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| Annual Review for Division of Medicaid Services (DMS) Vendors | | | | |
| **Instructions:** All programs monitored by the DMS Bureau of Eligibility and Enrollment Policy (BEEP) Vendor Management section have an annual review. Prior to the annual review, a **DHS** **contracts specialist** completes sections 1 and 3 through 8, and sends it to the vendor **at least 30 calendar days prior** to the annual review visit. The **vendor** completes sections 2 and 3 and sends it to the DHS contracts specialist **at least 10 calendar days prior** to the annual review visit, along with any required documentation. | | | | |
| Section 1 – general information (This section is completed by the DHS contracts specialist) | | | | |
| Contracts Specialist – (Last Name, First Name) | | | | |
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| Vendor Contact Person – (Last Name, First Name) | | | | |
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| Names and Titles of Annual Review Participants | | | | |
| **Names** | | **Titles** | | |
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| Date of Annual Review | Vendor Name | | | |
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| Title of Program | | | | |
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| Contract Period | | | Contract Amount |
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| Section 2 – Vendor information (This section is completed by the vendor) | | | | |
| 1. List the names and titles of the staff responsible for the following: | | | | |
| 1. Development of the program plan and priorities | | | | |
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| 1. Collection and evaluation of program data | | | | |
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| 1. Preparation and submission of program performance reports | | | | |
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| 1. Recruiting, hiring, and training new staff | | | | |
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| 1. Budget auditor | | | | |
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| 1. Describe what efforts you make to ensure that your workforce reflects the individuals they serve? | | | | |
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| 1. Is your organization at full staffing capacity? Yes  No  If no, what is the plan to reach full capacity? How many key staff have left or were hired in the previous 12 months? Key staff are defined as employees responsible for major tasks and decision-making roles in the program. Describe any barriers to hiring staff. | | | | |
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| 1. How do you ensure that the service needs of the program are met during staff vacancies? | | | | |
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| 1. List and briefly describe the trainings and educational opportunities provided for staff within the previous 12 months that relate to program services and activities. (Include any trainings and educational opportunities on cultural responsiveness or culturally and linguistically appropriate services) | | | | |
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| 1. List any protected health information (PHI) and personally identifiable information (PII) security protocols in place, if applicable. If changed, please describe the change. | | | | |
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| 1. What languages does your target population speak? | | | | |
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| 1. Are translations of written materials available in those languages? Yes  No  If no, explain: | | | | |
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| 1. Are translator services available in those languages? Yes  No  If no, explain: | | | | |
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| 1. What services or resources do you provide that promote accessibility for agency staff, community members, or other program participants who are living with disabilities? | | | | |
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| 1. Are braille documents, sign language, or translator services, teletype (TTY) service, computer-based and assistive technology, or software available? Yes  No  If no, explain: | | | | |
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| 1. Are you in compliance with the Americans with Disabilities Act (ADA) and other requirements regarding program accessibility for everyone, including those living with disabilities, when considering accessibility to office and program space, language accessibility, and other forms of accessibility? (See ADA of 1990, Title 42, U.S.C. Chapter 126.) Yes  No  If no, explain: | | | | |
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| 1. Does DHS have copies of all outreach materials in use and have they all been through the DHS approval process? Yes  No  Not applicable   If no, explain: | | | | |
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| 1. For FoodShare outreach vendors: Do all FoodShare outreach materials contain the full\* updated USDA Non-Discrimination Statement available [here](https://www.usda.gov/non-discrimination-statement) in an allowable format? (Outreach partners are required to include the most current non-discrimination statement on all materials funded even partially by Federal SNAP Outreach funding.)  Yes  No  Not applicable   If no, explain:    \*When the full statement will not fit, the following short statement may be used in print no smaller than the text: “This institution is an equal opportunity provider.” For materials in Spanish: “Esta institución es un proveedor que ofrece igualdad de oportunidades.” | | | | |
| 1. Does the vendor have a website? Yes  No | | | | |
| a) If yes, list: | | | | |
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| b) If yes, is the website funded by the outreach contract or does the website raise awareness or share information regarding the outreach program that is funded under the vendor’s contract?  Yes  No  If yes, describe the information shared: | | | | |
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| c) If yes, does the website comply with the following? (To be completed by DHS contract specialist) | | | | |
| 1) Plain language is used. There is no misleading or confusing language. Yes  No  If no, explain: | | | | |
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| 2) Acronyms are spelled out on first reference and only used when necessary. Yes  No  If no, explain: | | | | |
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| 3) Correct reading level is used. (7th or 8th grade) Yes  No  If no, explain: | | | | |
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| 4) Language and messaging are consistent with the DHS public website. Yes  No  If no, explain: | | | | |
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| 5) Language is inclusive. Yes  No  If no, explain: | | | | |
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| 6) Website is consistent with current policies. Yes  No  If no, explain: | | | | |
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| 7) Links are functional. Yes  No  If no, explain: | | | | |
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| 8) DHS forms that are linked are the most up-to-date version. Yes  No  If no, explain: | | | | |
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| **SECTION 2A. – SUB-CONTRACTORS** (This section is completed by the vendor) | | | | |
| The vendor may request the following items: contracts(s) with sub-contractors, last performance reports from sub-contractors, monitoring reports for sub-contractors, and other requested information. | | | | |
| 1. Are you utilizing one or more sub-contractors for this program? Yes  No  If no, skip to Section 3.   If yes, list the name of each sub-contractor: | | | | |
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| 1. What types of performance reports do sub-contractors submit and how frequently does your staff monitor them? | | | | |
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| 1. Describe any performance problems with sub-contractors and how you have addressed them in the performance reporting process. | | | | |
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| Section 3 – performance monitoring for quality assurance and program qualityimprovement | | | | |
| The DHS contracts specialist will complete question 1. | | | | |
| Please provide the contracts specialist with recent self-audits/quality assurance reports, if applicable, **prior to annual review**. During the annual review visit, there will be a discussion about recent agency self-audits. | | | | |
| 1. **DHS Contracts Specialist** – Review recent performance reports and record any notes or comments here. During the annual review visit, discuss suggestions for submitting timely or more complete reports and your feedback regarding program outcomes to date. | | | | |
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| The vendor completes question 2. | | | | |
| 1. Describe the tools and methods used to **collect** program performance data, evaluate and improve the quality of program services and activities, or to make system improvements by answering the following: | | | | |
| 1. What procedures and safeguards are being implemented to promote data integrity and accuracy? | | | | |
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| 1. Describe any identified barriers to the collection or analysis of performance data. | | | | |
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| 1. What records, if any, are maintained to evaluate the program services and activities? | | | | |
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| 1. What processes are used to evaluate program services and activities? | | | | |
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| 1. Describe any identified barriers to program evaluation. | | | | |
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| 1. What strategies or models, if any, have been used to improve the quality of the program services and activities? | | | | |
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| 1. Describe any identified barriers to implementing quality improvements. | | | | |
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| section 4 – Fiscal monitoring (This section is completed by the DHS contracts specialist) | | | | |
| 1. Are there any fiscal issues reported from the DMS Bureau of Fiscal Accountability and Management regarding budgeting, expenditures, or re-allocations of funds? Yes  No  Other  If no, explain: | | | | |
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| 1. List additional fiscal questions and topics to address. | | | | |
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| section 5 – special program provisions | | | | |
| DHS Contracts Specialist – In the blanks below, list any additional questions and topics to address during the annual review visit. Include program-specific requirements and documentation required under the funding source statute or regulation. Questions may also relate to any formal or informal corrective action plans in progress. Include both the question/topic and the vendor’s response to each item. | | | | |
| Question/Topic: | | | | |
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| Vendor Response: | | | | |
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| Question/Topic: | | | | |
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| Vendor Response: | | | | |
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| section 6 – summary of findings and recommendations (This section is completed by the DHS contracts specialist) | | | | |
| Include the most significant findings and highlights (both positive areas, successes, and best practices, as well as opportunities for improvement: | | | | |
| 1. Successes/best practices (above and beyond minimum requirements): | | | | |
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| 1. Opportunities for improvement/recommendations: | | | | |
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| 1. Quality assurance items and any other deficiencies needing follow-up response by vendor: | | | | |
| Issue: | | | | |
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| Vendor Response: | | | | |
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| Issue: | | | | |
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| Vendor Response: | | | | |
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| **Follow-Up Directions:** The DHS contracts specialist will provide the vendor with the completed annual review within **15 calendar days of the visit date**. The vendor will respond to the items in section 6, the Summary of Findings and Recommendations within **30 calendar days of receipt** of the completed annual review. Responses can be typed into this form under each item in section 6. | | | | |
| section 7 – contract risk assessment result\* (This section is completed by the DHS contracts specialist) | | | | |
| Complete the DHS Bureau of Procurement and Contracting sub-recipient risk assessment provided to you.  \*For contract risk assessments rated either **High, Moderate, or Financial Risk**, the contract specialist and vendor must create a **Corrective Action Response Plan** to mitigate the risk(s) identified. (See below for corrective action Response plan template). | | | | |
| **Result**: Low Risk  Moderate Risk  High Risk  Financial Risk | | | | |
| Follow-up monitoring meeting requirements: | | | | |
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| **High-Risk Assessments (or Financial Risk Assessments):** If a vendor is assessed as high risk, **monthly** follow-up monitoring meetings will be set up and a written monitoring report providing the status of the corrective action response plan will be completed at each meeting. | | | | |
| **Moderate-Risk Assessments**: If a vendor is assessed as a moderate risk, **quarterly** follow-up monitoring meetings will be set up and a written monitoring report providing the status of the corrective action response plan will be completed at each meeting. | | | | |
| section 8 – corrective action response plan template (This section is completed by the DHS contracts specialist) | | | | |
| For each issue, include what the issue is, what action(s) will be taken to mitigate or resolve the issue, who will complete each action, what the timeline is to complete each action, what the outcome or result is, and any explanations needed. For follow-up monitoring meetings, this chart is pasted into separate follow-up monitoring reports and updated as appropriate. | | | | |
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| **Issue** | **Action Taken to Resolve Issue** | **Staff Responsible to Complete Action** | **Due Date** | **Outcome (resolved or not)** | **Explanation** |
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| **Follow-Up Monitoring Meetings** (record dates and times of quarterly or monthly visits): |

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| **Meeting Date** | **Meeting Time** | **Location or Virtual Meeting Link** |
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The findings and recommendations described above are based on the annual review as conducted by the contract specialist whose signature is shown here.By signing below, the vendor acknowledges receipt of findings and recommendations.

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| **SIGNATURE** – DHS Contracts Specialist | Date Signed (mm/dd/yy) |
| **SIGNATURE** – Vendor | Date Signed (mm/dd/yy) |

**cc: Vendor Management Section Manager and Deputy Bureau Director**