

Invoice Template

Date:

Vendor: Independent Facilitator (Name, Contact Information)

Supports Coordinator or Case Manager of Person:

Send to: [Insert PIHP or CMHSP contact, address]

Service	Rate	Amount
Pre-Planning: [Enter dates of service] Start Time: [Enter time at start of service] ¹ Stop Time: [Enter time at end of service] Encounter Code: H0032-WQ	\$	\$
Planning: [Enter dates of service] Start Time: [Enter time at start of service] Stop Time: [Enter time at end of service] Encounter Code: H0032-WQ	\$	\$
Post-Planning: [Enter date of service] Start Time: [Enter time at start of service] Stop Time: [Enter time at end of service] Encounter Code: H0032-WQ	\$	\$
Mileage: [Enter number of miles], Reimbursed at federal rate	\$(enter current federal rate]	\$
Total		\$

Service descriptions

Pre-Planning: Assist the individual with all pre-planning activities including determining whom to invite, where to meet, establishing an agenda and meeting ground rules [what to discuss/what not to discuss], determine any accommodations for optimal participation, and review ethnic or cultural issues. Discuss the individual's current plan of service and plans for one's future to prepare for the planning process. Deliver a written summary, clearly handwritten or typed, of the pre-planning

¹ Updated to reflect comments or questions received.

activities to the Support Coordinator/Case Manager three (3) days prior to the scheduled planning meeting.

Planning: Attend and facilitate or co-facilitate the planning process. Encourage and support the person and planning participants to support the person's vision for one's life. Assist the individual and planning participants to identify behavioral health services and community resources to support the individual's vision. Deliver notes from the planning meeting(s), clearly handwritten or typed, shall be provided to the Supports Coordinator/Case Manager at the Community Mental Health or Pre-Paid Inpatient Health Plan five (5) days after the planning process is completed.

Post-Planning: Contact the individual, who received Independent Facilitation services, within thirty (30) days after the submission of the planning process material to determine if the individual's dreams, goals, and objectives are reflected in the completed Person-Centered Plan and supporting Individual Plan of Service (IPOS). The contractor will provide documentation for the post-plan interview.