

| | |
|---|-------------------------|
| Provider Name City | Evaluator's Name |
| Contract # DMS Service Code | Office |
| Service Description | Site Visit Date |
| Tgt. Grp. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> | Report Date |

| Provider Contract Requirements | Rating | | | | | Ratings Based Upon: I = Interview O = Observation D = Documentation (List Who and What) | Notes (Explain Ratings 2 or Less: Attach Supportive Documentation) |
|---|--|--|--|--|--|---|---|
| | Explain | | Fully Met Requirements | Exceeded Requirements | Not Applicable | | |
| | Unacceptable | Conditionally Acceptable | | | | | |
| | 1 | 2 | 3 | 4 | N/A | | |
| A.3. Clients to be Served | | | | | | | |
| a. Services are provided to eligible clients as per the contract. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| b. Provider complied with eligibility criteria. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| c. Provider complied with established client units. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| B.1. Service Tasks | | | | | | | |
| a. Service tasks are delivered on time and as defined in the contract task list and limits. (List and rate each service task from Attachment I, Paragraph B.1.a.) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| B.2. Staffing Requirements | | | | | | | |
| a. Provider staffing levels are maintained as per contract. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| b. Provider maintains qualified professionals as per contract. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| c. Provider handles staffing changes as per contract. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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|--|--------------------------|-----------------------------|---------------------------|--------------------------|--------------------------|---|---|
| | Explain | | Fully Met Requirements | Exceeded Requirements | Not Applicable | | |
| | Unacceptable | Conditionally Acceptable | | | | | |
| 1 | 2 | 3 | 4 | N/A | | | |
| d. Provider complied with the sub-contractor provisions in the contract. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| B.3. Service Location and Equipment | | | | | | | |
| a. Services are provided at the locations specified and facility requirements have been met. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| b. Service times meet contract requirements. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| c. Changes in location are appropriately handled as per contract. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| d. Provider equipment is available, safe, in good working order, and meets contract requirements (including procurement, if applicable). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| B.4. Deliverables | | | | | | | |
| a. Service units are provided as defined by the contract. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| b. Required reports are accurate, complete and submitted on time as defined by the contract. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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| | Explain | | Fully Met Requirements | Exceeded Requirements | Not Applicable | | |
| | Unacceptable | Conditionally Acceptable | | | | | |
| 1 | 2 | 3 | 4 | N/A | | | |
| d. Provider records and documentation are available, accurate and complete as defined by the contract. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| B.5. Performance Specifications a. Provider is meeting (or has met) the performance standards as defined by the contract (list and rate each outcome/output from Attachment I, paragraph B.5.a. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| B.6. Provider Responsibilities a. Provider is performing provider unique activities as defined by the contract. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| b. Provider coordinates services integration both internally and externally with other entities as defined by the contract. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

| | Rating | | | | | Ratings Based Upon: | Notes |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------|-------|
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| Provider Contract Requirements | Unacceptable | Conditionally Acceptable | | | | | |
| | 1 | 2 | 3 | 4 | N/A | | |
| C. Method of Payment | | | | | | | |
| a. Invoices are accurate, complete and submitted on time as defined by the contract. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| b. Service delivery supporting documentation has been maintained and/or submitted as defined by the contract. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| c. Review a percentage of cancelled checks for each month. Does the date on each check match the "paid" date on the invoice? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| d. All salary checks were cashed within 15 days of receipt. | | | | | | | |
| e. All other checks were cashed within 30 days of the date on the check. | | | | | | | |
| D. Special Provisions | | | | | | | |
| a. Provider has complied with special provisions as defined by the contract (list and rate each special provision where requirements were not fully met) | | | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Future Contract Actions (Lessons Learned) | | | | | | | |