

APPENDIX A: Management Assertion Letter

We assert, to the best of our knowledge and belief, as of _____, that we have complied with the Extended Employment Program audit criterion for the year ending, June 30, 2025.

- **Criterion 1:** Individuals have worked the hours reported, and earned the wages reported, by the provider for the reimbursement paid by the DEED as shown in the DEED Relevant Data for EE Audit report.
- **Criterion 2:** Individuals have been paid appropriate hourly rates.
- **Criterion 3:** Individuals in Supported Employment perform their work in competitive, integrated employment as defined in 3300.6000, subpart 7.
- **Criterion 4:** Individuals reported to the Extended Employment program have documentation of a diagnosed disability or disabilities and documentation of 3 or more serious functional limitations affecting employment.
- **Criterion 5:** Individuals reported to the Extended Employment program require ongoing employment support services to maintain or advance in employment.
- **Criterion 6 (check one):**
 - Individuals reported to the Extended Employment Program and on any Medicaid Waiver are receiving separate and necessary services, and no duplicate funding is received by the provider.
 - We receive no Medicaid Waiver funds for reported individuals; therefore, this criterion is not applicable.
- **Criterion 7:** Individuals have a current Extended Employment Support Plan developed with the informed choice of the individual reported to Extended Employment, or the individual reported to Extended Employment's legal guardian.
- **Criterion 8:** The individual's Extended Employment Support Plan identifies the ongoing employment support services necessary for the individual to maintain and advance in employment.
- **Criterion 9:** The ongoing employment support services provided to the individual are consistent with the services identified in the Extended Employment Support Plan.
- **Criterion 10:** Individuals receive a minimum of two contacts per month in the delivery of ongoing employment support services.
- **Criterion 11: Center Based Employment Subprogram (check one)**
 - Our organization's SFY 2025 contracted allocation for the Extended Employment Program Center-Based Employment subprogram was \$_____. We have met the conditions of the contract and based on reported and audited work hours, earned \$_____ of the contracted allocation.
 - We receive no funds from the Extended Employment Program Center-Based Employment subprogram. Therefore, this criterion is not applicable.
- **Criterion 12: Community Employment Subprogram (check one):**
 - Our organization's SFY 2025 contracted allocation for the Extended Employment Program Community Employment subprogram was \$_____. We have met the

conditions of the contract and based on reported and audited work hours, earned \$_____ of the contracted allocation.

We receive no funds from the Extended Employment Program Community Employment subprogram. Therefore, this criterion is not applicable.

- **Criterion 13: Supported Employment Subprogram:** Our organization's SFY 2025 contracted allocation for the Extended Employment Program Supported Employment subprogram was \$_____. We have met the conditions of the contract and based on reported and audited work hours, earned \$_____ of the contracted allocation.

Executive Director

Date

Officer, Board of Directors

Date