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| **ESAlogo.jpeg** | | COMMUNITY SERVICES DIVISION  BASIC CLIENT SERVICE / CITIZENSHIP SERVICES  CONTRACT MONITORING CHECKLIST  **On-Site Review** | | | DATE OF REVIEW | |
| REGION / OFFICE | |
| **Instructions**: This checklist is to be used when conducting a site-monitoring visit for any contractor providing client services. It will be used in combination with other program-specific, addendum checklists. A copy of this checklist will be maintained with the contract file. | | | | | CONTRACT NUMBER | |
|  | |
| CONTRACTOR NAME | | | | | | |
| REVIEWER(S) | | | | | | |
| DESCRIPTION OF SERVICES | | | | | | |
| Insert code in appropriate column.  M Requirement met X Requirement not met NA Not applicable P Presumed compliance–no evidence to the contrary | | | | | | |
| **Contract Terms and Conditions** | | | | | | |
| REVIEW ELEMENT | | | REQUIREMENT | COMMENTS | | CODE |
| 1. | **Billing and payment** | | * Contractor paid according to fee schedules and only for authorized services |  | |  |
| * Invoices submitted monthly per billing instructions and not for services paid for by another source. |  | |  |
| * Invoices submitted within 45 days after the last day of the month in which services were provided. |  | |  |
| * Contractor did not bill for duplicate services. |  | |  |
| 2. | **Confidentiality** | | * Contractor did not disclose personal information without prior, written consent. |  | |  |
| * Maintain confidential information in accordance with state and federal laws, and have adequate policies and procedures in place to ensure compliance. * Complies with datashare requirements. |  | |  |
| 3. | **Inspection; maintenance of records – site review** | | DSHS provided reasonable access to site, client and contractor records, maintained for term of contract, plus 6 years. |  | |  |
| 4. | **Interpretation and translations** | | Contractor provides services necessary to perform obligations, with no compensation. |  | |  |
| 5. | **Reporting and review** | | Contractor collected information required by DSHS and submit monthly ***(or per contract)***. |  | |  |
| 6. | **Single audit act** | | If subrecipient and expend $300,000 federal funds/fiscal year, must procure A-133 audit, submit report/management letter to DSHS. |  | |  |
| 7. | **Subcontracting** | | * Obtain prior, written approval from ORIA. Provide subcontractor qualification. |  | |  |
| * Submit copies of subcontract agreement along with subcontract monitoring plan. |  | |  |
| * Submit monitoring reports within 30 days of monitoring visit. |  | |  |
| 8. | **Non-discrimination** | | Comply with all applicable federal, state, local laws (e.g., ADA). |  | |  |
| 9. | **Program training** | | Ensure employees who provide services under this contract attend ORIA program training as requested by DSHS. |  | |  |
| 10. | **Exception to Policy** | | Submit request in writing to DSHS Contact, or designee. |  | |  |
| **Statement of Work Documentation** | | | | | | |
| REVIEW ELEMENT | | | REQUIREMENT | COMMENTS | | CODE |
| 1. | **Individual Files** | | Secured and inaccessible to participants. As required. |  | |  |
| 2. | **Narrative / Progress Notes** | | As required |  | |  |
| 3. | **Signed Release of Information** | | While may not be required by contract – still “best practice standard”. |  | |  |
| 4. | **Intake Evaluation** | | As required. |  | |  |
| **Additional Contractor Requirements** | | | | | | |
| REQUIREMENT | | | | COMMENTS | | CODE |
| 1. | Provide ORIA with the following information within 60 days of the contract’s start date: | | |  | |  |
| * + List of training classes available for participants; Names of instructors and qualifications; | | |  | |  |
| * + Class locations, days and times; Curriculum and materials used, and | | |  | |  |
| * + Language capabilities (teachers, class materials, etc.) | | |  | |  |
| 2. | Provide ORIA with any changes / updates to program information reported at start of contract. | | |  | |  |
| 3. | Certificate of Insurance available for review upon request. | | |  | |  |