Submitting Successful Claims to Improve Cost Reimbursement

Today's conference is being recorded. At this time, I would like to turn the conference over to Adelle Barr. Please go ahead.

Thank you, very much and good afternoon everyone. Thank you for joining us today. We appreciate your time. We have lots of great information for you today. I do want to point out that we have a section, a chat section where you can ask a question. That will come directly to us at admin. If at any time during the presentation you have a question, please feel free to pop it in there, and we will get to those as we can. What we're going to do is also have questions and answers at the end of the presentation. While you are going along, you want to make sure that if you have any questions, you can jot those down and ask when we open up the lines at the end for questions and answers. Additionally, there is — the presentation we will show today has a slide that is only and strictly for this particular presentation and audience we have right now. That means later on somewhere between slide 24 I believe will not be available when we post this in our archives. Just to let you know, when we get to that slide, I will also announce it then. Just to let you know that is only for us right now, and when it gets posted it will not be available.

For today we have our sponsors, Social Security Administration, the Office of Employment Support, the Council of State Administrators of Vocational Rehabilitation and the National Council of State Agencies for the Blind. Thank you so much for helping us to put this information together.

Today we're going to go over Cost Reimbursement Claims Checklist. We are also going to discuss top reasons for denials. And the Vocation Client Earnings Report, also known as VRCER and the state vocational agencies are more than gracious to share their tips today with us. For today's presentation we did have Robert Pfaff who was going to speak. Instead of Robert today, Katie Striebinger from the office Of Employment Support will join us. She used to our Branch Chief. Also John Connelly, Director of Research and Grants from CSAVR will be with us. Shada Roper, The VR Policy Analyst will go over our training today. And we have Eric Schmidt from Maryland Division of Rehabilitation Services and Kyle Beeson, Staff Specialist for program income with Maryland DORS. Also assisting us today will be Annie Zaffron. She is a Reimbursement Coordinator for Texas Workforce Commission. We have Ann Lynn Banton helping us also today, SSA and Ticket to Work Coordinator for Virginia Department for the Blind and Visually Impaired. Arlene Lugo,

Ticket to Work Coordinator from Connecticut Vocational Rehabilitation Agency. David Leon, Deputy Director of Workforce Programs for Virginia Department. And Sue Tietjen, Cost Reimbursement Specialist out of Virginia. At this time, I am going to go ahead and give an opportunity for Katie and John to speak. I will turn it over to Katie.

Thank you. Good afternoon everyone. Thank you for taking time out of your day to attend this special training. Our goal is to provide information that will improve the allowance rates. That will help us lower our backlog and ensure that we are paying claims timely. We have a rare opportunity to present some of our best practices, sharing information we normally present when we host our on-site training with you today. We look forward to your feedback after this training. Without further ado, I will hand it over to John Connelly.

Thank you, Katie. I want to begin by thanking SSA, CSAVR, NCSAB and as well as Maximus for coming together in partnership to put this training together, and also the presenters for their willingness to share their knowledge and expertise and tips with us this afternoon. As Katie was saying, I think the goals of this training are to substantially improve the claims grant rate, eliminate multiple submissions of the same claim and increase the amounts and timeliness of cost reimbursement to VR agencies. Today, we want to make sure that coordinators and others responsible for cost reimbursement are aware of the challenges and opportunities in regard to cost reimbursement, and provide suggestions or substantially again improving the grant rate, which at the last report I saw was nationally 50%. 50% of claims being submitted for cost reimbursement were being granted. The remaining 50% were not because they were not being filed timely. They did not have key information that is needed by Social Security to process the claim and grant the claim. This is a wonderful opportunity to learn again from very experienced folks about successful strategies and tools such as VRCER and you are going to hear all this, this afternoon. I hope it will be helpful to you in improving that grant rate. Thank you all for taking the time to tune into the webinar this afternoon. I will turn it back to our moderator.

Thank you so much Katie and John. Appreciate that. For the sake of time, we will roll on over and have Shada who will help us better understand and get to know the Cost Reimbursement Claims Checklist.

Thank you, Adelle. Good afternoon everyone. We are in unprecedented times, but we are here setting a precedent. This is an unusual setting for us to have our training. I sure do miss seeing some of your faces at the agencies where we would've had our breakfast and laughs and so forth. But I echo what everyone else said. This is like a wonderful opportunity for you to get some information to improve the grant rate, and it actually allows us to be able to make this training available on a larger platform. So I am excited to be a part of this and hopefully the information that we provide you today will give some more transparency. It will help your claims be more consistent and that you will have larger success rates where it won't be 50%; it will be 70% and 80% and even 90% grant rates. We are definitely here to extend information to you that hopefully will get you to that point where the reimbursements are at maximum payout amounts. Without further ado, we will start off with a checklist for you as the VR for what you have to have when you are submitting these claims.

On page 7, the checklist consists of knowing and including your clients' earnings for the evidence, so make sure that we have that evidence there for us. Include all information pertinent to the evidence for the claims and reconsiderations. Ensure that the claims are In Use SVR. As you know, we are also part of the Ticket Program so the Cost Reimbursement program is also in alignment with the Ticket Program. Some of our claimants have Tickets, and they need to be assigned to the Vocational Rehabilitation agency that is working with them. We want to make sure that when you submit these claims to us that they are in use with your VR agency. And have the 199 form ready for submitting multiple categories; meaning that you provide several services under RSA and SSA —the services you provide — so we know that the costs you are requesting to be reimbursed are going to be multiple. And we want to make sure that you are able to get those costs in. We will go through why that 199 is so important in the coming slides.

Slide eight — we are going over this in more detail to know and include the evidence of the clients' earnings. Check to make sure you have a 9 out of 12 months of substantial gainful earning levels; that right there for you would be 9 out of 12 months. We will go through how SSA reviews your claims and how we are able to reimburse you, so we know that as VRs you actually use quarterly earnings. Nine out of 12 months, we are looking at at least three quarters of SGA and during this presentation I will go over just the SGA limits for blind and non-blind for 2019 to give you a notion of what we are speaking of so you can have some kind of guidance and idea of what we go through as we are looking through these claims to reimburse you and make a determination.

Acceptable proof. We provide all this information in our handbook and in blast and so forth. We give you information to make sure that the evidence you are submitting to us is

going to be evidence that is going to be acceptable. That way, we ensure that you are able to have reimbursement. Acceptable evidence includes pay stubs. We call those — that is a primary source of evidence. That is the first source — employer signed statement with type of withholdings and print out from the work numbers. Some of you are able to have access to the work number. That has been a best friend to us at SSA as well. As some of you know, our earnings don't always update as fast as yours. We are not necessarily as quick as yours. We are also relying on the claimants to tell us that, yes, I am working and making SGA, so our systems don't always update.

As a VR, we get your information from the Office of Disability, so they are the ones that actually put that earnings information in the system for us to be able to see. We are working with other offices to find this evidence or obtain this evidence. If for whatever reason Social Security cannot find 9 months, which is 3 quarters on your end, we will have to deny the claim a 590. The 590 came about a few months ago so that's one of our policies that we set in hand to ensure that you are doing what you are supposed to as a VR when you send in the information. It is the law for you to at least say, yes, I was pretty much sure that this claim was payable. I thought in my mind that I would receive payment because I had evidence that this person was working, and they were working at SGA, and they could obtain at least 3 quarters, 9 out of 12 months of SGA. So, I submitted this claim with clear knowledge that this was a claim that was absolutely reimbursable at the maximum requested amounts. If we do not have that, then your claim will be denied on sight.

On slide number eight, we ask that you include all pertinent information and evidence with reconsideration claims. This is always something that we have addressed in our handbook through All Calls and so forth, emails, blasts. Please, if you are able to provide us with information about the claim, that actually makes it easier for us to process the claim because you have laid it out for us. We have certain states who are saying I want reconsideration. It is for ABCD. They laid it out for us. When we are opening that claim or when we get into the weeds of the claim, we have things clear in our minds that says now, okay, they said this. They are absolutely right. This is what is going on. It is absolutely true. It helps us go with the practices along better. It is timely. That is also an issue.

We are trying to cut down the backlog. We want to get robust payments to you, and we want to do them in a timely fashion, especially at a time like this where we know you absolutely need your reimbursement. If a claim has possible transitional work, and I will give you an idea of transitional work in a moment, please send a signed copy of the client's Individualized Employment Plan and show how the state was able to assist them in getting to SGA. In addition, we need case notes. We need any amended IPE. We need

any information that you can give us to say I helped this person to get to the point where they were at SGA.

I want to give you a framework of what transitional work is in your mind to give you some kind of picture. I'm going to lay out a scenario for you. We have a claim with the enter date. I know you're not using those exact terms now, so I am just following what would have been on a VR claim prior to all the changes. We are going to say the enter date was 5-2012 and we are going to say that the closure date was 6-2016. So, we started at 5-2012 and ended at 6-2016 to get those dates as a framework in your mind. The closure day for us is what counts when we are speaking of transitional work. The closure date is June 20, 2016. You have a year from then, which would make it 5-20-2017. There should be some dollar amounts. It does not have to be SGA, but this client or claimant should be earning money at some point in time between 6-20-2016 and 5-20-2017. However, if on our end we are reviewing this claim as the January 20, 2019 when the SGA began, and there is no dollar amount between the 6-20-16 and 5-20-17, we will send out a notice for transitional work. We are saying that you also put on your claims what you believe to be employment dates, and sometimes the date matches hours and sometimes it doesn't. If you found out that they were employed 1-20-19, we are saying what happened in those years that there was no dollar amount? They did not have any kind of earnings. They were not working. You had a notion that in 1-20-19 they started working. Where is the time? what happened to the last few times? Why weren't they working? What is going on? if you can send that evidence even before we request in a notice, because as you know, we then give you a time period to then send back that information to us, the IPE and the case notes. It has to be a signed copy of the IPE. Yes, we do understand that the RSA rules for destroying information and our rules aren't necessarily in complete alignment so we have also sent out guidance for destroying information or evidence, and we make sure to put in a blast to put in our handbook.

Those of you who don't know, years ago we had an audit. We had to recoup a lot of money under this transitional work regulation because we didn't have evidence where the VR had actually helped them. It is not to say that you didn't help them, but our auditors say we should have had those IPE with case notes, and we should have known why it took so long to get to SGA. Then we were recouping money from the VR from years in the past because under audit there is no time to recoup that money. You were under audit. That also creates a terrible detriment to you as the VR agency that you were going back to 2015 for us to recoup money, and you are paid so long ago. You're absolutely not thinking about this anymore. We do not want to put you in that kind of predicament anymore. It is your right to have this noted and the time. However, when submitting the claim, if you can gauge in advance that there might be transitional work evidence needed,

I probably should go ahead and submit something, but remember, if the person earned $50 between the 6-20-16 and the 5-20-17, we will send you a notice. We will say the VR must've been with them. Just that one month matters. But if there are no earnings anywhere for us to find until 2019, we will send you that notice. That delays the claim. That adds to the backlog.

We could've stopped all of this from the beginning where you saw that. And you can't always do that, but given the chance, we are saying submit all the information if you can. We put a big, we made sure that remember for the reconsideration was capitalized because it is the most accurate thing for us to do policy wise to have one reconsideration. We cannot have reconsiderations where it is the same claim, the same evidence and nine times we reconsidered the same claim and the notice actually says this is your final appeal. Then you get another appeal on it that says this is your final appeal. And the third time it is your final appeal. We actually have to take the law at face value and say, okay, you have one reconsideration. Make sure and we have plenty of states that do this well. Make sure when you are submitting those reconsiderations that you explain everything to us — I need reconsideration. This claim was denied.

Somebody, please take a second look at it. In the remarks, include the date of the initial denial. We have had system issues, so those dates matter to us. And it helps you from getting some other type of denial based on timely filing and dates. The denial code also helps us and earnings denials are different from, you know, a denial based on termination or other reasons. We have all kinds of denials. So just make sure you give us information about what it is you want when we open this claim. And comments from the help desk. Some of you contact us via email. There are only a few of us who work on the help desk. You contact us via personal email in addition to the help desk. Both, one of the other, phone calls. This is a time to name drop. I spoke to Shada. She actually went through these five reconsiderations with me, and the reason why I'm even sending them back is because they look like they could be reconsidered, and there probably could be a different decision. There might be a different — it might even be a denial. That denial that you gave me initially is incorrect and the denial code actually matters. We know all of that is important. So please, if you could, all that information matters and it is going to boost your payment rate.

On slide 10. Make sure that if they are in our Ticket Program, because we know we have cost reimbursements by itself, and also have the Ticket Program. Make sure that it is coded In Use SVR and make sure it is with your VR. We don't want to later find out it is really with the EN. You don't have an agreement. Now you are filing for cost reimbursement. That also holds up your claim because now we are looking for additional

information, or it could be a possible denial. So just make sure. Then we also know that claimants move or one VR might not be able to provide the services another VR is able to provide. Make it that, yes, they were coming from the California VR, but now they are with the Texas VR. They moved. Make sure now Texas has the Ticket information and now they are with Texas. If it is with California, we are going to say California is still holding that Ticket. That will be a problem. That will hold up your claim. So back to the backlog. In addition, there could be a chance of denial.

On slide 11, we are requesting the 199 Form. We are only saying it because, as you know, and this happens to us too, our portal times out or the screens time out. So, as we are putting information in, sometimes when we are processing your claim they time out and we have to start over. It starts over all the information is lost and we are like, oh man. Sometimes you have only three costs and you're able to put those in under the cost screen. Sometimes you have 80 costs and you are not able to put in 80. Actually, we have heard cases where you are not even able to put in the three. What we are saying is, make sure you have that 199 and when you are not able to put in all the costs. When Katie used to do the portal training, she reminded you to just put one big cost and put the time span, and then that 199 now tells us the individual cost we are paying under the laws of RSA and SSA. We are looking, are those costs payable? Does this fall under what RSA guidance says? What FSA guidance says — these costs and services that were provided. We are able to see them one by one to say, okay, here is the cost and here is the time period for the cost, and here is the amount of the cost. Now we know and. That also falls into having to do with the payment period. If we don't have that 199, that could lead to additional questions about how if the cost doesn't fall into this payment period, do you have any additional evidence to provide about this payment period? Of course, with input your claim on hold again and are sending out information to you. Because we don't have all the information to deny or pay your claim.

From the beginning, if we could have all this information, it makes it smoother for you. You have a greater chance of having maximum reimbursements. In addition, it makes it better for us. This is a payment program and trust and believe we want to make sure we pay you. We have several systems that we check to say, do they have SGA, are their dollar amount, what is going on with this claim that we are able to check to pay you. That is what this program is about. That is what we want to do every time we touch a claim. We want to make sure we pay you. And we want to make sure we pay you at your requested amount. Sometimes even more having to do with time periods. Some of you know how that works and cost formula and those things. We want to ensure that you get the payment you need. This is the end of the first segment for Voc rehab. I will turn it over to Adelle for the next presenter.

Thank you so much. I just want to remind everyone that I have been receiving questions, and we will answer those when we get to the Q&A section. We have VR folks who want to help us out. We have the agency sharing their tips on this section. We will have Eric Schmidt and Kyle Beeson from Maryland DORS to help us out.

Can you hear me okay?

Yes.

Great. I guess I'll start off by saying good afternoon from Maryland and thanks to SSA, CSAVR, CSAB and Maximus for putting this training together for us and for allowing us the opportunity to learn about strategies to improve our allowance rates and hopefully make each other's jobs a little bit easier. I would also like to thank you for the opportunity to talk a little bit about the importance of data validation and ensuring accuracy and integrity of the data gathered by states prior to them actually submitting claims to SSA so that everything required on the checklist is available, is clear and accurate so that way there is less chance of potentially sending a claim that will be denied. I would recognize right off the bat that not every state is set up exactly the same. Maybe it is a bit Maryland specific, but I think there is a lot of information that can be gained for everybody. In Maryland a large portion of data verification and validation is actually handled by our office. But I know that in other states from talking to folks, that may be a completely different department. It might be IT, case management, whoever reports the federal data to RSA — whoever that may be.

To our counterparts in the audience today, I would suggest that if it is not you who have that specific responsibility for verifying and validating data on Social Security benefits and assignability at the outset of the case, it would be good to sit down with whomever that staff person or team is and learn their processes. See if there are areas for improvement or tools are strategies that can be implemented. Maybe work to ensure that essential data validation is necessary to do your job is included in the processes they already have in place or how to add those if it is not something currently being done in your state. I would also say it is always good to reach out to other departments in other states who are performing the same or other kinds of jobs as you. Maybe you can work with them to see

if there are additional tools, strategies, resources that you can use in your state as well. Let me talk a little bit about Maryland.

Here in Maryland we work very closely with our IT staff and database manager. We work very closely with the case management software contractor that we use. We work with our data experts on 9/11 reporting and work with our software developer who manages the cost reimbursement software that we use to make sure everybody is on the same page. We also work very closely with their field staff to ensure that everyone understands what information we actually need to submit on a claim, why it is necessary, why it is needed in ways we can make sure we have that information as quickly and accurately as possible. Unless everybody is on the same page with what they needed, why it is important, how to ensure it is accurate, and it is very likely that mistakes will find their way into the case and they will stay there. Once that happens, that increases the likelihood that you probably would not be able to submit the claim, or if you do it would be in error that will increase denial rates for your state.

Kyle and I will talk a little bit about tools and strategies we use in Maryland to alleviate that, but I think a lot of these can be applied wherever you are operating. I want to start with verifying demographics -- simple things like name, date of birth, Social Security number. For us, as soon as the case enters our case management system, all the cases are actually in a batch process and sent to our Department of Human Services here who is the gatekeeper to the state verification exchange system. That system is used to ensure you have the name of the individual right. That includes the spelling, which we know is very critical when submitting a claim. As well as the correct date of birth and Social Security number. And it informs you if it does not have that necessary information. It gives you error codes, things you can take back to your field counsel to say something is wrong here with this individual. Can we verify that? If they had a spelling her last name change due to a marriage, whatever the case may be. That is a critical first step we do to ensure that the name and social, those basic demographics are right and correct. It is very critical too not just because that is necessary for the claim, but you're never able to get UI or other wage verification if you don't have the right Social for the individual. If you sent something out, it would come back and have a different person send information or no information at all. The system can verify that for you and also verifies benefit type and amount, so you have that information, which is important to give an individual proper services like benefits counseling.

For our state, it is very important to know the dollar amount for our independent living older blind folks. Recently we worked with our software developer to automate this process. what used to do was literally manually where the field counsel will reach out to us

when I, and we would have a one-off request to go in that system manually and check that. Now we spent the better part of two years making this process an automated process and we are verifying 100% of our cases through the system. That actually catches about a 2% error rate on our cases when they are coming in the door. Whether or not that is a typo or maybe handwriting that is hard to read, whatever the case may be. There were a lot of errors coming in the door getting into our system. We are trying to solve that right off the bat to make sure that we have the right information and do potentially lose revenue, tickets won't be assigned, whatever the case may be, just because we don't have that information from the get go correct. I am now going to turn it over to Kyle who will talk a little bit more about the Tickets and tracking and other sources.

Thanks to CSAVR, Social Security and Maximus. Thanks to Maximus for inviting us to speak on behalf of the ways that we handle Tickets in Maryland. We have an initial manual process to check the status of the Ticket to Work, an automated process that batches current cases as well as recently close cases for submission to the Ticket to Work portal, which we do on a monthly basis. We do this monthly to ensure Ticket assignment is done as soon as possible, and we decided that we were going to centralize and automate our process of assigning Tickets to ensure that if a Ticket status changes during the course of the case, we can assign the Ticket even if the counselor hasn't made our office aware. Further, we want to unassign the Ticket timely as well, so the Ticket is available to our partner EN agencies if the consumer decides to go to another agency for assignment. All this data validation early in the case ensures our counselors have the right information, which is critical, so they can conduct eligibility in a timely manner to begin service as appropriate. We want to validate the Ticket to Work very early in the case so that we coordinate on unassignment for another EN if they still haven't assigned with another agency. The individual is assigning their case to DORS or if this might be a shared Ticket situation to prevent duplication of services from two different state agencies that may be working with the same person. Finally, we also want to provide all this information to our counselors so that they are aware of the benefits that consumers are receiving so they can get appropriate services while in our agency such as benefits planning, as mentioned previously, which often leads to increased successful outcomes for us and increased reimbursement amounts from Maryland.

Finally, without proper demographics in the case management system, we cannot track the individual's wages. In Maryland we rely on consumer self-report of wages, reports from job developers we pay to work with our individuals, but we also extensively utilize tools that we receive on a quarterly basis such as unemployment insurance information,

information from the state wage interchange system, the Social Security Vocational Rehabilitation Client Earnings Report (VRCER) and information from the Ticket portal itself on wages. We cannot do this if we were not confident we had to right Social Security number upfront for the individual and establish it at the beginning of the case and ensure all along the way that the Ticket was appropriately assigned with our agency. The individual was a Social Security beneficiary and the wages were in line with filing requirements. All these are data-driven components and require coordination with multiple systems and different teams of people. That is not to say this can all be handled automatically. We find the claims require fine touch and investigative style strategies and tools all of their own. Next, I'm going to hand it back to Adelle to go forward with Texas claims process.

Thank you very much to Eric and Kyle. As I mentioned earlier, we also still have a few move folks that have to will that you want to help us out. We have Annie Zaffron from Texas Workforce Commission and Anne Lynn Baton from Virginia who will give us a few tips.

Thank you, Adelle. Good afternoon everyone. My suggestion for claims submission expound on the ideas somewhat for Maryland due to the structure here in Texas. My duties as a reimbursement coordinator start with claims being generated by the J Marrow Ticket tracker before any data validation has taken place. On that subject, if you don't already have access to the J Marrow Ticket tracker, I highly suggest you obtain it. I can virtually guarantee that utilizing this software will vastly increase the reimbursements. That I, as well as over half the states, use the tracker, I will be referring to specific components of it when listing my suggestions for determining claims with the highest chance of being paid. The first thing to do is to check your benefits system to ensure that the SSN and client name match. The SSN could have been entered into your system incorrectly or could be being used fraudulently by someone else. Also, check the system to make sure the client has current benefits. If you use the Ticket tracker, a claim will generate even if a client had benefits earlier in time. Sometimes years or even decades earlier meaning the claim you are looking at now will not be valid. Conversely, benefits may have started after the client made SGA. You need to start tracking wages again so that you will at least be reimbursed for the latter part of the claim. In the tracker you do this by marking the current wages as bad to ensure the claim won't be regenerated until new wages appear.

The second thing I do — or you should do — is check your state and wage database to make sure the SSN and client name match. Also check the system to ensure the wages are accurate as wages are sometimes listed twice under different employer ID numbers. Thus, duplicating the amount. In the tracker you just view the wage details box. If the same wages an employer name appear twice, you work one of those as bad and forgo submitting the claim. Number three check your case management system for case notes. If a potential claim was closed unsuccessfully and the client did not work for more than a year afterward. SSA will almost always send out a C3 letter asking you to justify how the VR services you provided assisted your client in getting the jobs so long after closure. If you found your VR counselor did very little to assist, sometimes spending months or even years just trying to locate the client, don't submit that claim, as it will simply likely be denied. In regard to VRCER, a previously denied claim is often regenerated in the Ticket tracker based on VRCER wages even though they are the exact same wages as the ones upon which your original claim was based. Be sure to check the wage details of your original claim carefully to confirm that VRCER is showing additional wages on which to base the reconsideration. As for tracking claims that you have sent, the Ticket tracker takes care of a lot of this automatically.

To run a query of claims still unpaid, you simply click on go to reimbursements, you choose the all pending SSA approval, download the report to Excel and arrange the information anyway you like. I suggest also adding extra columns such as claim process dates, payment received dates and notice of determination received dates. Then log into the SSA Portal on a daily basis, if possible, to check the VR payments that are already made in the area. Record the dates your claims were adjudicated in the spreadsheet you downloaded and update the other columns as well when your payments and ODs are received. This way you will easily be able to see it at a glance any data that is missing, at which point you can follow up with the VR help desk. Be sure to also check your diaries under the view all VR payments from the area in the SSA portal since that is where you will find your C3 notices far ahead of when you will actually receive the hard copy in the mail. I'm going to head back over to Adelle.

Thank you very much. It is always valuable when we learn from each other. We will go on with Shada who will talk about common earnings and denials.

Hi everyone. I believe Kyle and Eric and Annie just gave you some very good and useful information. The good thing about it was it is coming from your VR partners. So it is even

better because they know exactly the things that you are going through and what kind of systems you have, and Annie kind of touch bases on this where she is saying we have other denials, and she was talking about the claims being terminated, and I said that somewhere earlier about it could have been a denial for another reason. It could have been a termination denial, or it is the wrong record or what have you. She touched base on the fact that there are other denials that you receive other than earnings. We are looking at earnings denials now because this actually is the common reason that you are denied on your claims., But I was glad that Annie showed other things happening to you and having to do with Ticket tracker because she also touch base on that, and that is the thing that you are going to hear as you are hearing about this 590 and earnings. Looking at slide 15, we have the common earnings denial.

Let me interrupt for a second. I'm sorry. I want to make sure that I didn't kick one of our VR folks out.

My apologies.

Did both Annie and Ann Lynn speak?

I did not hear Ann Lynn but I didn't know if there was a change.

Let's make sure. Ann Lynn?

In the world of technology, I am wondering if maybe she dropped.

Apologies and hopefully if she joins later that we can catch some of her tips. The slide numbers are a little off. I am going to put you back here. Coming earnings denials. I am presently showing slide 16, which has the numbers for common earnings and denials. Okay.

Thank you. We are looking at common earnings denials, and we have 8 months or less of SGA levels of earnings. Then we have earnings less than SGA levels, 9 months of SGA earnings, but it is not within a 12-month period, and then earnings not found. We will go into depth of earnings not found because we don't want that to be confused with a 590 denial for earnings.

For the next slide, we start with 8 or less months of SGA. You have, as I explained earlier, you are privy to quarterly information. SSA has several sources where we receive information from, so we receive it from the claimants, IRS. We have other agencies that we work with. We receive it from elsewhere. Therefore, as we have our SGA information, by law we are supposed to count monthly evidence. It says that there should be 9 consecutive months of SGA in our regulation. So, we start with monthly. We also know that SSA and disability laws allow us to do secondary sources and so forth. That is why we were able to look at quarterly and then annual information. This is one that happens the most often, it is 8 or less months of SGA. Meaning — we are going to go through these SGA limits just to give you an idea or framework in mind. The SGA limits for non-blind, let's say for 2019, the monthly amounts, $12,20, the quarterly amount is $3,660 and the annual amount is $14,640. The SGA for the same year for blind is $2,040 per month, $6,120 quarterly and $24, 480 annually.

When we are looking at SGA, the first source to look for is anything that is $1,220 and above for your monthly SGA. We know we run into quarterly most times, and then you see your quarterly information. We say, okay, you gave us quarterly information, and they sent to us, for the second quarter, April, May and June, they have $4,000 so you are averaging for 3 months. We then go to our system and see that in April they had $2,000, in May they had $1,500 and then, unfortunately, in June they only had $500. We were supposed to do our monthly evidence first. We then have to issue a notice saying, yes, there was enough information. We looked from one through nine, and we saw one of the months where they only had 8 months of SGA because one month they only made $500 instead of $1,220. Therefore, the notice that says they had 8 or less months of SGA. The code for non-blind is 220, and the reason why the numbers change in the codes is because how the notice reads across. When you do have a 225, it is to say that either your blind agency or SSA on our records as we coded them as they came to our disability office, we decided they were blind, when it actually says that you did not make blind SGA because the blind SGA amount isn't $1,220, it is $2,040 for the month. So, the codes change. They have changed the notice as well. That is one of our most common ones.

The next slide that you will see where it is earnings less than SGA. Therefore, you didn't even make it to SGA. You might've been on trial work levels, and I believe for 2019 the months more than 880 would be a trial work level amount. So you made this a little bit above 880, and that is fine, but you are nowhere near SGA levels. You do have earnings, but you are not at SGA levels. So for the non-blind, it goes out in the notice in the 210 to say, yeah, you didn't have non-blind SGA and then of course the 215 tells us there was blindness involved, or low vision, and you did not make blind SGA. We send out a notice for that.

Next slide would be our 9 out of 12 months or 9 out of 13 months. Now you have 9 months of SGA, but somehow it carried all the way from 1- 2019 to 1- 2020 and that is how we found 9 months of SGA. You absolutely have to have nine out of 12. It is the regulation; it is the law. We follow that monthly, but in addition to that, even quarterly you would have to have three quarters out of the four to make the year. So, the annual amount is also important. Even when we are dealing with quarters, and then we say 320 the non-blind and then 325 to say you did not make 9 out of 12 months of SGA. It became 9 out of 13 or 9 out of 14. We would have had to start the count again. We haven't even gone through 9 months of 2020 so we are not able to pay this claim.

The last one on the next slide is earnings not found. I stated this earlier, and you have several systems. I heard Maryland speak of it. I definitely heard Annie talk about tracker. I heard them talking about tracker and other systems that you are able to find earnings and earnings information. Your state system. SSA, sometimes our system doesn't catch up as fast. We are also relying on the claimants. If you think you are looking for claims — believe it or not, even though that we are paying them disability benefits, sometimes in our disability office, and I came from our disability office, it is pretty difficult even to find them to say we are giving you your disability check. It becomes difficult for us to have this information. This is actually one of the rare ones where you should be able to find some kind of earnings, but there are a few places where we look in our six or seven resources. We have looked at quarterly. We have had several monthly sources. We look at annual — we are looking at the IRS status. We are looking in iTOPSS system the other Social Security systems, and we cannot find any earnings for this individual. And then you will get a denial that says there are no earnings anywhere for this person, although you might have said, yes, you are pretty sure there were earnings.

The difference between the 200 and the 590 where you would've been denied 590 for earnings and then the 200 for not being able to have earnings is at a 590 you as the VR are responsible for using Ticket tracker. Once we open up a claim and click on a work number to process your claim, the remarks actually pop out at us and say, hey, here are

my earnings, and here are three quarters of earnings, and it gives us a list of dates, quarters, years and so forth and say this person had $4,000 this quarter and then they had $8,000 this quarter, and in this quarter they had the $3,660. We are looking at all these years and seeing that, and it immediately comes up on our screen. If it does not, and that happens to tracker and some of the other systems. VRCER we're able to provide that. VRs can print out a fax coversheet in store this information. Therefore, we click on the two other areas where you would have gotten this information to see if there were earnings. Did the VR do their job and saying I am almost positive that this claim is viable. It is absolutely payable. There is nowhere in my mind that it would not be payable. I know I am using quarterly information, but I have clear evidence to say this claim should be paid. You are the VR providing that information for us, and we click on those other two places, and we don't see any earnings, we deny that claim. That is it. there is nothing else that happens with that claim. We did not get that pop up. We did not get any earnings information from you. So that is a 590 denial.

A 200 is that you did provide with that information. We have the pop-ups or we click on something and saw, okay, the VR says the earnings for this person, they did their job, they did the leg work. Now we have to search through Social Security systems to actually process the claim. Now we are looking was the person blind or disabled at the time of VR, was this during the VR period? Were there earnings? Do they have the Ticket assigned In Use SVR? We're actually processing the claim and go through all the steps because, remember, it is not just earnings you have to meet for a criteria for payment, you also have to make sure they weren't terminated. Annie talked about that. Are they disabled? Were they terminated? Were they on somebody else's records? We then go through the claims to process it under the rules and regulations for other criteria to have a VR payment, and then we go through all of those things and get to earnings and see we don't have anywhere where there are earnings. That is how one receives a 200 because we actually tried to go into the claim. You gave us information. We said, okay, the VR had all that they needed, now let me see if it matches, if it is in alignment with SSA information and we don't see any earnings. They are disabled, they were in VR at the time. We just don't see any earnings. That constitutes a 200 denial. That makes it the difference between the 590 and the 200.

I A590 is an on-sight thing, it is over. We don't have that information. We don't want to know anything else about that claim. It is denied because we asked you to have that information. It is the law. We want to make sure you do it. It is on your checklist. It should have happened. In the 200 we delve in further to the claim. We are trying to process the claim. You provided us the information. We moved on. It takes a little bit more time. That is the difference between a 590 and a 200. I don't want you to be confused to think that

590 and 200 is the same. They are different, and you can still receive a 200, although you have given us earnings information.

That is where things like the work number comes into play. Sometimes you have more information than we have, and you are able to say, I know you did not find earnings, but the work number provided me with earnings and I know there are times there is no way you could know that we are not going to find earnings, but once again, when you're doing that reconsideration, I was denied this 200, here's what happened, here are the dates. And here is the information from the work number. Now I am submitting it with evidence to show you that I now can give you earnings. You weren't able to find any, but I have earnings. I have state information that you may not have. That is why we say to make sure you're putting all the pertinent information to ensure that you received maximum reimbursement that the entire grant amount is allowed or some of it. Do as best you can when this comes across. That you now know this was a 200, I am able to have access to that information. And then, I believe the next slide would be for one of the states to explain to a some of the more tips that are useful for us. I will pass it back to Adelle.

Thank you, Shada. Annie with Texas Workforce Commission

Thanks again. Regarding reconsiderations. I suggest not resubmitting a claim until you have at least two or preferably three new quarters and wages, even though that means waiting possibly months or years for that to occur. If you send a recon with just one or two new quarters, you risk losing reimbursement entirely since you don't know which previous quarters had low earning months. We could no longer submit more than one reconsideration. So, unless your client is in his mid to late 60s age-wise and you're definitely in a time crunch, it is probable that he or she will make SGA again in the future with fresh wages. In regard to denials, if you believe some of her claims were denied in error, I suggest waiting until you have received all the notices of determination for that month. Then send one email to SSA asking them to review those specific claims.

The way I do this is to build and attach a spreadsheet with five columns consisting of the SSN, the client name, the work case ID, denial code and a column for notes. Under notes I explain precisely why I believe the denial was incorrect. For example, if a claim was denied for low wages, I will list the exact wages for each quarter. On rare occasions, SSA may discover they have a complete quarter of wages missing for your state. It is happened to me several times over the years. So definitely question the decision if

something seems seriously off. I also carefully check claims that have been paid in case the payment amount is short. Sometimes direct costs are accidentally missed so list those exact costs and the corresponding dates. Or maybe the net payment period is shortened. This can happen if only one type of benefit was researched by accident. For example, if the client had both SSDI and SSI but the technician only checked for SSI, while SSDI had a longer payment period, you will be paid a lesser amount. So again, explain those details in your spreadsheet. The bottom line is that you need to make your own case for why each claim should be paid, and it is best to do so in an organized a manner as possible. I will hand it back to Adelle.

Thank you very much. It is valuable helping each other out. We definitely appreciate that. We will move on with Vocational Rehabilitation Client Earnings Report, and I just want to remind, as I indicated earlier for posting purposes, the upcoming information will not be available once we post. This is only for this audience.

VRCER. It is back by popular demand. Prior to this years ago for those of you who remember It was QBER before, so management and directors went through a lot and it was at your request. We heard your voices on many calls to bring back something to assist you. Now we have VERCER, which will be able to provide you quarterly information about earnings, which we're hoping will also assist you in improving that 50% approval rate to, 70 , 80, 85 and 90% approval rate where you are receiving maximum benefit. Annie even talked about are they receiving SSI, SSDI or both and what happens with that. We're going back to the earnings, which is the common denial reason.

So we want to make sure that you are able -- we are helping you the best we can to make sure we are paying your claim and paying them at high rates and giving you all that you have requested.

So going on to slide that says Client Earnings Report. And we tell you that we at SSA are providing this info to you and it's going all the way back to 2015. So if we see earnings from 2015 and we see three quarters, we're running with that. We're going to at least check, to see -- we know they're submitted in 2020. What was the VR period? What happened? Are they able to be reimbursed? Or will this be a timely filing claim? Sometimes it will be a timely filing claim. Other times it will not be, and you're be able to be reimbursed so this only gives you a gauge of you have a piece of the checklist that you need. You need earnings info so you are ready to go with that. You don't have to depend

on the Ticket Tracker or your state system. SSA is able to provide that for you. There is a form that you fill out and a point person. It's all done electronically so we don't have to worry about snail mail or things getting lost. You're able to do this in one shot. We do look at the 8 quarters. We go all the way back to 2015.

On the next screen we are going to show you the codes that mean something to us as we are reviewing your earnings. On the next screen we've gotten to the claims and we see that both SSI and SSDI are involved. They are being paid under both systems. And you submitted everything else for us. And this VRCER actually helps us to make the decision not deny you a 590, where we need to look into the claim further. We are able to do so because the VR did provide us with earnings information.

[goes into specific info on slide]

If you are not receiving VRCER, contact the help desk to make sure you have VRCER because it becomes very important to get past the 590 stage. Your claim's not even being looked at then. You want to get past that stage because the claim might have been payable. We would not even know that because we already gave it a 590 and now you have one reconsideration and you don't want to use your one re time to be a 220 because it takes away from everything. And you gone through all of this and now you're not able to get this have this claim payable and it might have only been one month below SGA. You could have waited another quarter and you would have been ok. I heard Annie give information to say wait at least 2.

When you are waiting from the initial time that you submitted that claim to until now for reconsideration, we are holding that first date. That's why it's vital to put the first initial date. We saw this claim already, but we saw this claim 2 years ago. We saw it in 5-2017 but the 5-2017 date is what we hold in our information so that matters to us, so you don't stand a chance of having untimely filing. Now you have quarters of earnings. You definitely have the 3 that you need and you're able to have a payable claim. That's why sometimes you will have to hold that claim – for months and months; for half a year; for years sometimes. The first date holds and it prevents you from getting another denial. And it's ahh man, that was my one recon. That also is useful and helpful for you to have that. SSA provides that for you. So that takes some of the legwork off of you and for you to be able to get your claim started and are able to go somewhere with the claim. One of the resources that we provide for you. Hopefully more of you will take advantage of this. We don't want the denial rate to be at 50, we want the grant rate to be at 80. We want to give you reimbursement. There are several areas that we look to check to make sure you have SGA. We're looking to pay that claim. We are absolutely looking everywhere possible to

pay that claim. I hope all that was useful and helpful to you. I will turn it back over to Adelle at this time so that we can continue with the next speaker.

Thanks again. We have David Leon and Sue Tietjen. They will talk to us about their tips.

Thank you very much. We are excited to be here. I just wanted to take a moment to share a little bit about our CSAVR workgroup. The workgroup was established after the 2018 spring CSAVR conference and it was based on feedback from the in-person participants on the need to have more regular peer-to-peer conversations on how to grow VR agency, Ticket to Work and Cost Reimbursement programs. CSAVR provided a secure webpage along with the conference line that has been used monthly since June 2018. In any given month, over 70 state agencies are represented on calls, participants represent their combined general or blind VR agencies. The workgroup calls are open to VR agency staff whose responsibilities include the Ticket to Work Program, cost reimbursement and Partnership Plus programs. Our workgroup meetings are held at 2 p.m. Eastern on the third Tuesday of each month and occasionally based on interest or by special request. Meetings have included invited guests such as representatives from Equifax to discuss the work number and SSA representatives to discuss the state exchange system and how to access that and an individual from the National Employment Network Association for assistance with a survey on how to grow Partnership Plus. In addition, we have had J. Marrow come on to help troubleshoot issues or requests for how to grow and create a more useful tracker program. I hope people that are here that have not participated choose to participate in our monthly calls. With that, I will turn it over to Sue Tietjen.

Additionally, the workgroup has collaborated to develop or produce trainings based on emerging issues and opportunities for states VR agencies. A few examples are an informational discussion led by Willette Bowers of Florida VR , on dual funding streams for VR programs and Eugenia Cox of Oregon VR had an introductory VR 101 training that was very well attended for first time Ticket to Work cost reimbursement coordinators. She most recently presented a training on how to review denied claims for potentially submittals. [Indiscernible]. The webpage is located on the CSAVR website, www.CSAVR.org, under the resources tab. There are sections such as meeting minutes, resource documents and all of the training are listed with the presentations and actual video recording. Many times, we get requests to summarize by subject from the different

state agencies. They follow specific questions. And a recent example, California question on how states provide benefits planning services to consumers. A password is required for access to the webpage. So please email me or David if you are interested in joining the workgroup. Thank you for this opportunity to share about the workgroup, and I'm going to hand it back to Adelle.

Thank you very much. We're going to continue with some more tips. Ann Lynn will be on and then we will have Arlene. Ann, are you there to help us out today?

Yes. Can you hear me?

Yes, madam.

Sorry about that.

That's okay. I am Ann Lynn Baton and I have been with the Virginia Department for the Blind and visually impaired — Virginia blind agency. I have been with the agency now for over 15 years. This is not my primary job, which is a VR state coordinator and Ticket to Work coordinator, but I have found myself to be after about five years in the process of you learning the policies and working with other agencies and most importantly, will make an back stay face to face, attending the CSAVR and SSA cost reimbursement training and attending any of these types of webinars to be very successful for me and helping me learn the process.

Let me just go over a few of the things that I find to be helpful in the way I organize myself and some tips and why maybe some differences between the blind agency in the general agency filing for those reimbursement claims. I always schedule a few hours each month to make sure that I allow enough time to thoroughly review all the potential claims to be processed either in the current month period of time or by the end of the current quarter period. I do attempt to file a successful claim as soon as I am finished reviewing the detailed information, which includes making sure I use my checks and balances. This does not always work out for me. I have found more claims at the end of a quarter period

then trying to file a claim when I know that it is ready to go at that moment in time just because I am the senior management analyst for our agency and have a lot of other functions as well. Sometimes the time gets off a little bit. However, I do have all of my identified claims filed before the close of the fourth quarter or sooner if I have to make sure that it gets in. You want to make sure to file those identified claims before the fourth quarter closes so that you are not bumping up against a timely filing issue. And to make sure you are keeping up the program income coming in on a quarterly basis. I used to not do this in my first two years of learning the process

I do recall one time when the Commissioner then sent an email to my supervisor who wanted to know why is the program income not steadily coming in? So this is one way that you can kind of ensure a steady flow of that income getting into your direct treasury departments and your budgets rather than just chopping it up and maybe just holding everything out for a long period of time, and then again eliminating yourself from missing out on those not have to get those timely filings or denials. The tools I use to help with my process are the, will be called the VEC, the Virginia Employment Commission's wage system, your state verification and exchange system, I heavily rely on contact with other SSA coordinators. I always like to get some information from them, what they are doing, how they handle this. Sharing tips and ideas together is very helpful and useful. Most certainly the VR help desk with SSA is definitely a fine one.

 I also use to the Ticket to work reimbursement tracker system. We have found that to be beneficial for us. It is a cost to the agency, but I have found that we are able to generate probably a few more claims that maybe I personally could not manually file quick enough that would be untimely. I also use their Case Management System, which does include at times very specific types of reports out of the system to help me navigate and work with those cases that I need to pay attention to, that maybe are in their 80th day of employment and they are soon going to hit that 90-day mark, and probably I need to start looking at those SGA levels to see if maybe in that first quarter they are start to earn income and where things stand with how I am going to continue to track for that claim. Your case notes, your plans, your VR plans and some of the notes you see on the plans, with those types of services.

I have found that if you are questioning information as to whether this service is something that may be supported or didn't support the activity of getting the outcome that employment outcome. You can gain some information by having some knowledge of what's on that VR plan. I do not wait until I am ready to work up a claims process to determine if I have a ticket in place. I do my best to file with Ticket assigned with other VR agencies and employment networks t the time I am aware of those other assignments. I

try to make sure that each month I am sending through my Ticket assignment report. I have not done that on a regular basis. Because I am a one-person shop and used to have some support, but now that support moved on to another position. It is a timing issue sometimes to cover all of the areas by ourselves, but if you put your mind to it and set up a good process, you can get it done. If you're not successful in getting a Ticket unassigned, I will work through negotiations to see share The Ticket, making sure it is not providing the same VR services that the other entity is providing.

Sometimes this may involve some contacts with not only just the employment network or another state VR agency, but sometimes I need to reach out to my representative with the Ticket Program Manager group to get some advice to know how I should go forward and handle certain situations. But we are finding that to be successful for us. On a more complex process, I have been successful in getting the Tickets unassigned with another entity and assigned to BDI for the services that BDI will need to provide to the individual and of course moving the Ticket back to the other entity when BDI are finished providing the services we have identified on the individuals plan. Again, it does take some negotiations. It does take coordination. It does take a few phone calls, but again, we have been successful at this approach.

It is not meeting we have set up any type of written agreements or any type of arrangements that have gone through a very different approval process. We have just found that if we come to the table together and collaborate and talk through the process, the interest is for the client, and we both have agreed that that is our main focus. So, we agree to work together and make this happen. But again, it does take time and processes, but it can be done.

Some tips I wanted to share that I have found to be helpful for me to help me stay on track for timely filing. Always run a verification for SSA benefits at the application status for all VR applicants, and then record that information in a case management system. If needed, I will reverify current benefit status once I have identified a claim for potential filing. In our case management system, I have a process set up for the VR counselor that updates SSA benefit information, after application and before closure so that I can review that. With that information I will decide if I need to request new verification of benefits. I used to before I had this process set up in our case management system, I used to always take the time, and when I knew I had a potential claim, I automatically ran another verification process to re-verify. I don't necessarily have to do that as much anymore. That is a time savings for me. But it is something that you need to plan for and identify before you submit any of your claims because this benefits process for the individuals do change. I just have found that can be very helpful. So, you may consider something like that. If you can't, that

I would definitely recommend verifying again those SSA benefits, so you understand your VR period of time along with those benefits processes.

I use the tracker system to track the claims that I am working on. I also use Social Security Internet Ticket to Work Portal to look at what the Ticket record is showing at the end of status. You can find this information at the bottom of the Ticket assignment page. I do find that helpful. If I haven't run SSA verification again after application of the foreclosure, then I will a lot of times open up the SSA portal and look to see what is going on, what has been reported on the Ticket assignment page down at the bottom to see what the date timeframe is looking at for their cash benefits and status. I put down also to get me indicators of whether I should do every verification are not. Some other tips. It is very important to place an individual ticket In Use SVR with SSA.

This is Adelle. Sorry for the interruption. I realize that Arlene would need to jump off, if we can jump over to her real quick, then we can come back.

No problem. I am almost finished anyway.

Awesome.

Thank you. I didn't know if you would remember. I was going to hang on as long as I could. I was learning a lot from you. I always do. This is Arlene Lugo and I am the Ticket to Work coordinator for Connecticut VR general and blind. I don't have much to say, and I am certainly myself fairly new. I have been doing cost reimbursements and Ticket to Work since late 2017, early 2018 for both agencies. Prior to me taking over this role, our blind agencies rarely submitted claims, and if they did, rarely got any reimbursements back, according to the director. There is a team now that are now taking over and have learned how to do the process. Then number of claims we submit for our VR blind agency, it is still very low. Sometimes and a quarter I am only given two, maybe a few more. But it seems that we are having more success now with more favorable decisions. Let me add I also use the ticket tracker, which makes it a lot easier. I also and called a one-person operation with a variety of other duties. The ticket tracker absolutely simplifies it for me.

What I find with the VR blind cost reimbursement that although the number of claims we submit are fairly low, the individual reimbursements amount can be quite high. In the past three years since 2018 to now, the VR blind agency director has been pretty happy with the reimbursements we have received so far. I do foresee with VRCER in place that this number will go up and we will be able to submit better claims to have a better reimbursement rate. Also, we don't use [Indiscernible] data yet. There is potential money on the table there. We are working on that.

I just also want to say in terms of the benefits of the workgroup, I took over the role in 2018 and fortunately this time it worked out that I was able to attend CSAVR and to attend the SSA training in April of that year in person. It was super helpful in providing a foundation of knowledge to really help me understand how to do this process. But I still was pretty much on my own when they came back. The person that took over retired. There weren't too many people to turn to if I had any questions. As David and Sue said, the CSAVR workgroup started shortly after that with in-person training, and in addition, the SSA All VR Calls, have been helpful for me to learn a lot. The workgroup provided consistency, information and learning and materials that is very helpful to have. It is an ongoing dialogue. The agenda is tailored to what is actually going on with Social Security, with trends, to our specific needs or questions that we have. They are very responsive. It is an experienced network of peers willing to answer questions and provide guidance. So, when I receive my first TBR, I knew exactly who to call to guide me through that process. Also, the archive resources and trainings on the web portal are super helpful as well. Anyone who is not participating in the call, I would recommend you give it a try and attend one or two of them to get additional support in addition to the help desk. They have always been excellent to work with and are helpful as well, but I have found them to be extremely helpful. Encourage everyone to attend. I do apologize. I have to attend a different training. I thank you all and thank you for having me on this call.

Thank you so much, Arlene. Appreciate it. I'm going to display — we are learning a lot, but I want to have some time to answer questions. I have quite a few here. What I'm posting right now, we have all the presenters' email addresses if there any questions you want asked him directly. We are going to open up the lines for questions. Then I can also answer some of the questions from the chat. I will ask those out loud. Hannah, if you can help us please?

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if you would like to ask a question, please signal by pressing star followed by the number one on your telephone keypad. Also, if you are using a speaker phone, make sure your mute function is turned off. Once again, it is start one to answer — to ask a question.

While we wait for that, let's see if I can track Warren from North Dakota, he asked, the status could also say essentially was assigned to us but is no longer -- that is when Shadda was actually speaking at the beginning. I think that was a tip from Warren. We have Lacey. In Montana we use J Marrow ticket tracker, and I believe evidence needed is included with tracker. However, we still have a high rate of denial. She is wondering if there is any suggestions on what she can do about that.

Can you guys hear me?

Yes.

I would like to just know for that caller if the denials are wage related denials or other reasons because I think that would be important to know what is causing that problem, the denial rate.

We will see if they chime in. Thank you for helping out with that. In the chat, state agencies have precedence over EN in the same state as far as a Ticket assignment?

Just in case, anyone can jump in at any time. Do the state VR agencies have precedence over ENs in the same state as far as a Ticket assignment?

This is Arlene. But I do, I do try to have a good rapport with my EN, but there are times where they don't follow through on unassigning Tickets when the consumer is working with VR. I have been using the ticket unassignment form directly with the consumer in those situations and talking to the consumers through the counselors about why the state

VR agency is trying to assign the ticket and the benefit of that and how it is a win-win situation and that we can always refer the back to the EN through the partnership plus model after our service is done.. In the situations, maybe it is a different state that hasn't been responding or so when I don't have a rapport with for the have not followed through, just trying to get that ticket.

That is provided by SSA as well.

Thank you for helping out with that. Is there a plan to change the employment coding from D.O.T. codes, which is now a classification system, to SOC which RSA 911 uses.

That has been addressed. We will further look into that. This is a fairly new system that we have been using, and we have done several updates. I know we recently changed the service codes to make them match our savings service codes. We are in dialogue about that. We are working on trying to mesh with RSA and the new regulations.

Thank you for that. Do you have any questions on the phone?

Currently there are no questions. As a reminder, that is star one.

Okay. I do have plenty to work from here. What is the best way to determine whether blind SGA is needed or not?

You have got to understand quite a bit before you can ever get to that SGA. First of all, you need to understand what year you were looking at as far as the claim filing period to know what your SGA level is. And you've got to understand your VR benefits period of time. I mean, the SSA benefits along with VR period of time. I would was going to go through some more information on my slides to help a little bit to make you think about some things, but my information on the slides show and you are welcome to email me,

and I can help you further. It is more complex than just a straight out answer. There is no way to give you a straight out answer, but again, you got to know what year of SGA you need to be tracking for and where all of the information winds up to know if You have got a successful blind SGA claim.

Thank you for helping with that. For proof of income, can we use our state Department of Labor interface?

Yes, we would take that information. We just need to make sure that you do provide us with earnings information and that it shows that at least three quarters of earnings.

Thank you for that. When you say that we have the 199 ready, are you talking about manually entering a cost reimbursement claim because many of us actually send batches of claims?

Some send batches, but what happens is the system times out on you. If you are using a system like ticket tracker, that doesn't necessarily happen the same day. For others, the system times out on use you are not able to input all that claims information for your service codes and costs, and the services that we are providing. So we need that 199 as a backup. In addition, your net payment period and those C3 notices. We also have a C7 notice that says that we don't know where these costs fall because you just give us a large, a big range of dates so it would be from 5-2012 to 9-2016, and then it is for $25,000, and we need to see individual costs and services that were provided for that time period because it does affect your net payment period and how we are able to pay you if we are able to pay you the full amount or not.

Can we put UI wage information into the remarks section on the claim as wage verification for cost reimbursement?

I know some of you used your state UI system. That is fine that you use that system, but if

they are actually unemployment income wages, No. Unemployment income is not wages to us. Your state system, it comes from your unemployment wage system, but it cannot be unemployment wages. Unemployment is not SGA, it is not earnings to us, it actually has to fall under the thought of going back to work. So there has to be some kind of work because that is what we are trying to do, get you back to work. Or get the disabled claimant back to work.

Thank you. Hannah, any questions?

No questions in queue at this time.

Okay. I will continue. Do we have any suggestions for how to use VRCER without the ticket tracker?

This is Eric. I can tell you what we did before we imported it into Maryland. We have ticket tracker, but we had a first file. What it actually did was pulled it into Excel and actually ran a query so I could identify, for me, I should turn all of the letter codes into numbers, and then I summed the row to see if it was above a certain total because that number, basically I used D or above because those are SGA. So that if I summed the row and used a one or zero, if it was a one, it would be above SGA. That I looked to see if the sum of that row was three or above and that it might be a claim. I know there is 8 quarters in that row. Then I would see are those three in a row. But I was able to eliminate a whole bunch of individuals that had lower than the total. I'm not sure if that makes a lot of sense, but I had to, rather than have a manually look at one individually, I figured out a way to basically say is this individual having at least some quarters that it is above SGA and at least three of those, than I can sort that Excel spreadsheet out to show me only those ones with three or above, and then I was able to from those look at those individually and say are those consecutive and do it that way. It is a very roundabout way to do it, but it is actually successful to find that. Is but he has a question about trying that out, I can certainly help talk with you on email afterwards on how we did that, but that is a way for us

to do a shorthand approach. If you are more savvy with Excel then I am, you can do more advanced sort to find certain criteria like that, or you could pull that into a more advanced software.

There is more capable software is out there for advanced queries, maybe working with a data person in your agency, keeping that suggestion like I have a row of data, I need to see this certain sequence of events. I need to see if it is D or above for three columns in a row. Data person would actually be able to help query. It is just a matter of taking that information and rethinking it a little bit. Again, I would be happy to talk with you separately about that if you want to email me afterwards.

Thank you. If we can have Ann Lynn talk a little bit, pick up where she was. We are at four minutes until the end of the call.

Okay. I went through some tips I had of things you need to put in place. These are things I collected over the years. Learned from other cost reimbursement coordinators and that we have trained on and mentioned in the CSAVR trainings. It is very important to close the individual Ticket and use SVR as soon as the individual's VR plan is active and done. We talked about that today. AVR claim needs to be filed within one year from the time the beneficiary reaches the continuous period of 9 months of SGA, not one year after case closure. You need to be careful about that. There was a lot of confusion before that one with the SVR case needed to be closed first, and that is not true. Once the individual meets those, you need to prepare to file that claim within that one-year period of time.

Do not wait because then you take a risk of timely filing. State VR agencies might be able to file cost reimbursement claims for beneficiaries when their case was closed unsuccessfully after receiving services under a VR plan. I say might because you have got to look at several different factors. You need to look at length of time from when they ended their case, when they met SGA. You may end up having to support if you filed a complaint. You may have to end up supporting the reason why your VR agency was the reason for them to have that success for SGA. State VR agencies can file cost reimbursement claims for beneficiary still receiving VR services if they achieve that I mentioned that before.

Keep track of individuals for as long as possible. This may mean you will be tracking for a few years until the individual reaches SGA. Because of this reason, you need to have

some tracking processes in place. You need to have some reports in place that can help you identify who these individuals are so that you don't lose contact with that information and continue to keep tracking until that SGA level is met.

For the CR program, the cost reimbursement program may be administered differently in different states, but the rules are the same for all states, for all agencies, whether you're general, whether you are blind. You need to become familiar with your provider handbook, keep it handy. When you have questions, I find that I just go to the handbook and sometimes I will tag those pages to help me keep remembering those steps until I have it down.

Everyone can learn something from SSA or other state agencies. Collaboration is a must. Working together as a team will allow you to be more knowledgeable and your agency cost reimbursement program more successful. Ask questions and seek clarification when you are uncertain contact the VR help desk.

Lastly, a couple of points I have. I'm trying to reach out now to blind agencies. You can be successful with this. Claims processing for blind agencies are in smaller numbers, follow the rules are the same as they are with the general agency. What is different is the time it takes to track for SGA. This is due to the difference in the level of the SGA for blind individuals. However, all this is true for most situations, it does not mean that your VR counselor has not placed an individual in the upper level position earning income above the SGA level within their first month. Therefore, you have to prepare for this. You need to set up a thought process and then be consistent in following those processes. Verify the benefit status as often as needed. Cases served by one agency can be lengthy in time and benefits for individuals most likely will change. Your SSA coordinator needs to understand the VR process.

At a minimum, they need to have a basic understanding of the case movements and the time that it takes to move the case from application to service and then follow through with the individual's employment activity and case closure. The payout of one claim most likely will be significant due to the types of VR services and the costs associated with those services. You're leaving money on the table by not processing cross reimbursement claims. Lastly, stay focused, be committed to the process and reach out to the VR help desk whenever you have a question, concern or want to make sure you have a clear understanding of policy. All of this is how you build your confidence and become successful with bringing in program income to your agency.

Thank you for that. I appreciate it. we are two minutes after the call. There is one question I wanted to ask. When was the -- when is the next VRCER report coming out?

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it is coming out the first week of August.

It should be quarterly from now on.

Appreciate it. we do have a number of questions that we will still address. We will send that out in a separate document. I do see that someone has indicated that they shared a lot of tips. We do appreciate that. Definitely we will get to all of those. Any closing remarks Katie?

I just wanted to thank everyone for their time. We look forward to your feedback and your questions. That is all I have. John?

I just echo what Katie said. Want to thank all the presenters and everyone that has tuned in. Certainly, a lot of great questions. So, thank you all for taking your time this afternoon to be a part of this presentation and training.

Thank you, John and Katie. Thank you all for participating. I wish you all a great rest of the day.