

Provider Agreement – Benefits Planning

- I. This signed document will serve as a “provider agreement” between the Pennsylvania Office of Vocational Rehabilitation (OVR) and the provider organization named below. By signing this agreement, the provider organization agrees to provide “benefits planning” as defined within this document for the fees also defined herein.
- II. This provider agreement is not intended to and does not create any contractual rights or obligations with respect to OVR, the provider agency or any third parties.
- III. OVR is not obligated to purchase any services from the provider, and the provider is not obligated to provide services for OVR customers.
- IV. This provider agreement will expire five years from the date of the last signature at the end of this document, unless it is terminated on an earlier date. Either party to this provider agreement may terminate the agreement at any time, upon 15 days written notice to the other party.
- V. The provider organization will submit the specified Qualifying Documentation, as defined below in Section IX (E), to the local district office for approval, who will then send to OVR’s Central Office Benefits Planning Specialist for review and final approval of this agreement. If the provider is located outside of Pennsylvania, they will be expected to submit the specified Qualifying Documentation directly to OVR’s Central Office Benefits Planning Specialist.
- VI. **Scope of Services**

Benefits planning services are considered an integral component in the development of employment goals. Individuals with disabilities seeking services through OVR who receive Supplemental Security Income and/or Social Security Disability Insurance require skilled personnel to assist in the decision-making process. Certified benefits planners are sought to assist customers in identifying the potential impact of employment in the pursuit of independence. Certified benefits planners are recognized as individuals who have completed a specialized training and achieved one of the following credentials:

- A. Community Work Incentive Coordinator (CWIC): These are certified individuals employed by organizations under contract to, and affiliated with, a local Work Incentive Planning & Assistance (WIPA) agency. Individuals identified as CWIC receive training and certification through [Virginia Commonwealth University National Training & Data Center \(VCU/NTDC\)](#). Those who secure certification must participate in the annual required trainings provided through VCU/NTDC. To maintain CWIC credentials individuals are required to secure 18 certification hours annually.
- B. Community Partner Work Incentive Counselor (CPWIC): These are certified individuals employed by community partner organizations. CPWIC training and certification is provided through [Virginia Commonwealth University \(VCU\)](#). Certification is maintained through annual certification credits through VCU/NTDC. To maintain CPWIC credentials, individuals are required to secure 18 certification hours annually.
- C. Work Incentive Practitioner (WIP-C™): Individual practitioners who complete the [Cornell University Work Incentives Planning & Utilization for Benefit Practitioners](#) Online Certificate course. This distinction requires 60 continuing education credits within a five-year time-period to maintain credentials.

NOTE: Cornell University is an independent training provider. VCU provides training specifically designed to address the requirements of individuals seeking to provide benefits planning under an SSA contract.

OVR requires providers to retain copies of applicable credentials to ensure quality services and supports to individuals with disabilities in the Commonwealth. OVR will only authorize payment for services to benefits planners who possess at least one of the certifications listed above. All certifications for benefits planning professionals seeking to provide services under this agreement are expected to be active/current and presented with the signed provider agreement to the local district office. Thereafter, approved providers must submit annual evidence of having successfully satisfied the continuing educational requirements to maintain the credential as specified by the educational institution within 30 days of receipt from credentialing program. Copies of credentials and renewed certifications must be sent directly to the Benefits Planning Specialist at the PA Office of Vocational Rehabilitation, Bureau of Central Operations.

1. Providers who have obtained certification through VCU must provide documentation of the annual certification renewal.
2. Providers who have obtained certification through Cornell must provide documentation of annual progress in obtaining the requisite CEUs required for Cornell (copies of completed CEUs to date). To ensure providers demonstrate current knowledge, PA OVR requires that benefits planners with this certification demonstrate at least 30 CEU credits (of the 60 required) within 36 months of certification. Additionally, the provider must provide documentation that all 60 credits are completed within the 5-year timeframe as established by Cornell.

Any benefits planning professional that is seeking to be added to an already approved Benefits Planning Provider Agreement must do so by contacting the local district office of origin and submitting a [Benefits Planning Addendum](#), along with the resume and certification of the requested benefits planning professional, to begin the approval process. The exception being, if the provider is located outside of Pennsylvania, they will be expected to submit the resume and certification of the requested benefits planning professional directly to OVR's Central Office Benefits Planning Specialist.

Please note: PA OVR does not require any Continuing Certification Credits or Continuing Education Units beyond that specified by VCU/NTDC or Cornell University.

Benefits planning must be provided in a manner that supports the participant's communication style and needs and shall meet, at a minimum, what is required under the Americans with Disabilities Act.

Prior to OVR IPE development, the customer and OVR Counselor will have discussed and determine customer's current employment status.

- If it is determined that customer meets WIPA Priority Categories, the customer must be referred for assistance through the Ticket to Work (TTW) Helpline. In these cases, TTW Helpline contact and determination for WIPA services must be documented through an OVR Counselor case progress note (CPN).
 - If WIPA supports are denied by TTW, documentation must indicate the reasons for denial of WIPA services, and ***Benefits Planning Services** should be considered by the customer and OVR Counselor.
 - If a WIPA referral is made, but services are not provided within 30 calendar days, this must be documented in a case progress note (CPN), and then ***Benefits Planning Services** should be considered by the customer and OVR Counselor.
- However, if at the time of discussion prior to IPE development it is determined that customer does not meet WIPA Priority Categories and thus is not eligible for WIPA services, document in a case progress note (CPN), and then ***Benefits Planning Services** should be considered by the customer and OVR Counselor. OVR Counselor will provide up to 3 choices of approved Benefits Planning Providers (depending on the customer's county of residence).

In both cases, if a customer is receiving SSA benefits when their Initial IPE is being developed, benefits planning should be addressed at that time, and, if the service is deemed necessary by the OVR Counselor and customer, the specific service must be identified on the IPE, all applicable releases of information uploaded to the customer file and any services must be authorized prior to referral for specific supports.

VII. Benefits Planning Services Process and OVR Statewide Established Fees

In consultation with the customer, the OVR Counselor shall select the most appropriate service type and generate a [referral](#) and service authorization for the service to the chosen benefits planning provider. The provision of services shall be decided by the customer at the time of referral whether that be in-person or virtual.

A. Benefits Consultation

Benefits Consultation is designed as a service to address the concerns and questions of OVR applicants (status 02 or higher) who express an interest in employment. Benefits Consultation will be provided on an individual basis to assist individuals with disabilities in understanding benefits and services currently utilized to live independently.

This service will allow customers to gain knowledge of current benefits and the potential impact of employment. Benefits Consultation services will be completed within 30-working days from the date of referral. This service will include at least one meeting (face-to-face or virtual, depending on the specific authorization) between the customer, the benefits planning professional and the OVR Counselor to gather detailed demographic information, secure required consents for information, review current benefits and customer concerns, and identify potential work incentives and possible vocational goal(s). A template for [Benefits Consultation Expectations](#) including topics to be discussed is attached.

Following the meeting, the benefits planning professional will obtain and analyze the Benefits Planning Query (BPQY) and provide a summary report to the customer and the referring OVR Counselor. This report will include the following:

1. Explanation of available work incentives.
2. Identification of potential impact of employment to each benefit identified during the meeting.
3. Attachment of BPQY.

The report and the BPQY will be sent to the referring OVR Counselor with the final invoice no later than 30 working days following the meeting. The reimbursement for this service will be a flat rate of \$250, which includes the information gathering meeting, obtaining the BPQY and then development and submission of the summary report.

B. Work Incentives Benefits Analysis

Work Incentives Benefits Analysis is designed as a comprehensive service available to OVR customers who are in plan status 12 or above who receive public benefits and state a desire to work to secure community integrated employment and achieve financial independence. This service could also be applicable to currently employed individuals who are pursuing a change in position resulting in increased income or a change in a benefits package. This service is anticipated to require a minimum of four meetings between the benefits planner (counselor/practitioner) and the customer and OVR Counselor and could occur over a longer time period to encompass pre-employment, employment and post-employment stages.

The initial meeting with the OVR Counselor, customer, benefits planner and/or additional support persons will occur within 30 days from the date of the authorization of services from OVR. It is anticipated that increased time will be spent at the initial meeting to allow the benefits planner to gather detailed demographic information, secure required consents for information, identify potential work incentives and identify key support persons and services available to assist with employment and independence. The [Benefits Consultation Expectations](#) template would be used to gather the necessary information during this initial meeting. If customer was previously referred for Benefits Consultation (Service Code 59300 or 59300v) within the last 9 months, then this initial meeting is not required. Payment for services requires that the billing accompany the summary report and BPQY and must be billed in increments of 15 minutes each, not to exceed a total of 2 hours.

The second meeting will be scheduled by the benefits planner with the customer and OVR Counselor within 30 days after the initial meeting to review the Benefits Planning Query (“BPQY”). A full [Benefits Summary & Analysis](#), including at least three potential employment scenarios (part-time employment, full-time employment at or above Substantial Gainful Activity [“SGA”], unemployment) in-line with customer IPE is required, as well as reviewing the customer rights and responsibilities in reporting employment to supportive agencies. Payment for services requires that the billing accompany the Benefits Summary & Analysis report (and, if required, updated BPQY) and must be billed in increments of 15 minutes each, not to exceed a total of 3 hours.

A third meeting will be scheduled by the benefits planner with the customer and OVR Counselor within 10 days after notification of customer employment or change in employment status. This meeting will include a review of benefits, reporting requirements, identification of personal responsibilities and a review of work incentives. A [Work Incentives Plan](#) will be reviewed to identify specific tasks that each person involved in the conversation is required to fulfill prior to the next meeting. Payment for services requires that the billing accompany the Work Incentives Plan, and revised calculations for employment scenario based on customer employment must be billed in increments of 15 minutes each, not to exceed a total of 2 hours.

A fourth, and potentially final, meeting will be scheduled by the benefits planner with the customer and OVR Counselor within 10 days of notification that the customer completed 90 days of employment in a community, integrated setting. This meeting will identify support persons and services available to the customer and include a review of the reporting requirements for all identified benefit providers, review of work incentives planning services and a listing of support agencies available to assist the customer in maintaining employment. Provider can use the [Summary Report](#) template. Payment for services requires that the billing accompany the report and must be billed in increments of 15 minutes each, not to exceed a total of 1 hour.

Documentation of each meeting will be provided to the OVR district office within 30 days of each meeting. The written summaries will include:

1. A copy of the BPQY.
2. Information gathered concerning benefits from all sources, including SSA; Medicaid; Medicare; Supplemental Nutrition Assistance Program (“SNAP”); Supplemental Nutrition Assistance Program for Women, Infants, and Children (“WIC”); subsidized housing, etc.
3. Bottom line comparison of individualized work scenarios.
4. Relevant brochures or fact sheets reviewed with customer during meetings.

All documentation and reports with relevant brochures or fact sheets will be provided to the OVR customer during each identified visit.

Meetings will indicate service provision using 15-minute increments with reports which account for billed time. The maximum reimbursement for this service will be \$800.00. Payment for services requires that the billing accompany each report and must be billed in increments of 15 minutes each, not to exceed a total of 8 hours.

C. Work Incentives Benefits Analysis Update

Work Incentives Benefits Analysis Update is designed as a service available to OVR customers with an employment history of 12 months and eligible for post-employment services. This service would be intended to address the needs of individuals who received Work Incentives Benefits Analysis previously and demonstrate a need for additional supports to address employment related changes, review wage reporting discrepancies, address overpayment concerns or issues and review TTW incentives. These services would be utilized to address specific customer needs, would be billed in increments of 15 minutes each, within 30 days of the meeting, and should not exceed a maximum of three hours per update. Service requests would be initiated through the OVR Counselor.

Payment will be provided following face-to-face meetings (or virtual, depending on the specific authorization) with identified OVR customers and receipt of required documentation. Documentation of each

authorized meeting will be provided within 30 days of the meeting. Billing will include the completion of an updated report to include the following information:

1. Reason for updated report.
2. A copy of the most recent BPQY.
3. Customer employment details.
4. Ticket to Work information.
5. Wage reporting requirements.
6. Impact of changes in income.
7. Identification of ways to avoid overpayment issues.

Each update meeting will be reimbursed by OVR at a maximum cost of \$25 per 15-minute increment or \$100 per hour authorized, not to exceed three hours or \$300 per update.

D. Plan to Achieve Self Support

A [Plan to Achieve Self-Support \(PASS\)](#) is a formal document submitted to the Social Security Office which allows a person with a disability to set aside otherwise countable income and/or resources for a specific time-period in order to achieve a work goal. If approved, a customer may utilize the savings to purchase items needed to achieve their employment goal. PASS is designed as a service available to OVR customers who are in status 12 or higher or within 12 months of case closure.

The completion of the PASS application will require at least one face-to-face meeting (or virtual, depending on the specific authorization) to review information with the customer and ensure required documents are included. If during the Work Incentives Benefits Analysis phase (initial or update) the customer, the OVR Counselor and benefits planner agree that a Plan to Achieve Self-Support is necessary, authorization for this service can be initiated.

Documentation of each meeting will be provided to the OVR Counselor within 30 days from the date of the meeting and will include the following information:

1. Consultation reports.
2. Copy of the developed and submitted PASS plan.
3. Verification of acceptance by SSA.
 - a. If PASS is not approved, customer can appeal the decision.
 - b. The maximum of 6 hours includes initial submission and a second submission of the revised PASS, if customer appeals the decision.
 - c. If PASS is not approved after the second submission and there are no more remaining hours on the Purchase Order, the benefits planner, customer and OVR Counselor can discuss the likelihood of a 3rd submission being approved, and authorization of an additional 2 hours may be considered, after consultation with District Administrator or delegate.

Each meeting scheduled to specifically address the completion of a Plan to Achieve Self-Support will be reimbursed by OVR at a maximum cost of \$25 per 15-minute increment or \$100 per hour authorized, not to exceed six hours per customer.

E. SSA Overpayment Assistance

Some customers are notified by SSA that they received an overpayment. An overpayment happens when a customer receives a higher benefit payment (SSI/SSDI) from Social Security than what they were due that month. An overpayment is the difference between the benefit payment (SSI/SSDI) that the customer received and the benefit amount the customer was due.

WHAT CAN CAUSE AN OVERPAYMENT?

- Beneficiary income is more than they estimated.
- Beneficiary living situation changes.
- Beneficiary marital status changes.
- Beneficiary may have more resources than the allowable limit.
- Beneficiary may no longer be disabled and continues to receive benefits.
- Beneficiary did not report a change to SSA (on time or at all) as required.
- SSA incorrectly figures beneficiary benefits because of incorrect or incomplete information.

This service will allow customers who have been notified of an overpayment to receive assistance from certified benefits planners to resolve the issue, so that the customer can continue their progress towards achieving self-support and stable, long-term employment.

SSA Overpayment Assistance service is designed as a service available to OVR customers who are in plan status 12 or above. This service will require at least one face-to-face meeting (or virtual, depending on the specific authorization) to review information with the customer, advise customer on their appeal rights and provide a plan and supports to assist customer with avoiding additional overpayment issues in the future.

Documentation of each meeting will be provided to the OVR Counselor within 30 days from the date of the meeting and will include the following information:

1. Copy of the appeal(s) form relating to the overpayment.
2. Any correspondence with Social Security related to the overpayment.
 - a. Documentation of Request for Reconsideration – if customer does not agree with overpayment.
 - b. Documentation of Waiver – if customer agrees with overpayment but feels they are without fault.
 - c. Documentation of Payment Arrangements – if made with Social Security and Customer.
 - d. Letter from SSA indicating appeal or payment arrangements were approved.

The report and the related documentation will be sent to the referring OVR Counselor with the final invoice no later than 30 working days following the meeting(s). The reimbursement for this service will be a flat rate of \$250, which includes the information gathering meeting, advising the customer on their appeal rights, assisting the customer to complete and submit the appeal paperwork, and advocating with Social Security to ensure the timely process of the appeal.

VIII. Virtual Service Provision

An approved provider that wants to use audio or video communication technology to provide tele-support services to customers may use any non-public facing remote communication product that is available to communicate with customers. All communication must adhere to established HIPAA guidelines for privacy and confidentiality. Providers will be required to submit a copy of the patient/client/customer consent form for virtual services with their Service Application for Benefits Planning.

Providers are encouraged to use privacy protections while using video communication products and should provide such services through technology vendors that are HIPAA compliant and will enter into HIPAA business associate agreements (BAAs) in the provision of their video communication products. The list below includes some vendors that represent that they provide HIPAA-compliant video communication products and that they will enter into a HIPAA BAA:

- A. Skype for Business/Microsoft Teams.
- B. Updox.
- C. VSee.
- D. Zoom for Healthcare.
- E. Doxy.me.
- F. Google G Suite Hangouts Meet.
- G. Cisco Webex Meetings / Webex Teams.
- H. Amazon Chime.
- I. GoToMeeting.
- J. Spruce Health Care Messenger.

IX. General and Specific Standards

A. Billing

To ensure accuracy with billing and review of documents with customers, providers are required to submit billing invoices and reports within the timeframes defined for each service. No payment will be authorized for travel time and/or missed appointments.

As a condition of receiving payment from OVR, services must be provided in accordance with the OVR purchase order (PO). OVR does not permit verbal authorizations for services. All services must be authorized in writing on a valid OVR PO ***PRIOR** to the provision of services. The provider may not change or amend the PO. All changes must be authorized by the OVR Counselor prior to provision of services.

Services authorized on an OVR PO but not provided within 90 days from the PO issuance date will be cancelled. After the OVR Counselor has discussed with the vendor and customer, the vendor will receive notification of the PO cancellation in writing (email or mail). Once the PO is cancelled, services provided after the PO cancellation date will not be paid.

If a PO is cancelled before all listed services were provided, the OVR Counselor must determine the need for the unused services prior to re-authorization of those services. A new purchase order must be generated prior to the delivery of additional services. Vendors must develop a profile in CWDS to include the unique SAP number assigned. This will allow vendors to view and manage all open POs currently assigned to their organization. All vendor changes must be reported to the local district office LOFA and the Vendor Data Management Unit (VDMU) to ensure accurate accounting and timely payment. VDMU can be contacted using one of the following:

E-mail: RA-PSC_Supplier_Requests@pa.gov

Fax: 717.214.0140

Web page: [Supplier Service Center](#)

Documentation listed must accompany each billing request for full payment. OVR may refuse payment for services that have not been properly documented or for incomplete or sub-standard services.

Payments will be made according to Commonwealth procedures established by OVR, the Office of Budget and Treasury Department. All invoices will be paid using the Automated Clearing House (ACH) system.

B. Liability

The provider must present a certificate of professional liability insurance with their Service Application for Benefits Planning, as required by the Pennsylvania Department of Labor & Industry.

C. Clearance Requirements

Providers are required to adhere to all state and federal laws and regulations pertaining to criminal background checks and child abuse clearances, including, but not limited to, the Pennsylvania Child Protective Services Act, 23 P.S. § 6301 et seq. Providers must complete the attached [Criminal Background Check/Child Abuse Clearance Certification Form](#) attached to this agreement. A copy of applicable clearances and checks must be retained by the provider, as OVR expressly reserves the right to review said criminal background checks and/or child abuse clearances at any time throughout the duration of this agreement.

D. Reporting

All information collected related to each OVR customer is considered personally identifiable information, must be treated as strictly confidential and must not be shared with any individual or organization other than OVR. The OVR Counselor will submit a release of information to the provider identifying the information authorized by the customer for exchange within the Benefits Planning Process. OVR will utilize the authorized customer information supplied by providers for federal and state reporting purposes only.

E. Approval Process

Providers will be approved using a two-tier approval process that requires approval by the local District Administrator (DA) followed by the OVR Central Office Specialist. Providers will submit a signed agreement and all required documentation listed below to the local district office for approval. The DA of each office will complete an initial review of the services identified by the provider. If the DA approves the provider as having the capacity, personnel and qualifications to provide the services, the DA will sign the agreement and submit it to the OVR Central Office Specialist for review and final approval. All approved service applications will be placed in the appropriate Commonwealth Workforce Development System (CWDS) provider folder(s), as defined below in Section X (B).

The following documents are required to be submitted with a signed agreement for the review process:

1. Provider Enrollment Form indicating Benefits Planning and service codes.
2. [W-9 form](#), if not currently uploaded or if provider information has changed.
3. [Signed Verification Document for FBI, Act 34 and Act 151 Clearances](#).
4. Copy of Professional Liability Insurance.
5. Narrative that outlines specialty qualifications.
6. Statement of Work to include a description of the services, goals and objectives of the proposed service. This would include specific methods utilized to deliver the services identified as well as how outcomes are verified.
7. Verification of personnel qualifications and skills through copies of both ***certificates** and ***resumes** of all individuals providing services.
8. Referral forms and other documents required for use by your agency (intake forms, agency specific report templates, etc.).

9. For Virtual Services – evidence of HIPAA Compliant Business Associate Agreement (BAA) that provides reasonable assurance that indicates the agency has the appropriate security, software and confidentiality protocols and copy of the patient/client/customer consent form for virtual services.

Providers will not be approved without competent documentation of credentials and complete narrative indicating goals and objectives.

F. General Stipulations

1. The service rate will remain in effect for a minimum of one year and a maximum of five years from the date of the final signature. Any change in rates will result in the need to develop a new agreement before a new rate can be implemented. This change must be initiated and completed by the OVR Central Office Specialist designated with oversight of this specific Provider Agreement.
2. The service rate charged to OVR will be no higher than the lowest rate charged to other purchasers of that service.
3. The provider agrees to bill OVR for services rendered within 30 days of the date that the service is provided.
4. Staffing and reports associated with services will be consistent with such requirements and arrangements developed between the service provider and the local OVR office, and which are consistent with prevailing OVR policies and practices.
5. The provider agrees that OVR payment is payment in full; the OVR customer cannot be billed for remaining/additional costs.
6. If a drop-out policy is agreed upon by both parties, the conditions and related charges shall be specifically stated within this document. All invoicing and related documentation must be provided to OVR within 90 days after drop-out.
7. Any change in services as presented will require collaboration and be agreed upon in writing by OVR and the service provider.
8. Any change in staff as presented with the original service application will require the provider to contact the district office of origin with submission of Provider Application [Benefits Planning Addendum](#), employee(s) current certification and resume to be reviewed and seek approval.
9. The provider agrees to sufficient staffing, both in numbers and experience/training, to deliver the described service(s).
10. If applicable, employees—both current and new hires—must have clearances and background checks as required by state and federal laws. These clearances will become part of the employee’s permanent file and must be renewed every 60 months.
11. Once OVR issues the Purchase Order and a service agreement for the designated fee has been created for the Provider, the service may be initiated.
12. Information associated with services purchased by OVR will be accessible to authorized federal or state reviewers upon request.
13. The provider will agree to cooperate with any authorized federal or state audit requests associated with services purchased by OVR.
14. Providers understand that no persons with a disability shall, on the basis of the disability, be excluded from participation in program service(s) or from activities provided through this Provider Agreement.

G. Conflict of Interest

A conflict of interest exists when financial or other personal considerations may compromise or have the appearance of compromising the provider's professional judgement working with consumers under their service agreement. Service providers shall not have any interest, financial or otherwise, or engage in any business transaction or professional activity that creates a conflict of interest, such as:

1. Assisting or encouraging a customer in an endeavor that directly benefits the provider, the provider's family or a business with which the provider is associated;
2. Having a financial interest in the customer's business or employment arrangement;
3. Using customers to conduct business or services that results in profit to the provider;
4. Providing financial or personal assistance to customers beyond that which the provider has agreed to provide under the service agreement;
5. Using information gathered under this agreement for personal financial gain;
6. Recommending purchases to customers or employees of the Commonwealth from which the provider or members of the provider's family has any financial interest;
7. Using their position to secure personal or business privileges or favors from consumers or employees of the Commonwealth;
8. Offering or giving to consumers or employees of the Commonwealth anything of value including a gift, loan, contribution or reward; and
9. Soliciting or accepting from customers or employees of the Commonwealth anything of value including a gift, loan, contribution or reward.

H. Monitoring of Service Provision

The provider will cooperate with all OVR monitoring activities and maintain documentation of service delivery. Upon completion of year one, the OVR Central Office Specialist and District Administrator will review the Provider Outcome and Expenditure Report and OVR staff questionnaires. The OVR Central Office Specialist will schedule an on-site visit to review services and documentation, if technical assistance is needed.

After the fourth year, the OVR Central Office Specialist, Contract & Grantee Analyst and District Administrator will assess services and review provider report card. A service evaluation questionnaire will be completed. An on-site monitoring will be scheduled to review information and determine the potential for renewal of the agreement.

If agreed upon by all parties, facilitation of the renewal process will occur during the fourth year of the agreement. An on-site monitoring visit to review services will be completed before the five-year expiration date.

Table 1: Service, Audience, Fee Code and Cost Details

| Service | Audience | Fee Code | Cost |
|--|--|----------|-------------------------------|
| Benefits Consultation | OVR Applicant (status 02 or higher) | 59300 | \$250 flat rate |
| Virtual Benefits Consultation | OVR Applicant (status 02 or higher) | 59300v | \$250 flat rate |
| Work Incentives Benefits Analysis | Eligible OVR Customers (status 12 or higher) | 59301 | \$100 per hour Max 8 hours |

| Service | Audience | Fee Code | Cost |
|---|--|-----------------|-------------------------------|
| Virtual Work Incentives Benefits Analysis | Eligible OVR Customers (status 12 or higher) | 59301V | \$100 per hour Max 8 hours |
| Work Incentives Benefits Analysis Update | Eligible OVR Customers (with an employment history of 12 months and eligible for post-employment services) | 59302 | \$100 per hour Max 3 hours |
| Virtual Work Incentives Benefits Analysis Update | Eligible OVR Customers (with an employment history of 12 months and eligible for post-employment services) | 59302V | \$100 per hour Max 3 hours |
| Plan to Achieve Self Support | Eligible OVR Customers (status 12 or higher or within 12 months of case closure) | 59304 | \$100 per hour Max 6 hours |
| Virtual Plan to Achieve Self Support | Eligible OVR Customers (status 12 or higher or within 12 months of case closure) | 59304V | \$100 per hour Max 6 hours |
| SSA Overpayment Assistance | Eligible OVR Customers (status 12 or higher) | 59305 | \$250 flat rate |
| Virtual SSA Overpayment Assistance | Eligible OVR Customers (status 12 or higher) | 59305V | \$250 flat rate |

X. Provider Specific Information

A. Services of Interest (Please check all that apply)

- Benefits Consultation
- Virtual Benefits Consultation
- Work Incentives Benefits Analysis
- Virtual Work Incentives Benefits Analysis
- Work Incentives Benefits Analysis (Update)
- Virtual Work Incentives Benefits Analysis (Update)
- Plan to Achieve Self-Support
- Virtual Plan to Achieve Self-Support
- SSA Overpayment Assistance
- Virtual SSA Overpayment Assistance

B. If you have more than one active Provider Business Folder in CWDS (Please indicate which Business Folders this provider agreement and services apply to)

C. Counties to be Served (Please indicate areas where staff are available)

D. Contact and Billing Information

Provider Name: _____

Street Address: _____

City/State/Zip code _____

Phone: _____

FEIN # _____

SAP# _____

Printed Name of Authorized Representative OVR Provider

Date

Signature of Authorized Representative OVR Provider

Date

Signature of OVR District Administrator

Date

OVR Central Office Specialist approval to be granted electronically via CWDS Service Application.

Child Abuse Clearance/Criminal Background Check Verification Form

_____ verifies that it and its applicable employees and/or volunteers are currently, and while engaging in activities in furtherance of this agreement, in compliance with all applicable state and federal laws and regulations pertaining to criminal background checks and child abuse clearances, including, but not limited to, the Pennsylvania Child Protective Services Act, 23 P.S. § 6301 et seq. Additionally, OVR reserves the right to review said criminal background checks and/or child abuse clearances at any time throughout the duration of this agreement.

I hereby certify that the facts set forth above are true and correct to the best of my knowledge, information and belief, and I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

OVR reserves the right to request additional documentation to further verify compliance should any questions and/or concerns become evident.

Requirements for Act 153 of 1994 Compliance can be found at [Keep Kids Safe](#).

Signature of CEO/Director/HR Manager

Date

Printed Name of CEO/Director/HR Manager

Phone Number

Provider Agreement – Benefits Planning Addendum

Any benefits planning professional that is seeking to be added to an already approved Benefits Planning Provider Agreement must do so by contacting the local district office of origin and provide the following information:

Name of Provider: _____

Check here if provider has already been approved as an OVR Benefits Planning Provider

Benefits Planning Professional Name: _____

Benefits Planning Training Program: _____

Educational Institution: _____

Date of Completion: _____

Credential Type: CWIC CPWIC WIP

Credential Status: Provisional Full

The following should also be submitted along with this Benefits Planning Provider Addendum:

Resume

Copy of Certification

***If provider is located outside of Pennsylvania, they will be expected to submit this addendum, resume and certification directly to OVR’s Central Office Specialist.**

Printed Name of Authorized Representative OVR Provider

Date

Signature of Authorized Representative OVR Provider

Date

Signature of OVR District Administrator

Date

Example Referral Form for Benefits Planning Services

Referral Demographics

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Methods of Contact (Mark preferred)

Home Phone: _____

Cell Phone: _____

E-Mail: _____

Specific accommodations requested:

Type of benefit(s) received:

SSDI

SSI

Both

Not Sure

Additional public benefit(s) received (WIC/SNAP/Housing/Transportation/etc.):

Representative Payee

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Methods of Contact:

1. Home Phone: _____

2. Cell Phone: _____

3. E-Mail: _____

Specific accommodations requested:

OVR Specific Information

District Office: _____

Counselor Name: _____

Phone\Cell Phone: _____

Email: _____

Comments (Include employment status and vocational goal):

Benefits Consultation Expectations
(Used for Benefits Consultation and/or Work Incentives Benefits Analysis-initial meeting)

Benefits Consultation is appropriate for most Pre-ETS cases unless the youth is employed in a wage-earning position (in which case a Work Incentives Benefits Analysis may be more appropriate to address work incentives). Benefits Consultation may also be authorized for adult SSI/SSDI beneficiaries prior to IPE development. If a customer is hesitant about work or unsure of an earnings goal, information from a benefits planner may assist the individual in making a decision about whether and how much they wish to work. Establishing an earnings goal may then help the OVR Counselor and the customer develop an IPE.

The Benefits Consultation should consist of an information gathering meeting with the customer wherein the following items are discussed. The benefits planning professional should also obtain release to obtain Benefits Planning Query (BPQY) during this meeting. For those items checked (i.e., those applicable to customer), a summary report with a brief overview should be provided to the customer and OVR Counselor within 30-days of the meeting that includes an explanation of available work incentives, identification of potential impact of employment to each benefit identified during the meeting and a copy of the BPQY.

Consumer Name: _____ **Date:** _____

Earnings Goal: _____

Benefits Information Discussed (check all that apply)

| Social Security Benefits | Health Care Assistance | Work Incentives | Other Benefits |
|--|---|--|--|
| <input type="checkbox"/> Social Security Disability Insurance | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Section 301 | <input type="checkbox"/> Temporary Cash Assistance |
| <input type="checkbox"/> Childhood Disability Benefit (CDB) | <input type="checkbox"/> Medicaid Waiver | <input type="checkbox"/> Student Earned Income Exclusion | <input type="checkbox"/> SNAP |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Medicare | <input type="checkbox"/> Plan to Achieve Self-Support | <input type="checkbox"/> Subsidized Housing |
| <input type="checkbox"/> Child <input type="checkbox"/> Adult | <input type="checkbox"/> Part A | <input type="checkbox"/> 1619(b) | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Survivor's Benefit | <input type="checkbox"/> Part B | <input type="checkbox"/> Trial Work Period | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Child <input type="checkbox"/> Spouse | <input type="checkbox"/> Part C | <input type="checkbox"/> Extended Period of Eligibility | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Part D | <input type="checkbox"/> Impairment Related Work Expense | <input type="checkbox"/> Basic Money Management |
| <input type="checkbox"/> Initial Eligibility | <input type="checkbox"/> Private Health Insurance | <input type="checkbox"/> Subsidies/Special Conditions | |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Expedited Reinstatement | |
| | <input type="checkbox"/> Referrals/Resources | <input type="checkbox"/> Ticket to Work | |
| | | <input type="checkbox"/> Other: | |

Additional Benefits Information and Resources: (Insert narrative paragraph here.)

Benefits Planning Provider: _____ **Date:** _____

Benefits Summary & Analysis
(Used for Work Incentives Benefits Analysis-second meeting)

Beneficiary Name: _____ Date: _____

Summary of your Current Benefits Situation

What I have verified about your current benefits with Social Security and other agencies (as needed):

What you told me about your current employment situation (including average monthly wages) or your future employment plans and earnings goals:

Analysis of How Employment May Affect Your Benefits

How your employment situation or plans may affect your Social Security cash benefits:

How your employment situation or plans may affect your health insurance (Medicare or Medicaid):

How your employment situation or plans may affect other benefits you receive (SNAP, HUD rental subsidies, etc.):

Employment Services and Supports You Might Need

Other Topics

Important Things for You to Remember

Issues Requiring Immediate Action:

Important dates or deadlines:

Recordkeeping reminders:

Remember that it is your responsibility to promptly report all relevant changes to the Social Security Administration and any other federal, state or local entity administering benefits you receive!

Benefits Planning – Employment Scenario Calculation Sheet

Beneficiary Name: _____

Date: _____

Benefits Planning Provider: _____

Table 2: Benefits Planning - Employment Scenario Calculation Sheet

*This is a sample sheet of the reports that are expected as deliverables for each service.

| Step | Just Benefits | Employment Scenario 1 | Employment Scenario 2 | Employment Scenario 3 |
|--|----------------------|------------------------------|------------------------------|------------------------------|
| Unearned Income | | | | |
| General Income Exclusion (GIE) \$20 | - | | | |
| Countable Unearned Income | = | | | |
| Gross Earned Income | | | | |
| Student Earned Income Exclusion | - | | | |
| Remainder | | | | |
| GIE (if not used above) \$20 | - | | | |
| Remainder | | | | |
| Earned Income Exclusion (EIE) \$65 | - | | | |
| Remainder | | | | |
| Impairment Related Work Expense (IRWE) | - | | | |
| Remainder | | | | |
| Divide by 2 | | | | |
| Blind Work Expenses (BWE) | - | | | |
| Total Countable Earned Income | = | | | |
| Total Countable Unearned Income | | | | |
| Total Countable Earned Income | + | | | |
| PASS Deduction | - | | | |
| Total Countable Income | = | | | |

Using this Report

You should keep this report and refer back to it when you have questions about how your employment plans may affect your Social Security benefits, associated health insurance and any other federal, state or local benefits.

It is also important for you to share this report with other people who are helping you achieve your employment goals.

The information contained in this report is intended to help you make informed choices about important life issues that may affect your Social Security or other public assistance benefits. The accuracy of the information and advice contained in this report is dependent upon:

1. The accuracy and completeness of the information you provided about your current and past benefits status;
2. The accuracy and completeness of information you provided about relevant factors such as current and past earnings, unearned income, resources, disability status/medical condition, marital status and living arrangements;
3. Current laws and regulations governing the effect of employment and other factors on Social Security disability benefits and other federal benefits; and
4. Current Social Security Administration policies and procedures regarding the use of applicable work incentives.

Changes in the factors described above may seriously affect the accuracy of the information provided in this correspondence.

Please contact your work incentives counselor immediately to discuss any changes in your benefits situation or employment plans or to answer any additional questions you have about how employment may affect your benefits!

Benefits Planner Signature: _____ Date: _____

***NOTE:** By signing this Benefits Summary & Analysis report, the Benefits Planner is verifying that a copy of this report has been provided to and reviewed with the beneficiary.

Work Incentives Plan
(Used for Work Incentives Benefits Analysis-third meeting)

Beneficiary Name: _____ **Date:** _____

Employment Goal: _____

Table 3: Accessing Employment Services and Supports

| Action Step | Person Responsible | Target Date | Completed Date |
|-------------|--------------------|-------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Table 4: Resolving Existing Benefits Issues

| Action Step | Person Responsible | Target Date | Completed Date |
|-------------|--------------------|-------------|----------------|
| | | | |
| | | | |
| | | | |

Table 5: Managing Social Security Benefits and Work Incentives

| Action Step | Person Responsible | Target Date | Completed Date |
|--------------------|---------------------------|--------------------|-----------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Table 6: Managing Federal, State or Local Benefit Programs

| Action Step | Person Responsible | Target Date | Completed Date |
|--------------------|---------------------------|--------------------|-----------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Table 7: Planning for Future Healthcare Needs

| Action Step | Person Responsible | Target Date | Completed Date |
|-------------|--------------------|-------------|----------------|
| | | | |
| | | | |
| | | | |

Table 8: Follow-up Contact Plan

| Action Step | Person Responsible | Target Date | Completed Date |
|-------------|--------------------|-------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Any Additional Comments:

Beneficiary Signature: _____

Date: _____

Benefits Planning Provider Signature: _____

Date: _____

**Work Incentives Benefits Analysis Summary Report
(Used for Work Incentives Benefits Analysis-final meeting)**

Provider Agency Name: _____

Assigned Benefits Planner: _____

Customer Name: _____

Current Employment Status: _____

Date of Service: _____

Time of Service: **Start:** _____ **End:** _____

Place of Service: _____

Meeting Participants: _____

Specific Information Reviewed: _____

BPQY specific concerns or issues: _____

Available ongoing supports: _____

Recommendations/Follow-Up: