

Orange Text: Indicates instructions and tips to help you successfully complete this form.

Provider Progress Report

Employers of Record (EOR) must send a quarterly summary of progress on assigned outcomes and action steps to the case manager.

Submit form to the Developmental Disabilities Services (DDS) Case Manager no later than the 10th day of the month in January, April, July, and October (after the quarter's end).

General Information

Service recipient: _____ Date: _____

Service quarter: January–March April–June July–September October–December

Provider name/agency name: **Name of EOR** _____ Phone number (with area code): **EOR Phone Number** _____

Person completing form: **Name of EOR** _____ Title: **Employer of Record** _____

DDS Case Manager name: _____

Progress of Outcomes and Actions

The EOR is only responsible for reporting on the services that were self-directed (outcomes can be found at the beginning of the IP document)

Were services provided as specified in the Individual Plan (IP), including frequency and duration? Yes No

If no, please explain:

If a service was missed this quarter, you will state what the service was and why it was missed. Example of a service not provided as specified: No HTS staffing provided in April, we are searching for a new staff. Or, Example of a service not provided as specified: Service recipient did not attend dance in July because there were no dance classes held in July.

Have any of the provider-assigned outcomes been achieved? Yes No

If yes, which outcomes?

Mark yes if any outcomes designated in the IP that have been fully achieved and detail this accomplishment here. Example of achieved outcome: "John will learn how to make a sandwich," John independently pulled all the ingredients from the pantry, got a plate and a knife and successfully assembled his peanut butter and jelly sandwich. If an outcome is still in progress, select No and proceed to the next section.

Provide the status of progress on provider-assigned outcomes not achieved.

Include the outcomes and a summary of progress for each action step:

Any outcome not yet achieved should be detailed here along with any progress made towards achieving that outcome.

Example of an outcome in progress: "John will learn how to make a sandwich," John gathered all the ingredients to make his sandwich but forgot he also needed a knife and plate. (John hasn't yet mastered the art of making a sandwich, but he's making progress towards this outcome)

***The EOR will report only on outcomes determined by the team. Any progress made on outcomes designated by professional providers (PT, OT, SLP, Nutrition, Nursing, or Behavioral) will be reported on by the relevant professional on their own report to DDS.**

Emergency Housing Back-Up Plan

This section is completed by residential providers when the service recipient receives DDS community residential supports.

Is the back-up plan identified in the IP still appropriate? Yes No

If no, what is the new back-up plan? Include the name, complete address, and phone number:

This section does not apply to Self-Directed Services. Please leave this section blank.

Job Coach Support — EOR only completes this section if self-directing job coaching

This section is completed by vocational providers when the service recipient receives individual placement job coaching or stabilization services.

Total number of hours worked in individual placement or stabilization: _____

Total percentage of job coach support in individual placement or stabilization: _____

Training — EOR completes this section if self-directing an HTS or job coaching staff

This section is completed by providers who employ or contract with direct support service providers.

Were all staff who worked with this service recipient trained in accordance with DDS policy and the service recipient's IP? Yes No

If no, explain:

Maintaining Benefit Eligibility — The EOR only reports on this section if they are also the representative payee

This section is completed by providers responsible for reporting changes in income or resources for this recipient.

As required, verification and changes in income or resources were reported this quarter to:

Social Security Administration DHS County Office

Has the service recipient's account accumulated \$1,100 or more? Yes No

Other Issues or Changes

Are there outstanding program issues, changes, or concerns requiring case management remediation or assistance?

Yes No

If yes, explain:

Routing

Original - DDS Case Manager

Copy - Provider

If there are issues that you have not yet shared with the case manager you will list them here. This section is for things like new medications, new diagnoses, illness or hospitalizations or any changes to the household dynamics that might affect the SR's health and safety.