

Specialized Habilitation 90-Day (Quarterly) Report

WAIVER PARTICIPANT'S NAME		PROVIDER'S NAME	
CASE MANAGER'S NAME		DATE INITIAL PLAN WAS WRITTEN OR REVISED	
Goals and objectives address as they appear in Policy 4.20. No more than three per plan.			
Goal 1			
Goal 2			
Goal 3			
If any new treatment goals are identified, Specialized Habilitations Initial Plan must be revised.			
Treatment strategies utilized for each goal above			
Goal 1			
Goal 2			
Goal 3			
Summarize progress towards goal achievement in objective and measurable terms.			Goal completion, using a scale from 1 – 10 (10 being goal is met) Goal 1: Goal 2: Goal 3:
If progress has not been made, include alternate strategies planned.			
Goal 1			
Goal 2			
Goal 3			
List referral recommendations if the waiver participant presents with potential underlying medical, mental health, or educational support needs:			
<p>Dates / times of service in the past 90 days:</p> <p>Date: Number of Units (15 minutes):</p> <p>Date: Number of Units (15 minutes):</p> <p>Date: Number of Units (15 minutes):</p> <p>Date: Number of Units (15 minutes):</p> <p>Date: Number of Units (15 minutes):</p> <p>Date: Number of Units (15 minutes):</p> <p>Include additional visits on a separate page and attach to this report.</p> <p>Total Units (15 minutes of service provided in previous 90 days):</p>			
Signatures			
PROVIDER'S SIGNATURE		DATE	LEGAL REPRESENTATIVE'S SIGNATURE
			DATE
WAIVER PARTICIPANT'S SIGNATURE		DATE	DDA CASE / RESOURCE MANAGER'S SIGNATURE
			DATE