

## Instructions for completing the Monthly Report

Monthly Report must be completed and sent to Choices Care Coordinator no later than the 5<sup>th</sup> of the month following services being rendered, or prior to billing (whichever is earlier)

### COMPLETE BEGINNING WITH NUMBER 1 FOR ALL REFERRAL TYPES

1. **Report Period**: Indicates the monthly period of time in which services were provided for example, July 1 to July 31, 2020
2. **Parent(s) Name**: Parent Name from referral
3. **Child(ren) Name**: Child(ren) name(s) from referral
4. **Referral Agency**: Name of local office of DCS or Probation Office
5. **FCM/Probation Officer**: Current Care Coordinator/FCM/Probation Officer
6. **List Service Standard**: List the DCS Service Standard and components as indicated on the referral.
7. **List Provider Staff**: List the name of the staff member who provided the services for the family for the corresponding service standard.
8. **Service Provided (Service Standard)**: Name of DCS Service Standard as indicated on the referral.
9. **Begin/End Date of Referral**: Dates as indicated on the referral.
10. **Service Provider Staff**: List the staff that provided service under the service standard during the reporting month.
11. **Number of Service Units Authorized**: Number of maximum units indicated on the referral.
12. **Number of service units delivered to end of report period**: Total number of service units used since the referral begin date. Include Medicaid services if Medicaid service units were in the referral. This total number must match the units/hours that is invoiced.
13. **Contact Date**: Date of contact.
14. **Start Time**: Time that billable service started
15. **End Time**: Time that billable service ended
16. **Duration**: Length of service (to match billing standard-typically units for most CMI services)
17. **Activity Description**: Explain component used or activity completed. For example, if the referral has both individual and group components, specify which you are speaking to; if service includes transportation or intermittent visitation, specify here
18. **Method**: \*Method includes such things as Face to Face (ff), Phone (ph), Collateral Contacts (cc), DCS Contacts (dcs), CFTM Attendance (cftm), Court Testimony (ct),
19. **Location**: Location of service.

20. Those Present: indicates all individuals present for services.

**CONTINUE BEGINNING WITH NUMBER 29 FOR ALL REFERRAL TYPES  
(INCLUDING VISITATION REFERRALS)**

29. Reason for Referral and Presenting Issues: Reason as indicated on the Referral and presenting issues determined while working with the family
30. Family Functional Strengths: Include strengths of the family.
31. Overall recommendation and progress summary: Summarize the family's progress and include all recommendations. Comment on actions taken by the provider to continually assess child safety. (NOTE: Any safety concerns should be reported immediately to the FCM/PO or the Hotline.)
32. Report Period: Indicates the monthly period of time in which services were provided per report for example July 1 to July 31, 2020
33. Number of Appointments cancelled by Family: Enter the number of visits cancelled by the family during the month.
34. Number of Appointments cancelled by Provider: Enter the number of visits cancelled by the provider during the month.
35. No Shows: Enter the number of no shows for visits during the month.

**Complete the following for each goal, duplicate as needed.**

- 36 Service Goal: Enter the DCS goal for the service
- 37 Narrative Discussion of Services provided for this goal during month: A detailed narrative with each date and service provided should be included for each corresponding goal.
- 38 Progress Summary toward goal: enter progress toward goal
- 39 Family Cooperativeness: enter the willingness of the family to accept services
- 40 Recommendation regarding services for goal (Continue: Reason or End Reason): A recommendation should be provided for each corresponding goal.
- 41 Signature: Signature of person completing the report.
- 42 Date: Date of Signature