



New York **Makes Work Pay**

Developing a path to employment for New Yorkers with disabilities

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Policy to Practice Brief #4

The “New” Ticket to Work and Self-Sufficiency Program

Enhancing Economic Self-Sufficiency of Beneficiaries through Work Opportunities and Public / Private Partnership

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About Policy-to-Practice Briefs

This is one in a series of policy-to-practice briefs published as part of the New York Makes Work Pay Project, a Comprehensive Employment Services Medicaid Infrastructure Grant funded by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) to the New York State Office of Mental Health (OMH) and its management partners the Blatt Institute at Syracuse University and the Employment and Disability Institute (EDI) at Cornell University. The New York Makes Work Pay Initiative is currently funded for calendar years 2009 and 2010 and will provide an array of services to individuals with disabilities and the agencies and advocates that serve them, helping to remove obstacles to work and pave the way to self-supporting employment.²

This brief is based, in part, on a similar document last updated by the authors in 2005 and originally published by the Work Incentives Support Center in the Employment and Disability Institute at Cornell. Materials were reviewed for accuracy by the Social Security Administration (SSA), Office of Employment Support Programs. However, the thoughts and opinions expressed in these materials are those of the authors and do not necessarily reflect the viewpoints or official policy positions of the SSA, CMS, or OMH. The information, materials and technical assistance are intended solely as information guidance and are neither a determination of legal rights or responsibilities, nor binding on any agency implementation and/or administrative responsibilities.

This publication is based on federal Social Security and Supplemental Security Income (SSI) laws, regulations and policy. Following Sections I and II pertaining to historical context and evolution of SSA and the Ticket, information presented regarding the operations and structure of the Ticket to Work and Self-Sufficiency Program is based exclusively on the new 2008 regulations.

² A detailed description of the New York Makes Work Pay Project and its services can be found at <http://www.NYMAKESWORKPAY.ORG>

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I. History of SSA and Vocational Rehabilitation

Congress has made provisions for the Social Security Administration (SSA) to provide work incentives for beneficiaries of Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI).² In addition to the disability programs and work incentive provisions that the SSA oversees, they also administer a vocational rehabilitation (VR) program for providers of VR services that serve SSDI and SSI beneficiaries.

Prior to 1981, when Congress established the existing program, SSA awarded State VR agencies block grants to work with beneficiaries. Unfortunately, the State VR agencies did not report use of these funds on a “per case” basis and SSA was unable to document the success of the VR program utilizing the original block grant formula. Inadvertently, this resulted in SSA not knowing if beneficiaries were in fact going to work and decreasing reliance on monthly cash benefits. To remedy this situation, Congress modified the program to a reimbursement-based, outcome-oriented formula.

The subsequent VR Cost Reimbursement Program was intended to help beneficiaries go to work. Under this program, SSA pays State VR agencies and alternative participants (APs) for the costs of VR services and supports provided to beneficiaries that result in the beneficiary achieving sustained employment at substantial gainful activity (SGA) levels. Legislative authority for SSA’s VR Cost Reimbursement Program is outlined in section 222(d) of the Social Security Act for beneficiaries under the SSDI program and section 1615 of the Social Security Act for recipients of the SSI program.³ Initial regulations to implement the VR Cost Reimbursement Program and allow payments to State VR agencies were published in 1981. These regulations were amended on March 15, 1994, to allow SSA to pay alternative participants for the costs of their services under the same criteria governing payments to State VR agencies and to improve the administration and cost-effectiveness of the program.⁴ Alternative Participants (APs) could be community-based, public or private, not-for-profit and proprietary organizations who provided VR services.

State VR agencies (or APs) offering VR services and supports contributing to beneficiaries working for a period of not less than nine months at the substantial gainful activity (SGA) level are reimbursed the costs for those services and supports if they meet the conditions for reimbursement. Keep in mind that for a case to be considered a successful rehabilitation under the VR Reimbursement Program, a beneficiary must be employed for a continuous period at the SGA level. This is defined as at least nine months within a consecutive 12-month window. This includes: nine consecutive months; nine of 10 consecutive months regardless of the reason for the one-month break; or, at least nine

² This article will use the term “beneficiary” to describe all individuals who receive either title II disability or title XVI (SSI) disability or blindness benefits. To the extent that the term “recipient” might also be used, that term is encompassed within the term beneficiary.

³ 42 USC 422(d), 1382d.

⁴ 20 CFR 404.2101 et seq.

months within 12 consecutive months, if the break in SGA was due to circumstances beyond the beneficiary’s control and unrelated to the person’s impairment.⁵

Until the implementation of the Ticket to Work and Work Incentives Improvement Act of December 1999,⁶ SSA referred beneficiaries for VR services through either State VR agencies established under the Rehabilitation Act of 1973 or through APs who had signed contracts with SSA to provide VR services to beneficiaries. Prior to 1994, SSA could only refer beneficiaries to APs if a State VR agency opted not to participate in the VR Cost Reimbursement Program (all State VR agencies chose to participate) or if they limited their participation to select groups. Regulations issued in March, 1994 expanded the VR Cost Reimbursement Program by allowing SSA to refer beneficiaries to alternative public or non-public VR providers (APs) for VR services on a case-by-case basis if the State VR agency did not serve a referred individual. While these amendments to the VR program provided SSA with much more flexibility in selecting service providers, the right of first selection was still reserved to State VR agencies, making alternative participants a secondary service delivery option.

SSA enhanced the availability of VR services and supports to beneficiaries through the infrastructure of the VR Reimbursement Program. This brought a new revenue stream to State VR agencies, over and above the allocation provided under Title I of the Rehabilitation Act. Savings to the Social Security trust funds and general revenues for SSI are realized when beneficiaries go back to work and decrease their reliance on monthly cash benefits.

Once the Ticket to Work and Self-Sufficiency Program was implemented, the provisions of the Social Security Act for referring beneficiaries to State VR agencies ceased to be in effect—leveling the playing field and creating a competitive marketplace. Additionally, with the roll-out of the Ticket program, the use of APs under the VR Cost Reimbursement Program was phased out as the Ticket program was implemented. Further, sections 222(b) and 1615(c) of the Social Security Act were also repealed in section 101(b) of the Ticket to Work Act under which the Commissioner of the SSA was authorized to impose sanctions (i.e., make deductions from SSDI benefits or suspend SSI benefits) with respect to any beneficiary who refused, without good cause, to accept and participate in VR services made available under the reimbursement program.

II. The Implementation and Evolution of the Ticket to Work and Self-Sufficiency Program

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The Ticket to Work and Work Incentives Improvement Act (Public Law 106-170) was signed into law on December 17, 1999. Its purpose was four-fold:

⁵ 20 CFR 404.2110.

⁶ Public Law 106-170.

1. To provide health care and employment preparation and placement services to individuals with disabilities that will enable those individuals to reduce their dependence on cash benefit programs;
2. To encourage states to adopt the option of a Medicaid Buy-In, allowing individuals with disabilities to purchase Medicaid coverage that is necessary to enable them to maintain employment;
3. To provide enhanced options to individuals with disabilities for maintaining Medicare coverage while working; and
4. To establish a "Ticket to Work and Self-Sufficiency Program" that allows SSDI and SSI beneficiaries to seek employment services, VR services and other support needed to obtain, retain, or maintain employment and reduce their dependence on cash benefit programs.

It directed the Commissioner of Social Security to establish a Ticket to Work and Self-Sufficiency program.⁷ The law's purpose was to expand the universe of service providers available to SSDI and SSI disability beneficiaries and provide them with a Ticket they may use to obtain VR services, employment services, and other support services from an Employment Network (EN) of their choice. The initial regulations to implement the Ticket program were published in the Federal Register on December 28, 2001⁸ and became effective on January 28, 2002. In February 2002, SSA issued new Ticket to Work procedures in its Program Operations Manual Systems (POMS), used by SSA staff to implement the Ticket provisions.⁹

In several reports over the course of the first six years of implementation of the Ticket to Work program, the Ticket to Work and Work Incentives Advisory Panel cited the inadequacy of program performance. *The Crisis in EN Participation: A Blueprint for Action*¹⁰ clearly delineated the shortcomings in the structure of the program, highlighting stating that the Ticket to Work Act, specifically the Ticket to Work program, had failed to recognize its full potential in expanding employment opportunities for people on the SSA disability rolls. Further, the report observed that the program had failed to recruit the anticipated numbers of ENs and that only a small fraction of beneficiaries were currently being served by the program. While the report cited showed that over 1,000 providers had enrolled as ENs, only about one-third of those operating had accepted Tickets. Reasons cited for this poor performance was included the reality that State VR Agencies were more advantaged under the VR Cost Reimbursement Program and that payment schemes under the Ticket program were inadequate to provide enough incentive to entice ENs to action.

⁷ 42 U.S.C. § 1320b-19.

⁸ 20 CFR. Part 411, published as final regulations at 66 Fed. Reg. 67370 - 67442 (Dec. 28, 2001).

⁹ POMS DI 55001.000 et seq.

¹⁰ *The Crisis in EN Participation: A Blueprint for Action*. (2004). Advice Report to Congress and the Commissioner of the Social Security Administration. SSA: Baltimore, MD.

An earlier report issued by the Panel in 2002¹¹ cited had already discussed the inadequacy of financial incentives for ENs and explained that beneficiaries requiring long-term supports, high cost accommodations, earning sub-minimum wage, and individuals who work and receive a partial cash benefit would not be served under the initial regulations promulgated by the Administration. This was reinforced by a later work group which was established by the SSA, in response to a Panel recommendation, specifically charged with developing an alternative payment scheme that addressed the adequacy of incentives for those the four targeted groups identified in the initial legislation.

In response to the growing national discontent with the initial regulations and the reality that the Ticket program had yet to recognize its full potential, the Commissioner of the SSA issued subsequent regulations concerning the Ticket to Work program.¹² These final Ticket regulations are based on Notices of Proposed Rulemaking published in the Federal Register on September 30, 2005 and August 13, 2007. The revised regulations incorporate SSA's vision of the future direction of the Ticket to Work Program and are based on lessons learned and issues arising from SSA's experience in implementing the prior regulations. In the preamble to the regulations SSA stated:

“We are revising our prior rules to improve the overall effectiveness of the program to maximize the economic self-sufficiency of beneficiaries through work opportunities. We have based these revisions on our projections of the future direction of the Ticket to Work program, our experience using the prior rules, and the recommendations made by commenters on the program.”

The new, long-awaited regulations became effective on July 21, 2008. The regulations lay laid out a new payment scheme to address adequacy of financial incentives for ENs, expand eligibility criteria, modify certain procedural rules regarding beneficiaries making timely progress toward their individual work plans, and allow the VR Cost Reimbursement Program to operate parallel to the Ticket to Work program, affording availability of longer-term supports for beneficiaries that require intensive VR services and supports.¹³

III. Ticket to Work Program Overview

Under the Ticket to Work program, a beneficiary has the option of deciding when and whether to use his or her Ticket to obtain services from an EN or from a State VR agency. A beneficiary with a Ticket may assign it to any EN they choose, and/or the State VR agency, as long as that EN or State VR agency is willing to accept their Ticket. Beneficiaries may discuss their employment and individual work plan with as many ENs in their areas as

¹¹ Design Issues Relating to the Adequacy of Incentives Study. Advice Report to the Commissioner of the Social Security Administration. SSA: Baltimore, MD.

¹² 20 CFR Part 411, published as final regulations at 73 Federal Register 29324-29335 (May 20, 2008).

¹³ Id. 20 CFR Part 411. The POMS provisions have not yet been amended to implement the new regulations.

they wish, or the State VR agency, and a list of available providers can be obtained from the Program Manager, MAXIMUS, Inc. However, a beneficiary cannot assign his or her Ticket to more than one EN, or an EN and the State VR agency at a time.

The EN or State VR agency will provide employment services, VR services and other support services to assist the beneficiary in obtaining, regaining, maintaining or advancing in employment as specified in the beneficiary's Individualized Work Plan (IWP), if developed with an EN, or Individualized Plan for Employment (IPE), if developed with the State VR agency under the VR Cost Reimbursement program. As outlined below, the EN or State VR agency will only receive payment for its services if the beneficiary achieves certain work-related outcomes. At any time, a beneficiary can retrieve his or her Ticket from an EN or State VR agency and reassign it to another, as long as Ticket eligibility requirements continue to be met.

IV. Ticket Eligibility¹⁴

To be eligible to participate in the program an individual must be entitled to Title II disability benefits or Title XVI (SSI) disability or blindness benefits. The individual must also meet several additional criteria to be eligible for a Ticket:

- be 18 and not attained age 65 years of age;
- if an SSI recipient, be eligible for benefits under the adult disability standard;
- be receiving a federal cash benefit from Social Security.

A person is not eligible to participate in the Ticket program if they are receiving: "Section 301" payments, i.e., continued SSDI or SSI benefits following a determination of medical improvement because they are participating in an approved VR program;¹⁵ continued benefits while appealing a cessation of benefits based on a finding of medical improvement; provisional cash benefits while SSA is considering a request for expedited reinstatement of SSDI or SSI; or presumptive disability payments while awaiting a final decision on an application for benefits.

SSI beneficiaries who are 18 years old and received SSI as children will not automatically be provided a Ticket upon turning 18. However, they will qualify for a Ticket later if SSA finds them disabled based on the adult standard after conducting an age 18 redetermination.¹⁶

The individual is eligible for only one Ticket during a period of entitlement to SSDI or SSI based on disability. However, if entitlement to SSDI or SSI ends or is terminated, and is later reinstated, a new Ticket will be issued.¹⁷ There is no limit to the number of new Tickets an individual could receive.

¹⁴ 20 CFR 411.125


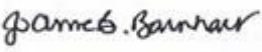
¹⁵ See 20 CFR 404.316(c), 416.1338; POMS DI 13515.001 et seq.

¹⁶ POMS DI 55002.005 C.5.

¹⁷ 20 CFR 411.125(b) and (c).

V. The Ticket to Work¹⁸

A Ticket provides evidence of SSA's agreement to pay an EN or State VR agency to which a beneficiary's Ticket is assigned for providing services and supports to the beneficiary under the Ticket to Work program if certain conditions are met. The Ticket is a red, white and blue document approximately 6" by 9" in size. The left side of the document includes the beneficiary's name, ticket number, claim account number, and the date SSA issued the Ticket. The Ticket number is 12 characters and comprises the beneficiary's own Social Security number, the letters "TW" and a number 1, 2, etc. A number 1 in the last position would signify that this is the first Ticket the beneficiary has received. The right side of the Ticket includes the signature of the Commissioner of SSA: A picture of a sample Ticket to Work is provided below.

Social Security Administration		
Ticket to Work and Self-Sufficiency		
JOHN DOE	Ticket Number 123-45-6789TW	<p>This ticket is issued to you by the Social Security Administration under the Ticket to Work and Self-Sufficiency Program. If you want help in returning to work or going to work for the first time, you may offer this ticket to an Employment Network of your choosing or take it to your State vocational rehabilitation agency for services. If you choose an Employment Network and it agrees to take your ticket, or if you choose your State agency and you qualify for services, these providers can offer you services to help you go to work.</p> <p>An Employment Network provides the services at no cost to you. The Social Security Administration will pay the Employment Network if you assign your ticket to it, and the Employment Network helps you go to work and complies with other requirements of the Program. An Employment Network serving under the Program has agreed to abide by the rules and regulations of the Program under the terms of its agreement with the Social Security Administration for providing services under the Program. Your State agency can tell you about its rules for getting services.</p>
Claim Account Number	987-65-4321 W	
Issue Date:		
		 Commissioner of Social Security

VI. The Operations Support Manager And The Program Manager For Recruitment And Outreach¹⁹

Since September 29, 2001, MAXIMUS, Inc. of McLean, Virginia has served in a competitive bid contractual role as the Program Manager (PM), now known as the Operations Support

¹⁸ 20 CFR 411,120,

¹⁹ Id. §§ 411.230 - 411.245.

Manager (OSM), assisting SSA in managing the Ticket program. The responsibilities of the OSM include:

- recruiting, recommending, and monitoring of ENs;
- facilitating access by beneficiaries to ENs;
- facilitating payments to ENs;
- performing administrative duties such as reviewing IWPs;
- reviewing amendments to IWPs;
- ensuring that ENs only refer beneficiaries to a State VR agency for services pursuant to an agreement regarding the conditions under which such services will be provided;
- resolving disputes between ENs and State VR agencies with respect to agreements;
- resolving disputes between a beneficiary and an EN which cannot be resolved by the EN's internal grievance procedures; and
- referring disputes between beneficiaries and ENs to SSA for a final decision if this is requested by either of the parties.

SSA periodically evaluates the performance of the OSM. This evaluation includes, but is not limited to, an assessment examining the following areas:

1. Quality of services;
2. Cost control;
3. Timeliness of performance;
4. Business relations; and
5. Customer satisfaction.

MAXIMUS, Inc. has created a website and a toll-free number to provide information about the Ticket program and the availability of ENs to provide services to beneficiaries. The Maximus toll-free line is 1-866-968-7842. Their toll-free TTY line for Hearing and Speech Impaired: 1-866-833-2967 and their web site is www.yourtickettowork.com.

In 2008, SSA decided to add an additional Program Manager for Recruitment and Outreach. Cherry Engineering Support Services, Inc. (CESSI) serves as SSA's Ticket to Work Program Manager for Recruitment and Outreach (PMRO). As the PMRO, CESSI has implemented a nationwide strategy to recruit ENs to serve beneficiaries under the Ticket program. The PMRO is involved with numerous activities, including recruitment events and participation at conferences, to recruit new ENs and encourage idle ENs to actively participate in the Ticket program.

The PMRO is also involved in developing outreach to beneficiaries through a series of events called Work Incentives Seminars (WISE). The purpose of WISE events is twofold: to provide beneficiaries with general information about the work incentives and the Ticket program; and to provide them with access to local providers that are available to support their work preparation efforts. The WISE events are delivered through the Work

Incentives Planning and Assistance (WIPA) projects, with the assistance of the PRMO, and are designed to target beneficiaries in all or part of their service-delivery area.

CESSI can be contacted by phone (703-448-6155 or 703-448-1108, a TTY line for individuals with hearing and speech impairments) or email (info@cessi.net).

VII. The Role Of Employment Networks ²⁰

A. An EN Can be Any Public or Private Entity ²¹

An EN is any qualified entity that has entered into an agreement with the SSA to function as an EN under the Ticket to Work program. To serve as an EN, an entity must meet and maintain compliance with both general and specific selection criteria. General criteria include:

- having systems in place to protect the confidentiality of personal information about beneficiaries seeking or receiving services;
- being both physically and programmatically accessible;
- not discriminating in the provision of services based on a beneficiary’s age, gender, race, color, creed, or national origin;
- having adequate resources to perform the activities required under the agreement with SSA or the ability to obtain them; and,
- implementing accounting procedures and control operations necessary to carry out the Ticket program.

The specific criteria that an entity must meet to qualify as an EN include:

- using staff who are qualified under applicable certification, licensing or registration standards that apply to their profession including certification or accreditation by national accrediting or certifying organizations;
- using staff that are otherwise qualified based on education or experience, such as by using staff with experience or a college degree in a field related to the services the EN wants to provide such as vocational counseling, human relations, teaching, or psychology; and
- taking reasonable steps to assure that if any medical and related health services are provided, such medical and health-related services are provided under the formal supervision of persons licensed to prescribe or supervise the provision of these services in the State in which the services are performed.
- Any entity must have applicable certificates, licenses, or other credentials if such documentation is required by State law to provide VR services, employment services or other support services.

²⁰ 20 CFR. 411.300 - 411.330.

²¹ 20 CFR. 411.305

B. An EN's Role in the Ticket Program is Voluntary

An EN is not required to serve any particular beneficiary. An EN is not required to provide or offer any specified list of services. After beginning to serve a beneficiary, the EN may choose, by following certain procedures outlined in the final Ticket regulations and subject to any dispute resolution procedures, to sever the relationship and stop serving the beneficiary. This is true of all ENs, other than a State VR agency serving as an EN. We expect most ENs will limit their work to those areas that are within their expertise.

Readers should take note, that in the case of a state VR agency serving as an EN, all of the requirements of Title I of the Rehabilitation Act, which govern State VR agencies, will continue to apply to services provided through the Ticket program. As a practical matter, this may mean that some beneficiaries will have a better guarantee of available services through the State VR agency than through an EN. It is up to the beneficiary, with or without help from third parties, to evaluate the various services available and work with the entity of his or her choice.

C. How to Become an EN

An entity, other than a State VR agency, Workforce Investment Board, One-Stop Career Center or American Indian VR Service Project, applies to SSA to become an EN by responding to SSA's request for proposals (RFP). This RFP is available through SSA's website at: <http://www.socialsecurity.gov/work/formsandpubs.html#Materials>. The applicant must certify that it is qualified to provide employment services, VR services, or other support services to beneficiaries either directly or through contract or other arrangement.²²

D. EN Responsibilities, Including the Obligation to Report to MAXIMUS ²³

The EN assumes responsibility for the coordination and delivery of employment services, VR services, or other support services to beneficiaries who have assigned their Ticket to that EN. An EN may consist of either a single provider of such services or a group of providers organized to combine their resources into a single entity. Under the old Ticket regulations, most of the entities enrolled as ENs were traditional disability service providers enrolled as ENs. Under the 2008 regulations, the universe of ENs is greatly expanding and now includes: one-stop delivery systems established under the Workforce Investment Act of 1998; business and industry; transportation providers, schools, colleges, peer-run organizations, and others. An EN provides services either directly or by entering into agreements with other providers that can furnish appropriate services and serve prescribed service areas and take measures to ensure that services provided under the Program meet the requirements of individual work plans (IWPs). An EN must develop and implement IWPs in partnership with each beneficiary whom they agree to serve in a manner that

²² 20 CFR 411.310

²³ 20 CFR 411.320

affords the beneficiary the opportunity to exercise informed choice in selecting an employment goal and specific services needed to achieve that goal. Each IWP must meet the requirements detailed in the section below.

An EN must:

- report to the Operation Support Manager (i.e., MAXIMUS) each time it accepts a Ticket for assignment;
- submit a copy of each signed IWP to the OSM;
- submit to the OSM copies of amendments to a beneficiary’s IWP;
- submit to the OSM a copy of any agreement the EN has established with a State VR agency;
- submit information to assist the OSM conducting the reviews necessary to assess a beneficiary’s timely progress;
- report to the OSM the specific outcomes achieved with respect to specific services the EN provided or secured on behalf of the beneficiary;
- provide a copy of its most recent annual report on outcomes to each beneficiary considering assigning a Ticket to it;
- meet all financial reporting requirements; collect and record such data as SSA requires; and,
- adhere to all requirements specified in the agreement with SSA.²⁴

SSA will periodically evaluate the EN’s performance to ensure effective quality assurance in the provision of services by ENs. SSA will solicit and consider the views of the individuals the EN serves and the PM monitoring the EN. ENs must make the results of these periodic reviews available to beneficiaries to assist them in choosing among available ENs.

E. An EN Cannot Charge a Beneficiary for Services²⁵

The only way that an EN can be paid is through the payment options, discussed later in this brief. A State VR agency, which can also be paid through the VR Cost Reimbursement Program, is also precluded from charging for its services when it serves a beneficiary under the Ticket program.

VIII. THE ROLE OF STATE VOCATIONAL REHABILITATION AGENCIES²⁶

Every State agency administering or supervising the administration of the State plan approved under Title I of the Rehabilitation Act of 1973, as amended, can elect

²⁴ 20 CFR 411.325

²⁵ 20 CFR. 411.300 - 411.330.

²⁶ 20 CFR 411.350 - 411.435.

to participate in the Ticket to Work program as an EN and/or under the VR Cost Reimbursement program. A State VR agency will provide services pursuant to the requirements of Title I of the Rehabilitation Act. All services will be delivered pursuant to a written individualized plan of employment (IPE). Many states have two state VR agencies, one serving individuals with all disabilities other than blindness; and one serving individuals who are legally blind.

A State VR agency participates in the program in one of two ways when providing services to a particular beneficiary. On a case-by-case basis, the State agency may participate either as 1) an EN or 2) under the VR Cost Reimbursement program. When the State agency serves a beneficiary with a Ticket as an EN, the agency will use the EN payment system as described later in this brief. The State VR agency will have periodic opportunities to change the payment system it uses when serving as an EN. When serving a beneficiary who does not have a Ticket, the State VR agency may seek payment only under the VR Cost Reimbursement program. A State VR agency can choose to function as an EN or to receive payment under the VR Cost Reimbursement program each time that a Ticket is assigned or reassigned to it if payment has not previously been made with respect to that Ticket.²⁷

Under the earlier regulations, the VR agency had to have a Ticket assignment in order to submit for VR Cost Reimbursement. Under the new regulations, this is no longer required. The new regulations create a new status, “in-use SVRA,” for those situations where the VR agency is serving a beneficiary under the VR Cost Reimbursement program. This new status affords these beneficiaries the same protections against Medical Continuing Disability Reviews (CDRs) as associated with Ticket assignment. When a Ticket is in this status, it is not otherwise available for assignment to another EN.

A. The Partnership Plus Option ²⁸

The new regulations create opportunities to establish VR-EN partnerships—affording the VR agency the option to receive VR cost reimbursement and an EN the option to sequentially receive payment as an EN. Under this new “Partnership Plus” option, a beneficiary with a Ticket may receive VR services to meet his/her intensive up front service needs and, after the VR agency’s case is closed, assign his/her Ticket to an EN to receive ongoing long-term support services to assist them in maintaining and/or advancing in employment. When seeking VR Cost Reimbursement the VR agency must still meet the reimbursement standard described earlier. The EN could provide job retention, advancement and/or ongoing support services, for example, and subsequently be eligible for any earned Phase 2 Milestones and Outcome payments.²⁹ Phase 2 Milestones are triggered when a beneficiary’s gross earnings are above the SGA level (before deductions

²⁷ 20 CFR 411.355

²⁸ 20 CFR 411.585

²⁹ 20 CFR 411.135; 411.140; 411.535(a)(iii); 411.585

for work incentives) and Outcome payments are triggered when SSDI benefits are not payable due to SGA and/or SSI is not payable due to earnings. These payment options will be described in much greater detail later in this brief.

The benefit of this option is increasing job retention, resulting in increasing numbers of beneficiaries achieving nine months of net SGA earnings and allowing VR agencies to submit more cases for VR Cost Reimbursement. This regulatory change is an enhanced source of assistance for beneficiaries with Tickets, as the State VR program is not designed to provide long-term support or follow-along services as envisioned for ENs under the new Ticket regulations. In some states, ENs and VR agencies are designing interagency agreements to facilitate equitable revenue sharing and a coordinated system of services for beneficiaries. Such agreements are an important component of a service delivery system that expands the scope of services available to beneficiaries and facilitates the coordination of services across agencies. To promote the development of viable interagency agreements, CESSI, SSA’s Program Manager for Recruitment and Outreach, is working with a few states to develop models of collaborative relationships to demonstrate how the Partnership Plus option can assist beneficiaries in securing and maintaining employment.

IX. THE INDIVIDUAL WORK PLAN (IWP)³⁰ AND SPECIFIC SERVICES AVAILABLE

A. The IWP is a Written Document

An IWP is a required written document signed by an EN and a beneficiary, or a representative of a beneficiary. It is developed and implemented in partnership when a beneficiary and EN have come to a mutual understanding to work together to pursue the beneficiary’s employment goal. The IWP outlines the specific employment services, vocational services, and other support services that the EN and beneficiary have determined are necessary to achieve the stated employment goal. The beneficiary and EN share responsibility for determining the employment goal and the specific services needed to achieve it.

B. What Services are Available through an IWP?

The Ticket legislation provides a representative list of services available through the Ticket program. It includes “case management, work incentives planning, supported employment, career planning, career plan development, vocational assessment, job training, placement, follow-up services, and such other services as may be specified by [SSA] under the Program.”³¹ Although the law and regulations authorize a fairly open-

³⁰ 20 CFR 411.450 - 411.470.

³¹ 42 U.S.C. § 1320b-19(e)(5).

ended array of potential services, there are no criteria or tests governing which services a beneficiary will get with a Ticket. Since the program is voluntary, there is no mandate for an EN (other than a state VR agency) to provide any specific service or serve any specific beneficiary.

For individuals served in the Ticket program by a State VR agency, services must be provided through the traditional IPE. In contrast to the private EN, the State VR agency is required to serve all eligible individuals (subject to any limitations imposed in many states to serve only the most severely disabled under an Order of Selection) and, in general, provide any and all services as necessary to achieve a work goal. A more comprehensive discussion of an individual's right to services through the State VR agency appears in *Policy and Practice Brief #1, State and Federal Vocational Rehabilitation Programs*, published by the Work Incentives Support Center at Cornell University.³²

C. Content of the IWP ³³

The EN is responsible for ensuring that, at a minimum, the written IWP includes statements about the following:

- the vocational goal developed with the beneficiary, including goals for earnings and job advancement, as appropriate;
- the services and supports necessary for the beneficiary to accomplish that goal;
- any terms and conditions related to the provision of these services and supports;
- a statement that the EN may not request or receive any compensation for the costs of services and supports from the beneficiary;
- a statement of the conditions under which an EN may amend the IWP or terminate the relationship;
- the beneficiary's rights under the Ticket to Work program, including the right to retrieve a Ticket at any time if the beneficiary is dissatisfied with the services being provided by the EN;
- the remedies available to the beneficiary, including information on the availability of advocacy services and assistance in resolving disputes through the State Protection and Advocacy system;
- the beneficiary's right to privacy and confidentiality regarding personal information, including information about the beneficiary's disability;
- the beneficiary's right to seek amendments to the IWP (the IWP can be amended if both the beneficiary and the EN agree to the change); and
- the beneficiary's right to have a copy of the IWP made available to the beneficiary, including in an accessible format chosen by the beneficiary.

³² www.ilr.cornell.edu/edi/PPBriefs.cfm

³³ 20 CFR 411.465

X. Assigning And Re-Assigning A Ticket; Extension Periods³⁴

A. Initial Assignment to the EN and/or State VR Agency³⁵

In general, a beneficiary can assign a ticket to an EN or state VR agency or otherwise use it with a state VR agency if the ticket is valid and the beneficiary is receiving a cash payment. To assign a ticket, a beneficiary must first find an EN or state VR agency that is willing to accept it. If the beneficiary decides to accept services from the state VR agency, the agency will decide whether it wants to be paid under the Ticket program or SSA's VR Reimbursement program.

The ticket is not assigned when the VR agency chooses cost reimbursement. It is placed in a status called In-Use SVR. The beneficiary will have the same rights and responsibilities when the ticket is assigned and when it is in In-Use SVR status.

If the beneficiary elects to work with his or her state VR agency and the VR agency agrees, at its option, to serve the beneficiary as an EN (rather than through the cost reimbursement option), then the beneficiary and representative of the state VR agency must agree to and sign an Individualized Plan for Employment (IPE). Once both parties have agreed, the beneficiary and a representative of the EN must develop and sign an Individualized Work Plan (IWP) to initiate a ticket assignment. The EN will submit a copy of the signed IWP. If a state VR agency is accepting a ticket assignment it will submit a completed and signed SSA-1365 to the OSM. As an alternative, the VR agency may submit an IPE with a signed statement on it acknowledging that the beneficiary is assigning the ticket.

There are new requirements that the IWP/IPE/SSA-1365 be accompanied by the beneficiary's work history for the past 18-months and information describing the services the EN or VR agency will provide by the end of the initial phase of milestone payments. The effective date of the ticket assignment will be the first day on which these requirements for ticket eligibility are met and the IWP or IPE/SSA-1365 has been signed.

If the state VR agency has chosen to be paid under the cost reimbursement option, none of the forms or information mentioned above applies. The OSM has worked individually with the state VR agencies to identify an efficient monthly electronic process to initial In-Use SVR status.

If a beneficiary reports to the OSM that he or she is temporarily or otherwise unable to make timely progress toward self-supporting employment, the OSM will give the beneficiary the choice of placing the ticket in inactive status or, if applicable, taking the ticket out of assignment.

³⁴ 20 CFR 411.140 -4 11.155

³⁵ 20 CFR 411.140.

B. Taking a Ticket out of Assignment

A beneficiary may “retrieve” a Ticket or take it out of assignment for any reason. The beneficiary must notify the OSM in writing. The Ticket will no longer be assigned to that EN or State VR agency, effective the first day of the month following the month in which the beneficiary notifies the OSM. For example, if the beneficiary notifies the OSM on February 8th that they are taking the Ticket out of assignment, the Ticket is no longer assigned effective March 1st. If an EN goes out of business or is no longer approved to participate as an EN in the Ticket program, the OSM will take the beneficiary’s Ticket out of assignment. In addition, if the beneficiary’s EN is no longer able to provide services, or if the State VR agency stops providing services because the beneficiary is deemed ineligible for services, the EN or State VR agency may ask the OSM to take the beneficiary’s Ticket out of assignment. In both of these latter situations, a notice will be sent to the beneficiary informing him or her of this decision.³⁶

C. Ticket Reassignment

A beneficiary may reassign their Ticket as he or she deems appropriate and as long as he or she continues to be eligible for participation in the program. For example, a beneficiary who was being served by an EN may choose to reassign the Ticket to a different EN or to the State VR Agency.³⁷ To re-assign a Ticket, all of the following requirements must be met:

- a. He or she meets the criteria for assigning a Ticket described in POMS DI 55025.001B.1 and 2.
- b. If the beneficiary does not meet the criteria, he or she may reassign his or her Ticket only if he or she:
 1. Continues to meet the Ticket eligibility requirements;
 2. Has an unassigned Ticket; and
 3. Has an EN/State VR Agency who is willing to work with him or her and sign a new IWP or IPE.
 4. If the Ticket is not in use, the IWP or IPE must be completed and signed within 30 days of being taken out of assignment.
 5. If the Ticket is in use, the employment plan must be completed and signed before the end of the extension period described below.

D. Reassignments and the Protection Against CDRs: The Three-Month Extension Period and Inactive Status

As stated above, the beneficiary or EN/State VR agency may take a Ticket out of assignment. The “extension period” is the three-month time frame that the beneficiary who is using a Ticket has to select an EN or State VR Agency, after a Ticket is taken out of assignment.

³⁶ 20 CFR 411.145

³⁷ 20 CFR 411.150(a).

During the three-month extension period, the Ticket is still considered to be in use. This means that the beneficiary will not be subject to medical continuing disability reviews (CDRs) during this period, as described later in this brief. The extension period begins on the first day on which the Ticket is no longer assigned and ends three months after it begins or when the beneficiary assigns the Ticket to a new EN or State VR agency, whichever occurs first.³⁸ If the beneficiary does not reassign the Ticket during the extension period, it is considered not in use at the end of the extension period and the beneficiary will once again be subject to medical CDRs.³⁹ In addition, the beneficiary must be receiving cash benefits to assign the Ticket after the extension period. Finally, the extension period does not count in determining whether the beneficiary is making timely progress toward his or her work goals.

XI. Elimination Of Medical Continuing Disability Reviews While Beneficiary Is “Using A Ticket”⁴⁰

The new regulations make several key changes to the “timely progress” requirements, with respect to whether the beneficiary is using a ticket. The most important changes include: recognizing the attainment of a high school diploma or GED certificate as an important step toward self-supporting employment; recognizing higher education as a potential pathway to employment; allowing the beneficiary to combine work and education to achieve progress review requirements; and, providing for a “variable tolerance” under which timely progress requirements are met if the beneficiary’s work and/or educational achievements are within 10 percent of the levels required by the regulations.

A medical CDR is the review conducted by SSA to determine whether or not a beneficiary continues to meet SSA’s disability standard. SSA will not conduct a medical CDR when the beneficiary is using the Ticket. However, this protection does not apply to work reviews that SSA may conduct to determine whether or not a beneficiary is engaging in substantial gainful activity.

A. How SSA Defines “Using a Ticket”⁴¹

For a beneficiary who has assigned his or her Ticket to an EN or State VR agency, SSA defines “using a Ticket” as a specified period of time during which the beneficiary is actively following the approved plan toward self-supporting employment. The EN monitors the beneficiary’s progress with the plan, but the OSM actually decides if the beneficiary is “using” the Ticket and making timely progress. SSA cannot initiate a medical

³⁸ 20 CFR 411.220(b), (c) and (d).

³⁹ 20 CFR 411.220(f).

⁴⁰ 20 CFR 411.160 - 411.225.

⁴¹ 20 CFR 411.170

CDR while the beneficiary is using the Ticket and making timely progress. If a Ticket has been assigned after a medical CDR has been initiated, SSA will complete that CDR. If, during that CDR, SSA decides that the beneficiary has medically recovered, usually benefits will be terminated. However, in some circumstances, SSA may continue benefits if the Ticket assignment was made prior to the medical CDR decision.⁴²

B. Timely Progress Toward Self-Supporting Employment ⁴³

SSA will conduct periodic 12-month reviews to determine whether a beneficiary is making timely progress toward self-supporting employment (see chart below). The 12-month benchmarks described below demonstrate evidence that a beneficiary is working at levels which will reduce their dependence on SSDI and SSI cash benefits.

⁴² See 20 CFR 404.316(c), 416.1338; POMS DI 13515.001 et seq., allowing benefits to continue following a medical recovery if the beneficiary is involved in an approved VR program that started before the disability ceased.

⁴³ 20 CFR 411.180

12-Month Review Period	Work Requirement	High School Diploma or GED	Degree or Certification Program	Technical, Trade, or Vocational Program
1st	3 out of 12 months with trial work level earnings	Obtained high school diploma or GED certificate	Completed 60% of FT course load for 1 year	Completed 60 percent of full time course load for 1 year
2nd	6 out of 12 months with trial work period level earnings		Completed 75% of FT course load for 1 year	Completed 75 percent of full time course load for 1 year
3rd	9 out of 12 months with substantial gainful activity level earnings		Completed a 2 year program or for a 4 year program, completed an additional academic year of full time study	Completed the program
4th	9 out of 12 months with SGA level earnings		Completed an additional academic year of full time study	
5th	6 out of 12 months at earnings level precluding the payment of SSDI and SSI cash payments		Completed an additional academic year of full time study or completed 4 year degree program	
6th	Work criteria remains at 5th period review levels for 6th and subsequent period reviews		Completed 4 year degree program	

SSA will now consider a beneficiary to be making timely progress when they obtain a GED or high school diploma in the first 12-month progress certification period, or if the beneficiary shows progress toward achieving a degree/certificate or vocational or technical training that will enhance the beneficiary's ability to work. In addition, if a beneficiary completes a certain percentage of the work requirement and a certain percentage of the

post-secondary education requirement or vocational or technical training requirement in the applicable progress certification period, and the sum of the two percentages equals 100 or more, SSA will consider the beneficiary to have met the timely progress requirements for purposes of the progress review conducted at the end of the 12-month progress certification period.

For example, if the beneficiary completes 45% of the work requirement during the first 12-month progress certification period (i.e., one month of work with earnings equal to or greater than the amount representing a trial work service month), and completes 66% of the requisite credit hours in an educational program during this period (i.e., 40 percent of the post-secondary credit hours that are considered to represent an academic year of full-time study), SSA will consider that beneficiary to have met the timely progress requirements for purposes of the progress review conducted at the end of the first 12-month progress certification period. This flexibility to combine educational achievement with work activity did not exist under the old regulations.

C. Timely Progress: 12-Month Progress Certification Periods⁴⁴

The first 12-month progress certification period begins with either: the month following the month in which the beneficiary first assigned their Ticket; or, if the beneficiary has a ticket that would otherwise be available for assignment and is receiving VR services under an IPE from a State VR agency which has chosen the VR Cost Reimbursement option for serving this individual, with the month beginning after the date VR agency services began. Any subsequent 12-month progress certification periods will begin with the month following the end of the previous 12-month progress certification period. In computing any 12-month progress certification period, SSA will not count any month during which the beneficiary's Ticket was not assigned to an EN or State VR agency acting as an EN and is not in VR Cost Reimbursement status; or, the beneficiary's ticket is in inactive status.

D. Timely Progress: The Initial 12-Month Progress Certification Period⁴⁵

During the first 12-month progress certification period, the beneficiary must be making timely progress by demonstrating that they have worked in at least three months within the 12-month period and have earnings in each of those three months that are equal to or greater than the amount representing a trial work service month; or have obtained a high school diploma or GED certificate within this 12-month period; or have been enrolled in a two- or four-year degree or certification program at an educational institution and have completed 60 percent of the post-secondary credit hours that are considered to represent an academic year of full-time study in the program by the end of the 12-month period; or have been enrolled in a vocational or technical training program at an educational

⁴⁴ 20 CFR 411.190

⁴⁵ 20 CFR 411.180

institution consisting of a technical, trade or vocational school and have completed 60 percent of the course requirements that are considered to represent a year of full-time study in the program by the end of this 12-month period; or have completed a percentage of the required number of months of work and earnings and a percentage of the specified amount of post-secondary credit hours or course requirements required as described earlier in this brief within the 12-month period so that the sum of the two percentages equals 100 or more.

Some higher education students might not assign their tickets until they have been enrolled in a two-year or four-year program for some time. In those rare cases, the beneficiary in question begins with the year one progress review requirements even though he or she is already approaching their degree or certification requirements.

E. Timely Progress: The Second 12-Month Progress Certification Period⁴⁶

During the second 12-month progress certification period, at the conclusion of 24 months of ticket use, the beneficiary must be making timely progress by demonstrating they have worked in at least six months within this 12-month period and have earnings in each of those six months that are equal to or greater than the amount representing a trial work service month; or have been enrolled in a two- or four-year degree or certification program at an educational institution and have completed an additional 75 percent of the post-secondary credit hours that are considered to represent an academic year of full-time study in the program by the end of the 12-month period; or have been enrolled in a vocational or technical training program at an educational institution consisting of a technical, trade or vocational school and have completed an additional 75 percent of the course requirements that are considered to represent a year of full-time study in the program by the end of the 12-month period; or have completed a percentage of the required number of months of work and earnings and a percentage of the specified amount of post-secondary credit hours or course requirements within the 12-month period so that the sum of the two percentages equals 100 or more.

F. Timely Progress: The Third 12-Month Progress Certification Period⁴⁷

During the third 12-month progress certification period, at the conclusion of 36 months of ticket use, the beneficiary must be making timely progress by demonstrating that they have worked in at least nine months within the 12-month period and have gross earnings from employment (or net earnings from self-employment in each of those nine months that are more than the SGA threshold amount; or have completed the course work and earned a degree or certificate from a two-year degree or certification program at an

⁴⁶ 20 CFR 411.185

⁴⁷ 20 CFR 411.191

educational institution by the end of the 12-month period; or have been enrolled in a four-year degree or certification program at an educational institution and completed additional post-secondary credit hours that are considered to represent an academic year of full-time study in the program by the end of the 12-month period; or have been enrolled in a vocational or technical training program at an educational institution consisting of a technical, trade or vocational school and have completed the course requirements of the program by the end of the 12-month period; or have completed a percentage of the required number of months of work and earnings and a percentage of the specified amount of post-secondary credit hours required within the 12-month period so that the sum of the two percentages equals 100 or more.

G. Timely Progress: The Fourth 12-Month Progress Certification Period⁴⁸

During the fourth 12-month progress certification period, at the conclusion of 48 months of ticket use, the beneficiary must be making timely progress by demonstrating they have worked in at least nine months within the 12-month period and have gross earnings from employment (or net earnings from self-employment in each of those nine months that are more than the SGA threshold amount; or have been enrolled in a four-year degree or certification program at an educational institution and completed additional post-secondary credit hours that are considered to represent an academic year of full-time study in the program by the end of the 12-month period; or have completed a percentage of the required number of months of work and earnings and a percentage of the specified amount of post-secondary credit hours required within the 12-month period so that the sum of the two percentages equals 100 or more.

H. Timely Progress: The Fifth 12-Month Progress Certification Period⁴⁹

During the fifth 12-month progress certification period, at the conclusion of 60 months of ticket use, the beneficiary must be making timely progress by demonstrating they have worked in at least six months within the 12-month period and have earnings in each of those six months that preclude payment of Social Security disability benefits and federal SSI cash benefits; or have been enrolled in a four-year degree or certification program at an educational institution and either completed additional post-secondary credit hours that are considered to represent an academic year of full-time study in the program or completed the course work and earned a degree or certificate from the program by the end of the 12-month period; or have completed a percentage of the required number of months of work and earnings and a percentage of the specified amount of post-secondary credit hours required within the 12-month period so that the sum of the two percentages equals 100 or more.

⁴⁸ 20 CFR 411.191

⁴⁹ 20 CFR 411.191

I. Timely Progress: The Sixth and Subsequent 12-Month Progress Certification Periods⁵⁰

During the sixth 12-month progress certification period, at the conclusion of 72 months of ticket use, the beneficiary must be making timely progress by demonstrating they have worked in at least six months within the 12-month period and have earnings in each of those six months that preclude payment of Social Security disability benefits and federal SSI cash benefits; or have completed the course work and earned a degree or certificate from a four-year degree or certification program at an educational institution by the end of the 12-month period.

During all subsequent 12-month progress certification periods, the beneficiary must have worked in at least six months within the 12-month period and have earnings in each of those six months that preclude payment of Social Security disability benefits and federal SSI cash benefits.

J. The Variance Tolerance Provisions⁵¹

The Variance Tolerance Provisions apply to those beneficiaries attending an educational degree, certification program, or a vocational/technical training program. Under these provisions, if the beneficiary’s completion of credit hours is within 10 percent of the specified goal for the applicable 12-month review period, he or she will be found to have met the timely progress requirement. SSA will consider the beneficiary to have met the applicable progress review requirement if the beneficiary has combined work with education or training during the review period in question if the sum of the percentages given for education/training credits and work earnings is within 10 percent of the goal.

Example. Ed is an SSDI beneficiary and is entering year 2 of a 2-year chiropractic program at a local community college. Ed must complete 60 credit hours to complete this program, or an average of 30 credits per year. Ed completed 18 credit hours in year 1, just enough to meet the timely progress requirements for year 1, i.e., 60% of full-time course load. He needs to complete 22 credit hours during year 2 in order to meet timely progress requirements (i.e., 75% of a full-time course load). In the first semester of year 2, Ed completes only 6 credits or 27 percent of the 22 credits required to meet the year 2 timely progress requirements. If Ed also gets a job that pays him \$900 gross per month for 4 months and works instead of taking classes that second semester, that would be 4 of the 6 months, (67%) needed to meet the timely progress requirements. Since the combined percentages of credit hours, 27%, and work, 67%, is 94%, and is within 10% of the combined total of 100% needed to make the timely progress requirements, Ed will meet the requirements pursuant to the variance tolerance provisions. Ed will not be subject to a medical CDR.

⁵⁰ 20 CFR 411.191

⁵¹ 20 CFR 411.166h

K. Options When Timely Progress Cannot Be Made⁵²

When a beneficiary is unable to make timely progress toward self-supporting employment they can notify the OSM during a progress certification period. The OSM will provide the beneficiary a choice of placing their Ticket in inactive status or, if applicable, taking their Ticket out of assignment with the EN or State VR Agency. A beneficiary can place their Ticket in inactive status at any time by submitting a written request to the OSM. The Ticket will be placed in inactive status beginning with the first day of the month following the month in which the request was made.

It is important to note that a beneficiary is not considering to be “using a Ticket” when in inactive status and is no longer provided protections from CDRs. A Ticket can be re-activated at any time by submitting a written request to the OSM. The Ticket will be re-activated the first day of the month following the month in which the OSM receives the written request. The progress certification period will resume counting from the last month of in-use status and the next progress review will be due when the progress certification period has been completed.

L. Process for Conducting Progress Reviews⁵³

The OSM will conduct a progress review at the end of each 12-month progress certification period. The OSM will review administrative records to determine if the beneficiary completed the work requirements as detailed above. When administrative records do not provide evidence of attainment of work requirements, the OSM will contact the beneficiary, EN or State VR Agency to request additional information. When evidence is documented, the OSM will find that the beneficiary has completed the specified requirements and that the beneficiary has made timely progress. If the OSM finds that timely progress has not been made they will notify the beneficiary in writing of the decision, explaining the reasons for the decision and informing the beneficiary of the right to ask for a redetermination. This decision will be effective 30 days after the date on which the OSM sends the decision notice, unless an appeal is filed.

M. Appealing Timely Progress Review Decisions⁵⁴

If a beneficiary disagrees with a decision made at the conclusion of a Timely Progress Review, that beneficiary can request a review of the decision made before the 30th day after the date on which the PM sends the notice of decision. SSA will consider the beneficiary to be making timely progress until they make a decision. SSA will send a written notice of their final decision to the beneficiary at their last known address. If they decide that the beneficiary is no longer making timely progress, their decision will be effective on the date on which they send the notice of decision to the beneficiary.⁵⁵

⁵² 20 CFR 411.210

⁵³ 20 CFR 411.190

⁵⁴ 20 CFR 411.205

⁵⁵ 20 CFR 411.205

N. Termination of “Using a Ticket” Status⁵⁶

A beneficiary will not be considered “using a Ticket” with the earliest of the following:

- The month in which the Ticket terminates;
- The 60th month for which an outcome payment is made to an EN or State VR agency;
- For State VR agencies that chose the cost reimbursement method, the 60th month for which an outcome payment would be due if the agency had chosen to serve the beneficiary as an EN;
- The month in which the beneficiary no longer meets timely progress requirements;
- When the beneficiary fails to reassign the Ticket by the end of a three-month extension period.

O. Ticket Termination⁵⁷

A beneficiary’s Ticket will terminate if and when he or she is no longer eligible to participate in the Ticket to Work program. If a Ticket is terminated, a beneficiary will no longer be able to assign it and an EN or State VR agency will not receive payments achieved in or after the month in which the Ticket was terminated. A beneficiary’s eligibility to participate in the Ticket to Work program will end, and the Ticket will terminate, in the earliest of the following months:

1. The month in which entitlement to SSDI benefits based on disability ends for reasons other than work activity or earnings, or the month in which eligibility for SSI benefits based on disability or blindness terminates for reasons other than work activity or earnings, whichever is later; or
2. If the beneficiary is entitled to SSDI widow’s or widower’s benefits based on disability, the month in which the beneficiary turns age 65; or
3. If the beneficiary is eligible for SSI based on disability or blindness, the month following the month in which they turn age 65.

XII. The Two Employment Network Payment Systems⁵⁸

A. ENs, Including State VR Agencies Serving as ENs, May Elect to be Paid Under One of Two Systems

The underlying premise of the Ticket to Work program is to pay ENs based on the satisfactory employment (or self-employment) outcomes of the SSDI or SSI beneficiary.

⁵⁶ 20 CFR 411.171

⁵⁷ 20 CFR 411.171

⁵⁸ 20 CFR 411.500 - 411.597; 20 CFR 411.191

With the exception of the Phase I milestone payments and Phase II outcome payments available under the Outcome-Milestone Payment options, and the separate option for State VR Agencies to be paid under the longstanding cost reimbursement payment system, all payments to an EN occur based on work activity that results in the beneficiary's loss of SSDI benefits and disability-based federal cash SSI benefits.

ENs (including a State VR Agency acting as an EN) may elect to be paid under one of two EN payment systems - the Outcome Payment System or the Outcome-Milestone Payment System. Payments under the new EN payment systems differ, depending on the option chosen and the types of benefits received by the beneficiary. The pace of payments to an EN will also depend on how quickly the beneficiary achieves the required work outcomes.

An EN elects one of the two payment systems when it enters into an agreement with SSA to serve as an EN. After first electing a payment system, the EN can then make one change in its chosen payment system during each calendar year.⁵⁹

B. The Payment Calculation Base

Each calendar year, SSA bases the payments for both EN payment systems, described below, on something called the Payment Calculation Base. One of two Payment Calculation Bases is used, depending on whether the individual served is an SSDI or SSI beneficiary. For SSDI beneficiaries (including concurrent SSDI/SSI beneficiaries), the Payment Calculation Base will be the average monthly disability insurance benefit payable for the months during the preceding calendar year to all disabled worker beneficiaries who are in current pay status for the month in which the benefit is payable. For SSI beneficiaries (who are not concurrently SSDI beneficiaries), the Payment Calculation Base will be the average monthly federal SSI payment based on disability payable for the months during the preceding calendar year to all beneficiaries who: i) have attained age 18 but not age 65; ii) are not concurrent SSDI/SSI beneficiaries; and iii) are in current pay status for the month in which the payment is made.⁶⁰

C. Payments Under the "Outcome Payment System"⁶¹

SSA can make up to 36 outcome payments to the EN (or State VR agency acting as an EN) for a Title II disability beneficiary (including a concurrent Title II/Title XVI disability beneficiary). SSA can pay up to 60 outcome payments to the EN (or State VR agency acting as an EN) for a Title XVI disability beneficiary who is not concurrently a title II disability beneficiary. For each month during the beneficiary's outcome payment period for which Social Security disability benefits and federal SSI cash benefits are not payable to the beneficiary because of the performance of SGA or by reason of earnings from work activity, the EN (or the State VR agency acting as an EN) is eligible for a monthly outcome

⁵⁹ 20 CFR 411.515.

⁶⁰ 20 CFR 411.500(a).

⁶¹ 20 CFR 411.525

payment. Payment for an outcome payment month under the outcome payment system is equal to 67% of the payment calculation base for the calendar year in which such month occurs, rounded to the nearest whole dollar.

D. Payments Under the "Outcome Milestone Payment System"⁶²

SSA can pay the EN (or State VR agency acting as an EN) for up to four Phase One milestones attained within the required earnings period for a Title II or Title XVI disability beneficiary who has assigned his or her ticket to the EN (or State VR agency acting as an EN).

- **First Phase One Milestone:** When a beneficiary has worked in a month and earned at least 50% of the amount of earnings considered to represent a trial work period service month.
- **Second Phase One Milestone:** When a beneficiary has worked for three months within a six-month period and has gross earnings in each of those three months equal to or greater than a trial work period service amount.
- **Third Phase One Milestone:** When a beneficiary has worked for a total of six months within a twelve-month period and had gross earnings in each of those six months equal to a trial work period service amount.
- **Fourth Phase One Milestone:** When a beneficiary has worked a total of nine months within an 18-month period and had gross earnings in each of those nine months equal to a trial work period service amount and the EN has substantially completed the services agreed to in the IWP/IPE, including any amendments.

Earnings used to meet the first, second or third Phase One milestones may be counted again when determining if a later Phase One milestone is met, provided the earlier earnings fall within the relevant time period for meeting the later milestone.

Example: Sally is an SSI beneficiary who assigned her ticket to an EN in January 2008. In September 2008, the EN arranges for Erica to be placed in a nursing home as a nurse's aide, earning \$800 per month in a part-time position. Sally remains in that position through the end of the year and earns \$800 gross in October, November and December.

In January 2009, the EN arranges for an unpaid internship at a new nursing home in which the nursing home staff agrees to provide intensive supervision and coaching in exchange for Sally's free services. Sally continues in this unpaid position through the end of June. In July 2009, the nursing home agrees to hire Sally in a paid position where she will earn \$950 gross per month. She continues working through the remainder of 2009, earning \$950 per month gross between July and December. Will the EN be able to collect any Phase 1 milestone payments for Sally's success?

⁶² 20 CFR 411.535

The EN can collect for each of the four milestones as Sally's earnings meet the criteria for all four as follows:

- **Milestone 1:** This was met when Sally earned \$800 in October 2008 exceeding required earnings of half the amount needed for one TWP month.
- **Milestone 2:** This was met when Sally earned \$800 for November and December 2008 (more than the \$670 required for a TWP month in 2008). As allowed under the rules, the earnings from October were again used to meet the three months out of six months requirement for TWP-level earnings.
- **Milestone 3:** This is met when Sally works three more months, in July, August, and September 2009 and earns \$1,000 gross per month (more than the amount required for a TWP month). As allowed under the rules, we can count October, November and December 2008 again, allowing Sally to achieve 6 months of TWP-level work in a 12-month period.
- **Milestone 4:** This is met when Sally works three more months in October, November, and December 2009 at TWP-level earnings levels. As allowed under the rules, we can once again count previous months of TWP-level earnings. In this case, we may count any of 9 TWP-level earnings months within a 18-month period ending December 2009.

SSA can also pay the EN (or State VR agency acting as an EN) up to 11 Phase Two milestones achieved by a Title II disability beneficiary (including a concurrent Title II/ Title XVI disability beneficiary) or up to 18 Phase Two milestones achieved by a Title XVI disability beneficiary (who is not concurrently a Title II disability beneficiary) who has assigned his or her ticket to the EN (or State VR agency acting as an EN). A Phase Two milestone is met for each calendar month in which the beneficiary has worked and has gross earnings from employment (or net earnings from self-employment) in that month that are more than the SGA threshold amount (before any deductions for work incentives). SSA pays available milestone payments in sequence except when the beneficiary's outcome period begins before the beneficiary has achieved all Phase One and Phase Two milestones.

Example: Jim, in the first month of employment after assigning the ticket, earns above the SGA level. Despite having exceeded trial work period level earnings and earned above the SGA level as required for Phase 2 payments, based on Jim's earning SSA would pay the EN the sequentially available milestone, which in this case would be Phase 1, milestone 1.

In addition to the milestone payments, monthly outcome payments can be paid to the EN (or State VR agency acting as an EN) during the outcome payment period. These outcome payments are paid under the same terms (i.e., SSDI not payable due to SGA and/or SSI not

payable due to earnings), but at a lower payment rate than available under the outcome payment systems. The outcome-milestone payment system is designed so that the total payments to the EN (or the State VR agency acting as an EN) for a beneficiary are less than the total amount that would have been paid if the EN were paid under the outcome payment system. Under the outcome-milestone payment system, the total payment to the EN (or the State VR agency acting as an EN) is about 90% of the total that would have been potentially payable under the outcome payment system for the same beneficiary.

E. Assessment of Prior Work Activity and Milestone Payments

Significant work activity prior to ticket assignment will limit the availability of Phase One milestone payments. The OSM will make this assessment of work activity prior to the first ticket assignment on each ticket, irrespective of the EN’s chosen payment system, in order to determine how many milestone payments may be available for serving an individual in the Ticket to Work program. The first Phase One milestone payment is not available to be made to an EN if the beneficiary has worked above the trial work level in the calendar month prior to the first ticket assignment on each ticket in the Ticket to Work program. The second Phase One milestone payment is not available if the beneficiary has worked above the trial work level in three of the six months prior to the first ticket assignment on each ticket in the Ticket to Work program. The third Phase One milestone is not available if the beneficiary has worked above the trial work level in six of the twelve months prior to the first ticket assignment on each ticket in the Ticket to Work program. The fourth Phase 1 milestone is not available if the beneficiary has worked above the trial work level in nine of the 18 months prior to the first ticket assignment on each ticket in the Ticket to Work program.

F. Preclusion of Phase One Milestones in the Case of VR Cost Reimbursement

If a beneficiary had a ticket that otherwise was available for assignment and chose to receive services under an IPE from a State VR agency that elected the VR Cost Reimbursement option, payment of Phase One milestones to an EN or a different VR agency acting as an EN, with respect to the same ticket, is precluded if the State VR Agency that elected the VR Cost Reimbursement option achieved an employment outcome before case closure. An EN or a different VR agency acting as an EN can be paid Phase Two milestones and outcome payments, under the Outcome Milestone Payment System, with respect to this ticket.

G. Payment Rates under the Outcome Milestone Payment System

The following chart summarizes the Phase One payment rates for calendar year 2009, based on the type of benefit received.

Type	Earnings	SSDI	SSI
<i>Phase 1 -- Potential</i>			
Milestone 1	\$350/mo for 1 months	\$1,211	\$1,211
Milestone 2 (M1+2 mo.)	\$700/mo for 3 months	\$1,211	\$1,211
Milestone 3 (M2+3 mo.)	\$700/mo for 6 months	\$1,211	\$1,211
Milestone 4 (M3+3 mo.)	\$700/mo for 9 months	\$1,211	\$1,211
Total Potential Phase I		\$4,844	\$4,844

The following chart summarizes the Phase II payment rates for calendar year 2009, based on the type of benefit received.

Type	Earnings	SSDI	SSI
Phase 2	Gross > SGA (\$980)	\$363/mo. (up to 11 mos.)	\$207/mo. (up to 18 mos.)
Total Phase 2 Payments		\$3,993	\$3,726
Total Potential Ticket Payment Phases 1 and 2		\$8,837	\$8,570

The following chart summarizes the Outcome Phase payment rates for calendar year 2009, based on the type of benefit received.

Type	Earnings	SSDI	SSI
Outcome Phase	Net > SGA (\$980) AND 0 cash benefit	\$363/mo. for 36 months	\$207/mo. for 60 months
Total Outcome Phase Payments		\$13,068	\$12,420
Total Potential Ticket Payments		\$21,905	\$20,990

H. Reconciliation Payments⁶³

When an EN has elected to serve beneficiaries under the Outcome- Milestone Payment System, reconciliation payments are sometimes available. In some cases, these payments will be available if a beneficiary’s outcome payment period begins before all Phase 1 and Phase 2 milestones have been attained. This payment will equal the total amount of the milestone payments that were available, when the ticket was first assigned, but that have not yet been paid. This reconciliation payment will be based on the Payment Calculation Base for the calendar year in which the first month of the beneficiary’s outcome period occurs. The payment, however, will be made only when the EN has qualified for 12 outcome payments.

I. Payments to State Vocational Rehabilitation Agencies

A State VR Agency can provide VR services to SSA beneficiaries in one of two ways: as an EN, or under the VR Cost Reimbursement option.⁶⁴The State VR Agency, on a beneficiary-by-beneficiary basis, may choose whether it will serve a beneficiary as an EN or under the VR Cost Reimbursement option. The choice of payment systems is generally made when the State VR agency first notifies the OSM of its decision to serve the beneficiary. If the beneficiary was already a consumer of the State VR agency prior to receiving a ticket, the agency notifies the OSM of its payment system election at the time the beneficiary decides to assign the Ticket to the State VR agency.

For those beneficiaries it serves under the EN payment system, the State VR agency has the same option as other ENs to elect either the Outcome Payment System or the Outcome-Milestone Payment System. When the VR agency elects to serve an individual beneficiary as an EN, it will be bound by the EN payment system it elected. Like other ENs, the State VR Agency will periodically have opportunities to change the payment system it uses when serving as an EN.

The cost reimbursement option for payment is described earlier in this brief. When it is used, the State VR agency is paid by SSA for all of its qualified rehabilitation expenses with respect to a particular beneficiary. The total payment to the agency under this traditional reimbursement system may, on a case-by-case basis, be more or less than what it would receive for the same beneficiary using one of the EN payment systems.

J. An EN May Use Outcome or Milestone Payments to Make Payments to a Beneficiary⁶⁵

The prior regulations did not contain this provision. However, SSA did allow ENs to use outcome or milestone payments to make payments to a beneficiary. For example, AAA

⁶³ 20 CFR 411.536

⁶⁴ 20 CFR 404.2101 et seq.

⁶⁵ 20 CFR 411.566

Take Charge has, historically, rewarded beneficiaries for work-related success by paying them a percentage of the outcome or milestone payments received by it. The regulations now clarify that those types of payments are specifically allowed.

XII. Dispute Resolution Under The Ticket Program⁶⁶

The Ticket program offers a dispute resolution system for three types of disputes: those between beneficiaries and State VR agencies acting as ENs; those between beneficiaries and ENs that are not State VR agencies; and those between ENs that are not State VR agencies and OSMs.

A. Disputes Between Beneficiaries and State VR Agencies⁶⁷

When a State VR agency serves a beneficiary, the agency is required to comply with all of the provisions under Title I of the Rehabilitation Act of 1973⁶⁸ and its implementing regulations.⁶⁹ One of those requirements is the opportunity to resolve disputes through formal mediation services or an impartial hearing process.

Any individual who is seeking or receiving VR agency services and who is dissatisfied with a determination made by personnel of the agency, has the right to a timely review of that determination. Each State VR agency must develop and implement procedures to ensure that an individual may request a timely review, which must include the right to mediation and an administrative hearing before an impartial hearing officer. The VR agency must notify individuals, in writing, of their right to mediation, an impartial hearing, and the availability of the Client Assistance Program (CAP) to assist them with disputes. This notice must be provided at the following times: at the time the individual applies for VR services; at the time the individual is assigned to a category in the State's order of selection, if the State VR agency has established an order of selection;⁷⁰ at the time the IPE is developed; and upon the reduction, suspension, or cessation of VR services. At an impartial hearing, the individual has the right to be represented by an attorney or other advocate. Both the individual and the agency can present evidence and cross-examine witnesses. The hearing decision is final and must be implemented, unless appealed.

The 1998 amendments to the Rehabilitation Act provide that a State VR agency may establish a procedure for a second level of administrative review. The review officer must be the chief official of the designated State VR agency or an official from the office of the Governor. If the state does establish a second level of administrative review, either party may appeal within 20 days of the hearing officer's decision. The review officer

⁶⁶ 20 CFR 411.600 - 411.730.

⁶⁷ 20 CFR 411.640

⁶⁸ 29 U.S.C. § 720 et seq.

⁶⁹ 34 CFR. Part 361.

⁷⁰ See 34 CFR 361.36.

cannot overturn a hearing decision unless, based on clear and convincing evidence, the decision is “clearly erroneous” based on an approved state VR Plan, federal law, federal VR regulations, or state regulations or policies that are consistent with federal regulations. The 1998 amendments also add the right for either party (i.e., the consumer or the VR agency) to appeal a final administrative decision to federal court (or to state court if your state provides for court review of administrative decisions).

The administrative hearing required to be offered by State VR agencies is very similar to the hearing available to SSI and SSDI beneficiaries who are dissatisfied with decisions by SSA affecting their benefits. Unlike the very informal dispute resolution procedures governing ENs that are not State VR agencies, described below, the VR agency hearing provides an extensive opportunity to present live testimony and cross examine adverse witnesses. The hearing officer is then required to render a written decision, which must determine if the services in dispute are mandated under the very intricate provisions of Title I and its implementing regulations.

B. Disputes Between Beneficiaries and ENs⁷¹

For disputes between beneficiaries and ENs that are not State VR Agencies, the Ticket program offers a three-step dispute resolution process:

1. The beneficiary can file a complaint through the EN’s internal grievance procedures.
2. If the EN’s internal grievance procedures do not result in an agreeable resolution, either the beneficiary or the EN may seek a resolution from the PM.
3. If either the beneficiary or the EN is dissatisfied with the resolution proposed by the PM, either party may request a decision by SSA.

All ENs that are not State VR agencies must establish written grievance procedures that a beneficiary can use to seek a resolution to a dispute under the Ticket program. The EN must give each beneficiary seeking services a copy of its internal grievance procedures and inform him or her of the right to refer a dispute first to the OSM for review, and then to SSA for a decision. The EN is also required to inform each beneficiary of the availability of assistance from the State Protection and Advocacy system.⁷²

At a minimum, the EN is required to inform each beneficiary seeking services under the Ticket program of the procedures for resolving disputes when:

- the EN and the beneficiary complete and sign the IWP;
- services in the beneficiary’s IWP are reduced, suspended or terminated; and
- dispute arises related to the services spelled out in the beneficiary’s IWP or to the beneficiary’s participation in the program.⁷³

⁷¹ 20 CFR 411.600

⁷² 20 CFR 411.605

⁷³ 20 CFR 411.610.

When the EN's grievance procedures do not result in a satisfactory resolution, either the beneficiary or the EN may ask the PM to review a disputed issue.⁷⁴ The final regulations do not spell out any time limit for requesting this review, but do require the OSM to contact the EN to submit all relevant information within 10 working days. The information to be submitted should include:

- a description of the disputed issue(s);
- a summary of the beneficiary's position, prepared by the beneficiary or a representative of the beneficiary, related to each disputed issue;
- a summary of the EN's position related to each disputed issue; and
- a description of any solutions proposed by the EN when the beneficiary sought resolution through the EN's grievance procedures, including the reasons the beneficiary rejected each proposed solution.

The OSM has 20 working days to develop a "written recommendation," that should explain the reasoning for the "proposed resolution."⁷⁵ Upon receiving the OSM's recommendation, either the beneficiary or the EN may request, in writing, a review by SSA. That request for review must be received by the PM within 15 working days of the receipt of the OSM's recommendation. The PM has 10 more working days to refer this request to SSA. The request for SSA review must include: a copy of the beneficiary's IWP; information and evidence related to the disputed issue(s); and the OSM's conclusion(s) and recommendation(s). SSA's decision in response to this request is final. No further appeal within SSA is available and the regulations do not provide for any court appeal.⁷⁶

C. Representation of Beneficiaries in Ticket Disputes⁷⁷

If a beneficiary is using either the appeals system for resolving disputes with State VR agencies, pursuant to Title I of the Rehabilitation Act, or using the more informal procedures for resolving disputes with ENs, pursuant to the final Ticket regulations, the beneficiary can be represented by an attorney, advocate, or any other person. The two advocacy programs to assist beneficiaries with these disputes, available in every state and territory, are the Client Assistance Program (CAP) and the Protection and Advocacy for Beneficiaries of Social Security (PABSS) program. The CAP was created in the mid 1980s, largely to assist individuals with disabilities in connection with State VR agency disputes, and may also be available to assist with EN disputes. The PABSS was created as part of the Ticket to Work and Work Incentives Improvement Act of 1999 and is available to assist beneficiaries with EN disputes, including disputes with State VR agencies serving as ENs. Some state Protection and Advocacy agencies will provide services under both the CAP and PABSS programs.

⁷⁴ 20 CFR 411.615.

⁷⁵ 20 CFR 411.620.

⁷⁶ 20 CFR 411.625 and 411.630.

⁷⁷ 20 CFR 411.635

D. Disputes Between ENs and Program Managers⁷⁸

For disputes between ENs that are not state VR agencies and the OSM, that do not involve an EN’s payment request, there is a two step dispute resolution process: the EN can seek a resolution through the OSM’s internal grievance procedures; and if the OSM’s internal grievance procedures do not result in a mutually agreeable solution, the OSM must refer the dispute to SSA for a decision.

Whenever there is no mutually agreeable solution to the EN’s dispute, the OSM has 20 working days to refer the dispute to SSA with all the relevant information. The information should include: a description of the disputed issue(s); a summary of the EN’s and the OSM’s position related to each disputed issue; and a description of any solutions proposed by the EN and OSM when the EN sought resolution through the OSM’s grievance procedures, including the reasons each party rejected each proposed solution.

SSA’s decision in response to this dispute is final. No further appeal within SSA is available and the regulations do not provide for any court appeal.

XIII. The Role Of Benefits And Work Incentives Practitioners And The Ticket To Work

Practitioners have an important role in helping beneficiaries understand and utilize the Ticket to Work and/or Traditional VR Cost Reimbursement program as part of an overall strategy for achieving employment and enhancing self-sufficiency. The Ticket to Work is a powerful work incentive for certain individuals, and when applied may make the difference between remaining unemployed or successfully attaining a satisfying career. The Traditional VR Cost Reimbursement program provides access to in-depth vocational rehabilitation supports that in some cases may be needed for some beneficiaries. Coupled together, they can provide access to long-term services and supports a beneficiary may need to maintain and advance in employment.

Practitioners can use the Ticket to work to play a vital role in the lives of beneficiaries. For starters, practitioners need to be knowledgeable about ENs in their area. This means more than just maintaining a list of these agencies to hand out to beneficiaries - although that certainly is a start! In addition, practitioners need to have a comprehensive understanding of their local ENs in several critical areas:

- Which ENs are currently accepting tickets
- Which ENs are actively providing services
- What are the specific services available from various ENs

⁷⁸ 20 CFR 411.650 – 411.660

- What are specific participant eligibility requirements that local ENS have
- What restrictions on services or eligibility do local ENs have.

Here's a short list of tips a practitioner might want to utilize to assist beneficiaries in this important area:

- Screening all beneficiaries they assist to identify those beneficiaries who would most benefit from ticket assignment and who would make strong candidates for ticket assignment.
- Explaining in clear and understandable terms how the Ticket to Work program functions and what benefits individuals receive from using their ticket.
- Encouraging beneficiaries who are strong ticket candidates and who would benefit from the Ticket to Work program to consider ticket assignment.
- Counseling beneficiaries on ticket assignment by providing information about available ENs in their locale and helping the beneficiaries select an EN which best matches the beneficiary's service or support needs and preferences.

In many cases, the practitioner should be ready to explain the differences between the Ticket to Work and the VR Cost Reimbursement Program. Understanding the specific supports needs of the beneficiary to be served is critical in supporting a beneficiary in determining which program is best suited to meet their needs and at what time. Specific considerations for the practitioner include:

- What level of support does the beneficiary feel is important to support their path to work?
- Does the individual require high cost accommodations or access to assistive technology to fully participate in employment?
- Will the individual require home or vehicle accommodation or transportation supports to assist with preparing for work?
- Will the individual require long-term on-the-job support?
- What level of earning is of most interest to the beneficiary?
- Is the beneficiary interested in accessing services and supports under both programs?

- Does the VR Agency have a local EN that they have established a working relationship with under the Partnership Plus option?
- What are critical touch points the practitioner should consider when supporting the beneficiary in participating in either or both the Ticket to Work and VR Cost Reimbursement Program?

Finally, the practitioner should keep in mind that often the selected EN or State VR Agency may also benefit from continued contact with the benefits and work incentives planning organization. Maintaining a close connection with either entity is important and the practitioner should work to integrate work incentives planning and support goals into other individualized service delivery planning documents like the IPW or IPE. This will ensure continuity of supports but also provide needed intersections between the employment service provider, work incentives practitioner and the beneficiary being served.

XIV. Questions And Answers On The Ticket To Work And Self-Sufficiency Program

For more information on the Ticket to Work and Work Incentives Improvement Act of 1999, visit SSA's Office of Employment Support Program's web site at www.ssa.gov/work. Link to "General Information" for up-to-date information on legislation and regulations pertaining to the employment supports of individuals with disabilities. Additional information is available on the MAXIMUS website at www.yourtickettowork.com.

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www.NYMakesWorkPay.org

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Partnering Organizations

New York State Office Of Mental Health
Employment and Disability Institute (Cornell University)
Burton Blatt Institute (Syracuse University)

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