

Department of Health Developmental Disabilities Supports Division Procedure	Procedure Number:
	Supersedes: Referral to DVR for Employment-Related Services Procedure 7-21-03; Memo RE: <i>New MOA Referral Package</i> , 5-20-02, Lacayo; and Interpretive Memo RE: <i>Utilization of DVR funding based upon the DDS Regulations</i> , 11-20-98, Maes & Tapia
Procedure Title: Referral to DVR for Employment-Related Services	
Effective Date: February 12, 2010	
Approved: Signature on File	Date: February 11, 2010

I. POLICY REFERENCE

Referral to Division of Vocational Rehabilitation, NM Department of Education for Employment Related Services.

II. PURPOSE OF PROCEDURE:

Eligible individuals shall be referred by DD Waiver providers to DVR under these referral conditions:

1. the individual is unemployed and desires competitive employment/work, or
2. the individual is working, but desires different employment, hours of work, pay or benefits; or
3. the individual may benefit from specific or additional supports available through DVR.

III. APPLICABILITY

This policy applies to DD Waiver Case Management, Day Habilitation, and Supported Employment Providers.

IV. DEFINITIONS

Competitive Employment/Work: work that is performed weekly on a full-time or part-time basis and for which an individual is compensated consistent with the wage standards provided for in the Fair Labor Standards Act

V. PROCEDURE

Responsible Person / Agency	Actions
DD Waiver Case Manager or other provider	1. Identifies eligible individual for whom one of the referral conditions is applicable and informs other relevant providers of intent to refer; e.g. through IDT meeting, or telephone call or memoranda.
DD Waiver Case Manager or other provider	2. Obtains signed authorization/permission to refer and authorization to release information from the individual or

	parent/guardian to DVR.
DD Waiver Case Manager or other provider	3. Obtains the completed DVR <i>Client Brief Sheet</i> from individual (or assists the individual in completion)
DD Waiver Case Manager or other provider	4. Completes the DDS form: <i>Reason for Referral to DVR</i> .
DD Waiver Case Manager or other provider	5. Compiles other relevant documents, if available, including: <ul style="list-style-type: none"> a. Individual Service Plan (to inform DVR of services offered otherwise to the individual) and b. ISP Budget: MAD 046 (to inform DVR of other services being funded) c. Level of Care Abstract or MAD 378 (to aide DVR in eligibility determination) d. DDS Vocational Profile (to assist DVR in planning appropriately to individual needs/interest;
DD Waiver SE provider or DDS	6. Provides Letter of On-going Support for Supported Employment Services, to ensure funding, once DVR support terminates. (See Attachment example)
DD Waiver Case Manager or other provider	7. Refers to DVR by submitting documents listed in Steps #2-5 to: DVR Transition Coordinator 435 St. Michaels Drive, Bldg. D Santa Fe, NM 87505
DD Waiver other provider, or anyone other than the case manager	8. Send to Case Manager, one copy each of: <ul style="list-style-type: none"> a. Reason for Referral b. DVR Client Brief Sheet c. Signed authorization/permission to refer and authorization to release information

VI. LIST OF ATTACHMENTS

DVR Client Brief Sheet

DDS Reason For Referral to DVR

DDS Letter of On-Going Support for Supported Employment Services

**DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION
DEPARTMENT OF HEALTH
REASON FOR REFERRAL TO DVR**

Instructions: Complete the information below and submit with relevant documents, in accordance with DDS Policy & Procedures on *Referral to DVR for Employment-Related Services*. At least one (1) reason for referral must be checked in Section B. below. Comment section is optional additional information to explain the reason for referral. Date according to the date this referral is mailed or delivered by your agency. Send a copy of this completed form to the individual's Case Manager, if the Referral Source is someone other than the Case Manager.

A. Referral Source

Name of Person Making Referral: _____
Agency Name: _____ Phone#: _____
Address: _____ E-Mail: _____
_____ FAX: _____

B. Referral

Name of Referred Individual: _____

Reason for Referral (check all that apply)

1. _____ Currently **not working**, and wants to obtain competitive employment.
2. _____ Currently working, but wants a different job that offers **more hours** of work.
3. _____ Currently working, but wants different job offering competitive or **higher wages**.
4. _____ Currently working, but wants a different job offering **greater benefits**.
5. _____ Currently working, but wants a different job offering **greater challenges**, consistent with his or her potential
6. _____ Currently working, but wants a different job offering more **integration opportunities** (e.g. interactions with non-disabled workers)
7. _____ Currently working, but **at risk of losing job** without additional supports.
8. _____ Currently working, but needs **more job coaching hours** than currently available.
9. _____ Other: (Specify) _____

Comments:

Signature: _____

Date: _____

[DDSD LETTERHEAD]

DATE:

TO: Division of Vocational Rehabilitation, NM SDE
ATTN:

BY: _____
Authorized Representative for Developmental Disabilities Supports Division

RE: Letter of On-Going Support for Supported Employment Services
FOR: _____
(Name of Individual Client)

The Developmental Disabilities Supports Division informs you that the above-named individual is eligible to receive on-going, long term supports for Supported Employment. This individual is served by the Developmental Disabilities Waiver and, as such, has available resources that include Supported Employment, if the individual chooses that service within his/her budget. This individual also has a choice of Supported Employment service provider agencies. The DD Waiver provider is expected to provide at least two follow-along contacts (preferably at the worksite) per month.

Other services that may be available to your client through the DD Waiver include transportation, personal care, and other services that may support this person in maintaining employment.

In addition, a case manager funded by the DD Waiver will contact the individual every month, as a part of an overall responsibility to coordinate and monitor service delivery, and to monitor the health and safety of the individual.

Thank you for your help in providing services.

Cc: DDW Case Manager