

## Walla Walla County Department of Human Services

### Contract Development and Monitoring Procedures

Walla Walla County Department of Human Services receives funding from a wide variety of funding sources and in turn, awards contracts for specific service provision to a wide variety of community providers. When a contract has been awarded or new funding allocated, the agency will be contacted by the contract manager who will assist with each step of the process.

#### Sub grantee solicitation and selection:

1. DHS will solicit for provision of services from community agencies through our Request for Proposal (RFP) in keeping with criteria defined in The Bidding Book for Washington Counties. The RFP process begins with advertising in the Newspaper of Record for the County (The Waitsburg Times) and posting on the DHS website: [www.wwchhs.org/procurement](http://www.wwchhs.org/procurement) and will be sent out upon request to interested agencies.
2. Once responses to the RFP are received the following process is used to determine award of contracts:
  - a. DHS staff will review and score portions of the proposal for qualifications of the applicant agency.
  - b. Qualified applicants will be scored and reviewed by a committee of community members who are not affiliated with applicant agencies.
  - c. The ranking, scoring and final recommendations of the Review and Scoring Committee will be forwarded to the Human Services Advisory Board for review and revision or approval.
  - d. The recommendations of the Human Services Advisory Board will be presented for final determination to the County Commissioners for final approval.

#### Contract development steps:

1. Drafting a description of the specific services to be provided, called a statement or scope of work, along with Specific Terms and Conditions, which define specific contractual requirements for the performance of the work. The contract will also detail how payment will be made, and any reports required for submittal.
2. Reviewing the standard contract boilerplates, completing any required forms, providing needed insurance certificates and endorsements, and having the appropriate authorized person sign the forms and the contract document.
3. Contracts for the provision of Mental Health, Chemical Abuse and Dependency Services may also require a special credentialing process to be completed prior to approval of any contracts.
4. A fully executed contract is expected to be in place prior to the provision of any contractual services.

#### Contract Requirements and procedures for amendments.

1. The County's General Terms and Conditions outline contract requirements for all County contracts.

2. Amendments are as executed as defined in the General Terms & Conditions. Any executed Agreement may be altered only by a written amendment executed by authorized representatives of County and Sub grantee.

Contract monitoring steps:

1. The contract manager is the person responsible for monitoring compliance with the contract terms, and reviewing and approving all invoices submitted by the provider.
2. The manager or designee will also conduct a site visit during the term of the contract to review compliance with policies and the quality of work completed under the terms of the contract. On-site monitoring is performed at least once during each contract period.
3. Agency contractors will be notified in writing 30 days in advance of a scheduled on-site monitoring visit.
4. Agencies will be requested to submit documentation to the DHS in advance to allow sufficient time for review in advance of the on-site visit and a written list of requested documents will be provided.
5. The monitoring of each sub grantee will include criteria specific to the Statement/Scope of Work, the Specific Terms and Conditions and applicable CFR, WAC or RCW that defines service provision requirements or standards.
6. Monitoring of employee files to insure compliance with all employee requirements will include review of all personnel files or a maximum of 15 files.
7. Monitoring of direct services will include the review of a sample size of the lessor of 25% or 25. The sample will be chosen by the methodology of picking the 2<sup>nd</sup> person on the list and then every fifth person thereafter. If after going through the list, the sample size is one less (rounded down) than the 25% or 25, the choosing of every fourth person will continue back to the beginning of the list.
8. Identified recommendations or deficiencies will be outlined to the agency in a Statement of Conditions and Recommendations which will include an identified timeline for correction of deficits.
9. Failure to comply with conditions of a contract may lead to the requirement of a Performance Improvement Plan, technical assistance from the County and potential termination of the contract.

Contract Termination:

Contract termination criteria and process of notification is detailed in the County General Terms & Conditions of each contract.



## DEPARTMENT OF HUMAN SERVICES

• Walla Walla County, Washington State •

### Commissioners

Perry L. Dozier, Chairman  
James K. Johnson  
Gregory A Tompkins

Interim Director  
Harvey Crowder, DVM, MS

[DATE]

[Contact Person]

[Entity]

[Address]

[City, State Zip Code]

Re: DDD On-Site Review

Dear \_\_\_\_\_:

A provision for an on-site review of the Developmental Disabilities program is included in your organization's contract as a subcontractor for Walla Walla County. As part of obtaining reasonable assurance that an organization has materially complied with program requirements, we perform tests of compliance with certain laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the Developmental Disabilities program as a whole. This review will cover compliance with program requirements as outlined within the following documents:

- Your organization's contract with the Walla Walla County Department of Human Services;
- The Budget, Accounting and Reporting Systems Manual;
- DDD Quality Assurance;
- DDD Criteria for an Evaluation System-Criteria for all Services;
- DDD Policy 4.11 Working Age Adult
- DDD Service Information Form; and
- Americans with Disabilities Act Checklist for Existing Facilities.

The areas of review are judgmentally selected using a risk based approach to determine those areas of highest risk of non-compliance with program requirements. As our review, is performed on a test basis, this review and the subsequent results communicated thereafter, do not provide a legal determination of the organizations compliance with program requirements only reasonable assurance that the organization has or has not materially complied with program requirements.

In order to facilitate the planning of the review and ensure that the review is performed as efficiently and effectively as possible, we have enclosed the attached request for information. Please return the requested information by \_\_\_\_\_. Receiving this information prior to the on-site review will limit the amount of time required for us to be on-site and allow us to focus the review to specific areas in an attempt to limit our disruptions to your daily operations and service delivery duties.

1520 Kelly Place, Suite 220 • Walla Walla, WA 99362-0329

Main Telephone: (509) 524-2920 • Confidential Fax: (509) 524-2993 • Main Fax: (509) 524-2992

TTY: (800) 833-6384 or 7-1-1



## DEPARTMENT OF HUMAN SERVICES

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• Walla Walla County, Washington State •

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Perry L. Dozier, Chairman

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### Interim Director

Harvey Crowder, DVM, MS

We have tentatively scheduled that review for \_\_\_\_\_. As we are not necessarily aware of all time constraints you may have during this period, we would appreciate your comments regarding the feasibility of performing this site review during the identified time period. If an alternative time period is necessary, please state your reason as well as a suggested suitable time.

If you have any questions or concerns, please contact me at (509) 524-2920. We look forward to working with you in the near future,

Respectfully,

[Your Name]

[Your Position]

Walla Walla County

Department of Human Services

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**Walla Walla County Department of Human Services  
Request for Information  
Developmental Disabilities Contracts  
For the Period July 1, 2012 through June 30, 2013**

If the below request for information have been provided in a prior on-site review it is only necessary to re-submit a specified document if the information or policy has changed.

1	Copy of current licenses	
2	Copy of insurance certification and employee bonding documentation	
3	Copy of most recent audit report	
4	Copy of current organization chart	
5	Copy of any subcontracts	
6	Listing of assets purchased with DHS funding	
7	Record retention policy and procedure	
8	Grievance policy and procedure	
9	Policy and procedure to inform clients of rights, benefits and services they can expect and what is expected of clients	
10	Employment Non-discrimination policy and procedure	
11	Client Service non-discrimination policy and procedure	
12	Policies and procedures for submitting claims and reports to DHS	
13	Policies and procedures for obtaining background checks	
14	Listing of trainings attended, who attended and training provider – policies and procedures to ensure staff are properly trained	
15	Policies and procedures to ensure services billed are in compliance with BARS	
16	Policies and procedures to ensure services are provided in accordance with the Plan of Care and the County Service Authorization (CSA)	
17	Policies and procedures to provide documentation to DHS for entry into the CMIS Reporting System	
18	Policies and procedures to identify and address the support needs of clients	
19	Policies and procedures for health, safety and/or injury incident reporting – provide a listing of incidents reported during the period	
20	Policies and procedures regarding client abuse, rights privacy and respectful staff-to-client interactions	
21	Policies and procedures to ensure client medical information is available for each client	
22	Please provide a brief description of any difficulties and accomplishments made during the review period	
23	Current Written Mission Statement	
24	Policy and Procedures for Dispute Resolution	
25	Clearly defined staff responsibilities	

26	Policy and Procedures for Safety Practices	
27	Incident Management Reporting	
28	Policy and Procedure for Conflict of Interest	



**County Developmental Disabilities Employment & Day CONTRACT COMPLIANCE REVIEW CHECKLIST**  
**Walla Walla County Department of Human Services 2012-2013**

Item B Statement of Work

3. Do the clients in your Agency who receive Community Access services receive support hours based on the Client's Community Access Acuity per WAC?  Yes  No

Recommendations:

4. Do the clients in your Agency who receive Employment supports average twenty hour of work per week?  Yes  No

Recommendations:

5. Are the amount of support hours a client receives based on his/her demonstrated need and acuity level?  Yes  No

Recommendations:

6. Does your Agency communicate to the client, prior to providing services, the minimum and maximum monthly service hours the client could expect to receive?  Yes  No

Recommendations:

7. Did your Agency review whether clients Planned Rates information correlated with the actual service hours the clients were expected to receive?  Yes  No

Recommendations:

8. Did your County require six month progress reports on all clients receiving direct services?  Yes  No

If no, please comment:

County Developmental Disabilities Employment & Day CONTRACT COMPLIANCE REVIEW CHECKLIST  
Walla Walla County Department of Human Services 2012-2013

WALLA WALLA COUNTY AGREEMENT ON GENERAL TERMS AND CONDITIONS  
Item C. General Terms and Conditions

1. Does your Agency have the following policies and procedures or certification:
- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. Confidentiality?<br>If no, please provide a plan of correction:  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Safeguarding personal information?<br>If no, please provide a plan of correction:  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Maintenance of Records?<br>If no, please provide a plan of correction:   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Treatment of Assets?<br>If no, please provide a plan of correction:  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Debarment Certification <a href="https://www.sam.gov/portal/public/SAM/">https://www.sam.gov/portal/public/SAM/</a> ?<br>If no, please provide a plan of correction: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Proof of Insurance Liability?<br>If no, please provide a plan of correction:   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Dispute Resolution?<br>If no, please provide a plan of correction:   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

County Developmental Disabilities Employment & Day CONTRACT COMPLIANCE REVIEW CHECKLIST  
Walla Walla County Department of Human Services 2012-2013

CRITERIA FOR AN EVALUATION SYSTEM

Item D – CFES - Organization design

1. Does your Agency have the following:		
a. A current written mission?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recommendations:		
b. A current written performance plan, program objectives, and expected outcomes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recommendations:		
c. A current program evaluation process?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recommendations:		
d. Effective accounting policies and procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recommendations:		
e. A well defined organizational chart?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recommendations:		
f. Clearly defined staff responsibilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recommendations:		

**County Developmental Disabilities Employment & Day CONTRACT COMPLIANCE REVIEW CHECKLIST**  
**Walla Walla County Department of Human Services 2012-2013**

2. The provider maintains effective policies and procedures and provides staff training on but not limited to the following:

a. Respectful staff-to-participant interactions?  Yes  No

Recommendations:

b. Clients Rights?  Yes  No

Recommendations:

c. Protection from Abuse?  Yes  No

Recommendations:

d. Positive Behavior Supports?  Yes  No

Recommendations:

e. Use of Restrictive Procedures?  Yes  No

Recommendations:

f. Human Immunodeficiency Virus & AIDS?  Yes  No

Recommendations:

g. Incident Management?  Yes  No

Recommendations:

h. Typical safety protection practice?  Yes  No

Recommendations:

County Developmental Disabilities Employment & Day CONTRACT COMPLIANCE REVIEW CHECKLIST  
Walla Walla County Department of Human Services 2012-2013

Item E – CFES - All Client Files

1. Does your Agency have the following in place in client files:			
a. Current County Services Authorization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Recommendations:			
b. Individualized Services plan including goals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Recommendations:			
c. Documentation how it has identified and addressed support needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Recommendations:			
d. Documentation of progress evaluation minimally, each 6 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Recommendations:			
e. Documentation of training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Recommendations:			
f. Proof of client's and/or family's review of the grievance process?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Recommendations:			
g. Proof that client and/or family reviewed the provider's expectation of client?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Recommendations:			
i. Proof of client's and/or family's receipt of information about services & benefits to be provided by the program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Recommendations:			
i. Receipt of policy regarding participant abuse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Recommendations:			
j. Receipt of policy regarding rights?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Recommendations:			

County Developmental Disabilities Employment & Day CONTRACT COMPLIANCE REVIEW CHECKLIST  
Walla Walla County Department of Human Services 2012-2013

k. Receipt of policy on respectful staff-to-participant interactions?  Yes  No

Recommendations:

l. Incident documentation?  Yes  No

Recommendations:

m. Updated client medical information?  Yes  No

Recommendations:

n. Emergency contact information?  Yes  No

Recommendations:

o. Services provided in a natural or integrated environment or goal to achieve?  Yes  No

Recommendations:

**County Developmental Disabilities Employment & Day CONTRACT COMPLIANCE REVIEW CHECKLIST**  
**Walla Walla County Department of Human Services 2012-2013**

Item F – CFES - Employment programs documentation:

1. Does your Agency have the following documentation for employment services:			
a. Wages earned and hours worked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Recommendations:			
b. Benefits received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Recommendations:			
c. Compliance with wage, hour, and productivity standard established by Dept. of Labor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Recommendations:			
d. Placement and retention are documented?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Recommendations:			
e. Natural support development?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Recommendations:			
f. If client is self employed are County-adopted guidelines followed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Recommendations:			

County Developmental Disabilities Employment & Day CONTRACT COMPLIANCE REVIEW CHECKLIST  
Walla Walla County Department of Human Services 2012-2013

Item G – CFES - All Personnel Files

1. Documentation of background checks for each employee and volunteers done every three years in accordance  
With RCW 43.43.830-845?  Yes  No

Recommendations:

b. Documentation of Employment Non-discrimination Policy and Procedures?  Yes  No

Recommendations:

c. Documentation of Mandatory Reporting Procedures in Employee Files  Yes  No

Recommendations:

d. Documentation of yearly performance evaluation?  Yes  No

Recommendations:

e. Documentation of training?  Yes  No

Recommendations:

f. Documentation of a Signed Confidentiality Agreement in Employee File?  Yes  No

Recommendations:

g. Documentation of training on bloodborne pathogens,  
including HIV/Aids and hepatitis B for all employees, and volunteers?  Yes  No

Recommendations:

h. A copy of a current job description, signed and dated by the  
employee and supervisor?  Yes  No

Recommendations:

**County Developmental Disabilities Employment & Day CONTRACT COMPLIANCE REVIEW CHECKLIST**  
**Walla Walla County Department of Human Services 2012-2013**

Item H CFES - Other programs documentation:

1. Does your Agency have the following: Volunteer opportunities complied with WA State D.O.L. standards? Recommendations:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**Item I- RISK MANAGEMENT**

1. Conflict of Interest Does your agency avoid any any actions that may constitute a conflict of Interest? Recommendations:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does your agency monitor and adhere to the waiver requirements? Recommendations:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Has the County prepared a risk assessment of this agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

H:\data\FY11\QA\Contract compliance review checklist 2011



## DEPARTMENT OF HUMAN SERVICES

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• Walla Walla County, Washington State •

### Commissioners

Perry L. Dozier, Chairman  
James K. Johnson  
Gregory A Tompkins

**Interim Director**  
Harvey Crowder, DVM, MS

Date

Name

Entity

Address

City, State Zip Code

RE: On-Site Review on

Dear ,

We would like to take this opportunity to thank you and your staff for the cooperation and assistance provided during the on-site review. You provide a valuable service to the County and to the Community.

Enclosed please find the Statement of Conditions and Recommendations reporting the results of this review. We provide an opportunity for each subcontractor to respond to any conditions reported and if necessary the action to be taken to correct any deficiencies. We would like your response and the corrected action reported to us by DATE.

If you have any questions or concerns, please contact me at (509) 524-2920. We look forward to working with you in the near future.

Respectfully,

Debbie Dumont  
Contracts/Programs Manager  
Walla Walla County  
Department of Human Services  
[ddumont@wwchhs.org](mailto:ddumont@wwchhs.org)

Enclosure



Site Visit of \_\_\_\_\_  
[Date on-site at Subcontractor]

## **STATEMENT OF CONDITION AND RECOMMENDATIONS**

The following presents the results of our on-site review of the administrative operations and service delivery policies and procedures of \_\_\_\_\_. The below conditions will be followed up on during the next scheduled on-site review.

### **Statement of Condition No.1**

[What criteria was not adhered to] [How many occurrences]

### **Recommendation**

### **Provider Response – Action to Be Taken**

### **Statement of Condition No.2**

[What criteria was not adhered to] [How many occurrences]

### **Recommendation**

### **Provider Response-Action to Be Taken**

We also noted the following items which are being communicated to management for further consideration but do not constitute non-compliance with program requirements:

1. [ We found that ...]



Contract #	Entity #	On-Site Monitoring Date	Date Completed
#12-33	BMAC Public Service	4/12/2013	12-Apr-13
#12-28	Lillie Rice Center	4/22/2013	22-Apr-13
#12-31	Community Options	5/1/2013	1-May-13
#12-30	Service Alternatives	5/15/2013	Not needed do not have any clients
#12-27	Goodwill Ind.	6/14/2013	14-Jun-13
#12-32	Senior Center	6/17/2013	16-Jun-13
#12-29	The Place	6/25/2013	8-Jul-13



On-Site Monitoring  
For 2012

Contract #	Entity #	On-Site Monitoring Date	Date Completed
#11-38	Lillie Rice Center	15-Mar-12	22-Mar-12
#11-39	Community Options	21-Mar-12	23-Mar-12
#11-41	Senior Center	5/11/2012	15-May-12
#11-40	The Place	1-Jun-12	18-Jun-12
#11-36	Goodwill Ind.	5-Jun-12	6-Jun-12

