



Alternative Living (AL) Plan and Provider Progress Report

1. CLIENT NAME	2. ADSA NUMBER	3. GUARDIAN NAME (IF APPLICABLE)
4. <input type="checkbox"/> INITIAL PLAN <input type="checkbox"/> PLAN REVISION <input type="checkbox"/> QUARTERLY REPORT REPORTING PERIOD: <input type="checkbox"/> QUARTER 1 <input type="checkbox"/> QUARTER 2 <input type="checkbox"/> QUARTER 3 <input type="checkbox"/> QUARTER 4		5. RELATED PSCP (MM/YY) THROUGH TELESERVICE REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO
6. PROVIDER NAME		7. CASE MANAGER (CM) NAME

Goals must be written in the SMART format (see instructions for example).

8. Select area of habilitation.

SMART Goal:

How is goal progress measured:

Goal begin date: ; Goal end date:

Task specific components to be provided via teleservice:

9. Estimated total monthly hours for task: ;	10. Estimated monthly miles for task:
Estimated teleservice hours:	

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

	MONTH 1	MONTH 2	MONTH 3
In person			
Teleservice			
Total			

8. Select area of habilitation.

SMART Goal:

How is goal progress measured:

Goal begin date: ; Goal end date:

Task specific components to be provided via teleservice:

9. Estimated total monthly hours for task: _____ ; Estimated teleservice hours: _____	10. Estimated monthly miles for task: _____
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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: _____
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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:	16. Total miles provided monthly in the reporting period:																
<table border="1" style="width:100%"> <thead> <tr> <th></th> <th>MONTH 1</th> <th>MONTH 2</th> <th>MONTH 3</th> </tr> </thead> <tbody> <tr> <td>In person</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Teleservice</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		MONTH 1	MONTH 2	MONTH 3	In person				Teleservice				Total				Month 1: Month 2: Month 3:
	MONTH 1	MONTH 2	MONTH 3														
In person																	
Teleservice																	
Total																	

8. Select area of habilitation.
 SMART Goal:
 How is goal progress measured:
 Goal begin date: _____ ; Goal end date: _____
 Task specific components to be provided via teleservice:

9. Estimated total monthly hours for task: _____ ; Estimated teleservice hours: _____	10. Estimated monthly miles for task: _____
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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: _____
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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:			16. Total miles provided monthly in the reporting period: Month 1: Month 2: Month 3:	
	MONTH 1	MONTH 2		MONTH 3
In person				
Teleservice				
Total				
17. Recommendations for Additional Support to Client Beyond Alternative Living				
18. CLIENT'S SIGNATURE		DATE	19. LEGAL REPRESENTATIVE'S SIGNATURE	
20. PROVIDER'S SIGNATURE		DATE	DATE	
21. DATE PLAN WAS WRITTEN OR REVISED:		22. CM INITIALS: _____		
AUTHOR'S SIGNATURE		DATE REVIEWED: _____		
PRINT AUTHOR'S NAME		<input type="checkbox"/> COMPLETED SER		
		TOTAL HOURS AUTHORIZED PER MONTH: _____		
		TOTAL MILES AUTHORIZED PER MONTH: _____		

Alternative Living (AL) Plan and Provider Progress Report Instructions

1. Enter Client's name.
 2. Enter 6-digit ADSA number.
 3. Enter guardian's name, if applicable.
 4. Select if form is used for the initial plan development, plan revision, or for the quarterly report. If the plan is revised at the time quarterly report is completed, select both boxes. Mark the quarter the plan / report is completed in. Reports are due per *DDA Policy 4.09 Alternative Living* timelines.
 5. Enter the month / year that corresponds to the Person Centered Service Plan (PCSP) used for AL Plan development. Mark if the client has Teleservice documented in the (PCSP) for AL.
 6. Enter name of AL provider.
 7. Enter name of the client's CM.
 8. Use the drop-down menu under "Select Area of Habilitation" to select one: establishing a residence, home living, community living, health and safety, social activities, protection and advocacy, other training / support. Develop a goal using the SMART method. If Teleservice is provided, document what component of goal will be worked on via teleservice delivery. (See below for completed example.)
 9. Identify the estimated number of monthly hours needed to work on the goal. If the client has Teleservice identified in the PCSP for AL Program, and the provider meets contractual requirements to provide Teleservice, estimate the number of hours that will be provided via Teleservice for 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 and 11. 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 the reporting quarter in person and via teleservice.
 16. Enter number of miles driven each month with the client in the car for the reporting quarter.
 17. Note any additional support the client may benefit from beyond the scope of AL 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. The provider implementing the developed or revised plan and completing the quarterly report signs here. Signature is 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. Enter the date the plan is written or revised. The author of the AL Plan is the individual that develops or revises goals with the client. The author of the AL plan may be different than the person implementing the plan or completing the quarterly report.
 22. CM must review the document for adherence to AL Policy requirements, WAC 388-829A, and contract; comment in SER notes of actions taken; 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

Task specific components to be provided via teleservice: N/A

11. Estimated total monthly hours for task: **12**
Estimated Teleservice hours: **0**

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
- Mentoring
 - Modeling
 - Education
 - Experimenting
 - Forward Teaching
 - Other: **Task segmentation**
 - Reminders / Prompting
 - Opportunities to Practice
 - Developing Visual Cues
 - Step by Step Instruction
 - Backwards Teaching

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	MONTH 2	MONTH 3
In person	6	8	7
Teleservice			
Total	6	8	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.

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 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: | |

13. 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.

14. 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.**

15. Total hours provided monthly in the reporting period:

	MONTH 1	MONTH 2	MONTH 3
In person	6	5	3
Teleservice			
Total	6	5	3

16. Total miles provided monthly in the reporting period:

Month 1: **15**
 Month 2: **16**
 Month 3: **18**