

Request to Bill OPWDD Intensive SEMP Services

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

Latest versions of all forms are available at <https://eiversity.org/resources/opwdd-innovations-resources/>, under OPWDD Forms & Fillable Documents.



The Request to Bill Intensive SEMP Services is primarily to approve job development services. Applicants asking for any of the following do not complete this form and should contact your ETP Supervisor.

- To start OPWDD Discovery
- To complete or update an application for the OPWDD Employment Training Program (ETP)

If the individual is not employed and meets the requirements for Intensive SEMP, start on page 2 to complete this form.

OPWDD Central Office Determination to be Completed by OPWDD Central Office.

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

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 and Job Coaching: _____

Number of Hours Approved for Individual Starting a Job within 6 Weeks: _____

Number of Hours Approved for other OPWDD SEMP services: _____

Reason for Approval:

Other: _____

Reason Not Approved:

Other: _____

OPWDD Signature: _____ Date Processed: _____

Approval Number: _____

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

Agency Name: _____ DDRO: _____

Instructions to bill Intensive SEMP services are listed on the last page of this document.



CHECK ONE OF THE FOLLOWING BOXES AND COMPLETE AS DIRECTED:

- Individual has a completed OPWDD Discovery, and provider is requesting job development.
Individual was recently approved for job development hours and provider is requesting additional hours for job development.
Individual has several years of positive and continuous work history, has been employed within the last year and has previously completed ACCES-VR or ETP.
Individual is starting a job within 6 weeks.

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

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 SEMP 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: _____

SEMP Program Code: _____ DDRO: _____

SEMP Director Name: _____ SEMP Director E-mail: _____

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

C. Self-Directed Services (Self-Hired, Self-Directed services, the Support Broker Complete Below):

Fiscal Intermediary (FI) Agency: _____

FI SEMP Program Code: _____ DDRO: _____

FI Contact Name: _____ FI Contact E-mail: _____

Support Broker Name: _____ Support Broker E-mail: _____

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

Last Name of Individual: _____

TABS #: _____

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, and the individual did not previously participate in ETP, how will the agency meet the federal requirements?

- 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: _____

- Does the individual’s Life Plan include supervision requirements? Yes No

- If Yes, describe requirements:

E. Previous Work/Volunteer 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	Paid or Volunteer	Specific Reason for Leaving Job

II. Discovery Report

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

If No, STOP here do not complete this form, contact ETP Supervisor.

If Yes, complete the section on the following page.



Last Name of Individual: _____
TABS #: _____

Check which applies:

- ETP Discovery Report is attached. (You are not required to complete the rest of this section)
ETP Discovery Report is NOT attached. (You are required to complete this section)

Which service funded the formal Discovery (check which service)?

Pathway to Employment Employment Training Program/SEMP Community Based Prevoc

Estimate how many hours of Discovery services were provided? _____

What year was Discovery completed? _____

Table with 2 columns: Type of work recommended, Top career choices. Multiple rows for data entry.

A. Recent Work History

If no, work history, check box []

Most recent Job (must be within one year of application)

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)

Large empty rectangular box for providing explanation of termination.

How long was the individual employed at that job? _____

On average per week, how many job coaching hours did the individual receive? _____

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: _____

B. Discovery Results:

Was job development recommended in the completed Discovery? Yes No

If No, what steps were taken to make job development appropriate now?

[Empty text box for response]

III. Job Development Plan

Check which applies:

- ETP Job Development Plan is attached. (You are not required to complete this section)
ETP Job Development Plan is NOT attached. (You are required to complete this section)

Based on the Discovery Report and Findings (when no Job Development Plan is attached):

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:

- List potential employers that meet the criteria for success as determined through Discovery.

Business	Career Area	Location

List any other potential barriers to successful employment:



Last Name of Individual: _____

TABS #: _____

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

[Empty box for employment conditions]

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%

IV. Additional Job Development Hours Requested

Using the most recent approved request form.

How many total hours were approved? _____

How many total hours were provided? _____

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

Describe specific job development progress made to date (Which businesses contacted? Interviews?)

[Empty box for job development progress]

Were there any gaps in service? If yes, describe below.

[Empty box for gaps in service]

Will there be changes to the Job Development plan? If yes, describe below.

[Empty box for changes to Job Development plan]



Last Name of Individual: _____

TABS #: _____

Has the person actively participated in job development activities?

Empty rectangular box for response.

List employers that meet the criteria for success as determined through the INITAL Job Development Plan and describe the contact results.

Business	Career Area	Results from Contacts

List employers that meet the criteria for success as determined through the NEW Job Development Plan

Business	Career Area	Location



Last Name of Individual: _____
TABS #: _____

V. Individual is starting a job within 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

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

If No, explain below. And what is the plan to pursue their goals in the future?

[Empty rectangular box for explanation]

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

If No, explain.

[Empty rectangular box for explanation]

Instructions to Request and Bill Intensive SEMP Services:

- You must use the most recent version of the following forms; ETP Discovery, ETP Job Development Plan, and SEMP Request forms which are found https://eleversity.org/resources/opwdd-innovations-resources/ under OPWDD Forms & Fillable Documents.
Billing Intensive SEMP services requires APPROVAL 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.
These records must be kept on file accordance with 18 NYCRR subdivision 504.3(a).
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)