



TICKET *to* **Work**

Quarterly All VR Call

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

Date: January 14, 2025



Agenda

- Welcome
- Logistics
- Announcements
- Section 301 Overview
 - Section 301 – Question and Answer Session
- FY25 Cost Formula (CF)
- VRCER File Tips
- Pre-Payment Validation Review (PVR) Documentation
- 2024 Year in Review
- Question and Answer Session

Logistics

- **This call is being recorded and transcribed. Post-call items will be available on the yourtickettowork.ssa.gov website in a few weeks.**
 - Participants are **not permitted** to record this meeting nor capture the transcript.
 - Links shared during the live event will be posted in the chat window.
- **During the Q & A Session:**
 - Chat is not available to post questions. You must ask your question aloud.
 - 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 the Facilitator will provide access to audio to allow you to unmute your microphone.

Logistics, *Cont.*

- 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.

Announcements

Keitra Hill

VR Payments Manager

Ticket Program Manager

New Ticket to Work Email Address

- On December 2, 2024, Social Security announced via GovDelivery message that the Ticket Program email address has changed.
 - Support@choosework.ssa.gov is now TicketToWork@ssa.gov.
- This email address is for Ticketholders and the general public who would like to contact us for additional information.
- Please be sure to update your website content with the new address.
 - For a limited time, emails sent to Support@choosework.ssa.gov will be forwarded to TicketToWork@ssa.gov.

Cost Reimbursement and Ticket to Work Training Symposium

- **Hosted by:** State VR Agencies
- **Dates:** March 4-6, 2025
- **Location:** Anne Arundel County Career Center (AJC)
 - 613 Global Way Linthicum, MD 21090
- **Cost:** No cost to register.
- **Link to Registration:** <https://survey.alchemer.com/s3/8068555/New-Survey>

Section 301 Overview

Renee Moore

Office of Employment Support Policy

Social Security Administration

Background

Eligibility

SSI or SSDI benefits may continue after a medical cessation or when a beneficiary does not meet the adult requirements for disability benefits, if the following requirements are met:

- The individual participates in an appropriate program of VR services, employment services, or other support services;
- The individual began participating in the program before the month their disability or blindness ceased. (This means that an SSI child must be in the program prior to or in the month of the age 18 SSI med cessation). If the beneficiary stopped participating prior to the month of cessation, in the month of cessation, or during the month after the medical cessation, there is no potential 301 eligibility. (DI 14510.003E)
- The individual's participation in the program continues through the 2-month grace period after cessation; and
- We determine that the individual's completion of the program, or continuation in the program, will increase the likelihood that the individual will not return to the disability rolls.

What is An Appropriate Program?

- Examples of an appropriate program include but are not limited to:
 - Individualized Education Plan (IEP)
 - State Vocational Rehabilitation (VR) agencies
 - Employment Networks (EN)
 - Participation in a Plan to Achieve Self-Support (PASS)
 - An Individual Work Plan (IWP), an Individualized Plan for Employment (IPE) under our Ticket to Work Program

When Does Section 301 Entitlement End?

- An individual completes the program.
- The individual stops participating in the program.
- We determine that continued participation in the program will no longer increase the likelihood that the individual will not return to the disability rolls.

Benefits terminate effective the month after the month of program completion or participation stopped (DI 14510.007).

When to Flag Section 301 Cases

- During a Medical Continuing Disability Review (CDR) or an Age-18 Redetermination, we ask whether the beneficiary is participating in VR, employment or other support services. If the beneficiary indicates that they are, we mark the case with a “Potential Section 301 Case flag” to develop for participation if there is a medical cessation.

Let's look at how you can help.....

How You Can Help

- Part of the CDR process is for the beneficiary to complete form SSA-454. Section 7 of the form asks if the beneficiary is participating in any educational, specialized work or VR training or similar. You can help by ensuring this part of the form is completed.
- This is important because a completed section 7 prompts us to flag the case to develop for continued payments.
- You can also consider asking questions about the beneficiary's medical review status as part of your discussions.

Form SSA-454-BK (06-2023) UF			Page 9 of 12
NAME OR ORGANIZATION			
MAILING ADDRESS			
CITY	STATE/Province	ZIP/Postal Code	COUNTRY (if not USA)
NAME OF CONTACT PERSON			CLAIM NUMBER (if any)
Date of Last Contact (in last 12 months, if known)		Date of Next Contact (if any)	
Reason(s) for Contacts			
If you need to list other people or organizations use Section 9 - Remarks and give the same detailed information as above for each one you list.			
SECTION 7 – EDUCATION, TRAINING, AND LITERACY Complete only if you are age 18 years or older			
Please provide any information about your education, training, and literacy since your last disability decision. Information about Individualized Education Plans (IEPs) or other support services should be recorded in "SECTION 5 - SUPPORT SERVICES".			
7.A. Have you received any education since your last disability decision? (See date at the top of Page 3.) NO (Go to 7.B.) <input type="checkbox"/> YES (Complete the following section below.)			
NAME OF SCHOOL			
DATE(S) OF ATTENDANCE If date not known, use best estimate. ___ / ___ to ___ / ___ MM YYYY MM YYYY			
MAILING ADDRESS			
CITY	STATE/Province	ZIP/Postal Code	COUNTRY (if not USA)
TYPE OF PROGRAM/DEGREE			
Date Completed (or scheduled to be completed) If date not known, use best estimate. ___ / ___ MM YYYY			
7.B. Have you received any type of training (specialized job, trade, or vocational training) since your last disability decision? (See date at top of Page 3.) <input type="checkbox"/> NO (Go to 7.C.) <input type="checkbox"/> YES (Complete the following section below.)			
NAME OF TRAINING FACILITY			PHONE NUMBER
□ □ □ □ □ □			
CITY	STATE/Province	ZIP/Postal Code	COUNTRY (if not USA)
TYPE OF PROGRAM		Date Completed (or scheduled to be completed) If date not known, use best estimate. ___ / ___ MM YYYY	

How You Can Help

- **For example:**
 - You can ask the beneficiaries if they're going through a medical review:
 - If they are – share with them that there is important information about educational and vocational training, needed on the SSA-454, and please consider offering to help complete it.
 - If they are not – ask them to let you know when they start the medical review process so that you can help them complete section 7 of the SSA-454 thoroughly and correctly.

Section 301 Development After the Medical Cessation

- If an individual appeals the decision and requests statutory benefit continuation (SBC), SSA does not pursue verification of vocational rehabilitation participation during the appeal.
- If they do not request SBC, SSA will contact the vocational rehabilitation service provider listed on the medical review forms and collect information about the program participation on form SSA-4290.
- We will then send the case to another office to determine if the program meets the requirements and if participation will increase the likelihood of permanent removal from the roles.
- SSA will inform the individual of the decision. If it's an approval, the individual will continue to receive benefits if they meet the non-medical requirements for payment.

Section 301 Policies

- For more information on our Section 301 policies refer to [DI 14500](#).

Section 301 – Question and Answer Session

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:

- Raise your hand by selecting the Raise Hand icon in Teams
- 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.**

Fiscal Year (FY) 25 Cost Formula and Vocational Rehabilitation Client Earnings Report (VRCER) File Tips

Keitra Hill

VR Payments Manager

Ticket Program Manager

Reminder: FY 25 Cost Formula – Due Date Extension

- On October 2, 2024, the Social Security Administration announced via a GovDelivery message that the due date for submitting your Administrative, Counseling and Placement (ACP) data was extended to **Friday, January 31, 2025**.
- If you need an additional extension, please email Raquel.L.Donaldson@ssa.gov.
- Continue to submit your claims as usual.
- **Do not** hold claims because you have not submitted your cost formula.
- If you have questions, please send an email to VR.Helpdesk@ssa.gov.

From: Ticket to Work <tickettowork@subscriptions.ssa.gov>
Sent: Wednesday, October 2, 2024, 1:17 PM

Fiscal Year (FY) 2025 Cost Formula Due Date EXTENSION

The Fiscal Year (FY) 2025 Cost Formula due date has been extended to January 31, 2025.

Social Security (SSA) has updated the Cost Formula for you to determine your monthly administrative, counseling and placement (ACP) cost for Federal fiscal year (FY) 2025 (October 1, 2024, through September 30, 2025). Use this formula to identify the monthly dollar amount per client for which you will request reimbursement from SSA for FY 2025. Each VR agency must have an acceptable average monthly ACP cost before SSA can process reimbursement claims.

Submission Procedures

Please send an email to VR.Helpdesk@ssa.gov with your average monthly ACP cost and cc: Raquel.L.Donaldson@ssa.gov and your regional coordinator on this email. Once SSA reviews and accepts your ACP, you will receive an approval letter, along with the Cost Containment Policies, that must be signed by the VR's signatory authority and emailed back to Raquel.L.Donaldson@ssa.gov.

You may compute the average monthly ACP cost incurred in the rehabilitation of Social Security disability beneficiaries and Supplemental Security Income disability/blindness recipients using the attached worksheet. Please ensure that you use the data you reported to the Rehabilitation Services Administration on forms RSA-911 and RSA-17 in FY 2024 to calculate the FY 2025 Cost Formula. SSA highly recommends that you retain any supporting documentation used to calculate the average monthly ACP cost.

Your VR's ACP data is due **Friday, January 31, 2025**. If any additional time is needed, please send an email to Raquel.L.Donaldson@ssa.gov for consideration. Thank you.

Questions

Address questions about this administrative letter or the Cost Formula in general to Raquel Donaldson, Senior Program Analyst for the Vocational Rehabilitation Team, by emailing the VR Help Desk (VR.Helpdesk@ssa.gov).

- [Cost Formula Worksheet FY25.xlsx](#)

VR CER File Tips

- VRs have the option to customize their VR CER files.
- Instead of having SSA send every record, consider having SSA send smaller files with only relevant clients:
 - Remove clients without earnings.
 - Remove clients who do not have earnings at D, E, or F level.
- Consider sending in faxed quarterly earnings for cases where SSA does not have the 3rd quarter on record.
- VRs are strongly encouraged to use “VR CER” as the case note for any claim where the VR CER file was used to determine earnings. SSA uses this tag to track VR CER cases.
- To request changes to the file contact: VR.Helpdesk@ssa.gov.

File Codes	Range of Earnings
A	Less than 1/2 Trial Work Level (TWL)
B	Greater than or equal to 1/2 TWL but less than TWL
C	Greater than or equal to TWL but less than Non-Blind SGA
D	Greater than or equal to SGA but less than Blind SGA
E	Greater than or equal to Blind SGA but less than 250% (Federal Poverty Level) FPL
F	Greater than or equal to 250% FPL

2024 Year in Review

Keitra Hill

VR Payments Manager

Ticket Program Manager

VR Payments Statistics – 2023 vs. 2024

- **Receipts:**

- FY23: 31,818
- FY24: 25,471

- **Payments:**

- FY23: \$201,142,719
- FY24: \$189,470,303

- **Claims Processed:**

- FY23: 37,417
- FY24: 36,630

2024 Top 3 Payment Denials

Denial Code	Denial Reason	2024 Total
620	Untimely Filing	3,440
220	8 Months or Less of SGA	2,128
320	9 Months of SGA But Not Within 12-Month Period	1,606

Payment Denial – Code 220

Denial Reason

- 8 Months or Less of SGA

Description

- 8 months or less of verified SGA level earnings were found in SSA's records.

Tip to Avoid Denial

- If an initial claim was denied due to insufficient earnings, please wait an additional six months to submit a reconsideration claim to avoid another 220 denial.

Payment Denial – Code 320 (1 of 2)

Denial Reason

- 9 Months of SGA But Not Within 12-Month Period.

Description

- 9 months of SGA were found in SSA's records, but the 9 months are not within a continuous 12-month period.

Tips to Avoid Denial

1. Check quarterly wage information to determine if 9 months are found within 12 months of the SGA level earnings identified.
 - If not, the SVRA must provide verifiable documentation of 9 months within 12 months of SGA level earnings.

Payment Denial – Code 320 (2 of 2)

Tips to Avoid Denial

2. If an initial claim was denied due to insufficient earnings, please wait an additional six months to submit a reconsideration claim to avoid another denial.

Payment Denial – Code 620 (1 of 3)

Denial Reason

- Untimely Filing (**Initial Claim**)

Description

- The initial claim was filed more than one year from the last month of SGA.

Tip to Avoid Denial

- Review the earnings provided on the Vocational Rehabilitation Client Earnings Report (VRCER) to ensure you file the claims no more than one year from the last month of SGA.

Payment Denial – Code 620 (2 of 3)

Denial Reason

- Untimely Filing (**Earnings Reconsideration**)

Description

- The reconsideration claim for an earnings denial was filed more than one year from the decision date.

Tip to Avoid Denial

- Review the notice of determination from the initial claim to ensure you file the reconsideration no more than one year from the decision date.

Payment Denial – Code 620 (3 of 3)

Denial Reason

- Untimely Filing (**Non-earnings Reconsideration**)

Description

- The non-earnings reconsideration claim was filed more than 60 days from the decision date.

Tip to Avoid Denial

- Review the notice of determination from the initial claim to ensure you file the reconsideration no more than 60 days from the decision date.

Pre-Payment Validation Review (PVR) Documentation

Keitra Hill

VR Payments Manager

Ticket Program Manager

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
5. Case/Progress Notes

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 DARE 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		3. SSN (Primary) 123456789	4. <input type="checkbox"/> Blind <input checked="" type="checkbox"/> Non-Blind
5a. Date Client Entered VR 00	5b. Date Signed IPE	6. Date Employment Began	7. Date of Final VR Closure
08/19/2020	10/27/2020	10/14/2022	2/14/2023
8. Months Work Activity Tracked After VR Closing (show months)		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 \$6395.00 *SGA*) (2023-2 \$7,420.00 *SGA*) (2023-1 \$5362.00 *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 <i>Jane Doe</i>	Title Jane Doe - Staff Specialist	Date 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

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.

Breakdown of direct costs in numerical order

Total direct costs requested

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.

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: \$105.00

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 and Date

Individualized Plan for Employment (IPE)

INDIVIDUALIZED PLAN FOR EMPLOYMENT	
Plan Number:	<u>1</u>
Name	<u>John Doe</u>
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:	<u>Office Clerks, General</u>
Additional employment outcome information:	<u></u>
Achieving a high school diploma or equivalent is a goal on my IPE:	<u>NO</u>
The projected date to reach this employment goal:	<u>01/2021</u>
I am pursuing this employment goal as part of self-employment plan:	<u>NO</u>
It appears that I need extended services for supported employment:	<u>NO</u>
It is projected that that I will use Small Business Enterprise.	<u>NO</u>

- Employment goal/outcome
- Services must 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

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 **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

Quarterly All VR Call | January 14, 2025

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

Invoice #2

CLIENT NAME	CLIENT ID	CASE MANAGER	AUTHORIZATION NUMBER	CASE NUMBER	TERMS
	000-00-0000	Jane Doe	AN-0000000000	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

INVOICE

VR Name

Street Address
City, ST ZIP Code
Phone: Phone Fax: Fax

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

- Authorization Number
- Cost breakdown
- Total Outstanding Amount

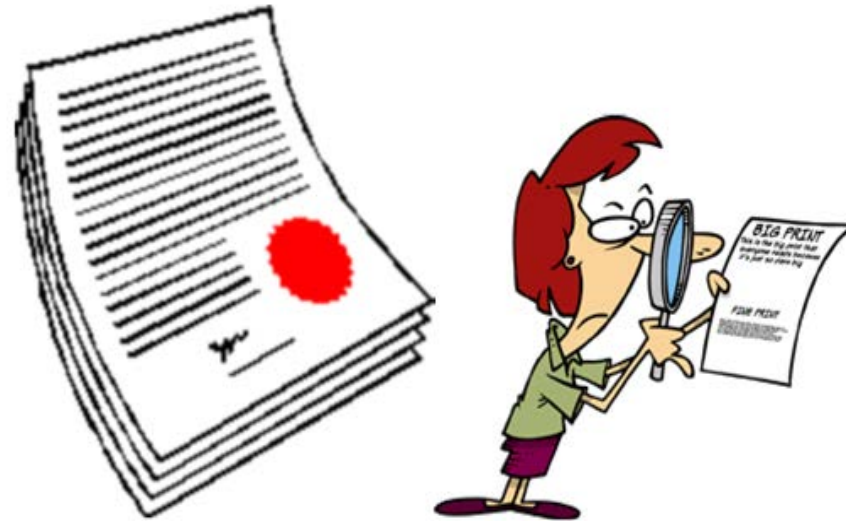
Purchase Authorization Example – Invoice #3

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

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

Pre-payment Validation Review (PVR) Reminders

- 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.



Question and Answer Session

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:

- Raise your hand by selecting the Raise Hand icon in Teams
- 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.**

Upcoming Events

Work Incentive Seminar Event (WISE) Webinars

- Promote and [join us](#) for WISE webinars on the fourth Wednesday of the month!
- Next WISE Webinar, "**Ticket to Work and Mental Health**," is on January 22, 2025, from 3-4:30 p.m. ET.

FREE WEBINAR

Ticket to Work and Mental Health

TICKET to Work | WISE
Work Incentive Seminar Event



Produced at U.S. Taxpayer Expense

Today's Call

- All materials 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
 - Audio

Next All VR Call Date

- The next All VR Call date is **Tuesday, April 15, 2025**, from 1-2 p.m. ET via Teams.
- Please send All VR Call training suggestions to VR.Helpdesk@ssa.gov.
 - Send suggestions for the next call by **Friday, March 7, 2025**.

Thank you for your participation!