

# MONETARY IMPACT GUIDE FOR BENEFIT SPECIALISTS

## Introduction

Wisconsin's Elder 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. The time spent helping 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).<sup>1</sup> DBS record monetary impact in 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 eligibility for a public benefit (e.g., initial application, appeal of an application denial).
- Preserve eligibility for a public benefit (e.g., annual renewal, continuing disability review).
- 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.
- Navigate the Marketplace to obtain an individual health insurance policy.

Instrumental help 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 entity (e.g., a vocational rehabilitation provider, insurance agent, or legal services provider) for counseling or representation that is outside the scope of the benefit specialist program.
- Helping to write a cease and desist letter in response to harassment by debt collectors.

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

- Conducting public workshops or other general outreach events.

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:

- Receiving 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 help the client to explore 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 helped to develop 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 due to a change in circumstances (e.g., death or increase in income), benefit specialists should always 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 are updated annually.

### **Secondary Benefits**

In some cases, a client's eligibility for one public benefit results in automatic eligibility for 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 is categorized into federal or state and/or other (e.g., private or municipal) funding sources. 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 help to obtain 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 also 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 BadgerCare+. Select the appropriate average value as listed in the *Monetary Impact Tables* when you help 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 help 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.
- Use the average value listed for **BadgerCare+** when you help a client to successfully apply for or renew his or her own eligibility for coverage.
- If a client is found eligible for retroactive Medicaid, you may report the actual value of any items or services covered during the retroactive coverage period, in addition to the average value for ongoing benefits.
- If you help 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 help a client to obtain services through the Wisconsin's Donated Dental Services program. If you help the client to obtain low cost or free dental services through any other charitable assistance program, report the actual value of the services obtained.

### **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.

- 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.
- Report the average value as listed in the *Monetary Impact Tables* when you directly help a client to apply for or appeal the denial of eligibility for a long-term care 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 help a client to reduce or eliminate his/her cost share under Group B or reduce the spend-down under Group C.
- Report the actual amount of the decrease in cost share for a 12-month period if you help 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 help a client to resolve a coverage dispute with a long-term care program.

### **Marketplace Health Insurance**

Benefit specialists' role in Marketplace applications and enrollment is primarily limited to basic information and referral. Under limited circumstances, when a referral to the Marketplace Call Center or other external resources is not reasonable and other supports are unavailable, the benefit specialist may provide additional help to the extent that resources allow (e.g., during an in-person appointment with a client, contact the Marketplace Call Center) to ensure the client is able to successfully navigate the online application and enrollment process. The appropriate level of assistance will be determined on a case-by-case basis in consultation with the program attorney.

- Do not report monetary impact when you provide basic information about the Marketplace or a referral to external resources.
- When you provide direct help to a client in contacting the Marketplace Call Center or otherwise navigating the Marketplace application and enrollment process, and the client is found eligible for an individual health insurance policy, report the average value for one year of Marketplace coverage as listed in the *Monetary Impact Tables*.

### **Medicare Parts A and B (a.k.a. Original Medicare)**

- Report the actual value of a covered item or service when you successfully help a client to resolve 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 help a client to obtain Social Security Disability benefits; OR
  - You successfully help a client to resolve 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 they subsequently choose to enroll or remain in a Medicare Advantage plan, regardless of whether they are 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 (LIS).
- If you help 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 help a client to resolve a Medicare Advantage plan coverage dispute.

### **Medicare Part D**

- Report a monetary impact for Part D whenever you help 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 prescription drug plan (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 help 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 help a client who is *not* LIS-eligible to compare plans or successfully resolve an enrollment dispute.
  - If you help 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 help 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 help a client to compare Medigap or other Medicare supplement insurance policies 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 policy.
- Report the actual value of a covered item or service when you successfully help a client to resolve a Medicare supplement insurance coverage dispute.

## SeniorCare

- Use the average value for SeniorCare (all levels) as listed in the *Monetary Impact Tables* whenever you help 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 you help a client to establish or preserve eligibility for primary or auxiliary benefits through Social Security Retirement (OAI) or Social Security Disability (SSDI) during an age 18 redetermination, an initial application or appeal, or a continuing disability review, use the average value listed in the *Monetary Impact Tables* for these benefits.
- 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 you help a client apply for SSI and SSDI concurrently and the client 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 helped to develop 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 you help a client to establish or preserve eligibility for SSI during an age 18 redetermination, an initial application or appeal, or a continuing disability review, 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 help to obtain veterans benefits, do not report monetary impact. When you directly help 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 help 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 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 the 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 phone regardless of telephone provider.

#### **Lifeline Discount**

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

**Link-Up Program**

Report the average value listed in the *Monetary Impact Tables* if you help a client to obtain a waiver of telephone service connection charges regardless of telephone provider.

**Weatherization**

When you help 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 help a client to obtain WHEAP benefits, report the average value of WHEAP. When you help a client to obtain an additional crisis assistance benefit, report the actual value of the award.



**STATE OF WISCONSIN**  
**DEPARTMENT OF HEALTH SERVICES**  
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