

Social Security Administration
Office of Research, Demonstration, and Employment Support
Office of Ticket Operations and Provider Support

Vocational Rehabilitation Providers Handbook

(September 2017 Edition)

Please send any questions about this Handbook to VR.HelpDesk@SSA.GOV

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Preface

Purpose of the Handbook

This handbook is an instructional guide for State Vocational Rehabilitation (VR) agencies serving Social Security Disability Insurance beneficiaries and Supplemental Security Income recipients under the Social Security Administration, VR Cost Reimbursement and Ticket to Work programs.

Web-Based Ticket Portal for Cost Reimbursements and Ticket to Work Operations

The Social Security Administration's (SSA) web-based Ticket Portal is available to State VR agency personnel who have obtained Federal suitability clearance. Agency personnel may request access to the Ticket Portal for use in carrying out key aspects of SSA's return to work programs, such as assigning or placing a Ticket in use or requesting reimbursements or Ticket payments. Agency personnel with suitability clearance will gain access to the *Ticket Portal User Guide* and may request technical assistance with Portal usage.

The VRA Operations Team in the Office of Research, Development, and Employment Support is responsible for the contents of this handbook.

Introduction to the Social Security Administration's Vocational Rehabilitation Reimbursement Program

Background

The Social Security Administration (SSA) administers a Vocational Rehabilitation (VR) Reimbursement Program to help people with disabilities go to work. Under this program, SSA reimburses State VR agencies for the costs of the services they provide to beneficiaries with disabilities if such services result in the person's achieving work at a specified earnings level.

Legislative Authority

The Social Security Act (the Act) contains the legislative authority for SSA's VR program. Section 222(d) of the Act provides the authority for SSA to reimburse State VR agencies for the cost of rehabilitation services to Social Security Disability Insurance (SSDI) beneficiaries. Section 1615 of the Act provides the authority to reimburse the cost of services provided to disabled or blind Supplemental Security Income (SSI) recipients.

Regulatory Authority

SSA published the initial regulations to implement this legislation in 1983. The regulations governing SSA's VR program are contained in the Code of Federal Regulations (CFR) at 20 CFR 404.2101 through 404.2127 for the SSDI program and 20 CFR 416.2201 through 416.2227 for the SSI program.

Purposes of the Program

The purpose of SSA's VR Cost Reimbursement Program is to:

- Make VR services more readily available to disabled or blind Social Security beneficiaries and recipients; and
- Achieve estimated savings for the Social Security title II trust funds and the title XVI general revenue fund.

We reimburse State VR agencies from the title II trust fund for VR services to SSDI beneficiaries and from the title XVI general fund for services to SSI recipients. For ease of reference throughout this handbook, we will use the term disability beneficiaries to refer to both SSDI beneficiaries and SSI recipients unless there is a difference between the two programs in how to handle reimbursement claims. Savings to the trust or general funds accrue as people go back to work and reduce reliance on monthly Federal cash benefits.

Program History

Congress established the current VR Reimbursement Program in 1981 to encourage State VR agencies to provide services that would result in work by disability beneficiaries. Prior to 1981, SSA awarded State VR agencies block grants to work with Social Security clients. However, this program did not provide information about how the funds used on an

individual case basis. Consequently, SSA could not determine whether the VR services for which it was paying resulted in work. To address this issue, Congress changed SSA's VR program to make it more result oriented.

Under the current program, Social Security trust funds and general revenues pay for VR services in those cases in which the services contribute to the performance of substantial work for a period of nine continuous months.

Although the primary focus of the VR program is to help people with disabilities go to work, there is another instance when SSA pays for VR services. It is when an individual continues with a VR program after SSA determines the person's disability ceased because of medical recovery.

The primary conditions for reimbursement are as follows:

- The individual must be a disability beneficiary or SSI recipient at the time the services are provided;
- The services must have contributed to the person's going to work at a specified earnings level referred to as the substantial gainful activity (SGA) amount;
- The services must be determined to be reasonable and necessary; and
- Estimated savings to the trust or general funds must be achieved as a result of the individual going to work and reducing or eliminating benefit dependency.*
- The services are provided to a person who medically recovers from a disability but continues to receive benefits because of participation in an approved VR program, which will increase the likelihood of permanent removal from the disability rolls.

*By law, payments made to providers under the VR program cannot exceed the estimated savings to these funds should the beneficiary leave the benefit rolls.

SSA's Role

SSA reimburses providers for the costs of VR services if the provider furnishes services that result in the individual performing SGA along with the other requirements. SSA does not directly provide the rehabilitation services. State VR agencies furnish the services. State VR agencies operate under regulations issued by the Rehabilitation Services Administration (RSA) and use existing rehabilitation definitions and practices including RSA cost containment guidelines.

The Reimbursement Process

State VR agencies may submit claims to SSA for the costs of rehabilitation services if the individual successfully completes a rehabilitation program or medically recovers while continuing to participate in VR. SSA reviews these claims to ensure they meet the payment requirements. Once the VR meets the requirements, SSA will reimburse the provider for the reasonable and necessary costs of its services.

The VR Provider's Role

The State VR agency is responsible for assessing the person's rehabilitation potential, deciding to accept the person as a client, notifying SSA if it accepts the person as a client, and arranging for VR services.

For accepted individuals, the provider is responsible for developing a rehabilitation program for the beneficiary that will result in the individual attaining work at the SGA level for a continuous period of at least 9 months. The provider is responsible for either furnishing the services itself or coordinating the delivery of such services through subcontractors or other sources. Once the rehabilitation program is completed and the client has worked at the SGA level for a continuous period of at least 9 months, the provider is responsible for submitting a properly documented claim for payment to SSA.

The Referral Process (Repealed Nationwide as of November 1, 2003)

Full implementation of the Ticket to Work program was November 1, 2003 in all States and territories, and the authority to refer disability applicants or beneficiaries was repealed nationwide.

Title XVI recipients who have not attained the age of 16 will continue to be referred to the appropriate State agency administering the State program under title V of the Social Security Act.

Requirements for Payment

General Requirements

SSA will reimburse a State vocational rehabilitation (VR) agency for the reasonable and necessary costs incurred in providing VR services to a Social Security Disability Insurance or Supplemental Security Income disability or blindness beneficiary. The primary conditions for paying a provider for the cost of such services are as follows:

- The individual served must be a disability beneficiary at the time the services were provided.
- The services must have contributed to the beneficiary's employment at the SGA level.
- The services must be determined to be reasonable and necessary; and
- There must be estimated savings to the trust or general funds from the person's reduced reliance on program benefits. (The amount that can be paid to a VR provider may be limited in situations where the anticipated savings to the trust fund and general fund, is less than the amount claimed by the provider.)

The only other way SSA will make payments under VR services, is a 301 claim. This involves payments to providers in a case where a person medically recovers while participating in an approved VR program.

Benefit Status

As indicated above, an individual must be a disability beneficiary at the time the services were provided. This means that the services must have been provided during a month in which the individual met all requirements for SSDI benefits or was eligible for SSI disability or blindness payments.

An individual is considered to be in benefit status for VR reimbursement purposes even when no cash payments were actually made during a month because of certain benefit suspension, deduction, or reduction events.

However, an individual is not considered a SSDI beneficiary or SSI recipient for a cost reimbursement claim when the benefit status was terminated during the period in which services were provided.

When Services Must Be Provided

In order for the VR provider to be paid, the services must have been provided during what is called the payment period. Only VR services provided during the payment period can be reimbursed.

Two different VR Providers can be paid for the same payment period as long as they provided different services.

This period is determined by the type of benefits the person is entitled to and when the person was entitled to the benefits, and when the person received VR services. It is determined as follows:

Determining the Payment Period

Type of Benefits and When They Were Received

The type of benefits the person is receiving are used to determine the payment period

For a SSDI Beneficiary:

The payment period for a SSDI beneficiary begins the later of:

- the first day of the month the waiting period begins (the waiting period is a five-consecutive-calendar-month period throughout which an individual must be under a disability and which must be served before disability benefits can be paid.); or
- the first day of the first month of social security disability insurance (SSDI) entitlement, if no waiting period is required.

The payment period ends the earlier of:

- the last day of the last month of entitlement, that is, the month before the month benefits were terminated; or
- the last day of the month the VR continuous period of SGA ended (the 9-month period during which the beneficiary has worked at the SGA level).

For a Disabled or Blind SSI Recipient:

The payment period for a disabled or blind SSI recipient begins the first day of the first month of SSI eligibility based on disability or blindness.

The payment period ends the earlier of:

- the last day of the last month of SSI eligibility based on disability or blindness; or the last day of the month the VR continuous period of SGA ended (the 9-month period during which the beneficiary worked at the SGA level).

It includes months in which an individual, for reasons other than cessation of disability or blindness, was ineligible to receive Federal SSI payments.

For a SSDI/SSI Concurrent Beneficiary:

The payment period for an individual entitled to both SSDI and SSI disability benefits is determined by which payment period is more advantageous to the VR provider. Since reimbursement can be made for the costs of only those services provided during the payment period, the more advantageous payment period will be the one that is longer.

Example: The following is an example of how to determine the payment period based on the type of benefits a person is receiving. A VR provider filed a reimbursement claim for and SSDI beneficiary.

SSDI entitlement begins November 2001;

The beneficiary started a VR program in November 2001;

There is no waiting period;

The beneficiary completed a continuous period of SGA in July 2003;

Benefits terminated in November 2003

The net payment period for this claim begins November 1, 2001, (the first day of the first Month of SSDI entitlement) and ends July 31, 2003 (the last day of the last month of the continuous period of SGA because it is earlier than the last month of entitlement to SSDI benefits.) Therefore, the VR provider could be reimbursed for any VR service provided to the individual from November 1, 2001, through July 31, 2003.

Determining the Period of VR within the Payment Period

The payment period sets the boundaries for period during which the provider may be reimbursed. A payment period is inclusive of a net payment period and a gross payment period. The direct costs-DC and ACP may be paid under the net payment period while any post-employment (will be discussed later in this section) costs will be paid under the gross payment period. The gross payment period covers a greater length of service time than the net payment period inclusive of the net payment period. The provider may be reimbursed for the services it provides only during the months falling within the payment period if all other requirements for payment are met. Any services provided during months outside this payment period may be reimbursed only as post-employment and must fall within the gross payment period to be reimbursed.. The months during which VR services are provided is called the period of VR. It is defined as follows:

Period of VR

The period of VR is the period during which the beneficiary received VR services. It begins the first day of the month the referred individual entered into or started VR services (that is, the month the VR provider accepted the person as a client for VR services or provided services necessary for assessing the individual's VR needs and eligibility for VR services, also known as the VR enter date). It ends the last day of the month in which the provider finished providing services to the individual, that is, closed or ended the case (also known as the VR closure date).

If for any reason, the provider continues to furnish services and closes the case after the payment period ends (either by completion of the 9-month period of SGA or the end of SSDI entitlement or SSI eligibility), the provider will be reimbursed only if the services fall within the gross payment period.

Example: The VR provider furnished services for assessing the beneficiary's VR potential on April 15, 2001, accepted the person as a client on May 2, 2001, and finished providing services in April 2003. The client completed the 9-month continuous period of SGA in January 2003.

The period of VR for this client begins April 1, 2001 (the first day of the month the client received VR services) and ends April 30, 2003, (the last day of the month the provider finished providing services to the individual.)

The net payment period for this individual ends January 31, 2003, the last day of the last month of the continuous period of SGA. Thus, the provider could be reimbursed only for any services provided through January 2003. The additional services provided after January 31, 2003,

would not be reimbursed because they were furnished after the end of the payment period.

Post-employment Services

The provider may request payment for post-employment services if the services were furnished after the month the provider chose to close the case and before the end of the payment period, no more than 9 months of post-employment can be claimed. These costs may be claimed by showing the amounts and the months the services were provided on line 14 ("Other Costs") of the SSA-199 (VR Provider Claim) form.

The following is an example of how to determine payment periods and whether costs for post-employment services may be claimed:

Date Entered VR - 10/2000
Dates of SSI eligibility - 9/2001 - 5/2003
Gross Payment Period Begins - 9/2001
*The payment period begins the first month of SSI eligibility

Month of VR Closure - 6/2002
Month Completed 9-month - 3/2003
Continuous Period of SGA
Payment Period Ends - 3/2003
*The payment period ends the earlier of the last month of SSI eligibility or the last day of the month the continuous period of SGA ended. Since the SGA period ended earlier than the last month of SSI eligibility, the payment period ends 3/2003.

Gross Payment Period - 9/2001 through 3/2003

Payment for post-employment services could be requested for services provided after 6/2002 the month the provider closed the case and before the end of the payment period (3/2003).

Services for which Reimbursement may be paid

General Services

SSA will reimburse a provider for the costs of VR services which are:

- Necessary to determine an individual's eligibility for VR services or the nature and scope of the services to be provided; and
- Provided by a State VR agency under an Individual Plan for Employment (IPE) or a similar document but only if the services could reasonably be expected to motivate or assist the individual in achieving, or continuing in, substantial gainful activity (SGA).

Specific Services

Payment may be made only for the following VR services:

- A. An assessment for determining an individual's eligibility for VR services and vocational rehabilitation needs, including if, appropriate, an assessment for determining:
 - the nature and extent of the physical or mental impairment(s) and the resultant impact on the individual's employability;
 - the likelihood that the person will benefit from VR services in terms of employability; and
 - an employment goal consistent with the individual's capacities and employment opportunities.
- B. Counseling and guidance, including personal adjustment counseling, and referrals and other services necessary to help an individual secure needed services from other agencies;
- C. Physical and mental restoration services necessary to correct or substantially modify a physical or mental condition which is stable or slowly progressive and which constitutes an impediment to suitable employment at or above the SGA level;
- D. Vocational and other training services, including personal and vocational adjustment, books, tools, and other training materials; exception - training or training services in institutions of higher education will be reimbursed only if the provider has made maximum efforts to secure grant assistance from other sources. *Therefore, we are requesting proof of efforts made by the VR to acquire funding for educational and or training expenses. Proof may be in the form of denial letter from Department of Education., award letter with low amount, written notice to Department of education, etc.* Note: This documentation and proof will be a requirement that is mandatory when claiming educational or training expenses.
- E. Maintenance expenses over and above the individual's normal living expenses and incurred solely because of the individual's participation in a VR program and necessary in order for the individual to benefit from other necessary VR services;
- F. Travel and related expenses necessary to transport an individual for the purpose of enabling the individual's participation in other necessary VR services;
- G. Services to family members of a disabled individual, only if necessary to the successful vocational rehabilitation of that individual;
- H. Interpreter services and note-taking services necessary to enable any individual with a disability to comprehend information being communicated;
- I. Reader services, rehabilitation teaching services, note-taking services and orientation and mobility services for an individual who is blind;

- J. Telecommunications, sensory, and other technological aids and devices;
- K. Employer-designed and collaborated training programs;
- L. Work-related placement services to secure suitable employment including apprenticeships;
- M. Post-employment services, as discussed below, provided after the month of VR closure that are necessary to assist the individual to maintain, regain or advance into suitable employment at or above the SGA level;
- N. Occupational licenses, tools, equipment, initial stocks, and supplies;
- O. Rehabilitation technology services;
- P. Other goods and services that can reasonably be expected to motivate or assist the individual in achieving, returning to, or continuing in, SGA.
- Q. Technical assistance and other consultation services to conduct market analyses, develop business plans, and otherwise provide resources, to the extent that those resources are authorized to be provided through the statewide work force investment system to eligible individuals who are pursuing self-employment, telecommuting or establishing a small business operation as an employment outcome.

NOTE: A provider is not obligated to close a case prior to the beneficiary's completion of the 9-month continuous period of SGA. In some instances, a provider might, keep a case open and active until the individual completes the 9-month SGA period for its own reasons. In such an instance, the provider could not request reimbursement for post-employment services. However, the provider could request payment for the costs of its direct services if all other requirements for payment are met.

Substantial Gainful Activity (SGA)

One of the requirements for payment is that the VR services contributed to the beneficiary's return to work for a continuous period of SGA.

What is meant by SGA

SGA means doing work that:

- involves doing significant and productive physical or mental duties; and
- is done for pay or profit.

The work may be substantial even if it is done on a part-time basis or if the individual does less, gets paid less, or has less responsibility than when compared to the work the individual did previously. It is generally measured at a specified earnings level which changes periodically.

What is meant by a Continuous Period of SGA

A continuous period of SGA is a period of 9 months of SGA within 12 consecutive calendar months. A beneficiary is considered to have completed a continuous period of SGA if the individual performed SGA in:

- 9 consecutive months;
- 9 of 10 consecutive months regardless of the reason for the one-month break; or
- at least 9 months within 12 consecutive months, if the break in SGA was due to circumstances beyond the individual's control and unrelated to the person's impairment.

*Note: An explanation that confirms the break in SGA is not due to the beneficiary's impairment should be sent with the claim to ensure the SGA months are considered for payment. This can be similar to the case notes that you submit with C3 requests.

Determining Whether the VR Services Contributed to the Continuous Period of SGA

The determination of whether the VR services contributed to the continuous period of SGA is made by considering when the services were provided and whether the individual medically recovered.

For individuals who received more than evaluation services, SSA makes this determination as follows:

The Individual Completed a Continuous Period without Medical Recovery

The determination as to whether VR services contributed to SGA depends on whether the VR continuous period of SGA began one year or less after the period of VR services ended or more than one year after VR services ended.

One year or less

Any VR services that significantly motivated or assisted the individual in achieving, or continuing in, SGA will be considered to have contributed to the continuous period.

More than one year

- If the continuous period was preceded by transitional work activity (employment or self-employment which gradually evolved, with or without periodic interruption, into SGA), and that work activity began less than a year after VR services ended, any VR services which significantly motivated or assisted the individual in returning to, or continuing in, SGA will be considered to have contributed to the continuous period.
- If the continuous period was not preceded by transitional work activity that began less than a year after VR services ended, VR services will be considered to have contributed to the continuous period only if it is reasonable to conclude that the work activity which constitutes a continuous period could not have occurred without the VR services (e.g., training).

*Note: If documentation is not clear, convincing, and deemed, acceptable by SSA, the claim will be denied.

The Individual Medically Recovered Before Completing a Continuous Period

If an individual medically recovers before a continuous period has been completed, we will not pay for the VR services unless some VR services contributed to the medical recovery. These are known as 301 claims (discussed in chapter 3).

VR services will be considered to have contributed to the medical recovery if:

- a) The provider's IPE or similar document for that beneficiary included medical services; and
- b) The medical recovery occurred, at least in part, because of these medical services. (For example, the individual's medical recovery was based on improvement in a back condition that, at least in part, stemmed from surgery initiated, coordinated or provided under the beneficiary's IPE or similar document.

If the VR provider did not provide, initiate, or coordinate medical services, payment for VR services may still be possible if:

- a) The medical recovery was not expected by SSA; and,
- b) The individual's impairment is determined by SSA to be of such a nature that any medical services provided would not ordinarily have resulted in, or contributed to, the medical cessation.

NOTE: If a provider claims payment for services to an individual who received only evaluation services, it must establish that the individual's continuous period or medical recovery (if medical recovery occurred before completion of a continuous period) would not have occurred without the services provided.

Basis for VR Reimbursement Claims

SSA will approve payment to a provider under two circumstances, a continuous period of SGA or medical recovery during VR, also known as a 301 claim.

Continuous Period of SGA

A claim for a disability beneficiary who has completed a continuous period of SGA is commonly referred to as an SGA claim.

An SGA claim is a claim for reimbursement to a VR provider for the costs of its services because the beneficiary completed a continuous period of 9 months of work at the SGA level, and the services provided by the State VR agency contributed to such completion and were provided within the payment period;

The primary conditions for payment for an SGA case are as follows:

- The individual served must be a disability beneficiary or blind or disabled SSI recipient at the time the services are provided;
- The VR services must have contributed to the person's going to work at the SGA level;
- The services provided must be reasonable and necessary; and
- Savings to the trust or general funds must be achieved as a result of the individual going to work and reducing or eliminating benefit dependency.

Medical recovery during VR

Medical recovery during VR is a claim in which the provider is due payment for the costs of services provided to a disability beneficiary who has medically recovered but is participating in an approved VR program. These are commonly referred to as section 301 claims because of the legislative section that provided for benefit continuation to these individuals.

To be reimbursable, the services must have been provided during the payment period. The start of the payment period for these claims is determined in the same manner as for other claims.

Important Facts about VR Medical Cessation (Section 301) Claims

- Completion of a 9 month period of SGA level work is not required for reimbursement in a 301 case;
- A provider cannot be paid for a section 301 claim and continuous period of SGA claim for the same individual for the same period of VR.
- A provider cannot be paid unless the individual's benefit payments have been terminated.
- The payment period for VR medical cessation claims ends the month before benefit entitlement or eligibility terminates.
- Benefit entitlement or eligibility terminates with whichever one of the following events is earliest:
 - the beneficiary completes the VR program;
 - the beneficiary stops participating in the VR program; or
 - SSA determines that the individual's continued participation in the VR program will not increase the likelihood of the individual's permanent removal from the benefit rolls.

Types of Claims

The following describes the types of claims that a VR provider can file:

Initial Claim

An initial claim is the first claim filed for reimbursement by a provider for a specific disability beneficiary and social security number (SSN).

Supplemental Claim

A supplemental claim is a claim for reimbursement for additional direct costs after SSA has paid a previous claim. It is a claim for costs incurred for the same person as the initial claim and is based upon the same period of VR as the initial claim.

A supplemental claim is not the same as a reconsideration claim because it is not an appeal of SSA's decision but an addendum of the previous claim (for example, the provider finds that it did not include the cost of an additional service when it filed its initial claim).

If the provider refiles the claim before SSA has made payment on the initial claim, the refiled claim is not a supplemental claim. For a supplemental claim, costs are only payable for additional direct cost or post-employment cost that fall in the net and gross payment period of the initial claim. These claims are limited to filing within 1 year of the initial claim payment date.

Reconsideration Claim

A reconsideration claim is a claim that was previously denied with no payment made to the VR, and is an appeal of SSA's original decision. It is for the same period of VR services as the original claim. Reconsiderations must state the reason for reconsideration and may only be resubmitted for a reconsideration request up to three times for that period of VR services. Note: Adjustments will also be given to VR's who disagree with payment amount upon request with an explanation of why the original payment amount was incorrect.

Submitting a Claim for Reimbursement

SSA is responsible for determining whether a claim meets all of the requirements for payment and the amount to be paid. The State VR agency must file a claim for payment for each individual case for which it is seeking payment. State VR agencies must submit a claim to SSA on the SSA-199 (Vocational Rehabilitation Provider Claim) form (or a computer generated version of the form). It must contain all the required documentation, and conform to all the requirements for payment. The preferred method of submission is by upload or input through the SSA portal. Those claims can immediately be seen on pending lists through the portal. Mailed claims will experience significant lag time showing on the pending list, and being available for processing.

Claims submitted by mail should be sent directly to SSA at the following address:

Social Security Administration

Office of Research, Demonstration, and Employment Support

Attention: VR Claims Processing Unit

P.O. Box 17714

Baltimore, MD 21235-7714

Processing the claim

1. The provider submits a claim for reimbursement.
2. SSA verifies that the provider has submitted the correct social security number on the claim.
3. SSA verifies that the VR client was entitled to SSDI benefits or SSI benefits based on disability or blindness during the period the individual received VR services.
4. SSA reviews the claim to determine whether it contains the information necessary for processing. That information includes verification of earnings to establish a 9-month continuous period of SGA, verification that the client was a SSDI or SSI beneficiary during the period VR services was provided, and the monthly breakdown of direct costs.
5. SSA reviews the claim to determine whether all requirements for payment are met.
6. SSA reimburses the VR provider for all or part of the reasonable and necessary costs of its services or denies the claim.

Completion of the SSA-199

Identifying Information

The State VR agency should complete the SSA-199 www.socialsecurity.gov/online/ssa-199.pdf as follows:

1. To: Social Security Administration
Office of Research, Demonstration, and Employment Support
Attention: VR Claims Processing Unit
P.O. Box 17714 Baltimore, MD 21235-7714
2. From: Enter the name and address of the State VR agency
3. VR DUNS Number: Enter the State VR agency DUNS number
4. Indicate whether the claim is based on a Continuous Period of SGA, or Medical Recovery during VR (301 claim) by checking one of the boxes on the form.
5. Indicate whether the claim is an Initial Claim, Reconsideration, or Supplemental claim, by checking one of the boxes on the form.

Numbered Items

1. Provide the name of the person for who services were provided and reimbursement is sought.
2. Indicate the type of disability benefit (SSDI or SSI) the VR client received during the period for which payment is requested and indicate the individual's social security number.
3. Indicate the social security number of the account on which the individual is receiving benefits if the number is different than the VR client's own number.
4. Indicate whether the VR client is or is not blind.
5. a) Enter the month and year (MM/YY) the VR client first entered the VR process by either signing an application for services or, if earlier, by receiving intake and assessment services (necessary for evaluating the individual's VR potential.)

b) Enter the month, day and year (MM/DD/YY) the VR client and the State VR agency signed the IPE.
6. Enter the month and year (MM/YY) the VR client began to work during the period for which payment is being requested for the cost of VR services.

If an individual who has completed a “continuous period” of SGA has not medically recovered as of the date of completion of the period, the determination as to whether VR services contributed will depend on whether the continuous period began one year or less after VR services ended or more than one year after VR services ended.

7. enter the date, which is the earlier of:
 - the month and year (MM/YY) that the VR agency determines the client's participation in the VR program ends; or

- the month and year (MM/YY) representing the 9th continuous month of SGA.

If the date shown in item 7 represents the completion of the 9th month of SGA, then indicate in "Remarks" the following: "Completion of 9th continuous month of SGA shown in item 7."

8. Tracking refers to that period of time after a VR client's case is closed (item 7 above) through the completion of the 9-month continuous period of SGA or 9 months after the VR closure date (item 7); whichever occurs first. List the months (MM/YYYY) that the State VR agency tracked the individual's work activity after closing the case (after the month in item 7). Exclude any month(s) during this period in which the State VR agency provided a post-employment service.
9. Indicate if the State VR agency provided, initiated or coordinated medical services under an Individual Plan for Employment (IPE) or similar document.

10. Leave Blank

11. Item 11 is the amount the State VR agency paid for a specific item or purchased service for a beneficiary during the current period of VR services. The current period of VR services is the period from the date the beneficiary entered the VR process (item 5) through the date of VR closure or the 9th continuous month of SGA, whichever is earlier (item 7).

Enter the total cost on line 11 (Direct Costs) from the total cost of services taken from item 17d on the reverse side of the claims form. These are the costs the State VR agency incurred to purchase a specific item or service for an individual (for example, a wheelchair, special glasses, training costs) which are not paid for, or not payable, by some other source (for example, an insurance company).

Any services, if purchased, and outside the budget scope of the Rehabilitation Services Administration's (RSA) "Annual VR Rehabilitation Program/Cost Report", RSA-2 is an additional expense incurred by the VR agency and can be claimed as a direct cost. This service must be purchased and used specifically for the disabled individual for whom a reimbursement claim is being filed.

Direct costs cannot be claimed for services that are provided by State VR agency employees. Services that are provided by the VR agency's employees to beneficiaries are billable as indirect costs. In the VR reimbursement program, these services are defined as ACP costs and are factored into payments for reimbursement claims based on the RSA-2.

12. Enter the total administrative, counseling and placement costs (also known as indirect costs) which are related to the current payment period. Include ACP costs for the month(s) after the State VR agency closed the case and in which post-employment services (other purchased services) are claimed. These costs should be based on the net payment period and the cost formulas for the federal fiscal years (October 1 - September 30) that correspond with these dates.

The amount of ACP costs reimbursed to a VR agency is calculated based on the cost formula selected annually by the VR agency. The VR cost formula is used to determine a set monthly ACP amount to reimburse the agency for every month of the beneficiary's VR payment period for each fiscal year.

For example, using the net payment period of 09/2011-12/2015, here's how to calculate the ACP (keep in mind that each VR has its own approved ACP amount for each fiscal year).

FY11 (10/2010-09/2011)	\$217.72 x 1=	\$217.72
FY12 (10/2011-09/2012)	\$205.03 x 12=	\$2460.36
FY13 (10/2012-09/2013)	\$202.02 x 12=	\$2424.24
FY14 (10/2013-09/2014)	\$230.74 x 12=	\$2768.88
FY15 (10/2014-09/2015)	\$238.89 x 12=	\$2866.68
FY16 (10/2015-09/2016)	\$236.45 x 12=	<u>\$709.35</u>
TOTAL ACP=		\$11,447.23

- Enter the total amount of tracking costs claimed. These are costs incurred only to track or monitor a beneficiary's work activity for up to 9 months after the VR closure date (shown in item 7) or from the month after the VR closure date (shown in item 7) to the 9th month of SGA; whichever scenario occurs first. SSA may pay for up to 9 months of tracking if the VR client completes a 9-month continuous period of SGA, if the services provided contributed to the SGA, and if the tracking occurs within the specified payment period. This amount should be based on the tracking cost formula for the federal fiscal year(s) (October 1 - September 30) for the tracking period mentioned above. Tracking costs and ACP costs cannot be claimed for the same month. Therefore, tracking costs are not payable for any month(s) when post-employment costs (other purchased services) are claimed. ACP costs should be claimed for that period.

For example, to calculate the tracking costs let's use a VR closure date of 07/2015 and the SGA period of 09/2015-05/2016. Tracking would begin the month after VR closure 08/2015 and end nine months later 04/2016 since this date occurs before the 9th month of SGA. (08/2015-04/2016)

FY15 (10/2014-09/2015)	\$80.00 x 2=	\$160.00
FY16 (10/2015-09/2016)	\$83.00 x 7=	\$581.00
TOTAL TRACKING=		\$741.00

If the SGA period was 06/2015-02/2016, then the tracking period would be (08/2015-02/2016). It would still begin the month after the VR closure date, but it would end on the 9th month of SGA since that date occurs before 9 months of tracking.

- Enter the total amount of "other" expenses and identify what type of "other" expenses were incurred and the month they were incurred in the "Remarks" section of the form.

Include the cost of post-employment services under this item. Post-employment services are services provided to assist individuals in maintaining their current employment. A State VR agency may request payment for these purchased services if they are provided after the period of VR ended and before the end of the payment

period. State VR agency expenditures for these services may be claimed by showing them in Item 14. Services should be identified consistent with the codes.

15. Enter the total cost claimed for providing rehabilitation services to this VR client. This amount is the total of items 11 through 14.
16. For claims filed based upon the VR client's completion of a 9-month continuous period of SGA, indicate the principal type of occupation which the individual performed.
to obtain the occupation code to be shown in item 16. The occupation codes and titles are taken from the Department of Labor's (DOL) Dictionary of Occupational Titles (DOT).
17. The State VR agency should complete the columns in item 17 of the SSA-199 regarding direct service costs by furnishing the following information for each instance in which reimbursement is sought for a purchased item or service:
 - a) Date of Service: Enter the month and year (MM/YY) in which the services were provided. Enter the dates in chronological order starting with the earliest date and concluding with the most recent date prior to the date shown in item 7. The date shown in item 7 should be the month and year of VR closure or the last month of the 9-month continuous period of SGA, whichever is earlier. For services covering a span of time (for example, a semester of school), indicate the starting and ending dates for the service. For each time a service is claimed, show the MM/YY and the cost. If the same service repeats within a single month (for example, several days of job counseling), identify the service only once along with the cost for the month.
 - b) Type of Service: Enter the code for each type of service provided to the VR client. Page 28 contains a list of the specific types of direct cost VR services to be entered in this column. These are items or services that the State VR agency purchased at its expense and for which it is requesting reimbursement.
 - c) Cost of Service: Enter the cost of the service shown in column 17b. This is the amount for which the State VR agency is seeking reimbursement. The VR agency cannot seek reimbursement for amounts payable as a similar benefit from another source.
 - d) Total of Column 17c: Enter the sum of the costs shown in column 17c. Also enter this amount in item 11 as explained above.

The State VR agency must complete all applicable information on the SSA-199.

Signature, Title, Date: An authorized official of the State VR agency must sign and date the form and indicate his/her title.

Timeframe for Submitting Claims

The VR provider must file claims for reimbursement within specified time periods. The filing deadline may be waived if "good cause" for late filing is established (for example, loss of records due to storm damage or other unforeseen or uncontrollable circumstances). If the filing deadline is not met and cannot be waived for "good cause", SSA will deny the claim.

The time period for filing for reimbursement varies for different types of claims as follows:

Claims Based on the Beneficiary's Completion of a Continuous Period of SGA

The VR provider must file a claim based on the completion of a continuous period of SGA within 12 months after the month in which the beneficiary completed the continuous period.

For example, if the individual completed a continuous period of 9 months of SGA in May 2016, the provider must file its claim for reimbursement before May 2017.

SGA begins with the first month of VR services (VR enter date) and the month in which the client is disabled or blind simultaneously, using the later of the two. Therefore, the employment date that the VR provides, may or may not match SSA's information since SSA is under the assumption that employment begins at the start of VR services.

Example: VR enter: 01/14/2016- Disability entitlement date: 03/12/2014, the search for SGA begins 01/2016. The search for SGA will not begin prior to VR entrance or disability eligibility date.

NOTE: SGA is established using social security records and evidence only in absence of paystubs or signed documentation from the employer(s) as mentioned in the section on SGA documentation.

Claims Based on VR Medical Cessation (Section 301 Claims)

The timeframe for filing these claims depends on whether SSA sent the provider a written notice requesting that it file a claim. In most cases, SSA will identify section 301 cases that meet the requirements for payment and will send a notice to the provider to file a claim. If SSA sent a written notice requesting that a claim be filed, the provider must file a section 301 claim within 90 days of the date of the written notice from SSA requesting that a claim be filed.

However, if a VR provider identifies a potential 301 claim through its own monitoring, and has not received a written notice from SSA, the provider must file a section 301 claim within 12 months after the month in which VR services ended.

VR Claim Documentation Requirements

The VR provider is responsible for submitting a properly documented claim. The VR should make every effort to submit a claim with the required information. Failure to do so will require that SSA request additional information from the provider and will result in delaying reimbursement to the provider.

State VR agencies are expected to maintain and provide to SSA upon request, adequate documentation of all services and costs for disability beneficiaries for whom they could potentially request payment for such services and costs. Although such documentation is not required to be submitted with each claim, this information may be required to process a claim or for documentation in cases of a validation review or an audit.

The State VR agency must complete all applicable information on the SSA-199 including the following:

1. A description of each VR service provided;
2. When the service was provided; and
3. The cost of the service.

The VR services for which the provider is requesting payment must meet all of the following requirements:

1. The services must be provided during the appropriate payment period
2. The services must be provided under an IPE or similar document;
3. The services must be reasonable and necessary; and
4. Each service must be one of the specific services listed in the on below.

Service Codes List

SSA Codes

SSA Codes	
Code	Category and Sub Category
11	Intake & Assessment-Diagnosis and Evaluation
21	Counseling & Guidance-Purchased counseling/guidance services Physical/Mental Restoration
31	Corrective surgery or therapy treatment
32	Hospitalization in connection with #31
33	Professional clinic fees
34	Prescriptions for medications
35	Treatment for substance addition to alcohol or drugs
36	Other restorative services not covered above Training
41	Post-secondary education
42	Business/Vocational school(includes business college)
43	Elementary/High/General Equivalency (GED)
44	Personal/Vocational adjustment training (includes cognitive/remedial training job club)
45	On-the- job training
46	Supportive work services such as job coaching
47	Other training (for example, driver's education)
48	Educational materials used in training (books, training tools, equipment, supplies, etc.) Maintenance
51	Client room and board, and personal items (clothing, uniform, alarm clock, hygiene items, etc.)
52	Personal attendant care Travel (transportation expense to help the person to participate in other necessary VR services)
61	Travel via common carrier(includes paratransit and dial-a-ride)
62	Private transportation arrangements

63	<p>Vehicle purchases or rental for client(if deemed most cost-effective transportation solution)</p> <p>Services to Family Members: Services to the client's family members only if such services are necessary to the successful rehabilitation of the client.</p>
71	<p>Dependent assistance</p> <p>Services for the Deaf and/or Blind: Specialized communication and mobility services to assist clients with a hearing and/or visual impairment.</p>
81	Interpreter and note-taking services
82	Reader, tactile interpreting, and driver services
83	Orientation and mobility services
84	<p>Low vision aids and adjustment to blindness</p> <p>Rehabilitation Technology: Services using telecommunications, sensory and other technological aids and devices enabling the individual to work.</p>
91	Rehabilitation engineering services which entail an original design or concept that is innovative and not an adaptation of an existing mode of accommodation.
92	Assistive technology devices that enable the individual to receive rehabilitation services, improve personal status, or make it possible to work.
93	Assistive technology services which directly assist the individual in the selection, acquisition, or training in the use of an assistive technology device.
94	Vehicular modifications permitting the individual to obtain or maintain a job.
95	<p>Other rehabilitation technology/engineering services, and training related thereto, not covered above.</p> <p>Placement: Activities required to place a specific client directly in a specific job leading to work performed at or above the substantial gainful activity level.</p>

101	Purchased job placement services Work-related Materials: Necessary occupational licenses, tools, equipment, initial stocks and supplies which enable the client to enter into a small business or occupation.
111	Work-related materials Other Goods and Services: Goods and services that can reasonably be expected to motivate or assist the individual in returning to or continuing in substantial gainful activity; and, which do not fit under one of the preceding categories.
121	All other goods and services not reasonably associated with another category shown above.

RSA Codes

RSA CODES	
Code	Category
51	Assessment
56	Diagnosis and Treatment of Impairments
61	Vocational Rehabilitation Counseling and Guidance
66	Graduate College or University Training
71	Four- Year College or University Training
76	Junior or Community College Training
81	Occupational or Vocational Training
86	On-the- job training
91	Apprenticeship Training
96	Basic Academic Remedial or Literacy Training
101	Job Readiness Training
106	Disability- Related Skills Training
111	Miscellaneous Training
116	Job Search Assistance
121	Job Placement Assistance
126	On-the-job Supports- Short Term
131	On-the-job Supports- Supported Employment
136	Transportation
141	Maintenance
146	Rehabilitation Technology

151	Reader
156	Interpreter Services
161	Personal Attendant Services
166	Technical Assistance Services
171	Information and Referral Services
176	Benefits Counseling
181	Customized Employment Services
186	Other Services

SGA Documentation

State VR agencies are strongly encouraged to submit acceptable evidence of the VR client's verified wages for certification of 9 continuous months of SGA with each claim, to expedite processing. SSA will also use its various records of verified wages to certify 9 months of SGA. Acceptable evidence of wages or self-employment income includes:

- Paystubs
- Employer Signed Statement with FICA withholdings
- Printout from the Work Number

www.ssa.gov/OACT/COLA/sga.html

www.ssa.gov/OP_Home/cfr20/416/416-2210.htm

Benefit Status Documentation

One of the requirements for payment is that the VR client be a disabled or blind beneficiary at the time the VR services are provided. State VR agencies should verify an individual's benefit status before filing a reimbursement claim with SSA. Evidence of beneficiary status should be verified through your State Verification and Exchange System

Direct Costs Documentation

Direct costs are incurred between the VR referral and VR closure dates. The VR provider should include a month-by-month breakdown of such costs on the SSA-199. If this documentation is missing, and the payment period does not cover all of the months between VR referral and closure, SSA will send providers a letter requesting a monthly breakdown of direct costs during the period of VR services. This can occur in the following instances:

- The individual's entitlement or eligibility to benefits began later than the period of VR services began;
- The individual's entitlement or eligibility to benefits ended before the period of VR services ended; or
- The individual's continuous period of SGA ended earlier than the period of VR services ended.

VR Services Documentation

In cases in which the continuous period of SGA started more than one year after the VR provider closed the claim, the connection between the VR provider's services and the client's ability to perform SGA must be established. To establish this connection, the provider should furnish a description of the services provided and an explanation of how the individual's continuous period of SGA could not have occurred without the VR services provided, initiated, or coordinated by the VR provider. If such information is not furnished with the claim, SSA will send a letter to the VR provider requesting this information.

Payment Appeals Process

Requesting a Reconsideration

SSA will notify the VR provider in writing of its decision on a claim and of the amount, if any, to be paid.

The VR provider may request reconsideration of this decision if it disagrees with the determination. The VR provider must make a reconsideration request in writing within 60 days after receiving the initial or revised determination notice. The reconsideration request must:

- be clearly marked as a "Reconsideration Request";
- identify the State VR agency;
- give the reason for disagreeing with the initial decision
- contain a copy of the original claim (if sent through the portal, this will automatically be attached)
- if at all possible, contain documentation to support its reconsideration request

Reconsideration Decision

SSA can make two types of decisions as a result of its reconsideration review: a revised determination or an affirmation determination.

SSA issues a revised determination if:

- the basis for the initial denial changes;
- it reverses the initial denial and changes it to a partially favorable or fully favorable decision; or

SSA issues an affirmation determination if its review of the initial or revised determination results in no change. A State VR agency may appeal an affirmation decision to the Grants Appeal Board (GAB) within 30 days from the date of the affirmation decision on certain denials. Denials based on SGA decisions are not appealable to the GAB.

Cost Containment Policies

As stated in CFR 404.2117, The State VR agency shall submit to us before the end of the first calendar quarter of each year a written statement certifying that cost-containment policies are in effect and are adhered to in procuring and providing goods and services for which the State VR agency requests payment under this subpart. Such certification must be signed by the State's chief financial official or the head of the VR agency. Each certification must specify the basis upon which it is made, e.g., a recent audit by an authorized State, Federal or private auditor (or other independent compliance review) and the date of such audit (or compliance review). In the case of an alternate participant, these certification requirements shall be incorporated into the negotiated agreement or contract. We may request the State VR agency or alternate participant to submit to us a copy(ies) of its specific written cost-containment policies and procedures (e.g., any guidelines and fee schedules for a given year) if we determine that such additional information is necessary to ensure compliance with the requirements of this subpart. The State VR agency or alternate participant shall provide such information when requested by us. VR agencies will certify this each fiscal year when they submit their annual cost formula.

There is no fixed price for services provided to beneficiaries. Instead, the costs of purchased goods and services must be reasonable and necessary and must conform to written cost-containment policies and the policies governing similar/comparable benefits as discussed below.

Each provider participating in SSA's VR payment program is required to maintain and use cost-containment principles when purchasing or procuring goods and services for which it intends to seek reimbursement from SSA. The requirement that the VR providers maintain and comply with written cost containment policies is to ensure that the provider's costs are reasonable and necessary. The guidelines under these written policies must assure that the VR provider's costs meet the following requirements:

1. The costs must be incurred only for the VR services.
2. The costs must be based on payment rates or other payment guidelines contained in the provider's written cost containment policies.
3. The costs must be the lowest reasonable cost for the VR services for which the provider is requesting payment while allowing for sufficient flexibility to meet an individual's needs.

Similar/Comparable Benefits

SSA will reimburse providers only for those costs that were not paid or payable from some other source such as insurance or workmen's compensation. If these comparable or similar benefits are available from other sources, under any other program, they must be used to meet, in whole or in part, the costs of services. For example, VR providers are expected to make maximum efforts to secure grant assistance from other sources for training or training services in institutions of higher education before purchasing such training.

Exceptions

SSA will pay a VR provider for the following services even if similar/comparable benefits are available:

- Evaluation of rehabilitation potential;
- Counseling, guidance, and referral services;
- Vocational and other training services, including personal and vocational adjustment training that are not provided in institutions of higher education;
- Job placement; and
- Rehabilitation engineering services.

Direct and Indirect Costs

To be reimbursable, the VR provider must have incurred the direct costs during a month or months before the end of the 9-month continuous period of SGA. In addition, the provider must have provided the service or incurred the cost during a month or months in which the individual was entitled to or eligible for benefits based upon disability or blindness.

The VR provider must include a month-by-month breakdown of direct costs on the SSA-199.

Direct Costs

Direct costs are costs the State VR agency incurs to purchase a specific item or service for an individual (for example, a wheelchair, special glasses, a modified van, training costs, etc.) which are not paid for, or not payable, by some other source such as private health insurance, workmen's compensation insurance, tuition grants, Medicaid, etc.

Direct costs cannot be claimed for services that are provided by State VR agency employees. In the VR reimbursement program, these services are defined as ACP costs and are factored into payments for reimbursement claims based on the RSA-2.

Any service, if purchased, and outside the budget scope of the RSA-2 is an additional expense incurred by the VR agency and can be claimed as a direct cost. This service must be purchased and used specifically for the disabled individual for whom a reimbursement claim is being filed.

Indirect Costs

Administrative, counseling and placement (ACP) costs are indirect service costs the State VR agency incurs for providing services to SSA clients. SSA will pay the State VR agency for indirect expenses such as administrative expenses vocational counseling, and job placement costs, when the State VR agency provides these services directly and does not purchase them from other sources.

Advance Funding

The Social Security Act and regulations authorize SSA to pay VR providers for the costs of their services in advance or by reimbursement. SSA has provided advance payment to only a limited number of State VR agencies.

A State VR agency must have an approved cost formula before its claims can be processed. Once approved, the new formula amounts are used to compute indirect and tracking costs. The cost formula is computed based on expenditures in the preceding federal fiscal year. The cost formula(s) used for a claim is determined by the net payment period. The Cost Formula Worksheets are used when computing the cost formulas.

Cost Formulas

The cost formula is used to identify the monthly dollar amount per client for which SSA will reimburse a VRA for every month of the beneficiary's VR payment period. This formula determines the monthly Tracking costs as well as the Administrative, Counseling, and Placement (ACP) costs, also known as indirect cost. ACP costs should be based on the cost formula for the federal fiscal year(s) (October 1 - September 30) in which these costs are incurred. Tracking are costs incurred only to track or monitor a beneficiary's work activity for up to 9 months. SSA may pay for up to 9 months of tracking if the VR client completes a 9-month continuous period of SGA, if the services provided contributed to the SGA, and if the tracking occurs within the specified payment period.

A State VR agency must have an approved cost formula for a federal fiscal year before its claims for that year can be processed. Once approved, the new formula amounts will be used to compute ACP and tracking costs. The cost formula is computed based on expenditures in the preceding federal fiscal year which comes from the VR's RSA-2 and RSA-113.

Cost Formula Worksheet Option A and B

OPTION A - AVERAGE MONTHLY ACP COSTS METHOD WORKSHEET

Administrative, Counseling and Placement (ACP) Worksheet

Step 1

Obtain the amounts for Sections 1A, 1B, 2A, 3A, 3C, 3D and 3E from the form RSA-2, Schedule I - Total Expenditures and enter them on the appropriate lines below.

1A. Direct Administration Costs	\$ _____
1B. Indirect Administration Costs	\$ _____
2A. Services Provided by Agency (2.A.1.c + 2.A.2.c)	\$ _____
3A. Establishment, Development, or Improvement of Community Rehabilitation Program	\$ _____
3C. Business Enterprise Program	\$ _____
3D. Transition Consultation and Technical Assistance	\$ _____
3E. Other	\$ _____
ADD THE ABOVE LINES TO ARRIVE AT THE TOTAL INDIRECT ACP COSTS	\$ _____

Step 2

Determine the total number of clients served during Federal FY 2015.

(Take from lines A15, B3, C3, D1, D2, D3 D4 of the final RSA-113 submission for the Federal FY, Oct. to Sept. period)

Step 3

$$\begin{array}{l} \$ \underline{\hspace{2cm}} \\ \text{INDIRECT ACP COSTS} \\ \text{(Total from Step 1)} \end{array} \div \begin{array}{l} \underline{\hspace{2cm}} \\ \text{TOTAL NO. OF CLIENTS} \\ \text{SERVED IN FY} \\ \text{(Take from Step 2)} \end{array} = \$ \underline{\hspace{2cm}} \begin{array}{l} \text{YEARLY COST} \\ \text{PER CLIENT} \end{array}$$

Step 4

$$\$ \frac{\text{YEARLY COST PER CLIENT}}{\text{(Take from Step 3)}} \div \frac{12}{\text{MONTHS}} = \$ \frac{\text{AVERAGE MONTHLY COST PER CLIENT}}{\text{AVERAGE MONTHLY COST PER CLIENT}}$$

To use this formula when filing a claim, multiply the "AVERAGE MONTHLY COST PER CLIENT," derived in Step 4, by the number of months from the date the client entered VR through the date of final VR closure. The result is the cost to be submitted as the total for administration, counseling and placement for that claim.

OPTION A – AVERAGE MONTHLY TRACKING COST WORKSHEET

Step 1

Obtain the sum of the Administration costs from line 1A & 1B of the form RSA-2. (This is line 1D on the RSA-2 spreadsheet.)

1. Administration Costs \$ _____

Step 2

$$\begin{array}{r} \$ \text{ _____} \\ \text{ADMINISTRATION COSTS} \\ \text{(From Step 1)} \end{array} \div \begin{array}{r} \text{TOTAL NO. OF CLIENTS} \\ \text{SERVED IN FEDERAL FY} \\ \text{(Take from lines A15, B3,} \\ \text{C3, D1, D2, D3, D4 of final RSA-113} \\ \text{submission, Oct.-Sept. period)} \end{array} = \$ \begin{array}{r} \text{ _____} \\ \text{YEARLY COST PER} \\ \text{CLIENT} \end{array}$$

Step 3

$$\begin{array}{r} \$ \text{ _____} \\ \text{YEARLY COST PER} \\ \text{CLIENT (From Step 2)} \end{array} \div \begin{array}{r} 12 \\ \text{MONTHS} \end{array} = \$ \begin{array}{r} \text{ _____} \\ \text{AVERAGE MONTHLY} \\ \text{TRACKING COST} \\ \text{PER CLIENT} \end{array}$$

To use this formula when filing a claim, multiply the average monthly cost for tracking by the number of months after VR closure that the case is tracked, up to a maximum of 9 months.

OPTION B – ADJUSTED MONTHS OF SERVICE ACP WORKSHEET

Administrative, Counseling and Placement (ACP) Worksheet

Step 1

Obtain the amounts for section 1A, 1B, 2A, 3A, 3C, 3D, 3E from the form RSA-2, Schedule I - Total Expenditures and enter them on the appropriate lines below.

1A. Direct Administration Costs	\$ _____
1B. Indirect Administration Costs	\$ _____
2A. Services Provided by Agency (2.A.1.c + 2.A.2.c)	\$ _____
3A. Establishment, Development, or Improvement of Community Rehabilitation Program	\$ _____
3C. Business Enterprise Program	\$ _____
3D. Transition Consultation and Technical Assistance	\$ _____
3E. Other	\$ _____
ADD THE ABOVE LINES TO ARRIVE AT THE TOTAL INDIRECT ACP COSTS	\$ _____

Step 2

a. Calculate the "Total Service Months of Clients Open" for the prior Federal FY (2015) using 2a through 2c. Remember the numbers are taken from your prior year's form RSA-113.

RSA-113 Quarterly Cumulative Period	# of Clients Open at End of Quarterly Period (Add lines A15, B3, C3 for each quarter to get the period total)	# of New Acceptances (Add lines A12, A13 and A14 from final/Period 4 2015 from RSA 113)
Oct.-Dec. Line A15 _____ Line B3 _____ Line C3 _____ <u>Period 1 Total</u> _____		
Oct.-Mar. Line A15 _____ Line B3 _____ Line C3 _____ <u>Period 2 Total</u> _____		
Oct.-Jun. Line A15 _____ Line B3 _____ Line C3 _____ <u>Period 3 Total</u> _____		
Oct.-Sept. Line A15 _____ Line B3 _____		Oct.-Sept. Line A12 _____ Line A13 _____

Line C3 <u>Period 4 Total</u>	_____	Line A14 <u>Period 4 Total:</u>
	_____	Enter 1/2 period 4 total on line (2) below.
Add period totals to get Fed. FY total	_____ (1)	_____ (2)

b. Divide Federal FY Total, Step 2a.(1), by 4 to determine "Average Clients Open per Month".

$$\frac{\text{FEDERAL FY TOTAL}}{4} = \text{AVERAGE CLIENTS OPEN PER MONTH}$$

c. Multiply "Average Clients Open per Month" from Step 2b. times 12 to determine "Total Service Months of Clients Open" in Federal FY.

$$\text{AVERAGE CLIENTS OPEN PER MONTH} \times 12 = \text{TOTAL SERVICE MONTHS OF CLIENTS OPEN IN FEDERAL FY}$$

Step 3

$$\text{TOTAL SERVICE MONTHS OF CLIENTS OPEN IN FY (Take from 2c.)} - \text{ONE-HALF OF THE NEW CLIENTS ACCEPTED FOR SERVICE DURING FY (Take from chart - Step 2a.(2))} = \text{TOTAL ADJUSTED MONTHS OF SERVICE}$$

Step 4

$$\frac{\$ \text{INDIRECT ACP COSTS (From Step 1)}}{\text{TOTAL ADJUSTED MONTHS OF SERVICE (Total from Step 3 above)}} = \$ \text{TOTAL COST PER MONTH OF SERVICE}$$

To use this formula when filing a claim, multiply the "TOTAL COST PER MONTH OF SERVICE" (derived in Step 4) by the number of months from the date the client entered VR through the date of final VR closure. The result is the cost to be submitted as the total for administration, counseling and placement for that claim.

OPTION B – ADJUSTED MONTHS OF SERVICE TRACKING COST WORKSHEET

Step 1

Obtain the sum of the Administration costs from line 1A & 1B of the form RSA-2. (This is line 1D on the RSA-2 spreadsheet.)

1. Administration Costs \$ _____

Step 2

a. Calculate the "Total Service Months of Clients Open" for the prior Federal FY using 2a through 2c Remember the numbers are taken from your prior year's form RSA-113 (FY15).

RSA-113 Quarterly Periods (2015)	# of Clients Open at End of Quarterly Period (Add lines A15, B3, C3 for each quarter to get the period total)	# of New Acceptances (Add lines A12, A13 and A14 from final/Period 4 2015 form RSA 113)
Oct.-Dec. Line A15 _____ Line B3 _____ Line C3 _____ <u>Period 1 Total</u> _____	_____	
Oct.-Mar. Line A15 _____ Line B3 _____ Line C3 _____ <u>Period 2 Total</u> _____	_____	
Oct.-Jun. Line A15 _____ Line B3 _____ Line C3 _____ <u>Period 3 Total</u> _____	_____	
Oct.-Sept. Line A15 _____ Line B3 _____ Line C3 _____ <u>Period 4 Total</u> _____	_____	Oct.-Sept. Line A12 _____ Line A13 _____ Line A14 _____ <u>Period 4 Total:</u> _____ Enter 1/2 period 4 total on line (2) below.
Add period totals to get Fed. FY total	_____ (1)	_____ (2)

b. Divide Federal FY Total, Step 2a(1), by 4 to determine "Average Clients Open per Month".

$$\frac{\text{FEDERAL FY TOTAL}}{4} = \text{AVERAGE CLIENTS OPEN PER MONTH}$$

c. Multiply "Average Clients Open per Month" from Step 2b times 12 to determine "Total Service Months of Clients Open" in Federal FY.

$$\frac{\text{AVERAGE CLIENTS OPEN PER MONTH}}{\text{PER MONTH}} \times 12 = \frac{\text{TOTAL SERVICE MONTHS OF CLIENTS OPEN IN FEDERAL FY}}{\text{FEDERAL FY}}$$

Step 3

$$\frac{\text{TOTAL SERVICE MONTHS OF CLIENTS OPEN IN FY (Take from 2c)}}{\text{(Take from 2c)}} - \frac{\text{ONE-HALF OF THE NEW CLIENTS ACCEPTED FOR SERVICE DURING FY (Take from chart - Step 2a (2))}}{\text{Take from chart - Step 2a (2))}} = \frac{\text{TOTAL ADJUSTED MONTHS OF SERVICE}}{\text{OF SERVICE}}$$

Step 4

$$\frac{\$ \text{ADMINISTRATION COSTS (From Step 1 above)}}{\text{ADMINISTRATION COSTS (From Step 1 above)}} \div \frac{\text{TOTAL ADJUSTED MONTHS OF SERVICE (From Step 3 above)}}{\text{TOTAL ADJUSTED MONTHS OF SERVICE (From Step 3 above)}} = \$ \frac{\text{MONTHLY TRACKING COST PER CLIENT MONTH OF SERVICE}}{\text{MONTHLY TRACKING COST PER CLIENT MONTH OF SERVICE}}$$

To use this formula when filing a claim, multiply the monthly cost for tracking by the number of months after VR closure that the case is tracked, up to a maximum of 9 months.

Payment Validation Reviews

The Social Security Administration (SSA) Vocational Rehabilitation (VR) regulations allow the Commissioner to pay claims based on a minimum of documentation. The Code of Federal Regulations (CFR), 404.2121 and 416.2221, requires that SSA conduct a validation review of a sample of reimbursement claims for payment filed by each State Vocational Rehabilitation (VR) agency for program integrity purposes. SSA will use the following types of reviews to validate claims submitted by State VR agencies.

The purposes of validation reviews are to ensure that the VR services and costs meet the requirements for payment; to assess the validity of our documentation requirements; and, to assess the need for additional validation reviews or additional documentation requirements. Each claim will be reviewed to verify that there is sufficient documentation to support the direct costs claimed. The direct cost items submitted must be consistent with the Individualized Plan for Employment (IPE).

Claims for - payment validation review (PVR) will be randomly selected by the system after they are processed for approval and prior to payment. Post payment validation reviews will be performed manually by Quality Assurance Team (QAT). All claims with overlapping periods of VR services will be selected for validation review at the point that the overlapping periods are detected. Payment for VR services or costs may be made under more than one of the VR. However, payment will not be made more than once for the same VR service or cost. Claims Unit Technicians will perform required reviews and control the flow of the entire process. Program analysts will provide technical guidance on validation review claims as deemed appropriate by the supervisor of the Claims Unit.

The claims to be reviewed will be ready for release of payment when the validation is completed. As soon as the VR provider substantiates the full amount of the direct cost services provided, payment will be released immediately.

NOTE: Post validation reviews may occur immediately or many years after payment. If documents for direct cost services cannot be produced in overlapping PVR's, there will be adjustments made to monies previously paid.

During each fiscal year, a random sample of claims will be selected for PVR from all VR providers based on a percentage of the total allowed claims processed in the previous fiscal year. Our fiscal year begins on October 1st and extends twelve months into the following year ending on September 30th. Due to the great variance in the amount of claims submitted by VR providers, we cannot apply a pre-determined percentage value to calculate how many claims will be selected for the PVR process.

When a claim is selected for validation review, notification will be sent to the VR agency. All validation review claims will be reviewed to validate the direct costs listed in items 17a, 17b and 17c on the Vocational Rehabilitation Claim Form, SSA-199. The technicians must verify that each direct cost amount is equal to the amount SSA will pay on the claim and that the purchase

of the direct cost occurred within the payment period. The technician looks for records of VR services and costs for which payment has been requested or made.

The provider must submit adequate documentation to support these direct cost items. The provider is responsible for maintaining such records per the Federal Procurement Regulations (41 CFR parts 1 – 20).

PVR Documentation Requirements

For each validation review claim selected, SSA will request proofs to support the request for costs being claimed such as a copy of the IPE that list service(s) to be purchased; copies of pertinent progress notes; and a copy of the intake and closure statement, as appropriate.

Proof of payment can include the types of documentation listed below:

- Copies of all direct cost invoices that show: date of service, type of service rendered, cost of service, proof of payment, name and address of payee, etc.
- Copies of bills, invoices and receipts under the vendor's letterhead.
- Copies of signed and dated certification that the services were provided.

Note: Computerized electronic listings submitted without the type of documentation listed above are not acceptable for validation review because the technician will not be able to adequately validate the claimed expenditures. However, if a provider alleges they have no other documentation to offer the electronic listings will be reviewed for acceptability as follows:

1. Claims Unit Supervisor – The Claims Unit Supervisor will assess the documentation that has been provided and make an independent judgment of the acceptability. This judgment of the documentation will be based on acceptability precedents that have been set with other similar documentation submittals by other State VR agencies. If the documentation is found to be acceptable the supervisor will advise the Claims Unit staff accordingly and annotate the system with a precedent note. If the supervisor finds the documentation to be unacceptable because no similar precedent was established, a request for a determination will be made through the Quality Assurance Team (QAT).
2. The QAT will consult with the Claims Unit supervisor to assess the documentation provided and to determine the steps that have been taken to obtain additional supporting evidence. The VRT may decide to contact the submitting State VR agency again to further assess why acceptable proof of payment does not exist for the claim in question. The response received will determine what additional steps the VRT will take with respect to that claim and future claims from that State VR agency. In most individual claim noncompliance, situations the VRT will instruct the Claims Unit that the undocumented claim item must be denied.

3. Office of the Inspector General (OIG) - OIG will be asked to provide guidance when the QAT experiences noncompliance with validation reviews and in situations where questionable documentation appears frequently. OIG will determine if an on-site audit is appropriate.

Submitting Documentation to SSA

When a State VR agency claim is selected for validation review, notification will be sent from the Claims Unit to the State agency requesting they submit all pertinent documentation to the Claims Unit within 45 days from the date of the notice. State VR agencies should submit their claims to SSA by fax using the designated fax cover sheet generated through the ticket portal. Please ensure that the fax coversheet from the portal is the first page of your fax, to ensure we receive your documents.

When submitting documentation for validation review, the provider must submit documentation in the exact order and sequence as found on form SSA-199, in items 17a, 17b, and 17c. Each document must be numbered in the right hand corner to correspond with the SSA-199. For example, all documentation pertaining to item 17a, in item #1 should be marked "17a #1" on each document validating that item, and so forth.

Technician's Action

Technicians will pay the claims after all claimed costs have been validated. Validation documentation packages will be reviewed upon receipt to determine if payment of the full claim amount can be paid. Documentation packages that validate the full amount claimed will have payment released immediately. Documentation packages that do not validate the full amount claimed, and have no written explanation of why, will have only the validated costs paid. Documentation packages that do not validate the full amount claimed, but do have a written request for partial payment release, will have the validated expenditure amount released. A supplemental claim will be required if the provider wishes to seek payment at a later date, when documentation becomes available. Any supplemental claims filed on paid validation review claims are automatically included as part of the validation review process. Providers that do not respond timely to requests for validation documentation will cause a payment delay. If no response is received after a second follow-up request for documentation is made (30 days), payment will be denied and the provider will be notified accordingly.

Requests for Reconsiderations

If the State VR agency disagrees with the validation review reimbursement determination, reconsideration must be filed within 60 days from the date shown on the determination notice. There will be no reconsideration on post validation reviews where direct cost documents have not been submitted. Reversals to post validation adjustments will not be authorized without proof of direct costs payments for different service during the overlapping period. The Ticket to Work and Work Incentive Improvement Act of 1999

Ticket To Work

On December 17, 1999, President Clinton signed the Ticket to Work and Work Incentives Improvement ACT (TWWIA) of 1999. This legislation affects State vocational rehabilitation (VR) agencies providing services under the current VR Reimbursement Program.

SSA phased-in the Ticket Program nationally over a three-year period beginning January 1, 2001, with the first tickets issued early in 2001. Under this program, Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) disability and blindness beneficiaries have a “Ticket” they may use to obtain VR, employment, or other support services from an approved provider of their choice called an “Employment Network.” By January 1, 2004, the “Ticket” program was operating in all States.

The law also repealed the VR refusal provisions effective January 1, 2001.

Other provisions of the law concern the expanded availability of health care services, expedited reinstatement of benefits, continuing disability reviews, protection and advocacy, and demonstration projects.

This section will focus on how the Ticket Program will affect State VR agencies.

How the Ticket Program Works

SSDI and SSI disability and blindness beneficiaries have tickets that they can use with an approved provider called an employment network (EN). An EN is a private organization or non-Federal public agency that has agreed to work with SSA to provide vocational rehabilitation, employment support, and other support services to disability beneficiaries. These SSA pays the EN when the beneficiary achieves specified work-related outcomes.

The law requires that SSA select one or more Program Managers. The Ticket Program Manager (TPM) provides training, technical assistance and support to Employment Networks (ENs) and State VR agencies participating in the Ticket Program. This support covers such operational program processes as Ticket assignment and In-Use SVR assignments, individual work plans and EN payments. In addition, the TPM is responsible for program oversight in matters relating to EN start-up, program participation and performance.

State vocational rehabilitation (VR) agencies have the option of operating as an employment network (EN). If a State decides not to operate as an EN, the State will continue to function under the existing cost reimbursement program option only. If a State VRA agrees to serve as an EN, it can decide on a case-by-case basis if it would prefer to receive cost reimbursement for reasonable and necessary services they provide to the beneficiary, or to receive Ticket payments under its chosen EN payment system, either the Outcome Payment System or the Milestone/Outcome Payment System.

Who is eligible for a Ticket?

A beneficiary who is entitled to benefits under the SSDI or SSI disability or blindness program must meet several criteria to be eligible for a Ticket. The beneficiary must be:

- At least age 18 but not yet age 65;
- Entitled based on SSA's disability standard for adults; and
- Receiving a Federal cash disability-based benefit from SSA.

Ticket Program Participation

State VR Agency Participation

A State VR agency may participate either as an Employment Network (EN) or through the Cost Reimbursement payment system. To learn whether a Ticket is available for assignment or In-Use SVR status, please contact MAXIMUS at 1-866-968-7842 or 1-866-833-2967 (TDD) or www.yourtickettowork.com.

We can pay a State VR agency under the Cost Reimbursement payment system even if the beneficiary does not have a ticket. If the beneficiary has a ticket, the State VR agency must inform the beneficiary that the Ticket will be in-use with the agency while the VR case is open. The beneficiary must consent to using the Ticket with the State VR agency for the agency to use the Ticket. The IPE must document the beneficiary's informed consent. When an agency submits a case opening via the Ticket Portal, it is acknowledging that it has met this criterion.

When requirements for payment are met, SSA will pay both a State VR agency and an EN for sequential services to a beneficiary under the same ticket

-Effective June 2016, the following changes went into effect. When:

- The case was closed successfully, VR agencies can receive a CR payment based on months of SGA that fall after the EN ticket assignment date.
- The case was closed unsuccessfully and CP of SGA is found after the EN ticket assignment date, VR agencies will be requested to provide proof explaining how their services led to the CP of SGA.

- There are multiple periods of VR services and/or EN services (multiple ticket assignments) the closure status used to determine payment will coincide with the VR period requested.

Discontinued Participation As An Employment Network

From the inception of the Ticket to Work program, State Vocational Rehabilitation (VR) agencies have had the option to participate (on a case-by-case basis) under traditional cost reimbursement or as an Employment Network (EN) receiving payments under an EN payment system. In order to participate in the Ticket program, the Social Security Administration requires that the director of a State VR agency write a letter expressing their intent to participate as an EN or solely under traditional cost reimbursement (20 CFR 411.365). If the letter expresses intent to operate as an EN, the agency may still choose EN payments or cost reimbursement for each beneficiary with which they initiate services.

Should a State VR agency subsequently determine that they no longer wish to participate as an EN, but instead will serve all beneficiaries under traditional cost reimbursement; the State VR Director should notify SSA in writing via another letter. The letter should contain the following statement of intent:

“Effective the date of this letter, [Name of Agency] requests to be removed from SSA’s list of ENs. We choose instead to provide services to all Social Security beneficiaries with disabilities under the cost reimbursement option.”

The impact of a state VR agency’s decision to discontinue operating under an EN payment system is that Tickets currently assigned to the agency as an EN and on which no EN payment has been made would be unassigned and reclassified as “In Use-SVR”. In accordance with 20 CFR Part 411.355(d), if payment has been made with respect to the Ticket, the State VR agency can receive payment only under the payment system under which the earlier payment was made.

Beneficiary Participation

A beneficiary's participation in the Ticket to Work program is voluntary.

The beneficiary is free to choose when and whether to use the Ticket to obtain the assistance needed to return to work or go to work for the first time. A beneficiary’s non-use of a ticket will not affect entitlement to disability-based benefits. When a beneficiary decides to use the Ticket, the beneficiary may assign it to a State VR agency or an Employment Network (EN) under our rules for assigning a Ticket.

A beneficiary is afforded protection from periodic medical reviews while receiving VR services as long as he or she continues to make the expected progress with education, training or work.

At any time, a beneficiary can retrieve the Ticket from a State VR agency or EN and reassign it to another State VR agency or EN that is willing to take the Ticket assignment, provided the

beneficiary is eligible to reassign the Ticket. To reassign the Ticket when the State VR agency is serving the beneficiary, the beneficiary must have the State VR agency close the case directly or the beneficiary may provide SSA a case closure letter from the State VR agency.

Selecting a Provider Using the Ticket Program Manager

A beneficiary may not assign a Ticket to more than one provider of services at a time. However, a beneficiary may discuss employment plans and goals with a State VR agency and as many ENs as the beneficiary chooses. The beneficiary may assign the Ticket to an Employment Network to receive ongoing support in obtaining employment or increasing or sustaining employment after the State VR agency has closed the beneficiary's case. The beneficiary can obtain a list of the State VR agency and approved ENs for a particular geographic area by:

- Calling the Ticket Program Manager at 1-866-968-7842 or 1-866-833-2967 (TDD), or
- Accessing the website at www.yourtickettowork.com.

Developing a Plan for Self-Supporting Employment

A State VR agency or EN will provide employment services, VR services, or other support services to assist a Ticket beneficiary in obtaining, regaining, and maintaining self-supporting employment as specified in the beneficiary's:

- Individualized Plan for Employment (IPE), if developed with a State VR agency; or
- Individual Work Plan (IWP), if developed with an EN.

A beneficiary who is eligible to assign/reassign a Ticket can do so only if that beneficiary and a representative of the State VR agency or EN have developed and signed an IPE/IWP.

Payment Options Available to State VR Agencies and ENs

A State VR agency or EN may receive payment for its services when a beneficiary, who assigned a Ticket to the State VR agency or EN, achieves certain work-related outcomes.

Payment Options Available to an EN

(Including a State VR Agency Functioning as an EN)

Under the Ticket to Work program, ENs and State VR agencies may choose between two Ticket payment systems. They are the Outcome payment system and the Outcome-Milestone payment system. For a detailed description of the payments available under these two payment systems, please go to www.yourtickettowork.com.

Once an EN makes a payment system election, it will apply to all of the EN's ticket assignments. An EN may change its elected payment system once in each calendar year. When it does this, the newly elected payment system will apply to the EN's new ticket assignments only. The EN's prior payment system election will continue to apply to the cases of beneficiaries whose Tickets were assigned to the EN before the effective date of its newly elected EN payment system.

SSA will only pay a State VR agency under one payment system per beneficiary. The State VR agency cannot assign the ticket for EN payments when they previously served the beneficiary under cost reimbursement and were paid under cost reimbursement. If the State VR agency closes a cost reimbursement case for which they were not paid and subsequently opens a ticket payment case on the same person, the ticket case must be based on a new IPE date, which cannot be retroactive to cover the previous period of VR.

Payment Options Available to a State VR Agency

If the State VR agency opts to be paid as an EN, SSA will use the EN payment system that the State VR agency has elected for this purpose. There are two EN payment systems from which the State VR agency can choose. These are:

- The Outcome payment system, under which it may be paid for outcome payment months that a beneficiary achieves after assigning the Ticket to the State VR agency; and
- The Outcome-Milestone payment system, under which it may be paid for Milestones and Outcome payment months that a beneficiary achieves after assigning the Ticket to the State VR agency.

For a detailed description of the payments available under these two payment systems, please go to www.yourtickettowork.com.

The State VR agency must have an open VR case for SSA to pay the agency under a Ticket payment system. The agency also must continue providing ongoing support to receive payments beyond phase I milestones under the Ticket program. If the State VR agency does not plan to provide ongoing support and has chosen to serve a beneficiary under a Ticket payment system, SSA will close the Ticket assignment after processing phase 1 milestone payments on a case.

The Ticket to Work program also provides State VR agencies with an option to elect the traditional Cost Reimbursement payment system, on a case-by- case basis, when determining how to provide beneficiary services. When an agency selects this option, the beneficiary's Ticket is not assigned but is placed in "In-Use-SVR" status.

Under the Cost Reimbursement payment system, we will pay the State VR agency for the reasonable and necessary costs incurred in providing VR services to a Ticket beneficiary when those services contribute to the beneficiary's sustained employment at the Substantial Gainful Activity (SGA) level.

Overview of In-Use SVR and Ticket Assignment

In-Use SVR Status

If the State VR agency elects the Cost Reimbursement option and the beneficiary has a Ticket, the Ticket is assigned “In-Use SVR” in SSA’s system. In-Use SVR begins on the effective date of the IPE.

This status will afford the beneficiary protection from a medical review (Continuing Disability Review), as long as the beneficiary is making the expected timely progress towards education, training or work.

The period of “In-Use SVR” and CDR protection will end with the close of the 90-day extension period following the date the State VR agency closes the beneficiary’s VR case, unless the beneficiary assigns the Ticket to an Employment Network during this 90-day period.

If the beneficiary has failed to make timely progress and no longer has the CDR protection when the case is unassigned, the beneficiary will not have a 90-day extension period during which he may assign the Ticket. However, if still in current pay and otherwise eligible, the beneficiary may reassign the Ticket, but the beneficiary will not be afforded CDR protection until he or she is again making timely progress.

Eligibility and Assignability

This criterion is provided for informational purposes only. Always confirm whether a beneficiary is eligible to assign a Ticket or place it in the In-Use SVR status. If the Ticket is currently assigned and you have a need to know the name of the EN to which it is assigned, you may obtain this information via the Ticket Portal or if you do not have access to the Portal the Ticket Program Manager will provide that information upon request.

A beneficiary is eligible for In-Use SVR if all of the following requirements are met. The beneficiary must:

- Be entitled to disability-based benefits under the SSDI or SSI program;
- Not yet have attained age 65;
- Be receiving a monthly Federal cash disability-based benefit from SSA;
- Not be receiving section 301 payments;
- Not be receiving benefit continuation payments during a medical cessation appeal;
- Not be receiving provisional cash benefits under the expedited reinstatement provisions; and
- Not be receiving presumptive disability/blindness payments.

Proof of a Beneficiary's Decision to Assign a Ticket

The State VR agency no longer needs to submit an SSA-1365 for any cases. The beneficiary's signature on the IPE is proof of the beneficiary agreeing to use the Ticket. State VR agency's should ensure beneficiaries are aware that they are providing consent to use their Tickets when they sign the IPE.

The Ticket Portal will show beneficiaries currently or formerly assigned to a State VR agency based on the agency submitting a batch data file or requesting an individual assignment through the Portal.

Process for a State VR to place a Ticket "In-Use SVR"

Electronic Data File Requirements

To designate the Ticket as "In-Use SVR" or "Assigned" and manage the status through case closure, the data file should be submitted through the Portal and contain the data elements identified below in comma delimited format. This type file is common on all computer platforms and supported by almost all spreadsheets and data management systems. For assistance concerning the file, contact us at VR.Helpdesk@ssa.gov. The file must contain the following four critical data elements for each Ticket Holder served. The four elements are:

- Social Security Number
- IPE signature date
- Case closure date (or blank if still open)
- Case closure status (employed or unemployed or blank if case still open)

The Importance of Submitting the Data File

It is imperative to the proper operation of the Ticket to Work Program and the VR Cost Reimbursement Program that the State VR agency notifies us via the Ticket Portal of VR case openings and closures involving SSA beneficiaries.

When we receive the data file, it will be cross-referenced against eligible Ticket Holders. The Ticket Holders' statuses will be updated with any VR case open or case closure dates. This information will allow SSA to:

- Protect the rights of your Ticket Holders to exempt status from medical Continuing Disability Reviews;
- Facilitate Ticket Holders in obtaining ongoing services;
- Prevent Ticket Holders from being marketed by EN's while their cases are open with State VR agencies; and

- Ensure that the beneficiary does not simultaneously assign the Ticket to an EN while it is in In-Use SVR status with the State VR agency.

Terminating In-Use SVR Status or Unassigning a Ticket

“In-Use SVR” status will be discontinued and the Ticket made available when the beneficiary or the State VR agency notifies us that the State VR agency has closed the case. SSA does not require a reason for the case closure.

In lieu of the electronic file notification from the State VR agency, to end In-Use SVR status, the beneficiary may submit a written request to the Ticker Program Manager, which indicates the date that the State VR agency closed the case and whether the beneficiary was working when the case was closed. SSA will accept this notification via email, fax or regular mail.

When requesting that we terminate In-Use SVR status or Ticket unassignment outside of the electronic file transfer process, use the following numbers/address.

Phone Number: 1-866-968-7842 or 1-866-833-2967 (TDD)

Fax Number: 703-683-328

Mailing Address: Ticket to Work Program Manager

ATTN: Ticket Unassignment

PO Box 25105

Alexandria, VA 22313

In either event (beneficiary request OR State VR case closure), when terminating In-Use SVR, the record update will include the following actions:

- Changing the “Assigned” or “In-Use-SVR” activity to “In-Use-Extended” (without the SVR indicator) to initiate the 90-day extension or grace period for possible Ticket assignment (medical CDR protection is afforded), unless the beneficiary did not have medical CDR protection when we terminate the “Assigned” or “In-Use-SVR” status.
- If there is a 90-day extension period and the Ticket is not assigned on the 91st day, then the medical CDR protection is removed and the record is available for regular Ticket “assignable” activity.

Effective Date of a Ticket Assignment or Reassignment

The Ticket assignment is effective when all of the requirements for assignment are met. An agency can see the effective date of the Ticket assignment or In-Use SVR status in the response file and shown in real time in the Ticket Portal based on the electronic data file or individual submission in the Portal.

SSA will provide beneficiaries a confirmation notice for all Ticket assignments or the beginning of In-Use SVR. The confirmation notice:

- Gives the name, address and telephone number of the provider to which the beneficiary’s Ticket is assigned or placed in In-Use SVR status and the effective date;

- Explains how the beneficiary can receive more information about how the Ticket to Work program affects benefits; and
- Instructs the beneficiary to contact the Ticket Call Center with any questions about the letter or the Ticket to Work program (e.g., questions about the requirements to unassign/reassign the Ticket).

The Ticket can be reassigned to an EN or another eligible State VR agency once the Ticket has been unassigned.

A Ticket is no longer assigned or in the In-Use SVR status effective with the earlier of the first day of the month following the month in which the:

- Beneficiary notifies the Ticket Program Manager in writing to take the Ticket out of assignment or for the In-Use SVR status, provides a copy of the case closure letter from the State VR agency; or the
- State VR agency closed the case through the Portal or the Ticket Program Manager.

To assign or reassign a Ticket, the beneficiary can request an EN list, which includes State VR agencies, or the beneficiary can locate new service providers on the website, www.yourtickettowork.com. The beneficiary can then select a new EN or SVR agency and develop a new work plan. The beneficiary can participate in the future as long as he or she is eligible.

If the Ticket is reassigned/assigned or placed into “In-Use SVR” within the same month that the Ticket was unassigned or “In-Use SVR” ended, the Ticket reassignment/assignment will be effective on the first day of the following month.

If the Ticket is reassigned after the month that the Ticket was unassigned or “In-Use SVR” ended, Ticket reassignment will be effective on the date that the IWP or IPE was signed.

Changing the Cost Reimbursement Payment Option to Ticket Assignment

For each Ticket eligible beneficiary, a State VR agency may elect payment under the cost reimbursement payment option or its chosen EN payment system for providing services. A State VR agency selects the cost reimbursement option by submitting the IPE date via the electronic data file in the Ticket Portal.

Within the 90-day period from the IPE signature date, the VR agency can change its payment option for the particular Ticket holder and choose to be paid as an EN.

Requests received more than 90 days after the IPE date will not result in a change. The ticket holder's case will remain under the cost reimbursement option.

Requests received more than 90 days after the IPE date will not result in a change. The ticket holder's case will remain under the cost reimbursement option.

Post-Employment Services and In-Use SVR

SSA will reimburse for qualified post-employment services provided by the State VR agency and submitted for reimbursement after approval of the original claim as long as the:

- Ticket was in In-Use SVR status for the period of the original claim; and
- Post-employment services are provided within the established payment period.

Note: The payment period is the period that ends with the earlier of either (1) the last day of the last month of entitlement (month before benefit termination) or (2) the last day of the month the VR continuous period of SGA ends.

When Ticket Use Begins and Ends

When Using a Ticket Begins

The period of using a Ticket begins on the effective date of the assignment of the Ticket to an EN or State VR agency acting as an EN. If the beneficiary has a Ticket that would otherwise be available for assignment and is receiving VR services under the Cost Reimbursement option, the period of using a Ticket begins on the effective date of the beneficiary's IPE. If the beneficiary signed an IPE before becoming eligible for a Ticket, the effective date is the first day he or she was eligible to participate in the Ticket program.

When Using a Ticket Ends

Using a Ticket does not refer to a beneficiary assigning the Ticket or placing it in the In-Use SVR status only. It means the beneficiary continues to actively pursue the agreed upon work goals and is making the expected progress with education, training or work to continue to have suspension of medical Continuing Disability Reviews.

The period of using a Ticket begins:

- On the effective date of the or Ticket assignment to an EN or State VR agency acting as an EN; or
- For In-Use SVR status:
 - On the later of the effective date of the beneficiary's IPE; or
 - If the beneficiary signed an IPE before becoming eligible for a Ticket, the first day he or she was eligible to participate in the Ticket program.

The period of using a Ticket ends:

- With the earliest of either the last day of the month before the month in which the Ticket terminates; or
- The day before the effective date of a decision that the beneficiary is no longer making timely progress toward self-supporting employment (failed Timely Progress Review); or
- The last day of the 90-day extension period which begins with the first day of the first month in which the Ticket is no longer assigned to an EN or State VR agency acting as an EN, unless the beneficiary reassigns the Ticket within the 90-day extension period; or
- If the Ticket was in the In-Use SVR status, the period of "in-use" for medical CDR protection ends the 90th day following the date the State VR agency closes the case, unless the beneficiary assigns the Ticket during this 90-day period.

The Effect of Ticket Terminations

When a Beneficiary's Ticket Terminates

Generally, a beneficiary's Ticket terminates with the earliest of the month:

- an individual's entitlement to disability-based benefits ends for reasons **other than** work or earnings; or
- an individual who is entitled to widow(er)'s or surviving spouses benefits under the SSDI program attains full retirement age; or
- following the month an individual who is entitled to a disability-based benefit under the SSI program attains age 65.

Different rules apply if a beneficiary's entitlement to disability-based benefits ends for work or earnings. Under these rules, a Ticket terminates with the **earliest** of the month:

- The individual attains full retirement age (beginning in 2003 SSA's full retirement age will increase gradually from age 65 to age 67); or
- The individual dies; or
- The individual becomes entitled to a non-disability-based benefit from SSA; or
- SSA makes a subsequent unfavorable disability determination (i.e., the month SSA denies a subsequent application for disability benefits, or the month SSA decides not to approve a request to reinstate disability-based benefits); or
- The individual again becomes entitled to a disability-based benefit based on a new application; or
- The individual is eligible to receive a new Ticket because SSA approves the individual's request to reinstate disability-based benefits and finds the individual eligible for a new Ticket; or
- SSA pays the final Outcome payment due on the Ticket and the Outcome period ends.

Eligibility for a New Ticket

There are two instances in which SSA will issue a new Ticket to an eligible beneficiary:

- SSA reinstates the individual's benefits under SSA's expedited reinstatement provisions.

These provisions allow an individual whose entitlement to disability-based benefits ended because of work and earnings to request that benefits be started again without having to complete a new application. To qualify for these benefits, the individual must be unable to work because of an impairment(s) that is the same or related to the one(s) that allowed the individual to get benefits before. Also, the individual must request reinstatement within 5 years from the month the individual's entitlement ended because of work or earnings.

- The beneficiary files a new application for disability-based benefits and SSA approves it.

When a Beneficiary Seeks VR Services While the Ticket Is Assigned to an EN

As of July 21, 2008, a beneficiary may receive sequential services from both a State VR agency and an Employment Network (EN), and these agencies may seek cost reimbursement and available EN payments based on the provision of sequential services. To avoid Federal resources paying for the same service twice, the only provision for simultaneous services is when the EN refers a beneficiary whose Ticket assignment the EN holds to a State VR agency under an agreement as described in 20 CFR 411.400 - 411.435 of the Ticket program regulations. When the EN makes such a referral, the agreement should outline the terms and procedures under which the EN will compensate the State VR agency for providing services.

Not all work attempts follow this path. Some beneficiaries may independently seek services from a State VR agency while the Ticket is assigned to an EN. In these instances, if the State VR agency expects to develop an Individualized Plan for Employment with the beneficiary, it should first contact the EN. (Note: If unable to obtain the EN's contact information from the beneficiary, the State VR agency may contact the Ticket Program Manager for that information.) The State VR agency should request that the two agencies develop an agreement if such an agreement does not already exist. As an alternative, the State VR agency may also discuss the possibility of the EN unassigning the ticket to allow the State VR agency to provide services under cost reimbursement and later referring the beneficiary back to the EN for services after VR closes the beneficiary's case.

If the EN is not amenable to either option, the State VR agency should rely on Department of Education rules and regulations, applicable sections may include "comparable services and benefits (CSBs)" (Federal Register, January 17, 2001, 34 Part 361.5(b)). (34 CFR Part 361.53).

Suspension of Medical Reviews for Beneficiaries Who Are Using a Ticket

SSA will not begin a Medical Continuing Disability Review (medical CDR) during the period in which the beneficiary is using a Ticket or is in In-Use SVR status. A medical CDR is a review that SSA conducts periodically to determine whether or not a beneficiary's condition continues to meet SSA's definition of disability.

Medical CDRs are not the same as the work reviews that SSA conducts when a beneficiary goes to work after benefits start and SSA must decide if the work or earnings are sufficient to cause a reduction or suspension in benefits while the beneficiary tests his/her ability to work.

If a medical CDR begins before the date on which the Ticket is in use, the beneficiary may still receive services from a State VR agency pending the outcome of the review, and if found to have medically improved, may seek benefit continuation under Section 301.

Annual Periodic Reports from MAXIMUS

In December of each year, MAXIMUS will produce a preliminary report for each provider from data in its system. The report will compile data from December 1 of the previous year through November 30th of the current year. Information on the report will include statistics on Tickets accepted for assignment, Tickets unassigned, EN payments requested and issued, and dispute filings. When a State VR agency receives its report, it should review it and notify MAXIMUS if there are any discrepancies.

For further information on the annual periodic reports, please contact MAXIMUS at 1-866-968-7842 or 1-866-833-2967 (TDD), or www.yourtickettowork.com.

The Redbook – A Guide to Work Incentives

The Red Book serves as a general reference source about the employment-related provisions of Social Security Disability Insurance and the Supplemental Security Income Programs for educators, advocates, rehabilitation professionals, and counselors who serve people with disabilities.

<http://www.socialsecurity.gov/redbook/>

Protection and Advocacy for Beneficiaries of Social Security (PABSS)

<http://www.socialsecurity.gov/work/PandA.html>

Dictionary of Occupational Titles

www.govtusa.com/dot/