**Division of Rehabilitative Services**

**COMMUNITY SUPPORT SERVICES REPORT**

Written Authorization for Services is Required Prior to Service Delivery. This report is due by the 10th of the following month in which services were provided.

**PROVIDER INFORMATION**

|  |  |
| --- | --- |
| **Provider #** | Click or tap here to enter text. |
| **Provider Name** | Click or tap here to enter text. |
| **Authorization #** | Click or tap here to enter text. |
| **Billing Month/Year** | Click or tap here to enter text. |
| **Hours Currently Authorized** | Click or tap here to enter text. |
| **Hours Billed** | Click or tap here to enter text. |
| **Amount Due on Invoice** | Click or tap here to enter text. |
| **Employment Specialist Name** | Click or tap here to enter text. |
| **Employment Specialist Phone #** | Click or tap here to enter text. |
| **Employment Specialist Email** | Click or tap here to enter text. |

**PARTICIPANT INFORMATION**

|  |  |
| --- | --- |
| **Participant** | Click or tap here to enter text. |
| **Participant ID (PID)** | Click or tap here to enter text. |
| **DRS Counselor** | Click or tap here to enter text. |
| **Service Code** | Click or tap here to enter text. |

**SERVICE GOALS**

*Based on CSS Plan, provide details about each functional limitation addressed. Number of goals may be removed/added as appropriate.*

**CSS PLAN GOAL #1**

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| **Serious Functional Limitation Addressed** |
| Click or tap here to enter text. |
| **Needs** |
| Click or tap here to enter text. |
| **Desired Outcome** |
| Click or tap here to enter text. |
| **Describe the activities and interventions provided** |
| Click or tap here to enter text. |
| **What progress was made toward accomplishing the goal?** |
| Click or tap here to enter text. |
| **What challenges arose and how were they addressed?** |
| Click or tap here to enter text. |

**CSS PLAN GOAL #2**

|  |
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| **Serious Functional Limitation Addressed** |
| Click or tap here to enter text. |
| **Needs** |
| Click or tap here to enter text. |
| **Desired Outcome** |
| Click or tap here to enter text. |
| **Describe the activities and interventions provided** |
| Click or tap here to enter text. |
| **What progress was made toward accomplishing the goal?** |
| Click or tap here to enter text. |
| **What challenges arose and how were they addressed?** |
| Click or tap here to enter text. |

**CSS PLAN GOAL #3**

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| **Serious Functional Limitation Addressed** |
| Click or tap here to enter text. |
| **Needs** |
| Click or tap here to enter text. |
| **Desired Outcome** |
| Click or tap here to enter text. |
| **Describe the activities and interventions provided** |
| Click or tap here to enter text. |
| **What progress was made toward accomplishing the goal?** |
| Click or tap here to enter text. |
| **What challenges arose and how were they addressed?** |
| Click or tap here to enter text. |

**NEXT STEPS & ACTION PLAN JUSTIFICATION FOR CONTINUED CSS AND ADDITIONAL HOURS**

*Narrative should reflect, but not be limited to CSS Plan goals, justification for continued services, additional hours requested, next scheduled staffing dates, specific barriers to be addressed, additional services needed, etc. Be as specific as possible.*

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| Click or tap here to enter text. |

**PARTICIPANT DESIRED OUTCOME RATING SCALE**

*Rate the participant’s progress toward achieving the desired outcomes and plan goals. Score provided is stability indicator and will drive the plan.*

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **Significant intervention is required.** | **3** | **Additional progress has been made and minimal intervention provided.** |
| **2** | **Some progress noted, intervention decreased but still required frequently.** | **4** | **Mastered goals/outcomes (no intervention required)** |

|  |  |  |
| --- | --- | --- |
| **SKILL** | **RATING** | **JUSTIFICATION OF SCORE** |
| **Goal #1:** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Goal #2:** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Goal #3:** | Click or tap here to enter text. | Click or tap here to enter text. |

**Summary of Billed Hours**

|  |  |
| --- | --- |
| **Direct Time** | Click or tap here to enter text. |
| **Indirect Time** | Click or tap here to enter text. |
| **Travel Time** | Click or tap here to enter text. |
| **Documentation Time** | Click or tap here to enter text. |
|  | Click or tap here to enter text. |
| **Total Time Billed** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Name of Person Completing Report** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Date** | Click or tap here to enter text. |