

TRADITIONAL 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>05520-Service Identification- (Use only if client plan started prior to 2/1/24) <i>(Services Identification, \$300)</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 Supported employment Services Agreement form is completed with the VR Counselor, Provider, & the client.</p>	Service Begin Date:
\$	<p>05520-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 and the Client.</p>	Service Begin Date:
\$	<p>05521-Job Development- (Use only if client plan started prior to 2/1/24) <i>(Job Development, \$1,500.00)</i></p> <p>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 a placement fails. Repeating job development is at the discretion of the VR Counselor.</p>	Service Begin Date:
\$	<p>05521-Job Development/Placement (NEW) <i>(\$2,000 authorized with 110 funds prior to this phase)</i></p> <p>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 / Placement is at the discretion of the VR Counselor.</p>	Service Begin Date:
\$	<p>05522-Training & Initiation of On-going Support- (Use only if client plan started prior to 2/1/24)</p> <p>Authorization & Invoice (A & I) will be encumbered to the provider for the initiation of Training and On-going supports. This \$2,000.00 payment will be made at the beginning of the Training & On-going Support phase. This phase begins once the client is on the employer's payroll and begins receiving on going supports/training/job coaching.</p>	Service Begin Date:
\$	<p>05522-Training & Initiation of On-going Support (NEW) <i>(\$2,412.50 authorized with Supported Employment funds after this phase is complete)</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 frame for this phase is 45 days.</p>	Service Begin Date:
\$	<p>05523-Stabilization- (Use only if client plan started prior to 2/1/24)</p> <p>The Stabilization payment of \$1500.00 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.</p>	Service Begin Date:
\$	<p>05523-Training & Stabilization of Stabilization (NEW) <i>(\$2,412.50 authorized with Supported Employment funds after this phase is complete)</i></p> <p>This phase is complete when job coaching and related interventions have decreased to a level necessary to maintain the person in employment. Paystub/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>05524-VR Services Completion &- (Use only if client plan started prior to 2/1/24) Transition to Extended Services</p> <p>Authorization & Invoice (A/I) for payment of \$2,825.00 will be issued when the client is transitioned to Extended Services. Paystub/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.</p>	Service Begin Date:
\$	<p>05524-Service Stabilization (NEW) <i>(\$1,000 authorized with Supported Employment funds at 45 days into this phase)</i></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: