



Finding Solutions. Generating Success.

Official Authorization and Billing

REVISED

Discard any forms with a previous Authorized Date.

Services to be Provided to:

Name : [REDACTED]
 Address : [REDACTED]
 [REDACTED]

Return Billing Copy to:

Iowa Vocational Rehabilitation Services
 [REDACTED]
 [REDACTED]

Services Provided by:

Payee : [REDACTED]
 Address : [REDACTED]
 [REDACTED]

Authorization # :

Case # : [REDACTED]
 IVRS Contact : [REDACTED]
 Contact Phone # : [REDACTED]
 Vendor # : [REDACTED]

INSTRUCTIONS: Complete the billing section and sign and return this form (or attach an original invoice) within 45 days after services have been provided. If services are completed on different dates, photocopy this form and submit separately for payment after each service. Claims may not exceed the maximum. Return completed form to the address above. You may make a photocopy for your records. As an agency of the State of Iowa, IVRS is exempt from State of Iowa sales and use taxes.

Authorized Service Description # 1	Start Date	End Date	Qty	Unit Cost	Adjustment(+/-)	Total
Supported Job Coaching	08/06/2020	10/31/2020	320	\$11.29	\$0.00	\$3,612.80
Billing Section	<u>Service Provided Date</u>		<u>Qty Billed</u>	<u>Unit Cost</u>		<u>Total Billed</u>
To be Completed By Payee :	10.1.20 - 10.31.20		85 80 Units	11.29		\$ 969.65 \$903.20

Original Authorization Total	(+) Amendment Total To-Date	(-) Cancellation Total To-Date	Current Authorization Total
\$3,612.80	\$0.00	\$0.00 \$2,709.60	\$3,612.80 \$959.65

Based on dates and number of hours accounted at the end of the Supported Job Coaching Monthly Report, the quantity billed (Qty Billed) should be 80 Units (not 85 Units) and this claim is not payable until supporting documentation for each day that service was rendered is provided. Because this claim concludes funding from VR, the remaining authorization amount should be cancelled and thereby changes the Current Authorization Total as well.

Authorized By : [REDACTED]

Authorized Date: 10/30/2020

Any apparent errors or misunderstandings should be reported to the Agency at once. Acceptance of this authorization is certification that the provider of services does not discriminate on the basis of age, race, creed, color, sex, national origin, religion, disability, ancestry, sexual orientation, gender identity, or veteran status. Persons with concerns or questions regarding civil rights compliance should contact: Attorney, Iowa Vocational Rehabilitation Services, 510 East 12th Street, Des Moines, Iowa 50319 (Telephone 515/281-4146). Training institutions will provide this agency with regular progress reports. The continuation of this program is at all times dependent upon satisfactory progress. The Agency assumes no responsibility for payment if any deviation from the authorized program of services is made without prior approval and official revision of this authorization. Authorized amounts may be reduced or canceled should funds be delayed or curtailed.

I certify services have been provided as specified in this authorization/billing.

[REDACTED]
 Payee Signature (or attach original invoice)

12.14.20
 Signature Date

For IVRS Office Use Only:

I certify the goods and/or services have been received.

Approval to pay: _____

Date: _____

Final Invoice: Please check this box if this is the final claim for this authorization.

___ Billing Copy ___ Case file copy ___ Client Copy (This is not a bill.)

OWA VOCATIONAL REHABILITATION SERVICES
 JESSIE PARKER BUILDING
 510 EAST 12TH STREET
 DES MOINES IA 50319-0240

Federal Tax ID. [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 PHONE: [REDACTED]

INVOICE NO. IVRS 10/01/2020 BILLING PERIOD 10/01/2020 -10/31/2020

SERVICE	CLIENTS NAME	SERVICE DATE		SERVIC CODE	UNIT COST	# OF UNITS	TOTAL COST	FEES	CREDITS	NET COST
		BEGINNING	ENDING							
IVRS	[REDACTED] IVRS SE	10/1/20	10/31/20		\$11.29	85	\$959.65			\$959.65
						80	\$903.20			\$903.20
TOTALS						85	\$959.65	\$0.00	\$0.00	\$959.65
						80	\$903.20			\$903.20

Supported Job Coaching Monthly Report

Job Candidate Name: [REDACTED]

Service: Supported Job Coaching

CRP Staff: [REDACTED]

Employment Location: [REDACTED]

Employment Start Date: 8/24/20

1. A list of dates job coaching was provided: 10/1/20, 10/2/20, 10/5/20, 10/6/20, 10/7/20, 10/9/20, 10/10/20, 10/12/20, 10/14/20, 10/16/20, 10/19/20, 10/21/20, 10/22/20, 10/26/20, 10/28/20

2. Select the type of support provided to job candidate to become independent in employment.
(Select all that apply):

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Accommodations | <input checked="" type="checkbox"/> Assistance with Communication | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Co-Worker Training | <input checked="" type="checkbox"/> Natural Supports Training | <input type="checkbox"/> Soft-Skills |
| <input checked="" type="checkbox"/> Job Training | <input type="checkbox"/> Other: | |

3. Employment Barriers Addressed:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Punctuality | <input checked="" type="checkbox"/> Transportation | |
| <input checked="" type="checkbox"/> Co-Worker Interaction | <input type="checkbox"/> Appearance | <input type="checkbox"/> Soft-Skills | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Task Related | <input type="checkbox"/> Communication | <input type="checkbox"/> Other: | |

Discuss strategies to address issues identified in #2. and #3. Staff assisted with helping [REDACTED] talk to his transportation provider through the brokerage at times when they were late and [REDACTED] was having to wait for up to an hour after his shift to be taken home. [REDACTED] also took initiative to call his brother, but would forget to inform his transportation provider he no longer needed a ride. Staff discussed this with [REDACTED] and reminded him if he needs help the director/owner, Angela, or the assistant Director, Faith, in Angela's absence can be asked to help him make those phone calls. Staff also talked with Angela and Faith about the need to help [REDACTED] make these phone calls at times because of the language barrier and Angela and Faith stated they would help him anytime this was needed. Staff also assisted [REDACTED] with taking CPR and first aid training and helped provide extra support and training to help him understand the concepts, which he was able to successfully complete and obtain certification as required by his employer. Staff worked with [REDACTED] on not interrupting teachers in the classrooms and reminded him of the expectation to just look at the supply request list in each classroom to know what supplies are needed.

4. Natural Supports Training Developed:

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Disability Awareness | <input type="checkbox"/> Strategies for Learning | <input checked="" type="checkbox"/> Communication Strategies |
| <input type="checkbox"/> Work Station Design | <input type="checkbox"/> Reasonable Accommodations and Assistive Technology | |

Supported Job Coaching Monthly Report

Job Candidate Name: [REDACTED]

5. **Timelines anticipated to reach stabilization and plan for fading:** Staff has already started fading and the team met on 10/12/20 and concluded that [REDACTED] is stable in his job. Staff will continue to provide support to [REDACTED] to help with communication.
6. **Stabilization date and notification on contact made for transfer to Medicaid funds effective on:** [REDACTED] has reached stabilization as determined by the team on 10/12/20. [REDACTED] will switch to Medicaid funding beginning 11/1/20.
7. **Methods used to secure natural supports and identification of natural supports including names of co-workers identified.** Staff have worked closely with the kitchen manager and the daycare director to ensure [REDACTED] knows what to do and knows who to go to. The teachers in each room have also been asked to make sure they have a list ready for him of what supplies they need so he can easily know what is needed in each room and is able to restock them. His employer has also been given contact information of both the job coach and transportation providers so they can reach out on behalf of [REDACTED] in case there are concerns.
8. **CRP Comments/Next Steps:** Will continue to work on communication and helping [REDACTED] feel more comfortable in his abilities to communicate with others. [REDACTED] has reached stabilization and will switch to Medicaid funding as of 11/1/20

Service provided: Supported Job Coaching

Date(s) of service and hours worked each date: 10/1/20- 1 hour, 10/2/20-1 hour, 10/5/20- 1 hour, 10/6/20- 1 hour, 10/7/20- 1 hour, 10/9/20-1 hour, 10/10/20- 6 hours, 10/12/20- 1 hour, 10/14/20- 1 hour, 10/16/20- 1 hour, 10/19/20- 1 hour, 10/21/20- 1 hour, 10/22/20- 1 hour, 10/26/20- 1 hour, 10/28/20- 1 hour

Total number of hours worked: 16 hours

CRP Signature: [REDACTED]

CRP staff submit this form to IVRS with any narrative needed to document the provision of this service.