



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Provider Progress Report

Submit form no later than tenth of the month following the end of quarter to Developmental Disabilities Services Division (DDSD) case manager.

Service recipient		Date
Service quarter <input type="checkbox"/> January-March <input type="checkbox"/> April-June <input type="checkbox"/> July-September <input type="checkbox"/> October-December		
Provider name/agency name	Area code	Phone
Person completing form		Title
DDSD case manager		

Progress of outcomes and action steps.

Were services provided as specified in the Individual Plan (IP), including frequency and duration? Yes No
If no, please explain:

Have any of the provider assigned outcome(s) been achieved? Yes No
If yes, which outcome(s)?

Provide the status of progress on provider assigned outcome(s) that have not been achieved. Include the outcome(s) and a summary of progress for each action step(s).

Emergency housing back-up plans. This section is completed by residential providers when the service recipient receives DDSD community residential supports.

Is the back-up plan identified in the IP still appropriate? Yes No

If no, what is the new back-up plan? Include the name, complete address, and phone number.

Job coach support. This section is completed by vocational providers when the service recipient receives individual placement job coaching or stabilization services.

Total number of hours worked in individual placement or stabilization:

Total percentage of job coach support in individual placement or stabilization:

Training. This section is completed by providers who employ or contract with direct support service providers.

Were all staff who worked with this service recipient trained in accordance with DDSD policy and the service recipient's IP? Yes No

If no, explain:

Maintaining benefit eligibility. This section is completed by providers who are responsible for reporting changes in income or resources for this service recipient.

As required, verification and changes in income or resources were reported this quarter to:

- Social Security
- OKDHS county office

Has the service recipient's account accumulated \$1100 or more? Yes No

Other issues or changes. Are there outstanding program issues, changes, or concerns requiring case management remediation or assistance?

Routing:

Original – DDSD case manager

Copy – Provider