

IPS SUPPORTED EMPLOYMENT INVOICE

TO: Vocational Rehabilitation Program

PROVIDER NAME:

FROM: Service Provider Representative

PROVIDER INVOICE #:

DATE:

VR AUTHORIZATION #:

RE: Supported Employment Services

The following is a request for Supported Employment Services for:

Client Name: _____

VR Client ID: _____

Services Identification

\$ _____ Determination of the need for Supported Employment is completed, and the services & strategies have been identified based on the client's needs. The Supported Employment Services Agreement form is completed with the VR Counselor, Provider, & the client. (Services Identification, \$300).

Job Development

Service Begin Date: _____

\$ _____ Job Development is provided to assist in seeking and securing employment for the client. **Job Development will be based on the chosen vocational goal of the client.** Job Development may be repeated, including the payment, in the event that a placement fails. Repeating job development is at the discretion of the VR Counselor.(Job Development, \$1,500.00)

Training & Initiation of On-going Support

Service Begin Date: _____

\$ _____ 1. Authorization & Invoice (A & I) will be encumbered, in the amount of \$2,000.00, to the provider for the initiation of Training and On-going supports. This phase begins once the client is on the employer's payroll and begins receiving on going supports/training/job coaching.

Stabilization

Service Begin Date: _____

\$ _____ 2. The Stabilization payment of \$1,500.00 will be paid once on-going supports/job coaching for the client has diminished to only 20% of the original amount of support. This will be paid at entry into VR's Employed case status. Determination of stabilization will be at the discretion of the VR counselor.

VR Services Completion & Transition to Extended Services:

Service Begin Date: _____

\$ _____ 3. Authorization & Invoice (A/I) for payment of \$2,825.00 will be issued when the client is transitioned to Extended Services. Wage Documentation from the employer should be submitted by the provider. A written Extended Services Plan shall be in place prior to or at the time of this payment.

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