**DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN**

Division of Quality Assurance

F-62657 (07/2008)

**HOME HEALTH AGENCY – CONTRACT REVIEW WORKSHEET**

(OPTIONAL)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 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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