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 [ ]  NoBroker 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:       |