

Request to Bill OPWDD Additional Extended 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.



To bill Additional Extended SEMP services the person must be employed and require more than 200 hours of Extended SEMP services to retain employment.

- OPWDD approval is assessed on an individual basis.
- See OPWDD SEMP regulations for eligibility and guidance.
- A provider agency MUST complete this form and be approved by OPWDD within each SEMP enrollment year (365 days).

If the individual is employed and meets the above criteria, 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: _____ Number of Hours Approved: _____

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

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 Additional Extended SEMP services are listed on the last page of this document.



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 no, do not complete this form)

SEMP Enrollment Date (in CHOICES): _____

* Hours will expire the day before SEM P enrollment date each year.

Is the individual funded by State SEM P (Non-HCBS Waiver): Yes No

Are SEM P Services Self-Directed? Yes No

If Yes, which type? Check Box Below & Review Chart on Last Page
Direct Provider Purchased (Complete Section "B" SEM P AGENCY)
Agency Supported (Complete Section "B" SEM P AGENCY)
Self-Hired (Complete Section "C" Self-Directed Services)

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

SEMP Agency Requesting Extension: _____

SEMP Program Code: _____ DDRO: _____ DROP DOWNS _____

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

Return Processed Request to (Name): _____ 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: _____

FI SEM P Program Code: _____ DDRO: _____ DROP DOWNS _____

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

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

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



Requested Additional Extended SEMP Services:

Are there any prior approvals for Additional Extended SEMP hours, after the initial 200 hours of SEMP services during this SEMP enrollment year?

Yes No

If Yes, how many total hours were approved? _____ How many total hours were provided? _____

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

(After the initial 200 hours, list the total number of hours needed for the remainder of the SEMP enrollment year.)

Check the reason(s) for requesting Additional Extended SEMP hours:

- Individual requires on-going, significant disability-related supports to meet job task standards
Individual requires on-going, significant disability-related supports to meet job interpersonal skills
Person requires temporary assistance to meet job standards
Individual is interested in pursuing a 2nd job
Individual is interested in pursuing a new, different job
Individual is having difficulty meeting job requirements and staff will begin Discovery/job development
Changes in job responsibilities or work routines
Individual obtained a new job this year
Individual needs ongoing assistance with travel to/from job
Other (Describe): _____

Job Information

Employer's Name: _____

Employer's Business Location (City/Town): _____

Job Title: _____ Hourly Wage: _____

List 4 job duties: _____

Average number of hours worked weekly: _____ Date Job Began: _____

Is this an Integrated Work Setting? Yes No Is this a group placement? Yes No

Is this job Temporary or Seasonal? Yes No If Yes, how many months scheduled per year: _____

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

On average per week, how many job coaching hours outside of the job does the individual receive? _____

Which rate is the agency primarily billing at this placement? Individual Group



Check which services SEMP staff generally provide?

- Job coaching/training at the job site
- Skills training off the job site
- Communication with existing employer
- Meetings/planning/communication off the job

- Travel training
- Travel without the person
- Documentation related to SEMP services
- Career planning or job development

Is employer satisfied with individual's performance? Yes No

If No, what improvements has the supervisor requested?

Based on Discovery, is this a good job match? Yes No

If No, what are the plans for obtaining employment that better matches the Discovery outcomes?
Also, list the job development plans in the Career Development section.

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

If Yes, describe requirements:

Strategies to Address Disability-Related Job Support Needs

Describe the specific job coaching services provided to assist the individual to meet job task standards.

Describe the specific job coaching services provided to assist the individual to meet job interpersonal skills.



Last Name of Individual: _____

TABS #: _____

What specific services will be utilized to assist the individual in achieving greater independence on this job.

[Empty text box for services]

Describe any accommodations and natural supports that assist the employee in this job position.

[Empty text box for accommodations]

Describe coordination with other services (day hab/community based prevocational/community hab) to assist with job retention challenges (if appropriate).

[Empty text box for coordination]

Career Development

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

Has the individual asked for a new job to be developed? Yes No

Does the individual need a new job due to performance issues in current job? Yes No

Have you discussed career options with this individual? Yes No

Will additional Extended SEMP services include job development? Yes No

If Yes, was a formal Discovery completed? Yes No

If Yes, estimate the number of Discovery hours: _____

If Yes, which service did you use for Discovery?

Pathway to Employment Employment Training Program (ETP) Community Based Prevoc (CBPV)

Other (List): _____

If Yes, based on Discovery, what type(s) of work will be targeted for job development?

1) _____ 2) _____

List several businesses you intend to contact: _____

If Yes, describe the job development plan:

[Empty text box for job development plan]



Last Name of Individual: _____
TABS #: _____

Billing Request Information:

SEMP Enrollment Year: _____ to _____

How many total hours will you be requesting for the remainder of the SEMP enrollment year? _____

For all Fiscal Intermediaries, estimate the projected total cost of Extended SEMP services for the year:

Total Annual Hours (including initial 200 hours) _____ X *SEMP Regional Fee: _____ = \$ _____

Does the individual have a self-directed, self-hired budget? Yes No

If Yes, what is the Total Cost of SEMP Services in the self-directed budget? _____

Table with 3 columns: DOH Region (04/01/2023), *Individual Hourly Fee, *Group Hourly Fee (2-8). Rows include NYC, Nassau/Suffolk/Putnam/Rockland/Westchester, and All Remaining counties.

*See DOH website for up to date fees, https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/index.htm

Instructions to Request and Bill Additional Extended SEMP Services:

- Hours are approved by OPWDD within each individual's SEMP enrollment year (365 days). All hours expire at the end of each SEMP enrollment year...
After the initial 200 Extended SEMP hours are provided...
SEMP Agency Extended SEMP billing codes are: Individual (4792) Group (4793) Self-Directed Extended SEMP billing codes are: Direct Provider Purchased - Individual (4792) Group (4793), Agency Supported-Individual (4761) Group (4762), Self-Hired-Individual (4771) Group (4772)
These records must be kept on file accordance with 18 NYCRR subdivision 504.3(a).
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://eiversity.org/resources/opwdd-innovations-resources/ under OPWDD Forms & Fillable Documents.