

## Service Contract Review Summary Report – Long Form

(Residential/day programs, crisis/shelter care services)

Division: \_\_\_\_\_ Review Date: \_\_\_\_\_

Reviewer(s): \_\_\_\_\_

Provider Name: \_\_\_\_\_ Provider ID: \_\_\_\_\_

Contract #: \_\_\_\_\_

Review Location(s): \_\_\_\_\_

**Compliance Ratings: Y = Yes; N = No; NA = Not applicable**

Component	Compliance? (Yes / No/ NA)			Deficiency Level?	Areas Needing Improvement/ Comments:
<b>Program Requirements/Scope of Work</b>					
Assessment requirements	Y	N	NA	Major ____ Significant ____ Minor ____	
Clients match program description (eligibility/utilization)	Y	N	NA	Major ____ Significant ____ Minor ____	
Treatment and service requirements	Y	N	NA	Major ____ Significant ____ Minor ____	
Documentation/client record requirements	Y	N	NA	Major ____ Significant ____ Minor ____	
Staff Training	Y	N	NA	Major ____ Significant ____ Minor ____	
Staff requirements	Y	N	NA	Major ____ Significant ____ Minor ____	
Staff to client ratios	Y	N	NA	Major ____ Significant ____ Minor ____	
Provider qualifications (required license, Medicaid provider, etc.)	Y	N	NA	Major ____ Significant ____ Minor ____	
<b>Client Centered Objectives</b>					
Specific client objectives are included in all client files?	Y	N	NA	Major ____ Significant ____ Minor ____	

<b>Component</b>	<b>Compliance? (Yes / No/ NA)</b>			<b>Deficiency Level?</b>	<b>Areas Needing Improvement/ Comments:</b>
Data for client objectives has been collected and analyzed (i.e. objectives based on assessment data, monthly/quarterly progress reports, etc)	Y	N	NA	Major ____ Significant ____ Minor ____	
<b>Client Wellness</b>					
Methods or system in place to prevent abuse, neglect, or exploitation	Y	N	NA	Major ____ Significant ____ Minor ____	
<b>Performance measures</b>					
How many performance measures are stated in the contract?	Number: _____				
Data collected for all performance measures	Y	N	NA		
# and % of performance measures successfully met.	Number: _____ Percent: _____				
<b>Customer satisfaction</b>					
Customer satisfaction data has been collected and summarized.	Y	N	NA	Major ____ Significant ____ Minor ____	
<b>FISCAL MONITORING PLAN</b>					
<b>Cost of Service Contracts</b>					
Itemized billings are consistent with contracted budget? (Note: requires review prior to fund disbursement)	Y	N	NA	Major ____ Significant ____ Minor ____	
Onsite reviews of "costs of service" are in compliance with contracted budget?	Y	N	NA	Major ____ Significant ____ Minor ____	
<b>Rate Based Contracts</b>					
Case management/ worker verification of billings prior to fund disbursement?	Y	N	NA	Major ____ Significant ____ Minor ____	
Onsite reconciliation of billings with client service records?	Y	N	NA	Major ____ Significant ____ Minor ____	

Component	Compliance? (Yes / No/ NA)			Deficiency Level?	Areas Needing Improvement/ Comments:
<b>Client Fund Management</b>					
Client funds have been managed appropriately by the provider.	Y	N	NA	Major ____ Significant ____ Minor ____	
<b>Federal Assurances and Standard Terms</b>					
Annual self-certification signed? (Only required for multi-year contracts)	Y	N	NA		
The sample of the standard terms and/or Federal Assurances reviewed indicates compliance?	Y	N	NA	Major ____ Significant ____ Minor ____	
<b>Additional Requirements</b> (list additional resources and monitoring result below)					
	Y	N	NA	Major ____ Significant ____ Minor ____	
	Y	N	NA	Major ____ Significant ____ Minor ____	
	Y	N	NA	Major ____ Significant ____ Minor ____	

Licensing Requirements				
Were possible violations of licensing requirements identified that required notification of the Office of Licensing?	Yes	No	Date of notification: _____ Who was contacted in Licensing? _____ _____	

\_\_\_\_\_  
CONTRACT MONITOR (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
CONTRACT MONITOR (Please Print)

\_\_\_\_\_  
CONTRACT MONITOR (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
CONTRACT MONITOR (Please Print)