**To be completed by the Service Provider requesting additional hours and sent to the CSC no later than the 11th of the month.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Member Name:**  |       |  | **PPL ID:**  |       |
|  |
| **For which service(s) are more hours being requested?** | [ ]  Pre-Vocational | [ ]  IL Skills Training | [ ]  Supported Employment (SE) |
|  |
| **Provider Name:**  |       |  | **Requested Effective Date:**  | Enter date |
|  |  |  |  | Can only start on the 1st of the month |
| **Community Service Coordinator:**  |       | **MCO Care Coordinator:**  |       |

|  |
| --- |
| *What goals were achieved and/or what skills were learned with the services already provided?* |
|       |
| **How much time has been used?** (as they relate to this request) | **Pre-Voc:**       total hours | **IL Skills:**       total hours | **SE:**       total hours |

|  |
| --- |
| *Why are additional hours of support being requested? Be specific.* |
|       |
| ***SE requests ONLY!*** |
| **[ ]  Member is starting a new job and requires 1:1 job coaching to learn specific job-related skills.** *SE hours above 13.25 hours per month must be decreased by at least ¼ every 3 months in accordance with STEPS policy.* |
| **How much time is being requested?** | **Pre-Voc:**       total hours | **IL Skills:**       total hours | **SE:**       hours per month(If requesting more than 13.25 hours per month) |

**Services Justification Form Signature Page**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |       |  |  |  |       |
| Service Provider Signature |  | Date |  | MCO CC/CM Signature |  | Date |
|  |  |  |  |  |  |  |
|  |  |       |  |  |  |       |
| CSC Signature |  | Date |  | KDHE STEPS Program Manager Signature**\*Required for ALL Pre-Voc/ILS requests** |  | Date |
|  |  |  |  |  |  |  |