



Last Name: _____

TABS #: _____

Request to Bill Additional Pathway to Employment 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.

Pathway to Employment is expected to be delivered over 12 months and within 425 hours. To bill additional Pathway to Employment services the following criteria must be met.

- The person needs more than 12 months or 425 hours to complete the Career, Vocational and Transition Plan.
- A provider agency MUST complete this form and be approved by OPWDD, the request must not exceed 24 months or 556 lifetime hours.
- Upon completion of services, the person will have met the requirements for community based vocational experiences, per the ADM.
- The service provider must maintain documentation of OPWDD's authorization.
- See OPWDD Pathway to Employment regulations for eligibility and guidance.

For OPWDD Central Office Only

Approved (check one): **Yes** **No**
Number of Extension: 1 2 3

Approved Billing Start Date: _____

Last Date to Bill Approved Hours: _____

Number of Hours: _____

Number of Days: _____

Participant: Last Name: _____

First Name: _____

TABS#: _____

Reason for Approval: Other: _____

Reason Not Approved: _____

Other: _____

OPWDD Signature: _____

Date Processed: _____

Approval Number: _____

Pathway to Employment Agency: _____

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



Last Name: _____
TABS #: _____

Information Related to the Person

A. Pathway to Employment Participant

Last Name: _____ First Name: _____ TABS#: _____

List all start and end enrollment dates and hours billed for this person (in CHOICES)

Start Date End Date Agency Number of Hours Billed

Person currently receives the following services (check all that apply):

Day Hab SEMP Community Based Prevoc Community Habilitation

Site-based Prevoc Residential Other: _____

Did the person previously participate in SEMP, ETP or ACCES-VR? Yes No

B. Pathway to Employment Agency

Pathway to Employment Agency: _____

Pathway to Employment Provider Agency Code: _____ DDRO: _____

Pathway to Employment Director Name: _____ Director E-mail: _____

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

Reason(s) for requesting the Pathway to Employment extension: (Check all that apply)

New strategies and resources have been developed

Progress and service provision are positive and sustained

Interruption in service

Change in provider agency

Staffing resources have improved

Other: _____

Describe the reason(s) for requesting the Pathway to Employment extension.

Describe the new strategies and resources that will be used to complete Pathway to Employment services.



Last Name : _____
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Most recent date the agency met with the person and his/her support team: _____

C. Pathway to Employment Services Provided:

<u>Service</u>	<u>Suggested Hours</u>	<u>Estimate the Service Hours Provided</u>	<u>Hours Projected for Additional Request</u>
Review File	10		
Interviews	5 - 10		
Observations	5 - 10		
Activity Plan	10		
Job Readiness & Career Exploration	55 - 85		
Assessment Site Development	15 - 25		
Community Based Vocational Experience 1*	30 – 45		
Community Based Vocational Experience 2*	30 – 45		
Community Based Vocational Experience 3*	30 – 45		
Benefits Advisement	5		
Career Research	10		
Discovery Report Findings	20		
Review & Recommendation	5		
Career Planning Meeting	10		
Transition Planning	10		
Other (Communication, Travel Time, Documentation, etc.)	50 – 80		
TOTAL:	300 - 425		

*Community Based Vocational Experiences must meet the requirements per the ADM.

Date requesting Additional hours/days for Pathway to Employment services to start: _____

Is the agency requesting additional days? Yes No How many additional days? _____
Is the agency requesting additional hours? Yes No How many additional hours? _____

Submitted By (Name): _____

Email: _____ Date: _____