

MONETARY IMPACT GUIDE FOR ELDERLY AND DISABILITY BENEFIT SPECIALISTS

Introduction

Wisconsin's Elderly Benefit Specialists (EBS) and Disability Benefit Specialists (DBS) must track the monetary impact of their services to clients. Monetary impact is defined as the value of benefits or services that are obtained or preserved for a client, as well as money that is saved or recovered for a client, with the help of a benefit specialist.

Monetary impact is just one way to measure the positive impact of benefit specialists' services. Time spent assisting clients to understand and exercise their legal rights is always time well-spent even if the end result is an unfavorable decision.

While both EBS and DBS are required to track monetary impact, they do not utilize the same database systems for reporting this data. Most EBS record monetary impact in the Social Administration Management System (SAMS).¹ DBS utilize the DBS Database.

When to Report Monetary Impact

Monetary Impact is entered into the database during the process of closing a client's case.

Benefit specialists may report monetary impact whenever they can demonstrate that they have been *instrumental* in helping a client to successfully:

- obtain or preserve eligibility for a public benefit
- obtain an increase in the amount of a public benefit
- obtain help in paying for an item or service through a public or private benefit or charitable assistance program
- obtain a refund for items or service that should have been covered under a public or private benefit program
- obtain a coverage exception for a medication normally not covered under a Medicare Part D plan
- compare options for coverage under original Medicare, Medicare Part D, Medicare Advantage and/or Medigap plans
- obtain an increase in the community spouse income allocation under institutional Medicaid
- obtain a charitable write-off of an uncovered medical or other outstanding bill
- contest the allegation of a Social Security overpayment or obtain a waiver

“Instrumental” assistance from a benefit specialist should include, at a minimum, assessment of the client's potential financial and non-financial eligibility for a program; and/or provision of information or assistance during the application, enrollment or appeal process.

A benefit specialist may not report monetary impact for:

- providing information-only services
- referring a client to another agency (e.g. DVR, legal services provider) for counseling or representation that is outside the scope of the benefit specialist program
- assisting to write a cease and desist letter in response to harassment by debt collectors
- conducting public workshops or other general outreach events

¹ EBS employed by SeniorLAW record monetary impact in a local database rather than SAMS.

A benefit specialist **may not** report monetary impact in a case that involves an eligibility determination without first verifying the client has successfully obtained the benefit, monetary award or item/service. Verification may occur through:

- Verbal confirmation from the client.
- Reviewing a copy of a client's determination notice, award letter or billing statement.
- Contacting an entity, with your client's permission, to find out whether or not the benefit was obtained.
- Checking a client's status in the Forward Health interChange (FHiC) or CARES Worker Web (if you have access to these systems).

In cases where the benefit specialist's primary purpose was to assist the client in exploring enrollment options rather than obtain an eligibility determination (e.g., SeniorCare renewals, Medicare Advantage or Part D enrollments), it is not necessary to confirm that benefits have been awarded.

In Social Security cases where a client is referred to a private attorney for representation at an Administrative Law Judge hearing, a benefit specialist may report a monetary impact when the client is awarded benefits only if s/he assisted in developing the case at reconsideration.

HOW TO CALCULATE MONETARY IMPACT: GENERAL INSTRUCTIONS

One-time Awards and Lump Sum Settlements - The monetary impact for one-time awards is equivalent to the actual value of the award. One-time awards may include:

- coverage for an item or service
- a back payment
- waiver or dispute of a Social Security overpayment
- recovery of a Social Security underpayment
- a settlement or a charitable write-off

Ongoing Benefits - The monetary impact of ongoing benefits, such as Medicaid, SSDI, or FoodShare, is defined, as a general rule, as the average value of one year of benefits. While many clients will receive public benefits for many years to come as a result of benefit specialist services and a few clients will lose benefits within one year, benefit specialists should use a standard average yearly value to estimate monetary impact. This saves time and helps ensure consistency in the way monetary impact is measured statewide.

The average annual values of most public benefit programs are listed in the *Monetary Impact Tables for Health and Long-Term Care Benefits; Income-Based Benefits; and Food, Shelter and Utilities*. The values in these tables represent the **average** value of the benefit based upon state and federal budgetary data. The tables will be updated annually.

Secondary Benefits - In some cases, obtaining eligibility for one public benefit results in automatic enrollment in other programs. For instance, all individuals who are awarded at least one dollar of SSI will automatically receive the State SSI supplement and be enrolled in Medicaid; SSDI recipients will receive Medicare benefits after 24 months; and Medicare Savings Program participants automatically receive the full Low Income Subsidy for Medicare Part D. Benefit specialists should include monetary impact of all secondary benefits along with the impact of the qualifying benefit. Secondary benefits are indicated in the *Monetary Impact Tables*.

Funding Sources - Monetary impact data tracks whether benefit programs are funded through 'federal' or 'state' and/or 'other' (e.g., private or municipal) funds. Information about program funding sources is provided in the *Monetary Impact Tables*.

Benefits to Household Members

- Benefits that are awarded to a household include FoodShare, Wisconsin Heat and Energy Assistance Programs, and many other food, shelter and utility benefits. If two or more clients are members of the same household and benefit equally from the benefit specialist's assistance in obtaining a household benefit, you may divide the monetary impact equally between the two household members or simply attribute the entire amount to one of your clients.
- Do not report monetary impact for health or income benefits awarded to a client's family member as a result of benefit specialist services, unless
 - a. the benefit falls within the scope of the benefit specialist programs and the family member is a tax dependent of the client; or
 - b. the family member also meets the criteria for benefit specialist services and is recorded as a client.

HOW TO CALCULATE MONETARY IMPACT: PROGRAM-SPECIFIC INSTRUCTIONS

Some additional program-specific instructions are provided below.

A. Health and Long-Term Care Benefits

Community Medicaid Programs (a.k.a. Card Services) – Community Medicaid programs include Medicaid for the Elderly, Blind and Disabled, the Family Planning Services Waiver, and an array of BadgerCare+ programs. Select the appropriate average value as listed in the *Monetary Impact Tables* when you assist a client to successfully apply for or renew eligibility for one of these programs.

- Use the average value listed for **Medicaid for the Elderly, Blind and Disabled (EBD)** when you assist a client to successfully apply for or renew eligibility for any of the following subprograms: Katie Beckett Medicaid; Categorically Needy Medicaid; Medicaid with Met Deductible; Medicaid Purchase Plan (MAPP); Wisconsin Well Woman Medicaid; and SSI Medicaid.
- Do not report monetary impact for clients when they are placed on a wait list for the **BadgerCare+ Core** plan, unless you follow up to confirm that they subsequently obtained the benefit.
- If you assist a client to successfully dispute the denial of coverage for an item or service under one of the Community Medicaid Programs, report the actual value of the item or service.

Donated Dental Services – Report the average value as listed in the *Monetary Impact Tables* when you assist a client to obtain services through the Wisconsin's Donated Dental Services program. If you assist the client to obtain low cost or free dental services through any other charitable assistance program, report the actual value of the services obtained.

Health Insurance Risk Sharing Plan (HIRSP) – HIRSP is divided into two categories: Wisconsin HIRSP and Federal HIRSP. Use the average value listed in the *Monetary Impact Tables* for all Wisconsin HIRSP enrollees, regardless of Medicare eligibility, subsidy or deductible rate. Use the average value for Federal HIRSP for all Federal HIRSP enrollees. Report monetary impact when you have assisted a client to explore all options for coverage, the client chooses to enroll in HIRSP and s/he is successfully enrolled in a plan. Also report the average monetary impact if you assist a client to retain coverage under HIRSP when his/her eligibility status changes (e.g., when an existing HIRSP beneficiary becomes Medicare-eligible).

Long-Term Care Programs - Long-term care funding is divided into two categories: Institutional Medicaid and Home and Community Based Long-Term Care. Institutional Medicaid includes care in a nursing home or other long-term care institution. Home and community-based care includes funding through the Brain Injury Waiver, CIP, COP, COP-W, Family Care, IRIS, PACE and Partnership.

- Report the average value as listed in the *Monetary Impact Tables* when you assist a client to apply for or appeal the denial of eligibility for a LTC benefit program, after confirming they have been found eligible and enrolled for benefits.
- Report the actual amount of the decrease in liability or cost share for a 12-month period if you assist a client in reducing or eliminating his/her cost share under Group B or reducing the spend-down under Group C.
- Report the actual amount of the decrease in cost share for a 12-month period if you assist a client at a hearing related to the community spouse allocation or other countable expenses.
- Report the actual value of a covered item or service when you successfully assist a client in resolving a coverage dispute with a long-term care program.
- Do not report monetary impact for a long-term care program if your sole or primary role was to refer a client to an ADRC options and enrollment counselor.

Medicare Parts A and B (a.k.a. “Original Medicare”)

- Report the actual value of a covered item or service when you successfully assist a client in resolving a Medicare coverage dispute.
- Report the average value for Medicare Parts A and/or B as listed in the *Monetary Impact Tables* when:
 - You provide one-on-one counseling to a Medicare beneficiary about all of their Medicare options and the individual subsequently chooses to enroll or remain in original Part A and/or Part B, regardless of whether s/he is new to Medicare or considering a change in coverage; OR
 - You successfully assist a client in obtaining Social Security Disability benefits OR
 - You successfully assist a client in resolving a dispute about their eligibility for enrollment in Medicare.

Medicare Advantage Plans (a.k.a. “Medicare Part C”)

- Report the average value for a Medicare Advantage plan as listed in the *Monetary Impact Tables* when you provide one-on-one counseling to a Medicare beneficiary about all of their Medicare options and s/he subsequently chooses to enroll or remain in a Medicare Advantage plan, regardless of whether s/he is enrolling in a plan for the first time or considering a change in coverage.
- If the client selects a Medicare Advantage Plan with Part D coverage (MA-PD), add in the value listed in the *Monetary Impact Tables* for Part D. Use the value for Part D *with LIS* or Part D *without LIS*, depending upon their eligibility for the Part D low income subsidy.
- If you assist a client who is already enrolled in a MA-PD to obtain the Part D low income subsidy, report the value of Part D with LIS.
- Report the *actual* value of a covered item or service when you successfully assist a client in resolving a Medicare Advantage plan coverage dispute.

Medicare Part D

- Report a monetary impact for Part D whenever you assist a client to compare Part D coverage options based upon his/her medication needs, and s/he subsequently chooses to

enroll or remain in a stand-alone PDP or a MA-PD, regardless of whether the client is newly eligible or considering a change in coverage.

- There are two values listed in the *Monetary Impact Tables* for Medicare Part D: **Part D with LIS** and **Part D without LIS**.
 - Use the average value listed for **Part D with LIS** whenever you assist a client who is eligible for a partial or full Part D Low Income Subsidy to compare plans, successfully resolve an enrollment dispute, or obtain the Part D LIS.
 - Use the average value listed for **Part D without LIS** whenever you assist a client who is *not* LIS-eligible to compare plans or successfully resolve an enrollment dispute.
 - If you assist a client who is already enrolled in a PDP or MA-PD to obtain the Part D low income subsidy, report the value of Part D with LIS.
- Report the *actual* value of the recovered amount when you assist a client to successfully resolve a Part D coverage dispute or obtain a refund for a premium paid in error.

Welcome to Medicare Workshops - There is no monetary impact for group presentations or workshops. Report monetary impact only when you provide an individualized counseling session to a client about Medicare as described in any of the Medicare categories above.

Medicare Savings Programs (QMB, SLMB and SLMB+) - Use the average value listed in the *Monetary Impact Tables* whenever you help a client to successfully obtain QMB, SLMB or SLMB+, whether you are involved with an initial application, appeal, or annual review. Add the monetary impact value of Part D with LIS if you counsel the client about their benefits and plan options under Medicare Part D.

Medicare Supplement Insurance (a.k.a. Medigap)

- Report the average value listed in the *Monetary Impact Tables* when you assist a client to compare Medigap or other Medicare supplement insurance plans and the client decides in favor of Medicare supplement coverage, regardless of whether s/he is enrolling for the first time or considering a change in coverage.
- Do not report monetary impact if a client decides against enrolling in a Medicare supplement plan.
- Report the actual value of a covered item or service when you successfully assist a client in resolving a Medicare supplement insurance coverage dispute.

SeniorCare

- Use the average value for SeniorCare (all levels) as listed in the *Monetary Impact Tables* whenever you assist a client to apply for the program or renew their application. Assistance with renewal can be handled by phone or in-person.
- There is no need to verify that a client has been found eligible as long as s/he meets the age and residency requirements for this program.

B. Income Benefits

Social Security Disability and Retirement Insurance (OASDI)

- If a client is found eligible for Social Security Retirement (OAI) or Social Security Disability (SSDI), use the average value listed in the *Monetary Impact Tables*.
- Add the *actual* amount of any back-payment.

- Report Medicare Parts A and B as secondary benefits when SSDI is awarded, regardless of whether the client will have a 24-month waiting period before the Medicare benefits begin.
- If a client has applied for SSI and SSDI concurrently and is awarded both, hold the case open until the SSDI award is determined.
 - Include the average values of Medicare Parts A and B *and* Medicaid for the Elderly, Blind & Disabled in the monetary impact.
 - Report the *actual* value of any SSI benefits received during the five-month waiting period for SSDI.
 - If a client's SSDI benefit is less than the SSI benefit and the client will receive a combination of SSI and SSDI benefits on an ongoing basis, report the monetary impact value for SSI only, using the appropriate value as listed in the *Monetary Impact Tables*.
- If you refer a client to a private attorney for representation at an Administrative Law Judge hearing, report a monetary impact only if you assisted in developing the case at reconsideration and followed up with the client after the hearing decision was issued.

Supplemental Security Income (SSI) and State SSI Supplement

- When a benefit specialist assists a client to qualify for SSI, the monetary impact for services should include the average value listed in the *Monetary Impact Tables* for SSI (includes the federal SSI benefit and the state SSI supplement) and the secondary benefit of Medicaid for the Elderly, Blind and Disabled. The value of SSI will vary depending upon the client's marital status and living situation.
- The amount listed in the *Monetary Impact Tables* for a married individual (both spouses eligible) represents one half of the total SSI benefits available to a couple. If you helped both members of a married couple to obtain SSI, you would report the value listed in the table for each one of them.

Supplemental Security Income – Caretaker Supplement (CTS) – Use the average value listed in the *Monetary Impact Tables*, which will vary depending upon the number of dependents.

Supplemental Security Income - Exceptional Expenses (SSI-E) - The amount listed the *Monetary Impact Tables* is the value of SSI-E that is in excess of the standard SSI supplement.

Veterans' Benefits - When you refer clients to the county veterans' service office for assistance in obtaining veterans benefits, do not report monetary impact. When you directly assist a client to apply for veterans benefits or appeal an eligibility decision, consult with your County Veterans' Service Office to obtain an estimate of the value of the services. Additional information about veterans' benefits may be available from the Wisconsin Department of Veterans Affairs at <http://dva.state.wi.us/benefits.asp>. Do not report monetary impact for veterans' benefits awarded to a client's family member, unless the family member is a client or a tax dependent of the client.

Wisconsin Works (W-2) – Report the average value as listed for the W-2 Transition program for people with permanent employment barriers if you provide a client with information about how to apply for this program and confirm that s/he is approved for the benefit. Do not report monetary impact for other types of W-2 benefits since these benefits are outside of the scope of the benefit specialist programs.

C. Food, Shelter and Utility Benefits

FOOD

FoodShare

- If you assist a client to obtain an increase in the amount of their benefit, report the actual value of the increase for a 12-month period.
- When you help a client with to obtain initial eligibility or complete an annual review, use the average value of this benefit as listed in the *Monetary Impact Tables*.

SHELTER

Federally Subsidized (HUD) Housing - For federally subsidized housing, such as Section 8 vouchers and public housing, use the average value listed in the *Monetary Impact Tables*.

Homestead Tax Credit - Use the average value of the Homestead Tax Credit refund as listed in the *Monetary Impact Tables*.

Other Rental or Housing Assistance - If you help a client to obtain affordable housing or rental assistance through any program that is not funded by the U.S. Department of Housing and Urban Development (HUD), use the actual value of the award or estimate value by calculating the difference between the client's rent amount and the fair market rent for a comparable apartment. Obtain fair market rent data for your county or metropolitan area at <http://www.huduser.org/portal/datasets/fmr.html>.

UTILITIES

Free Pre-Paid Wireless Phone (a.k.a. SafeLink) - Use the average value listed in the *Monetary Impact Tables* for a free pre-paid wireless or "trac" phone regardless of telephone provider.

Lifeline Discount - Use the average value listed in the *Monetary Impact Tables* if provide a client with information about how to apply for the Lifeline Discount, regardless of the client's telephone provider.

Link-Up Program – Report the average value listed in the *Monetary Impact Tables* if you assist a client to obtain a waiver of telephone service connection charges regardless of telephone provider.

Weatherization - When you assist a client to obtain Weatherization assistance through Home Energy Plus, report the average value listed in the *Monetary Impact Tables*

Wisconsin Heat and Energy Assistance Program (WHEAP or LIHEAP) - When you assist a client to obtain WHEAP benefits, report the average value of WHEAP



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