

Pre-Employment Transition Services (Pre-ETS) Kickoff

June 2, 2025



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[SSA.gov](https://www.ssa.gov)

Pre-ETS Full Rollout

In 2014, the Workforce Innovation and Opportunity Act (WIOA) amended Section 110 of the Rehabilitation Act of 1973 and enacted a comprehensive employment program for serving eligible youth.

Effective June 2, 2025, SSA is expanding the current VR Cost Reimbursement policy to reimburse VRs providing Pre-ETS to youth ages 16 and 17, allowing Pre-ETS reimbursement to all VRs.

- The services must lead to nine months of substantial gainful activity (SGA) level of earnings and have been provided during the Net Payment Period (NPP).



Reimbursable Service Codes

Service Description	RSA Service Code	SSA Service Code
Work Based Learning Experiences	37/103	37/103
Job Exploration Counseling	97	97
Counseling on Enrollment Opportunities	109	109
Workplace Readiness Training	115	115
Instruction in Self-advocacy	121	122



Pre-ETS: Reimbursement

SSA will reimburse VR agencies for claims that follow the process guidelines of CFR 404.2114 (b12).

Quality Assurance Measures:

- VR agencies are required to provide documentation to validate their claims.
- SSA internal processing software contains additional, automatic controls to prevent improper payments to state VR agencies.



Pre-ETS: Required Documentation

VR agencies are required to provide the documentation listed below with their claims:

1. Signed service agreement plan
2. Signed IPE or amended IPE
3. SSA-199 listing the itemized costs for Pre-ETS
4. Authorization and proof of payment for the Pre- ETS cost

VR agencies should have this documentation ready to submit with their claim.



Pre-ETS: System Limitations

During the first phase of the Pre-ETS rollout, SSA was able to determine the full extent of system upgrades necessary for SSA to properly process Pre-ETS cases.

SSA is implementing the full rollout of Pre-ETS prior to making these systems upgrades, which are targeted for completion at the end of FY25.

As a result, VR agencies will need to follow the guidance provided in the next few slides to ensure the timeliness and accuracy of all Pre-ETS claims.



Pre-ETS: Tracking

Until SSA updates the Ticket Portal to include a new Pre-ETS claim type, VR agencies should include “Pre-ETS” in the remarks section of the claim so that SSA can identify and track these cases. SSA will be processing all Pre-ETS cases.



Pre-ETS: Submitting Documentation

Until SSA updates the Ticket Portal to include the new image types, VR agencies should use the image type of “Other” when faxing in the required documentation.

VRs do not need to create four separate coversheets and should fax all of the documentation together using “Other”.

VR agencies should have this documentation ready to submit with their claim.



Pre-ETS: Submitting Initial Claims

Until SSA updates the Ticket Portal to capture the service agreement date for initial claims, VRs should use the following workaround:

Replace the “Date Entered VR” value with the service agreement plan date.



Pre-ETS: Submitting Initial Claims

SSA will verify the date you provide with the date on the service agreement plan.

The screenshot shows the SSA Pre-ETS Initial Claim form. At the top, there are tabs for General, Dates, SVR, Claim, Costs, Tracking, Remarks, and Reference. The 'Dates' tab is selected. Below the tabs, there are two rows of information: 'SSN:' and 'Beneficiary Name:', and 'Type of claim: Initial Claim' and 'Claim based on: Continuous Period of SGA'. Below this, there is a section titled 'Dates'. In this section, the 'Date Client Entered VR:' field is highlighted with a red box. Below it is the 'Date Signed IPE:' field. Both fields have a calendar icon next to them and a placeholder text 'mm/dd/yyyy'.



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Pre-ETS: Submitting Supplemental Claims

Until SSA updates the Ticket Portal to capture the service agreement date for supplemental claims, VRs should use the following workaround:

Enter the service agreement date in the Remarks tab/field.

SSA will modify the claim to use the date you provide as long as it matches the date on the service agreement plan.



Example 1

The comment “Pre-ETS” must be present.

	iTOPSS INTERNET TICKET OPERATIONS PROVIDER SUPPORT SYSTEM
SVR Remarks	
Work Case Number:	3464651
SVR Remarks:	Pre-ETS.



Example 1 – continued

SSA will only reimburse for costs that occurred during the Net Payment Period:
02/2019 – 04/2021

Work Case Number:	3464651	Work Case Status:	AEDI - Awaiting examiner disposition
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T16 Payment Process Dates

Date Client Entered VR:	02/01/2019	Authorization Date:	11/16/2023
IPE Signature Date:	04/17/2019	Receipt Date:	11/16/2023
Employment Start Date:	11/09/2020	Entitlement Start Date:	04/01/2003
Final VR Closure Date:	04/30/2021	Entitlement End Date:	06/30/2023
Net Payment Period Start Date:	02/01/2019	Post Employment Period Start Date:	
Net Payment Period End Date:	04/30/2021	Post Employment Period End Date:	
Gross Payment Period Start Date:	11/01/2016	First Month of Continuous SGA:	10/2022
Gross Payment Period End Date:	08/31/2022	Last Month of Continuous SGA:	06/2023



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Example 1 – continued


Service Type Code:	<input type="radio"/> RSA Codes <input checked="" type="radio"/> SSA Codes
Claim SSDI SSN:	<input type="text"/>
Claim SSDI BIC:	<input type="text"/>
Is Beneficiary Blind?	<input type="radio"/> Statutory Blindness Established <input checked="" type="radio"/> Statutory Blindness Not Involved
Were Medical Services Provided?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown
Beneficiary Occupation During Continuous Period of SGA:	<input type="text" value="222"/> <input type="text" value="Perform Contextual Search"/>
	<input type="text" value="222 - Shipping, Receiving, Stock, and Related Clericals"/>
Receipt Date:	<input type="text" value="11/16/2023"/> (MM/DD/YYYY)

Prior VR Payments For This Period of Disability

Prior VR Payments for This Period of Disability? ☒ Yes ☐ No

Prior VR Payment Amount: \$

NOTE: Please enter costs as written on SSA-199.

Total Direct Costs:	\$ <input type="text" value="1590.13"/>	
Total ACP Costs:	\$ <input type="text" value="0.00"/>	
Total Tracking Costs:	\$ <input type="text" value="0.00"/>	
Total Other Costs:	\$ <input type="text" value="0.00"/>	
Total Claim Costs:	\$ <input type="text" value="1590.13"/>	



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:

Arkansas Rehabilitation
Services

VR Provider
Code

002

Check One

Claim Based On:



Continuous Period of SGA



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



Initial Claim



Reconsideration



Resubmittal



Supplemental

1. Client (First Name, MI, Last Name)

Jane Doe

2.



SSA



SSI

SSN (Primary)

012-34-5678

3. SSN (Widow or child, if appropriate)

4.



Blind



Non-Blind

5a. Date Client Entered
VR OO

02/2019

5b. Date Signed IPE

04/2019

6. Date Employment Began

11/2020

7. Date of Final VR
Closure

04/2021

8. Months Work Activity Tracked After VR
Closing (show months)

0

9. Medical services were provided, initiated, or coordinated under IWRP



Yes



No

10. Claim based solely on extended evaluation services (VR 06)



Yes



No

11. Direct cost during VR (after 9/30/81) – Total from Item 17d (over)

\$ 1,590.13

12. Administrative, counseling and placement costs during VR (after 9/30/81)

\$

13. Administrative costs only for tracking after VR (after 9/30/81)

\$

14. Other (identify in Remarks section below)

\$

15. Total amount claimed

\$ 1,590.13



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
07/2018-07/2018	#1 037	\$500.00
09/2018-09/2018	#2 037	\$233.75
10/2018-12/2018	#3 037	\$303.88
12/2018-12/2018	#4 037	\$331.50
02/2019-02/2019	#5 037	\$221.00
	#6	
	#7	
	#8	
	#9	
	#10	
	#11	
	#12	
	#13	
	#14	
	#15	
17d. Total of column 17c (also enter in item 11 - over)		\$ 1,590.13



Example 1 – continued

- Only one of the costs is allowed. The remaining costs are ineligible. All of the costs must be addressed.

T16 Payment Process Dates							
Date Client Entered VR:	02/01/2019	Authorization Date:	11/16/2023				
IPE Signature Date:	04/17/2019	Receipt Date:	11/16/2023				
Employment Start Date:	11/09/2020	Entitlement Start Date:	04/01/2003				
Final VR Closure Date:	04/30/2021	Entitlement End Date:	06/30/2023				
Net Payment Period Start Date:	02/01/2019	Post Employment Period Start Date:					
Net Payment Period End Date:	04/30/2021	Post Employment Period End Date:					
Gross Payment Period Start Date:	11/01/2016	First Month of Continuous SGA:	10/2022				
Gross Payment Period End Date:	08/31/2022	Last Month of Continuous SGA:	06/2023				

Total of all Direct and Other costs on this tab must be \$1590.13 You have entered: \$1590.13

Show entries Search:

Select All <input type="checkbox"/>	Cost Type	Cost Status Code	Service Start Date	Service End Date	Expense Code	Expense Verified?	Service Amount	Actions
<input type="checkbox"/>	Direct	D1	03/01/2019	04/30/2021	037 - Work Based Learning Experiences	N	\$1369.13	View/Edit Delete
<input type="checkbox"/>	Direct	A	02/01/2019	02/28/2019	037 - Work Based Learning Experiences	Y	\$221.00	View/Edit Delete

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Example 2

SSA will only reimburse for costs that occurred during the Net Payment Period:

09/2021 – 12/2022

T16 Payment Process Dates

Date Client Entered VR:	09/01/2021	Authorization Date:	05/15/2023
IPE Signature Date:	03/25/2022	Receipt Date:	05/15/2023
Employment Start Date:	12/16/2022	Entitlement Start Date:	06/01/2003
Final VR Closure Date:	03/31/2023	Entitlement End Date:	12/31/2022
Net Payment Period Start Date:	09/01/2021	Post Employment Period Start Date:	
Net Payment Period End Date:	12/31/2022	Post Employment Period End Date:	
Gross Payment Period Start Date:	09/01/2017	First Month of Continuous SGA:	04/2022
Gross Payment Period End Date:	12/31/2022	Last Month of Continuous SGA:	12/2022



Example 2 - continued

The VR is requesting \$735.

Service Type Code:	<input type="radio"/> RSA Codes <input checked="" type="radio"/> SSA Codes
Claim SSDI SSN:	<input type="text"/>
Claim SSDI BIC:	<input type="text"/>
Is Beneficiary Blind?	<input type="radio"/> Statutory Blindness Established <input checked="" type="radio"/> Statutory Blindness Not Involved
Were Medical Services Provided?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown
Beneficiary Occupation During Continuous Period of SGA:	<input type="text" value="389"/> <input type="button" value="Perform Contextual Search"/> <input type="text" value="389 - Building and Related Service Occupations, N.E.C."/> <input type="button" value="v"/>
Receipt Date:	<input type="text" value="05/15/2023"/> (MM/DD/YYYY)

NOTE: Please enter costs as written on SSA-199.

Total Direct Costs:	\$ <input type="text" value="735.00"/>
Total ACP Costs:	\$ <input type="text" value="0.00"/>
Total Tracking Costs:	\$ <input type="text" value="0.00"/>
Total Other Costs:	\$ <input type="text" value="0.00"/>
Total Claim Costs:	\$ <input type="text" value="735.00"/>



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Example 2 – continued

The date range of the services are from 09/2021 – 03/2023.

T16 Payment Process Dates							
Date Client Entered VR:	09/01/2021	Authorization Date:	05/15/2023				
IPE Signature Date:	03/25/2022	Receipt Date:	05/15/2023				
Employment Start Date:	12/16/2022	Entitlement Start Date:	06/01/2003				
Final VR Closure Date:	03/31/2023	Entitlement End Date:	12/31/2022				
Net Payment Period Start Date:	09/01/2021	Post Employment Period Start Date:					
Net Payment Period End Date:	12/31/2022	Post Employment Period End Date:					
Gross Payment Period Start Date:	09/01/2017	First Month of Continuous SGA:	04/2022				
Gross Payment Period End Date:	12/31/2022	Last Month of Continuous SGA:	12/2022				

Total of all Direct and Other costs on this tab must be \$735.00 You have entered: \$735.00

Show entries Search:

Select	Cost Type	Cost Status	Service Start Date	Service End Date	Expense Code	Expense Verified?	Service Amount	Actions
<input type="checkbox"/>	Direct	A	09/16/2021	03/31/2023	109 - Counseling on Enrollment Opportunities	N	\$735.00	View/Edit Delete

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Example 2 – continued

- No documentation was included with the claim. Without the SSA-199 the breakdown of direct services is unknown.
- The VR did not submit the required documentation for services provided from 09/2021 – 12/2022 and SSA cannot make a determination.
- Some costs were outside the NPP.



Example 2 – continued

Claim is not payable for work case 3456833. Please correct the following errors: *Some direct or other costs that were allowed are outside of the established Net Payment Period or if applicable the Tracking Period. The entry for prior VR payments for this same period of disability is zero. *A VR Rate Table FY Is Not Present OR Preliminary Award Amount May Be \$0.00 *Problems must be resolved before this VR claim can be paid.

General

Dates

SVR Information

Claim Information

Cost Items

Tracking

Remarks

Reference

Payment

Last Updated:

By:

Beneficiary Information		SVRA Information	
SSN:		PID:	
Beneficiary Name:		VR Provider Code:	
Claim Type:	Supplemental	SVR Name:	
Work Case Number:	3456833	Work Case Status: AEDI - Awaiting examiner disposition	

T16 Payment Process Dates

Date Client Entered VR:	09/01/2021	Authorization Date:	05/15/2023
IPE Signature Date:	03/25/2022	Receipt Date:	05/15/2023
Employment Start Date:	12/16/2022	Entitlement Start Date:	06/01/2003
Final VR Closure Date:	03/31/2023	Entitlement End Date:	12/31/2022
Net Payment Period Start Date:	09/01/2021	Post Employment Period Start Date:	
Net Payment Period End Date:	12/31/2022	Post Employment Period End Date:	
Gross Payment Period Start Date:	09/01/2017	First Month of Continuous SGA:	04/2022
Gross Payment Period End Date:	12/31/2022	Last Month of Continuous SGA:	12/2022



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Resources

■ Phone

- Monday through Friday 9 a.m. – 5 p.m. ET
- Toll Free: 1-866-949-3687/TTY: 1-866-833-2967
 - Option 1: Beneficiary Help Desk
 - Option 2: EN Payments Help Desk
 - Option 3: EN Systems Help Desk
 - Option 4: State Vocational Rehabilitation Agencies

■ Email

- For issues regarding: Cost Reimbursement, Ticket assignment, the service provider website, and the Ticket Portal email VR.Helpdesk@ssa.gov

