

Employment Quality Payment Attestation Form

Complete the following information to identify the provider of services and the individual who has achieved an outcome.

Provider Name	
Ohio Medicaid Provider ID Number	
Name of Individual Who Achieved Outcome	
ID Number of Individual Who Achieved Outcome	
Acuity Level of Individual Who Achieved Outcome	

Check the box(s) in the Amount Requested column that corresponds to the appropriate acuity level and outcome(s) achieved. For individuals who achieve a placement in a competitive, integrated setting with at least \$12 an hour or 30 hours per week (averaged across four weeks), both Job Development outcome payments can be claimed using the same payment form. The Acuity Level of Individual should align with the ISP in which the outcome is authorized.

Job Development		
Outcome Achieved	Acuity Level of Individual	Amount Requested
Job placement in competitive, integrated setting	Acuity Levels A1, A, B	<input type="checkbox"/> \$290
	Acuity Level C	<input type="checkbox"/> \$430
Job placement in competitive, integrated setting (at least \$12 an hour or 30 hours a week)	Acuity Levels A1, A, B	<input type="checkbox"/> \$200
	Acuity Level C	<input type="checkbox"/> \$300

Check the box(s) in the Amount Requested column that corresponds to the appropriate acuity level and the outcome(s) achieved. Provide the calendar date that the individual achieved 90 or 180 days in the same job placement. Providers may claim the 90 day payment separately or wait to claim the 90 day and 180 day payments using one payment form. The Acuity Level of Individual should align with the ISP in which the outcome is authorized.

Individual Employment Support (IES)		
Outcome Achieved	Acuity Level of Individual	Amount Requested
Job retention 90 days	Acuity Levels A1, A, B	<input type="checkbox"/> \$230
	Acuity Level C	<input type="checkbox"/> \$370
Date individual achieved 90 days in job following IES authorization:		
Job retention 180 days	Acuity Levels A1, A, B	<input type="checkbox"/> \$170
	Acuity Level C	<input type="checkbox"/> \$280
Date individual achieved 180 days in job following IES authorization:		

Attach a copy of the individual's pay stub supporting the outcome payment(s) being requested.

Pay stubs to support IES Job retention must show a pay period that documents employment on the date that the individual achieved 90/180 days in job following IES authorization.

COMPLETE THIS SECTION ONLY IF NO PAY STUB IS ATTACHED

If a paystub cannot be obtained to support the outcome payment, the following additional information is required:

Name of Employer	
Address of Employer	
Phone Number of Employer	
Date Individual Started Employment	
Has the Individual's Written Progress Report Been Updated?	
Hourly Wage	
Average Hours Worked Per Week (Averaged Across Four Weeks)	

Name of Staff Person Providing IES/Job Development Services to the Individual:

Signature _____ Date _____

*By signing this form, you attest that the information contained in this document is true.

Name of Administrative or Supervisory Staff Person: _____

Title: _____

Signature _____ Date _____

*By signing this form, you attest that the information contained in this document is true.