

CM Documentation Form:

ISSUE REPORTING & TRACKING

COMPLETED MONTHLY

Person's Name:

For Review Activities during Month & Year of:

Date Sent to Provider:

Case Manager:

DMRS Regional Office:

Note: This form is used monthly by the Case Manager to record and report the basis for any item marked, or observed, as a "NO" using any of the checklists in the "CM Documentation Forms" during routine review activities (e.g., the face-to-face visit; the monthly ISP status review; and the periodic, semi-annual and annual reviews). Also, this form is used to reiterate any item marked "NO" from the prior month that needs to be rechecked by the CMA for resolution during the current month.

A copy of this "CM Reporting & Tracking" form is provided to the responsible Provider, the DMRS Regional Office, and if desired, the person or the person's family/legal representative.

In the 1st column below, the "Item #" corresponds to the uniquely numbered checklist items on the various types of CM Documentation Forms. The "Yes" or "No" in the last column simply indicates whether the CM was able to verify resolutions of prior issues. Resolutions may or may not have been reached at the time the report is sent. The CM is not required to confirm resolutions of issues identified during the current month before sending this report. Regardless of whether the issue has been, or will be, resolved before the report is sent, a copy of the form is always sent to the Provider & DMRS for their information and use.

Item #	Description of Prior Month's Issues To Be Re-Checked; And Any New Issues Found This Month:	I.D. The Responsible DMRS Provider(s)	New Issue (✓)	Prior Issue (✓)	Comments	Issue Was Resolved? (Yes / No)
Total Number of New Issues Reported This Month →					← Total Number of Issues Re-checked From Prior Month	

CM's initials or Signature: _____

(Totals are listed on last page of this report)

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