



Payment Request Guide

**Reference Guide for Employment Networks and State Vocational
Rehabilitation Agencies**

January 2009



Requesting Payment

This guide provides Employment Networks (EN) with a quick reference to the process of requesting payment. The guide is designed to explain how to request a payment, and what to provide in order to expedite the processing of your request. Please note that references to ENs include State Vocational Rehabilitation (VR) Agencies functioning as ENs, unless otherwise noted. If you have any questions about the payment process or have specific questions about a payment request you have submitted, or are preparing to submit, please call MAXIMUS Ticket to Work.



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PART I: PREPARING TO SUBMIT A PAYMENT REQUEST

Before you submit your request for payment, you will need to ensure that the following actions have occurred:

1. You have received confirmation from us that the Ticket is assigned to your organization.
2. Your organization has sent MAXIMUS the Automated Clearinghouse Payment Enrollment Form (ACH), all items on the form have been completed, and all information is correct. See Part VI of this guide for further information about the ACH Form.
3. The beneficiary for whom you are submitting a payment has earnings above the Trail Work Level (TWL) for Phase 1 Milestone payments, or Substantial Gainful Activity (SGA) for Phase 2 Milestone and Outcome payments. For 2009, the TWL threshold is \$700 (\$350 for Phase 1, Milestone 1 only) and the SGA figures are \$980 for non-blind beneficiaries and \$1,640 for blind beneficiaries.

PART II: WHEN TO SUBMIT A REQUEST

Determining when to submit your payment request involves three factors:

1. The Payment Method you had in place when the Ticket was assigned to you.
2. Are the beneficiaries' earnings above TWL (for Phase 1 Milestone payments) or SGA (for Phase 2 Milestone & Outcome payments) for the month(s) in question?
3. The benefits the individual is receiving: Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), or both. Substantial Gainful Activity (SGA) for Phase 2 Milestone payments are based on when the money was earned (pay period dates) regardless of the title of the beneficiary. Substantial Gainful Activity for Outcome payments is based on when the earnings were paid for SSI and concurrent beneficiaries and when the pay was earned for SSDI beneficiaries.

Payment Method—Milestone-Outcome Method

If the Ticket assignment was made to your EN while you were under the Milestone-Outcome Payment Method, then the first full month that the beneficiary has gross earning equaling half of the Trial Work Level of \$700.00 (\$350 for the first month) you may be entitled to your first Milestone payment regardless of whether or not the beneficiary is receiving SSDI, SSI, or both SSDI/SSI. *If the beneficiaries' earnings continue at the Trial Work Level of \$700.00 for the next three (3) months, then you will want to submit a request for payment for Milestone 2. Once the beneficiary achieves Trial Work Level of \$700.00 for six (6) months and nine (9) months respectively, then you will submit a request for Milestones 3 and 4.*

Once the beneficiary fulfills Phase 1 Milestones, ENs are eligible for Phase 2 Milestone payments. To qualify for Phase 2 Milestones, the beneficiary must earn above the SGA level of \$980 per month. ENs can submit requests for up to 18 monthly payments of \$207 for SSI beneficiaries, and 11 monthly payments of \$363 for SSDI beneficiaries.

When a ticket holder's earnings are such that they no longer qualify for federal cash benefits, you may begin to submit requests for Outcome payments. SSI ticket holders can trigger up to 60 payments of \$207 for each month with earnings above SGA level. SSDI ticket holders can generate up to 36 payments of \$363 for each month with earnings above SGA.

2009 EN Payments at a Glance

A) Outcome Payment Method (67% of PCB)

	SSI Ticket-Holder	SSDI Ticket-Holder
Earnings sufficient for “zero cash benefit” status	Up to 60 payments of \$386/ month	Up to 36 payments of \$676/ month
	\$23,160	\$24,336

B) Milestone-Outcome Method

Payment Type	Beneficiary Earnings Required After Ticket Assignment	SSI Ticket-holder	SSDI Ticket-holder
<u>Phase I:</u>			
Milestone 1	\$350 for one month	\$1,211	\$1,211
Milestone 2	\$700 for 3 months	\$1,211	\$1,211
Milestone 3	\$700 for 6 months	\$1,211	\$1,211
Milestone 4	\$700 for 9 months	<u>\$1,211</u>	<u>\$1,211</u>
Total Phase I Milestones		\$4,844	\$4,844
Phase II Milestones	Gross Earnings > SGA	\$207 x 11	\$363 x 18
SSI Milestone Months 1-11	(\$980/ \$1640)	=	=
SSDI Milestone Months 1-18			
Total Phase II Milestones		<u>\$3,726</u>	<u>\$3,993</u>
Total Phase I & II Milestones		\$8,570	\$8,837
Outcome Payments	Earnings sufficient for “0” cash benefits	\$207 x 60	\$363 x 36
		\$12,420	\$13,068
Total Milestone + Outcome Payments		\$20,990	\$21,905

The Payment Calculation Base (PCB) is the national average disability benefit payable under each of the Social Security Administrations two disability programs based on Social Security formulas. Each December the Social Security Administration will calculate the two PCBs and post them to its “work” Web site, www.socialsecurity.gov/work. PCB for 2009: SSI \$563.35 and SSDI \$981.17. Individual payments have been rounded to the nearest whole dollar.

Outcome Payment Method

Outcome payments can only be made to an EN when the beneficiary does not receive a cash benefit from SSA . If the Ticket was assigned to your EN while you were under the Outcome Method, then the first full month that the beneficiary has exhausted their cash benefits AND has gross earnings that exceed SGA, is the month you may submit a request. Qualifying for an EN payment that month depends on the SSA Employment Supports available to SSDI and SSI Beneficiaries. If the beneficiary is receiving SSDI, then Employment Supports, such as the Trial Work Period and Extended Period of Eligibility would ensure that even though the beneficiary has exceeded SGA, a federal cash benefit would still be paid to the beneficiary. If the beneficiary is receiving SSI, then do remember that in addition to other Employment Supports, SSA looks at less than half the earnings before adjusting the Federal cash benefit.

You may wish to review our training materials (www.yourtickettowork.com) on SSA disability programs to further understand the importance of Employment Supports, and how they work. You may also wish to review our EN Payments-at-A-Glance chart as a reference for the dollar values of the Outcome and Outcome-Milestone Payments.

PART III: WHAT TO SUBMIT

Documenting earnings is required because the determination to cease a beneficiary's benefits is an action taken very seriously by SSA, and each beneficiary deserves due process. Therefore, you must submit evidence of the beneficiary's earnings and the EN Payment Request Form to MAXIMUS when requesting a payment under the Evidentiary Payment Request (EPR) Process.

Primary Evidence of Earnings

It is necessary to provide legally acceptable evidence that documents the beneficiary's earnings from work. Below is a description of the types of evidence that are acceptable.

- Unaltered copy of the pay stub
- Employer prepared and signed earnings statement
- Records from third-party sources that present earnings broken down by month, such as The Work Number

These forms of evidence must include the following information:

1. Beneficiary name and Social Security Number
2. Employer's address
3. Employer's name
4. Beneficiary's earnings for the claimed month
5. Pay period dates, and pay date
6. Gross earnings for the month
7. Year-to-date gross earnings

EN Certification Payment Request (EPR) Process

If evidence of earnings is unavailable, the EN can now request payment using the Certification Payment Request (CPR) Process described below. This CPR process can be used for both Outcome and Milestone payment requests.

Certification Payment Request (CPR) Process

An EN can use the CPR Process to submit a payment request after the close of an earnings period (month, quarter, or longer). To do so, the EN must submit a completed EN Payment Request Form to MAXIMUS to request payment for the stated earnings period, along with an accepted source of secondary earnings evidence. This EN Payment Request Form is available at www.yourtickettowork.com.

The form must include the following information:

- The Employment Network's name and Employer Identification Number (EIN);
- The Ticket-holder's full name and Social Security number (SSN);
- The months for which payment is requested;
- The name of the Ticket-holder's employer;
- A statement by the EN agreeing to repay any Outcome payments that it received that were not due;
- The signature of an official in the organization and date; and
- One of the following:
 - Earnings Inquiry Request (EIR) response from MAXIMUS indicating that the beneficiary had earnings of over 3 times SGA for the quarter in question
 - Details of a recent contact with either the beneficiary or employer stating the beneficiary had earnings necessary to qualify for payment
 - Another source of National Directory of New Hires (NDNH) data
 - Self-Employment Income (SEI) Form for self-employed Ticket-holders

The EN would then be paid for the month(s) requested, provided the Social Security Administration's records contain no information that would suggest that a Federal cash disability based payment is due. The EN may continue to use this process.

Payment Request Form

In order to make a request for payment, you must use the EN Payment Request Form, available to you on our website at www.yourtickettowork.com, under EN-VR Resources—Training—Employment Network Resources. This form is to be used for either Evidentiary Payment Requests (EPRs) or Certification Payment Requests (CPRs). Please see the section, Completing the Payment Request Form, on page 7 for assistance in completing the form.

PART IV: SUBMITTING THE PAYMENT REQUEST TO MAXIMUS

After you have received the documents that are required for primary or secondary evidence of the beneficiary's earnings, complete the Payment Request Form. The documents and form should be faxed to us (703.683.3289, "Attention: Payment Request") or mailed to the address below:

**MAXIMUS Ticket to Work
Payment Request
P.O. Box 1433
Alexandria, VA 22313-1433**

After we receive your payment request, we will review the documents to ensure the necessary information has been included. If the information is incomplete, we will contact you to acquire the missing information. We evaluate the documents you submit to verify authenticity, and we certify that the documents presented are sufficient evidence to document earnings. Please note that similar to Employment Networks, MAXIMUS is contractually obligated to protect the privacy and confidentiality of beneficiary information entrusted to us by the Social Security Administration.

The next step is for us to submit the information to SSA with either a recommendation for payment to be issued, or further action. The amount of time required for SSA action varies according to the type of action necessary. SSA processes the request:

- **Payment request processed and approved** - SSA will send notification that the request has been approved, and payment will be electronically transferred to the established EN bank account.
- **Field office development activities required** - SSA field office staff verify earnings, and other significant beneficiary data.
- **Payment denied** - If the payment request is for a period in which the beneficiary's earnings from work are not substantial enough to warrant a payment, you will receive notice that the request has been denied.

EN Payment Status Report

Employment Networks have the option to receive monthly status reports of all their EN payment requests submitted to MAXIMUS. These reports are available on the 15th of each month and reflect activity for the previous month, as well as year-to-date payment data. The report, available in either printed or electronic format, includes the date each payment request was received by MAXIMUS, beneficiary name, payment option, dollar amount paid, claim month(s), and the status of each payment request submitted. To request a monthly report, please submit the EN Payment Status Report Request Form available for download from the Ticket to Work Web site page located www.yourtickettowork.com and complete and return the form as instructed.

PART V: PAYMENT REQUEST FORM

This section provides specific directions for completing the EN Payment Request Form and providing the information and documentation necessary to expedite processing. The following directions correspond to the layout of the Payment Request Form. The forms are available on our website - www.yourtickettowork.com under EN-VR Resources—Training—Employment Network Resources. Please type or print the information requested when completing the form.

Instructions for Completing the EN Payment Request Form

For Section I, items 1 and 2 below, the following information is requested:

1. The Employment Network name as stated in your contract with SSA.
2. The Employment Identification Number (EIN) is the Tax ID number for your organization.

I. Employment Network Information

1. EN Organization Name _____
2. EIN Number (Tax ID Number) _____
3. Is the financial institution and bank account information provided to the Ticket to Work Program Manager on the Automated Clearinghouse Payment Enrollment Form (ACH Form)?

Yes _____ No _____ (if no, please contact MAXIMUS @ 1-866-968-7842 before submitting this request)

II. Ticket-holder Information

4. Ticket-holders Name _____
5. Ticket Number/Social Security Number _____
6. Name of Ticket-holder's Employer _____
7. Employer's Address (if available) _____
8. Payment Method for this Ticket Assignment

A. Outcome Payment Method _____ B. Milestone-Outcome Method _____

For Section II, items 4, 5, and 8 above, the following information is requested:

4. Beneficiary full name.
5. Beneficiary Social Security Number.
8. Place a check indicating the payment method you were operating under at the time the beneficiary assigned the Ticket to your EN. Please refer to the Requesting Payment Guide, or the training materials available on the www.yourtickettowork.com for detailed explanations about the Payment Methods available under the Ticket to Work Program.

For Section III, item 9, the following information is requested:

9. Select which type of payment request you are making. If you are making an Evidentiary Payment Request (EPR), you must then complete Section IV. If you are making a CPR, you must complete Sections V and VI.

III. Payment Request Details

9. Payment Request Type
_____ A. Evidentiary Payment Request—(Complete Section IV)
_____ B. Certification Payment Request—(Complete Sections V and VI)
10. Claim month(s) and year(s) for this payment request

For Section IV, item 11, the following information is requested:

11. Please complete this section only if submitting an EPR. Place a check mark or X in front of the type of earnings documentation being provided with the Payment request.

- A. Unaltered copy of the pay stub.
- B. Employer prepared earnings statement signed by the employer that includes employee's name, Social Security Number, total gross earnings amount, beginning and ending dates of the pay period, employer's name and address and pay dates.
- C. Records from third party source such as The Work Number. This information must contain earnings broken down by month.

IV. Evidentiary Earnings Information

11. Type of earnings documentation submitted:
_____ Pay stub
_____ Employer prepared and signed earnings statement
_____ Records from Third Party Source containing monthly wage information
_____ The Work Number _____ Other

The above forms of evidence must include the following information:

- Beneficiary name and Social Security Number
- Employer's address
- Employer's name
- Beneficiary's earnings for the claimed month
- Pay period dates, and pay date
- Gross earnings for the month
- Year-to-date gross earnings

For Section V, items 12 and 13, the following information is needed only if submitting a CPR Payment:

12. EN must select the type of certification information that is being provided.
- If the EN selects recent contact, either “beneficiary” or “employer” must be circled to determine who was contacted. The EN must also complete item 10 if recent contact is selected.
 - If the EN has received an EIR response from MAXIMUS indicating that the beneficiary had earnings of over three times SGA for the quarter(s) in question, that response must be attached to the payment request.
 - If the EN has access to information from the National Directory of New Hires (NDNH), this information may also be used.
13. The description of the information should include that beneficiary has worked at a level that qualifies the EN for either a Milestone or Outcome payment, depending on what is being requested.

V. Certification Payment Request Details

12. Type of Certification Information (choose one):

- Recent contact with beneficiary/employer (please circle one)
- Attached Earnings Inquiry Request (EIR) response received from MAXIMUS
- Attached information containing data from the National Directory of New Hires (NDNH)
- Attached Self-Employment Income (SEI) Form

13. Recent Contact Details (complete only if you selected “recent contact” on item 9):

Type of contact (phone call, email, etc): _____

Date of contact: _____

Description of the information you learned from contact regarding level of earnings:

Section VI—only needed if submitting a Certification Payment Request:

EIR data is not 100% accurate, and Outcome payments are based not on earnings but on the absence of the Ticket-holders Federal cash benefit payment. Since the payment is being authorized without evidence of actual earnings, the EN must agree to repay any amount received when it is later discovered by Social Security that the payment was made in error. Without this signature on each payment request, payment consideration will not be given.

VI. Repayment Agreement (signature required)

By signing below, 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.

Signature

Date

Section VII must be completed for either EPR or CPR requests:

Please enter the contact information for the individual actually submitting this payment request. The contact information will enable us to contact you directly if we have any questions regarding information you have submitted.

VII. Contact Information for the EN Representative Submitting this Request

Print Name _____

Phone Number _____ FAX: _____

Email: _____

PART VI: THE AUTOMATED CLEARINGHOUSE PAYMENT ENROLLMENT FORM (ACH)

The Automated Clearinghouse Payment Enrollment Form (ACH) is submitted as part of the application package to become an Employment Network. The ACH Form provides the Social Security Administration with the information needed to issue payment to Employment Networks when a payment request has been approved. Social Security effects payment through electronic transfer to the financial institution designated by the Employment Network on the ACH Form.

An Employment Network must resubmit the ACH Form if there are any changes to the information provided by the Employment Network. In order to process the ACH Form, the following information must be present:

- EN Signatory Authority Signature
- Name, title and signature of bank official
- Accompanying letter (emailed or faxed) from EN Signatory Authority requesting the banking information update

If your organization has made changes, the ACH Form may be obtained from our website: **www.yourtickettowork.com**. If you have any questions about the ACH Form, please call us at 866-968-7842. Forward the updated ACH Form to MAXIMUS by faxing to 703-683-3289 or mail to:

**MAXIMUS Ticket to Work
Payment Request
P.O. Box 1433
Alexandria, VA 22313-1433**