DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)

Waiver Stabilization Services

Progress and Transition Report

CLIENT'S NAME	CASE MANAGER'S NAME	PROVIDER / PROVIDER AGENCY
DATE STABILIZATION BEGAN	DATE OF REPORT	DATE OF TRANSITION FROM STABILIZATION

What stabilization service is this report covering?

☐ Stabilization Services – Life Skills

☐ Stabilization Services – Staff and Family Consultation

What is the identified goal(s) of Stabilization? Please indicate the category that the Stabilization goal is under.

Summarize strategies and progress towards goal(s) during the Stabilization period.

What is the transition plan for this individual? Indicate what you have done to support a smooth transition for this individual. Stabilization Services are allowed up to 90 days.

List any referrals, recommendations or concerns regarding the support and transitional needs this individual has.

When did you provide Stabilization Services (dates / times of service in the last 90 days) *(for any additional time / dates when you provided this service, please attach to this report):*

DATE	SERVICE DELIVERY (CHECK DELIVERY METHOD)		TIME SPENT IN 15 MINUTES	DATE IN PERSON	SERVICE DELIVERY (CHECK DELIVERY METHOD)		TIME SPENT IN 15 MINUTES
	IN PERSON	TELESERVICE			IN PERSON	TELESERVICE	
	☐	☐			☐	☐	
	☐	☐			☐	☐	
	☐	☐			☐	☐	
	☐	☐			☐	☐	
	☐	☐			☐	☐	
	☐	☐			☐	☐	
	☐	☐			☐	☐	

Signatures

CLIENT'S SIGNATURE		DATE
LEGAL REPRESENTATIVE'S SIGNATURE	DATE	LEGAL REPRESENTATIVE'S PRINTED NAME
PROVIDER'S SIGNATURE		DATE

Instructions for Stabilization-Life Skills and Stabilization-Staff and Family Consultation Services

Progress and Transition Report

Client Name: Add the name of the client.

Case Manager Name: Include the name of the client's case resource manager.

Provider Name: Add the provider's name who is working directly with the client. If working with an agency, indicate the agency where the provider works.

Date Stabilization service began: When did the authorization for this Stabilization Service begin?

Date of Report: This is the date this form is being written.

Date of Transition from Stabilization: When will the individual transition out of Stabilization Services? This should not be more than 90 days from the beginning of the Stabilization Service authorization.

What stabilization service is this report covering: Which Stabilization Service is this report reviewing? This report cannot cover both services. A separate form must be completed for each Stabilization Service.

Summarize strategies and progress towards goal(s) during the stabilization period: Indicate what you have done to support a smooth transition for this individual. Stabilization services are allowed up to 90 days.

What is the transition plan for this individual? This section must identify if a new provider will take over, if the client will transition to standalone services. What does the support system look like if not pursuing standalone (ex. if receiving Residential Habilitation).

List any referrals, recommendations or concerns regarding the support and transitional needs this individual has. If the client presents with potential underlying medical, mental health, or educational support needs (referral may be to Care Coordinator, treating professional, or DDA), list in this section any referrals necessary for the client that are outside of what Life Skills or Staff and Family Consultation services can provide.

Dates and Times of service in the last 90 days: Document here when and how the Stabilization - Life Skills and Stabilization - Staff and Family Consultation service was provided to the individual.

Client Signature: The client must sign here.

Legal Representative Signature: When applicable, the client's legal representative needs to sign here, agreeing to the progress report.

Provider Signature: The provider of the waiver service will sign here.