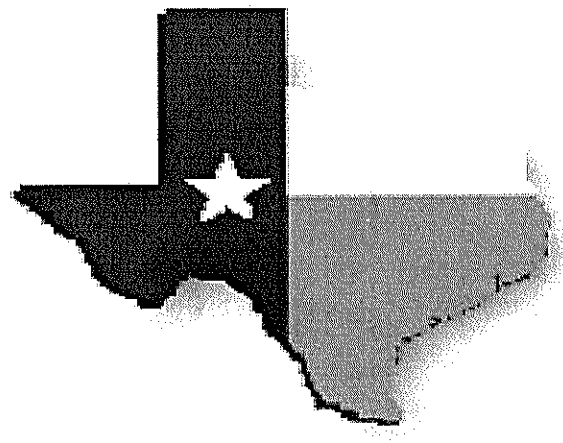
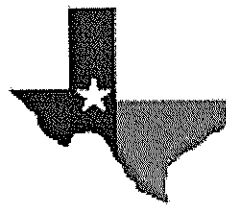


TEXAS MHMR  
CONSUMER  
BENEFITS  
ORGANIZATION



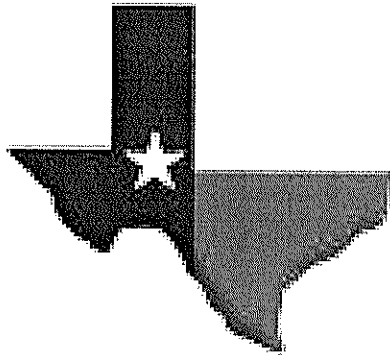
Training Manual

# SECTION A



## Introduction to Consumer Benefits Organization

TEXAS MHMR  
CONSUMER BENEFITS  
ORGANIZATION  
(CBO)



WELCOME!

## CBO....THE BEGINNING

In 1992 Burke Center received a five year grant from Social Security Administration, Baltimore, Maryland. Phyllis Wars was hired to open the first ever Consumer Benefits Department at the Burke Center, located in Deep East Texas, Lufkin. Phyllis developed Burke Center policies and hired staff. She trained at that time the other MHMR Centers.

For the following five years Burke Center trained any Center that requested the training. The very first CBO Consortium was in Corpus Christi in the Spring of 1993 with just 7 members.

Phyllis Wars is the only remaining founding members. It is now in the contract with both DSHS and DADS that ALL Centers have this program and receive the required training.

## HOUSEKEEPING

- Must stay entire two day session to get your training certificate
- Please put cell phones on silent-if you must take a call step out in the hall to take the call
- Bathrooms are right next to hotel restaurant
- Make sure front desk gives you your breakfast buffet coupons for each day you are here
- Please participate in classroom conversation
- Ask questions if needed
- This two day class is a quick overview you will not learn everything there is to learn but you will be given to tools to be successful at your jobs.

# CBO OFFICERS FY 2018-2019

CBO Chair-Jennifer King

CBO Vice Chair-Rebecca Yopez

Secretary-William Allen

Training Committee Chair (GS)-Dana Morgan

Hospitality Committee Chair-Cindy Pulse

Newbie Training Chair-Rebecca Yopez

Trainers-

- Jennifer King-Pecan Valley
- William Allen-HOTRMHMR
- Laverne West-Pecan Valley
- Raquel Willis-HOTRMHMR
- Gabriella Barnette-Bluebonnet
- Susan Davenport-Texana Center

# CBO OFFICERS FY 2020-2021

CBO Chair-Rebecca Yopez

CBO Vice Chair-William Allen

Secretary-Idelfonso Acosta

Training Committee Chair (GS)-Sandy Langham

Hospitality Committee Chair-

Newbie Training Chair-William Allen

Trainers-

- Rebecca Yopez-HOTRMHMR
- Laverne West-Pecan Valley

# CBO Newbie/General Session

## 2018-2019 Training Dates

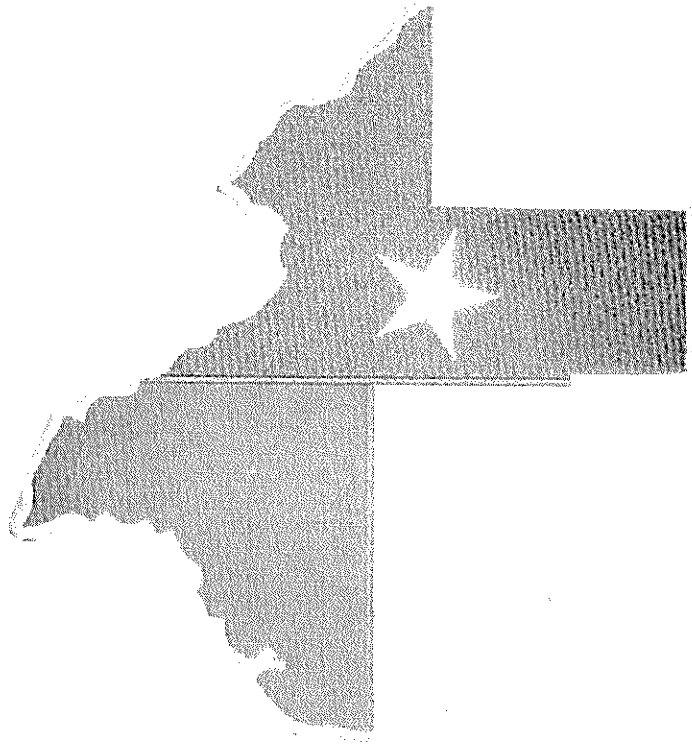
<del>October 4, 2018</del>	General Session	8:00 AM-5:00 PM
<del>October 5, 2018</del>	General Session	8:00 AM-12:00 PM
<del>January 10, 2019</del>	Newbie Training	8:00 AM-5:00 PM
<del>January 11, 2019</del>	Newbie Training	8:00 AM-4:00 PM
<del>April 2, 2019</del>	Newbie Training	8:00 AM-5:00 PM
<del>April 3, 2019</del>	Newbie Training	8:00 AM-4:00 PM
<del>April 4, 2019</del>	General Session/Training	8:00 AM-5:00 PM
<del>April 5, 2019</del>	General Session/Training	8:00 AM-12:00 PM
July 11, 2019	Newbie Training	8:00 AM-5:00 PM
July 12, 2019	Newbie Training	8:00 AM-4:00 PM
October 8, 2019	Newbie Training	8:00 AM-5:00 PM
October 9, 2019	Newbie Training	8:00 AM-4:00 PM
October 10, 2019	General Session/Training	8:00 AM-4:00 PM
October 11, 2019	General Session/Training	8:00 AM-12:00 PM



# CBO Newbie/General Session

## 2017-2018 Training Dates

October 3, 2017	Newbie Training	8:00 AM - 5:00 PM
October 4, 2017	Newbie Training	8:00 AM - 4:00 PM
October 5, 2017	General Session	8:00 AM - 5:00 PM
October 6, 2017	General Session	8:00 AM - 12 Noon
January 11, 2018	Newbie Training	8:00 AM - 5:00 PM
January 12, 2018	Newbie Training	8:00 AM - 4:00 PM
April 3, 2018	NEWBIE TRAINING	8:00 AM - 5:00 PM
April 4, 2018	NEWBIE TRAINING	8:00 AM - 4:00 PM
April 5, 2018	GENERAL SESSION/TRAINING	8:00 AM - 5:00 PM
April 6, 2018	GENERAL SESSION/TRAINING	8:00 AM - 12:00 PM
July 12, 2018	Newbie Training	8:00 AM - 5:00 PM
July 13, 2018	Newbie Training	8:00 AM - 4:00 PM
October 2, 2018	Newbie Training	8:00 AM - 5:00 PM
October 3, 2018	Newbie Training	8:00 AM - 4:00 PM



# Consumer Benefits Organization

## BYLAWS

### ARTICLE I

The Consumer Benefits Organization is authorized by the Financial Management Consortium of MHMR Centers coordinated with the Texas Council of MHMR Centers.

### ARTICLE II

It shall be the purpose of this, to assemble its memberships semi-annually to:

- A. Train and network on the aspects of implementing a consumer benefits program for the Texas Community MHMR Centers in accordance with the DADS and DSHS Performance Contracts.
- B. Undertake consumer benefits related activities that will improve funding sources to Texas Community MHMR Centers.
- C. Provide quality consumer benefits assistance in an ongoing effort to improve the lives of our consumers
- D. Conduct quarterly training for new CBO employees as per DADS and DSHS contracts. The leader and trainers shall be volunteer positions and not part of the standing committee structure.

### ARTICLE III

#### ROSTER OF MEMBERSHIP:

Membership of this organization shall be open to the Texas Community MHMR Centers Consumer Benefits staff. Each Center is allowed one vote on the matters brought before the general membership.

### ARTICLE IV

#### GOVERNING BODY

- A. The Organization shall be governed by the Executive Committee, three elected officers. The officers of the organization shall be the Chair, vice-Chair, and secretary. Only Consumer Benefits staff shall be eligible for office. Each officer shall serve a term of 24 months which shall begin in September. If a vacancy occurs in the office of the Chair the vice-Chair will fill the unexpired term of the chair.

- B. Officers shall serve no more than two consecutive terms in the same office. An officer having served two consecutive terms may serve again in the same office after the expiration of two years.
- C. A vacancy in the office of the vice-Chair or secretary shall be:
1. Filled by appointment by the Chair with the approval of the Executive Committee.
    - a. Such appointed officers shall serve until their successors
      - have been elected
      - has been an active member in good standing, for at least one year
      - has completed certified training as per DADS Attachment L and DSHS Attachment H

#### ARTICLE V

The Chair shall:

- A. Preside at all meetings of the association and:
- Shall perform other duties as may be prescribed by these bylaws or as assigned to hem/her by the board.
  - Shall coordinate the work of the Executive Committee and other appointed committees
  - Shall provide as a voting member at all meetings of the association.
  - Shall be an ex officio member of all committees
  - Shall appoint chairs for the standing and special committees as deemed necessary and assign their duties. The standing committees shall be the Training Committee and the Hospitality Committee
  - Shall sign all official documents authorized by the Organization
  - Will exercise such power and perform such duties as are customarily exercised by the Executive Officers
  - Will consult with the Executive Committee and Committee Chairs to schedule special meetings, if necessary
  - Shall be responsible for coordinating and communicating with Financial Management Consortium
  - Shall be responsible for submitting all invoices to the Texas Council for payment by the Financial Management Consortium
- B. The Vice-Chair shall act as an aide to the Chair and shall perform the duties of the Chair in the absence or ability of the Chair
- C. The Secretary shall be responsible for maintaining the minutes of all meetings of the Organization and shall perform other duties as assigned.

D. In accordance with the Financial Management Consortium bylaws, the Texas Council of MHMR Centers shall act as Treasurer for the CBO. They are responsible for receiving all monies of the Organization, shall keep an accurate record of receipts and expenditures, and shall pay out funds in accordance with the requests of the Chairperson (or Executive Committee in the absence of the Chairperson).

D. The Chair shall appoint Committee Chairs and the Committee Chairs shall appoint members to the various committees.

#### ARTICLE VI

- A. General membership meetings shall be held at least two times a year, or more if required.
- B. The Secretary is responsible for having the minutes taken at each meeting and distributing at the next scheduled meeting.
- C. A permanent copy of the minutes shall be retained by the secretary and posted on the Texas Council Website. At the expiration of his/her term of office copies of minutes will be passed on to the succeeding secretary.

#### ARTICLE VII

By-Laws can be changed with a majority vote of the current CBO officers.

All points not specifically covered in these bylaws, shall be governed by the rules contained in the Roberts Rules of Order Newly Revised, Tenth Edition.

**Information Item H (DSHS)  
Instructions for Developing the Client Benefits Plan**

**Client Benefits Plan:**

Develop and maintain the Client Benefits Plan containing the following information:

- 1) Identification of the Contractor's designated employee to serve as a liaison to the Department of Assistive and Rehabilitation Services (DARS) Disability Determination Services division. This liaison must participate or designate an alternate Contractor staff to participate in benefits assistance telephone conference calls;
- 2) A description of the Contractor's process for screening annually all consumers in service. The plan must identify which staff will be responsible for conducting screenings (e.g. case managers, intake eligibility specialists, benefits coordinators, etc.) and describe how the Contractor will ensure all consumers have been screened annually;
- 3) A description of the Contractor's process for screening all new consumers determined to be eligible for services and for identifying which staff will be responsible for conducting screenings (e.g. case managers, intake eligibility specialists, benefits coordinators). The plan must describe how the Contractor will ensure all consumers have been screened upon admission;
- 4) A description of the Contractor's process for ensuring the liaison, or other staff who has completed approved training, reviews all cases not screened out as having low eligibility potential. The plan must describe how the Contractor will ensure all cases reviewed and determined to have moderate to high eligibility potential for Medicaid and Supplemental Security Income (SSI) will be assisted with the benefits applications and identify which staff will be responsible for providing assistance to consumers (e.g. case managers, intake eligibility specialists, benefits coordinators);
- 5) If staff other than those who have received approved training are providing assistance with applications, the plan must include a description of the process for ensuring that applications are reviewed by the liaison or other staff who have received approved training, prior to submission.
- 6) A description of the Contractor's process for assisting all consumers appeal denials of benefits in the appeals process, from the initial appeal (Reconsideration) level to the second level (Administrative Hearing). The plan must identify which staff will be responsible for providing assistance to consumers (e.g. case coordinators, intake eligibility specialists, benefits coordinators). The plan must also describe how the Contractor will ensure that the liaison, or other staff who has completed approved training, reviews documentation prior to submission. The Contractor is not responsible for any extraordinary expense associated with the appeal;
- 7) A description of the Contractor's process for notifying its billing staff of consumers' benefits approval and application dates, to allow completion of retrospective billing within 90 days for allowable Medicaid services from the date of the application. (The Social Security Administration will contact the consumers' designated representative.) The plan must describe the internal communication process that will ensure the billing staff is made aware of the billing opportunity in a timely fashion.
- 8) A description of the Contractor's process for immediately notifying Utilization Management staff of consumers' benefits dates including: the date which benefits begin (known as the "effective" date) and the date of notification of benefit (known as the "certification" date) to ensure that consumers needing rehabilitative services are

reviewed by UM staff and authorized for the medically necessary level of care immediately regardless of resource limitations.

- 9) The Contractor's staffing plan must be adequate to ensure sufficient focus and capacity to provide benefits assistance in accordance with the contract requirements. The liaison or other staff who have completed approved training, must review cases not initially screened out, and must review documentation prior to submission in the application and/or appeal process. Referral to contractors paid on contingency fees for benefits assistance will not meet the requirements of this section. In addition, it is a Class A misdemeanor for a non-attorney to charge a fee for assisting or representing someone in attaining Medicaid benefits punishable by jail time and/or a fine. It is highly recommended that any staff involved in this process complete required training. Contractor shall make this training available quarterly.
- 10) A description of Contractor's process for training benefits coordinators in work incentives as it relates to employment. The plan must describe how Contractor will educate and support clients interested in employment. Contractor shall conduct training of benefits coordinators at least annually.

**Consumer Benefits Assistance Plan  
Heart of Texas Region MHMR Center  
Designated Staff Liaison – Consumer Eligibility Supervisor**

**A. Existing Clients**

To ensure that all persons receiving services from Heart of Texas Region MHMR Center are screened at least annually for the absence or presence of Medicaid, SSI, or SSDI, the Center proposes the following actions:

- The primary tools for gathering information for the screening of existing clients are the Center's Financial Assessment and its Clinical Information System. Information entered into the Financial Assessment System populates the Consumer Benefits Data System as well.
- All persons receiving services from Heart of Texas Region MHMR Center will have a Financial Assessment completed by trained staff at least annually, or when other conditions arise, as identified in the Center's local procedure, consistent with TAC 412, Subchapter C, "charges for Community-based services."
- All persons will be asked for verification of Medicaid eligibility or SSI. This verification will be documented as part of the Financial Assessment.
- When the person comes into the Center for services, he or she will be asked to show the staff at the check in area their Medicaid card or proof of any other benefit being received.
- A benefits screening will be conducted for all persons who do not have Medicaid, SSI, or SSDI at the time of the Financial Assessment. A Benefits Eligibility Screening page will be printed on all persons who do not have Medicaid, SSI, or SSDI.
- Eligibility Staff that have completed the Consumer Benefits Eligibility Training (required by the Texas Department of Mental Health and Mental Retardation) will follow up and assist persons receiving services in completing applications for benefits.
- If a person's situation changes in a way that might make them eligible for benefits, the Service Coordinator or responsible staff will send an Eligibility Referral Form to the Consumer Eligibility Supervisor, who will then pass the referral on to Eligibility Staff.

**B. New Admissions**

All persons seeking services from Heart of Texas Region MHMR Center will complete a Financial Assessment as part of the admissions process. Unless clinically indicated to the contrary, this will be done as part of the first face-to-face visit, but no later than 30 days after admission to services.



- During the Financial Assessment, all persons will be asked for verification of Medicaid eligibility or SSI. This verification will be documented as part of the Financial Assessment.
- All persons who do not have Medicaid, SSI, or SSDI at the time of the Financial Assessment update will be screened using information gathered during the Financial Assessment. A Benefits Eligibility Screening Page will be printed out on all persons who do not have Medicaid, SSI, or SSDI.
- Only trained Eligibility Staff will complete the Follow Up Eligibility Screening and assist persons receiving services in applications for benefits.
- Persons with a potential of eligibility who do not have Medicaid, SSI, or SSDI, will be scheduled for an application appointment with a member of the Center's Eligibility Staff within 30 days of admission to the Center.
  - The person's Service Coordinator or other responsible staff will be asked to offer assistance as necessary throughout the application process.

### **C. Application Assistance for Those with Eligibility Potential**

All persons without benefits are screened using the Center's Benefits Eligibility Potential Scale by staff that are assigned and trained to conduct Financial Assessments. Each person without benefits is referred to the Eligibility Staff using the Benefits Eligibility Screening page as described above. The Consumer Eligibility Supervisor will assign each referral to an Eligibility Staff member. The assigned staff member will be responsible for all aspects of the referral, up to and including assisting the person with the initial SSA interview.

- Local records will be researched for diagnostic and financial information, noting:
  - Prior history of having benefits, and what caused the individual to lose them (if applicable);
  - Any diagnosis that will preclude the individual from getting benefits; and
  - Whether an application is already in process.
- The Consumer Eligibility Supervisor will search CARE, and Medifax for any other benefits or eligibility information.

Any impediments to accessing benefits found in the above reviews will be documented on the Benefits Eligibility Screening page and forwarded to the Consumer Eligibility Supervisor for review. At the supervisor's discretion:

- The application will be returned to the Eligibility Staff with guidance on how to proceed; or
- The Supervisor will contact the Service Coordinator or responsible staff person with specific instructions for more research and documentation that may affirmatively support the application.

If the referral appears to be free of impediments, the assigned Eligibility Staff will:

- Identify any information, documents, assessments, or evaluations that must be done prior to the application.
- Contact the person's Service Coordinator or responsible staff of the identified needs, when applicable. The Service Coordinator or responsible staff will complete, gather, and forward the requested information to the Eligibility Staff within 10 days.

Once all necessary documentation has been assembled, the Eligibility Staff will meet with the individual to complete the application and populate the Center's Benefits Data System.

The Eligibility Staff will make the call, or assist the person in making the call, to the local SSA office to schedule the initial eligibility interview.

The Eligibility Staff will accompany the person to the interview and offer appropriate assistance.

The above steps will be documented in the Center's Benefits Data System for tracking and follow up.

#### **D. Handling Appeals and Reconsiderations**

If an initial application for benefits is denied, the Heart of Texas Region MHMR Center Eligibility Staff will assist the person in making the appeal. The steps necessary to complete the appeal will be dictated by the agency that denied the application. Preparation for the Reconsideration or Administrative Law Judge Hearing will include a review of the application by Eligibility Staff and the Consumer Eligibility Supervisor before the application is resubmitted. Heart of Texas Region MHMR Center will not assume responsibility for any extraordinary expense associated with appeals.

#### **E. Notification to Billing**

All applications for benefits, reconsiderations, and Administrative Law Judge Hearing activities will be documented in the Benefit Data System. Monthly reports of referrals, screenings, applications, appeals and any information about outcomes will be made available to the Reimbursement Officer and designated billing staff for monitoring and comparison to billing data.

Heart of Texas Region MHMR Center will seek to become the designated representative for all persons assisted with applications. The Center will develop and maintain a working relationship with the local Social Security Office, requesting to be notified of the award of benefits to any assisted person. Service Coordinators and other Center

Responsible Staff will receive training on the various notices and letters individuals may receive regarding his or her benefits and what to do with such information.

**F. Collecting, Aggregating, and Submitting Required Data**

All screenings, referrals, applications, and awards are entered into the Center's Benefits Data System. Reports on these activities will be prepared by the Consumer Eligibility Supervisor or designee as needed to meet contract requirements.

**G. Training of Staff**

At present, the Center has five (5) staff that have received all the required training necessary to screen, and to assist with applications and appeals. All new staff employed by the Center who will have eligibility screening or assistance responsibilities as part of his or her job duties will be required to attend the Department mandated training within 90 days of hire. New employees who have not yet completed training will work under the direct supervision of properly trained Eligibility Staff until the training has been received. Eligibility Staff will continue to participate in the Texas Council of Community MHMR Center's Consumer Benefits Officers Consortium and attend the Annual Department of Assistive and Rehabilitative Services Training on work incentives as it relates to employment.

**ATTACHMENT L (DADS)**  
**Consumer Benefits Assistance Requirements**

The LIDDA shall:

- A. Ensure at least one staff member receives training that is provided semi-annually through the Texas Council's Consumer Benefits Organization;
- B. Identify a staff member designated by the LIDDA to serve as a liaison to the Department of Assistive and Rehabilitation Services (DARS) Disability Determination Services division;
- C. Annually screen all current consumers to determine their potential eligibility for Supplemental Security Income (SSI), Social Security Disability Income (SSDI), and Medicaid;
- D. Screen all new consumers found eligible for services to determine their potential eligibility for Supplemental Security Income (SSI), Social Security Disability Income (SSDI), and Medicaid;
- E. Ensure a staff member who has received the training required in Section A of this Attachment reviews all cases screened as having low eligibility potential to determine the screening's accuracy;
- F. Ensure all cases reviewed and determined to have moderate to high eligibility potential for Medicaid, SSDI, and SSI will be assisted with the benefits applications;
- G. Assist all consumers who have been denied SSI or SSDI benefits to appeal their denial of benefits, from the initial appeal (Reconsideration) level to the second level (Administrative Hearing);
- H. Ensure the LIDDA's billing staff are notified of consumers' benefits approval and application dates, to allow completion of retroactive billing within 90 days for allowable Medicaid services from the date of the application. The Social Security Administration (SSA) will contact the consumer's designated representative; and
- I. Identify staffing that is adequate to ensure sufficient focus and capacity to provide benefits assistance in accordance with these requirements. Referral to contractors paid on contingency fees for benefits assistance does not meet the requirements of this Section.

# Consumer Benefits Certification

(a.k.a. Newbie Training)

*SECTION A*  
Training Objectives, CBO Responsibilities,  
Resources, SSI, SSDI

Cheryl Folkes

# Consumer Benefit Responsibilities

- ▶ File to be Claimant's Representative
- ▶ Complete Initial claim: SSI/SSDI
- ▶ Request Reconsideration  $\leq$  60 days of denial
- ▶ Request Hearing  $\leq$  60 days of Recon Denial
- ▶ Represent at the Hearing
- ▶ Assist with application to other resources:
  - Medicaid, CHIP, TANF, etc
  - Medicare D & Extra Help
  - Medicare Savings Programs (QMB, SLMB, etc)



# Newbie Training Objectives

- ▶ Promote an understanding of the determination of disability by Social Security Administration (SSA)
- ▶ Describe the detailed application process for disability benefits
- ▶ Present an overview of Medicaid and Medicare
- ▶ Provide resources to further enhance knowledge of benefits
- ▶ Assist with development of a network of contacts, including mentors



# Web Resources - SSA & Medicare

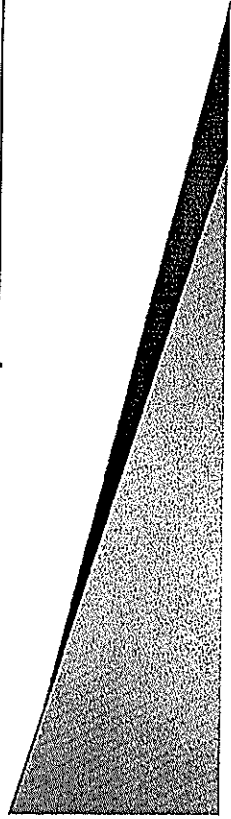
- ▶
  - Social Security Administration
    - Apply for Retirement, Disability, & Extra Help
    - Create a “My Social Security Account”
    - Request benefit verification letter
    - 800-772-1213; 800-325-0778 (hearing impaired)
  
- ▶
  - Medicare
    - Compare & join Medicare Health & Drug Plans
    - Find a doctor, provider or supplier





# Web Resources - HHSC Oversight

- ▶ [www.hhsc.state.tx.us](http://www.hhsc.state.tx.us) - Health & Human Services Commission
  - ~~Department of Aging & Disability Services~~  
~~[www.dads.state.tx.us](http://www.dads.state.tx.us)~~
  - Department of State Health Services -  
[www.dshs.state.tx.us](http://www.dshs.state.tx.us)
  - ~~Department of Assistive & Rehabilitative Services~~  
~~[www.dars.state.tx.us](http://www.dars.state.tx.us)~~
  - Department of Family & Protective Services -  
[www.dfps.state.tx.us](http://www.dfps.state.tx.us)



# Web Resources - Programs Directly Administered by HHSC

- ▶ **Texas Health & Human Services Commission:**
  - Medicaid
  - Children's Health Insurance Program (CHIP)
  - Texas Women's Health
  - Temporary Assistance for Needy Families (TANF)
  - SNAP Food Benefits and Nutritional Programs
  - Family Violence Services
  - Refugee Services
  - Disaster Assistance

22

# Social Security Disability Insurance

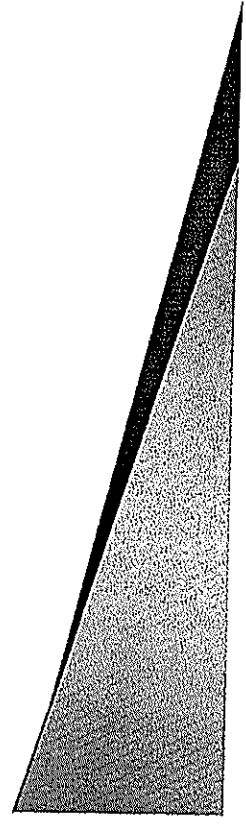
## Supplemental Security Income

- ▶ Medical (mental or physical) condition / combination of impairments
  - Prevents substantial work for at least 12 months
  - Expected to result in death or
  - and Considered age, education, and work experience
- ▶ Two federal programs provide benefits:
  - Social Security Disability Insurance (SSDI)
  - Supplemental Security Income (SSI)

# Social Security Disability Insurance

## SSDI - Title II

- ▶ Benefits for insured workers: paid FICA
- ▶ Based on lifetime earnings & “credits”
- ▶ One credit: \$1360 earned in a quarter
- ▶ Application initiated online at [ssa.gov](http://ssa.gov)
- ▶ 5 month waiting period for award
- ▶ Medicare effective 25<sup>th</sup> month after SSDI
- ▶ Continuing Disability Review every 5-7 years

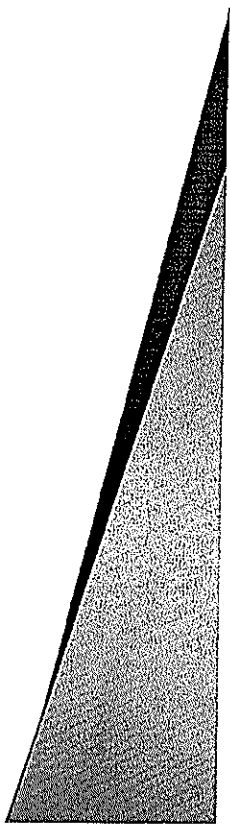


# Supplemental Security Income

## SSI - Title XVI

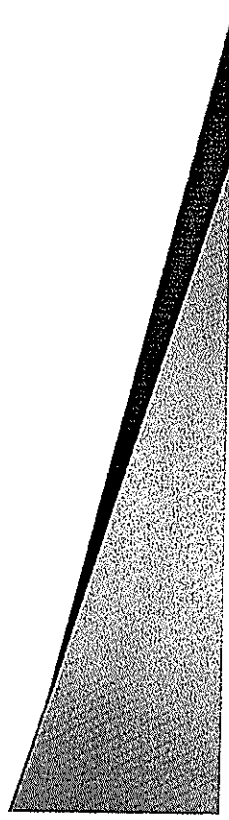
- ▶ Federal “need-based” program
- ▶ Limited income; resources  $\leq$  \$2,000 (single)
- ▶ Spouse’s income & assets also count
- ▶ No work credits necessary
- ▶ SSA 8000/8001 submitted to local SSA F.O.
- ▶ \$771 (2019) month income & Medicaid immediately
- ▶ Continuing Disability Review (CDR): 3–6 years

25



## SSI/SSDI - Concurrent Benefits

- ▶ SSDI claimants who have not earned the full 40 credits and whose benefit check does not meet the current SSI amount (\$771) may also apply for SSI to bring the benefit up to full SSI amount (+ \$20 disallow)
- ▶ Qualify for SSI & SSDI: Monthly benefit is \$792
- ▶ Dual coverage with Medicaid and Medicare

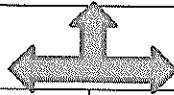


Social Security Disability Insurance SSDI Title II	Supplemental Security Income (Disability) SSI Title XVI
Based on: Disability Work Credits (fair-extensive work history)	Based on: Disability Limited/no Work History Limited Income & Resources
Benefits vary, depending on work credits Paid on the 3 <sup>rd</sup> of the month	Benefits are fixed: \$771/month Paid on the 1 <sup>st</sup> of the month
SSDI's \$\$ start 6 <sup>th</sup> month after approval Medicare starts 25 <sup>th</sup> month after SSDI begins	SSI \$\$'s start immediately upon approval Medicaid starts immediately
DARS/DDS Determines Medical Disability	DARS/DDS Determines Medical Disability SSA assesses Income & Assets
Continuing Disability Review every 3-6 years	Continuing Disability Review every 5-7 years

Information flow for someone applying for SSI or SSDI

# SSI/SSDI FLOW CHART

SSA = SOCIAL SECURITY ADMINISTRATION



SSI = Supplemental Security Income (Title XVI)	SSDI = Social Security Disability Insurance (Title II)
**Based on income, resources, and Disability	**Based on number of quarters worked (credits) and Disability
SSA forms completed by CBO staff SSA 8000-BK submitted to local SSA Field office	SSA Forms completed by CBO staff Begin on-line application at SSA.GOV
Adults & Children	Adults
Medicaid insurance & SSI \$\$'s start immediately upon approval	SSDI \$\$ start 6 <sup>th</sup> month after approval – Medicare starts 25th month after SSDI benefits begin
DARS Determines Medical Disability	DARS Determines Medical Disability
Re-evaluated every 3-6 years Continuing Disability Review (CDR)	Re-evaluation every 5-7 years Continuing Disability Review (CDR)

\*\*NOTE: if certain criteria are met, the beneficiary could possibly receive both SSI and SSDI.



## HELPFUL LINKS

COMPASSIONATE ALLOWANCES - <http://www.ssa.gov/compassionateallowances/conditions.htm>

Texas Medicaid Buy In

- Call 2-1-1. Pick a language and then press 2.
- Call or visit an HHSC benefits office. To find an office near you, call 2-1-1 (toll-free).

<http://yourtexasbenefits.hhsc.texas.gov/> - Medicaid Applications – Community Partner

Social Security Administration – SSA – 1-800-772-1213 or 1-800-325-0778 (deaf or hearing impaired).

Medicare Part D – [www.medicare.gov](http://www.medicare.gov)

Medigap Plans – [www.tdi.texas.gov](http://www.tdi.texas.gov)

[http://www.txcouncil.com/default.aspx?](http://www.txcouncil.com/default.aspx)

Extra Help – [www.ssa.gov](http://www.ssa.gov) or call SSA 1-800-772-1213

Where you can find answers or forms

- <http://www.medicare.gov>
- <http://www.ssa.gov>
- <http://www.hhsc.state.tx.us/>
- ~~<http://www.dars.state.tx.us/>~~ (Directs you to new sites for existing services)
- ~~[www.dads.state.tx.us](http://www.dads.state.tx.us)~~
- [www.dshs.state.tx.us](http://www.dshs.state.tx.us)

Legal rights and public assistance – 1-800-622-2620 – [www.tisc.org](http://www.tisc.org)

Texas Department of Insurance

333 Guadalupe

Austin, Texas 78701

512/676-6000 or 1-800-578-4677

CBO Training Manual: <http://www.hotrnhmr.org/services/links-and-resources>