

CUSTOMIZED SUPPORTED EMPLOYMENT INVOICE)

FROM:
(Service Provider Representative)

TO:
(Vocational Rehabilitation Program)

PROVIDER NAME:

DATE:

PROVIDER INVOICE #:

VR AUTHORIZATION #:

RE: SUPPORTED EMPLOYMENT SERVICES

The following is a request for Supported Employment Services for: Client Name:

VR Client ID:

\$	<p>05540-Service Identification-(Use only if client plan started prior to 2/1/2024) <i>(300 is encumbered with 110 funds)</i></p> <p>Determination of the need for Supported Employment is completed. The Supported Employment Services Agreement form is completed with the VR Counselor and the client. The services and strategies have been identified based on the needs of the client.</p>	Service Begin Date:
\$	<p>05540-Service Identification & Extended Services Agreement (NEW) <i>(\$300 authorized with 110 funds prior to this phase)</i></p> <p>Determination of the need for Supported Employment is completed, and the services & strategies have been identified based on the client's needs. The "Service Identification and Extended Services Agreement" form is completed with the VR Counselor, Provider, & the client</p>	Service Begin Date:
\$	<p>05541-Discovery Assessment & Profile-(Use only if client plan started prior to 2/1/2024) <i>(\$2,000.00)</i></p> <p>The provider completes a comprehensive, individualized, local community-based discovery process and provides to the VR counselor a vocational profile of client that meets customized employment standards outlined in contract.</p>	Service Begin Date:
\$	<p>05541-Discovery Assessment & Profile- 05541 (NEW) <i>(\$2,000 authorized with 110 funds prior to this phase)</i></p> <p>The provider completes a comprehensive, individualized, local community-based discovery process and provides to the VR counselor a vocational profile of client that meets customized employment standards outlined in contract.</p>	Service Begin Date:
\$	<p>05542-Discovery Profile Meeting- (Use only if client plan started prior to 2/1/2024) <i>(\$300.00)</i></p> <p>The provider convenes a discovery profile meeting with the customized team comprised of paid and non-paid people important to the client's customized employment development process. The aim of this meeting is to further job creation and negotiation.</p>	Service Begin Date:
\$	<p>05542-Discovery Profile Meeting (NEW) <i>(\$300.00 authorized with 110 funds prior to this phase)</i></p> <p>The provider convenes a discovery profile meeting with the customized team comprised of paid and non-paid people important to the client's customized employment development process. The aim of this meeting is to further job creation and negotiation.</p>	Service Begin Date:
\$	<p>05543-Job Development- (Use only if client plan started prior to 2/1/2024) <i>(\$1,500.00)</i></p> <p>Job Creation/Negotiation is provided to assist in seeking and securing employment for the client. Job Creation/Negotiation will be done based on the chosen vocational goal of the client. Job Creation/Negotiation may be repeated, including the payment, in the event that a placement fails. Repeating job development is done at the discretion of the VR Counselor</p>	Service Begin Date:
\$	<p>05543-Job Creation/Negotiation (NEW) <i>(\$2,000.00 authorized with 110 funds prior to this phase)</i></p> <p>Job Creation/Negotiation will be done based on the chosen vocational goal of the client. Job Creation/Negotiation may be repeated, including the payment, in the event that a placement fails. Repeating Customized Job Creation / Negotiation is at the discretion of the VR Counselor.</p>	Service Begin Date:
\$	<p>05544-Training & Initiation of Ongoing Support- (Use only if client plan started prior to 2/1/2024) <i>(\$2,425.00)</i></p> <p>Authorization & Invoice (A & I) will be encumbered in the amount of \$2,425.00 to the provider for the initiation of Training and On-going supports. This phase MAY begin ONCE the client is on the employer's payroll and BEGINS RECEIVING ON-GOING SUPPORTS/job coaching.</p>	Service Begin Date:
\$	<p>05544-Training &Initiation of Ongoing Support (NEW) <i>(\$2,412.50 authorized with Supported Employment funds prior to this phase)</i></p> <p>This phase begins once the client is on the employer's payroll and begins receiving on going supports/training/job coaching. The minimum time is 45 days.</p>	Service Begin Date:

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\$	<p>05545-Stabilization- (Use only if client plan started prior to 2/1/2024) (\$1,500.00)</p> <p>Once ON-GOING SUPPORTS/job coaching for the client has diminished to only 30 percent, payment of \$1,500.00 will be made upon entry into VR Employed status.</p>	Service Begin Date:
\$	<p>05545-Training & Initiation of Stabilization (NEW) (\$2,412.50 authorized with Supported Employment funds after this phase is complete)</p> <p>This phase is complete when job coaching and related interventions have decreased to a level necessary to maintain the person in employment. Pay stub/wage documentation from the employer should be submitted by the provider or client. The minimum time frame for this phase is 45 days</p>	Service Begin Date:

\$	<p>05546-Service Completion &Transition to Extended Services (Use only if client plan started prior to 2/1/2024) (\$2,825.00)</p> <p>Authorization & Invoice (A/I) for payment of \$2,825.00. Payment will be issued when the client is transitioned to Extended Services. A written Extended Services plan shall be in place prior to or at the time of this payment.</p>	Service Begin Date:
\$	<p>05546-Stabilization (NEW) (\$1,000 authorized with Supported Employment funds at 45 days into this phase)</p> <p>This is a final payment to the provider after the client has been in Extended Service for a minimum of 45 days</p>	Service Begin Date:

Phases (excluding Services Identification) may be repeated at the discretion of the VR Counselor.

I hereby attest that this information is true, accurate, and complete and understand that any falsification, omission, or concealment of material fact may subject me or the represented organization to administrative, civil, or criminal liability. Furthermore, I am a duly authorized representative to sign such agreement for the party I represent.

I understand that in order to be reimbursed for the rendering of services, I must submit an invoice packet(s) in accordance with the approved written authorizations, rate schedule, and the GVRA/VR Provider Guidelines Manual within 30 days of the completion of the services being provided. I understand that all invoices must match or be less than the written service authorization.

Service Provider Representative Signature:

Date: