

## Alternative Living (AL) Services Plan and Provider Progress Report

|   |   |   |  |
|---|---|---|--|
| 1. CLIENT NAME  |   | 2. ADSA NUMBER  |  |
| 3. PROVIDER NAME  |   | 4. CASE MANAGER (CM) NAME   |  |
| 5. GUARDIAN NAME (IF APPLICABLE)  |   | 6. REPORTING PERIOD<br><input type="checkbox"/> QUARTER 1 <input type="checkbox"/> QUARTER 3<br><input type="checkbox"/> QUARTER 2 <input type="checkbox"/> QUARTER 4 |  |
|   |   | 7. RELATED PSCP (MM/YY)<br>THROUGH  |  |
| Goals must be written in the SMART format (see instructions for example).   |   |   |  |
| <b>8. Select area of habilitation.</b><br>SMART Goal:<br>How is goal progress measured:<br>Goal begin date:        ; Goal end date:           |   |   |  |
| 9. Estimated monthly hours for task:  |   | 10. Estimated monthly miles for task:   |  |
| <b>Goal Progress Tracking</b>   |   |   |  |
| 11. CLIENT SKILL LEVEL AT BEGINNING OF REPORTING PERIOD   | 12. INSTRUCTION PROVIDED<br><input type="checkbox"/> Mentoring <input type="checkbox"/> Reminders / Prompting<br><input type="checkbox"/> Modeling <input type="checkbox"/> Opportunities to Practice<br><input type="checkbox"/> Education <input type="checkbox"/> Developing Visual Cues<br><input type="checkbox"/> Experimenting <input type="checkbox"/> Step by Step Instruction<br><input type="checkbox"/> Forward Teaching <input type="checkbox"/> Backwards Teaching<br><input type="checkbox"/> Other: |   | 13. CLIENT MEASURABLE SKILL LEVEL AT END OF REPORTING PERIOD |
| 14. COMMENTS / FEEDBACK<br>Barriers to accomplishing goal:<br>How is instruction provided supporting client goal progress:<br>Other comments: |   |   |  |
| 15. Total hours provided monthly in the reporting period:<br>Month 1:                      Month 2:                      Month 3:             |   | 16. Total miles provided monthly in the reporting period:<br>Month 1:                      Month 2:                      Month 3:                                     |  |
| <b>8. Select area of habilitation.</b><br>SMART Goal:<br>How is goal progress measured:<br>Goal begin date:        ; Goal end date:           |   |   |  |
| 9. Estimated monthly hours for task:  |   | 10. Estimated monthly miles for task:   |  |
| <b>Goal Progress Tracking</b>   |   |   |  |
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| 14. COMMENTS / FEEDBACK<br>Barriers to accomplishing goal:<br>How is instruction provided supporting client goal progress:<br>Other comments: |   |   |  |
| 15. Total hours provided monthly in the reporting period:<br>Month 1:                      Month 2:                      Month 3:             |   | 16. Total miles provided monthly in the reporting period:<br>Month 1:                      Month 2:                      Month 3:                                     |  |

**8. Select area of habilitation.**

SMART Goal:

How is goal progress measured:

Goal begin date: ; Goal end date:

9. Estimated monthly hours for task:

10. Estimated monthly miles for task:

**Goal Progress Tracking**11. CLIENT SKILL LEVEL AT  
BEGINNING OF REPORTING  
PERIOD

12. INSTRUCTION PROVIDED

- |   |  |
|---|--|
| <input type="checkbox"/> Mentoring        | <input type="checkbox"/> Reminders / Prompting     |
| <input type="checkbox"/> Modeling         | <input type="checkbox"/> Opportunities to Practice |
| <input type="checkbox"/> Education        | <input type="checkbox"/> Developing Visual Cues    |
| <input type="checkbox"/> Experimenting    | <input type="checkbox"/> Step by Step Instruction  |
| <input type="checkbox"/> Forward Teaching | <input type="checkbox"/> Backwards Teaching        |
| <input type="checkbox"/> Other:           |  |

13. CLIENT MEASURABLE SKILL  
LEVEL AT END OF REPORTING  
PERIOD

14. COMMENTS / FEEDBACK

Barriers to accomplishing goal:

How is instruction provided supporting client goal progress:

Other comments:

15. Total hours provided monthly in the reporting period:

Month 1: Month 2: Month 3:

16. Total miles provided monthly in the reporting period:

Month 1: Month 2: Month 3:

**8. Select area of habilitation.**

SMART Goal:

How is goal progress measured:

Goal begin date: ; Goal end date:

9. Estimated monthly hours for task:

10. Estimated monthly miles for task:

**Goal Progress Tracking**11. CLIENT SKILL LEVEL AT  
BEGINNING OF REPORTING  
PERIOD

12. INSTRUCTION PROVIDED

- |   |  |
|---|--|
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| <input type="checkbox"/> Forward Teaching | <input type="checkbox"/> Backwards Teaching        |
| <input type="checkbox"/> Other:           |  |

13. CLIENT MEASURABLE SKILL  
LEVEL AT END OF REPORTING  
PERIOD

14. COMMENTS / FEEDBACK

Barriers to accomplishing goal:

How is instruction provided supporting client goal progress:

Other comments:

15. Total hours provided monthly in the reporting period:

Month 1: Month 2: Month 3:

16. Total miles provided monthly in the reporting period:

Month 1: Month 2: Month 3:

**17. Recommendations for Additional Support to Client Beyond Alternative Living**

18. INDIVIDUAL'S SIGNATURE

DATE

19. LEGAL REPRESENTATIVE'S SIGNATURE

DATE

20. PROVIDER'S SIGNATURE

DATE

21. INITIAL PLAN DEVELOPMENT AND REVISION:  
AUTHOR'S SIGNATURE

DATE

PRINT AUTHOR'S NAME:

22. CM INITIALS: \_\_\_\_\_

DATE REVIEWED: \_\_\_\_\_

☐ COMPLETED SER

TOTAL HOURS AUTHORIZED PER MONTH: \_\_\_\_\_

TOTAL MILES AUTHORIZED PER MONTH: \_\_\_\_\_

## Alternative Living (AL) Services Plan and Provider Progress Report Instructions

1. Enter Client's name.
  2. Enter 6-digit ADSA number.
  3. Enter name of AL provider.
  4. Enter name of the client's CM.
  5. Enter guardian's name, if applicable.
  6. Mark the quarter the report is filled out for. Reports are due quarterly (or more frequently if requested by DDA).  
NOTE: "Quarterly" means the four following time periods: January through March; April through June; July through September; and October through December. The report must be submitted by the tenth day of the month following the reporting period (i.e., April 10<sup>th</sup>, July 10<sup>th</sup>, October 10<sup>th</sup>, January 10<sup>th</sup>).
  7. Enter the month / year that corresponds to the PCSP used for AL Plan development.
  8. Choose the correct area from the drop-down menu under "Select Area of Habilitation" that pertains to the goal (establishing a residence, home living, community living, health and safety, social activities, protection and advocacy, other training / support). Develop goals using the SMART method. Identify the method used to track goal progress. Enter the Goal Start Date and anticipated Goal End Date from the SMART goal. (See below for completed example.)
  9. Identify the estimated number of monthly hours needed to work on the goal.
  10. Identify the estimated number of monthly miles needed to work on the goal.
  11. Document the goal related skills client has at the beginning of the reporting period.
  12. Select the instruction method(s) used in the reporting period.
  13. Review Section 8. Document measurable goal progress and skill level at the end of the reporting period. Based on how progress is measured, consider:
    - What the client can do independently.
    - Which part of this task does the client still need support to accomplish.
    - What type of support is needed.
- Provider comments must include:**
14. How the instruction method(s) used by the provider support client goal progress.  
If applicable, comments may also include:
    - Barriers that are preventing client from accomplishing goal.
    - Other information that is helpful to know.Things to consider:
    - 1) What is preventing this client from completing the task independently?
    - 2) What steps were taken to help this client become more independent with this task?
    - 3) What instruction methods work well for the client?
  15. Enter number of hours worked with the client each month for that quarter.
  16. Enter number of miles driven with the client in the car for that quarter.
  17. Note any additional support the client may benefit from beyond the scope of Alternative Living Program.
  18. Client signature. Obtained at the initial approval of the AL plan, revision, and quarterly report.
  19. Legal Representative signature (if applicable). Obtained at the initial approval of the AL plan, revision, and quarterly report.
  20. Provider signature. Obtained at the initial approval of the AL plan, revision, and quarterly report. The provider could be both the individual who implements the plan and the author of the plan.
  21. Author name and signature. Obtained at the initial approval of the AL plan and revision. Author of AL Plan is the individual that develops and revises goals with the client. The author of the AL plan may be different than the person implementing the plan.
  22. CM must review the document for adherence to AL Policy requirements, comment in SER notes of actions taken, and manage authorizations.

### Sample SMART Goal Development Strategy

**Mary's PCSP identifies Mary needs support with some home living tasks. Mary identifies she wants to be independent with house chores. For this example, the chore will be laundry.**

#### Steps for developing a SMART goal for Mary

**Specific:** Mary wants to independently sort laundry, measure the correct amount of detergent, and select correct settings on laundry machines every week.

**Measurable:** Mary has minimal skills with doing laundry. In six months, Mary will increase her skill level to be independent with laundry tasks.

**Achievable:** Mary has the motivation to work with her provider. She has the means and ability to purchase baskets, and every week will work with her provider to make sure she has enough coins and detergent prior to laundry day.

**Relevant:** Mary has recently moved out on her own and independent living is important to her. Being able to do laundry for herself is a skill Mary wants to improve.

**Timebound:** Mary has identified six months as the target date to do laundry independently.

### 8. Home living

**SMART Goal: By the end of six months, each week Mary will independently sort her dirty clothes into two baskets, one for "dark" and one for "light," measure the correct amount of detergent, and select the correct settings on the machines.**

**How is goal progress measured: Goal progress will be measured using level of independence. Goal will be considered met if Mary can independently complete all three laundry tasks at least 80% of the time.**

**Goal begin date: 1/15/2023; Goal end date: 06/15/2023**

11. Estimated monthly hours for task: **12**

12. Estimated monthly miles for task: **25**

### Sample Provider Report for First Quarter

#### Goal Progress Tracking

13. CLIENT SKILL LEVEL AT BEGINNING OF REPORTING PERIOD

**Mary has minimal understanding on sorting clothes, using detergent, and selecting settings on machines.**

14. INSTRUCTION PROVIDED

- |   |  |
|---|--|
| <input type="checkbox"/> Mentoring                                  | <input type="checkbox"/> Reminders / Prompting     |
| <input checked="" type="checkbox"/> Modeling                        | <input type="checkbox"/> Opportunities to Practice |
| <input type="checkbox"/> Education                                  | <input type="checkbox"/> Developing Visual Cues    |
| <input type="checkbox"/> Experimenting                              | <input type="checkbox"/> Step by Step Instruction  |
| <input type="checkbox"/> Forward Teaching                           | <input type="checkbox"/> Backwards Teaching        |
| <input checked="" type="checkbox"/> Other: <b>Task segmentation</b> |  |

15. CLIENT MEASURABLE SKILL LEVEL AT END OF REPORTING PERIOD

**Mary can: sort her clothing independently; measure detergent with prompting; and needs modeling to select correct setting on machines.**

16. COMMENTS / FEEDBACK

**Barriers to accomplishing goal: Organization and task management**

**How is instruction provided supporting client goal progress: Providing modeling, task segmentation, and in the moment feedback helps Mary organize tasks into manageable pieces.**

**Other comments: The provider showed Mary how to create visual reminders weekly on her calendar of daily tasks she needs to do to get ready for laundry day. The provider showed Mary how to check off daily tasks as they get done.**

**Daily tasks: placing clothing, and other items daily into correct basket.**

**Weekly task: on banking day requesting quarters for laundry tasks; checking for needed laundry items on shopping day.**

**Provider is helping Mary explore tools to facilitate independence with detergent amount and choosing correct settings on machines.**

17. Total hours provided monthly in the reporting period:  
Month 1: **6**    Month 2: **8**    Month 3: **7**

18. Total miles provided monthly in the reporting period:  
Month 1: **15**    Month 2: **23**    Month 3: **25**

## Sample Provider Report for Second Quarter

### Goal Progress Tracking

13. CLIENT SKILL LEVEL AT BEGINNING OF REPORTING PERIOD

**Mary can sort her clothing independently. Is able to measure detergent with prompting; needs modeling to select correct setting on machines.**

14. INSTRUCTION PROVIDED

- |   |  |
|---|--|
| <input type="checkbox"/> Mentoring        | <input type="checkbox"/> Reminders / Prompting             |
| <input type="checkbox"/> Modeling         | <input type="checkbox"/> Opportunities to Practice         |
| <input type="checkbox"/> Education        | <input checked="" type="checkbox"/> Developing Visual Cues |
| <input type="checkbox"/> Experimenting    | <input type="checkbox"/> Step by Step Instruction          |
| <input type="checkbox"/> Forward Teaching | <input type="checkbox"/> Backwards Teaching                |
| <input type="checkbox"/> Other:           |  |

15. CLIENT MEASURABLE SKILL LEVEL AT END OF REPORTING PERIOD

**Mary can measure correct amount of detergent and selected correct setting on machines at least 80% of the time.**

16. COMMENTS / FEEDBACK

Barriers to accomplishing goal: **Mary is capable to complete tasks independently if she consistently uses developed tools.**

How is instruction provided supporting client goal progress: **Developing a visual cue card for appropriate amount of detergent to use and to determine load size setting on the machine reduces guess work for Mary, decreases Mary's anxiety around the use of detergent and machines, and allows Mary to successfully complete laundry on her own.**

Other comments: **Mary has a backup plan of keeping laundry pods at the bottom of her basket when she is unsure of detergent amount or if she forgets the cue card at home. Mary is satisfied at the skill level she has now to complete laundry independently.**

17. Total hours provided monthly in the reporting period:  
Month 1: **6**    Month 2: **5**    Month 3: **3**

18. Total miles provided monthly in the reporting period:  
Month 1: **15**    Month 2: **16**    Month 3: **18**