Division of Quality Assurance F-62657 (Rev. 07/08)

HOME HEALTH AGENCY CONTRACT REVIEW WORKSHEET

(OPTIONAL)

| Name – Agency | | | | | | License Number | |
|------------------------------|--|------------------------------------|---|---|---|--------------------------|--|
| Name – Surveyor (s) | | | | | | Date Worksheet Completed | |
| | 133.19(1)(a) | 133.19(1)(b) | 133.19(1)(c) | 133.19(1)(d) | 133. | 19(1)(e) | 133.19(1)(f) |
| Name of Contracted Providers | A statement that patients are accepted for care by the primary home health agency. | A list of services to be provided. | Agreement to conform to all applicable agency policies, including personnel qualifications. | A statement about the contractor's responsibility for participation in developing plans of treatment. | A statement concerning the manner in which services will be controlled, coordinated, and evaluated by the primary agency. | | Procedures for submitting clinical and progress notes, scheduling visits, and undertaking periodic patient evaluation. |
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