



TICKET
to **Work**

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

Main Menu -- Ticket-to-Work Internet Portal for ENs and SVRs

Assignment lists

- [List beneficiaries currently assigned to me*](#)
- [List beneficiaries formerly assigned to me*](#)

*For most activities select a beneficiary from a list for further action

Ticket Payments

- [View Ticket payments already made to me](#)
- [View all pending Ticket payments for me](#)
- [Request a Ticket payment by SSN](#)

VR Cost Reimbursement Claims

- [View Administrative and Tracking Cost Factors](#)
- [SSA VR Payment Ceiling Calculator](#)
- [Request a VR Payment by SSN](#)
- [Upload VR Claim File](#)
- [View all VR Pending Payments for Me](#)
- [View VR Payments Already Made to Me](#)
- [View VR Claim Payment Adjustments](#)

Assign and un-assign beneficiaries

- [Check assignability by SSN](#)
- [Send an assignment/un-assignment file to SSA](#)
- [Check status of files sent to SSA and download results if available](#)

Case notes

- [Search case notes](#)

About your EN or SVR

- [View directory information about your EN or SVR](#)
- [View your own main mailing address](#)

[Exit EN Portal](#)

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)

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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

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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](#)

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*Service Type Code:

☐

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

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Submit Claim

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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:	Claim based on:	Date Client Entered VR:
		Initial Claim	Pre-ETS	10/30/2020
Date Signed IPE:	Date of Service Agreement:	Date Employment began:	Date of Final VR Closure:	
10/30/2020	10/07/2019	01/22/2023	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

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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](#)[Main Menu](#)

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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

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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: Claim based on: Date Client Entered VR:

Initial Claim Pre-ETS 10/30/2020

Date Signed IPE: Date of Service Agreement: Date Employment began: Date of Final VR Closure:

10/30/2020 10/07/2019 01/22/2023 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	☐

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More Actions for

Select one of the following:

- [Request a VR Payment](#)
- [Fax additional information](#)



[Close](#)

***Select a document type to send**

☐ Other SVR Information
☐ Pay Stub
☐ VR Case Closure Letter
☒ VR Claim Form SSA-199
☒ VR IPE
☐ VR Overlapping Claim Documents
☒ VR Proof of Payment
☐ VR PVR Documentation
☐ Work Number Report
☒ PETS (Form)
☒ IEP (Form)

***Add a note**

☐ Yes	☒ No
---------------------------	-------------------------------------

Submit

*PETS- is the Pre-ETS service agreement

*IEP/ 504 documentation from the school

Supplemental

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)

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 Please select a claim for which a Supplemental claim needs to be submitted.

Work Case Table

Work Case Id	Submission Date	Claim Type	Date Client Entered VR	VR Closure Date	Total Costs	Action
	08/19/2025	Initial Claim	10/01/2020	01/31/2023	\$17,786.41	Select

Supplemental

Request SVR Payment

General Information

SSN:

Beneficiary Name:

Type of claim:
Supplemental

Claim based on:
Pre-ETS

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Supplemental

Request SVR Payment

Dates

SSN:	Beneficiary Name:	Type of claim: Supplemental	Claim based on: Pre-ETS	Date Client Entered VR: 10/01/2020
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Date Signed IPE: 10/30/2020	Date of Service Agreement: 10/07/2019	Date Employment began: 01/22/2023	Date of Final VR Closure: 01/31/2023
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Supplemental

Claim Information

SSA Benefit Status SSI Only	Claim SSDI SSN:	Claim SSDI BIC:	Is beneficiary blind? N	Were medical services provided? N
Beneficiary occupation during continuous period of SGA: 297		Service Type Code: RSA Codes		

Claim Costs

Payment Summary

SSN:	Beneficiary Name:	Type of claim: Supplemental	Claim based on: Pre-ETS
Date Client Entered VR: 10/01/2020	Date Signed IPE: 10/30/2020	Date of Service Agreement: 10/07/2019	Date Employment began: 01/22/2023
Date of Final VR Closure: 01/31/2023			

Total Direct Costs:

\$ 1200.00

*Total Other Costs:

\$ 450

*Total Costs:

\$ 1650

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Submit Claim

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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

Supplemental

Cost Itemization

Payment Summary

SSN:	Beneficiary Name:	Type of claim:	Claim based on:
.		Supplemental	Pre-ETS
Date Client Entered VR:	Date Signed IPE:	Date of Service Agreement:	Date Employment began:
10/01/2020	10/30/2020	10/07/2019	01/22/2023
Date of Final VR Closure:			
01/31/2023			

*Type of Cost:

☒ Direct ☐ Other

*RSA Expense Code:

123
[Look up RSA expense code](#)

*Service Start Date:

*Service End Date:

*Service Amount:

\$

Optional SVR Reference:

Optional SVR Cost Description:

You can only use letters, upper or lower case, numbers, spaces, and these special characters: \$ () * + , - . / : = ? @ _

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Supplemental

For Your Information:
Total of all Direct and Other costs on this tab must be \$1650.00. You have entered \$450.

Cost Itemization

Payment Summary

SSN:	Beneficiary Name:	Type of claim: Supplemental	Claim based on: Pre-ETS
Date Client Entered VR: 10/01/2020	Date Signed IPE: 10/30/2020	Date of Service Agreement: 10/07/2019	Date Employment began: 01/22/2023
Date of Final VR Closure: 01/31/2023			

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	11/04/2021	11/04/2021	115	\$450.00	☐

EditDelete

Add Direct or Other Cost Itemizations?
☐ Yes ☒ No

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Supplemental

 **For Your Information:**
Total of all Direct and Other costs on this tab must be \$1650.00. You have entered \$1650. 

Cost Itemization

Payment Summary

SSN:

Beneficiary Name:

Type of claim:

Claim based on:

Date Client Entered VR:

Date Signed IPE:

Date of Service Agreement:

Date Employment began:

Date of Final VR Closure:

10/01/2020

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10/07/2019

01/22/2023

01/31/2023

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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	11/04/2021	11/04/2021	115	\$450.00	☐
Direct	11/04/2021	11/04/2021	240	\$1,200.00	☐

Edit

Delete

*Add Direct or Other Cost Itemizations?

Yes

No

Supplemental

Remarks

Payment Summary

SSN:	Beneficiary Name:	Type of claim: Supplemental	Claim based on: Pre-ETS
Date Client Entered VR: 10/01/2020	Date Signed IPE: 10/30/2020	Date of Service Agreement: 10/07/2019	Date Employment began: 01/22/2023
Date of Final VR Closure: 01/31/2023			

Add a SVR remark?

☒ Yes ☐ No

Add a delayed filing explanation?

☒ Yes ☐ No

Delayed Filing Explanation
You can use upper and lower case letters, spaces and these characters \$ () * + , - . / : = ? @ _

Characters remaining: 4000

Delete the explanation

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Submit Claim

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***Select a document type to send**

☐ Other SVR Information
☐ Pay Stub
☐ VR Case Closure Letter
☒ VR Claim Form SSA-199
☒ VR IPE
☐ VR Overlapping Claim Documents
☒ VR Proof of Payment
☐ VR PVR Documentation
☐ Work Number Report
☒ PETS (Form)
☒ IEP (Form)

***Add a note**

☐ Yes ☒ No

Submit

*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