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| **DEPARTMENT OF HEALTH SERVICES**  Division of Quality Assurance  F-62232 (01/2024) | | | **STATE OF WISCONSIN**  42 CFR 418.100(e)  DHS 131.30(2) | | | | | | | | | | | | | |
| **HOSPICE CONTRACTS AND AGREEMENTS REVIEW** | | | | | | | | | | | | | | | | |
| Hospice Agency Name | | | License No. | | | | Surveyor Name/Surveyor No. | | | | | | Date – Review | | | |
| **CONTRACT SERVICES:**  Does hospice retain professional management responsibility and ensure overall continuity of care? *(P4400, L655)*  Yes  No  Are contracts evaluated annually? *(P4410)*  Yes  No | | | | **COMPONENTS OF WRITTEN CONTRACT AGREEMENT** | | | | | | | | | | | | |
| **L655**  **P4405** | | **L655**  **P4405** | | | **L655**  **P4405** | | **P4405** | | **L655**  **P4405** | | **P4405** | |
| **Identification of services to be provided** | | **Stipulation that hospice authorized provision of services and are delivered in accordance with hospice POC** | | | **Manner of coordination and supervision by hospice** | | **Delineation of the roles of**  **hospice and service provider in admission process; assessment, IDG meetings and ongoing provision of palliative and supportive care** | | **Personnel Qualifications** | | **Method of evaluation of effectiveness of contracted services through a QA program** | |
| **CONTRACT TYPE** | **CONTRACT NAME** | **Date Last Reviewed** | | **Y** | **N** | **Y** | | **N** | **Y** | **N** | **Y** | **N** | **Y** | **N** | **Y** | **N** |
| **PT/OT or Speech** |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |
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| **Medical Supply/DME** |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |
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| **SNF/NF** |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |
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| **Pharmacy** |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |
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| **Medical Director\*** *(Must Identify Physician)* |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |
| **Physician** |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |
| **Inpatient Unit (IPU)** |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |