

Success Stories

Sheila

Sheila receives SSDI and Medicare. She had returned to nursing school and was ready to begin an internship. She was afraid to take this internship and any subsequent employment after nursing school because she was afraid that she would lose her SSDI and Medicare. HSC staff encouraged her to get benefits planning services. She agreed.

The HSC staff gathered her releases, requested her BPQY, and gathered her benefits information through an intake. They then gave these materials to the BPAO Project, who completed an analysis.

As it turns out, Sheila would keep her SSDI benefits during the duration of her schooling and internship and her benefits would stop the month she graduates and enters the nursing field full-time. HSC staff explained this analysis to her.

Equipped with this information, Sheila chose to accept her internship and looks forward to full-time employment and leaving the SSA roles after graduation.

Time Saved by the Benefits Planning Project for Sheila's Case (Estimated):

Meet with Consumer in Peoria: **4 hours**

Gathering of Releases, Requesting BPQY, initial conversations and setting up of intake appointment: **1 hour**

Initial Intake with Client: **1-2 hours**

Explanation of Benefits Analysis: **1 hour**

Total Time Saved: approx. 7-8 hours

Jim

Jim was a concurrent SSI/SSDI beneficiary. He worked at the Human Services Center as a peer mentor. Jim was offered full-time work at the Center, but he was hesitant to accept the offer.

Jim was afraid that more work hours would disqualify him from benefits. He wanted to keep his eligibility for benefits so that he would not have to reapply in the future if his mental illness left him unable to work.

Luckily, the HSC staff knew enough about the SSA benefits system from their Advanced Referral System training to encourage him to talk to a benefits planner about expedited reinstatement of benefits.

Through the Advanced Referral System, Jim received a benefits analysis and learned how he could return to benefits if his condition worsened. Jim decided to accept a full-time position and recently transferred from Medicaid to employer-sponsored health insurance.

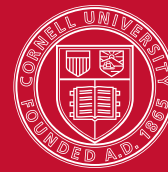
This is one of a series of articles that have been reviewed for accuracy by the Social Security Administration (SSA), Office of Employment Support Programs. However, the thoughts and opinions expressed in these materials are those of the authors and do not necessarily reflect the viewpoints or official policy positions of the SSA.

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Work Incentives Support Center

Promising Practices

Creating Model Partnerships to Promote Employment of People with Disabilities

Advanced Referral System

Illinois Division of Rehabilitation Services

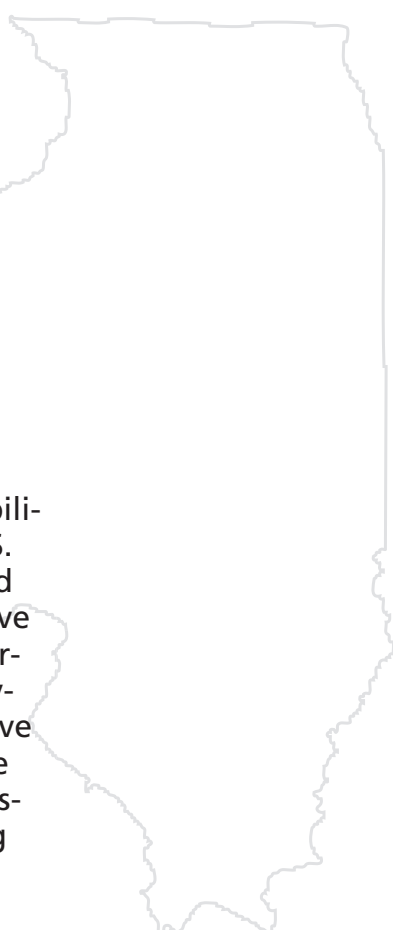
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Changes in disability policy at the state and federal level have presented many new opportunities for meaningful systems change and services delivery for people with disabilities. Since 2000, the Social Security Administration, the U.S. Department of Labor, the Centers for Medicare & Medicaid Services and the Rehabilitation Services Administration have issued many grants to state agencies, community-based service providers and advocates to address barriers to employment for people with disabilities. Many of these grants have competitive employment as the goal, yet very few of these grants have built in support for benefits planning and assistance – a function that many believe is critical to achieving competitive employment.

Model Partnership in Illinois

In Illinois, the Illinois Division of Rehabilitation Services BPA&O Project (DRS BPA&O Project) and the Human Services Center (HSC), a community-based mental health center and the recipient of a DOL Customized Employment Grant, created a model partnership to ensure that the 600 consumers with severe mental illness served by HSC under their grant would gain access to benefits planning services. They call their model partnership an "Advanced Referral System."



Advanced Referral System

The Advanced Referral System combines the resources of both the DRS BPA&O project and the HSC in the following manner:

- HSC staff have the primary relationship with the consumer – the consumer has the option of either going directly to work with the DRS benefits planner or to work through the HSC staff person;
- HSC staff collect important information and do essential case development for the DRS BPA&O project (getting signed consent forms, requesting BPQYs etc);
- DRS BPA&O project assigns the work to available benefits planner that does the analysis, gets clarification (if necessary) with SSA and creates the benefits planning report; and
- HSC staff (and DRS benefits planner when requested) reviews the analysis with the consumer.

The HSC staff and DRS benefits planner are in communication throughout the entire process. The HSC project team and DRS BPA&O project team have regular conference calls to talk about challenging cases or implementation issues. To date the Advanced Referral System has increased the ability of the DRS BPA&O project to serve more beneficiaries. The model has also enabled them to reach a client base – the severely mentally ill – that they previously were unable to penetrate.

Four Key Components

- 1) Training of service provider staff to a level of “Conversational Knowledge” of the Work Incentives
- 2) Training of staff on intake process
- 3) Status calls with BPA&O staff, service provider staff, and, if possible SSA Area Work Incentives Coordinator (AWIC)
- 4) Equal investment by all in the partnership

Model Training Curriculum

In Illinois, the training was performed by an outside entity with training and technical expertise around federal and state public benefits programs. The model curriculum below focused on the range of programs the HSC staff would need to have a working knowledge of in order to answer basic questions about the impact of earnings on benefits. The need for a good working knowledge of public benefits programs was critical for the HSC staff since their main role is to build trust with the consumer and advise him or her on a range of issues related to their disability and employment. It is important to note that the goal of the training was not to replicate the kind of in-depth benefits analysis that would need to be done by a trained and supported benefits planner.

Training Curriculum

- Overview of SSA Programs (including SSI, SSDI, DAC, Dual Beneficiaries, and how to recognize each of these)
- Substantial Gainful Activity and Countable Income
- IRWES and Subsidies
- Student Earned Income Exclusion
- SSI Earned Income Computation
- Trial Work Period, Extended Period of Eligibility, Grace Period
- Expedited Reinstatement of Benefits
- Medicare
- Medicaid, including 1619(a) and (b)
- PASS Plans
- Overpayments and CDRs
- Ticket to Work Program
- Medicaid Buy-In Program (if applicable)
- Housing & HUD Earned Income Disregard
- State Programs, including TANF, Food Stamps, Worker’s Compensation, and Unemployment Insurance

Intake Training

A key component to making this kind of advanced referral system work is developing a strong bond between the benefits planner and the staff working directly with the consumer. The DRS BPA&O Project Director worked directly with the HSC staff to create intake forms that would be easy for them to use. She also spent a considerable amount of time doing face-to-face training with the HSC staff and integrated her staff into this training to build a working relationship among all of the players. A copy of the intake form being used by the Illinois model partnership is attached.

Status Calls

Follow up status calls focus on the following:

- Roles and responsibilities of HSC staff and BPA&O staff
- System problems encountered when attempting to collect information (this is where AWIC involvement can be valuable)
- Building (and reinforcing) strong working relationships

The status calls have also become a way for both projects to remind themselves of the primary goal of why they are working together – to maximize resources and to assist as many consumers as humanly possible.

Successful Partnerships have Engaged, EQUAL Partners

Both the HSC and the DRS BPA&O had to be willing to invest up-front staff time in training and implementing the Advanced Referral System. In addition, HSC needed to purchase training for its staff and commit to on-going training to make sure that their staff’s knowledge stays current. Finally, both HSC and DRS BPA&O needed to communicate to their staff that partnership was a priority and that only by working together could they best serve consumers who really needed this service.

How Did this Collaboration Help You Improve Service To Your Consumers?

“We work with individuals with severe mental illness. Some of these individuals don’t have phones, and others are homeless. However, our staff keeps contact with consumers on a regular basis, often times by going out into their communities.

Also, our staff has built a trust with the consumers over time. Delivering these services through the Advanced Referral System has allowed us to assure that the BPAO Project stays connected to the consumer throughout the process.

In addition, the consumer receives this important information through a staff person that he or she knows and trusts, which makes it more likely that he or she will believe and use the information to better his or her situation.”

Potential Partners

There are many potential partners to create a model that would work for consumers in your area. Here are just a few ideas:

- ☑ Mental Health Service Providers
- ☑ Workforce Investment Act One-Stop System (Disability Program Navigators)
- ☑ Employment Networks
- ☑ Centers for Independent Living