

Provider Progress Report

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

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. For example, No HTS staffing provided in April, we are searching for a new staff. Or, service recipient did not attend dance in July because there are no dance classes held in July.

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

If yes, which outcomes?

- **Goal Completion:** If the SR has successfully achieved a goal while working with the HTS staff, please indicate this by selecting Yes. If the goal is still in progress, select No.
- **Camp Attendance:** In cases where the SR is participating in a camp:
 - If the camp has already occurred and no further camps are scheduled in the current plan, mark Yes.
 - If there are additional camps or lessons scheduled for the next quarter, mark No.
- **Routine Lessons, Activities, or Memberships:**
 - If the SR was engaged in routine lessons, activities, or memberships that have now concluded or the SR is no longer participating, mark Yes.
 - If the SR continues to attend these activities on a regular weekly or monthly basis, mark No.

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

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

This section does not apply to the EOR. This is for providers like OT, SLP, nutrition, PT, nursing or behavioral that are working with the SR. That provider will submit their own quarterly report. The EOR can state in this section N/A if no other providers are on the plan or the OT, SLP, Nutritionist, PT, behavioral therapist, etc.. will report on this section.

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.