Developmental Disabilities Administration (DDA)
Crisis Prevention, Intervention, and Stabilization (CPIS) Services

Initial Plan and Progress Report

1. Client's Name	2. Client's Legal Representative's Name
3. Case Resource Manager's Name	4. Provider / Provider Agency
5. Service Start Date:	6. Authorization End Date:

Initial CPIS plan: What is the identified goal(s) of CPIS?
Progress reports: Summarize strategies and progress towards the goal(s) during the CPIS period.
What is your fade-out plan from CPIS Services? Indicate what you have done to support a smooth transition for this individual.
List any recommendations for additional services or concerns you have regarding transitional needs and support this individual has.

When did you provide CPIS Services: Please list the dates / times that CPIS services were provided over the previous 90 days (for any additional dates / times when services were provided, please attach).

Date	Location	Time Spent in 15 Minutes	Date	Location	Time Spent in 15 Minutes

Signatures

Client's Signature	Date
Legal Representative's Signature	Date
Provider's Signature	Date

Crisis Prevention, Intervention, and Stabilization (CPIS) Services Initial Plan and Progress Report Instructions

This form must be submitted to the client's Case Resource Manager (CRM) and Stabilization Specialist within 15 days of the conclusion of the service month.

1. Client Name: Add the name of the client.

2. Client Legal Representative: Add the name of the client's guardian or legal representative, if applicable.

3. Case Resource Manager Name: Include the name of the client's case resource manager.

4. Provider Name: Add the name of your agency.

5. Service Start Date: What date did you begin providing CPIS Services for this client?

6. Authorization End Date: What is the end date on the CPIS authorization?

7. Initial CPIS Plan: What is the Identified Goal(s) of CPIS? What goals did you and the client and client's representatives decide to work on for this service? This is required for the first month.

8. Progress Reports: Summarize strategies and progress towards the goal(s) during the CPIS Period: Explain the progress towards the initial goal(s) or add in updated goal(s) and the progress towards those. This is required for each service month after the initial.

9. What is your fade-out plan from CPIS Services? Indicate what you have done to support a smooth transition for this individual: As CPIS is a temporary authorization, what are the identified needs of the individual post-CPIS services?

10. List any recommendations for additional services or concerns you have regarding transitional needs and support this individual has: If the client shows potential underlying medical, mental health, or educational support needs, list in this section any referrals recommended for the client that are outside the scope of what CPIS services can provide.

11. Dates, Location, and Times of Service in the Last 90 Days: Document here when, where, and how the Crisis Prevention, Intervention and Stabilization (CPIS) service was provided to the individual.

12. Client Signature: The client must sign here and include the date signed.

13. Legal Representative Signature: When applicable, the client's legal representative needs to sign here, agreeing to the progress report.

14. Provider Signature: The provider of the service will sign here and include the date signed.