



DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)
 BEHAVIORAL REHABILITATIVE SERVICES (BRS)

Comprehensive Review: BRS / Contracts Program Review

AGENCY NAME	TIME PERIOD BEING REVIEWED
REVIEWER(S)	DATE(S)

Program Policies and Procedures			
REQUIREMENT	YES	NO	COMMENTS
Abuse and neglect reporting policies	<input type="checkbox"/>	<input type="checkbox"/>	
Confidentiality of records	<input type="checkbox"/>	<input type="checkbox"/>	
Monthly Census Report, with the following requirements: <ul style="list-style-type: none"> Name and date of birth Admission date and service level Name of Social Worker (SW) contact, DSHS division, region Exit date and name of children that have discharged from your program within the last three (3) months, and their destination Whether the child is receiving ILS services Current location of youth's residence 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Child Protective Services Log 	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation of: <ul style="list-style-type: none"> License reviews Contract monitoring Corrective actions and actions taken 	<input type="checkbox"/>	<input type="checkbox"/>	
Ensure supervision of staff providing direct services	<input type="checkbox"/>	<input type="checkbox"/>	
Provide services in accordance with the BRS Provider Qualifications agency submitted	<input type="checkbox"/>	<input type="checkbox"/>	
Contractor has current and adequate insurance	<input type="checkbox"/>	<input type="checkbox"/>	

Provide accessible services to clients that are culturally relevant and respond to each client's cultural beliefs and values, ethnic norms, language needs, religion, and individual differences	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Subcontractor File – have written approval to subcontract • File contains the following: <ul style="list-style-type: none"> ○ Documented qualifications/credentials ○ Criminal History ○ Confidentiality agreement 	<input type="checkbox"/>	<input type="checkbox"/>	

Payment Review

REQUIREMENT	YES	NO	COMMENTS
CA paid for temporary absences of children from BRS only in compliance with WAC 388-28-0180. In addition, the following conditions applied: <ul style="list-style-type: none"> • CA did not pay for absences of a child from BRS, unless there was an agreement with the contractor for the child to return to their placement within 15 days. • CA pays only for the actual days in care, not including the last day in care, unless there was an agreement with the CA SW. • If payment was continued past 15 days, there is an ETP signed by the Regional Administrator. 	<input type="checkbox"/>	<input type="checkbox"/>	

Annual Report

REQUIREMENT	YES	NO	COMMENTS
Contractor completed an Annual report sent it to the CA Regional BRS program manager and CA HQ BRS program manager no later than June 30th.	<input type="checkbox"/>	<input type="checkbox"/>	
If the contractor is only serving youth under the Medically Fragile service level the contractor is only required to complete the average length of stay and transition placement sections of the annual report	<input type="checkbox"/>	<input type="checkbox"/>	
If the contractor is only serving youth under the DD (3A, 3B, 3C) service level the contractor is required to complete all sections of the annual report except the CFARS scores.	<input type="checkbox"/>	<input type="checkbox"/>	

Summary of Program Review

Large empty rectangular box for review notes or comments.

Satisfactory Compliance Agreement

REVIEWER'S SIGNATURE

DATE