



REQUEST TO BILL ADDITIONAL PATHWAY TO EMPLOYMENT SERVICES

A provider agency MUST complete this form and be authorized by OPWDD to bill Additional Pathway to Employment services, after the initial 278 hours within 365 days of Pathway to Employment services have been provided. Only extenuating circumstances will be considered for OPWDD to approve an extension of hours OR days, as requested. If a Pathway to Employment extension is authorized, the person must be re-enrolled through CHOICES in Pathway to Employment services to continue billing after the initial 365 days have expired.

Pathway to Employment Agency:

Pathway to Employment Agency: _____

Pathway to Employment Agency Provider Code: _____ DDRO: _____

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

Individual:

Last Name of Individual: _____ First Name of Individual: _____

TABS #: _____ Pathway to Employment Enrollment Date: _____

For OPWDD Central Office Only

Approved (check one): Yes No

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

Number of Hours: _____ Number of Days: _____

Reason for Approval:

- Staffing resources interrupted
- Break in service – medical
- Individual barriers addressed
- Best interest of the individual

- Residential/family concerns
- Delay in situational assessments starting
- Internship with potential to be hired within 6 months
- Other: _____

Reason Not Approved:

- Individual barriers not addressed
- Work experiences/situational assessments not representative of person’s interests/skills
- Work experiences/situational assessments sites are not community-based
- High number of staffing hours not appropriate to Pathway to Employment required activities

Staffing issues not addressed

Additional Information Requested: _____

Other: _____

OPWDD Signature: _____ Date Processed: _____

Approval Number: _____ Date Sent: _____

Describe the reason for requesting the Pathway to Employment extension:



Request to Bill Additional Pathway to Employment Services continued.....

Describe the plan to address the reason for the Pathway to Employment extension request:

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

Pathway to Employment Services Provided:

****Only if requesting additional hours**

<u>Service</u>	<u>Suggested Hours</u>	<u>Estimate the Service Hours Provided</u>	<u>**Hours Projected for Additional Request</u>
Review File	6	_____	_____
Interviews	12	_____	_____
Observations	12	_____	_____
Action Plan	6	_____	_____
Job Readiness Training	20	_____	_____
Other Community Vocational Experiences	72	_____	_____
Community Based Assessment 1	30	_____	_____
Community Based Assessment 2	30	_____	_____
Community Based Assessment 3	30	_____	_____
Indirect Activities	60	_____	_____
TOTAL:	278	_____	_____

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): _____

Phone Number: _____

Date: _____

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

Email this form to SEMP.PE.Billing.Requests@opwdd.ny.gov

These records must be kept for six years from the date the service was provided in accordance with 18 NYCRR subdivision 504.3(a).