

Service Contract Review Summary Report - DSPD SFY 2010 - FOCUS Form

'Rate Based Contracts - Open Ended'

Form Content Updated 10/12/2009

Sample Size: _____ [5% minimum or at least two files]

Division: Division of Services for People With Disabilities

Review Date: _____

Reviewer(s): _____

(1) (2)

Provider Name: _____ **Prov #** _____

Contract #(s): _____

Review Location(s): _____

Service Type(s): _____

Compliance Ratings: Y = Yes; N = No; N/A = Not Applicable

ID.RC & ABI _____

CONTRACT MONITORING PLAN

Program Requirements/Scope of Work	Compliance? (Yes / No / N/A)			Major _____ Significant _____ Minor _____	Comments
1) Documentation/client record requirements (Q4)	Yes	No	N/A		4. Long Form
2) Staff Training, Competency & Tracking (Q5)	Yes	No	N/A		5. Long Form
3) Staff requirements; annual updates (Q6)	Yes	No	N/A		6. Long Form
Rate Based Contracts	Compliance? (Yes / No / N/A)				Comments
4) Case management/worker verification of billings prior to fund disbursement? (Q10)	Yes	No	N/A		14. Long Form
5) Onsite reconciliation of billings with client service records? (Q11)	Yes	No	N/A		15. Long Form
6) Billings have attached lists of clients receiving billed service? (Q12)	Yes	No	N/A		
7) Onsite reconciliation of billed hours with provider time records? (Q13)	Yes	No	N/A		
8) Staff hours provided agree with client worksheets? LUR Current? (Q14)	Yes	No	N/A		16. Long Form
Client Fund Management	Compliance? (Yes / No / N/A)				Comments
9) Client funds have been managed appropriately by the Provider? (Q15)	Yes	No	N/A		17. Long Form
Federal Assurances & Standard Terms	Compliance? (Yes / No / N/A)				Comments
10) Compliance with Federal Employment Eligibility Verification (I-9) & BCI, DHS & DSPD Code of Conduct, Indemnity Requirements, Abuse Reporting, Fraud training, records security & control, and Emergency Mgt & Business Continuation Plan on file (Q16)	Yes	No	N/A		19. Long Form