St. Clair County Community Mental Health

CE Outcome Payment Invoice (H2023 2Y)

Community Enterprises (CE)

Supported Employment Location

1033 26th St, Port Huron MI 48060-4853

Job Development & PlacementCode: H2023 2Y				
Individual:	DOB:	OASIS Case #:		
Submission Date:	Total Billable Time:	Batch #:		
Total Hours Worked by Job Developer:	Rate determined by Rate Calculator: per unit.			
CMH Case Holder:		Acuity Score:		
Acuity Tier (choose acuity level by checking a box below)	Average Hours Worked per pay period (i.e., weekly, biweekly)	Payable AFTER 21 days worked on the job		
□ High (37+)	60	\$2,700.00		
🗆 Medium (23-36)	40	\$1,800.00		
□ Low (9-22)	25	25 \$1,125.00		

By signing this form, I attest that the above-named individual has worked 21+ days on the job and have documentation to accurately reflect this on file at Community Enterprises (i.e., Timesheets, Paystubs, etc.). All job development activities are attached to this form to clearly identify the steps taken to accomplish this outcome.

Community Enterprises (CE) staff are to complete this invoice, attach documentation, sign off on this form, then send to the Case Manager and Contract Manager at SCCCMH. (All units of billable time should be submitted as a separate batch in OASIS.)

SCCCMH Case Manager is to review the invoice & attached documentation, then sign off on the form indicating that the dates of employment have been verified. The Case Manager is to then forward all documentation to Tammy Sparks (Finance Department) for processing of payment.

After processing the payment, a copy of the invoice and all supporting documentation is then sent to the SCCCMH Scanning Department for scanning into the individual's record.

CE Staff Signature	Print Name	Date
SCCCMH Case Holder Signature	Print Name	Date
	Fina	ance Staff Initials & Date: