

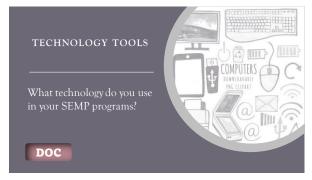
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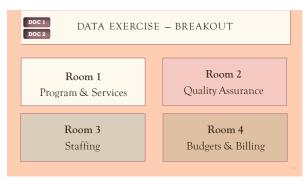
## PROGRAM MANAGEMENT AGENDA

- · Data Collection
- Organizational/Operational Tips
- Discovery Report
- Demonstrating Allowable Services
- Service Documentation





Qualitative Data	Quantitative Data
deals with descriptions	deals with number
can be observed but not measured	can be measured     sums, averages,
uses the 5 senses (see, hear, taste, smell, feel)	medians, length of time, cost, age, etc.
qualitative=quality	<ul> <li>quantitative=quantity</li> </ul>

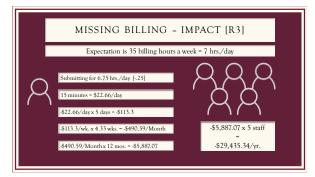






	Region 1	WK	35	\$85.23	\$2,983.05	YR	\$143,186.40
	Region 1	MO	147	\$85.23	\$12,528.81	YR	\$137,816.91
SETTING							
BILLING EXPECTATIONS	Region 2	WK	35	\$89.47	\$3,131.45	YR	\$150,309.60
	Region 2	MO	147	\$89.47	\$13,152.09	YR	\$144,672.99
	Region 3	WK	35	\$94.26	\$3,299.10	YR	\$158,356.80
	Region 3	МО	147	\$94.26	\$13,856.22	YR	\$152,418.42

	STAFF: M:	aria Ro	binson	WEEKLY O	GOAL: 35 hours			
	DATE	TIMEIN	TIMEOUT	HOURS WORKED	PROGRAM CODE	INDIVIDUAL	HOURS BILLED	HOURS ACCES-VR
	3/13/2022	8:00	10:30	2.5	OPWDD	Bob Jones	2.5	
		11:00	12:00	1	OPWDD	Sandy Smith	1	
		2:00	4:30	2.5	OPWDD	Ryan Phillips	2.5	
	3/14/2022	7:00	10:00	3	OPWDD	Bob Jones	3	
TRACKING		2:00	6:00	- 4	OPWDD	Fanny Flagg	3.5	_
	3/15/2022	7:30	8:30	1	OPWDD	Bob Jones	1	
BILLABLE		9:00	9:13		OPWDD	Liz Johnson	0	
HOURS BY ESP		9:30	9:45	0.25	OPWDD	Jennifer Phil	0.25	
		10:00	12:00	2	OPWDD	Ryan Phillips	2	
R-3		1:00	2:00	1	OPWDD	Mary Brady	1	
		3:00	4:00	1	ACCES-VR	James Bond		1
	3/16/2022	9:00	10:30	1.5	OPWDD	Ivan Wards	1.5	
		1:00	1:30	0.5	OPWDD	Fanny Flagg	0.5	
		2:00	4:30	2.5	OPWDD	Ryan Phillips	2.5	
	3/17/2022	10:00	12:00	2	ACCES-VR	James Bond		2
		1:00	2:00	2	OPWDD	Liz Johnson	1.5	_
		2:30	3:30	1	OPWDD	Ivan Ward	1	
	3/18/2022	8:00	8:30	0.5	OPWDD	Bob Jones	0.5	
		8:30	10:00	1.5	OPWDD	Mary Brady	1.5	
		10:30	12:00	1.5	OPWDD	Ryan Phillips	1.5	
	3/19/2022							
				31.25			27.25	3
							\$ 2,568.59	



Last Name	First	SEMP Service Type	Emp. Status	INITIAL # Hrs. Approved or carried from previous year	# of additional hrs. approved	TOTAL hrs. Approved	Year to Date Total Used	Remainir hrs.
Scott	Michael	Int.	Job Dev.	200	0	200	86	114
Beesly	Pam	Ext.	Direct hire	100	0	100	50	50
Schrute	Dwight	Ext.	Furloughed	30	100	130	40	90
Vance	Phyllis	Int.	Job Dev.	200	0	200	25	175
Nunez	Oscar	Int.	Discovery	250	0	250	140	110
Kapoor	Kelly	Ext.	Direct hire	200	0	200	130	70
Halpert	Jim	Ext.	Direct hire	200	0	200	10	190
TRAC	KING	BILL		AND I		NING	HOURS	PEF

March Extended Last Name	First Name	Works	a vita	dial Code	Pints Indiv	dual Hours	Hours Thill	Titlied
Scott	Michael	Y	24	0	6	6	24	
Beasly	Pam	Y	50	0	12.5	12.5	50	
Schrute	Dwight	Y	18	0	4.5	4.5	18	
Vance	Phyllis	N	30	3	7.5	10.5	42	
Nunez	Oscar	N	4	0	1	1	4	
Kapoor	Kelly	Y	12	0	3	3	12	
Halpert	Jim	Y	8	0	2	2	8	
Totals			146	3	36.5	39.5	158	
1	MONT	HLY	UTI	LIZA	TIO	N R	EPO:	RT

YTD Perf	orm	ance	July 1,	2022 - Jur	ne 30, 2023	18-Mar-23		
Service		Rate	Hrs. Goal	YTD Accrued	% of Service	Accrued \$	Service Total	% of Goal
CBPV	s	50.23	5000	2000	40%	\$ 100,460.00		
PTE	s	51.24	1400	600	43%	\$ 30,744.00		
Intensive SEMP	s	90.63	4000	3000	75%	\$ 271,890.00		
Extended SEMP	s	90.63	4000	2000	50%	\$ 181,260.00	\$ 584,354.00	52%
Staff sala     Overhea     Travel	d	and bei	nefits (frir	ige)		<ul><li>Billable hour</li><li>Developmen</li><li>Other organi</li></ul>	t	ue to offset cost:
Training     Equipme		comput	er, pens, e	etc.)				
			г	ROG	R A M F	BUDGET		

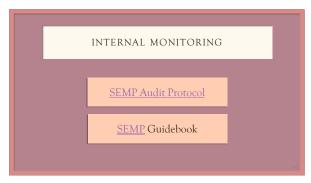


## NEW PROVIDER TRAINING • Invitation ONLY — [Not currently scheduled] • Request through your ETP Supervisor or contact info@eleversity.org



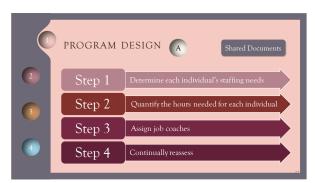


SEMP	DIRECTOR EXP	PECTATIONS
Organization expectation		Audit/accreditation expectations



























CHECKLIST  REQUIRED SERVICE  DOCUMENTATION  ELEMENTS	Individual's name and Medicaid number (CIN).     Name of the agency providing the SEMP services.     Identification of the category of waiver service provided.     Documentation of start and stop times.     The ratio of individual(s) to staff. (i.e., individua or group).     Description of services.     The date the service was provided.     Verification of service provision by the staff
Sample Checklist	person delivering the service 9. Signature of the Supported Employment staff person documenting the service and date the service was documented.

SEMP SERVICE	DELIVERABLES
☐ Vocational assessment	☐ Development of soft skills and retention strategies
Person-centered employment planning	Development of soft skills and retention strategies     Benefits planning
☐ Job-related discovery☐ Job development, analysis, customization, and carving	Career advancement services     Workplace support services     Negotiating with employers
☐ Training and systematic instruction ☐ Job placement	☐ Communication with employers
☐ Job coaching	☐ Communication with family/circle of support
☐ Development of business plan	☐ Communication with other OPWDD services staff
☐ Transportation between activities	☐ Documentation of delivery of SEMP services
☐ Travel training  Manual	$\hfill \Box$ Other activities previously approved by OPWDD $$^{15}$$





PLEASE SIGN OUT TO "EVERYONE"

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CONTACT INFORMATION

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