the Web at www.ssa.gov
2. By phone (800-772-1213) (TTD 1-800-325-0778)
3. By mail
4. By visiting the nearest SSA office

1. Information in this presentation was based on the content of the web page for Social Security www.ssa.gov
People with HIV may qualify for disability benefits when they are no longer able to work. Some people with HIV infection that have not progressed to AIDS may be just as severely disabled as a person with AIDS and, therefore, just as likely to qualify for disability.

There are two types of Social Security programs that you may qualify for, Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI). First we will discuss SSDI.
Who can Get Social Security Disability Benefits?

- Unmarried children, under 18 or under 19, if in high school full time. (also adopted, and some step)

- Unmarried son or daughter, 18 or older, if disability started before 22.

- Your spouse, if he or she is caring for a child of yours who is under 16 or disabled and also receiving checks.

- Disabled widow or widower age 50 or older

- You can qualify if you have worked long enough and recently enough under Social Security.

Notify SSA if you become a parent after receiving benefits to see if they qualify.
SSDI is figured on a credit system. The amount or earnings required for a credit increases each year as general wage levels rise.

The dependent family members may also qualify on your work record.

20/40 rule - You can earn up to 4 credits per year, so if you gotten at least 20 credits in the past 10 years you may qualify.

You should receive a statement each year letting you know for which benefits you are eligible until benefits start.

Insured, FICA-Federal Insurance Contributions Act
HOW TO APPLY FOR SSDI/SSI
As soon as a person becomes disabled apply:

- By phone (800-772-1213) (TTD 1-800-325-0778)
- By mail.
- By visiting the nearest SSA office.
- On line at www.ssa.gov

For SSDI:
- Full five calendar months (waiting period)
- No waiting period for qualified reapplication within five years of original application.
- No waiting period children

SSI pays begin as soon as disability is determined.
What is considered when determining disability?

Are you working?
If so, are you making below SGA or "Substantial Gainful Activity" (2004 $810)?
Self employment rules are slightly different and focus on the value of the services you provide.
Special rules apply to the blind.

Is your condition "severe"?
SSA maintains a list of impairments for each of the major body systems that are so severe the automatically mean your disabled. If your condition is not on the list, they have to decide if it is of equal severity to one that is on the list. If it is, the claim is approved. If it is not, they go to the next step.

- Can you do the work you did previously?
- Can you do any other type of work?
- Can your disability be expected to result in death, or
- Is your disability likely to last 12 months or more?
Some of the HIV-related conditions included in the HIV list of impairments are shown below.

- Pulmonary tuberculosis resistant to treatment
- Kaposi's sarcoma
- Pneumocystis carinii pneumonia (PCP)
- Carcinoma of the cervix
- Herpes Simplex
- Hodgkin's disease and all lymphomas
- HIV Wasting Syndrome
- Syphilis and Neurosyphilis
- Candidiasis (type of yeast infection)
- Histoplasmosis (respiratory fungus)

**Remember**: These are just a few examples. You can see a complete list of HIV-related impairments at any Social Security office.
Evaluation Of HIV Infection In Women

Social Security's guidelines for the immune system recognize that HIV infection can show up differently in women than in men. In addition to following the criteria outlined in the previous slide, DDS disability evaluators consider specific criteria for diseases common in women. These include:

- vulvovaginal candidiasis (yeast infection);
- genital herpes;
- pelvic inflammatory disease (PID);
- invasive cervical cancer; genital ulcerative disease;
- condyloma (genital warts caused by the human papillomavirus).

The list of impairments describes the level of severity necessary for these impairments to be considered disabling.
Evaluation Of HIV Infection In Children

Social Security has separate listings for children with HIV infection. These guidelines recognize that the course of the disease in children can differ from adults. In order to be found disabled, a child must have a condition that exactly matches or is equal in severity to either the adult or childhood HIV listing or another impairment found in the list of impairments. For more information about disability benefits for children, ask Social Security for a copy of the booklet, *Social Security And SSI Benefits For Children With Disabilities*
How to speed up your request:

- Call or write as soon as possible to set an appointment (eligibility is based on the date you call)
- Bring with you to the SSA office:
  - SS#
  - Birth certificate or proof of age
  - Names, addresses, phones of doctors, hospitals, clinics and institutions, and dates of treatment.
  - List of medications.
  - Medical records.
  - Lab results including positive HIV diagnosis, with your name on it.
  - Summary of work for past 15 years.
  - Copy of W-2 form or tax return for past year.
  - Dates of prior marriages, if your spouse is applying.
If you are applying for SSI you must also bring:

- Household expenses information (Rent, mortgage, utilities)
- Payroll slips and all information on assets
- Proof of US citizenship or non-citizen status
- If you don't have all the information, don't put off filing; the SSA office will help you.
It has become more difficult to get disability today
proper documentation is crucial

- Keep a diary so you remember to tell your doctor any medical problem you might be experiencing and may forget about the day of your appointment
- Much depends on your doctor’s evaluation of how well you are able to function day-to-day

Other things that are considered:
- Daily activities
- Social functioning
- The ability to complete tasks in a timely manner, which requires the ability to maintain concentration, persistence and pace
Other areas that are considered:

- Side effects of medications and their impact on functionality
- Mental and emotional stability

Disability Determination Service (DDS) evaluates disability claims for SSI and SSDI on the basis of how well someone functions day-to-day. If a person has "marked limitations" in any one of these functional areas and with repeated manifestations of HIV that meet the criteria in the said listings, they may be considered disabled.

- Other disability benefits (Workman’s comp., certain federal, state, local and Civil Service, or military) can affect the amount you receive from SSA.
Understanding Social Security

Returning to work
Returning to Work
Make a "Back to work Plan"

Questions to ask yourself about returning to work:

✓ Will I be able to keep my medical benefits?
✓ Will my new employer’s Insurance cover HIV related illness or medications?!
✓ If not how will I pay for them?
✓ Will returning to work pose a risk to my health?
✓ Will returning to work make me feel better about myself and in turn healthier?
✓ Should my new employer know my situation?
✓ If he knows will he understand?

Above all remember, you must stay on your meds and remain adherent!

Ask your case manager or SSA office about signing up for extended eligibility for SSDI, should your health deteriorate, and you should have to return to disability.
Your retirement Check

- If you are returning to work and you are no longer on disability -
  - The amount of your retirement check will be figured on the bases of you highest 35 years of income, and you have to have enough credits - sooo
  - Make sure that you make at least what you made prior to your disability began and that you work long enough.
Returning to Work ("Work incentives")

SSDI

Nine-month “trial work period”:

- earnings, no matter how much, will not affect benefits payments; three-year guarantee:

- If benefits have stopped because person continues to work after the trial period SS check will be paid for any month below "substantial" level ($1000 - 2011)

- If you earn more than ($720) per month - that month will count as a month of your “trial work period.”

- Medicare extends through three-year time frame after the trial work period, even if your earnings are substantial.

- 5 year reinstatement period
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<td>2015</td>
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<td>EEP = Extended Period of Eligibility - 36 months after TWP</td>
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<td>TWP = 9 month Trial Work Period - any month over $750.00 (2011)</td>
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### National Poverty Guidelines 2011


<table>
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<th>Size of Family Unit</th>
<th>48 Contiguous States and D.C.</th>
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<td>8</td>
<td>37,630</td>
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</table>

For each additional person, add

- 3,820 for 48 Contiguous States and D.C.
- 4,780 for Alaska
- 4,390 for Hawaii


**NOTE:** Tables containing various percentage multiples (i.e., 100%, 120%, 133%, etc.) of the 2011 poverty guidelines commonly used in Federal and State programs are available internally from the link below. These tables from the Centers for Medicare & Medicaid Services include both monthly and annual amounts for various family sizes.
The HIV/AIDS Patient Care Eligibility Process will request and review the following:

- Proof of HIV+ status
- Florida Residency
- Insurance Screening: Medicaid, Medicare, Private and others
- Proof of Income 400% (sic) of the Federal Poverty Level

http://www.doh.state.fl.us/disease_ctrl/aids/care/enrollment.html
ADAP

What is needed for ADAP Enrollment?

• The Patient Care Core Eligibility Letter
• CD4 and Viral Load Labs less than 6 months old
• Valid prescription(s) for medication on the ADAP Formulary
• Insurance Documentation, if applicable.
What if I have Insurance, but cannot afford the medication?

There are several Insurance exceptions that will allow a person to enroll into ADAP.

- Medicare Part D
- Medicaid Share-of-Cost
- No Brand Name Coverage
- No Prescription Coverage
- Open Enrollment
- Pharmaceutical Benefits Cap
- Pre-existing Clause
- Reimbursement Plans and Discount Plans
- Unaffordable Co-payment
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<th>Household Size</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
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<td></td>
<td>100%</td>
<td>101-150%</td>
<td>135-150%</td>
<td>151-200%</td>
<td>201-250%</td>
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## Department of Children and Families
### Project AIDS Care Waiver Program (PAC Waiver)

<table>
<thead>
<tr>
<th>Description</th>
<th>This program provides home and community-based services. Recipients make an informed choice between hospital or nursing facility care and the home and community-based services provided under this program.</th>
</tr>
</thead>
</table>
| Technical Requirements | To be eligible for the program an individual must:  
  - Be age 65 or over, or determined disabled according to Social Security Administration standards.  
  - Have a medical diagnosis of AIDS.  
  - Be a U. S. citizen or qualified noncitizen.  
  - Have a Social Security number or apply for one.  
  - File for any benefits to which they may be eligible (i.e., pensions, retirement, disability benefits etc.).  
  - Tell us about any third party liability (i.e., health insurance).  
  - Be at risk of institutionalization in a hospital or nursing facility based on an assessment by the Department of Elder Affairs, Comprehensive Assessment and Review for Long Term Care Services (CARES).  
  - Be enrolled in Project Aids Care Waiver. |
<table>
<thead>
<tr>
<th><strong>Income Limit</strong></th>
<th>$2022 for an individual and $4044 for a couple.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Asset Limit</strong></td>
<td>$2000 for an individual and $3000 for an eligible couple.</td>
</tr>
<tr>
<td><strong>Limitations</strong></td>
<td>Funding for this program is limited. Not everyone who meets the financial and medical criteria will be able to participate in the program.</td>
</tr>
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</table>
| **How to Apply** | Contact the local area Medicaid office with Agency for Health Care Administration or your local AIDS case management organization to initiate the waiver process. Apply on-line at [http://www.myflorida.com/accessflorida/](http://www.myflorida.com/accessflorida/) or contact the local Department of Children and Families ACCESS Florida Office. See page 4 for additional contact information.  

**Note:** An individual who already has full Medicaid through SSI may enroll in the ADA Waiver without filing an application with the Department of Children and Families. |
**Qualified Income Trust Information**

**What is a Qualified Income Trust?**

If your income is over the limit to qualify for Medicaid long-term care services (including nursing home care), a Qualified Income Trust (QIT) allows you to become eligible by placing income into an account each month that you need Medicaid. The QIT involves a written agreement, setting up a special account and making deposits into the account.

**Who needs a Qualified Income Trust?**

You need a QIT if your income **before any deductions** (such as taxes, Medicare or health insurance premiums) is over the limit to qualify for the Institutional Care Program (ICP), Institutional Hospice, Program of All-Inclusive Care for the Elderly (PACE) or the Home and Community Based Services (HCBS) waivers.

**How do I set up a Qualified Income Trust agreement?**

You may obtain professional help to set up the QIT agreement, but it is not required. A QIT agreement must meet specific requirements and be approved by Department of Children and Families legal offices. You must submit a copy of the QIT agreement to an eligibility specialist who will forward it to our legal offices for review.

**What items must be included in the Qualified Income Trust agreement?**

The QIT agreement must:

- Be irrevocable (cannot be canceled).
- Require that the State will receive all funds remaining in the trust at the time of your death (up to the amount of Medicaid benefits paid on your behalf).
- Consist of your income only. (Do not include or add assets).
- Be signed and dated by you, your spouse, or a person who has legal authority to act on your behalf or who is acting at your request or the request of your spouse.
How does the Qualified Income Trust account work?

After setting up the account, you must make deposits into the QIT account every month for as long as you need Medicaid. This means you may need to make deposits before a Medicaid application is approved if you need Medicaid coverage. You cannot make deposits for a past or future month. Any income you receive back from the trust to you will be counted as income to you.

If you fail to make a deposit in any given month, or to deposit enough income you will be ineligible for Medicaid payment of long-term care services for the month.

As long you deposit income into the QIT account in the month it is received, it will not be counted when we determine if you are eligible for Medicaid for that month.

How much income must I deposit into the Qualified Income Trust account?

You must deposit enough income into the QIT account each month so that your income outside the QIT account is within program standards. It is better to deposit more income than take the chance of depositing too little to qualify for Medicaid.

Call (866) 762-2237 or visit http://www.dcf.state.fl.us/~ess/policysearch/ssi_fin_elig_chart.pdf for information about current income standards.

What happens to the income I deposit in the Qualified Income Trust account?

The income you have in and out of the QIT is used to calculate your patient responsibility. If you do have a patient responsibility, you are responsible for paying that amount. If there is money left in the QIT upon your death, it is paid to the State, up to an amount equal to the total medical assistance paid on your behalf by the state.
ADAP Wrap Around Pilot Project
✓ In July 2006, the Bureau of HIV/AIDS created AWAPP in response to the new Medicare Part “D” pharmacy benefit plan

✓ The purpose of AWAPP is to assist individuals with their out of pocket expenses for prescription drug co-insurance and co-payments in order to cost effectively reach catastrophic coverage under Medicare Part “D”
AWAPP clients are a very specific group under the Medicare Part “D” pharmacy benefit plan in greatest need of financial assistance to ensure continuity of prescription drug coverage.

Initial enrollment in AWAPP was estimated to be 150 throughout the state of Florida.
Those who are:

✓ Eligible to receive HIV/AIDS Patient Care Programs
✓ ADAP eligible and enrolled in Medicare Part “A”, “B” and “D”
✓ At the 135%-150% of the Federal poverty level
✓ Qualified for the Social Security Administration Partial Low Income Subsidy
Medicare Part D & ADAP Clients

Group 1
0 – 135% FPL

Out-of-Pocket
$60-100 per year

Cases Management Assistance
Not Eligible for ADAP

Low Income Subsidies (LIS) determined by Social Security Office

Group 2
135 – 150% FPL

Out-of-Pocket
$1,200 per year

ADAP Wrap Around Pilot Project (AWAPP)
✓ (Start July 1, 2006)

Group 3
150% - 350% FPL

Out-of-Pocket
$4,800 per year

AIDS Drug Assistance Program (ADAP)
✓ A waiver from Tallahassee is needed.
✓ Client may enroll or continue to be served under ADAP.
What do they receive?

Assistance with:

✓ $50.00 annual deductible
✓ 15% of co-insurance until the catastrophic coverage limit is reached
✓ $2.40 and $6.30 co-payments once the catastrophic limit is met
The application process

1. Clients apply for AWAPP with their case manager (referred by ADAP contacts or case managers)

2. The case manager faxes the application to the Health Council of South Florida

3. The Heath Council determines program qualification and notifies the case manager of AWAPP enrollment

4. Once determined qualified for AWAPP, clients receive an AWAPP member card to present to the pharmacy provider at the point of service
Receipt and processing of Medicare Part “D” claims and/or invoices

Payment to participating Medicare Part “D” pharmacy providers

Working in collaboration with the pharmacy providers for the provision of client eligibility and payment of services

Providing ongoing technical assistance to case managers and prospective/enrolled clients
AWAPP Update:

☑ Enrollment of clients began in September 2006

☑ 62 active clients are currently enrolled in AWAPP state-wide

☑ Average cost per client to date under AWAPP is approximately $1,200 - $1,400
AWAPP Update:

- Clients must apply for the SSA Low Income Subsidy (Determined by SSA) to receive AWAPP assistance

- Technical assistance to case managers, ADAP coordinators and clients has been an ongoing process

- AWAPP application forms continue to be updated as the program is implemented
Health Council of South Florida, Inc.
Vanessa Naranjo, AWAPP Coordinator
1-305-592-1452
vnaranjo@healthcouncil.org

Medicare Pharmacy Hotline
1-866-835-7595

To apply online
www.socialsecurity.gov
1-800-772-1213
519. Trial work period.

519.1 *What is the purpose of the trial work period?*

A trial work period provides an incentive for personal rehabilitation efforts for you as a disabled worker, disabled widow(er), or childhood disability beneficiary (who is still disabled) to return to work. It allows you to perform services in as many as nine months within a 60-consecutive-month period (if nine months of services were not completed before January 1992).

519.2 *Does the trial work period affect benefit rights?*

If your disability does not improve during the trial work period, your rights to benefits are not affected. Your trial work period may result in the end of your disability for Social Security purposes. If so, your benefits continue for the month your disability ends and the next two months.
The following list shows some of the incentives or employment supports that are available for people attempting to return to work. Ask your SSA office about these programs. We will discuss some of them.

SSDI Employment Supports:

- Impairment-Related Work Expenses
- Subsidy and Special Conditions
- Un-incurred Business Expenses (Self-employed only)
- Trial Work Period (TWP)
- Extended Period of Eligibility (EPE)
- Continuation of Medicare Coverage
- Medicare for People With Disabilities Who Work
- Continuation of Payments Under a vocational Rehabilitation Program
SSI Employment Supports:

- Impairment-Related Work Expenses
- Earned Income Exclusion
- General Income exclusion ($20 at time of printing)
- Earned Income exclusion ($65 at time of printing)
- Student child earned income exclusion
- Blind Work Expense
- Plan for Achieving Self-Support (PASS)
- Property Essential to Self-Support
- Continued Medicaid Eligibility - Section 1619(b) (State option)
- Special Benefits for People Eligible Under Section 1619(a)or(b) Who Enter a Medical Treatment Facility
- Reinstating Eligibility Without a New Application
- Continued Payments Under a Vocational Rehabilitation Program

*To get information on Programs on the Web go to www.ssa.gov/work
SSI

- Medicaid coverage may even continue if earnings are too high for SSI payments, if you depend on it to work and don't earn enough to pay for private insurance.

- "Medicaid Waiver" can also continue (check with your case manager or Dept. or Children & Families (formerly HRS) office to determine income you can make before losing benefits.

- Expenses for medical equipment needed for work will be deducted from income. (IRWE)

- “Plan for Achieving Self-Support (PASS)".

- Expenses for things such as:
  - education,
  - vocational training,
  - work related equipment,
  - or starting a business

- Can be put aside and not count as income.
You can earn as much as twice as much as your SSI income plus $85.00, and IRWE/PASS expenses. (See example below)

**Example 1**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earned Gross income</td>
<td>$650.00</td>
</tr>
<tr>
<td>Allowed exclusion</td>
<td>-$85.00</td>
</tr>
<tr>
<td>Adjusted Gross income</td>
<td>$565.00</td>
</tr>
<tr>
<td>$565.00 divided by 2</td>
<td>$282.50</td>
</tr>
<tr>
<td>Countable income is</td>
<td>$282.50</td>
</tr>
<tr>
<td>SSI income or FBR of</td>
<td>$674.00</td>
</tr>
<tr>
<td>less Countable income</td>
<td>-$282.50</td>
</tr>
<tr>
<td>SSI payment</td>
<td>$319.51</td>
</tr>
<tr>
<td>Earned gross income</td>
<td>+$650.00</td>
</tr>
<tr>
<td>Total income for month</td>
<td>$104.50</td>
</tr>
</tbody>
</table>
Example 2

Earned Gross income  $650.00
Allowed exclusion     -  $85.00
Less IRWE or PASS     -  $150.00
Adjusted Gross income =  $415.00

$415.00 divided by 2 = $207.50

Countable income is $207.50

SSI income or FBR of $674.00
less Countable income - $207.50
SSI payment          =  $466.50

Earned gross income  +  $650.00
Total income for month = $1,116.50

Note: Any income earned should be reported to Social Security by letter. Keep a copy for your records in case you need it.
SSDI REVIEW PROCESS
SSDI REVIEW PROCESS
(Note: The review process will be suspended during attempts to return to work and participation in Vocational Rehabilitation)

- Receipt of review letter with questions regarding your health, and releases for medical records.
- An appointment is made for the disabled person to meet with the Social Security representative. (This can be done by phone if you can not go to the office)
- Answer all questions
- List all medication
- List all side effects
- Answer all questions regarding your mental condition and ability to do day to day task
- Contact your doctor and case manager
Receipt of a letter from the Office of Disability Determination:

- Requesting more information
- Setting up an appointment with a doctor to examine you (medical or psychological)
- Or with a determination
If it is determined that the person is able to return to work:

- They will receive a check for that month and the next two months at which time the checks will stop.
- They will have 60 days after receipt of letter to appeal.
- They must appeal in writing on a “Request for Reconsideration – Disability Cessation” form SSA-789.
- **They have only 10 days to request a continuation of checks during the appeal.**
- If they lose the appeal, they might have to repay some or all of this money.
Appeal steps:

- Hearing with Disability Hearing Officer (DHO) (does not have to be in person, may supply more information and/or seek representation)
- Administrative Law Judge
- Appeals Court
- Supreme Court
- If there is a reasonable fear that returning would jeopardize their continued medical and emotional health, they should go through the entire process and not be intimidated by the process. The system is set up to protect the individuals' rights and good health.
Note: If any deadlines for appeals or information are missed it could automatically result in loose of benefits. For this reason it would be advisable to get help from a case manager or an attorney that specializes in disability claims to help you through the process. Never leave it entirely up to someone else! It is your responsibility to make sure all deadlines are met. Always report any and all medical problems to your doctor so they can be properly noted in your record.

*Tip if your representative is too aggressive it could hurt your case.
519.3 Does work you do during the trial work period determine the end of your disability?
Any work and earnings during the nine-month trial work period is disregarded in determining whether your disability ended during the trial work period. However, work done during or after the trial work period is considered in determining whether your disability ended after the trial work period.

519.4 Can your benefits end before the trial work period ends?
The trial work period does not prevent the consideration of any medical evidence that demonstrates your recovery before the ninth-month period. Therefore, it is possible for your benefits to end before the ninth month of trial work.
519.5 How trial work periods are allowed?
Only one trial work period is allowed in any one period of disability.
(See §506 for conditions under which an extended period of eligibility occurs after the trial work period.)

519.6 When is your work during the trial work period not counted as a "month of service"?
For calendar year 2003, use the following guidelines to determine if your work during a trial work period does not count as a "month of service" for trial work period purposes:
Your earnings from employment are $580 or less in a month; or
Your earnings from self-employment activity are $580 or less in a month and you spend 80 hours or less in self-employment activity.
The dollar amount is adjusted each year based on the national average wage.
522. What events must you report to the Social Security Administration?

As a beneficiary of Social Security benefits based on a disability (or if you have a period of disability), you must notify the Social Security Administration of any of the following events:

- Your disabling condition improves;
- Your work status changes, such as:
  - You begin working (employment or self-employment);
  - You stop working (employment or self-employment);
  - You increase your work activity;
  - Your income increases; or
- Your disability-related work expenses change or stop.
➤ You apply for payments under a workers' compensation program or, where applicable, a disability program;
➤ You receive an increase or decrease in the amount of payment under a workers' compensation program or, where applicable, a public disability program;
➤ You receive a lump-sum settlement under a workers' compensation program or a public disability program;
➤ Your workers' compensation and/or public disability payments stop (see §504); or
➤ You are confined within the U.S. for the conviction of a felony.
Ticket To Work And Work Incentives Improvement Act Of 1999

The *Ticket to Work and Work Incentives Improvement Act of 1999* was enacted on Dec. 17, 1999. This law:

- increases beneficiary choice in obtaining rehabilitation and vocational services to help them go to work and attain their employment goals;
- removes barriers that require people with disabilities to choose between health care coverage and work; and
- assures that more Americans with disabilities have the opportunity to participate in the workforce and lessen their dependence on public benefits.

The provisions of the law become effective at various times, generally beginning one year after enactment. They are described below.
Ticket to Work Program
Most Social Security and Supplemental Security Income (SSI) disability beneficiaries will receive a "ticket" they may use to obtain vocational rehabilitation, employment or other support services from an approved provider of their choice to help them go to work and achieve their employment goals.
The Ticket to Work Program is voluntary.
Expanded Availability of Health Care Services
Starting Oct. 1, 2000, the law expands Medicaid and Medicare coverage to more people with disabilities who work.

States may provide Medicaid coverage to more people who are still working. States also may permit working individuals with income above 250 percent of the federal poverty level to purchase Medicaid coverage. This provision creates an experiment in which medical assistance will be provided to workers with impairments who are not yet too disabled to work. In addition, a Medicaid Infrastructure Grant program is available to support State efforts to increase employment options for people with disabilities.
To find out if these provisions are available in your state, call the State Medicaid office in your area or check the State Chart of Work Incentives Activity at http://www.ssa.gov/work/Beneficiaries/activity.htm

The law also expands Medicare coverage to people with disabilities who work. It extends Part A premium-free coverage for at least four and-a-half years beyond the current limit (39 months) for most Social Security disability beneficiaries who work. This is a minimum for eight and-a-half years for most Social Security disability beneficiaries who work.
Expedited Reinstatement of Benefits
Effective Jan. 1, 2001, when a person's Social Security or SSI disability benefits have ended because of earnings from work, he or she would be able to request reinstatement of benefits, including Medicare and Medicaid, if applicable, without filing a new application. Beneficiaries must be unable to work because of their medical condition. They must file the request for reinstatement with Social Security within 60 months from the month their benefits are terminated. In addition, they may receive temporary benefits - as well as Medicare or Medicaid - for up to six months while their case is being reviewed. If they are found not disabled, these benefits would not be considered an overpayment.
Deferral of Medical Disability Reviews
Effective Jan. 1, 2001, an individual who is "using a ticket" will not be subject to regularly scheduled continuing disability medical reviews. However, benefits can still be terminated if earnings are above the limits.

Effective Jan. 1, 2002, Social Security disability beneficiaries who have been receiving benefits for at least 24 months will not be medically reviewed solely because of work activity. However, regularly scheduled medical reviews can still be performed and, again, benefits terminated if earnings are above the limits.
Work Incentives Outreach Program

The law directs Social Security to establish a community-based work incentives planning and assistance program to disseminate accurate information about work incentives and to give beneficiaries more choice. Social Security has established a program of cooperative agreements and contracts to provide benefits planning and assistance to all Social Security disability beneficiaries, including information about the availability of protection and advocacy services. Information on these organizations is available at http://www.ssa.gov/work/ServiceProviders/bpaofactsheet.html.
Information on contacting the BPAO program in your State is available at [http://www.ssa.gov/work/ServiceProviders/BPAODirectory.html](http://www.ssa.gov/work/ServiceProviders/BPAODirectory.html).

The law also directs Social Security to establish a corps of work incentives specialists within Social Security offices. These specialists provide timely and accurate information about SSA`s employment support programs for beneficiaries with disabilities who want to work.
Protection and Advocacy
The law authorizes Social Security to make payments to protection and advocacy systems established in each State to provide information, advice and other services to disability beneficiaries. Information on these organizations is available at http://www.ssa.gov/work/ServiceProviders/pafactsheet.html. Information on contacting the P&A service in your State is available at http://www.ssa.gov/work/ServiceProviders/BPAODirectory.html.
References:


