

Monetary Impact Guide for Elder and Disability Benefit Specialists

Table of Contents

Introduction.....	2
When to Report Monetary Impact	2
Services Ineligible for Monetary Impact	3
How to Calculate Monetary Impact: General Instructions	3
One-Time Awards and Lump Sum Settlements	3
Ongoing Benefits	4
Secondary Benefits	4
Benefits to Household Members.....	4
How to Calculate Monetary Impact: Program-Specific Instructions.....	5
Health and Long-Term Care Benefits Monetary Impact Table	5
Income Benefits Monetary Impact Table	8
Food, Shelter, and Utility Benefits Monetary Impact Table.....	9

Introduction

All Wisconsin elder and disability benefit specialists (EBS and DBS) are required to 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 categorized by the funding source: federal, state, or other (for example, private or municipal). Information about program funding sources is provided in the [Monetary Impact Tables for Elder and Disability Benefit Specialists](#) (P-00207a).

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 result is an unfavorable decision.

When to Report Monetary Impact

Monetary impact topics are entered into WellSky while closing a client's case.¹ The monetary value is auto populated for monetary impact topics that have a standard value. Benefit specialists must enter the monetary impact value for topics that do not have a standard value. Instructions for how to select and enter monetary impact are provided in the [WellSky/SAMS Data Entry and Case Tracking Guide](#). Appendix B lists time topics and the corresponding monetary impact topics.

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 (for example, initial application, appeal of an application denial).
- Preserve eligibility for a public benefit (for example, 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. This includes the savings gained through enrolling in a program designed for people receiving public assistance (for example, [prime access](#) or [Walmart+](#)).
- 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 plan.
- Compare options for coverage under Original Medicare, Medicare Part D, Medicare Advantage, or Medigap.
- Obtain an increase in the community spouse income allocation under long-term care 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.

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

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 provision of information or assistance during the application, enrollment, or appeal process.

A benefit specialist **may not** report monetary impact in a case that involves an eligibility or coverage determination without first verifying that the client has successfully obtained the benefit, monetary award, item, or 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 a client's permission, to find out whether the benefit was obtained.
- Checking a client's status in the ForwardHealth interChange (FHiC) or CARES Worker Web (CWW).

The exception is in cases where the benefit specialist's primary purpose was to help the client to explore enrollment options rather than obtain an eligibility or coverage determination [for example, SeniorCare renewals, Medigap, Medicare Advantage (including Dual Special Needs Plans (D-SNPs), or Part D enrollments)], it is not necessary to confirm that benefits have been awarded.

Services Ineligible for Monetary Impact

A benefit specialist **may not** report monetary impact for:

- Providing general information or referral services.
- Referring a client to another entity (for example, a vocational rehabilitation provider, insurance agent, or legal services provider) for counseling or representation that is outside the scope of the benefit specialist program.
- Providing services that are not within the benefit specialist program scope of services.
- Helping to write a cease-and-desist letter in response to harassment by debt collectors.
- Conducting public workshops or other general outreach events.
- Referring a client to a private attorney for representation at an Administrative Law Judge hearing after an unsuccessful reconsideration appeal.

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.

The value of monetary impact from a one-time award is not auto populated in WellSky. Benefit specialists must enter the amount when entering the associated monetary impact topic. If there is

more than one funding source associated with the award, use the funding source information to calculate the appropriate amounts to enter for each monetary impact topic. For example, if entering a successful outcome for approval of a Medicaid coverage denial, the value of the item or service is entered using the federal monetary impact topic and the state monetary impact topic. The values for each topic are determined by multiplying the value of the item or service to the appropriate funding source rate.

Ongoing Benefits

The monetary impact of ongoing benefits, such as Medicaid, Social Security Disability Insurance (SSDI), or FoodShare, is defined generally as the average value of one year of benefits. While many clients will receive public benefits for many years to come because of benefit specialist services and a few clients will lose benefits within one year due to a change in circumstances (for example, 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](#). The values in these tables represent the average value of the benefit based upon state and federal budgetary data. The tables are updated annually. In most cases, the value of monetary impact associated with ongoing benefits is auto populated in WellSky by entering the appropriate monetary impact topic.

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 Supplemental Security Income (SSI) will automatically receive the state SSI supplement and be enrolled in Medicaid. Furthermore, SSDI recipients will receive Medicare benefits after 24 months, and Medicare Savings Program participants automatically receive the full Low-Income Subsidy (LIS) for Medicare Part D. Benefit specialists should enter the corresponding time topic and monetary impact topic of all secondary benefits along with the impact of the qualifying benefit. Secondary benefits are indicated in the [monetary impact tables](#). In most cases, the value of monetary impact associated with secondary benefits is auto populated in WellSky by entering the appropriate monetary impact topic.

Benefits to Household Members

- Benefits that are awarded to a household include FoodShare; Wisconsin Heat and Energy Assistance Programs; and 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, the monetary impact may be divided equally between the two household members, or the entire amount may be attributed to one client.
- Do not report monetary impact for health or income benefits awarded to a client's family member because of benefit specialist services, unless either:
 - 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

Health and Long-Term Care Benefits Monetary Impact Table

Community Medicaid Programs (also known as Card Services)

Community Medicaid programs include Medicaid for the Elderly, Blind or Disabled, BadgerCare Plus, and the Family Planning Services Waiver.

- Report the corresponding average value as listed in the [monetary impact table](#) when you successfully, and directly, helped a client to apply for or renew eligibility to obtain:
 - Medicaid for the Elderly, Blind, or Disabled (EBD Medicaid) program. EBD Medicaid includes the following subprograms: Katie Beckett Medicaid, Categorically Needy Medicaid, Medically Needy Medicaid, Medicaid with Met Deductible, Medicaid Purchase Plan (MAPP), Wisconsin Well Woman Medicaid, and SSI Medicaid.
 - SSI benefits.
 - BadgerCare Plus.
 - Family Planning Services Waiver.
- Report the actual value of any items or services covered during the retroactive coverage period, in addition to the average value for ongoing benefit, if a client is found eligible for retroactive benefits through one of the community Medicaid programs.
- Report the actual value of the item or service when helping a client to successfully dispute the denial of coverage for an item or service under one of the community Medicaid programs.

Donated Dental Services

Report the average value as listed in the [monetary impact table](#) when helping a client to obtain services through the Wisconsin's Donated Dental Services program. When helping the client 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 long-term care includes funding through the Family Care; Include, Respect, I Self-Direct (IRIS); Program of All-Inclusive Care for the Elderly (PACE); and Family Care Partnership programs.

- Do not report monetary impact for a long-term care program if the benefit specialist's 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 table](#) when directly helping 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.
 - When successfully helping a client to obtain Institutional Medicaid benefits, report the average value for EBD Medicaid as listed in the [monetary impact table](#).

- When successfully helping a client obtain home and community based long-term care benefits, report the average value listed in the [monetary impact table](#) for the corresponding community Medicaid program: EBD Medicaid or BadgerCare Plus.
- Report the actual amount of the decrease in patient liability or cost share for a 12-month period when helping a client to reduce or eliminate a client's patient liability or cost share.
- Report the actual value of a covered item or service when successfully helping a client to resolve a coverage dispute with a long-term care program.

Marketplace Health Insurance

- Do not report monetary impact when providing basic information about the Marketplace or a referral to external resources.
- Report the average value for one year of Marketplace coverage as listed in the [monetary impact table](#) when providing 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.

Medicare Parts A and B (also known as Original Medicare)

- Report the actual value of a covered item or service when successfully helping 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 table](#) when:
 - Providing one-on-one counseling to a Medicare beneficiary about all their Medicare options and the individual subsequently chooses to enroll or remain in original Part A and/or Part B, regardless of whether they are new to Medicare or considering a change in coverage.
 - Successfully helping a client to obtain SSDI benefits.
 - Successfully helping a client to resolve a dispute about their eligibility for enrollment in Medicare.

Medicare Advantage Plans (also known as Medicare Part C)

- Report the average value for a Medicare Advantage plan as listed in the [monetary impact table](#) when providing 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.
- Report the average value listed in the [monetary impact table](#) for Medicare Advantage with Part D if the client selects a Medicare Advantage Plan with Part D coverage (MA-PD). If they are eligible for LIS, also report the average value for LIS.
- Report the average value listed in the [monetary impact table](#) for Medicare Advantage Dual Special Needs Plan (D-SNP) if the client selects a Medicare Advantage D-SNP. The LIS value does not need to be entered separately; it has already been added to the default value.
- Report the average value of LIS if helping a client who is already enrolled in a MA-PD to obtain LIS.
- Report the actual value of a covered item or service when successfully helping a client to resolve a Medicare Advantage plan coverage dispute.

Medicare Part D

- Use the average value listed for Part D in the [monetary impact table](#) whenever helping a client to compare Part D coverage options based upon their medication needs, and they subsequently choose to enroll or remain in a stand-alone prescription drug plan (PDP), regardless of whether the client is newly eligible or considering a change in coverage.
- Use the average value listed for Part D in the [monetary impact table](#) whenever helping a client compare plans, or after successfully resolving an enrollment dispute. If they are eligible for LIS, also report the average value for LIS.
- Use the average value listed for LIS in the [monetary impact table](#) when helping a client obtain the low-income subsidy.
- Report the actual value of the recovered amount when helping a client to successfully resolve a Part D coverage dispute or obtain a refund for a premium paid in error.

Medicare Savings Programs (also known as Medicare Buy-Ins)

- Use the average value listed in the [monetary impact table](#) whenever helping a client to successfully obtain a Medicare Savings Program, whether involved with an initial application, appeal, or annual review. Use the average value listed for the specific program: Qualified Medicaid Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), or Specified Low-Income Medicare Beneficiary Plus (SLMB+).
- Always add the monetary impact value of LIS as a secondary benefit.
- Add the monetary impact value of Part D if counseling the client about their benefits and plan options under Medicare Part D.

Medicare Supplement Insurance (also known as Medigap)

- Report the average value listed in the [monetary impact table](#) when helping a client to compare Medicare supplement insurance policies and the client decides in favor of Medicare supplement coverage, regardless of whether they are 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 successfully helping a client to resolve a Medicare supplement insurance coverage dispute.

SeniorCare

- Use the average value for SeniorCare as listed in the [monetary impact table](#) whenever helping 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 if they meet the age and residency requirements for this program.

Medicare Outreach

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.

Income Benefits Monetary Impact Table

Social Security Disability and Retirement Insurance (OASDI)

- Use the average value listed in the [monetary impact table](#) if helping a client 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.
- 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.
- Hold the case open until the SSDI award is determined if helping a client apply for SSI and SSDI concurrently and the client is awarded both. After both SSDI and SSI awards are determined:
 - Include the average values of Medicare Parts A and B and EBD Medicaid in the monetary impact.
 - Report the actual value of any SSI benefits received during the five-month waiting period for SSDI.
 - Report the monetary impact value for SSI only, using the appropriate value as listed in the [monetary impact table](#), 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..

Supplemental Security Income (SSI) and State SSI Supplement

- Report the average value listed in the [monetary impact table](#) for both federal SSI and state SSI when helping a client to establish or preserve eligibility for SSI during an age 18 redetermination, an initial application or appeal, or a continuing disability review. The value of the SSI will vary depending upon the client's marital status and living situation.
- Add the actual amount of any back-payment.
- Report the value listed in the [monetary impact table](#) for each spouse if the benefit specialist helped both members of a married couple to obtain SSI. The amount listed in the table for a married individual (both spouses eligible) represents one-half of the total SSI benefits available to a couple.

Supplemental Security Income—Exceptional Expenses (SSI-E)

The amount listed the [monetary impact table](#) is the value of SSI-E that is in excess of the standard SSI supplement.

Supplemental Security Income—Caretaker Supplement (CTS)

Use the average value listed in the [monetary impact table](#), which will vary depending upon the number of dependents.

Wisconsin Works (W-2)

Report the average value as listed for the [W-2 Transition program](#) for people with permanent employment barriers if providing a client with information about how to apply for this program and confirm that they were 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.

Food, Shelter, and Utility Benefits Monetary Impact Table

FoodShare

- Use the average value of this benefit as listed in the [monetary impact table](#) when helping a client to obtain initial eligibility or complete an annual review for FoodShare.
- Report the actual value of the increase for a 12-month period when helping a client to obtain an increase in the amount of their benefit.

Shelter

- Use the actual value of the award (if known) for Federally Subsidized Housing, such as Section 8 vouchers and public housing. If the award value is not known, estimate the value by calculating the difference between the client's rental payment and the fair market rent for a comparable apartment. Obtain fair market rent data for your county or metropolitan area from the U. S. Department of Housing and Urban Development (HUD) [Fair Market Rents Datasets webpage](#).
- Use the average value of the Homestead Tax Credit refund as listed in the [monetary impact table](#).
- Use the actual value of the award (if known) if helping a client to obtain affordable housing or rental assistance through any program that is not funded by HUD. If the value is not known, 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 from the HUD [Fair Market Rents Datasets webpage](#).

Utilities

- Use the average value listed in the [monetary impact table](#), regardless of provider, if helping a client obtain a free pre-paid wireless phone.
- Use the average value listed in the [monetary impact table](#) if providing a client with information about how to apply for the Lifeline Discount, regardless of telephone provider.
- Use the annual value listed in the [monetary impact table](#), regardless of provider, if helping a client obtain financial assistance for internet service through the Affordable Connectivity Program.
- Report the actual value of the reimbursement for an eligible device if helping a client obtain financial assistance through the Affordable Connectivity Program.
- Report the average value listed in the [monetary impact table](#) when helping a client to obtain weatherization assistance through Home Energy Plus.
- Report the average value of WHEAP from the [monetary impact table](#) when helping a client to obtain Wisconsin Heating and Energy Assistance (WHEAP) benefits.

