

**Request to Bill OPWDD Intensive SEMP Services**

Email this completed form to: [SEMP.PE.Billing.Requests@opwdd.ny.gov](mailto: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.



**The Request to Bill Intensive SEMP Services is primarily to approve job development services. Applicants asking for any of the following do not complete this form and should contact your ETP Supervisor.**

- To start OPWDD Discovery
- To complete or update an application for the OPWDD Employment Training Program (ETP)

**If the individual is not employed and meets the requirements for Intensive SEMP, 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: \_\_\_\_\_

Approved Billing Start Date: \_\_\_\_\_ Last Date to Bill Approved Hours: \_\_\_\_\_

Number of Hours Approved for Job Development and Job Coaching: \_\_\_\_\_

Number of Hours Approved for Individual Starting a Job within 6 Weeks: \_\_\_\_\_

Number of Hours Approved for other OPWDD SEMP services: \_\_\_\_\_

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 Intensive SEMP services are listed on the last page of this document.**



CHECK ONE OF THE FOLLOWING BOXES AND COMPLETE AS DIRECTED:

- Individual has a completed OPWDD Discovery, and provider is requesting job development.
Individual was recently approved for job development hours and provider is requesting additional hours for job development.
Individual has several years of positive and continuous work history, has been employed within the last year and has previously completed ACCES-VR or ETP.
Individual is starting a job within 6 weeks.

Requested Hours Start Date: \_\_\_\_\_ Number of Hours Requested: \_\_\_\_\_

I. Information Related to the Individual:

A. Individual

Last Name of Individual: \_\_\_\_\_ First Name of Individual: \_\_\_\_\_ TABS#: \_\_\_\_\_

Is the individual currently employed? (If yes, do not complete this form and bill Extended SEMP hours) Yes No

Last Date Individual worked at an integrated job earning minimum wage: \_\_\_\_\_

SEMP Enrollment Date (in CHOICES): \_\_\_\_\_

\* Hours will expire the day before SEMP enrollment date each year.

If in Process, Projected SEMP Enrollment Date: \_\_\_\_\_

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

Are SEMP Services Self-Directed? Yes No

If Yes, which type? Total Cost of SEMP Services in Budget
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: \_\_\_\_\_

SEMP Program Code: \_\_\_\_\_ DDRO: \_\_\_\_\_

SEMP Director Name: \_\_\_\_\_ SEMP Director E-mail: \_\_\_\_\_

Return Processed Request to (Name): \_\_\_\_\_ E-mail: \_\_\_\_\_

C. Self-Directed Services (Self-Hired, Self-Directed services, the Support Broker Complete Below):

Fiscal Intermediary (FI) Agency: \_\_\_\_\_

FI SEMP Program Code: \_\_\_\_\_ DDRO: \_\_\_\_\_

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 #: \_\_\_\_\_

**D. Prior Services:**

- Did the individual previously participate in the Employment Training Program (ETP)?    Yes    No  
     *If No, is the individual applying for ETP services?*    Yes    No

- Is there documentation on file that the individual previously participated in ACCES-VR supported employment services?    Yes    No  
     *If No, and the individual did not previously participate in ETP, how will the agency meet the federal requirements?*

- Individual currently receives the following services (check all that apply):  
     Day Hab      Residential      Community Based Prevoc      Community Habilitation  
     Site Based Prevoc      Pathway to Employment      Other: \_\_\_\_\_

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

- If Yes, describe requirements:

**E. Previous Work/Volunteer Experience**

**Briefly** list the individual’s **full** job history including the most recent job.

If no work history, check box

Business Name	Job Title	Dates Worked	Paid or Volunteer	Specific Reason for Leaving Job

**II. Discovery Report**

- If the person did not participate in ACCES-VR, is there a formal written Discovery completed? (60 or more hours)  
     Yes      No

**If No**, STOP here do not complete this form, contact ETP Supervisor.

**If Yes**, complete the section on the following page.



Last Name of Individual: \_\_\_\_\_
TABS #: \_\_\_\_\_

Check which applies:

- ETP Discovery Report is attached. (You are not required to complete the rest of this section)
ETP Discovery Report is NOT attached. (You are required to complete this section)

Which service funded the formal Discovery (check which service)?

Pathway to Employment Employment Training Program/SEMP Community Based Prevoc

Estimate how many hours of Discovery services were provided? \_\_\_\_\_

What year was Discovery completed? \_\_\_\_\_

Table with 2 columns: Type of work recommended, Top career choices. Multiple rows for input.

A. Recent Work History

If no, work history, check box [ ]

Most recent Job (must be within one year of application)

Name of business: \_\_\_\_\_

Last date individual worked at an integrated job earning min wage (or more) \_\_\_\_\_

What were the individual's duties (list 3) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Why was the individual/job terminated? (Provide an explanation, laid off is NOT acceptable unless the business closed)

Large empty rectangular box for explanation of termination.

How long was the individual employed at that job? \_\_\_\_\_

On average per week, how many job coaching hours did the individual receive? \_\_\_\_\_

Approximate weekly hours worked: \_\_\_\_\_

Was this job seasonal/temporary? Yes No



If the individual recently lost their job, and was receiving SEMP Extended Services, during the following 120 days estimate how many hours in the following categories:

Planning: \_\_\_\_\_ Discovery: \_\_\_\_\_ Job Development: \_\_\_\_\_

B. Discovery Results:

Was job development recommended in the completed Discovery? Yes No

If No, what steps were taken to make job development appropriate now?

[Empty text box for response]

III. Job Development Plan

Check which applies:

- ETP Job Development Plan is attached. (You are not required to complete this section)
ETP Job Development Plan is NOT attached. (You are required to complete this section)

Based on the Discovery Report and Findings (when no Job Development Plan is attached):

List the 2 career areas and possible positions that will be the focus of Job Development:

Career Area 1: \_\_\_\_\_

Career Area 2: \_\_\_\_\_

List the hard skills & soft skills demonstrated in previous employment or volunteer activities by the individual that support success in each career area:

(hard skills examples: clerical, money handling, mechanical, and/or cleaning skills)
(soft skills examples: ability to focus, attention to detail, work pace, social skills)

Career Area 1: \_\_\_\_\_

Hard Skills: \_\_\_\_\_

Soft Skills: \_\_\_\_\_

Career Area 2: \_\_\_\_\_

Hard Skills: \_\_\_\_\_

Soft Skills: \_\_\_\_\_



Last Name of Individual: \_\_\_\_\_
TABS #: \_\_\_\_\_

- List any other factors that explain why these career areas are a good match for the individual: (examples: previous experience, strong interest, personal traits, transferrable skills)

Career Area 1: \_\_\_\_\_

Factors: \_\_\_\_\_

Career Area 2: \_\_\_\_\_

Factors: \_\_\_\_\_

- List and describe the factors that create an ideal workplace environment for the individual: (examples: lighting, noise level, crowded, inside/outside)

[Empty text box for workplace environment factors]

- Transportation information:

Available mode(s):

[Empty text box for available mode(s)]

Travel radius / area:

[Empty text box for travel radius / area]

Travel restrictions:

[Empty text box for travel restrictions]

- List potential employers that meet the criteria for success as determined through Discovery.

Table with 3 columns: Business, Career Area, Location. Contains 6 empty rows for listing potential employers.

List any other potential barriers to successful employment:

[Empty text box for potential barriers to successful employment]



Last Name of Individual: \_\_\_\_\_

TABS #: \_\_\_\_\_

List any employment conditions or environments that are non-negotiable to the individual (examples: work hours, days of week, transportation, outside/inside, customer service):

[Empty box for employment conditions]

In one year, what do you anticipate the individual’s approximate level of independence on a job to be?

1-25%

25-50%

50-75%

75-100%

**IV. Additional Job Development Hours Requested**

Using the most recent approved request form.

How many total hours were approved? \_\_\_\_\_

How many total hours were provided? \_\_\_\_\_

What is the most recent start and end billing dates? \_\_\_\_\_ to \_\_\_\_\_

Describe specific job development progress made to date (Which businesses contacted? Interviews?)

[Empty box for job development progress]

Were there any gaps in service? If yes, describe below.

[Empty box for gaps in service]

Will there be changes to the Job Development plan? If yes, describe below.

[Empty box for changes to Job Development plan]



Last Name of Individual: \_\_\_\_\_

TABS #: \_\_\_\_\_

Has the person actively participated in job development activities?

Empty rectangular box for response.

List employers that meet the criteria for success as determined through the INITIAL Job Development Plan and describe the contact results.

Table with 3 columns: Business, Career Area, Results from Contacts. Contains 3 empty rows.

List employers that meet the criteria for success as determined through the NEW Job Development Plan

Table with 3 columns: Business, Career Area, Location. Contains 3 empty rows.





**V. Individual is starting a job within 6 weeks**

Projected Job Start Date: \_\_\_\_\_ What is the requested billing start date? \_\_\_\_\_

How many Intensive SEMP hours does the individual need until he or she starts the job? \_\_\_\_\_  
(Can bill Extended SEMP once the individual starts the job.)

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

Individual's New Job Title: \_\_\_\_\_

Does this job meet OPWDD requirements (minimum wage or higher and integrated setting)?    Yes            No

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

If No, explain below. And what is the plan to pursue their goals in the future?

Does this job match the individual's skills and abilities?            Yes            No

If No, explain.

**Instructions to Request and Bill Intensive SEMP Services:**

- 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.
- Billing Intensive SEMP services requires APPROVAL from OPWDD.
- When an individual is NOT EMPLOYED, a provider agency MUST complete this form.
- Hours are approved by OPWDD within each individual's SEMP enrollment year (365 days).
- If an individual recently lost a job, the individual may receive Extended SEMP services for up to 120 days. After 120 days, a Request to Bill OPWDD Intensive SEMP services must be approved to continue billing.
- OPWDD approval of Intensive SEMP is assessed on an individual basis. See OPWDD SEMP regulations for eligibility and guidance on the OPWDD website.
- These records must be kept on file accordance with 18 NYCRR subdivision 504.3(a).
- SEMP Agency Intensive SEMP billing codes are: Individual (4790), Group (4791) Self-Directed Intensive SEMP billing codes are: Direct Provider Purchased-Individual (4790) Group (4791), Agency Supported-Individual (4759) Group (4760), Self-Hired-Individual (4769) Group (4770)