NEW YORK STATE OF OPPORTUNITY. Office for People With Developmental Disabilities

Last Name of Individual: _____
TABS #: _____

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://eleversity.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: Choose an item

Other:_____

Reason Not Approved: Choose an item

Other:_____

OPWDD Signature: _____ Date Processed: _____

Approval Number: _____

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

Agency Name: _____ DDRO: Select One

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

Last Name of Individual: _____
TABS #: _____

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 SEMP enrollment date each year.*

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 & Review Chart on Last Page***

☐ *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 Requesting Extension: _____

SEMP Program Code: _____ DDRO: Select One

SEMP Director Name: _____ SEMP 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 SEMP Program Code: _____ DDRO: Select One

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 #: _____

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

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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.

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

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

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

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:

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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? _____

DOH Region (04/01/2023)	*Individual Hourly Fee	*Group Hourly Fee (2-8)
1 (Five boroughs of NYC)	$85.23	$33.26
2 (Nassau, Suffolk, Putnam, Rockland, Westchester counties	$89.47	$30.53
3 (All Remaining counties)	$94.26	$26.74

***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 and if additional hours (over 200) are needed, the SEMP agency will submit a new request.
- After the initial 200 Extended SEMP hours are provided (no request form needed for initial 200), OPWDD will review submitted requests as follows:
  - Individual job placement (Requests for more than 100 additional Extended SEMP hours will require second level review)
  - Group job placement (Requests for more than 600 additional Extended SEMP hours will require second level review)
- 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://eleversity.org/resources/opwdd-innovations-resources/ under OPWDD Forms & Fillable Documents.