**Quality Assessment & Improvement (QA&I) Process**

**Provider Individual Record Sample**

**Provider Name**: Provider Name

*Below is the list of the individual records selected for the QA&I full review. If there are any questions, please do not hesitate to contact your Assigned AE QA&I Lead.*

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| **MCI Number** | **Funding Stream (Consolidated, Person/Family Directed Support (P/FDS), Community Living Waiver or Base)**  |
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**Name of Assigned AE QA&I Contact Person(s)**: Assigned AE QA&I Contact Name(s)