

# Feedback Form for Monthly Chart Review

Service Coordinator:

Month:

Review Date with staff:

Next Supervision is scheduled for:

## Charts Reviewed

	Chart Number	Child's Name
1		
2		
3		

## Evaluation and Assessment

<u>Section</u>	<u>Monthly Average</u>	<u>Feedback</u>
<b>A</b> 1 <sup>st</sup> contact within 5 working day of referral		
<b>B</b> FANA face to face within 44 days of the referral		
<b>C</b> Active Facilitator in Meetings		

## IFSP and Intervention

<u>Section</u>	<u>Monthly Average</u>	<u>Feedback</u>
<b>A</b> Case mgt needs are addressed		
<b>B</b> IFSP's are completed on time		
<b>C</b> Transition Meetings are scheduled on time		
<b>D</b> Client's service begin within		

30 days

## Communication

<u>Section</u>	<u>Monthly Average</u>	<u>Feedback</u>
<b>A</b> Pro. Safe. Are given and explained		
<b>B</b> One direct quarterly/bi-monthly contact		

## Documentation

<u>Section</u>	<u>Monthly Average</u>	<u>Feedback</u>
<b>A</b> Accurate, Detailed and Comprehensive Documentation		
<b>B</b> Transition Packets are completed on time		
<b>C</b> Transition IFSP Page I includes steps and services		
<b>D</b> Case Notes Meet M'caid requirement		

## Fiscal and Data

<u>Section</u>	<u>Units Expected When Prorated For PL</u>	<u>Actual TCM/SCTT Billing Units</u>
TCM/SCTT Billing Units		
TCM is submitted by 5 pm every Monday		