

MONITORING REPORT WORKSHEET
(To be used as a guide for the monitoring treatment agency)

Agency Name: _____ Date of Monitoring: _____

Offender's Name: _____ USPO: _____

PROGRAM PLAN DATE:		PROGRAM PLAN DATE:		PROGRAM PLAN DATE:	
Services Ordered		Services Ordered		Services Ordered	
Code	Frequency	Code	Frequency	Code	Frequency

If Applicable	January	February	March	April	May	June
UAs						
BAs						

If Applicable	July	August	September	October	November	December
UAs						
BAS						

Does the above chart reflect the Program Plan requirements were met? _____

Are the following items present in the treatment file?

Photo Daily Log Bond Report Program Plan

PSR (for MH cases only) Release Form MTR Progress Notes on MTR

Does MTR match Daily Log? _____ Central Specimen Log? _____

Comments: _____

Does Treatment file contain current counselor chrono notes? _____

Client behavior reported to USPO? _____

Comments: _____

Monthly case staffings occurring? _____

Random UAs occurring? _____

Provide observations on counseling content: _____

Note comments offered by Agency Staff: _____

Assessment/Evaluation authorized on Program Plan on what date? _____

Date completed? _____ Within 15 days of referral? _____

Did Assessment/Evaluation include diagnostic impression? _____

Was the intake helpful or simply a repeat of PSR data? _____

Initial Treatment Plan completed? _____ Date sent to USPO? _____

90 Day Treatment Plan completed? _____ Date sent to USPO? _____

90 Day Treatment Plan completed? _____ Date sent to USPO? _____

90 Day Treatment Plan completed? _____ Date sent to USPO? _____

90 Day Treatment Plan completed? _____ Date sent to USPO? _____

Discharge Summary Completed? _____ Date sent to USPO? _____

Any other observations: _____

POST-AWARD MONITORING REPORT

DISTRICT:

PROCUREMENT NUMBER:

VENDOR:

REVIEWED BY:

DATE OF VISIT:

PERIOD COVERED:

NUMBER OF FEDERAL CLIENTS IN PROGRAM: _____

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RATING CRITERIA

The evaluation rating on this report must be completed using the following rating definitions:

- (1) Excellent During the monitoring period, the vendor has exceeded the requirements of the statement of work. There were no deficiencies and the vendor has operated within the terms and conditions of the agreement. The agreement should be continued.

- (2) Satisfactory There are few problems or issues and the vendor generally operates within the terms and conditions of the agreement. Any improvements would be considered minor. The agreement should be continued.

- (3) Unsatisfactory There are deficiencies with the performance of the vendor that must be corrected. The vendor will be notified via this monitoring report of the deficiencies and corrective measures and given a specific time frame in which to correct the deficiencies and become in full compliance with the terms and conditions of the agreement. The agreement will only be continued if the deficiencies are corrected within the stated time frame. If not corrected in the time frame, the existing referrals may be terminated, the option to renew will not be exercised, or future referrals may cease.

- (4) Unacceptable There are deficiencies with the performance of the vendor which have not been corrected, cannot be corrected, or the vendor refuses to correct. Continuation of the agreement will only be allowed until a new service provider can be obtained. Termination of the existing referrals will be made either for the convenience of the Government or for default.

(Revised 4/2018)

I. DELIVERABLES	Yes	No	NA
A. File Maintenance			
1. Is the vendor's file maintenance and content in compliance with Section C of the Statement of Work?			
B. Case Staffing Conference			
1. Does the vendor participate in case staffing conferences as defined in Section C of the Statement of Work?			
C. Vendor Reports			
1. Are vendor reports in compliance with Section C of the Statement of Work?			
D. Vendor Testimony			
1. Does the vendor provide "testimony" in compliance with Section C of the Statement of Work?			
E. Notifying USPO/USPSO of Defendant/Offender Behavior			
1. Is there timely notification of defendant/offender noncompliant behavior as defined in Section C of the Statement of Work?			
F. Staff Requirements and Restrictions			
1. Is the vendor in compliance with the staff requirements and restrictions as defined in Section C of the Statement of Work?			
G. Facility Requirements			
1. Is the vendor in compliance with the facility requirements and restrictions as defined in Section C of the Statement of Work?			

Deficiency:

(Revised 4/2018)

Corrective Action:

II. PROVISION OF SERVICES	Yes	No	NA
1. Is the vendor providing services in compliance with Section C of the Statement of Work for the specific project codes in the agreement?			
2. Are defendants/offenders receiving the services specified in the program plan?			
3. Is the vendor providing services in compliance with Section F of the Statement of Work?			

Deficiency:

Corrective Action:

(Revised 4/2018)

III. AGREEMENT ADMINISTRATION	Yes	No	NA
1. Are the invoices submitted in compliance with Section G of the Statement of Work?			
2. Is the vendor in compliance with Sections E, F, G, and H of the Statement of Work?			

Deficiency:

Corrective Action:

IV. INTERVIEWS			
A. Defendant/Offender			
Number of Defendant/Offenders interviewed: _____			
	Yes	No	NA
1. Did the defendant/offender report any problems or recommendations for improvement?			
Comments:			

(Revised 4/2018)

B. USPO/USPSO

Number of USPO/USPSOs interviewed: _____

	Yes	No	NA
1. Is there a timely response to referrals?			
2. Are you initiating program plans and amended plans?			
3. Is the vendor following the program plans?			
4. Is there a good working relationship with the service provider?			
5. Are you meeting with the vendor face-to-face or via telephone conference at least every 30 days to discuss the defendant/offender's progress in treatment?			

Comments:

(Revised 4/2018)

C. Provider (Director and/or Primary Counselor)			
	Yes	No	NA
1. Are you receiving advance notice of referrals?			
2. Is the program plan and authorization of release received timely?			
3. Are USPO/USPSOs responding timely to telephone calls/correspondence?			
4. Are you communicating with the USPO/USPSO at least every 30 days?			
5. Are you timely notifying USPO/USPSOs of stalls, missed sessions, and/or violation behavior?			
6. Are USPOs responsive to concerns and recommendations?			
Comments:			

(Revised 4/2018)

V. CONTENT OF SERVICES	Yes	No	NA
<i>Note: This section will only be considered for rating the vendor as exceeding expectations and therefore justifying an excellent rating. A no answer to any of these items may not be used to rate a vendor as unsatisfactory or unacceptable.</i>			
1. Are interactions with the defendant/offender deliberate, purposeful, and based on clinical modalities that have demonstrated evidence to change behavior/stabilize mental health symptoms, etc.?			
2. Does the vendor provide counseling that addresses criminogenic needs and responsivity issues?			
3. Does the vendor have outcome measures in place to evaluate their programs?			
4. Has the vendor routinely taken steps to transition defendants/offenders to services in the community to aid them once they have completed supervision?			
5. Is counseling provided by a practitioner with a degree/license that exceeds the minimum standards in the Statement of Work?			
6. Does the vendor have a national accreditation/certification (i.e. CARF)?			
Comments:			

VI. ADJUSTMENTS/RECOMMENDATIONS

Comments:

VII. RATING

Excellent Satisfactory Unsatisfactory Unacceptable

VIII. JUSTIFICATION