



Community Resources: AHEDD's Work Incentive Counseling Supports for Students and Families

The Anderson School: Family Transition Night
January 2021

About AHEDD's Services

- Employment Services, since 1977
 - Pre-employment services
 - Job Finding
 - Job Coaching
 - Follow Along
 - Transition services for students
- Work Incentive Counseling, since 2001
 - For SSI/SSDI beneficiaries between the ages of 14-30
 - Grant funded service by PEW Charitable Trust



Work Incentive Counseling

- Purpose: Provides accurate and correct information about how work and income will impact a person's SSI/SSDI benefits and Medicaid/Medicare, as well as other local, state, and federal benefits (waiver services, food stamps, etc.)
 - Technical advisors (CPWICs) help those on SSI/SSDI to identify, apply for, and manage work incentives available through Social Security
- Goal: To increase knowledge and help students make informed decisions about how work will impact their benefits and healthcare



A Specialized Human Resource Organization

What will happen to my benefits when I go to work?

- Myths and misinformation about working:
 - “I can only work 20 hours per week”
 - “I can’t make too much money”
 - “I don’t know if I can work because of my disability”
 - “If I go to work, I’m afraid I will lose my medical coverage”
 - “I tried to go to work, and then I owed Social Security money. I don’t want to work and have that happen again”
 - “It took me so long to get on benefits, I can’t afford to lose them.”



AHEDD

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SSA Income Support Programs

SSDI

Medicare

**Social Security
Disability
Insurance**

SSI

Medicaid

**Supplemental
Security
Income**

Social Security Work Incentives

SSI

- 1619(b) Extended Medicaid
- Student Earned Income Exclusion (SEIE)
- Plan to Achieve Self Support (PASS)
- Impairment Related Work Expenses (IRWEs)
- Blind Work Expenses (BWEs)
- Expedited Reinstatement (EXR)
- Ticket to Work (TTW) program

SSDI

- Trial Work Period (TWP)
- Extended Period of Eligibility (EPE)
- Cessation and Grace Months
- Extended Period of Medicare Coverage (EPMC)
- Impairment Related Work Expenses (IRWEs), Subsidy's, and Special Conditions
- Expedited Reinstatement (EXR)
- Ticket to Work (TTW) program

What Does Work Incentive Counseling Look Like?

- Virtual meeting (phone/Zoom) with SSI/SSDI beneficiary and their Rep Payee/family members/support staff
- Verify benefits via Benefits Planning Query (BPQY)
- Complete an intake
- Assist students/families with identifying, applying for, and managing work incentives
- Address unusual circumstances (e.g. overpayments)
- Provide overview of individualized WIC session in written report
 - Benefits Summary and Analysis (BSA)
- Ongoing, follow up services

The Value of Work Incentive Counseling

“I started working with AHEDD to receive Work Incentive Counseling at the end of high school and since then they have been an indispensable resource for myself and my family as I have transitioned into adulthood. They have provided me with a great deal of guidance and suggestions on ways to navigate life as a disabled adult that I would not have discovered on my own.” – Participant, age 22



A Specialized Human Resource Organization

Referral Form for Work Incentive Counseling

Referral for Work Incentive Counseling

 **Date of Referral:** _____

AHEDD is Michele Boardman, CHIEF
Phone: (215) 885-2060 x54018
Fax: (215) 885-2060
Address: 100 York Ave., Suite 200 Anderson, PA 15004
Scranton, Pa. 18504

Name: _____ **Date of Birth:** _____

Address: _____

City: _____

State: _____ **Zip:** _____ **Country:** _____

Phone: _____ **Cell Phone:** _____

Email: _____

Disability: _____ **Special Accommodations Needed:** _____

Representative Payee? Yes No **Name:** _____

Address: _____

City: _____

State: _____ **Zip:** _____ **Country:** _____

Phone: _____ **Cell Phone:** _____

Email: _____

Type of Benefits Received: SSI SSDI Full Life

Reason for Referral: CURRENTLY WORKING JOB OFFER PENDING
 ACTIVELY SEEKING EMPLOYMENT CONSIDERING EMPLOYMENT

Comments: _____

Referral Agency: _____

Referral Name: _____

Address: _____

City: _____

State: _____ **Zip:** _____ **Country:** _____

Phone: _____ **Cell Phone:** _____

Email: _____

Note: If mailing this document, seal in a secure, postpaid protected document per SSA regulations.

Michele Boardman
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Contact Information

Facilitators

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