



DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
**Alternative Living (AL) Services Plan and
 Provider Progress Report**

1. CLIENT'S NAME	2. ADSA NUMBER	3. PROVIDER'S NAME
4. CASE RESOURCE MANAGER'S (CRM) NAME	5. PLAN PERIOD (CRM TO COMPLETE) THROUGH	6. REPORTING PERIOD MONTH / YEAR (PROVIDER TO COMPLETE)
7. GUARDIAN'S NAME (IF APPLICABLE)	8. TOTAL HOURS PER MONTH AUTHORIZED	9. TOTAL MILES PER MONTH AUTHORIZED

10. Goal of : **Select area of habilitation.**

11. Estimated monthly hours for task (optional):	12. Estimated monthly miles for task (optional):
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AL Provider Reporting (Provider to complete)

13. CLIENT SKILL LEVEL AT START OF MONTH	14. TEACHING AND TRAINING PROVIDED	15. CLIENT SKILL LEVEL AT END OF MONTH
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16. COMMENTS / FEEDBACK

17. Total hours provided this month:	18. Total miles provided this month:
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10. Goal of : **Select area of habilitation.**

11. Estimated monthly hours for task (optional):	12. Estimated monthly miles for task (optional):
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AL Provider Reporting (Provider to complete)

13. CLIENT SKILL LEVEL AT START OF MONTH	14. TEACHING AND TRAINING PROVIDED	15. CLIENT SKILL LEVEL AT END OF MONTH
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16. COMMENTS / FEEDBACK

17. Total hours provided this month:	18. Total miles provided this month:
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10. Goal of : **Select area of habilitation.**

11. Estimated monthly hours for task (optional):		12. Estimated monthly miles for task (optional):	
AL Provider Reporting (Provider to complete)			
13. CLIENT SKILL LEVEL AT START OF MONTH	14. TEACHING AND TRAINING PROVIDED	15. CLIENT SKILL LEVEL AT END OF MONTH	
16. COMMENTS / FEEDBACK			
17. Total hours provided this month:		18. Total miles provided this month:	
10. Goal of : Select area of habilitation.			
11. Estimated monthly hours for task (optional):		12. Estimated monthly miles for task (optional):	
AL Provider Reporting (Provider to complete)			
13. CLIENT SKILL LEVEL AT START OF MONTH	14. TEACHING AND TRAINING PROVIDED	15. CLIENT SKILL LEVEL AT END OF MONTH	
16. COMMENTS / FEEDBACK			
17. Total hours provided this month:		18. Total miles provided this month:	
19. TOTAL HOURS USED THIS MONTH		20. TOTAL MILES USED THIS MONTH	
21. INDIVIDUAL'S SIGNATURE		DATE	
22. LEGAL REPRESENTATIVE'S SIGNATURE		DATE	
23. PROVIDER'S SIGNATURE		DATE	
24. CASE MANAGER'S SIGNATURE (REQUIRED FOR INTITIAL PLAN APPROVAL ONLY)		DATE	

Provider should consider when completing this report:

What was preventing this client from completing the task independently?
 What steps were taken to help this client become more independent with this task?
 Which parts of this task does the client still need support to accomplish?
 Please indicate the total hours worked each month on each goal.

CRM initials:	_____
Date reviewed:	_____
Completed SER:	<input type="checkbox"/>

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 providing the service.
4. Enter name of the client's CRM.
5. Enter the month / year plan is to start and end. This typically coincides with the Annual Assessment dates.
6. Provider to enter month and year as part of their monthly progress report.
7. Enter guardian name, if applicable. This is to help assure legal guardian is signing AL plan. NSA name is not needed.
8. Enter the total amount of monthly AL hours authorized per month.
9. Enter total amount of miles authorized per month.
10. Number each goal (i.e. Goal 1 of 4, Goal 2 of 4, etc.). 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).
11. While developing the plan, this optional field allows the CRM to talk with the individual and provider and come up with an estimated number of hours they plan to work on this goal each month. This is a flexible amount and is only used as a guide to developing an appropriate amount of monthly AL hours that will be authorized.
12. While developing the plan, this optional field allows the CRM to talk with the individual and provider and come up with an estimated number of miles they plan to drive while on this goal each month. This is a flexible amount and is only used as a guide to developing an appropriate amount of monthly AL miles that will be authorized.
13. Provider completes this monthly to document what part(s) of the goal the individual is capable of completing at the beginning of the reporting period.
14. Provider completes this monthly to document what methods were used during the reporting period to teach and train the individual to reach the identified goal.
15. Provider completes this monthly to document what skills the individual successfully learned by the end of the reporting period.
16. Provider comments, if applicable.
17. Provider completes how many hours were spent working on that goal during the month.
18. Provider completes how many miles were driven while working on that goal during the month.
19. Provider completes to document how many total hours spent working during the reporting period.
20. Provider completes to document how many total miles used during the reporting period.
21. Individual's signature. Obtained at the initial approval of the AL plan and required on each monthly report prepared by the provider.
22. Legal Representative's signature (if applicable). Not used for NSA signature. Obtained at the initial approval of the AL plan and are required on each monthly report prepared by the provider.
23. Provider's signature. Obtained at the initial approval of the AL plan and required on each monthly report prepared by the provider.
24. CRM signs at time of initial plan approval. The CRM does not need to sign the monthly reports that are turned in by the provider.
25. CRM initials, dates and completes SER, marks check box when reports are turned in.