



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Aging Services Division

Adult Day Services Monthly Report

Month of _____, 20____

Name of center _____

Total number of new Oklahoma Department of Human Services (OKDHS) participants approved:

Name	Case number

Total number of OKDHS applications pending:

Name	Social Security or case number	Date referred

Total number of new ADvantage participants approved:

Name	Case number

Total number of ADvantage applications pending:

Name	Social Security or case number	Date referred

Total number of New Developmental Disabilities Services Division (DDSD) participants approved:

Name	Case number

Total number of DDSD applications pending:

Name	Social Security or case number	Date referred

Total number of OKDHS participants terminated:

Reason codes:

A - Client decision D - OKDHS decision H - Nursing home placement
B - DDSD decision E - ADvantage decision X - Client death
C - Caretaker decision F - Facility decision

Name	Reason	Name	Reason

Total participants **billed** to the ADvantage Waiver Program (OHCA) this month:

Total participants **billed** to the DDSD Waiver Program (OHCA) this month:

Total participants served as private pay this month:

Total of participants **billed** to the Veterans Administration this month:

Total OKDHS claims filed this month:

Total number of **hours** provided to OKDHS clients for whom no payment is received (example: scholarship or charitable care):

Total number of OKDHS clients on your waiting list this month:

Note: Do not include pending claims that do not have written approval.

Signature of director Date