VR Training: Pre-Employment Transition Services (Pre-ETS) Claims Submission Demonstration

There will be audio silence until the call starts at 1 PM.

March 24, 2026

Logistics

- **This call is not recorded nor transcribed.**
  - Participants are not permitted to record this meeting nor capture the transcript.
  - This presentation will not be posted online because it contains sensitive SSA information.
- **During the Q & A Session:**
  - Chat is not available to post questions. You must ask your question aloud.
  - If joining via phone and you wish to ask a question, raise your hand utilizing *5 and you will be unmuted by the Facilitator; then press *6 to unmute yourself.
  - If joining on the MS Teams app, click the raise hand icon, and the Facilitator will provide access to audio to allow you to unmute your microphone.

Logistics

- **Please ask one question each time you are called upon by the Facilitator.**
  - Additional questions or comments can be sent to: VR.Helpdesk@ssa.gov
  - Questions not answered during the live event will be forwarded to the appropriate panelist for comment.
- **Closed Captioning is available for participants who join using the MS Teams Application or utilizing the separate Closed Captions link provided.**
  - To turn on Closed Captions in Teams, go to “More” at the top of the MS Teams window and click “Language and Speech." Next, select “Turn on live captions.”
  - When using the link option, paste the link in the browser and it will open in a separate window to view Closed Captions.

Agenda

- Pre-ETS Claims Submission Demonstration
- Question and Answer Session

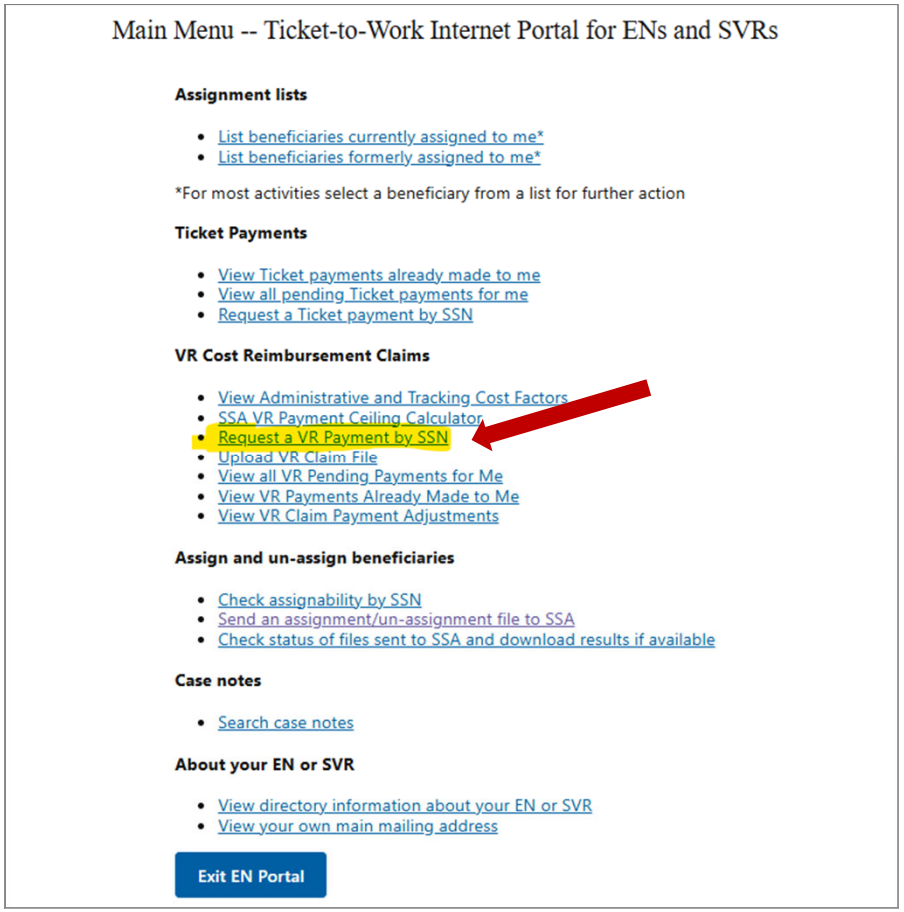
Pre-ETS Claims Submission Demonstration

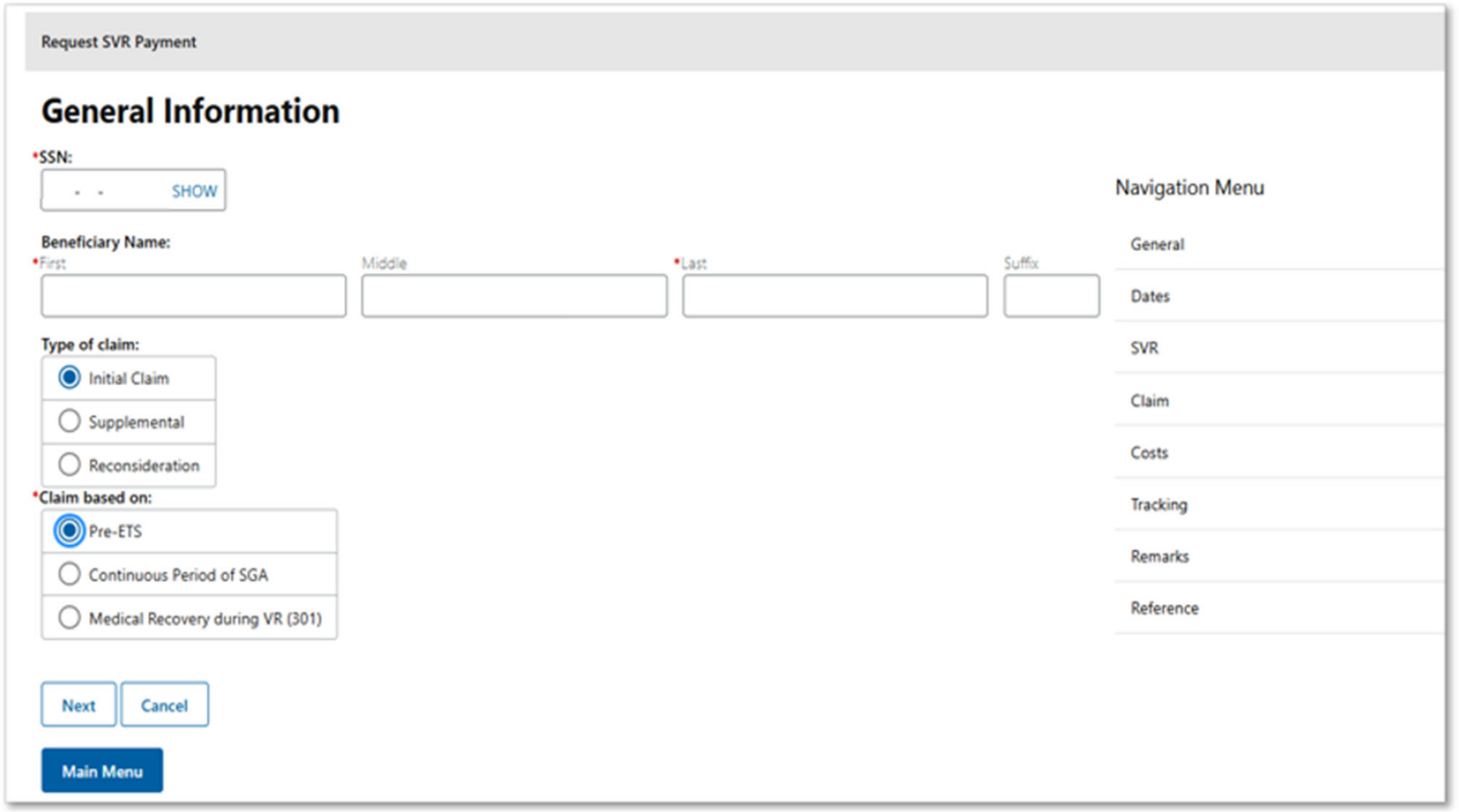
Shelley Paquette | shelley.paquette@state.mn.us

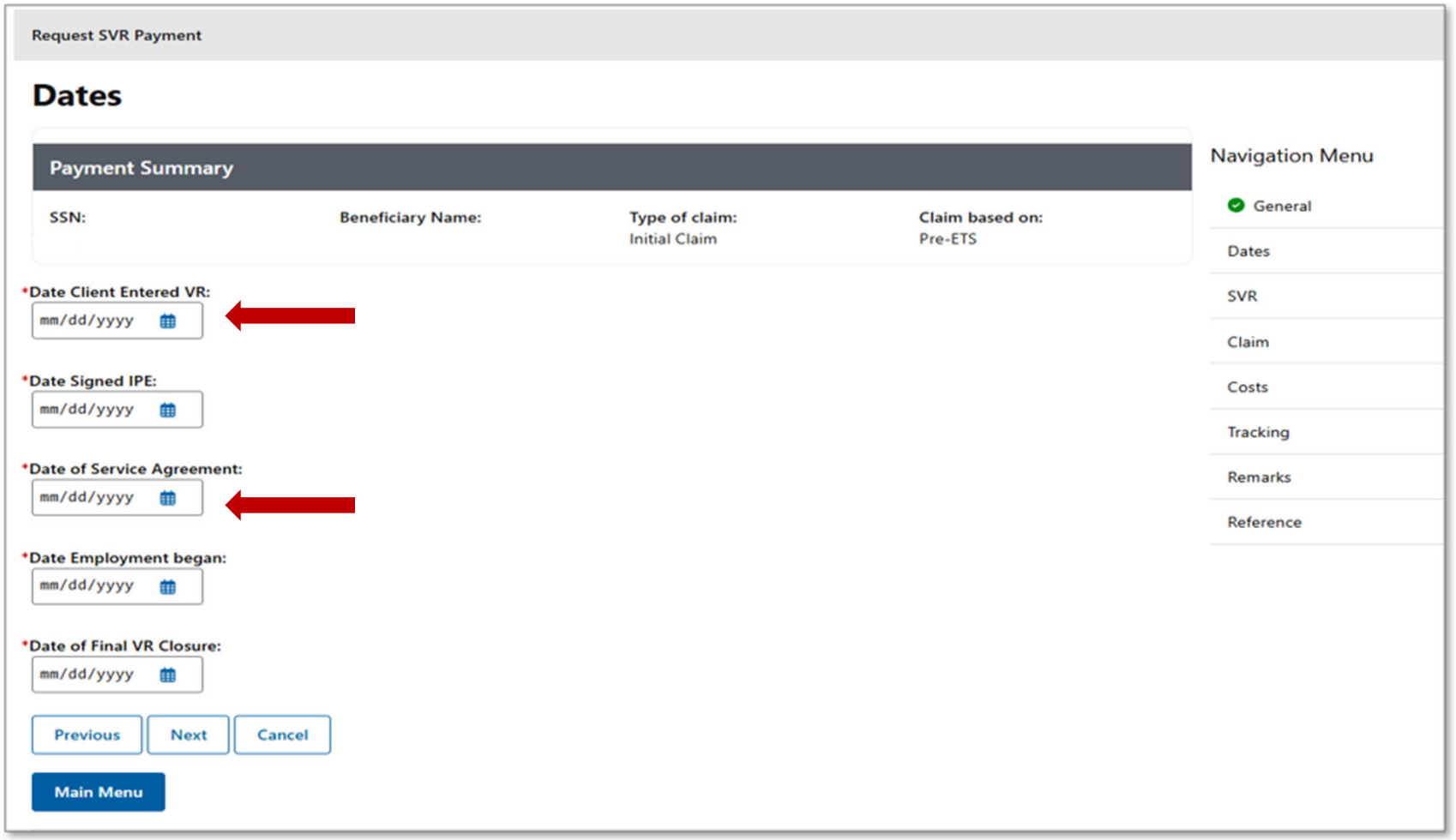
Pre-ETS Initial Claim Walk Through

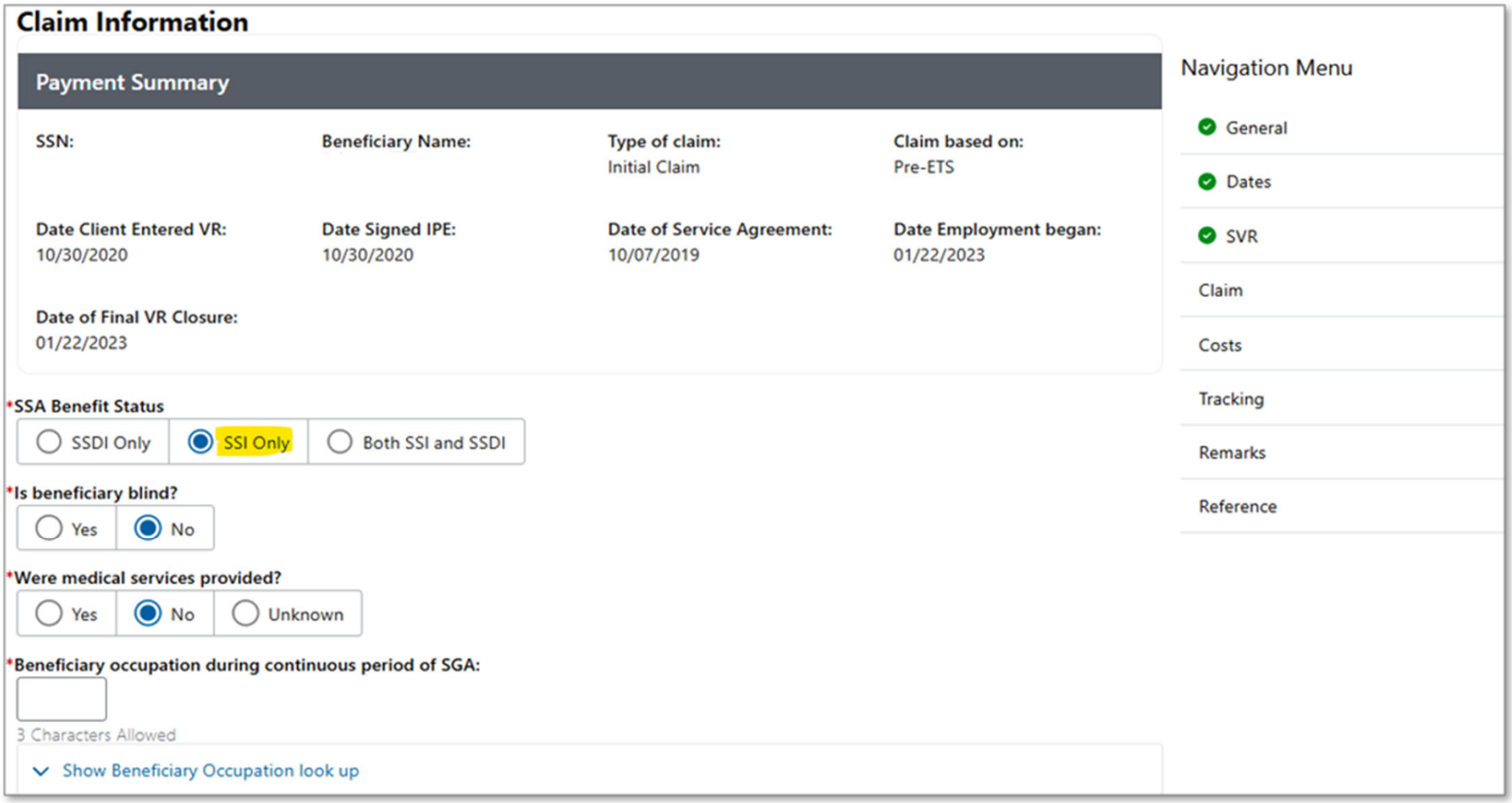
Required documentation to be paid for Pre-ETS claim:

- Pre-ETS service agreement
- SSA 199 - Pre-ETS and direct costs
- IEP/ 504
- IPE/amendments
- Proof of payment




Request SVR Payment
General Information
*SSN:
SHOW
Beneficiary Name:
*First
Middle
*Last
Suffix
Type of claim:
Initial Claim
Supplemental
Reconsideration
*Claim based on:
Pre-ETS
Continuous Period of SGA
Medical Recovery during VR (301)
Next
Cancel
Main Menu
Navigation Menu
General
Dates
SVR
Claim
Costs
Tracking
Remarks
Reference


Request SVR Payment
Dates
Payment Summary
SSN:
Beneficiary Name:
Type of claim:
Initial Claim
Claim based on:
Pre-ETS
*Date Client Entered VR:
mm/dd/yyyy
*Date Signed IPE:
mm/dd/yyyy
*Date of Service Agreement:
mm/dd/yyyy
*Date Employment began:
mm/dd/yyyy
*Date of Final VR Closure:
mm/dd/yyyy
Previous
Next
Cancel
Main Menu
Navigation Menu
General
Dates
SVR
Claim
Costs
Tracking
Remarks
Reference


Claim Information
Payment Summary
SSN:
Beneficiary Name:
Type of claim:
Initial Claim
Claim based on:
Pre-ETS
Date Client Entered VR:
10/30/2020
Date Signed IPE:
10/30/2020
Date of Service Agreement:
10/07/2019
Date Employment began:
01/22/2023
Date of Final VR Closure:
01/22/2023
*SSA Benefit Status
SSDI Only
SSI Only
Both SSI and SSDI
*Is beneficiary blind?
Yes
No
*Were medical services provided?
Yes
No
Unknown
*Beneficiary occupation during continuous period of SGA:
3 Characters Allowed
Show Beneficiary Occupation look up
Navigation Menu
General
Dates
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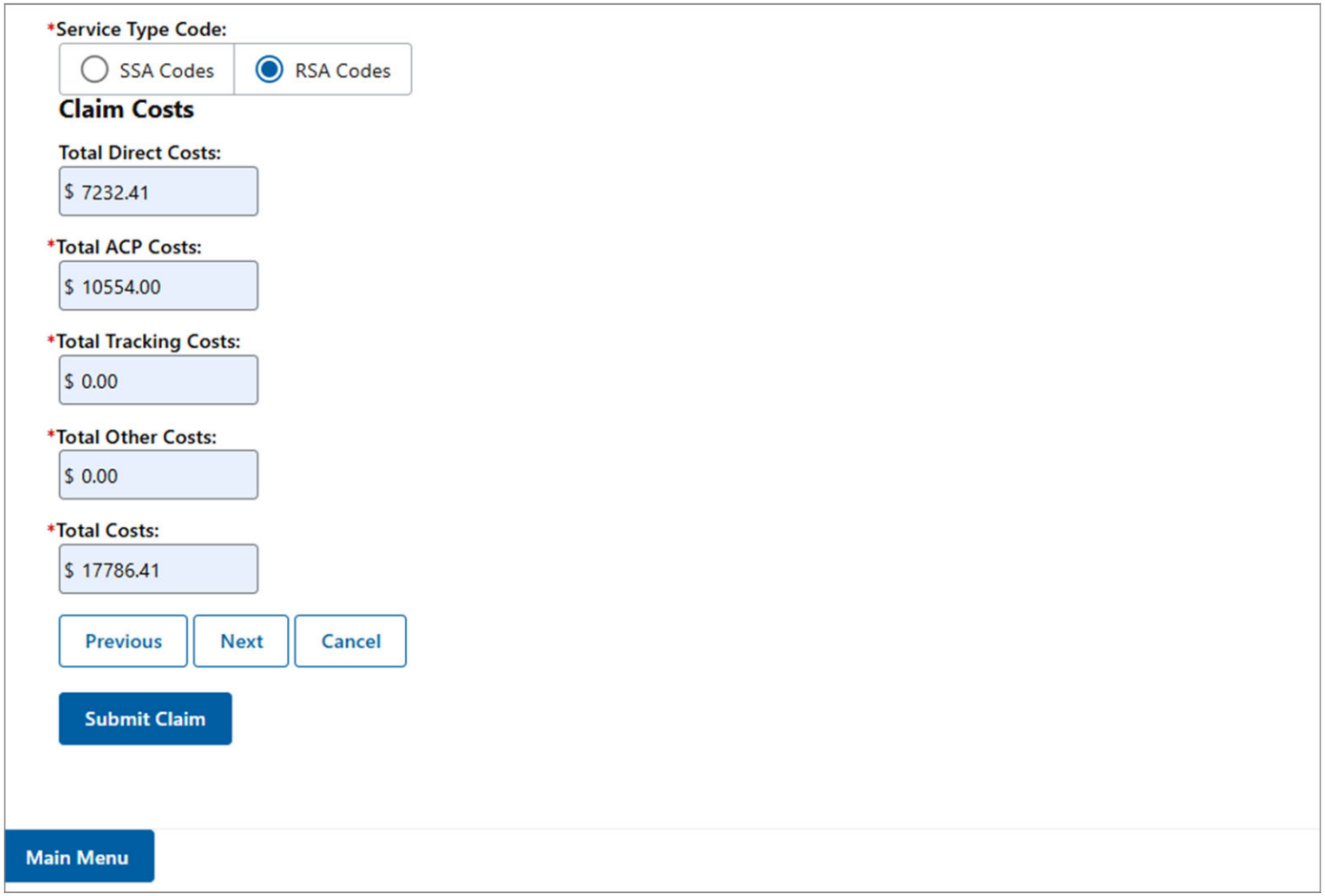
Costs
Tracking
Remarks
Reference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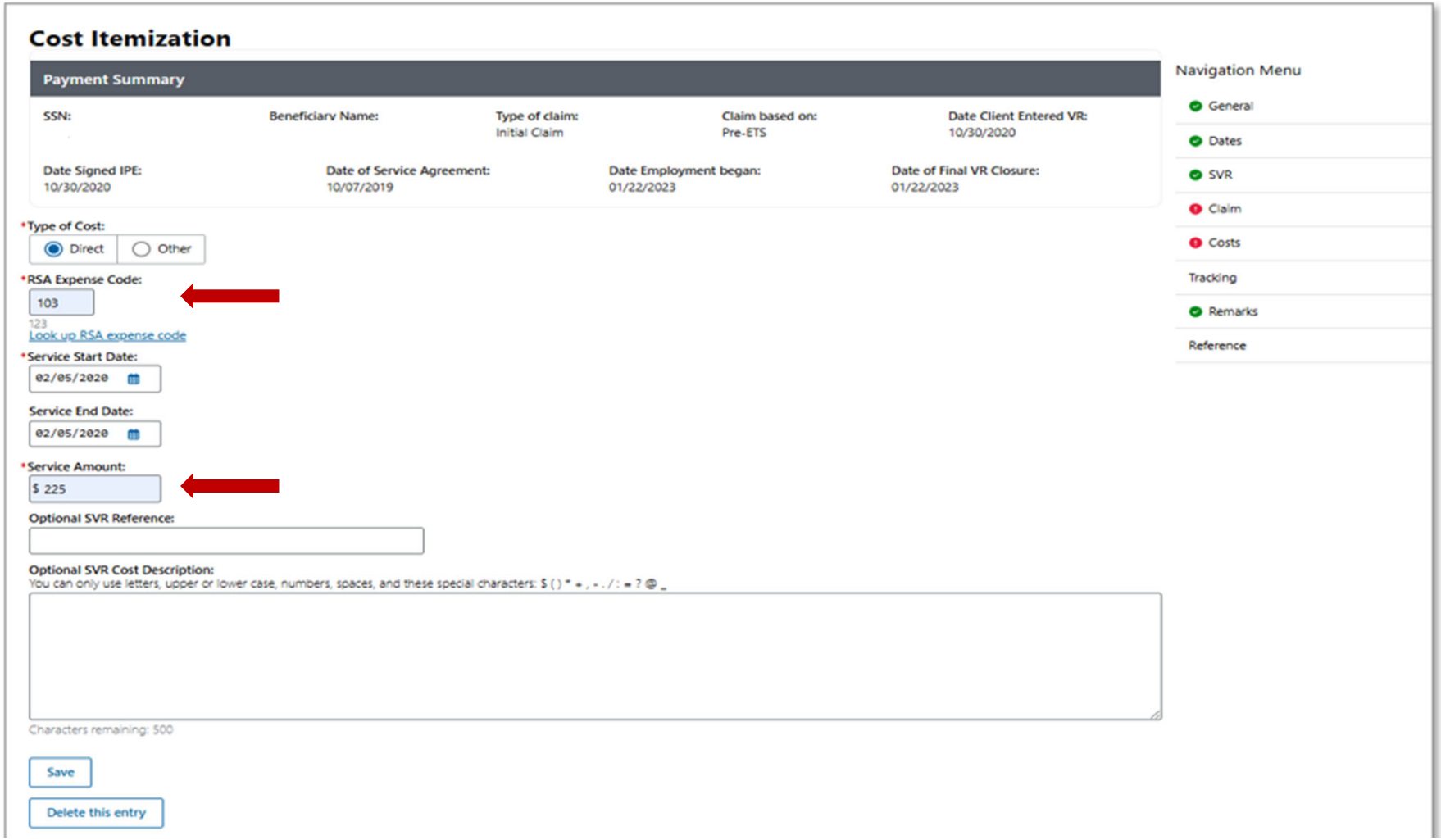
SSA Codes
RSA Codes
Claim Costs
Total Direct Costs:
$ 7232.41
*Total ACP Costs:
$ 10554.00
*Total Tracking Costs:
$ 0.00
*Total Other Costs:
$ 0.00
*Total Costs:
$ 17786.41
Previous
Next
Cancel
Submit Claim
Main Menu

Pre-ETS Reimbursable Service Codes

Service Description	RSA Service Code	SSA Service Code
Work Based Learning Experiences	037/103	037/103
Job Exploration Counseling	097	097
Counseling on Enrollment Opportunities	109	109
Workplace Readiness Training	115	115
Instruction in Self-advocacy	121	122


Cost Itemization
Payment Summary
SSN:
Beneficiary Name:
Type of claim:
Initial Claim
Claim based on:
Pre-ETS
Date Client Entered VR:
10/30/2020
Date Signed IPE:
10/30/2020
Date of Service Agreement:
10/07/2019
Date Employment began:
01/22/2023
Date of Final VR Closure:
01/22/2023
*Type of Cost:
Direct
Other
*RSA Expense Code:
103
123
Look up RSA expense code
*Service Start Date:
02/05/2020
Service End Date:
02/05/2020
*Service Amount:
$ 225
Optional SVR Reference:
Optional SVR Cost Description:
You can only use letters, upper or lower case, numbers, spaces, and these special characters: $ ( ) * + , - . / : = ? @ _
Characters remaining: 500
Save
Delete this entry
Navigation Menu
General
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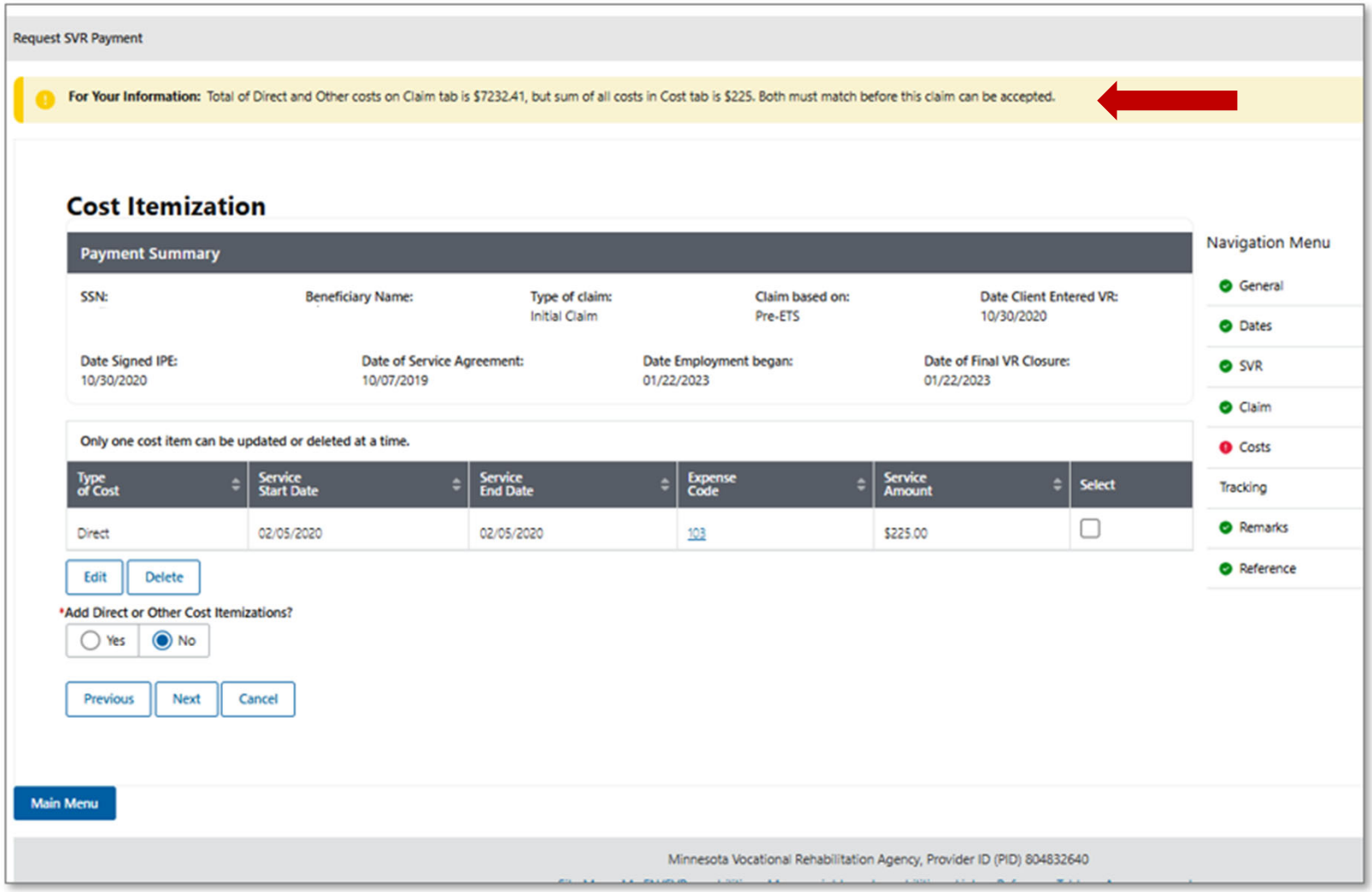
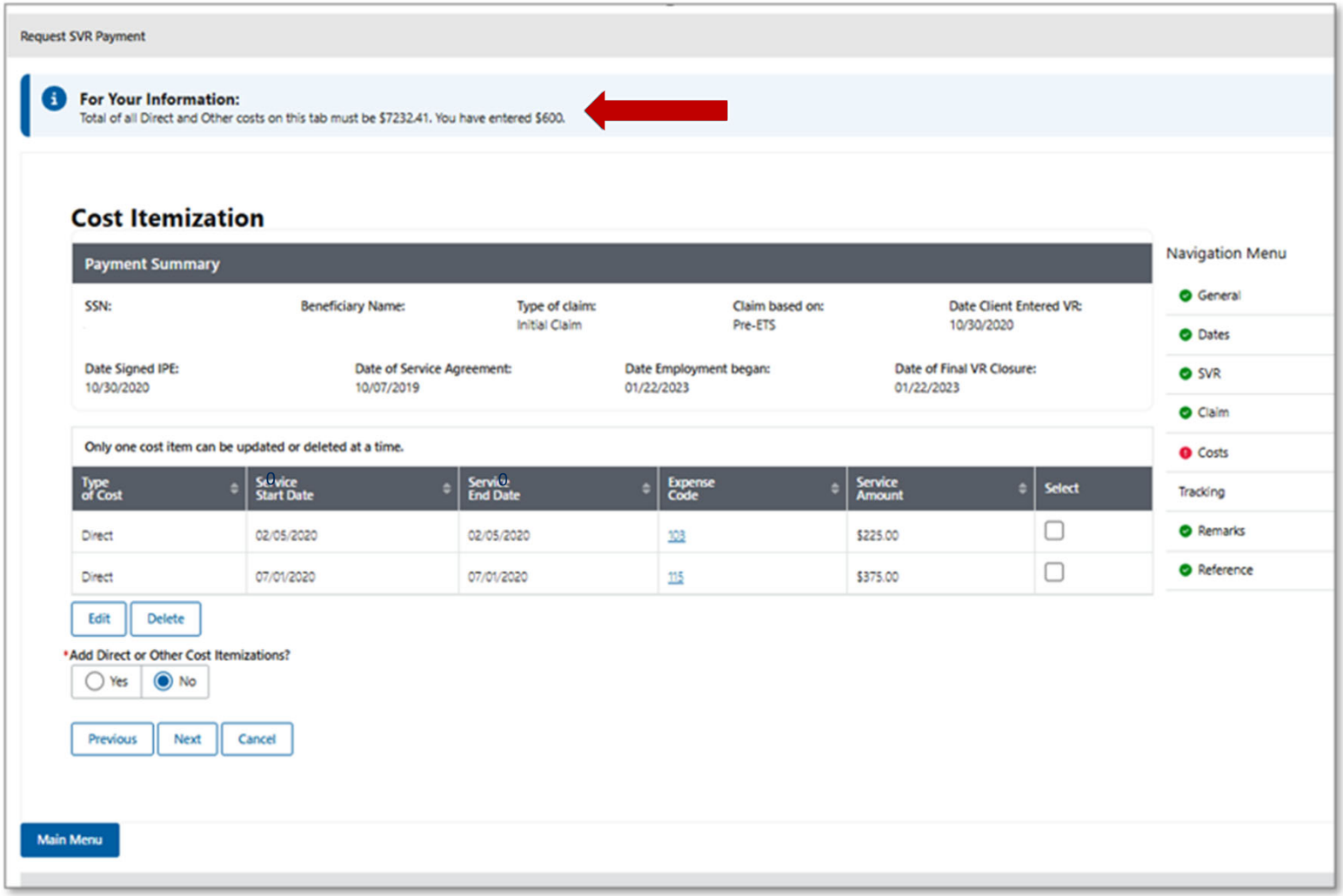
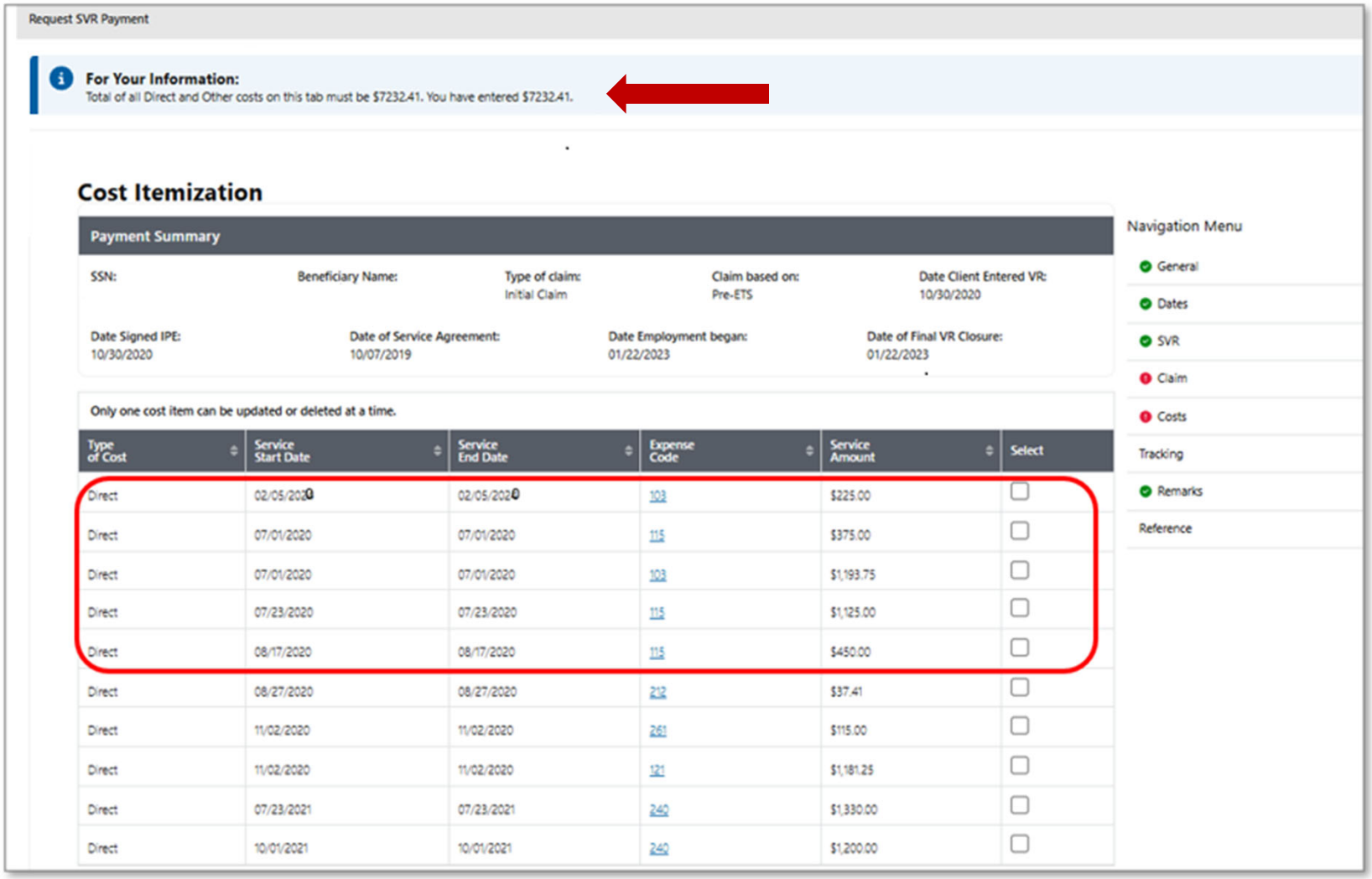
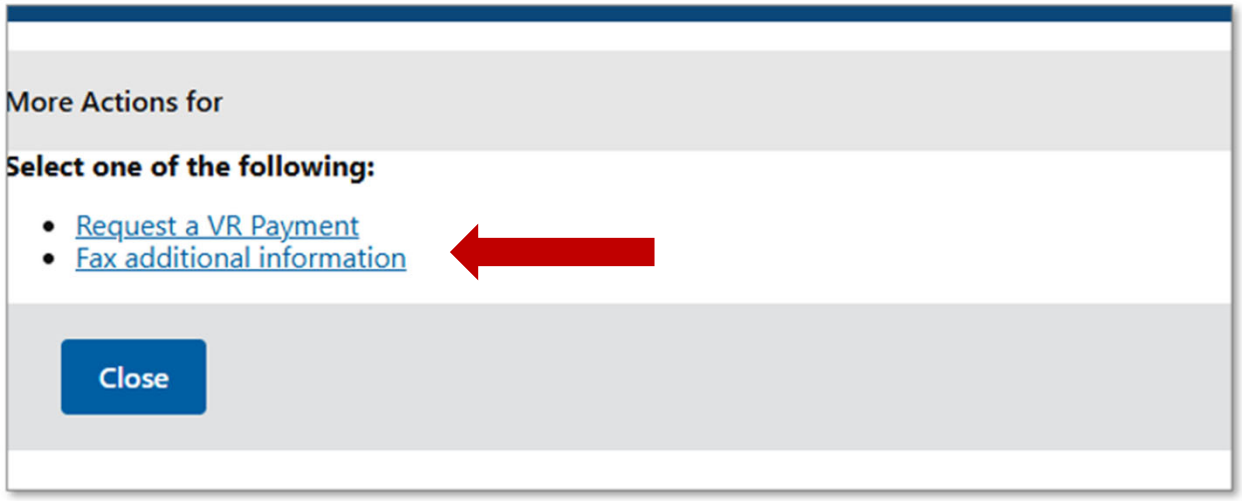
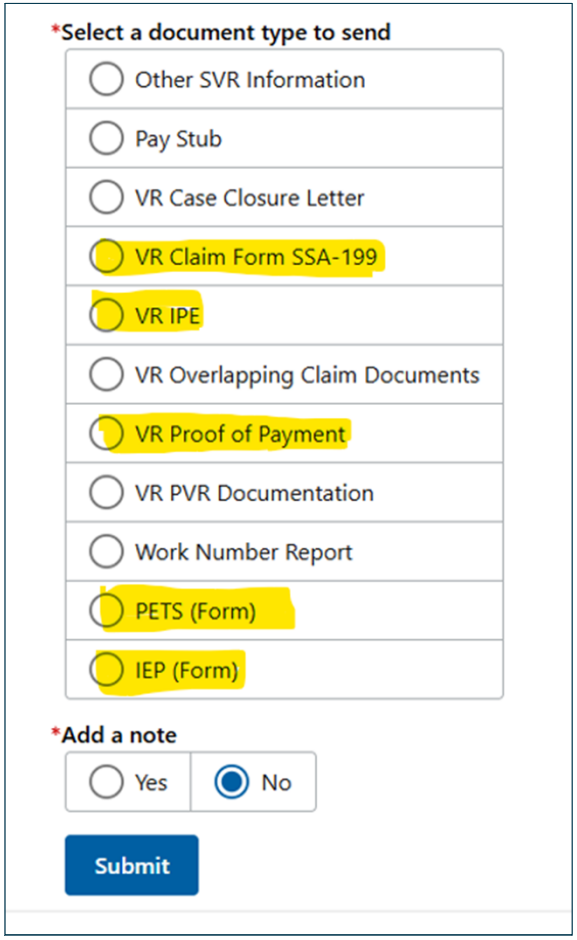
Claim
Costs
Tracking
Remarks
Reference


Request SVR Payment
For Your Information: Total of Direct and Other costs on Claim tab is $7232.41, but sum of all costs in Cost tab is $225. Both must match before this claim can be accepted.
Cost Itemization
Payment Summary
SSN:
Beneficiary Name:
Type of claim:
Initial Claim
Claim based on:
Pre-ETS
Date Client Entered VR:
10/30/2020
Date Signed IPE:
10/30/2020
Date of Service Agreement:
10/07/2019
Date Employment began:
01/22/2023
Date of Final VR Closure:
01/22/2023
Only one cost item can be updated or deleted at a time.
Type of Cost
Service Start Date
Service End Date
Expense Code
Service Amount
Select
Direct
02/05/2020
02/05/2020
103
$225.00
Edit
Delete
*Add Direct or Other Cost Itemizations?
Yes
No
Previous
Next
Cancel
Navigation Menu
General
Dates
SVR
Claim
Costs
Tracking
Remarks
Reference
Main Menu
Minnesota Vocational Rehabilitation Agency, Provider ID (PID) 804832640


Request SVR Payment
For Your Information:
Total of all Direct and Other costs on this tab must be $7232.41. You have entered $600.
Cost Itemization
Payment Summary
SSN:
Beneficiary Name:
Type of claim:
Initial Claim
Claim based on:
Pre-ETS
Date Client Entered VR:
10/30/2020
Date Signed IPE:
10/30/2020
Date of Service Agreement:
10/07/2019
Date Employment began:
01/22/2023
Date of Final VR Closure:
01/22/2023
Only one cost item can be updated or deleted at a time.
Type of Cost
Service Start Date
Service End Date
Expense Code
Service Amount
Select
Direct
02/05/2020
02/05/2020
103
$225.00
Direct
07/01/2020
07/01/2020
115
$375.00
Edit
Delete
*Add Direct or Other Cost Itemizations?
Yes
No
Previous
Next
Cancel
Main Menu
Navigation Menu
General
Dates
SVR
Claim
Costs
Tracking
Remarks
Reference

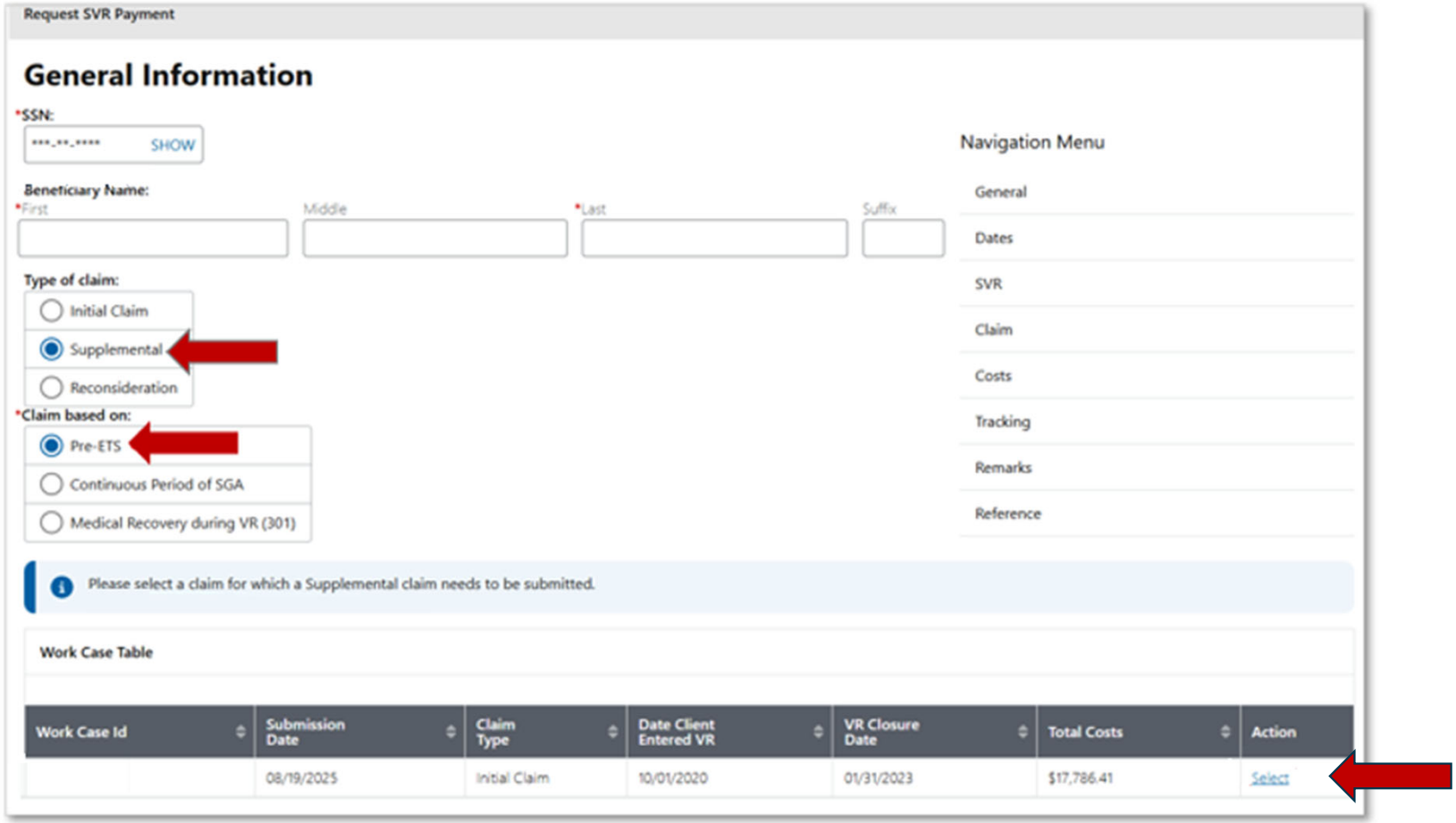

Request SVR Payment
For Your Information:
Total of all Direct and Other costs on this tab must be $7232.41. You have entered $7232.41.
Cost Itemization
Payment Summary
SSN:
Beneficiary Name:
Type of claim: Initial Claim
Claim based on: Pre-ETS
Date Client Entered VR: 10/30/2020
Date Signed IPE: 10/30/2020
Date of Service Agreement: 10/07/2019
Date Employment began: 01/22/2023
Date of Final VR Closure: 01/22/2023
Only one cost item can be updated or deleted at a time.
Type of Cost
Service Start Date
Service End Date
Expense Code
Service Amount
Select
Direct 02/05/2020 02/05/2020 103 $225.00
Direct 07/01/2020 07/01/2020 115 $375.00
Direct 07/01/2020 07/01/2020 103 $1,193.75
Direct 07/23/2020 07/23/2020 115 $1,125.00
Direct 08/17/2020 08/17/2020 115 $450.00
Direct 08/27/2020 08/27/2020 212 $37.41
Direct 11/02/2020 11/02/2020 261 $115.00
Direct 11/02/2020 11/02/2020 121 $1,181.25
Direct 07/23/2021 07/23/2021 240 $1,330.00
Direct 10/01/2021 10/01/2021 240 $1,200.00
Navigation Menu
General
Dates
SVR
Claim
Costs
Tracking
Remarks
Reference


More Actions for
Select one of the following:
Request a VR Payment
Fax additional information
Close



*PETS- is the Pre-ETS service agreement
*IEP/ 504 documentation from the school

Supplemental



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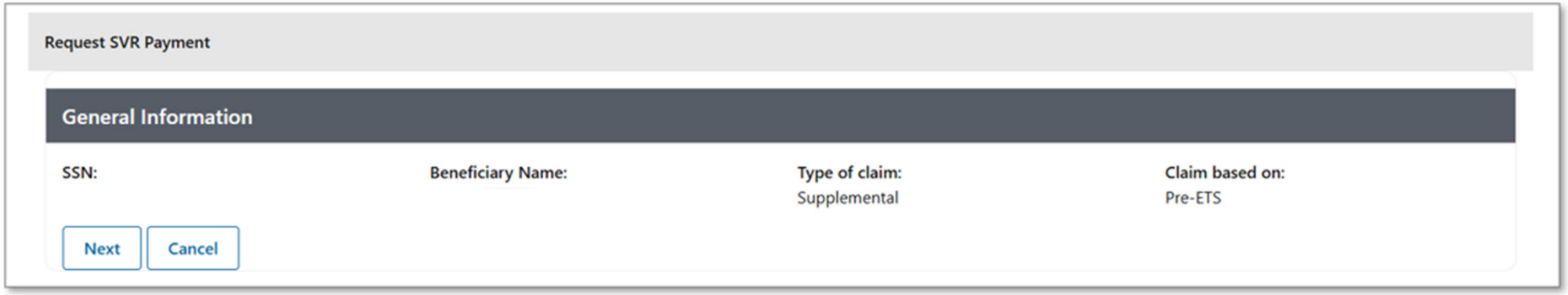
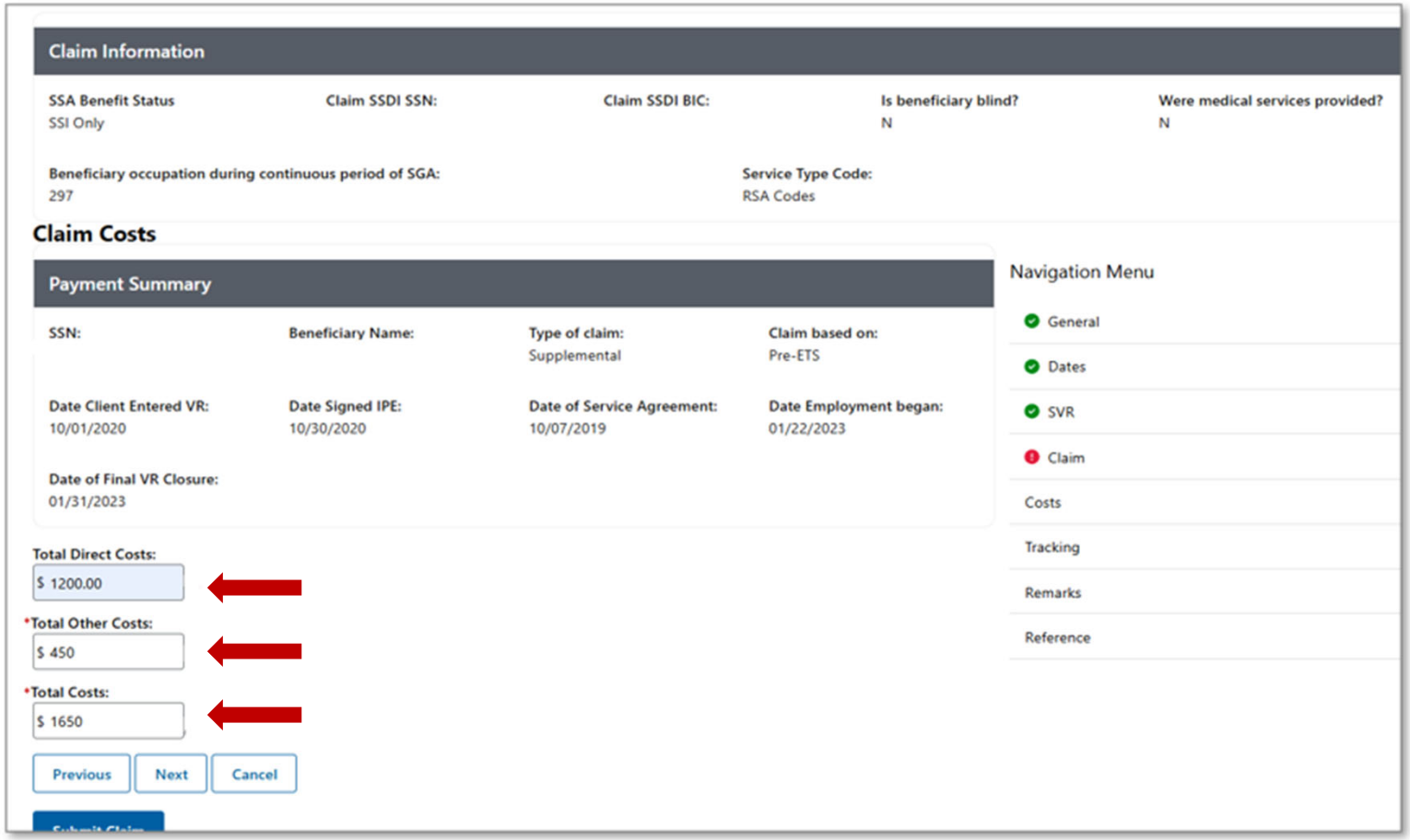


Supplemental

Supplemental



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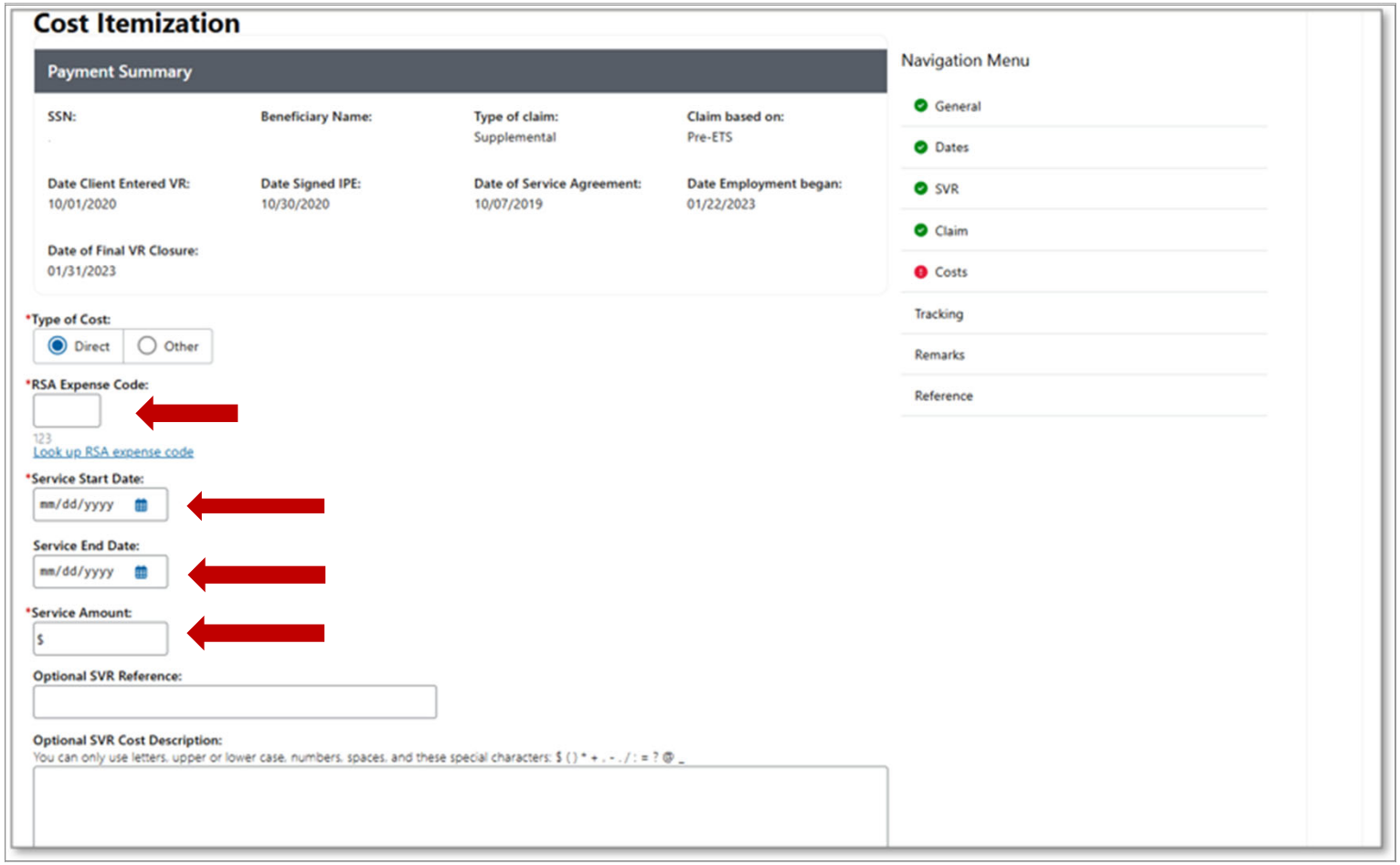

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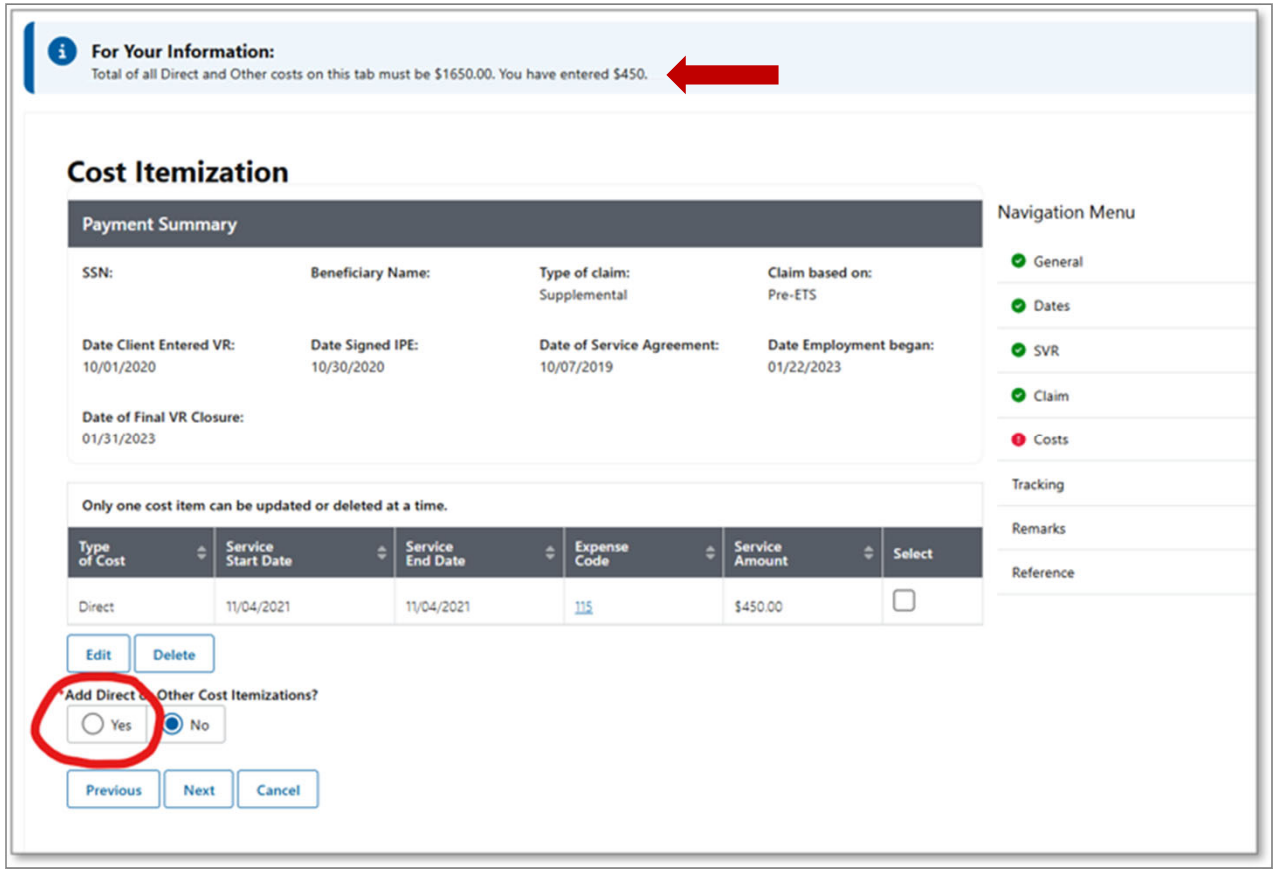

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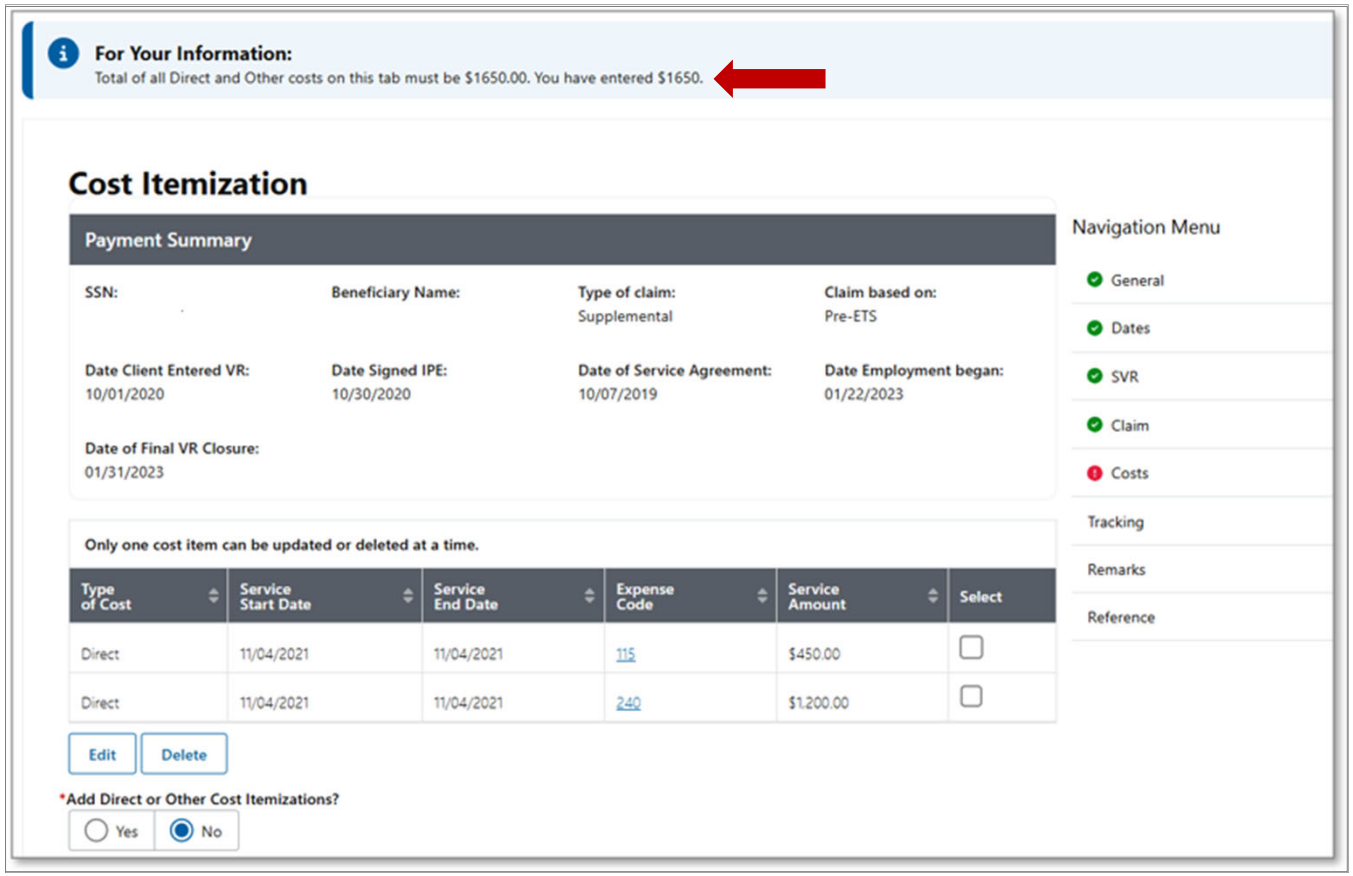
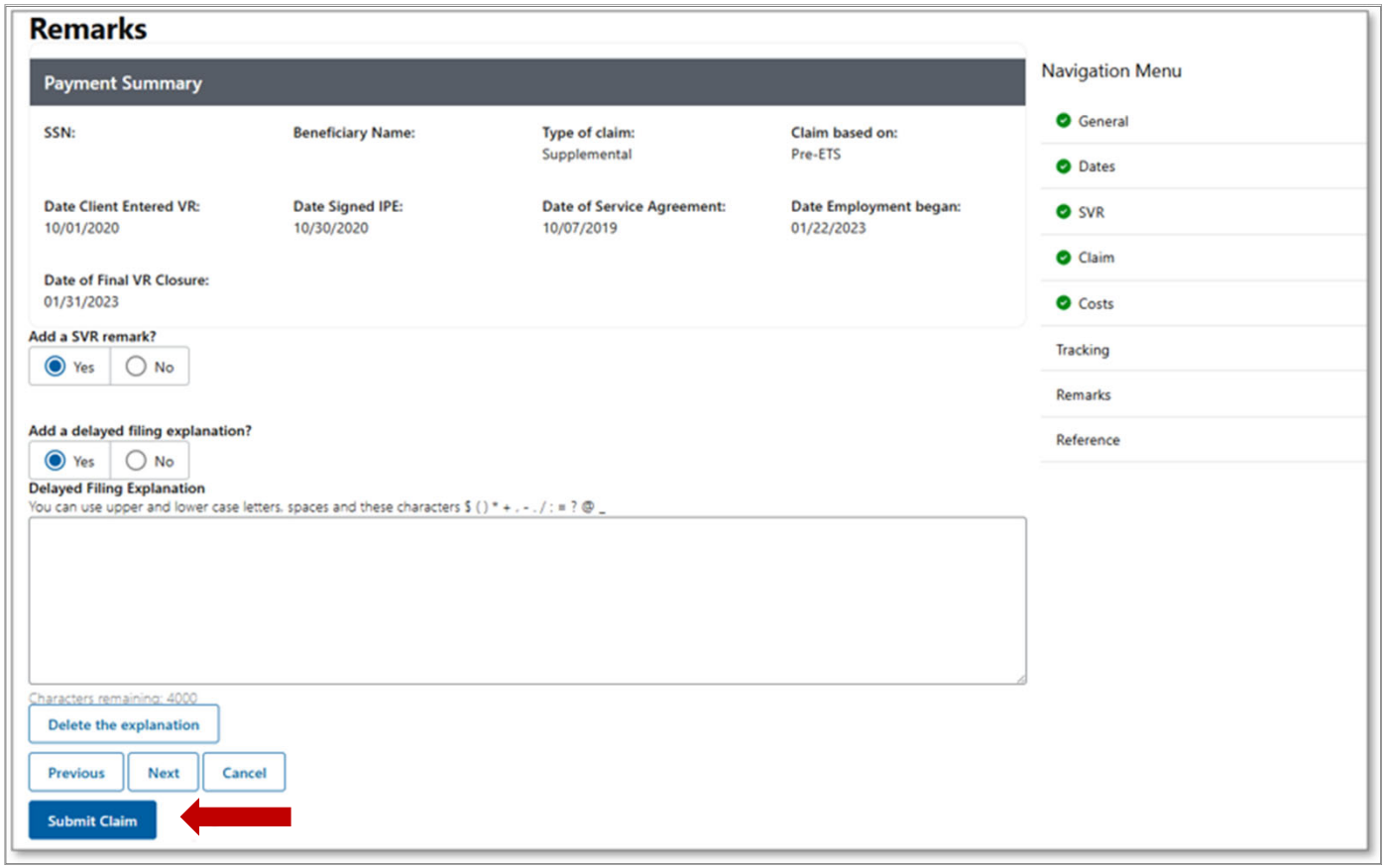
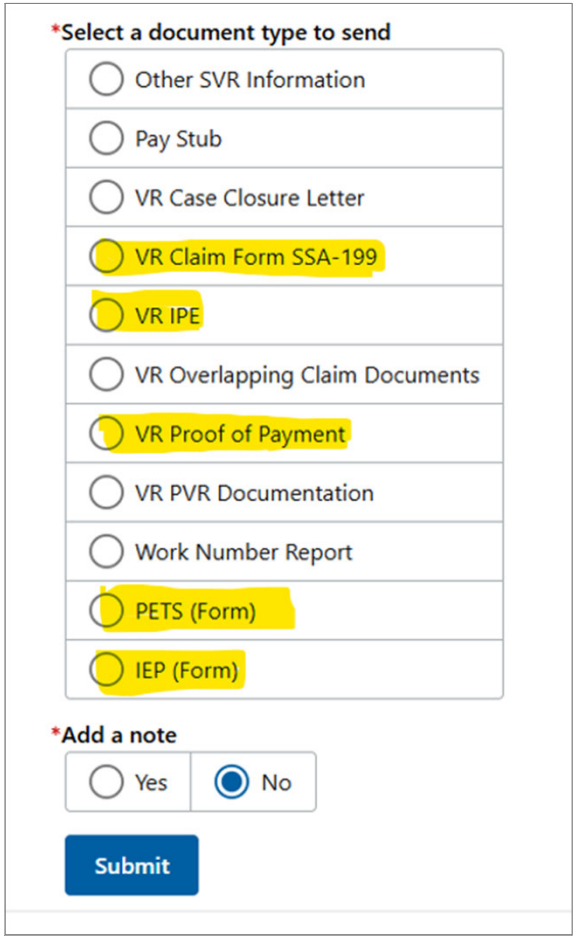


Supplemental





*PETS- is the Pre-ETS service agreement
*IEP/ 504 documentation from the school

Reminder Duplicate Payment policy applies to pre-ETS Claims.

A VR cannot be paid for an Initial or Supplemental claim that was already paid during the same VR Period.
Example below:

Initial Claim: WC # XXXX VRA Name: XXXX
VR closure date: 04/30/2024 Paid date: 07/09/2025

Workcase:

SSN:		**Status:**	Paid	**VRA Name:**	Vocational Rehabilitation Agency
IPE Signature Date:	01/16/2020	**Payment Code:**	900	**PID:**	
Final VR Closure Date:	04/30/2024	**Decision Date:**	03/07/2025	**Net Payment Period:**	07/01/2019 - 12/31/2023
Workcase Receipt Date :	04/25/2024	**Payment Date:**	07/09/2025		

2ND Initial Claim :WC # XXXX VRA Name: XXXX
VR closure date: 04/22/2024

Workcase:

SSN:		**Status:**	Denied	**VRA Name:**	Vocational Rehabilitation Agency
IPE Signature Date:	01/16/2020	**Payment Code:**	700	**PID:**	
Final VR Closure Date:	04/30/2024	**Decision Date:**	08/26/2025	**Net Payment Period:**	07/01/2019 - 01/31/2024
Workcase Receipt Date :	04/25/2024	**Payment Date:**			

Since the VR Period for WC# XXXX is in-between the previous period of VR already paid, the pending claim would have to be denied 700 for a duplicate payment.

MS Teams
Raise your hand and you will be called on by the Facilitator.

By Phone
Raise your hand by dialing *5 and you will be called on by the Facilitator.

Questions