NABWIS NEWSLETTER

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What's in the newsletter

SSA Releases 2027 Benefit Rates and Work Incentive Amounts

VCU Training Center Closure and Next Steps for Benefits Planners

CMS Provides More Detail on Medicaid's Medical Frailty Exemption

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SSA Releases 2027 Benefit Rates and Work Incentive Amounts

The Social Security Administration has announced a 3.6% cost-of-living adjustment for 2027, along with updated earnings thresholds used in benefits planning.

Key changes for 2027 include:

- The maximum federal SSI payment increases to $1,029 per month for an individual and $1,544 for an eligible couple.
- The monthly substantial gainful activity (SGA) amount increases to $1,770 for individuals who are not blind and $2,950 for individuals who are statutorily blind.
- The trial work period earnings amount increases to $1,270 per month.
- The SSI student earned income exclusion increases to $2,500 per month, up to $10,080 for the year.

SSI resource limits remain unchanged at $2,000 for an individual and $3,000 for a couple. Benefits planners should incorporate the new figures into counseling and update reference materials for the coming year.

The complete list is available on SSA's 2027 Social Security Changes fact sheet: SSA 2027 Social Security Changes fact sheet





VCU Training Center Closure and Next Steps for Benefits Planners

Virginia Commonwealth University's contract to serve as the WIPA National Training and Data Center (NTDC) was not renewed, and the center closed abruptly on September 30, 2026, without advance notice. SSA has not yet announced its plans for future WIPA training and technical assistance.

VCU-certified planners have certifications valid through June 30, 2027. Cornell University is finalizing an abbreviated version of its Work Incentives Practitioner course that will allow these planners to become Cornell certified. The advertised course cost is $1,300. More details will follow.

SSA has committed to helping individuals who were already in the VCU certification process complete their credentials without losing their progress. Individuals in this situation have been instructed to contact wipa@ssa.gov with their contact information, current stage in the certification process, and questions about next steps.

NABWIS continues to collaborate with NENA and other national organizations to support ongoing conversations with SSA. To help guide these discussions, the NABWIS Policy Committee has developed questions addressing immediate concerns and the future of WIPA:

- Will WIPA STAR and the systems used for BSA documents be restored? If so, when?
- What process should currently certified Community Partner Work Incentives Counselors and individuals who were pursuing certification through VCU follow?

- How can planners retrieve missing case records, including case note histories that were unavailable even when they followed SSA's instructions to download records before the systems went offline?
- How will the closure affect WIPA projects, including future applications for funding?
- How should planners document services, case activity, and participant progress while the case management system is unavailable?

NABWIS will continue seeking clarification and sharing updates as more information becomes available. To share your questions, concerns, or feedback, please contact policy@nabwis.org.

CMS Provides More Detail on Medicaid's Medical Frailty Exemption

CMS released additional guidance in September, clarifying the medical frailty exemption from Medicaid expansion work and community engagement requirements under H.R. 1 (The Big Bill).

Covered categories include blindness or disability, substance use disorders, disabling mental disorders, disabilities that significantly impair activities of daily living, and serious or complex medical conditions. Recovery from a substance use disorder for fewer than five years may qualify when that standard is met.





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States must develop qualifying condition lists within federal criteria and review requests involving conditions outside those lists. They must first attempt verification using available reliable data. When sufficient data is unavailable, states may accept self-attestation from the beneficiary during 2027 or require documentation sooner. Beginning in 2028, self-attestation is generally limited to once per enrollment period, with subsequent verification requiring reliable data or documentation.

Benefits planners should consult their state Medicaid agencies about qualifying conditions, documentation, and implementation procedures.

CMS medical frailty guidance

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