**CCHHS Documentation Committee – Document Review Form**

Measure:

Domain Team Lead:

Document Information

Document Title:

Electronic Storage Location:

File Name:

Demonstration of Conformity to Specified Measure

Does the document contain all required components?  Yes  No

If not, what is missing?

Does this evidence fit with the guidance (in PHAB Standards and Measures 1.0)?  Yes  No

Is it reasonable and appropriate?  Yes  No

Are required elements flagged or highlighted to make them easier to find?  Yes  No

Is the document:

 Signed/dated (if appropriate)?  Yes  No  N/A

 Current/Updated?  Yes  No

Meets timeframe requirements?  Yes  No

 From an approved program?  Yes  No

 Document Cover Sheet Present?  Yes  No

 Measure Narrative Present?  Yes  No

What Does This Evidence Communicate to the Reviewer?

Does it meet the intent of the measure?  Yes  No

Is it appropriate based on the guidance?  Yes  No

Changes needed?  Yes  No

In What Way Would The Evidence Be Assessed?

**How well does it meet the PHAB requirements?**

** Fully (3)  Largely (2)  Slightly (1)  Not Demonstrated (0)**

What are the strengths?

What are the weaknesses?

Review Information

Reviewer(s) Name(s): Review Date:

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**Documentation Status:**

** Accepted  Conditionally Accepted  Rejected**

Next Steps for Domain Team Lead:

Additional Comments: