



Request to Bill OPWDD Intensive SEMP Services

Last Name of Individual: _____ TABS #: _____

Review prior to the completion of this form:

- Billing Intensive SEMP services requires AUTHORIZATION from OPWDD.
When an individual is NOT EMPLOYED, a provider agency MUST complete this form.
Hours are approved by OPWDD within each individual's SEMP enrollment year (365 days).
If an individual recently lost a job, the individual may receive Extended SEMP services for up to 45 days. After 45 days, a Request to Bill OPWDD Intensive SEMP services must be approved to continue billing.
OPWDD approval of Intensive SEMP is assessed on an individual basis. See OPWDD SEMP regulations for eligibility and guidance on the OPWDD website.

Email this completed form to: SEMP.PE.Billing.Requests@opwdd.ny.gov.

SEMP Agency Intensive SEMP billing codes are: Individual (4790), Group (4791) Self-Directed Intensive SEMP billing codes are: Direct Provider Purchased-Individual (4790) Group (4791), Agency Supported-Individual (4759) Group (4760), Self-Hired-Individual (4769) Group (4770)

CHECK ONE OF THE FOLLOWING BOXES AND COMPLETE AS DIRECTED:

Hours requested for Job Development. (Complete the following Sections ONLY)

Requested Hours Start Date: _____ Number of Hours Requested: _____

- Section I Information Related to Individual
Section II Employment History
Section IV Discovery Results
Section V Job Development Plan

Hours are requested for Job Development/Allowable Services prior to reporting on the job, for a job that is going to start within 6 weeks.

Requested Hours Start Date: _____ Number of Hours Requested: _____

- Section I Information Related to Individual
Section II Employment History
Section VI Competitive Employment Expected to Start

Additional COVID-19 Discovery/Job Development Plan hours are requested because previously approved hours have been utilized.

Requested Hours Start Date: _____ Number of Hours Requested: _____

- Section I Information Related to Individual
Section II Employment History
Section III COVID-19 Intensive Hours



Last Name of Individual: _____ TABS #: _____

I. Information Related to the Individual:

A. Individual

Last Name of Individual: _____ First Name of Individual: _____ TABS #: _____

- Is the individual currently employed? Yes No
(If yes, do not complete this form and bill extended hours)
SEMP Enrollment Date (in CHOICES): _____
* Hours will expire the day before SEMP enrollment date each year.
If in Process, Projected SEMP Enrollment Date: _____
Is the individual funded by State SEMP (Non-HCBS Waiver): Yes No
Are SEMP Services Self-Directed? Yes No

If Yes, which type? Check box below
Direct Provider Purchased (Complete Section "B" SEMP AGENCY)
Agency Supported (Complete Section "B" SEMP AGENCY)
Self-Hired (Complete Section "C" Self-Directed Services)

B. SEMP Agency (if services are not Self-Hired, Self-Directed):

SEMP Agency: _____
Program Code: _____ DDRO: _____
SEMP Director Name: _____ SEMP Director E-mail: _____

C. Self-Directed Services:

If the individual has Self-Hired, Self-Directed services (the Support Broker must complete this section):

Fiscal Intermediary (FI) Agency Requesting Extension: _____
Program Code: _____ DDRO: _____
FI Contact Name: _____ FI Contact E-mail: _____
Support Broker Name: _____ Support Broker E-mail: _____
Return Processed Request to (Name): _____ E-mail: _____

D. Prior Services:

- Did the individual previously participate in the Employment Training Program (ETP)? Yes No
If No, is the individual applying for ETP services? Yes No
Is there documentation on file that the individual previously participated in ACCES-VR supported employment services? Yes No
If No, the agency has written documentation from ACCES-VR, which states that the supported Employment services required would be best provided by OPWDD/ETP. Yes No
Individual currently receives the following services (check all that apply):
Day Hab Residential Community Based Prevoc Community Habilitation
Site-based Prevoc Pathway to Employment Other: _____



Last Name of Individual: _____ TABS #: _____

- Does the individual's Life Plan include supervision requirements? Yes No
If Yes, describe requirements:

[Empty box for describing supervision requirements]

II. Employment History:

- Has your agency previously been approved for Intensive SEMP for this person?
Yes No

If Yes, answer the following

How many total hours were approved? _____

How many total hours were provided? _____

What is the most recent start and end billing dates? _____ to _____

If No, work history, check box

A. Most Recent Job

- Name of business: _____
- Last date individual worked at an integrated job earning min wage (or more) _____
- What were the individual's duties (list 3) _____

Why was the individual/job terminated? (Provide an explanation, laid off is NOT acceptable unless the business closed)

[Empty box for explaining termination]

- How long was the individual employed at that job? _____
- Approximate weekly hours worked: _____
- Was this job seasonal/temporary? Yes No
- If the individual recently lost their job, and was receiving SEMP Extended Services, during the following 45 days estimate how many hours in the following categories:

Planning: _____ Discovery: _____ Job Development: _____

Last Name of Individual: _____ TABS #: _____

B. Previous Work Experience

Briefly list the individual's **full** job history including the most recent job.

If no work history, check box

Business Name	Job Title	Dates Worked	Reason for Leaving Job

III. COVID-19 Intensive Hours:

- Did the individual receive COVID-19 Intensive Hours to complete an ETP Discovery Report and/or a Job Development or Vocational Development Plan? Yes No

If Yes, complete the rest of this section below:

If No, move to Job Development Section and complete.

- COVID 19 Request to Bill Intensive SEMP Approval Number _____
- How many hours were approved on the COVID-19 Request? _____
- How many hours, if any, are remaining? _____
- What is the status of the ETP COVID-19 Discovery Report? (Please attach if complete)
 - Fully Completed (attach report) Partially Completed (complete section IV) Not completed
 - Hours Used: _____ Estimated hours to needed to complete: _____
- What is the status of the ETP COVID-19 Job Development Plan? (Please attach if complete)
 - Fully Completed (attach report) Partially Completed (complete section IV) Not completed
 - Hours Used: _____ Estimated hours to needed to complete: _____
- What is the status of the COVID-19 Vocational Plan if job development is not recommended at this time? (Please attach)
 - Fully Completed (attach report) Partially Completed (complete section IV) Not completed
 - Hours Used: _____ Estimated hours to needed to complete: _____



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IV. Discovery Results

Discovery activities are required to assure that the person's skills, abilities and interests are assessed and documented before job development begins. Intensive SEMP services are primarily focused on job development. Discovery activities are completed in Employment Training Program (ETP), Pathway to Employment, or Community Based Prevocational Services (CBPV) and must be a minimum of 60 hours with a formal written Discovery report. If provided in another service, the ETP or Pathway to Employment discovery packet may be requested and reviewed.

- Is there a formal written Discovery completed (60 or more hours)? Yes No

If No, why is the agency not currently pursuing Discovery services?

[Empty text box for response]

If Yes, complete the section below:

What year Discovery was completed? _____

Which service funded Discovery?

Pathway to Employment Employment Training Program/SEMP Community Based Prevoc

Estimate how many hours of Discovery? _____

Table with 2 columns: Type of work recommended, Top career choices

What were the Discovery recommendations?

[Empty text box for recommendations]

Justify job development based on the Discovery findings:

[Empty text box for justification]

V. Job Development Plan

A. Request Type:

- Is this an initial request for job development hours or additional job development hours?

Initial Job Development* Additional Job Development

Describe specific job development progress made to date, including any gaps in service.

*Note: Do not complete this section if this is an initial Intensive SEMP service

[Empty text box for description]

Last Name of Individual: _____ TABS #: _____

B. Considerations for Job Development:

- List the 2 career areas and possible positions that will be the focus of Job Development:

Career Area 1: _____

Career Area 2: _____

- List the hard skills & soft skills demonstrated in previous employment or volunteer activities by the individual that support success in each career area:

(hard skills examples: clerical, money handling, mechanical, and/or cleaning skills)

(soft skills examples: ability to focus, attention to detail, work pace, social skills)

Career Area 1: _____

Hard Skills: _____

Soft Skills: _____

Career Area 2: _____

Hard Skills: _____

Soft Skills: _____

- List any other factors that explain why these career areas are a good match for the individual: (examples: previous experience, strong interest, personal traits, transferrable skills)

Career Area 1: _____

Factors: _____

Career Area 2: _____

Factors: _____

- List and describe the factors that create an ideal workplace environment for the individual: (examples: lighting, noise level, crowded, inside/outside)

- Transportation information:

Available mode(s):

Travel radius / area:

Travel restrictions:



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- List potential employers that meet the criteria for success listed above that the SEMP Agency or individual has an established relationship with:

Business	Career Area	Location

- List potential employers that meet the criteria for success listed above that the SEMP Agency can contact to develop new relationships:

Business	Career Area	Location

- List any other potential barriers to successful employment:

- List any employment conditions or environments that are non-negotiable to the individual (examples: work hours, days of week, transportation, outside/inside, customer service):

- In one year, what do you anticipate the individual’s approximate level of independence on a job to be?

1-25%

25-50%

50-75%

75-100%



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VI. Competitive Employment Expected to Start

COMPLETE SECTION ONLY IF THE INDIVIDUAL IS STARTING JOB WITHIN NEXT 6 WEEKS

- Projected Job Start Date: _____ What is the requested billing start date? _____
How many Intensive SEMP hours does the individual need until he or she starts the job? _____ (Can bill Extended SEMP once the individual starts the job.)

Business Name: _____

Individual's New Job Title: _____

- Does this job meet OPWDD requirements (minimum wage or higher and integrated setting)? Yes No

Did the individual receive COVID-19 Hours? Yes No

If No, to either of these questions, explain why? _____

- Does this job meet the individual's career goals? Yes No

If No, explain below.

Empty rectangular box for explanation.

If the job does not meet the individual's career goals, what is the plan to pursue their goals in the future?

Empty rectangular box for future plan.

- Does this job match the individual's skills and abilities? Yes No

If No, explain.

Empty rectangular box for explanation.



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Last Name of Individual: _____ TABS #: _____

For OPWDD Central Office Only Approved (check one): Yes No

SEMP Enrollment Date: _____

Approved Billing Start Date: _____ Last Date to Bill Approved Hours: _____

Number of Hours Approved for Job Development: _____

Number of Hours Approved for SEMP services for a specific job: _____

Number of Hours Approved for Discovery: _____

Reason for Approval: _____

Other: _____

Reason Not Approved: _____

Other: _____

Recommendations: _____

Other: _____

OPWDD Signature: _____ Date Processed: _____

Approval Number: _____ Date Sent: _____

Submitted By

Processed Request to (Name): _____ E-mail: _____

Submitted By (Name): _____

Job Title (Choose one): _____

Phone Number: _____ Date: _____

These records must be kept for six years from the date the service was provided in accordance with 18 NYCRR subdivision 504.3(a).