Date:

**Autism Waiver Program**

**Supervisor Monthly Tracking Form**

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| Name of Support Center:       Name of Broker:       Name of Supervisor: |

(Supervisor should be completing this form for each support broker and providing it to ACM at monthly meeting.)

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| **Monthly and Quarterly Meetings**  Number of children on broker caseload:       Number of families that received a monthly face to face visits:  Number of families that did not receive a face to face meeting:       List each family and why:  Number of meetings supervisor attended this month:       List meetings attended:  Broker completed monthly meeting tracking form for each visit:  Yes  No  Broker keeps meeting tracking form up to date:  Yes  No |
| **ASP and related documentation**  Number of ASP completed this month:       Number of ASP reviewed by Supervisor:  Number of ASP signed by families:       Number missing and why:  Number of goal sheets signed by providers:       Number missing and why:  Number of EFS completed:       Number missing and why:  Number of ASP with completed training documents if applicable:       Number missing and why:  Number of new year budgets entered into the portal on or before ASP date:       Number missing and why: |
| **Meditech Notes**  Number of meditech notes completed by the 5th of month:       Number of missing notes:  Notes accurately reflect broker work and use neutral language:  Yes  No if no, please explain: |
| **Purchases**  Number of purchase logs up to date:       Number of purchase logs reviewed by Supervisor:  Total number of purchases processed this month:  Number of safety purchases completed with one week of approval:       Number late and why:  Number of completed non-safety items within two weeks of approval:       Number late and why: |
| **Monitoring of Spending**  Number of families with up to date hour logs:       Number of missing logs and why:  Number of hour logs reviewed by Supervisor:       Any identified issued with spending: |
| **Providers**  Number of families needing a new provider:       List families:  Number of provider interviews conducted with families this month:       List families:  Number of independent provider applications processed: |
| **Resources**  Number of non-waiver resources provided to families:       List resources: |