**DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN**

Division of Quality Assurance

F-62657 (07/2008)

**HOME HEALTH AGENCY – CONTRACT REVIEW WORKSHEET**

(OPTIONAL)

|  |  |
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| Name – Agency      | License Number      |
| Name – Surveyor (s)      | Date Worksheet Completed      |
| **Name of** **Contracted** **Providers** | **133.19(1)(a)** | **133.19(1)(b)** | **133.19(1)(c)** | **133.19(1)(d)** | **133.19(1)(e)** | **133.19(1)(f)** |
| A statement that patients are accepted for care by the primary home health agency | A list of servicesto be provided | Agreement to conformto all applicableagency policies, including personnel qualifications | A statement about the contractor’s responsibility for participation in developing plans of treatment | A statement concerningthe 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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