



TICKET
to **Work**

Quarterly All VR Call

There will be audio silence until the call starts at 1 p.m. ET

Date: April 16, 2024



Agenda

- Welcome
- Logistics
- Pre-Payment Validation Review (PVR)
 - PVR Question and Answer Session
- Reconsideration Policy
- New VR Help Line
- Question and Answer Session
- Closing

Welcome and Logistics

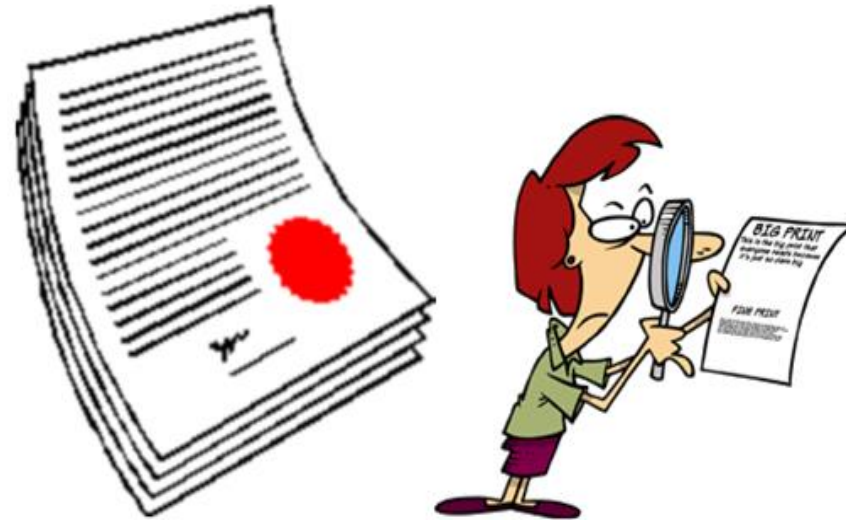
Logistics

- **This call is being recorded and transcribed. Post-call items will be on the yourtickettowork.ssa.gov website in a few weeks.**
 - Participants are **not permitted** to record this meeting nor capture the transcript.
- **During the Q & A Session:**
 - If joining via phone and you wish to ask a question, raise your hand utilizing *5 and you will be unmuted by the Facilitator; then press *6 to unmute yourself.
 - If joining on the MS Teams app, click the raise hand icon, and you will be unmuted by the Facilitator to allow you to unmute your microphone.
- **Please ask one question each time you are called upon by the Facilitator.**
 - Additional questions or comments can be sent to: VR.Helpdesk@ssa.gov
 - Those questions not answered during the live event will be forwarded to the appropriate panelist for comment.
- **Closed Captioning is available for participants who join using the MS Teams Application or utilizing the separate Closed Captions link provided.**
 - To turn on Closed Captions in Teams, go to “More” at the top of the MS Teams window and click “Language and Speech”. Next, select “Turn on live captions.”
 - When using the link option, paste the link in the browser and it will open in a separate window to view Closed Captions.

PVRs

Purpose of the Pre-payment Validation Review (PVR)

- Ensure that VR services and costs meet the requirements for the requested payment.
- For more information refer to the [VR Provider's Handbook](#), page 41.



PVR Required Documentation

1. PVR Notice,
2. SSA-199 with costs in numerical order,
3. Proof of payment for requested services,
4. Signed Individualized Plan for Employment (IPE) or amended IPE, and
5. Case Notes.

Proof of Payment Documentation

Examples

- Copies of all direct costs, including date of service, type of service rendered, cost of service, proof of payment.
- Copies of bills, checks, credit card, and EFT transactions.
- Receipts under the vendor's letterhead with paid date stamp and signature.
- Authorizations and invoices with Warrant or Procurement numbers

PVR Notice

Client Name: John Doe
Your SSA Reference Number: 2345678
Your Reference Number: 56789

This claim was processed and approved for direct cost reimbursement for the payment period. As part of the payment process this claim has been selected for a Prepayment and requires you to submit specific justification and documentation for all calls you have claimed.

Using the instructions in your SSA/Vocational Rehabilitation (VR) Provider Handbook, Chapter Validation Reviews, as a guide, please provide us within 30 days with the following information:

- Copy of the IWRP/IEP and amended or supplemental copies;
- Copies of all direct and indirect cost invoices numbered in the order shown on the SSA-199-U2 (or facsimile): date of service, type of service rendered, cost of service, proof of payment, name, and address of payee, etc.;
- Copied of all bills, invoices, and receipts under the vendor's letterhead;
- Copied of signed and dated certification that the service were provided.

Within the next 30 days please submit the requested documentation in the format outlined in chapter entitled Validation Reviews. No cost will be paid without acceptable evidence within 45 calendar days from the date of this notice.

SSA-199

SOCIAL SECURITY ADMINISTRATION		FORM APPROVED OMB No. 0960-0310	
VOCATIONAL REHABILITATION PROVIDER CLAIM			
To: Social Security Administration Office of Employment Support Programs VRA Operations Team P.O. Box 17714 Baltimore, Maryland 21235-7714		From: Jane Doe DARS 12228 Charming Avenue Westchester, VA 23456-7654 VR Provider Code L11	
Check One <u>Claim Based On:</u> <input checked="" type="checkbox"/> Continuous Period of SGA <input type="checkbox"/> Medical Recovery during VR			
If claim is based upon other than a continuous period of SGA, it is not necessary to complete items 6, 8, 9, or 13 below.			
Check One <input checked="" type="checkbox"/> Initial Claim <input type="checkbox"/> Reconsideration <input type="checkbox"/> Resubmittal <input type="checkbox"/> Supplemental			
1. Client (First Name, MI, Last Name) John A. Doe			
2. <input checked="" type="checkbox"/> SSA <input type="checkbox"/> SSI	SSN (Primary) 123-45-6789	3. SSN (Widow or child, if appropriate)	4. <input type="checkbox"/> Blind <input checked="" type="checkbox"/> Non-Blind
5a. Date Client Entered VR DD 8/19/2020	5b. Date Signed IPE 10/27/2020	6. Date Employment Began 10/14/2022	7. Date of Final VR Closure 2/14/2023
		8. Months Work Activity Tracked After VR Closing (show months) 9	
9. Medical services were provided, initiated, or coordinated under IWRP		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Claim based solely on extended evaluation services (VR 06)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11. Direct cost during VR (after 9/30/81) -- Total from Item 17d (over)		\$ 6,789.12	
12. Administrative, counseling and placement costs during VR (after 9/30/81)		\$ 3,741.24	
13. Administrative costs only for tracking after VR (after 9/30/81)		\$ 0	
14. Other (identify in Remarks section below)		\$ 0	
15. Total amount claimed		\$ 10,530.36	
16. What type of occupation(s) did the client perform during the continuous period of SGA:			
Remarks: UI Wages (2023-3 \$6,395.00 *SGA*) (2023-2 \$7,420.00 *SGA*) (2023-1 \$5,362.00 *SGA*) (2022-4 \$5,962.00 *SGA*) (2022-3 \$5,500.00 *SGA*) (2022-3 \$5,500.00 *SGA*) (2022-2 \$4,028.00) (2022-1 \$6,402.00 *SGA*) (2021-4 \$9,204.00 *SGA*)			
Signature	Title	Date	
	Jane Doe - Staff Specialist	2/18/2024	
Form SSA-199 (03-2010) EF (03-2010) Destroy prior editions		CONTINUED ON REVERSE SIDE →	

Total direct costs requested

SSA-199, Cont.

17. Itemization of direct cost services provided during the period of VR (after 9/30/81):
(Use additional sheets as needed)

17a. Date of Service	17b. Type of Service	17c Cost of Service
12/10/2020	#1 Job Search/Placement, ST coaching	\$164.50
1/11/2021	#2 Job Search/Placement, ST coaching	\$70.50
1/11/2021	#3 Job Search/Placement, ST coaching	\$211.50
2/4/2021	#4 Transportation	\$61.24
2/16/2021	#5 Job Search/Placement, ST coaching	\$211.50
3/12/2021	#6 Benefits Counseling: After IPE	\$800.00
3/12/2021	#7 Job Search/Placement, ST coaching	\$211.50
4/14/2021	#8 Job Search/Placement, ST coaching	\$352.50
5/11/2021	#9 Job Search/Placement, ST coaching	\$399.50
6/6/2021	#10 Job Search/Placement, ST coaching	\$47.00
3/1/2022	#1 Job Search/Placement, ST coaching	\$141.00
3/17/2022	#12 Job Search/Placement, ST coaching	\$70.50
12/22/2022	#13 Benefits Counseling: After IPE	\$800.00
12/22/2022	#14 Benefits Counseling: After IPE	\$200.00
	#15	
17d. Total of column 17c (also enter in item 11 - over)		\$ 3,741.24

Breakdown of
direct costs in
numerical order

Total direct costs
requested

Privacy Act Statement
Collection and Use of Personal Information

Sections 205(a) and 1633(a) of the Social Security Act authorize us to collect this information. The information you provide us on this form will be used to make claim determinations.

Individualized Plan for Employment (IPE)

INDIVIDUALIZED PLAN FOR EMPLOYMENT

Plan Number: 1

Name John Doe

This Individualized Plan for Employment (IPE) is designed to achieve my employment outcome which is consistent with my unique strengths, resources, priorities, concerns, abilities, and capabilities.

My employment outcome is: Office Clerks, General

Additional employment outcome information: _____

Achieving a high school diploma or equivalent is a goal on my IPE: NO

The projected date to reach this employment outcome: 01/2021

I am pursuing this employment goal as part of a self-employment plan. NO

It appears that I need extended services for supported employment. NO

It is projected that I will use Small Business Enterprise. NO

- Employment goal
- Services align with the goal

Signed IPE

3. Information about work incentives planning has been provided and, if needed, a referral for this service will be completed.

Individual's Signature John Doe Date 1/23/20

Parent or Legal Guardian's Signature, if necessary _____ Date _____

VR Contract Coordinator's Signature _____ Date _____

OOD Counselor's Signature Jane Doe Date 1/23/20

Appeal Rights:

You may not agree with OOD on some determinations of eligibility, employment goals, decisions affecting the provision or denial of services, or case closures. When this occurs, you have the right to appeal these decisions and receive an impartial hearing. If you choose to file an appeal, you will continue to receive services.

You have 30 calendar days from the date you receive an appealable decision from OOD to file an appeal. Your appeal must be in writing and sent to OOD's Director. You may provide written notice by filling out the "Appeal Form" (80-VR-12.A), writing a letter, sending an email, or any other comparable method so long as the appeal is in writing. All written appeals must either be mailed or emailed to the appropriate addresses listed below:

By Regular Mail:

- Beneficiary signature
- Counselor signature

Case Notes

CONFIDENTIAL FOR AGENCY USE ONLY

 **Case Notes**

Participant Caseload	Participant ID
1. General	
Entry Date	10/11/2019
Author	
Category	Correspondence
Share Note	No
2. Note	
Summary	Participant Info/App for VR Services_AP
Generated Letter	Yes
3. Activities Provided	
No items selected	
1. General	
Entry Date	10/11/2019
Author	
Category	Correspondence
Share Note	No
2. Note	
Summary	Participant Acknowledgment
Generated Letter	Yes
3. Activities Provided	
No items selected	
1. General	
Entry Date	10/11/2019
Author	
Category	Correspondence
Share Note	No

Participant Report Page 1 of 150 Printed 03/18/2024

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Invoice #1

AUTHORIZATION FOR PURCHASE					
COUNSELOR NAME AND MAILING ADDRESS				Authorization Number 975824 Vendor Number	
VENDOR NAME AND MAILING ADDRESS					
<p>You are hereby authorized to furnish the following services and merchandise to the participant identified in Section 1 of this Authorization for Purchase. If any goods or services other than those authorized are needed, or if you will be referring medical services to another medical provider, you must secure approval from the Counselor identified above before proceeding. The Department of Rehabilitation Services will not be responsible for goods and services provided prior to authorization.</p>					
1. Participant Information					
Participant Name			AUTHORIZATION DATES		
Participant ID			Begin 09/12/2023		
Case ID			End 06/30/2024		
SSN					
2. Service Authorization					
ITEM NUMBER	DESCRIPTION	PROCEDURE CODE	UNITS	RATE	DOLLAR AMOUNT
1	Diagnosis and Treatment of Impairments 92591 - Hearing aid examination and selection; binaural	92591	1.00	\$105.00	\$105.00
AUTHORIZATION SIGNATURE <i>Jane Doe</i>			DATE 9/12/2023		TOTAL \$105.00
3. Special Instructions					

- Authorization Number

- Total billed amount

Proof of Payment #1

CONFIDENTIAL FOR AGENCY USE ONLY	
Payment	
Payment for	
Name	John Doe
Participant ID	123456
Case Status	Service
Case Type	VR
1. Authorization Information	
Authorization Number	9755682
Authorization type	Medical
Payee Name	Princess Doe MD
2. Payment Information	
Payment Request ID	1473626
Item Number*	1
Service Category	Diagnosis and Treatment of Impairments
Description	02591 - Hearing aid examination and electronics binaural
Total Outstanding	\$0.00
Payment Action*	Final
Invoice Number	23467892356
Invoice Date	10/20/2023
Invoice Received Date*	
Service Start Date*	9/16/2023
Service End Date*	9/16/2023
Payment Amount*	\$105.00

- Authorization Number
- Total Outstanding: \$0.00
- Payment Action: Final
- Payment Amount: \$105

Invoice #2

VR Name Street Address City, ST ZIP Code Phone: Phone Fax: Fax			INVOICE		
			INVOICE # 100 DATE: DATE		
TO: Street Address City, ST ZIP Code Phone: Phone		SHIP TO: Client Name Street Address City, ST ZIP Code Phone: Phone			
CLIENT NAME	CLIENT ID	CASE MANAGER	AUTHORIZATION NUMBER	CASE NUMBER	TERMS
	000-00-0000	Jane Doe	AN-000000000	CH-000000	Due on receipt
DATE OF SERVICE	DESCRIPTION		UNIT PRICE	TOTAL	
04/10/2018	Intake		1 Hour	50.00	
04/10/2018	Mileage (Intake)		40.2 Miles	132.98	
TOTAL				182.98	

- Authorization Number
- Cost breakdown
- Total Outstanding Amount

Proof of Payment #2

Payment	04/09/2017	8	Payee: VR Name Authorization Number: 1234567 Item: Payment Amount: \$120.00 Action
		8	Warrant Number: 456789 Warrant Date: 04/17/2017 Files:
Payment	04/09/2017	9	Payee: VR Name Authorization Number: 1234567 Item: Payment Amount: \$216.45 Action
		9	Warrant Number: 456789 Warrant Date: 04/17/2017 Files:

- Authorization Number
- Payment Amount
- Warrant Number

Purchase Authorization Example-Invoice #3

Purchase Authorization			
Date of Authorization:	Payment Authorization:		
Requesting Staff:	Phone:	Fax:	
Purchase for Client - Name:	Client ID:	ID:	
Vendor:	Vendor's Contact Person:		
	Vendor Phone:	EIN/SSN:	
	Vendor Fax:		
Description:			
Begin Date:	End Date:		Procurement #:
Pricing Tier / Unit Type Description:			
Quantity:	Unit:	Unit Price:	Cost: Total

- Purchase Authorization Number
- Procurement Number
- Begin and End Date
- Total Cost

PVR Question and Answer Session

PVR Question and Answer Session

Over the Phone:

- Raise your hand by dialing *5 and you will be unmuted by the Facilitator
 - Then press *6 to unmute yourself

MS Teams:

- Enter your question into the chat, or
- Raise your hand and your mic will be unmuted by the Facilitator, then you will unmute yourself.

Please state your first name only, VR name and ask your question.

Reconsideration Policy

Reconsideration Policy

On March 1, 2024:

- SSA started enforcing the **long standing** 60-day filing restriction for non-earnings-related reconsideration requests from VR agencies for denied initial claims.
 - If a VR submits a request for reconsideration for an initial claim that was denied for a non-earnings-related reason, the request must be received by SSA within 60 calendar days of the denial decision date.
- SSA enacted a **courtesy to extend the filing deadline** for earnings-related reconsideration requests from 60 days to 365 days.
 - If SSA denies a claim due to insufficient earnings, the VR has 365 calendar days from the date of the initial denial to submit to SSA a request for reconsideration for that claim.
- If a VR agency's claim is denied but the claim represents a unique or nuanced situation, the provider may email VR.Helpdesk@ssa.gov for additional consideration.

New VR Help Line

New VR Help Line

- Went live March 1, 2024
- **Hours:** Monday – Friday, 9 a.m. – 5 p.m. ET
- **Phone:** 1-866-949-3687
 - Select option #4 to speak with a live agent
- The VR Help Line will handle the following inquiry types via phone:
 - **Payment Status:** Status of VR payment submissions.
 - **Diary Status:** Diary reasons and any additional actions and/or required documentation.
 - **Fax Documentation:** Receipt confirmation of faxed payment documentation.
 - **Portal Access:** Assistance with Ticket Portal access. (Ticket Portal enrollment requests must be submitted via email.)
 - **Portal Navigation:** Assistance with Ticket Portal navigation. (Portal errors must be submitted via email.)

Question and Answer Session

Question and Answer Session

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MS Teams:

- Enter your question into the chat, or
- Raise your hand and your mic will be unmuted by the Facilitator, then you will unmute yourself.

Please state your first name only, VR name and ask your question.

Today's Call

- All documentation from this call will be posted to the [Your Ticket to Work](#) website in the next few weeks, under the [Events Archives](#) section:
 - Transcript,
 - PowerPoint Presentation,
 - Recap, and
 - Audio

Next All VR Call Date

- The next All VR Call date will be **Tuesday, July 9, 2024**, from 1-2 p.m. ET via MS Teams.
- Please send All VR Call training suggestions to VR.Helpdesk@ssa.gov.
 - Send suggestions for the next call by **Friday, May 25, 2024**.

Thank you for your participation!