



## VERIFICATION THAT JOB MEETS OPWDD SEMP CRITERIA

**Instructions:** As listed in the OPWDD SEMP regulations, billing for OPWDD Supported Employment (SEMP) services, when a **person has a job** is contingent on the criteria listed below. OPWDD recommends completing this form to document that the job meets the required SEMP criteria and maintain the completed form in the individual's records, available upon audit.

1. The employee is paid minimum wage or higher (or meets applicable labor laws).
2. The job is integrated in the community.
3. There is documentation on file that Intensive SEMP services were not available through another funding source, were previously accessed, or are not required.
4. The supports/services at this job site are determined to be either individual or group (no more than 8 individuals) services. The services and job placement are individualized to person.

**Agency Name:** \_\_\_\_\_

Agency Address: \_\_\_\_\_

**Name of Individual Employed:** \_\_\_\_\_ **TABS ID #:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date Enrolled in SEMP (as listed in CHOICES): \_\_\_\_\_

**Name of Business Where Individual is Employed:** \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date Starting this Job: \_\_\_\_\_

Business Address: \_\_\_\_\_

Title of Job Position: \_\_\_\_\_

### 1. WAGE VERIFICATION

Hourly Wage: \_\_\_\_\_ Does this job pay at least NYS minimum wage? ☐ Yes ☐ No

If No, which Department of Labor compensation standard does the job wage meet?

☐ Out of state ☐ Tipped staff ☐ Federal minimum wage ☐ Self-employment\*

\*If Self-employed, compensation meets all applicable regulations including DOL & IRS ☐ Yes ☐ No

Wage/Compensation Verification Documentation (attached)? ☐ Yes ☐ No

Type of Documentation ☐ Pay Stub ☐ Appointment Letter ☐ Other (List): \_\_\_\_\_

### 2. WORKSITE INTEGRATION

OPWDD SEMP regulations require that individuals in supported employment, work at a job/employment experience that is integrated in the community, working alongside of workers without disabilities in the same manner that employees without OPWDD services would in the same/similar job. Every job/employment experience is different and may meet integration standards in different ways.

Is this job integrated in the community? ☐ Yes ☐ No (if No, do not bill SEMP for services)

The job meets integration standards because the individual working at this job (list specific examples and check all that apply):

- ☐ Interacts and takes direction from a supervisor at the business (not paid by SEMP).

Describe: \_\_\_\_\_

- ☐ Interacts with coworkers without disabilities.

Describe: \_\_\_\_\_

- ☐ Meets/greets/serves customers in the broader community.

Describe: \_\_\_\_\_

- ☐ Attends trainings with coworkers without disabilities.

Describe: \_\_\_\_\_

- ☐ Has access to break/lunch facilities, the same as coworkers without disabilities.

Describe: \_\_\_\_\_

- ☐ Has access to public/community transportation options in the general community.

Describe: \_\_\_\_\_

- ☐ Has access to the greater community.

Describe: \_\_\_\_\_

- ☐ Attends staff meetings and company activities/events with coworkers without disabilities.

Describe: \_\_\_\_\_

- ☐ Job position is open and advertised to the general public.

Describe: \_\_\_\_\_

- ☐ Has access to job resources, workplace materials, paychecks, etc. the same as coworkers without disabilities. Describe: \_\_\_\_\_

### 3. **INITIAL INTENSIVE SERVICES FUNDING**

The service provider must maintain documentation that funding is not available or required by ACCES-VR. Which of the following applies? (check all that apply)

- ☐ The individual received ACCES-VR funding **for this job** and \*ACCES-VR documentation is on file.

ACCES-VR Stabilization Date: \_\_\_\_\_ ACCES-VR Closure Date (if known): \_\_\_\_\_

Date OPWDD SEMP billing started (91 days after Stabilization or 1 day after Closure): \_\_\_\_\_

- ☐ The individual previously participated in ACCES-VR for Intensive SEMP and \*ACCES-VR documentation is on file. ACCES-VR Closure Date: \_\_\_\_\_

- ☐ The individual previously participated in OPWDD's Employment Training Program (ETP), has ETP documentation and the ACCES-VR and the OPWDD Letter of Agreement is on file.

- ☐ The individual secured this job and does not require Intensive SEMP services from ACCES-VR or OPWDD. Services will be funded by OPWDD Extended SEMP, when the individual starts job.

- ☐ Other: \_\_\_\_\_

*\*Documentation of ACCES-VR or other allowable Intensive SEMP services may include the closure or stabilization date from ACCES-VR, OPWDD/ETP form/letter/communication, Care Manager records, the ACCES-VR and OPWDD Letter of Agreement, etc. See SEMP Administrative memorandum for additional options.*

#### **4. TYPE OF PLACEMENT**

The supported employment provider agency designates whether this is a group or individual job placement. Generally, a group placement means that the supported employment services are provided to between two and eight individuals during the same/similar time periods and the individuals are working together as a group. SEMP services for this employee, while at this job site will be billed as:

☐ Individual:

If Individual, and multiple individuals supported through SEMP services are working at the business at the same time, are the employees allowed to work without the job coach present?

☐ Yes ☐ No ☐ NA

If Individual, and multiple individuals supported through SEMP services are working at the same business, are the employees scheduled for different hours? ☐ Yes ☐ No ☐ NA

☐ Group:

If Group, there will be 8 or fewer individuals funded by OPWDD SEMP at this work placement at the same time? ☐ Yes ☐ No

If Group, the business will supervise the employees and job coach will provide SEMP services?

☐ Yes ☐ No

If Group, how are the services and job placement individualized to the person's person-centered plan?

#### **PERSON COMPLETING FORM:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Email Address: \_\_\_\_\_