

YORK STATE DEPARTMENT OF HEALTH

Hospice Contract Review Tool for Non Core Services – Sept 2018

Hospice: _____ Surveyor: _____ Review Date: _____

Instructions: If the contract meets the requirement: surveyor should indicate in the box: "MET" and initial. If the contract does not meet the requirement: surveyor should indicate in the box "NOT MET" and initial and provide additional comments if needed.

Contract Entity Name			
Written Contract			
Services Provided			
Supervision/Evaluation Of Services			
Charges/Financial Arrangement			
Indemnification Provisions			
Signed by both Parties			
Currently In Effect			
Termination Clause			
Personnel 794.4 Requirement Clause			
Notwithstanding Clause 794.2 (a)(1)(vii)			