

eXPRS Plan of Care - Service Delivery Report Form

Customer Name: Mia Customer	Prime: A1A11A	Month: January	Year: 2015
Provider Name: Ima Provider		Provider Number: 11111	
CDDP/Brokerage: Resource Connections of Oregon		SC/PA Name: Joe Helper	

SERVICE GOAL: Can be taken from your job description or the ISP.

PROGRESS NOTES (attach additional pages, as needed):

This is a place to document the supports you have provided the customer during this pay cycle.

RECIPIENT/EMPLOYER VERIFICATION:

I affirm that the data reported on this form is for actual dates/time worked by the provider delivering the service/supports listed to the recipient, that it does not exceed the total amount of service authorized for the recipient and was delivered according to the recipient's service plan and provider/recipient service agreement.

Customer/Employer or their designated representative signs here.

Customer Employer or Employer Rep Signature Date

PROVIDER/EMPLOYEE VERIFICATION:

I affirm that the data reported on this form is for actual dates/time I worked by the delivering the service/supports listed to the recipient, that it does not exceed the total amount of service authorized and was delivered according to the recipient's service plan and provider/recipient service agreement. I further acknowledge that reporting dates/time I worked in excess of the amount of service authorized for me or not consistent with the recipient's service plan may be considered Medicaid Fraud.

PSW signs here.

Provider/Employee Signature Date

I authorize CDDP/Brokerage staff to enter the data reported on this form into eXPRS on my behalf for claims creation and payment. _____ (provider initials).

PSW checks box and initials here for RCO staff to enter data into the on-line payment system.

CDDP/BROKERAGE REVIEW:

This service delivery report has been reviewed and is consistent with the recipient's service plan and authorized service limits.

PA signs here.

CDDP/Brokerage Rep Signature Date

Providers submit this completed/signed form to the CDDP or Brokerage that authorized the service delivered.