

**Instructions for Quarterly Completion of Attachment D:  
DDSD Wage and Hour Report  
July 01, 2009 – June 30, 2010**

**Reporting Periods**

As specified in the Performance Contract, Attachment B, DDSD Wage and Hour Reports must be submitted to the Regional Office Community Inclusion Supported Employment Coordinator (June 2009 Community Inclusion Team contact information attached) quarterly for the July, 2009 – June 2010 time period. Regional Office Community Inclusion Supported Employment coordinators must receive this information to monitor and support contract compliance.

**Reports must be received by:**

October 15, 2009                      January 15, 2010                      April 15, 2010                      July 15, 2010

**Technical Assistance and Monitoring**

If technical assistance is needed to clarify how to complete the DDSD Wage and Hour Report, a *Request for Regional Office Intervention Form* should be submitted to the Regional Office prior to the deadline.

**Individual Outcomes to Be Reported**

Please report outcomes for all individuals who are receiving a paycheck, including people in community jobs, self-employment, group employment, sheltered work and people who are employed by provider agencies. This includes persons receiving vocational services and supports through Supported Employment (Self-Employment [report gross income], Individual, Group, Intensive) and Division of Vocational Rehabilitation (DVR). For individuals receiving DVR supports, report only for individuals for whom the provider submitted a letter of long term support to DVR. Include wages earned in situations that do not meet the definition of employment under Adult Habilitation and Outlier Adult Habilitation.

Outcomes are to be reported for individuals receiving Developmental Disabilities Medicaid Waiver (DD Waiver), State General Fund (SGF) services and/or ICFMR who:

1. Are currently working
2. Have lost jobs
3. Have work outcomes in their Individual Service Plan (ISP)
4. Earn a paycheck
5. Are identified in the July 2009-June 2010 Performance Contract, Attachment B. Note: Report should reflect every individual for whom there is billing through DDW funding as listed in Attachment C and/or
6. Are designated for reporting by DDSD.

**Individuals Newly Allocated or Transferred**

Add the names of individuals who are new allocations or transfers from another provider agency as the reporting provider agency begins supporting these individuals throughout the year.

**Identifying Information**

In Header Information, identify the following: Reporter name, region, agency name, phone number, and the date the report is submitted.

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**Explanation of Data for the Quarterly Reporting Period**

Please identify the information specified below (Note: Letters below correspond to excel spreadsheet, Attachment D, columns).

- A. The individual's last name
- B. The individual's first name
- C. Complete Social Security number
- D. Place a 1 if a Jackson Class Member
- E. Place a 1 if receiving paid services through DDW funding
- F. Place a 1 if receiving paid services through SGF fund
- G. Place a 1 if receiving paid services through Office Workers Program
- H. Place a 1 if employed
- I. Start date of current employment/or start of business if Self-Employed
- J. Identify how many hours the individual is scheduled per week
- K. Date employment ended
- L. Identify the reason the employment ended (Note: Attach a separate narrative report if needed)
- M. Identify the number of weeks the individual worked this quarter
- N. Identify the average number of hours per week: **To obtain the average number of hours worked per week, divide the total number of weeks (subtracting holiday, vacations, excused absences from work, and sick day) by the number of hours worked in the quarter.**  
Example: An individual works 3 days a week for 4 hours a day. In the quarter they were on vacation for 3 work days and sick two work days and 1 day was an excused absence. Count 10 weeks worked in the quarter. This person worked 120 hours in the quarter divided by 10 weeks = 12 hours a week.
- O. Identify the total number of hours the individual worked for this quarter
- P. Identify the hourly pay rate for employed persons and report gross wages per quarter for individuals that are self-employed.
- Q. Place a 1 if the worksite is integrated. Note: To achieve integration, at least 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.
- R. Identify the individual's job title. Enter "owner" if self employed.
- S. Identify the name of the employer (**who pays the salary [give individuals name or business name for Self-Employment]**) and the job site (**where the job is physically located**), if the two are different
- T. Enter a 1 to indicate individual is being served or enter a (-) symbol to indicate that the individual is no longer receiving services

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**DDSD Community Inclusion Team Contact Information**

**Northwest Regional Office (NWRO)**, main office: 2910 E. 66, Gallup NM 87301, (505)863-9937, Fax: (505)863-4978, Toll Free: 1(866) 862-0448:

Gallup: \*Elizabeth Warthen (SE/MD) (505)863-9937 x103 [mary.warthen@state.nm.us](mailto:mary.warthen@state.nm.us)

Farmington: \*\*Katherine Johnson Herrera (SE/MD) (505)326-5864 [katherine.herrera@state.nm.us](mailto:katherine.herrera@state.nm.us)

**Metro Regional Office**, 5301 Central Avenue NE, Suite 1700, Albuquerque, New Mexico 87108, 841-5500, Fax 841-5546, Toll Free: 1(800)283-5548:

\*\*Linda Clark (SE) (505)841-5599 [linda.clark@state.nm.us](mailto:linda.clark@state.nm.us)

\*Selma Dodson (MD) (505)841-5816 [selma.dodson@state.nm.us](mailto:selma.dodson@state.nm.us)

\*Lori Drury (MD) (505)383-0109 [lori.drury@state.nm.us](mailto:lori.drury@state.nm.us)

**Northeast Regional Office (NERO)**, 224 Cruz Alta, Suite B, Taos New Mexico 87571, (575)758-5934, Fax: (575)758-5973, Toll Free: 1(866)315-7123:

\*Anysia Fernandez (MD) (575)758-5934 x106 [anysia.fernandez@state.nm.us](mailto:anysia.fernandez@state.nm.us)

\*\*Heather Yaryan (SE) (575)758-5934 x110 [heather.yaryan@state.nm.us](mailto:heather.yaryan@state.nm.us)

**Southeast Regional Office (SERO)**, 726 B. South Sunset, Roswell, NM 88203, 624-6100, Fax: 624-6104, Toll Free: 1(866)895-9138:

\*Cindy Preston (MD) (575)624-6100 x116 [cindy.preston@state.nm.us](mailto:cindy.preston@state.nm.us)

\*\*Pam Dobson (SE) (575)624-6100 x109 [pamela.dobson@state.nm.us](mailto:pamela.dobson@state.nm.us)

**Southwest Regional Office (SWRO)**, 1170 N. Solano Drive Suite G, Las Cruces, NM 88001-2369, (575)528-5180, Fax: (575)528-5194, Toll Free: 1(866)742-5226:

\*\*Rachel Apodaca (SE) (575)528-5185 [rachela.l.apodaca@state.nm.us](mailto:rachela.l.apodaca@state.nm.us)

\*Dave Brunson (MD) (575)528-5182 [dave.brunson@state.nm.us](mailto:dave.brunson@state.nm.us)

**In coordination with Regional Office Directors, Supervisors are:**

**Staff Manager:** Judith Stevens – (505)259-0084 [judith.stevens@state.nm.us](mailto:judith.stevens@state.nm.us)

\*Juanita T. Salas Community Inclusion Lead – Meaningful Day, (505)841-4736 [juanita.salas@state.nm.us](mailto:juanita.salas@state.nm.us)

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