

**STATE OF NEW MEXICO  
NEW MEXICO DEPARTMENT OF HEALTH**

This Community Inclusion (CI) Contract is entered into by and between the State of New Mexico, Department of Health, Developmental Disabilities Supports Division (DDSD), hereafter referred to as “DDSD”, and **Provider**, hereafter referred to as “Provider”, and is effective as of the date set forth below upon which it is executed by the DDSD. Services shall be provided in accordance with the DD Waiver standards in a manner consistent with each individual’s ISP. The provider will work with the IDT to be sure that each individual’s ISP reflects the scope of work.

**I. Scope of Work**

IT IS AGREED BETWEEN THE PARTIES THAT THE PROVIDER WILL PERFORM THE SCOPE OF WORK OUTLINED BELOW DURING THE TERM OF THIS CONTRACT:

**A. SUPPORTED EMPLOYMENT**

The outcome of Supported Employment services is that individuals will obtain, maintain and experience career enrichment to meet career advancement goals in employment. It is expected that once individual Scope of Work targets are met, the Provider will support and report continued individual growth in Attachment C. Individuals who choose this Provider during the year are targeted for deliverables as instructed in Attachment C but not included in compliance calculations.

1. Provider shall use quality indicators in implementing this scope:
  - a. Identify all individuals receiving paid DDSD DD Waiver (DDW) funded supported employment service in Attachment C.
  - b. Identify who has a current ISP work outcome in Attachment C that is identified in IA1. All individuals receiving Supported Employment services must have a work outcome.
2. Obtain \_\_\_\_ new jobs for individuals who are unemployed and receiving paid supported employment services from the DDSD funded by DDW. Include individuals moving from sheltered workshops, sub-minimum wages, or volunteer positions to individual paid community integrated jobs. Identify all individuals targeted to get a new job in Attachment C.
3. Upgrade jobs to meet and/or exceed criteria for \_\_\_\_\_ individuals to include, but not limited to more hours worked, better wages, different jobs, better jobs, and/or a shift from group to individual employment Identify all individuals that the provider targeted to meet and/or exceed criteria in Attachment C.
4. Maintain all jobs for \_\_\_ individuals that are working at or exceeding criteria. Identify all individuals that are targeted to maintain working at or exceeding criteria in Attachment C.
5. Complete \_\_\_\_\_ referral to the Division of Vocational Rehabilitation (DVR). Identify all individuals targeted for a referral to DVR in Attachment C.
6. Refer \_\_\_\_\_ individuals for a Vocational Assessment. Identify all individuals targeted for referral for a Vocational Assessment in Attachment C.

**B. COMMUNITY ACCESS AND/OR ADULT HABILITATION**

The outcome of **Community Access and/or Adult Habilitation** services is that individuals will experience individual growth in community inclusion, valued roles and connections within typical community settings as well as developing a variety of skills including those that contribute to employment, all specifically related to each person's ISP Vision, Outcomes and personal definition of a meaningful day. It is expected that once individual Scope of Work targets are met, the Provider will support and report continued individual growth in Attachment C. Individuals who choose this Provider during the year are targeted for deliverables as instructed in Attachment C but not included in compliance calculations.

1. Identify all individuals receiving paid DDSD DDW funded **Community Access and/or Adult Habilitation** service in Attachment C.
2. Refer individuals receiving Community Access and/or Adult Habilitation services to the IDT for referral by an identified IDT member to the Division of Vocational Rehabilitation (DVR). List all individuals targeted for a referral to DVR in Attachment C.
  - a. Refer \_\_\_\_\_ individuals receiving **Community Access** to the IDT for referral by an identified IDT member to DVR.
  - b. Refer \_\_\_\_\_ individuals receiving **Adult Habilitation** to the IDT for referral by an identified IDT member to DVR.
3. Identify and Refer to the IDT \_\_\_\_\_ individuals receiving **Community Access Services** who are currently not employed to move into supported employment services. List all individuals targeted to move into employment in Attachment C.
4. Identify and Refer to the IDT \_\_\_\_\_ individuals receiving **Adult Habilitation** who are working in sheltered workshops to move into supported employment services. List all individuals targeted to move into employment in Attachment C.
5. Identify and Refer to the IDT \_\_\_\_\_ individuals receiving **Adult Habilitation** who are currently not employed to move into supported employment services or employment with natural supports. List all individuals targeted to move into employment in Attachment C.
6. Identify \_\_\_\_\_ individuals to spend more than 50% of their time while receiving **Adult Habilitation** services in integrated typical community settings pursuing activities of their choice related to their interests. List all individuals targeted to spend more than 50% of their time in integrated settings in Attachment C.
 

OR if 95% or more of the individuals served spend more than 50% of their time while receiving **Adult Habilitation** services in integrated typical community settings, pursuing activities of their choice related to their interests, identify those \_\_\_\_\_ individuals to maintain above 50%. List all individuals targeted to maintain spending more than 50% of their time in integrated settings in Attachment C.
7. Identify individuals receiving Community Access and Adult Habilitation services to spend at least 80% or more time engaged in meaningful activities as related to each individual's ISP Action Plan, as well as a personal definition of a meaningful day definition. List all individuals targeted for this in Attachment C. Use the approved DDSD sampling method to verify.

- a. Identify \_\_\_\_\_ individuals receiving **Community Access** services to spend at least 80% or more time engaged in meaningful activities as related to each individual's ISP Action Plan, as well as a personal definition of a meaningful day definition.
  - b. Identify \_\_\_\_\_ individuals receiving **Adult Habilitation** services to spend at least 80% or more time engaged in meaningful activities as related to each individual's ISP Action Plan, as well as a personal definition of a meaningful day definition.
8. Identify who has a current ISP outcome that relates to **Community Access and/or Adult Habilitation** in Attachment C that is identified in Item 2. All individuals receiving **Community Access and/or Adult Habilitation** services must have a related ISP outcome.

**C. DEFINITIONS:**

1. **Career Advancement:** As desired and planned with the individual demonstrated in increased wages, benefits, hours, responsibilities, job title(s), diversification, new businesses and other growth.
2. **Quality Indicators:** Quality indicators are factors to be considered when identifying the individuals to include in numbers 2-6 Part A. Factors to consider include:
  - Individuals that are not working,
  - are volunteering,
  - are paid sub-minimum wages,
  - work less than 10 hours per week,
  - are employed in groups working with primarily individuals with disabilities,
  - and who work in segregated job settings
3. **Minimum Job Criteria or "criteria:** Work ten (10) hours or more per week or the number of hours worked are consistent with each individual's ISP; at least half of the federal minimum wage or better; reasonable expectation that the position will continue past 90 days; and an integrated setting where 80% of the individuals employed by the business are co-workers without disabilities. Service provider staff paid to support the individual, or a group of individuals, are not considered co-workers.
4. **Vocational Assessment Profile (VAP):** A vocational assessment or profile is an objective analysis of a person's interests, skills, needs, career goals, preferences, concerns in areas that can pertain to an employment outcome and can ultimately be compared to the requirements and attributes of a potential job in order to determine the degree of compatibility as well as identification of training needs.
5. **Employed:** An individual's date for obtaining a new job begins the day that they are officially earning monies while at the job site. If self-employed, the date employment begins should meet one or more of these criteria: Individual officially receives business licensure, signs a business contract, and/or makes first sale.

**II. REPORTING REQUIREMENTS: Quarterly Reports are based on a fiscal year and are due to DDSD, no later than the 15<sup>th</sup> of the month following the end of each quarter.**

Each Quarter, the Provider shall complete all information required in Attachment C and D.

**III. CONTRACT MODIFICATIONS:** Based on the Provider's performance under this contract, the DDSD may request modifications to the agreed upon scope of work. The Provider may also request to modify the contract if it is determined that the Provider is unable to meet the requirements set forth in this contract, as approved by DDSD.

- IV. **CONTRACT MONITORING:** The DDSD and the provider agency are responsible for monitoring the quality of supports offered and for ensuring compliance with all requirements set forth in this contract. All contract modifications requested by the Provider require approval from the DDSD and must be signed by an authorized representative of the Provider Agency.
- V. **FAILURE TO PERFORM:** Failure to demonstrate progress and compliance detailed in this contract are subject to enforcement actions as determined by DDSD.
- VI. **TERM:** The term of this performance based contract is effective **July 1, 2010** through **June 30, 2011**, or upon signature of both parties whichever is later.

The DDSD and the Provider have agreed to the terms of this contract outlined above.

**DDSD Authorized Approval:**

**Provider Authorized Approval:**

By: \_\_\_\_\_  
**DDSD Representative**

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_