



Portal Phase-II Forms for submission for OMB approval

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Revision & Approval Record

Revision History

Date	Author	Version	Change Reference
07/02/2012	M. Kelsey	1.0	
07/19/2012	T. Ranganathan	1.1	Changed COS screens
07/23/2012	M. Kelsey and T. Ranganathan	1.2	Incorporated feedback from SSA on the COS screens

MAXIMUS Approvers

Name	Version Approved	Date



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1. Summary


This document describes additional features and capabilities of the Secured Portal. The Portal features allow vocational rehabilitation and employment support service providers, who are the users, to submit or request information and receive reports and other information. Additionally there are features such as file transfers and system extracts, but these are internal system processes and therefore not presented here.

2. Payment Request Form

The Payment Request Form allows the user to submit a request for a milestone or an outcome payment through the portal. User will specify the beneficiary for whom they have performed services and are requesting payment. The system verifies the relationship between the provider and beneficiary as well as makes other validations. The form allows users to enter additional information regarding the request as freeform text such as additional information that might be needed as justification.


Social Security Administration | The Work Site (Social Security) | For Beneficiaries | For Service Providers | Text: (-A) (A) (+A)

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- Revenue Estimator

Feedback

Ticket To Work Home

EN Payment Request Form

To ensure prompt and accurate payment to your Employment Network, please complete the following form. Please note that this form can be used for certification payment requests only. For evidentiary payment requests, you must complete the physical Payment Request form and fax the request to (703) 893-4149.

Payment Request Form

EN DUNS Number (Tax ID Number): 039860382

Ticket Number (SSID):

Name of Ticket-holder's Employer:

Payment method for this ticket assignment:

Phase 1 - Milestone 1 Earnings Information:

Certification Payment Request Details:

Beginning Payment Claim Month Request: /

Ending Payment Claim Month Request: /

Recent Contact - Type of Contact:

Contact Date:

Description of Contact Regarding Earnings:

By selecting Yes, you as the EN agree to repay any payments received (or allow the amount to be deducted from future payments) if it is determined at a later date that you were not entitled to payment.

Yes No

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Figure 2-1: Payment Request submission form

3. Revenue Estimator

The Revenue Estimator provides ENs and prospective ENs projections about the amount of revenue they can expect based on various scenarios. For example, it provides information on the projected dollar amount in payments that may be available to the EN based on the number of clients they have or anticipate. The EN specifies the details of the scenario.

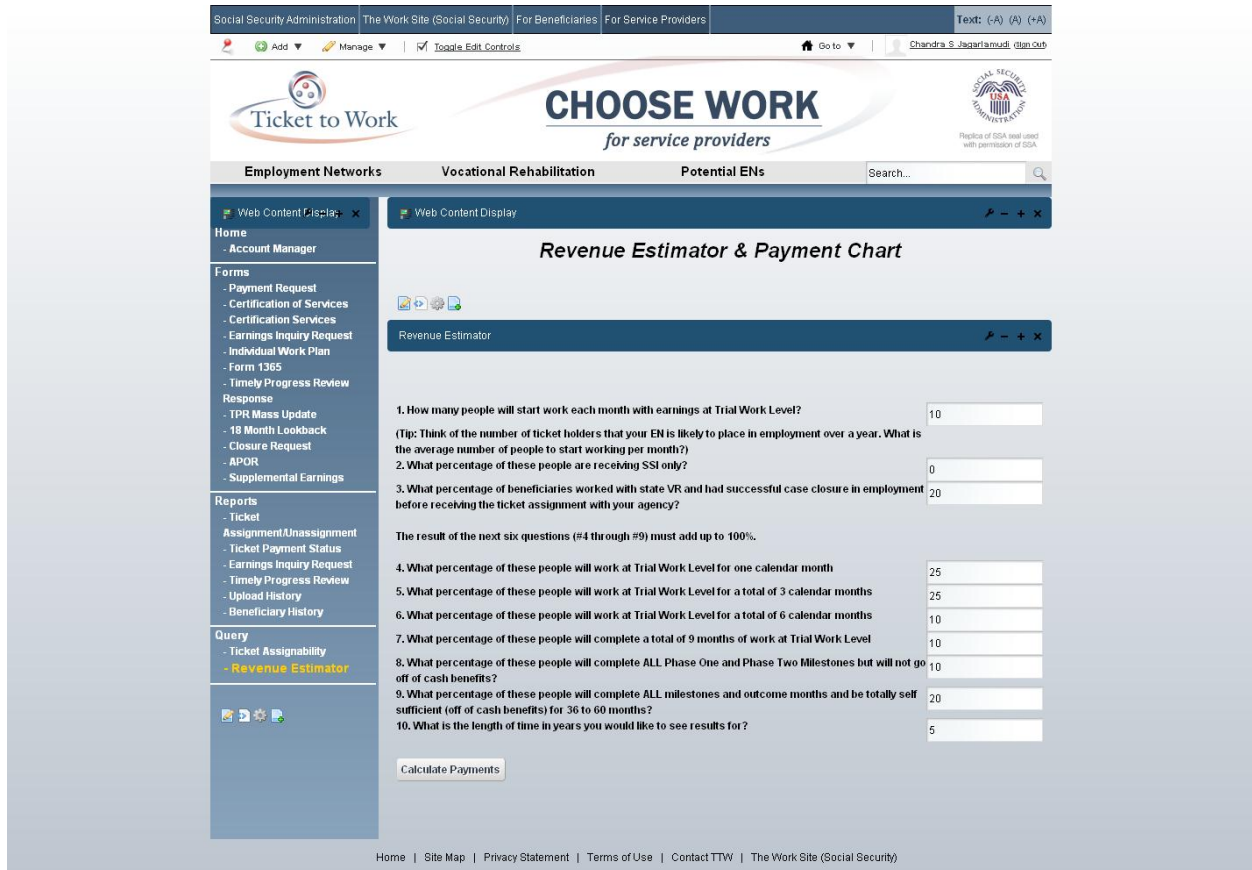


Figure 3-1: Input screen for Revenue Estimator (optional self-help tool)

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Revenue Estimator & Payment Chart

Revenue Estimator

- How many people will start work each month with earnings at Trial Work Level?
(Tip: Think of the number of ticket holders that your EN is likely to place in employment over a year. What is the average number of people to start working per month?)
- What percentage of these people are receiving SSI only?
- What percentage of beneficiaries worked with state VR and had successful case closure in employment before receiving the ticket assignment with your agency?

The result of the next six questions (#4 through #9) must add up to 100%.

- What percentage of these people will work at Trial Work Level for one calendar month
- What percentage of these people will work at Trial Work Level for a total of 3 calendar months
- What percentage of these people will work at Trial Work Level for a total of 6 calendar months
- What percentage of these people will complete a total of 9 months of work at Trial Work Level
- What percentage of these people will complete ALL Phase One and Phase Two Milestones but will not go off of cash benefits?
- What percentage of these people will complete ALL milestones and outcome months and be totally self sufficient (off of cash benefits) for 36 to 60 months?
- What is the length of time in years you would like to see results for?

Calculate Payments

Revenue Estimates

Month	1	2	3	4	5	6	7	8	9	10	11	12	Year Total
Year 1	704	1408	2112	2816	3520	4224	4928	5632	6336	7040	7744	8448	9152
Year 2	704	1408	2112	2816	3520	4224	4928	5632	6336	7040	7744	8448	9152
Year 3	704	1408	2112	2816	3520	4224	4928	5632	6336	7040	7744	8448	9152
Year 4	704	1408	2112	2816	3520	4224	4928	5632	6336	7040	7744	8448	9152
Year 5	704	1408	2112	2816	3520	4224	4928	5632	6336	7040	7744	8448	9152
Grand Total													42296

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Figure 3-2: Result screen for Revenue Estimator (optional self-help tool)

4. Supplemental Payment Form

The Supplemental Payment form allows service providers to submit through the Portal additional information about beneficiaries' reported income. Should paystubs or other documentation submitted be incomplete, this form allows the provider to record and send us information related to the beneficiary's pay. The form identifies the source of the income (employer) and added information about the income such as gross pay, various withholdings and other pay related information. It supplements information previously submitted about a beneficiary. This form minimizes the need to submit a paper form with this information thereby expediting the exchange of information about beneficiaries' pay.

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EN Supplemental Earnings Statement

If the primary evidence does not contain some required information, such as pay period end dates, please use this table to provide any missing information.

EN Supplemental Earnings Statement Form

EN DUNS Number: :039860382
 EN DUNS Number: :WTCO

Beneficiary Social Security Number
 Beneficiary Name

Please complete the earnings Evidence Table below, listing each pay period on each line separately. Feel free to list multiple claim months for the same Ticket-holder on the same form.

Payment Claimed Month	Pay Period Beginning	Pay Period Ending	Pay Date	Worked Hours	Hourly Rate	FICA Taxes	Total Gross Earnings	Year-to-date Gross Earnings

EN Representative Name: Chandra Jagarlumudi
 EN Representative Signature: Date:

Figure 4-1: EN Supplemental Earnings Statement submission form




5. Certification of Services (COS) Form

The COS form allows the service provider to inform SSA of the services they have provided the beneficiary and future services they will provide or assist the beneficiary in obtaining. There is a freeform text field to allow expanded explanation of the services. The online form may be used in lieu of the paper form to transmit the information immediately to the support desk.


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- Revenue Estimator

Web Content Display

EN Services Certification Statement

EN Certification of Services Request Form

EN DUNS Number:	: 039860382
Employment Network Name	: WITCO
Beneficiary SSN:	: 918503501
Beneficiary Name	: CHANDRA SEKHAR JAGARLAM
Beneficiary Telephone	: <input type="text"/>
Beneficiary Email	: <input type="text"/>
Beneficiary Address	: <input type="text"/>

When requesting any of the payments listed below, please fill-in Part 1 of this form concerning the provision of previously agreed upon services and Part 2 to indicate the services you will provide in the future. Keep a copy of this statement for your records.

Please check the EN payment you are requesting:

<input type="checkbox"/> Phase I, Milestone 4	<input type="checkbox"/> Outcome 11
<input type="checkbox"/> Phase II, Milestone 11	<input type="checkbox"/> Outcome 22

Part 1: Statement of Services Provided

Please check the last plan of services submitted for the beneficiary, and insert the date.

<input type="checkbox"/> Individual Work Plan (IWP)	Date: <input type="text"/>
<input type="checkbox"/> IWP Addendum: Statement of Future Services	Date: <input type="text"/>

Initial Services Agreed to in IWP (include dates of services):

Continuing Employment Support Agreed to in IWP or IWP Addendum (include dates of services.):

Acknowledgement

By checking the box below, the EN confirms that at least 50% of the agreed upon services have been provided.

By checking the box below, the EN confirms that at least 50% of the agreed upon services have been provided. The beneficiary has provided EN permission to validate on his/her behalf that he/she has received the services shown above (i.e. John Smith for Jane Doe).

Figure 5-1: EN Supplemental Earnings Statement submission form – page 1

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EN Services Certification Statement

Complete this form if you have submitted a Phase 1 milestone 4 Payment Request and need to certify the service(s) provided to the Ticket Holder during the payment request period.

EN Certification of Services Request Form

EN DUNS Number: :039860382

Employment Network Name :WTCO

Beneficiary SSN: :616616639

Beneficiary Name :CHANDRA SEKHAR JAGARLAMUDI

Part 2: IWP Addendum - Statement of Future Services

Please list the future supports/services that you and the beneficiary agreed upon to help the beneficiary reach and sustain his or her long-term employment goal. Quarterly contact is a required service. If there are no other agreed upon services, please explain why.

Description of Supports/Services:

By checking the box below, the EN confirms that they and the beneficiary agreed to the future ongoing employment supports listed above.

By checking the box below, the EN confirms that they and the beneficiary agreed to the future ongoing employment supports listed above. The beneficiary has provided EN permission to validate on his/her behalf that he/she agreed to the future ongoing employment supports listed above (i.e. John Smith for Jane Doe).

Part 1 Next

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Figure 5-2: EN Supplemental Earnings Statement submission form – page 2

6. Payment Status (detail) report

The service provider can obtain through the Portal a listing of the payments in process or paid to its organization on behalf of a certain beneficiary including the payment type and the status of where a pending payment is in the payment process. The result returns immediately.

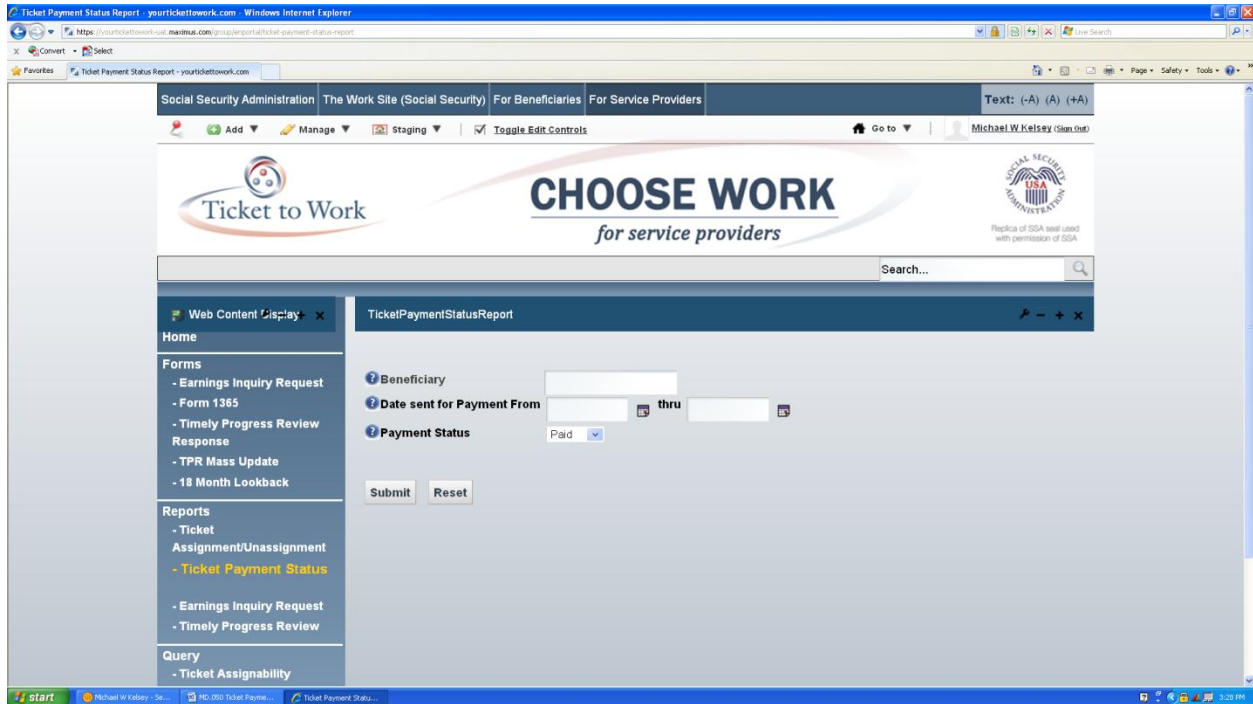
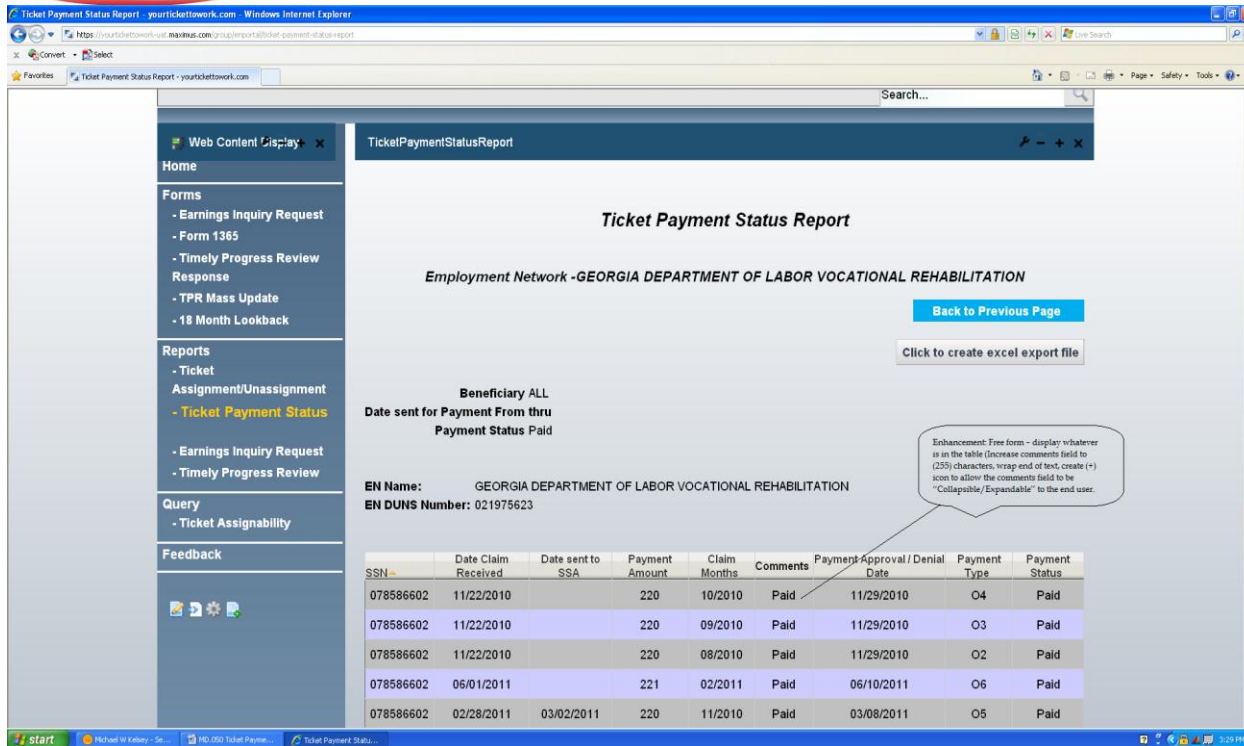


Figure 6-1: Input screen for querying Detailed Payment Status



Ticket Payment Status Report

Employment Network - GEORGIA DEPARTMENT OF LABOR VOCATIONAL REHABILITATION

Back to Previous Page

Click to create excel export file

Beneficiary ALL
Date sent for Payment From thru
Payment Status Paid

EN Name: GEORGIA DEPARTMENT OF LABOR VOCATIONAL REHABILITATION
EN DUNS Number: 021975623

SSN	Date Claim Received	Date sent to SSA	Payment Amount	Claim Months	Comments	Payment Approval / Denial Date	Payment Type	Payment Status
078586602	11/22/2010		220	10/2010	Paid	11/29/2010	O4	Paid
078586602	11/22/2010		220	09/2010	Paid	11/29/2010	O3	Paid
078586602	11/22/2010		220	08/2010	Paid	11/29/2010	O2	Paid
078586602	06/01/2011		221	02/2011	Paid	06/10/2011	O6	Paid
078586602	02/28/2011	03/02/2011	220	11/2010	Paid	03/08/2011	O5	Paid

Enhancement: Free form - display whatever is in the table (increase comments field to (255) characters, wrap end of text, create (+) icon to allow the comments field to be "Collapse/Expandable" to the end user.

Figure 6-2: Detailed Payment Status result screen

7. History of VR activity with beneficiaries

This screen allows a service provider to check whether a beneficiary has previously had an open case with the state VR agency. The resulting report, which returns immediately, lists the state VR agency, the case closure data and the closure reason.

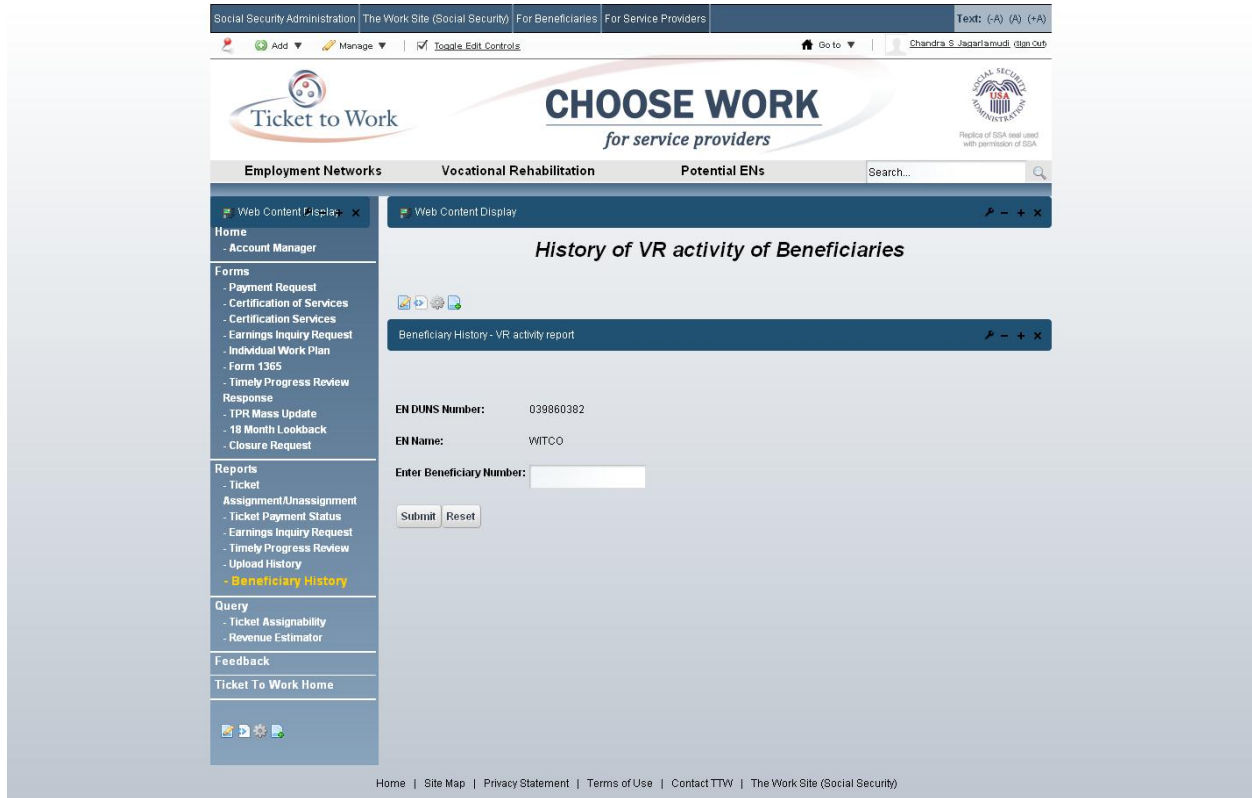


Figure 7-1: Input screen for querying VR activity history

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Add Manage Update/Edit Controls Go to Chandras_S_Jagardasulu @lanOut

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- **Beneficiary History**

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Ticket To Work Home

Web Content Display

History of VR activity of Beneficiaries

Beneficiary History - VR activity report

EN DUNS Number: 039860382
EN Name: WITCO
Enter Beneficiary Number:

Submit Reset

DUNS	Employee Network Name	Closure Code
039860382	WITCO	

1 records found, displaying 1 providers, from 1 to 1. Page 1 / 1.

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Figure 7-2: VR Activity History screen

8. Closure Form

A service provider may use this Portal form to close an open case with a beneficiary. Use of this screen will result in the ticket being released from the service provider requesting the closure.

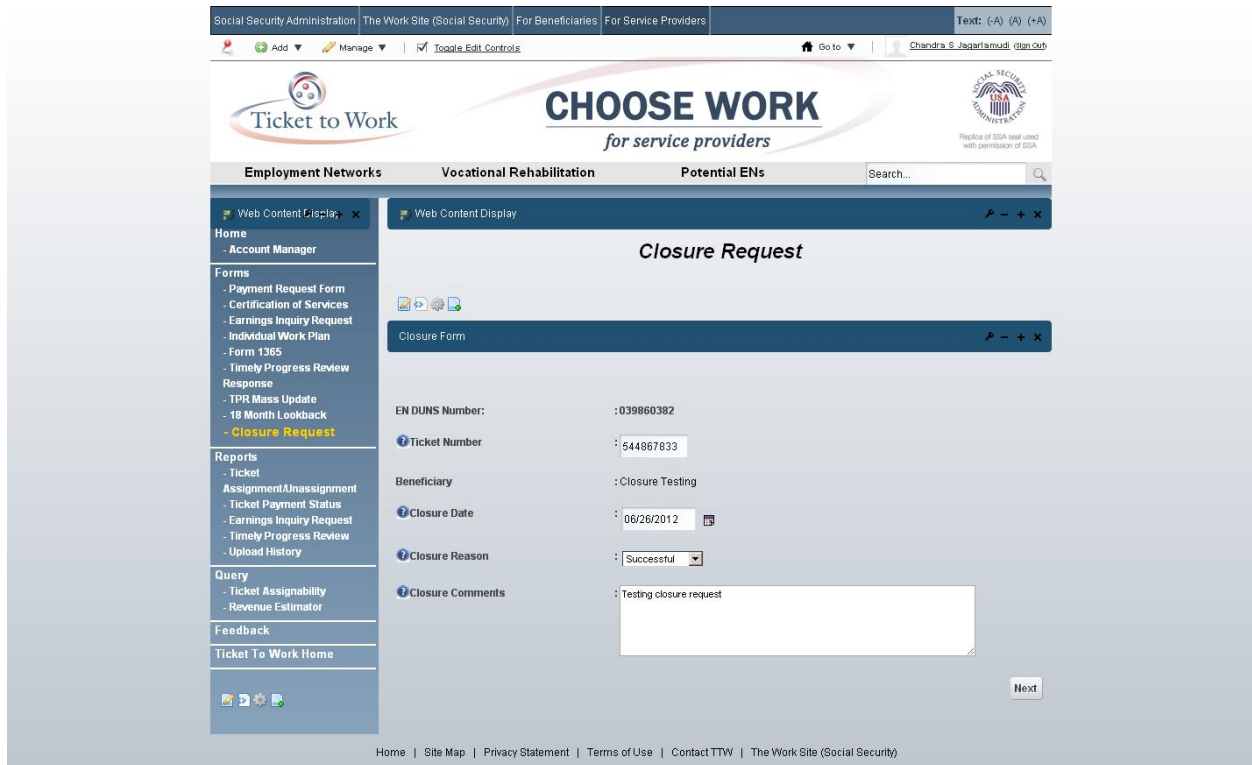


Figure 8-1: Closure Request Screen

Social Security Administration | The Work Site (Social Security) | For Beneficiaries | For Service Providers | Text: (-A) (A) (+A)

Add | Manage | Tools: Edit Controls | Go to | Chandra S. Jagartamusi | Sign Out

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Closure Request

Closure Form

Please review your entry.
If you wish to change any field, hit the "Return" button.
If you wish to cancel the entry, hit the "Cancel" button.
If you wish to submit the entry for processing, hit "Submit" button.

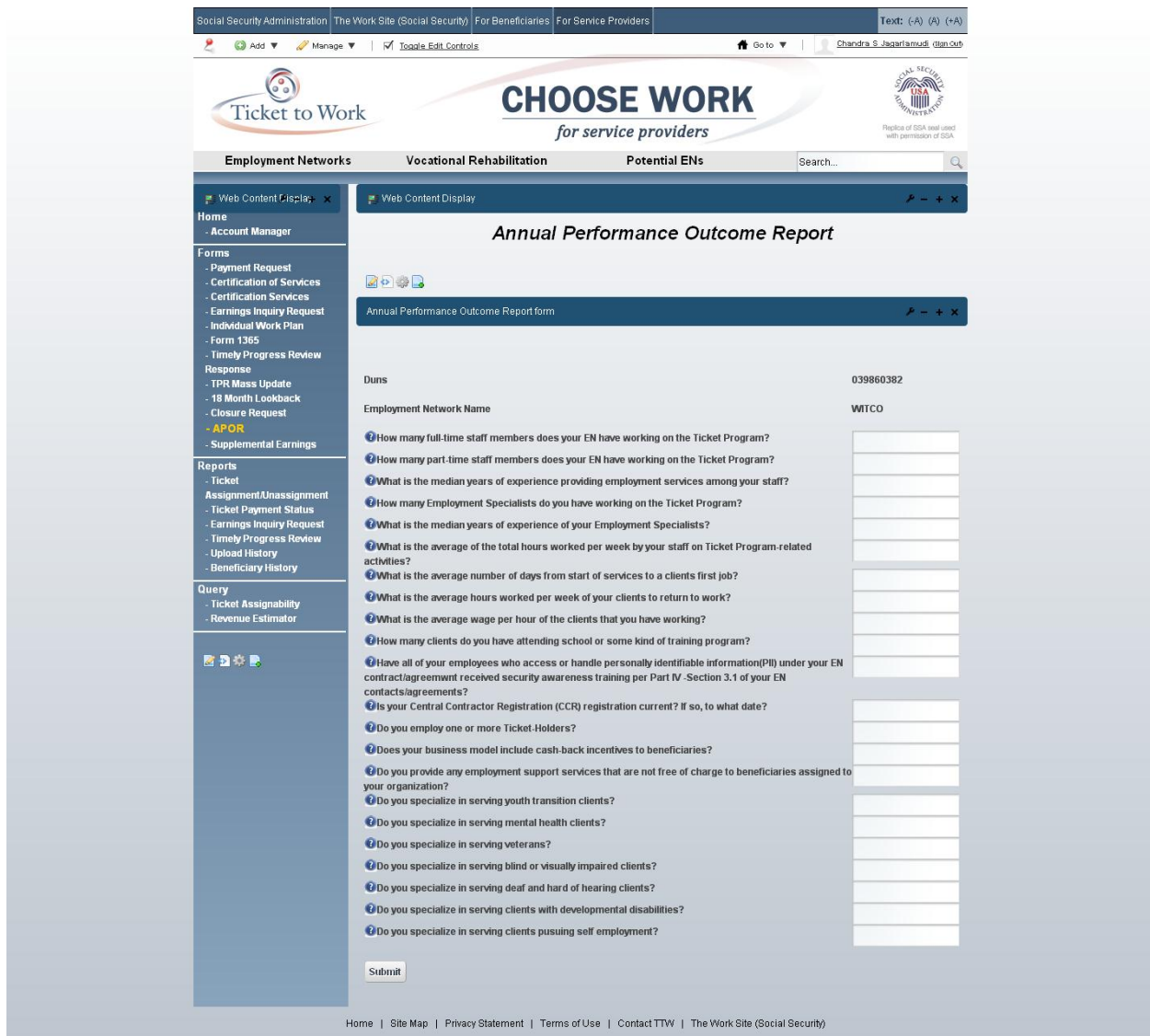
EN DUNS Number:	:039860382
Ticket Number	:544867833
Beneficiary	: Closure Testing
Closure Date	:06/26/2012
Closure Reason	:Successful
Closure Comments	: Testing closure request

Return | Cancel | Submit

Figure 8-2: Closure Request confirmation screen

9. APOR Form

The APOR (Annual Performance Outcome Report) form presents a series of questions for the service provider to answer about their organization and the work they perform under the Ticket to Work program. This information provides data for a variety of purposes, including for program evaluation and use in a report card for beneficiaries' who are searching for an EN.



The screenshot shows the 'Annual Performance Outcome Report' form. The page includes a navigation menu on the left with sections like Home, Account Manager, Forms, Reports, and Query. The main content area contains a list of 20 questions and a grid of input fields. The questions are as follows:

- 1. How many full-time staff members does your EN have working on the Ticket Program?
- 2. How many part-time staff members does your EN have working on the Ticket Program?
- 3. What is the median years of experience providing employment services among your staff?
- 4. How many Employment Specialists do you have working on the Ticket Program?
- 5. What is the median years of experience of your Employment Specialists?
- 6. What is the average of the total hours worked per week by your staff on Ticket Program-related activities?
- 7. What is the average number of days from start of services to a clients first job?
- 8. What is the average hours worked per week of your clients to return to work?
- 9. What is the average wage per hour of the clients that you have working?
- 10. How many clients do you have attending school or some kind of training program?
- 11. Have all of your employees who access or handle personally identifiable information (PII) under your EN contract/agreement received security awareness training per Part IV -Section 3.1 of your EN contracts/agreements?
- 12. Is your Central Contractor Registration (CCR) registration current? If so, to what date?
- 13. Do you employ one or more Ticket-Holders?
- 14. Does your business model include cash-back incentives to beneficiaries?
- 15. Do you provide any employment support services that are not free of charge to beneficiaries assigned to your organization?
- 16. Do you specialize in serving youth transition clients?
- 17. Do you specialize in serving mental health clients?
- 18. Do you specialize in serving veterans?
- 19. Do you specialize in serving blind or visually impaired clients?
- 20. Do you specialize in serving deaf and hard of hearing clients?
- 21. Do you specialize in serving clients with developmental disabilities?
- 22. Do you specialize in serving clients pursuing self employment?

At the bottom of the form is a 'Submit' button. The page footer includes links for Home, Site Map, Privacy Statement, Terms of Use, Contact TTW, and The Work Site (Social Security).

Figure 9-1: APOR submission screen

10. BPA Change Form

BPA Change Form provides service providers an on-line screen to change information about their organizations. Providers may submit their changes using this form at any time. This information is used to update their organization's information such as contact names and addresses, in SSA's records. The sample below must be coded to a screen for the Portal.

<p>SECTION ONE</p> <p>Directions: Please indicate the section(s) to which you wish to make changes by entering the information in where indicated.</p> <p>Update Mailing Address: _____</p> <p>Update Actual Address: _____</p> <p>Change Beneficiary Contact Information</p> <p>Beneficiaries will be given this information in order to contact your EN. Contact Name: _____</p> <p>Phone: _____</p> <p>Toll Free #: _____</p> <p>Fax: _____</p> <p>TTY: _____</p> <p>Email: _____</p> <p>Former contact no longer with the organization? Yes ___ No ___</p>

Figure 10-1: Section 1 of BPA form

Change Signatory Authority Contact Information

Contact Name: _____

Phone: _____

Toll Free #: _____

Fax: _____

TTY: _____

Email: _____

Former contact no longer with the organization? Yes ___ No ___

Change Payment Contact Information

EN-designated Contact to receive notices and statements and follow-up inquiries from the Social Security Administration and the MAXIMUS EN Payment Department

Contact Name: _____

Phone: _____

Toll Free #: _____

Fax: _____

TTY: _____

Email: _____

Figure 10-2: Section 1 of BPA form (continued)

SECTION TWO

Changes to information in this section will be sent directly to your Account Manager

Change EN Contact Information

EN designated contact OTHER than the Signatory Authority to receive/answer requests from SSA concerning the EN BPA, and authorized to make changes to the BPS.

Contact Name: _____

Phone: _____

Toll Free #: _____

Fax: _____

TTY: _____

Email: _____

Former contact no longer with the organization? Yes ___ No ___

Change Payment Status Report Information

EN designated contact to receive EN Payment Status Report from the MAXIMUS EN Payment Department. This contact may be different than the EN Payment Information Contact.

Contact Name: _____

Phone: _____

Toll Free #: _____

Fax: _____

TTY: _____

Email: _____

Figure 10-3: Section 2 of BPA form (continued)

Add or Delete Service Areas

National Serving all states and US Territories ____ (A/D)

Multi-State

State _____ (A/D)
 State _____ (A/D)
 State _____ (A/D)
 State _____ (A/D)

Single State _____ (A/D)

Add or Delete Counties Served
 For each state you are serving select the county you wish to add or delete

State _____ Country _____ (A/D)
 State _____ Country _____ (A/D)
 State _____ Country _____ (A/D)
 State _____ Country _____ (A/D)

Add or Delete Zip Codes Served
 For each state you are serving select the zip code you wish to add or delete

State _____ Zip Code _____ (A/D)
 State _____ Zip Code _____ (A/D)
 State _____ Zip Code _____ (A/D)
 State _____ Zip Code _____ (A/D)

Figure 10-4: Section 2 of BPA Form (continued)

Add, Delete, or Change Doing Business As (DBA) Name
Add Name _____
Change Name _____
Delete Name _____

Add, Delete, or Change Website Address
Add Address _____
Change Address _____
Delete Address _____

Do you want a link to this website on the Employment Network Directory? Yes___ No

Add or Update Test Field
 Display the following text below your EN name in the EN Directory (270 character maximum)

Change Type of Organization
 Check all that apply.

- Advocacy Group
- Business/Employer
- Community Based Organization
- Education/Training
- Faith-based Organization
- Healthcare Provider
- State/Local Government
- Transportation/Transit

Add or Delete Preferred Impairment Groups Served

Impairment Group	_____ (drop down)	___ (A/D)
Impairment Group	_____ (drop down)	___ (A/D)
Impairment Group	_____ (drop down)	___ (A/D)
Impairment Group	_____ (drop down)	___ (A/D)

Add or Delete Services Offered

Service	_____ (drop down)	___ (A/D)
Service	_____ (drop down)	___ (A/D)
Service	_____ (drop down)	___ (A/D)
Service	_____ (drop down)	___ (A/D)

Add or Delete Service Locations ___ A/D
 Location Address:

Figure 10-5: Section 2 of BPA Form (continued)

11. Notification of Split Payments and Allocation Notices

The following two notices are generated when a payment request is submitted for a beneficiary and the beneficiary has had more than one service provider under the Ticket program. In these instances, the payment may be split among the providers depending on the provision of services each provided. Once an EN requests payment, the *Possible Split Payment* notification is sent through the Portal to all providers who previously held the beneficiary's ticket assignment. The providers are asked to negotiate and propose a split for approval. The providers may opt to contest the allocation that is approved in which case they return the notification stating this.

11.1 Possible Split Payment Notice

	MAXIMUS Ticket to Work Program EN Payment Department P.O. Box 1433 Alexandria, Virginia 22313 March 24, 2010
JOHN DOE ABC, INC 123 NOTHING RD ANYWHERE, VA 22314	
Re: Potential eligibility to Split EN Payments on Behalf of Ticket-holder listed below.	
Based on Ticket history, this ticket has been assigned to more than one EN at different times. The other EN(s) involved: <u>ACME</u>	
Our records show that you held <u>or hold</u> a ticket assignment for the Ticket-holder named below. Therefore, you and the other EN(s) named above may be entitled to a possible split payment for this Ticket holder. If you believe you are entitled to split payments on behalf of this Ticket-holder based on the services you provided, please send us the information requested on the next page within 30 days of the date of this letter. This information may be faxed or mailed. No evidence of earnings is required. Not submitting a split payment request within 30 days will indicate that your agency is not interested in pursuing possible split payments.	
Name of Ticket-holder: JANE SMITH Ticket Number: TW 1	

Figure 11-1: Possible Split Payment Notification

To request split payments, please provide the following information:

1. **Service Records** – Detail services provided to Ticket holder as well as dates of service.
2. **Completed Payment Request** form for the following claim(s).

3. **Form SSA-1401** – Complete this form to indicate the results of the negotiation between EN organizations involved and payment percentage allocation determination or request to have PM negotiate payment percentage allocation determination.

If You Have Any Questions

As our valued partner in the Ticket to Work Program, we appreciate your interest and commitment. We look forward to working with you to serve your needs. We invite you to visit the www.yourtickettowork.com and www.ssa.gov/work websites regularly for program updates, general information, and training opportunities.

If you have any questions regarding the Ticket to Work Program, please contact us at 1-866-949-3687 or TDD 1-866-833-2967 or via fax at 703-683-3289. You can also write to us at the following address:

MAXIMUS Ticket to Work
EN Payment Department
P.O. Box 1433
Alexandria, VA 22313

Sincerely,

MAXIMUS Ticket to Work Program
EN Payment Department

Enclosure:
Form SSA-1401

Figure 11-2: Possible Split Payment Notification (continued)



11.2 Allocation Notice

MAXIMUS Ticket to Work Program
EN Payment Department
P.O. Box 1433
Alexandria, Virginia 22313
August 3, 2012

JOHN DOE
ABC, INC
123 NOTHING RD

ANYWHERE, VA 22314

Re: Request to Split EN Payments on Behalf of Ticket-holder listed below.

We have reviewed the information submitted and approved the payment allocation as follows:

Name of Ticket-holder: JANE SMITH

Ticket Number: TW 1

Allocation Determination:

Future payments may be subject to periodic reviews to ensure that the payment percentages reflect current contribution of services.

EN Name and DUNS Number	Percentage	Payment Type

Figure 11-3: Payment Allocation Determination Notification

If You Disagree

If you disagree with the approved payment percentage, you may ask us to reconsider it. Please submit additional information within 30 days of the date of this letter with your request explaining what you believe should be the payment percentage for each EN and why you believe the percentages should be different.

If You Have Any Questions

As our valued partner in the Ticket to Work Program, we appreciate your interest and commitment. We look forward to working with you to serve your needs. We invite you to visit the www.yourtickettowork.com and www.ssa.gov/work websites regularly for program updates, general information, and training opportunities.

If you have any questions regarding the Ticket to Work Program, please contact us at 1-866-949-3687 or TDD 1-866-833-2967 or via fax at 703-683-3289. You can also write to us at the following address:

MAXIMUS Ticket to Work
EN Payments Department
P.O. Box 1433
Alexandria, VA 22313

Sincerely,

MAXIMUS Ticket to Work Program
EN Payments Department

Figure 11-4: Payment Allocation Determination Notification (continued)