

Professional Provider's Report Card

Attachment G

Provider Name:

Position Title:

Type of Evaluation: Initial, Quarterly, Annual, Other

Date:

Compliance Ratings:

1=Full Compliance

2=Non-Compliance

| Individual Provider: | Compliance Rating | Comments |
|---|--------------------------|-----------------|
| Credentialing Standards: | | |
| Training/Continuing Education | | |
| Licensure/Registration | | |
| Ethical Standards of Profession | | |
| Peer Review participation | | |
| Participation in supervision | | |
| Services in compliance with License | | |
| Services: | | |
| Available hours | | |
| Billable hours | | |
| Client kept appointment rate | | |
| Provider kept appointment rate | | |
| No show rate | | |
| Outcome Ratings (Attainment of goals) | | |
| Case Documentation Compliance: | | |
| Meets Utilization Management | | |
| Documentation supports diagnosis and services | | |
| Treatment Plan Updates completed | | |
| Progress notes completed | | |
| Progress Notes: | | |

| | | |
|-------------------------------------|--|--|
| Staff logs completed timely | | |
| Progress notes completed accurately | | |

Full Compliance = 1
 Partial Compliance = 2
 Non-Compliance = 3

Work Attitude:

Communicates effectively

Rating: _____

Comments: _____

Uses work time effectively

Rating: _____

Comments: _____

Works cooperatively with supervisor

Rating: _____

Comments: _____

Consumer Satisfaction Ratings

Rating: _____

Comments: _____

Works cooperatively with others

Rating: _____

Comments: _____

 Supervisor Date

 Provider Date