



Outcome Tracking System Questions/Sub-Questions

1. **Is the agency supporting this person participating in the ADS Quality Pilot Program?
 - a. In the past 12 months, has the individual achieved all experiences, to the level and frequency defined in the OhioISP, that are documented as supporting progress toward a defined outcome?
 - b. In the past 12 months, has the individual completed at least one DODD approved skill-building curriculum?
 - i. If yes, what type of skill-building curriculum?
2. Is the Individual in a Competitive Job?
 - a. Name of employer
 - b. Average wages per hour
 - c. Average hours per week
 - d. How does the person typically get to this job? (Walks/Rides bike, Public Transportation (bus/train), Agency/Independent Provider provides transportation, Driven by family/friend/co-worker), Cab/Taxi, Drives self, Other (must indicate what other is)
 - e. Eligible for fringe benefits?
 - f. Receiving fringe benefits?
 - i. If yes, choose one or more fringe benefits (Employee Discounts, Paid Time Off, Employer Subsidized Health Insurance, Retirement Benefits)
 - g. Select an Occupation:
 - i. Management
 - ii. Business and Financial Operations
 - iii. Computer and Mathematical
 - iv. Architecture and Engineering
 - v. Life, Physical, and Social Science
 - vi. Legal
 - vii. Education Instruction and Library
 - viii. Arts, Design, Entertainment, Sports, and Media
 - ix. Healthcare Practitioners and Technical
 - x. Healthcare Support
 - xi. Protective Service
 - xii. Food Preparation and Servicing Related
 - xiii. Building and Grounds Cleaning and Maintenance
 - xiv. Personal Care and Service
 - xv. Sales and Related
 - xvi. Office and Administrative Support
 - xvii. Farming, Fishing, and Forestry
 - xviii. Construction and Extraction
 - xix. Installation, Maintenance, and Repair
 - xx. Production
 - xxi. Transportation and Material Moving



xxii. Military Specific

3. Are you supporting this Individual in a Group Integrated Job?
 - a. Select type of Group Integrated Job (Enclave, Mobile Work Crew, or Provider Owned Business)
 - b. Name of Employer
 - c. Is the Employer a Medicaid Provider? (Yes or No)
 - d. Average wages per hour
 - e. Average hours per week
 - f. Eligible for fringe benefits?
 - g. Receiving fringe benefits?
 - i. If yes, choose one or more fringe benefits (Employee Discounts, Paid Time Off, Employer Subsidized Health Insurance, Retirement Benefits)
4. Is the Individual in Facility-Based Work?
 - a. Name of Employer
 - b. Average wages per hour
 - c. Average hours per week
5. Is the Individual in Self-Employment?
 - a. Average wages per hour
 - b. Average hours per week
 - c. Select an Occupation:
 - i. Management
 - ii. Business and Financial Operations
 - iii. Computer and Mathematical
 - iv. Architecture and Engineering
 - v. Life, Physical, and Social Science
 - vi. Legal
 - vii. Education Instruction and Library
 - viii. Arts, Design, Entertainment, Sports, and Media
 - ix. Healthcare Practitioners and Technical
 - x. Healthcare Support
 - xi. Protective Service
 - xii. Food Preparation and Servicing Related
 - xiii. Building and Grounds Cleaning and Maintenance
 - xiv. Personal Care and Service
 - xv. Sales and Related
 - xvi. Office and Administrative Support
 - xvii. Farming, Fishing, and Forestry
 - xviii. Construction and Extraction
 - xix. Installation, Maintenance, and Repair
 - xx. Production
 - xxi. Transportation and Material Moving
 - xxii. Military Specific



6. Are you providing the Individual Facility-Based Non-Work Services?
 - a. Average hours per week
7. Are you providing the Individual Community-Based Non-Work Services?
 - a. Average hours per week

**Please note that Question one is for only those Adult Day Support providers that have applied and been selected for the ADS Quality Pilot Program. If you are not participating in this program, you are not required to complete this Question.