**Quality Assurance Services Paid & Delivered**

***30-64-27. Quality assurance.*** *(a) Each contracting CDDO shall ensure the quality of the services being provided to persons being served by the CDDO or by an affiliate. Ensuring quality shall include providing for on-site monitoring by a local committee made up of persons served, their families, guardians, interested citizens, and providers. The type and intensity of on-site review shall be determined by the local committee and shall include at least a determination of the following: (1) Services that are paid for are delivered. (2) Services that are delivered are paid for in accordance with the terms of any agreement or contract in force, including any payment requirement that the person being served or a third party acting on behalf of the person being served has the responsibility to meet.*

|  |  |
| --- | --- |
| Individual Reviewed: |  |
| Services Person Receives: |  | Day |  | Residential |  | FMS |  | TCM |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Day Provider:** |  | **# Units Available** | **# Units Delivered** | **$ Amount Billed** |
| ***Services Received Dates:*** |  |  |  |  |
| **Residential Provider:** |  | **# Units Available** | **# Units Delivered** | **$ Amount Billed** |
| ***Services Received Dates:*** |  |  |  |  |
| **FMS Provider:** |  | **# Units Available** | **# Units Delivered** | **$ Amount Billed** |
| ***Services Received Dates:*** |  |  |  |  |
| **TCM Provider:** |  | **# Units Available** | **# Units Delivered** | **$ Amount Billed** |
| ***Services Received Dates:*** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Client Obligation for billing? |  | NO |  | YES |
| If so, was it billed to designated payee? |  |
| Was payment made in timely manner? |  | NO |  | YES |
| COMMENTS: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Provider Signature:** |  | Date: |  |
| **HMCDDO Signature:** |  | Date: |  |