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**Moderator: Shannon Staley**

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Shannon Staley: Welcome to the Family Connection of South Carolina’s webinar on 12th April, 2017, on Transition to Adulthood: SSI and Medicaid Question and Answer session with Tom Mayne. I’m Shannon Staley, your moderator and web organiser.

 You will see that there is a chat box available. Most of you probably know how that works. You just type in your question. We’ll be monitoring that throughout the session. We also have some questions that have been submitted previous to today, that Tom is going to go through, and that’s what we’re going to start off with. He’s going to read off the question and give the answer. So hopefully some of you will benefit mutually from that part of it. If you have specific questions, you can enter them into that chat box and, at the very end, we’ll open up the phone line for those of you that aren’t comfortable with the chat box, or don’t know how it works, for you to ask your questions of Tom verbally.

 With that, I will hand it off to Tom Mayne. Tom, take it away.

Tom Mayne: Thank you, Shannon. Good afternoon, everybody. And we’re going to dive right in because we’ve got some really good questions here. So the first one comes from Melonie, or Melanie, I’m not quite sure how to pronounce it. Her question is, ‘My son is 17 years old with a diagnosis of IDD, epilepsy and autism. He receives SSA as my dependent child as I am on disability myself. He also receives SSI, I assume, for himself. My question, when he turns 18, he will lose the SSA, but will his SSI increase? And, if so, what do I need to do to stay his representative payee, as he is not competent to make decisions for himself?’

 This is a great question to start off with because there’s a couple of issues that pop up right here. First of all, her son is receiving SSA benefits as a dependent child because they are getting disability themselves. There’s a big misconception out there that once the child turns 18 that those benefits will automatically stop, and that’s not necessarily true. When a child turns 18 and they are receiving benefits off of a parent’s work record, the parent or guardian needs to request that Social Security do a disability determination to see if the disability meets the adult criteria. When an individual applies for Social Security benefits and/or SSI benefits, Social Security has two different levels of disability. One is for children between the ages of zero and 17 years old. And the other one is for adults between age 18 and 65, or 66, depending on what the official retirement age is. When a child turns 18 and they’re already getting SSI benefits, Social Security will do an automatic redetermination to determine, does that child’s disability still meet the adult criteria, because they met a child’s criteria, but now they’re looking to see if it meets the adult criteria. If it does, then those SSI benefits will continue.

 When a child is receiving SSA benefits off of a parent’s work record, it’s not because that child has a disability. It’s for one of two reasons. Either that child is a dependent of that individual, and that individual has worked long enough and has accumulated enough work credits where a child is eligible for a payment off of their work record because they’re drawing disability benefits. Or the child could be a survivor. If the parent is deceased, then it is possible that a child could be drawing survivor benefits off the adult’s work record. So it doesn’t have anything to do with the child having a disability.

 So when the child gets closer to 18, they’re going to get a letter in the mail from Social Security that says, ‘These benefits are due to stop because you’re turning 18.’ However, they can continue in one of two ways. If the child is 18 and still is in high school, regardless of whether the child has a disability or not, the benefit can continue up until the child’s 19th birthday as long as that child is still in high school. If the child leaves high school, graduates high school, quits school, or turns 19 before their graduation date, then under normal circumstances that benefit will stop.

 The second way for a child to receive benefits past age 18 is if they have a disability that meets the adult criteria. So you want to be sure and let Social Security know, ‘Hey, you know, my son or daughter has a disability and we would like that benefit to continue.’ Social Security will go ahead and do a disability determination to see if that disability does meet the adult criteria. If it does, then that SSA, or it is now called Social Security Disability, benefit will continue past age 18.

 With the SSI, because this individual is a dual beneficiary, they will automatically go through that age 18 redetermination as well. So, more than likely, what Social Security will do is they will do a determination for both benefits to see if that child can continue to draw benefits off of the parent’s work record and SSI for themselves. Part of the question was, ‘He also receives SSI, I assume for himself,’ and that is correct. You can only establish an SSI record for yourself. You cannot establish it for other individuals. If there is a parent or another child in the household that is drawing SSI, if this child wanted to draw SSI as well, they would have to establish their own SSI record by going and applying for SSI, and meeting the disability criteria as well as the financial criteria.

 A representative payee is someone who receives money on behalf of an individual from Social Security, and is supposed to be spending it on that individual’s behalf, usually because Social Security has some sort of information that that individual is not capably of earning their – excuse me, managing their own benefits, or they’re under the age of 18. If you strongly feel that your son or daughter needs a representative payee past age 18, then the best thing to do is to just let Social Security know that. More than likely, Social Security is going to go ahead. They’re going to take a look at the medical records, and they’re going to take your word for it, and go ahead and appoint a representative payee for the child.

 And, let’s see, I think I’ve addressed everything in that question, so we’ll move on to the next one. This question comes from Denise and this is a two-part question. Question number one: will a full-time job with benefits cause a person to lose their Medicaid support, for example 35 plus hours plus insurance, or will Medicaid be a secondary insurance?

 It depends on how they’re getting their Medicaid. If they’re getting their Medicaid through SSI, then when they go to work, they’re going to see their SSI benefits go down. Their overall income is going to go up. And if they make enough money to where the SSI benefits are zeroed out, SSI has a wonderful work incentive called 1619(b). Well, what does that mean? That refers to a section of the law. And essentially what it says is, if an individual who is on SSI goes to work and makes enough money from their job to where their SSI benefits zero out – in other words they’re not due any SSI benefits because their income from their job is high enough to replace the SSI – then their Medicaid can continue for the foreseeable future. You have to remain eligible for SSI, which means you have to meet the resource conditions for SSI. For a single person, you cannot have over $2,000 in resources on the 1st of each month. If you’re married, you can’t have more than $3,000 in resources on the 1st of each month. If it’s a Medicaid programme through the state, for example, if it’s like Katie Beckett or the Aged, Blind or Disabled Medicaid programme, then those Medicaid benefits will continue until such time the individual may work their way off of their benefits. In other words, their income is higher than what is allowed under the category, especially for Aged, Blind or Disabled.

 In the state of South Carolina, an individual cannot have more than $990 in monthly income for the Aged, Blind or Disabled Medicaid programme. And that number is a little misleading because what they don’t tell you on the website is how do they budget income, and it’s not a dollar for dollar match. What Medicaid does, is they take a look at the individual’s total monthly income from their job and they will subtract the first $65. Medicaid says the first $65 does not count. So once they’ve done that, then they take the remaining number and divide that by two. And the resulting number is what is called countable earned income, and that’s the amount that Medicaid uses under the Aged, Blind or Disabled programme.

 Let me give you an example. Let’s suppose Shannon is on ABD Medicaid and she goes to work and she makes $1,265 in gross wages for the month of March. What Medicaid will do is they’re going to subtract $65. So they’re going to take the $1,265, subtract $65. Now she is down to $1,200 and that’s a good number, because the lower we can get that number the better off she is. Then they’re going to take that $1,200 and they’re going to divide it by two and she is going to have $600 in what they call countable earned income. In other words, of the $1,265 that Shannon makes in wages, Medicaid is only going to count roughly half the $600. And because the $600 is lower than the $990 she is allowed under the Aged, Blind or Disabled programme, Shannon is going to be able to keep her Medicaid, as well as get insurance through the job, because you never have enough insurance in this country. And if she’s working enough and she is eligible for insurance through work, then the Medicaid becomes the secondary or the ‘thirdary’ or the ‘fourthdary’, depending on how many policies she may have. In other words, Medicaid is always the payer of last resort. Any other medical insurance that she may have, through work or under her parents or that sort of thing, the doctors, the treating physicians or the therapists or anybody like that, would need to bill those other insurance companies before they bill Medicaid.

 The second part of the question is, when the person receives SSI and Medicaid insurance, do they lose these benefits when they begin a job either full or part-time? And again, the answer to that is typically no. When a person goes to work, SSI has the same budgeting formula when they determine how much work income is going to count against another individual’s benefits. So, for example, let’s say somebody is earning or getting $733 in SSI – and again I’m going use Shannon as an example. And Shannon starts working and she makes that $1,265 in gross wages. And always remember that both Medicaid and Social Security counts gross wages. It’s what you get paid before they take out taxes, things like that. So the $1,265 minus that $65 is going to bring her countable earnings down to $1,200. They’re going to divide that by two, so she has $600 in countable earned income. SSI is then going to take the $733 and subtract the $600 in countable earned income. Shannon’s SSI will go down to $133. Now usually when we see that big of a loss, people begin to panic and say, “Well, wait a minute, I’ve got to quit my job and let my SSI go back up again because I’ve got to pay my rent, I’ve got to pay my utilities and I’ve got to pay for Aunt Martha’s medications.”

 Well, what they’re forgetting is now they have that job and they have that second income coming in, so that second income more than makes up for the loss of the SSI benefits. So Shannon just needs to work with somebody to learn how to budget from that second source of income to make sure those bills get paid. When we add the $133 to the $1,265, now Shannon’s total monthly income has gone from$733 being on SSI to $1,398, almost $1,400 a month, so she’s almost doubled her income. Yes, her SSI went down, but the overall income went up, and that’s always a good thing.

 With the Medicaid, she wouldn’t lose her Medicaid under SSI because of that 1619(b) work incentive that Social Security has. So even if Shannon was getting, let’s say, $500 in SSI, well, she’s got $600 in countable earned income from her job. So therefore she wouldn’t be due any SSI because her income is too high, but she would get to keep her Medicaid coverage under that 1619(b) work incentive. And the Medicaid benefits would continue and the services that she’s receiving through the Medicaid benefits would continue as well, uninterrupted.

 Sometimes what can happen is that, you know, we all get busy and sometimes we forget to do the little things. The Social Security worker, when they’re inputting the wages, may forget to code the case that this is a 1619(b) case. And if the person doesn’t do that at Social Security, the Social Security computer will send a message to the South Carolina Medicaid computer and say, ‘Hey, Shannon’s not due any Medicaid anymore because she lost her SSI. Please stop the Medicaid.’ So Shannon’s going to get a letter in the mail from Medicaid, probably at 17.00 on a Friday afternoon, that says she’s no longer eligible for Medicaid. And she’s going to panic. But the thing that you just need to do – you don’t need to go to Medicaid, because Medicaid has nothing to do with this. Go to Social Security and say, “Hey, you know, I heard this guy on this webinar and he talked about the 16199(b) Medicaid programme. Why am I not eligible for that?” 99% of the time, the workers are going to investigate and they’re going to say, “Oh, we made a mistake. We forgot to code the computer. Everything’s taken care of. Your Medicaid is good. You’re going to be able to continue on.”

 But if she lost it for some other reason, you know, let’s say she let her resources creep up over $2,000 because she’s saving money to buy a house, then she would probably at that point be eligible for a Medicaid programme here in the state of South Carolina called Working While Disabled. And this is a wonderful programme. It is probably South Carolina’s best kept secret. I don’t know why they don’t advertise this more than they do. But under the Working Disabled Medicaid programme, you can have a gross monthly income from employment up to almost $59,000 a year, have over $7,000 in resources in the bank and still maintain your Medicaid eligibility. So, let’s say Shannon had $3,000 in the bank because she’s saving money to buy that house. And she suddenly lost her SSI eligibility – not because of work but because her resources were too high – then she could apply for that Working Disabled Medicaid programme, and probably would remain eligible for Medicaid, as long as she met the criteria for that programme as well.

 Okay, next question. This comes from Amy. Again, it’s a two-part question. ‘Once a child is 26 years old, can she continue on her parents’ private insurance as well as on Medicaid? Will our insurance drop, or are these exceptions for children with disability? Or ‘are there,’ excuse me, ‘are there exceptions for children with disabilities?’

 My favourite answer to these type of questions is, it depends. Private insurance companies typically will allow you to carry children, dependents, all the way up until age 26. Once that child turns 26 years old, they typically are not eligible for insurance benefits. However, there are many medical insurance carriers out there, even private insurance carriers, that will allow a parent to carry the child past 26 if that child has a disability. What you need to do is you need to inquire with the private insurance carrier. You know, let’s say for example, this might be Blue Cross or Blue Shield, you want to call Blue Cross and Blue Shield directly and say, “Hey, here’s the situation. I’ve got insurance through you. My son or my daughter is going to turn 26 in May. Can those medical benefits continue because they have a disability?” And there may be forms that you have to fill out and send to Blue Cross and Blue Shield or the private insurance carrier or whatever, but sometimes they will carry it past age 26.

 And, yes, they can have both private insurance and Medicaid. As I explained earlier, Medicaid is always the payer of last resort. So if you have Blue Cross and Blue Shield as well as Medicaid, any medical services or therapies or anything like that would need to be billed to Blue Cross and Blue Shield first. And then what they don’t pay, Medicaid may be able to pay. They would be the payer of last resort.

 Okay, the second question is, ‘If we move from South Carolina to Tennessee, will her Medicaid follow her?’ Again, my favourite answer is, it depends. If the individual is getting Medicaid through SSI, then Tennessee is one of the states that does provide Medicaid to individuals if they get at least $1 in SSI. So when you establish residency in Tennessee, you want to go to the local Social Security office, get the case transferred from here in South Carolina to Tennessee and ask the workers specifically about Medicaid. Will Social Security go ahead and take care of the Medicaid and notify Tennessee that you are now living in their state, and you qualify for Medicaid? Or do you have to go to the Tennessee Medicaid office and just let them know, “Hey, you know, my daughter’s on SSI, we just moved here. We’ve established residency,” show the proof of establishing residency, and then they take care of everything else? It’s a little bit different from state to state, so what I would do is I would start with the local Social Security office first and see how they instruct you to move forward.

 All right, this question is from Daniel. ‘SSI, when is it a good time to apply for SSI? My son is 15 years old.’ Again, it depends, okay? When a child is under the age of 18 and they go and apply for SSI, SSI is going to take into consideration the parents’ income and the parents’ resources. It’s not a dollar per dollar match. Social Security has this super-secret formula that they use and it’s called deeming. And what they do is they count a portion of the parents’ income and the parents’ resources against the child or any children that are applying for SSI, versus the number of other children in the house. So therefore, if there’s five children in the house but only one child is applying, then that child would stand a greater chance of possibly being awarded SSI, because the parents’ income and resources will be spread out over five different children, versus if they were just a single child. If the parents’ income and or resources are too high, then the child would not be eligible for SSI or SSI-related Medicaid at that point. But I would encourage you to possibly apply for TEFRA Medicaid here in the state, because under TEFRA Medicaid they waive the parents’ income and the resources. They only look at the children’s income and the child’s resources when they’re making a determination for TEFRA Medicaid. You have to meet the SSI definition of disability. And there’s a possibility – depending on the Medicaid worker – there’s a possibility that Medicaid may say to you, whether you want to or not – it doesn’t matter – you have to go and apply for SSI, because Medicaid does have a rule that you have to apply for any and all other benefits you may be eligible for when you apply for Medicaid. So they may say to you, you know, you need to go and apply for SSI as well. But I’m being told through the grapevine that Medicaid has been backing off of that, and less and less workers are requiring individuals to apply for all benefits. So you know, it’s a gamble, it’s a 50/50 gamble. Either they’re going to have you apply for it or not. So you might as well beat them to the punch, go ahead and apply for SSI, and show them proof that the denial was not based on a disability, but it was based on the parents’ income and/or the parents’ resources. And that will help get the ball rolling at Medicaid.

 Once the child turns 18, then it’s a different story, because then SSI only considers the income and resources of the child. So when you apply for SSI for the very first time as an adult, you have to have a disability that meets the adult criteria. You have to have income and resources that are low enough. The resources have to be below $2,000 and the income has to be below $1,170 when you apply for SSI. And they call that $1,170 number the substantial gainful activity amount. If you apply for SSI benefits and your income is over $1,170, then SSI will stop the application. They’re not saying you’re not disabled. What they are saying is the disability does not prevent you from earning what they call – not what I call – what they call a substantial living, and therefore they’re not going to bother moving forward with the application until the income falls below that amount.

 So, once the child turns 18, I would want to apply for SSI as quickly as possible, because in most states, not all of them, but in most states, you do get Medicaid if you get at least $1 in SSI. Here in South Carolina, that’s the way it goes. If you get at least $1 in SSI, you get Medicaid to go along with it. And Medicaid for a lot of individuals pays for just more than medicine. It pays for therapies. It can pay for care in the home. If you are living independently in an apartment, but you need some support living independently, Medicaid may be able to help pay for those supports as well.

 Daniel, I hope that answers your question. I’m going to move on here. Okay, this message is from Chris. ‘My child is 19. Her healthcare and past therapies have always been covered under our insurance,’ and I’m assuming that’s a private insurance. ‘She has never had government assistance, TEFRA or other. She is forced off of our insurance and is probably unemployable due to disabilities. What is the process to get her Medicaid SSI help? How difficult will this be?’

 Again, as I mentioned earlier, she may not be forced off of your insurance, and I’m assuming your referring to age 18. Most insurance companies now will allow you to carry a child up until age 26, and maybe even further if they allow you to carry children with disabilities as well. So I would want to check with your private insurance carrier about that and see specifically what happens at age 18. Do you have to provide proof that your child has a disability? If so, what proof do you have to provide them with? You can go ahead and at age 18 apply for SSI, if you think the child is not eligible right now, based on the parents’ income and resources. And once they get SSI, like I said, if they get at least $1 in SSI, then they would be eligible for Medicaid as well.

 How difficult will this be? That is a very open-ended question. A lot of it depends on the severity of the disability. If the child has a very severe disability where, you know, they’re not able to function without assistance – getting dressed, providing food, shelter, you know, that sort of thing, just would not be able to manage a bank account, or anything like that – the process can go pretty smoothly because it may be typically what Social Security refers to as a presumptive disability. For example, a child with Down’s syndrome is a presumptive disability with Social Security. They’re going to go ahead and assume the child meets the disability criteria, so they’re going to go ahead and just look at the financial end of it to see if the child meets the income and resource guidelines to be eligible for SSI.

 Some people, when they turn 18, they think they’re automatically eligible, because they doctor says, “You have a disability.” But just because a doctor says you have a disability does not automatically guarantee you’re eligible for benefits. Again, you’ve got to be able to meet the, one of the listings that Social Security has.

 And Social Security has a wonderful website. If you do a general Google search, or Yahoo, or whatever search engine you use, ‘Social Security disability blue book of impairments.’ Again, that’s ‘Social Security disability,’ or ‘Social Security blue book listing of impairments.’ It will take you to a website where they have all of the disability listing criteria that they look at. Not only do they have the definition of a disability, but they have it broken down into sub-categories as well, and what is that they accept for documentation, and things like that. If you get denied on the very first try, don’t fret. File an appeal. You’ve got 60 days to be able to file an appeal, so you want to get that appeal in right away. The first level of appeal is just a reconsideration. And what Social Security is going to do is they’re going to hand that disability determination over to somebody who didn’t have anything to do with the case, and they’re going to say, “Did we miss anything here?” Chances of it getting turned over at the reconsideration stage is extremely low. So they’re going to go head and deny it.

Then the next level of appeal is an administrative law judge hearing. And at that point, you get to sit in front of a judge. It’s not like sitting in front of Judge Judy for anything like that. It’s a very informal meeting. It’s usually in a conference room, and you’re sitting around a table and you present your case. It’s my recommendation that if you are headed to a fair hearing or – excuse me and administrative law judge hearing, you probably want to get some legal assistance. Legal assistance can be available for individuals that meet certain income and resource guidelines free of help through the South Carolina Bar Association or through Legal Aid. There’s also plenty of really good attorneys out there that work on Social Security disability cases.

Yes, they charge a fee. They typically get about one third of the back benefits that the individual is eligible for. However, if an attorney agrees to take on your case, then that should tell you that you stand a pretty good chance of getting awarded benefits, because attorneys are not going to take on a case that they don’t think they’re going to get paid for. So when they look at the evidence, they’re asking themselves, “Am I going to get paid for this case? Am I going to get paid for my work and the time and effort that I’m going to put into this case?” And what they’re doing is saying, “Yeah, I can win this case and this is not going to be a problem.” And then you have to sit and wait. And wait and wait. The last I had heard, and this was about a month or two ago, it is about a year and a half to two years in order to get in front of an administrative law judge. I wish I could wave my magic wand and make that time disappear, but I can’t. The reality of the situation is if you ask for an administrative law judge hearing, then you’re going to sit and wait for about a year and a half to two years before you get in front of an administrative law judge.

So, Chris, I hope that answers your question. I’m going to move… I’ve got one more to do. Okay, my next question comes from Bob and then, once I get done with Bob, we’re going to take a look at a question that’s on the chat box. Bob writes in, ‘My granddaughter has been a disabled child under the Social Security and Medicaid since she was an infant. What do I need to do when she turns 18? I am her guardian.’

Bob, I’m going to assume… well, maybe not. There’s two ways that she could be getting Social Security under this scenario. One could be through SSI. She has a disability that is severe enough to meet the SSI criteria, and the family’s income and resources are low enough to where she is eligible for some SSI. So she could be getting Medicaid through that. When Bob says that he has a granddaughter that has been a disabled child under Social Security, that could also be – she could be a dependent upon the grandfather, Bob. It’s not unusual here in South Carolina for grandparents to, once they get retirement benefits, if they are raising the grandchildren, and they meet certain criteria that Social Security is going to have to tell you about – I don’t know the specific guidelines for grandparents, but if you meet specific guidelines, then it is possible that that granddaughter could be declared a dependent of yours. And the granddaughter could be receiving Social Security benefits off of Bob’s work record because she has now been declared a dependent of Bob. So she could be getting dependent benefits off of Bob and then getting Medicaid either through TEFRA or possibly the Aged, Blind or Disabled programme. I’m going to assume it’s TEFRA, by the way this is described to me.

What do you need to do when she turns 18? First thing you need to do, Bob, is you need to let Social Security know that she is turning 18. If she doesn’t get a letter ahead of time stating that the dependent benefits are going to come to an end because she is 18 or, if it’s SSI, that her SSI benefits, or – excuse me, she’s going to have to go through an age 18 redetermination to see if she has a disability that now qualifies her for adult benefits. It’s not unusual for Social Security to say at an age 18 redetermination, “I’m sorry, you don’t have a disability that meets our qualifications,” because of the differences between children’s disability qualifications and the adult disability qualifications. So when she turns 18, I would want to ask Social Security to either, a) make a determination that she does have a disability for her benefits to continue under your work record or, if she’s getting an SSI, to do an age 18 redetermination. If she is getting benefits as a dependent off of your work record and the Medicaid is TEFRA Medicaid, then the TEFRA Medicaid benefits will come to an end at age 19. And at that point we would have to see if she qualifies for Medicaid, either through SSI, because her income may be low enough under Social Security disability to qualify for SSI as well, or, if she doesn’t, to see if she’s eligible for any of the other Medicaid categories that South Carolina has out there.

 Okay, I think I’ve answered all of the written questions. Okay, we’ve got a question on the chat box. Angie, ‘My daughter is not on Medicaid, but is on Medicare. She gets SSI and works, but is limited to about $14,000 a year in income for 2017. She is 37. Can she get Working While Disabled and keep her Medicare?’

 The answer to that is absolutely she can. Depending on the amount of her SSDI – because SSDI is a form of unearned income. And when we talk about SSI or, in this case we’re talking about the Working Disabled Medicare programme, she would have to meet the income guidelines in order to be eligible for the Working Disabled. Unearned income is the worst type of income a person can have when it comes to SSI or Medicaid because for the Working Disabled Medicaid programme, they are going to count all but $20 of her Social Security disability. So, for example, if she were getting $980 in Social Security disability, Medicaid will not count the first $20 of that, so that brings her countable down to $960. At that point, she would still be eligible for the Working Disabled Medicaid programme, but when we combine that with her countable income from her job, there’s a chance she may not be eligible for the Working Disabled Medicaid programme. I would have to do a calculation on that and I would have to ask you a couple more questions. So, Angie, if you want to send me an email or if you want to call me, we can do that.

 And anybody who has questions about Social Security or Medicaid is welcome to call me. My number is 803 896 6986. That is my direct number. Do not be surprised if you have to leave a message, because I get an awful lot of phone calls. But what’s listed on the slide, the 800 number, that’s a general number. I can be reached at that number, but it’s not my direct number. So either one of those numbers is fine. The indirect number is 1800 832 7526. Or my direct line is 803 896 6986. My email address is tmayne@scvrd.state.sc.us.

 So, Angie, if you want to give me a call either later on this afternoon, or tomorrow, or sometime next week, I can talk to you a little bit more and get a couple of answers about the income. And we can do a calculation to see if your daughter might be eligible for the Working Disabled programme. And, yes, she can keep her Medicare and her Medicaid both at the same time.

 Okay, the second part of your question. ‘Would she benefit being on this level if it allows her to make more income? What else should we know about disability versus working while disabled benefits versus drawbacks?’ Wow. That is a great question. I am a benefits specialist for South Carolina Vocational Rehabilitation. I have been helping individuals manage their benefits for 28 years now. And one of the most common questions I get when somebody comes in to meet with me is, “How much can I make and still keep my benefits?” Or, “How much can I make before I lose my benefits?” Kind of along those lines. And my answer back to them is, it depends. And it depends on several different factors. It depends on the amount of benefits that the individual is receiving. What is the severity of their disability? How long has it been since they’ve been working? I kind of equate that to riding a bike. If it’s been a while since you’ve ridden a bike, you don’t want to just hop on a bike and go down the steepest hill you can find right away. You want to slowly work your way back into it. You want to, you know, go on the safe paths, stay in your driveway or stay on the sidewalk or the road, and work up your stamina, work up your ability. And it’s the same thing with working while you have a disability, because now you have a disability and when you start working, you are now introducing a new stress on your body. And a lot of it is going to depend on how that individual responds to that stress.

 You know, I’ve had several individuals that have had the type of disability that they can go back to work and work full-time and get off their benefits because that’s what they want to do. Either they’re embarrassed to be on their benefits or they’re going to make more money than being just on their benefits or even working part-time, keeping their benefits and getting a little bit of work income. I’ve also had individuals that have had the same type of disability that have only worked part-time, because it’s the stress, the introduction of the stress on the individual’s body that they’re not able to handle. And they can’t work full-time; they can only work 15, 20, maybe 25 hours. A lot of it depends on the stress.

 So, you know, one of the things I would recommend is you may want to go to your local vocational rehabilitation centre and, not necessarily apply for benefits right away or – excuse me, apply for services, but sit down and just have a talk with the vocational rehabilitation counsellor and say, “Hey, this is who I am. This is my disability. This is what I did before I became disabled. Here are my work skills. Here’s how my disability affects me. I’m interested in going to work, but I’m not quite sure what the impact may be disability-wise from the stress of the work. What do you think? What do you recommend?” And they’re going to sit down and have a very casual conversation with you, and they’re going to ask you all kinds of different questions to try to help you get to that answer. They may not have an answer, because every individual is different.

 As far as the Social Security benefits, are concerned, we have benefits specialists that an individual can meet with to talk about what could possibly be the impact of the benefits. How much are you getting? Do you want to work full-time, part-time? We can run through all those different scenarios. There is also a WIPA programme out there. W–I–P–A. And that stands for Work Incentives Planning and Advisement. And these are individuals throughout the state of South Carolina who also have been trained and certified by Social Security to answer those questions. So there’s a lot of resources out there available to answer a lot of those questions. And my recommendation would be, you want to sit down with as many of those individuals as we possibly can and ask them their question and see what they say, and take all that information and make an assessment. And you know what? Give it a try. It may work; it may not. At least you gave it a try and you’re able to try to make that determination for yourself. Hope that answered your question.

 Teresa writes in, ‘My son is 17, turns 18 in September. Currently receives TEFRA Medicaid. Not eligible for SSI due to my income. He does have a diagnosis of autism with intellectual disability. What are the next steps to apply for SSI for him? Do I need to gain guardianship before he turns 18 so I can assist with his SSI case? Will his TEFRA automatically extend until his transition to regular Medicaid?’

 I’m going to answer the SSI part of it first, Teresa. Once the individual turns 18, they can apply for SSI based on their own income and their own resources. Depending on where you are in South Carolina, some of the local Social Security offices will allow you to start an application a month or two before the 18th birthday, so once the child does turn 18 the benefits can start right away. Most of the local offices will have you wait until the child actually turns 18, or the month after they have turned 18, before you can apply. What I would suggest you do is go to www.ssa.gov. That is Social Security’s website. If you go to the menu, you can navigate to ‘contact us.’ And once you get to the ‘contact us’ page, you can put in your zip code and they will give you the address and phone number, toll-free number, to the local Social Security office. And you can go ahead and give them a call and throw that question to them and see what they say. If you don’t like the answer, wait ten minutes, call back again, you might get a different answer. But typically you have to wait until the child turns 18, either the month they turn 18 or the month after their 18th birthday, in order to apply for SSI.

 Because he’s getting TEFRA right now, that tells me he may stand a really good chance of getting SSI as an adult, because part of the qualification for TEFRA Medicaid is you have to have a disability that meets SSI’s criteria. Now, that’s a child’s criteria listing, which sometimes tend to be more lenient than the adult listings. But it’s been my experience that most of the individuals that qualify for TEFRA Medicaid ,when they turn 18, they typically become eligible for SSI. It’s not a given, but you do stand a better chance.

 Okay, what the next steps to apply for SSI for him? I just went over that. Guardianship is always a very tricky question. You have to weigh the benefits and the possible impact of guardianship on your son. It’s not something that is automatic. You do have to establish guardianship. So when a child turns 18, regardless of the level of disability, they become their own guardian until guardianship has been established. And there’s no right or wrong answer to this. It’s something that you need to maybe sit down with a legal professional, and want to have that discussion with a leadership professional who has done guardianship in the past. You just don’t want to go to any Joe practising attorney who does wills or – excuse me, who does divorces and criminal cases and things like that. You want to find somebody who specialises in wills, trusts and estates. They typically have experience with guardianship issues. And they have a whole bunch of questions that they’re going to be able to ask you to try to help you get to the point where you can answer that question for yourself.

 Will his TEFRA Medicaid automatically extend until it transitions to regular Medicaid? It will until the child turns 19. If you do not apply for SSI and he is awarded SSI and Medicaid at that point, it will not transfer over. Now, this is a good segue for me to talk a little bit about Medicaid here in South Carolina. Because he is on TEFRA Medicaid right now, that is a state of South Carolina Medicaid eligibility category. And South Carolina has several different Medicaid eligibility categories. For example, one might be a low-income family. If you have a child under the age of 18 at home and you meet the income and resources, you could be awarded Medicaid based off of that category. Or another one could be the Working Disabled or the Aged, Blind or Disabled category.

 Medicaid is supposed to do a determination once somebody transitions off of Medicaid and wants to use TEFRA in this case. It is what they call an ex parte decision. When an individual transitions off of, let’s say, TEFRA Medicaid, an ex parte determination is Medicaid has to take a look to see if that individual meets the criteria for any other state of South Carolina Medicaid eligibility category. The ex parte determination does not – and I repeat, it does not apply to SSI Medicaid, because SSI Medicaid is a federal Medicaid category. It only applies to state Medicaid categories. But TEFRA is a Medicaid category here in the state of South Carolina. So if and when the time comes for him to transition off of TEFRA Medicaid, if he’s not getting SSI at that point, then Medicaid is supposed to do that ex parte determination to see if he’s eligible for any of the other categories, which would include the Working Disabled Medicaid category.

 Lots of times that does not happen. And it’s one of the very first questions that I encourage parents to ask Medicaid, is – you know, for example, last week, I got a call from a parent that said the TEFRA Medicaid stopped. And because the child had resources in excess of $2,000, this child was not eligible for SSI or Medicaid under SSI. So when I did a couple of determinations, a couple of calculations, I determined that this child is probably eligible for the Working Disabled Medicaid programme, because they had a little part-time job. It’s only five hours a week, but it’s still a job. A job is a job. So the child was probably eligible for the Working Disabled Medicaid programme, but I don’t think Medicaid ever took a look at that. And one of the things I said to the parent is I would want to call the Medicaid worker and ask them, “Did you do an ex parte determination and, if so, I would like to see the worksheet that you did,” because Medicaid has to fill out a worksheet when they do the ex parte determination. My guess is she’s never going to see it because they never did one. If they had, they would have found out that this child would have easily been eligible for the Working Disabled Medicaid programme, and at that point would be eligible for Medicaid under that category.

 It looks like we’ve answered that question and right now there are no other questions coming in. So, how much time have I got? Okay, looks like we’re doing good on time. Let me talk a little bit about documentation, because I get this question a lot as well. Whenever you are having a discussion or a meeting or anybody like that, with anything to do with your son or daughter – it could be Social Security, it could be Medicaid, it could be vocational rehabilitation, it could be a social worker, it could be a therapist, it could be anybody – documentation is very important. One of the very first things I do when I do my presentations in the public is I will hold up a notebook, just a composition notebook, $1.50–$2 at Walgreens or something like that. And I say to parents, “This is your best friend in the entire world, because in this book, you should be documenting all of your conversations that you’re having with all these professionals.” And the reason I like the black and white, or the red and white, composition notebooks is those pages are sewn right into the binding and it’s very difficult to lose any of the pages that are in there. And, as part of your documentation, what you want to right down simply is date, time, who was part of the meeting, what was the meeting about and a general overview of the meeting.

 So for example, you know, if you’re meeting with Social Security and Social Security says, ‘”Okay, you’ve got to fill out not only form ABC, but you also have to fill out form XYZ. Get those to us and then we will make a determination within 30 days.” So you go home and you fill out the ABC and the XYZ forms, you fax them back to the Social Security – excuse me, to the number that Social Security gave you, you print out a fax confirmation sheet to show that they received it, you keep copies for yourself. 45 days has gone by and you haven’t heard back from Social Security. So you call up the worker, or the operator, and you enquire as to what’s going on and they tell you, “Well, we’re getting ready to close the case, because we never got those forms.” And you can say, “Well, wait a minute, let me check my records. Okay, according to my records, I faxed those to you on, you know, 12th April at approximately 13.45 in the afternoon. My copy said that you received them. It shows that they were received by this phone number. Now is this the correct fax number?” Get them to confirm the fax number. And if it is, you can say, “Okay, I’m about to fax these again to you for the second time, so please don’t close the case. And somebody needs to get in touch with me to show that they have received these faxes.”

 And with this documentation, what you’re doing is you’re sending a very clear message to those professionals. And, again, regardless of whether it’s Social Security, Medicaid or whoever it may be, you’re sending a very strong message to these individuals that you are nobody to mess around with. That you are keeping very clear records of what is going on, what is being said, and you’re holding people accountable for any timelines, or any decisions, or anything that they need to do on your son or daughter’s behalf, or on your behalf. So I can’t stress the importance of documentation enough. 99% of the time you are not going to need your notes, you are not going to need that documentation. But that 1% of the time that you have it – or that you are going to need it, you are going to be darn glad you had it because it could make the difference between them closing the case and you having to reapply for benefits all over again, or letting things continue the way they were.

 I have nothing else.

Shannon Staley: All right, we’re going to briefly open this up for verbal exchange here. So, if you guys have some questions that you have not submitted on the chat line, we can open up the phone lines and let you guys present your questions to Tom.

Operator: And, ladies and gentlemen, for those on the phone lines, to insert a question, please press star then one on your telephone keypad. Please note that if you’re using speaker equipment to please pick up the handset or depress your mute function to allow that signal to reach our equipment. Again, that is star one on your telephone keypad and we’ll pause for a moment.

 And again, that is star one for questions over the phone lines.

 And it does appear that we have no phone line questions.

Tom Mayne: Okay, then I think we’re ready to probably wrap this up. I want to thank everybody who attended today. I hope this information was helpful to you. Again, if you have any questions that you want to talk to me about, my direct number is area code 803 896 6986. If you want to email a question to me, my email is tmayne@scvrd.state.sc.us. Hope everybody has a great day.

Shannon Staley: Thank you so much.