

**REHABILITATION SERVICES
PAYMENT-FOR-PERFORMANCE BILLING FORM**

Revised 2/4/2005

To: _____ RS Counselor Re: KMIS Authorization # _____

Client Name: _____ Client Address: _____

Client City, State & Zip: _____

The above referenced client has completed/achieved:

- Community Based Work Assessment**
- Community Based Job Tryout**
- Customer Support** # of hours provided _____ @ \$_____ per hour
- Intensive Employment Support Services** # of hours provided _____ @ \$_____ per hour
- IPE Case Coordination**
 - o Quarterly Intervals Dates: _____
- IPE Research**
 - o Completion of the "Customer Guide to Developing the IPE". (component #2) (30%)
 - o Signed IPE by the Counselor and Customer (RS Status 12). (component #3) (40%)
- Job Placement**
 - o Placement in permanent, paid, integrated employment. (component #2) (30%)
 - o Successful closure due to permanent, paid, integrated employment for a minimum of 90 days (component #3) (50%)
- Purchasing Support**
 - o Purchase authorized. (component #2) (30%)
 - o Final Report completed and accepted by RS. (component #3) (40%)
- Supported Employment Services**
 - o Placement in permanent, paid, integrated employment (component #2) (30%)
 - Stabilization (Only in 4 component services) (Component 3 - 20%)
 - o Successful closure due to permanent, paid, integrated employment for a minimum of 90 days (component #3) (50%) [If component 4, then 30%]
- Vocational Assessment**
- Work Training with Placement**
 - o Verification that the individualized, comprehensive training plan is completed. (#1) (10%)
 - o Completed final written report. (component #2) (40%)
 - o Placement in permanent, paid, integrated employment (component #3) (10%)
 - o Successful closure due to permanent, paid, integrated employment for a minimum of 90 days (component #4) (40%)

Employer: _____ Job Title: _____ Supervisor: _____

Address _____ City _____ State / Zip _____

Start Date: _____ Hourly Wage: \$ _____ Hours/week: _____

Client's Signature indicating agreement with services _____ Date _____

Make Check Payable to:

_____ **Tax/FEIN** _____

_____ **Contractor's Amount billed:** _____

_____ **Contractor's Signature** _____ **Date** _____

Instructions for completing form:

The Billing Form is to be completed entirely by the contractor. The RS Counselor name and authorization number should be available on the authorization form sent by the RS Counselor.

A new form should be used for each component and each service as this triggers the payment process to the contractor. The first day the client is placed in permanent, paid, integrated, competitive employment that is consistent with the vocational objective on the Individualize Plan for Employment (IPE) (Component #2), the contractor should complete the form and send it to the referring counselor. Please be sure that all blanks are completed and the client has signed the form in agreement.

At the completion of the successful case closure or contracted service, in agreement with the RS Counselor and client, the form should be completed again - a duplicate is acceptable, but must contain the correct and accurate information about the job placement, completed component, or completed service and include an original signature from the client, as well as the correct amount being billed.

For a vocational assessment, community job tryout, or community-based work assessment, the form is completed by the contractor and should be done at the end of the service. Partial payments are not acceptable. When completing a community job tryout or community-based work assessment, the additional log sheet needs to be sent to RS Central Office (Diane Allen). Diane will use this information to complete the payment authorization for the client, but the RS counselor must finalize approval for payment after Diane completes the information on the system. The RS counselor will receive notification that the amounts have been completed and they need to then approve payment.

Intensive Employment Support Services and Customer Support can be billed at regular intervals and do not need to wait until services have ended. Please attach additional documentation and reports if necessary.