



COMMUNITY LIVING  
BRITISH COLUMBIA

# SERVICE PROVIDER REPORTING

June 2011

*overview for service providers*



# OVERVIEW

This is a follow-up to presentations that were offered for service providers in the fall of 2010 on CLBC's new contract documents.

This orientation will provide you with important information on how to comply with the reporting requirements of *Schedule D* in CLBC's *Terms and Conditions* document.



# *topics to be covered*

We will review the following:

- occurrence-based reporting requirements
- periodic reporting requirements
- service level reporting requirements

**AND**

- CLBC's requirement to conduct on-site visits



# BACKGROUND

CLBC's monitoring framework is part of an integrated approach to support informed, fair, and consistent decision-making about the types and levels of service funded by CLBC.

Monitoring helps to ensure that services delivered by our contracted providers meet the needs of the people we support at a reasonable cost.



# ***rationale***

CLBC is committed to monitoring supports and services at the contract, service, and agency level to ensure that individuals and families have access to high quality service and that funding is being used in an effective manner.

CLBC regularly monitors all services and responds if identified standards are not being met.



# *phased in approach*

This CLBC's approach to monitoring is being implemented in phases throughout the 2010-11 and 2011-12 fiscal years.

The first phase introduces the overall framework, successful practices associated with monitoring, specific requirements related to contract monitoring, and the practice of on-site visits.

***BEFORE WE START ...***



# *you will need*

- a copy of CLBC's standard *Terms and Conditions* document including the various *Schedules*

<http://www.communitylivingbc.ca/opportunities/service-providers/documents>

**AND**

- your contract(s) including the payment tables

## ***OCCURRENCE-BASED REPORTS***



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# OCCURRENCE-BASED REPORTS

Occurrence-based reports are submitted when something unusual happens within the service.

These reports allow us to work together to resolve potential issues.



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# *when are requirements in effect?*

**Occurrence-based** reporting requirements are in effect **AS OF JULY 1, 2011**.

CLBC will not ask you to submit reports for occurrences that have happened prior to this date.

### **STEP 1**

***Familiarize yourself with the occurrences that need to be reported. These are specific to the service type and are laid out in Schedule D of the Terms and Conditions.***



# *types of occurrences*

- individual / family has declined the service
- individual / family is expected to be away from the service for an extended period
- individual / family has been away from the service for an extended period
- individual / family has not used the service for a significant amount of time during any calendar quarter



## ***types of occurrences*** (continued)

- individual / family has missed several consecutive scheduled service-delivery times without explanation
- maximum service levels allocated to an individual / family have been exceeded
- specified service-delivery time has been changed

**STEP 2**

***Report in the appropriate timeframe and  
using the appropriate report.***



# *basic reporting requirements*

All occurrence-based management information reports are **due within 5 days of the event occurring.**

*sample reports*



## OCCURRENCE BASED REPORT COMMUNITY INCLUSION

Occurrence-based reports are submitted when something unusual happens within the service. These reports allow CLBC and the service provider to work together to resolve potential issues. Detailed requirements are laid out in Schedule D of the Terms and Conditions. Occurrence-based reports are due no later than 5 days after the event occurs.

*ENTER DETAILS/NAMES EXACTLY AS SPECIFIED IN THE CONTRACT OR ASSOCIATED FUNDING TEMPLATE.*

### PART 1: Vendor Information

<b>1. VENDOR LEGAL NAME</b> FAMILY SERVICES OF TERRACE	<b>2. PHONE NUMBER (INCLUDE AREA CODE)</b> 250.649.0987
<b>3. NAME AND POSITION OF PERSON MAKING REPORT</b> BETTY HO, DIRECTOR COMMUNITY INTEGRATION SERVICES	<b>4. EMAIL ADDRESS</b> b.ho@FST.org
<b>5. CONTRACT NUMBER</b> 5757575	<b>6. DATE OF REPORT SUBMISSION (DD/MMM/YYYY)</b>

date  
picker

### PART 2: Occurrence Information

<b>1. FULL NAME OF INDIVIDUAL INVOLVED (IF APPLICABLE)</b>	<b>2. INDIVIDUAL INVOLVED (IF APPLICABLE)</b>
<b>3. LOCATION OF SERVICE (IF SPECIFIED IN CONTRACT OR FUNDING TEMPLATE)</b>	
<b>4. ACTIVITY/PROGRAM NAME (IF SPECIFIED IN CONTRACT OR FUNDING TEMPLATE)</b>	

March, 2011

Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2
3	4	5	6	7	8	9

Today: 2011-03-01

## PART 2: Occurrence Information

7. FULL NAME OF INDIVIDUAL INVOLVED (IF APPLICABLE)

8. INDIVIDUAL'S DATE OF BIRTH (DD/MMM/YYYY)

9. LOCATION OF SERVICE (IF SPECIFIED IN CONTRACTOR FUNDING TEMPLATE)  
4090 WEST BOULEVARD, TERRACE, BC V0C 1W2

10. ACTIVITY NAME (IF SPECIFIED IN CONTRACT OR FUNDING TEMPLATE)  
SENIORS ACTION PROGRAM

### 11. VACANCY/ABSENCE

PLEASE SELECT

PLEASE SELECT

Individual has declined the Service

Expected absence from the Service for more than 30 consecutive calendar days

Individual absent, without explanation, on 3 consecutive attempts to provide the Service

Individual absent on 30 or more occasions during any calendar quarter (Jan-Mar, Apr-Jun, July-Sept, Oct-Dec)

### 13. SERVICE SPECIFICATION VARIANCE

(IF SPECIFIED IN CONTRACT)

**SELECT ALL THAT APPLY:**

- Contracted service start and end time
- Number or specific days per week Service is provided
- Number or specific weeks per year Service is provided

### 14. PROVIDE DETAILS ON ACTUAL SERVICE DELIVERED

This service was supposed to operate from 8:30-3:00 M-F. However, the first individual does not show up until after 9:00 and several have to stay until 3:30 to wait for transportation. To accommodate, we are now operating this service from 9:00-3:30 M-F. This is working out better.

### 15. SERVICE PROVIDER COMMENTS ON VARIANCE

**PLEASE SEND COMPLETED FORM BY MAIL OR FAX TO YOUR LOCAL CLBC OFFICE**

Page 1 of 1

Version 1.0 February 2011

pick list

check boxes



## OCCURRENCE BASED REPORT CONTRACTED RESPITE

Occurrence-based reports are submitted when something unusual happens within the service. These reports allow CLBC and the service provider to work together to resolve potential issues. Detailed requirements are laid out in Schedule D of the Terms and Conditions. Occurrence-based reports are due no later than 5 days after the event occurs.

*ENTER DETAILS/NAMES EXACTLY AS SPECIFIED IN THE CONTRACT OR ASSOCIATED FUNDING TEMPLATE.*

### PART 1: Vendor Information

**1. VENDOR LEGAL NAME**

PORT MOODY ASSOCIATION FOR COMMUNITY INCLUSION

**2. NAME AND POSITION OF PERSON MAKING REPORT**

Victor Calderone, Program Manager of Adult Respite Services

**3. PHONE NUMBER (INCLUDE AREA CODE)**

604.433.9696

**4. EMAIL ADDRESS**

victorc@PMACL.org

**5. CONTRACT NUMBER**

7777777

**6. DATE OF REPORT SUBMISSION**

(DD/MMM/YYYY)

### PART 2: Occurrence Information

**7. FULL NAME OF INDIVIDUAL INVOLVED**

**8. INDIVIDUAL**

(DD/MMM/YYYY)

**9. LOCATION OF SERVICE**

**10. ACTIVITY/**

March, 2011						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2
3	4	5	6	7	8	9

Today: 2011-03-01

## PART 2: Occurrence Information

7. FULL NAME OF INDIVIDUAL INVOLVED

Thomas Kilmann

8. INDIVIDUAL'S DATE OF BIRTH

(DD/MMM/YYYY)

08-Aug-1964

9. LOCATION OF SERVICE

10. ACTIVITY/PROGRAM NAME (IF APPLICABLE)

Adult Respite Program

11. VACANCY/ABSENCE

PLEASE SELECT

PLEASE SELECT

Family has declined the Service

Individual/Family absent, without explanation, on 3 consecutive attempts to provide the Service

The family scheduled the respite provider to pick Thomas up on Feb 25. When the provider went to the Kilmann home, nobody answered. The family phoned the provider on Feb 28 and apologized. They rescheduled for Mar 4. Again, the provider went to the home and the family was not there. They phoned on Mar 7 to reschedule for Mar 11. The same thing happened.

We have talked to the family and they have assured us that they are happy with the provider and want the service. We have asked that they not schedule any further respite until we consult CLBC.

pick list

opportunity to provide comments and explanatory notes

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Page 1 of 1

Version 1.0 February 2011



## ***key points***

- there are different requirements for each service type ... these are outlined in *Schedule D*
- each service type has its own occurrence-based report ... the samples were for community inclusion (community-based, home-based, employment, and skill development) and contracted respite



## **key points** *(continued)*

- reports are just 1 page long
- although you can fill the reports out electronically, they must be mailed / faxed to CLBC because of privacy constraints
- drop-down lists, check boxes, and date-pickers minimize typing

***REMEMBER ...***

*All occurrence-based reports must be submitted to CLBC within 5 days.*

## ***PERIODIC REPORTS***



# PERIODIC REPORTS

Periodic reports are submitted at regular intervals throughout the contract term so that CLBC staff can evaluate whether the service is being used effectively.

Services that individuals access on an ongoing basis require less frequent reporting than services that tend to be short-term.



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# *when are requirements in effect?*

**Periodic** reporting requirements are in effect **AS OF JULY 1, 2011**.

CLBC will not ask you to submit reports that cover periods that have happened prior to this date.

### STEP 1

*Familiarize yourself with the management information that need to be reported and the reporting frequency. Requirements are specific to the service type and are laid out in Schedule D of the Terms and Conditions.*

PROGRAM AREA	MANAGEMENT INFORMATION TO BE REPORTED	SERVICE CATEGORY	REPORTING FREQUENCY
residential	<ul style="list-style-type: none"> <li>names of individuals served and their date of entering or exiting the service</li> </ul>	<ul style="list-style-type: none"> <li>supported living</li> <li>shared living</li> <li>staffed residential</li> </ul>	annually
community inclusion	<ul style="list-style-type: none"> <li>names of individuals served and their date of entering or exiting the service</li> <li>service hours per individual (where specified in the contract)</li> </ul>	<ul style="list-style-type: none"> <li>employment</li> <li>skill development</li> </ul>	quarterly
		<ul style="list-style-type: none"> <li>community-based</li> <li>home-based</li> </ul>	annually
respite	<ul style="list-style-type: none"> <li>names of families served and their date of entering or exiting the service</li> <li>service hours / days per family (where specified in the contract)</li> </ul>	<ul style="list-style-type: none"> <li>contracted</li> </ul>	quarterly
support for individuals and families	<ul style="list-style-type: none"> <li>names of individuals / families served and their date of entering or exiting the service</li> <li>service hours per individual / family (where specified in the contract)</li> </ul>	<ul style="list-style-type: none"> <li>psychological</li> <li>behavioural</li> <li>home-maker</li> <li>support</li> <li>coordination</li> </ul>	quarterly

**STEP 2**

***Report in the appropriate timeframe and  
using the appropriate report.***



# ***basic reporting requirements***

## **fixed payment contracts:**

- determined by the service type / payment type
- due no later than 30 days after end of reporting period



# ***basic reporting requirements*** (continued)

## **variable payment contracts:**

- monthly invoice provides all relevant information so additional reporting is not required

*sample reports*



## PERIODIC MANAGEMENT INFORMATION REPORT STAFFED RESIDENTIAL

Periodic management information reports are submitted at regular intervals throughout the contract term so that CLBC staff can evaluate whether the service is being used effectively. Detailed requirements are laid out in Schedule D of the *Terms and Conditions* and in the Payment Tables of each specific Contract.

Enter the required information for the Location of Service, Activity or Service as listed on the contract or Funding Template. If there is more than one Location of Service, Activity, or Service listed on the contract, please complete and submit a separate Periodic Management Information report for each one. All reports are due no later than 30 days after the end of the reporting period.

*ENTER DETAILS/NAMES EXACTLY AS SPECIFIED IN THE CONTRACT OR ASSOCIATED FUNDING TEMPLATE.*

### PART 1: Vendor Information

<b>1. VENDOR LEGAL NAME</b> VANCOUVER ASSOCIATION FOR COMMUNITY LIVING	
<b>2. NAME AND POSITION OF PERSON MAKING REPORT</b> REGINA DOWNEY, EXECUTIVE DIRECTOR	<b>3. PHONE NUMBER (INCLUDE AREA CODE)</b> 604.555.5555
<b>4. EMAIL ADDRESS</b> rdowney@vacl.org	<b>5. DATE OF REPORT SUBMISSION (DD/MMM/YYYY)</b> 28-Apr-2011

<b>6. REPORTING PERIOD FROM (DD/MMM/YYYY)</b> 01-Apr-2010	<b>CONTRACT NUMBER</b> 89
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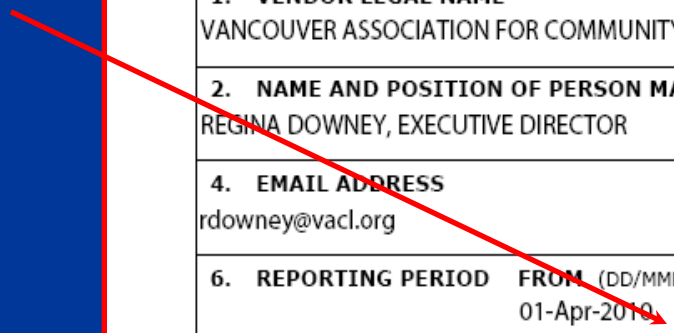
<b>PART 2: Periodic Management</b>	
<b>8. LOCATION OF SERVICE (AS SPECIFIED IN FUNDING TEMPLATE)</b>	<b>NAME (IF SPECIFIED IN CONTRACT OR FUNDING)</b>
<b>10. RECORD NAMES OF ALL INDIVIDUALS</b>	<b>SERVICE START DATE</b> <b>SERVICE END DATE IF</b>

June, 2011

Sun	Mon	Tue	Wed	Thu	Fri	Sat
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	1	2
3	4	5	6	7	8	9

Today: 2011-06-03

date picker



## PART 2: Periodic Management Information

8. LOCATION OF SERVICE (AS SPECIFIED IN CONTRACT OR FUNDING TEMPLATE)	9. ACTIVITY NAME (IF SPECIFIED IN CONTRACT OR FUNDING TEMPLATE) HARO STREET HOUSE		
10. RECORD NAMES OF ALL INDIVIDUALS SERVED DURING THIS REPORTING PERIOD AND ENTER APPLICABLE DETAILS AS REQUIRED  <i>IF YOU REQUIRE ADDITIONAL LINES, PLEASE COMPLETE AND ATTACH A SEPARATE PAGE</i>	ACTUAL # OF SUPPORT HOURS FOR INDIVIDUAL (IF SPECIFICATION REQUIRED AS PER THE CONTRACT)	SERVICE START DATE IF INDIVIDUAL STARTED SERVICE DURING THIS REPORTING PERIOD	SERVICE END DATE IF INDIVIDUAL EXITED SERVICE DURING THIS REPORTING PERIOD
1 MELANIE GUNN			
2 SCOTT HARROW			
3 YUMINA KO			
4 SHERRY FAKHARI			
5			
6			
7			
8			
9			
10			
11			
12			
13			

**only required if specified in the contract**

**PLEASE SEND COMPLETED FORM BY MAIL OR FAX TO YOUR LOCAL CLBC OFFICE**



## PERIODIC MANAGEMENT INFORMATION REPORT EMPLOYMENT

Periodic management information reports are submitted at regular intervals throughout the contract term so that CLBC staff can evaluate whether the service is being used effectively. Detailed requirements are laid out in Schedule D of the *Terms and Conditions* and in the Payment Tables of each specific Contract.

Enter the required information for the Location of Service, Activity or Service as listed on the contract or Funding Template. If there is more than one Location of Service, Activity, or Service listed on the contract, please complete and submit a separate Periodic Management Information report for each one. All reports are due no later than 30 days after the end of the reporting period.

**ENTER DETAILS/NAMES EXACTLY AS SPECIFIED IN THE CONTRACT OR ASSOCIATED FUNDING TEMPLATE.**

### PART 1: Vendor Information

**1. VENDOR LEGAL NAME**

SOCIETY FOR COMMUNITY INCLUSION AND INTEGRAION

**2. NAME AND POSITION OF PERSON MAKING REPORT**

GREG MACDOUGALL, DIRECTOR OF QUALITY ASSURANCE

**3. PHONE NUMBER (INCLUDE AREA CODE)**

604.678.9876

**4. EMAIL ADDRESS**

Greg.MacDougall@SCII.org

**5. DATE OF REPORT SUBMISSION (DD/MMM/YYYY)**

2011

**6. REPORTING PERIOD FROM: (DD/MMM/YYYY)**

01-Jan-2011

March, 2011						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	<input type="text" value="1"/>	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2
3	4	5	6	7	8	9

Today: 2011-06-03

**CONTRACT NUMBER**

2

### PART 2: Periodic Management Information Report

**8. LOCATION OF SERVICE (IF SPECIFIED IN FUNDING TEMPLATE)**

**NAME (IF SPECIFIED IN CONTRACT OR FUNDING TEMPLATE)**

## PART 2: Periodic Management Information

8. LOCATION OF SERVICE (IF SPECIFIED IN CONTRACT OR FUNDING TEMPLATE)	9. ACTIVITY NAME (IF SPECIFIED IN CONTRACT OR FUNDING TEMPLATE) CSS Job Creation and Support Services		
10. RECORD NAMES OF ALL INDIVIDUALS SERVED DURING THIS REPORTING PERIOD AND ENTER APPLICABLE DETAILS AS REQUIRED  <i>IF YOU REQUIRE ADDITIONAL LINES, PLEASE COMPLETE AND ATTACH A SEPARATE PAGE</i>	ACTUAL # OF SUPPORT HOURS FOR INDIVIDUAL (IF SPECIFICATION REQUIRED AS PER THE CONTRACT)	SERVICE START DATE IF INDIVIDUAL STARTED SERVICE DURING THIS REPORTING PERIOD	SERVICE END DATE IF INDIVIDUAL EXITED SERVICE DURING THIS REPORTING PERIOD
1 Bill Thompson			14-Jan-2011
2 Lois Wiseman			01-Jan-2011
3 Anne Belliveau			
4 Maureen Viccars			
5 Felicity Traverse			
6 Hans Buscher		17-Jan-2011	
7 Steven Collingwood			
8 Barbara Lee			
9 Louis Doyle			
10 Marlow Knights			
11			
12			

**only required if specified in the contract**

**PLEASE SEND COMPLETED FORM BY MAIL OR FAX TO YOUR LOCAL CLBC OFFICE**

**11. SERVICE PROVIDER COMMENTS**

We are expecting 2 additional individuals (L Doyle and M Knights) to be employed within the next month and would be able to support an additional 3-4 people at that time.

**PART 3: Employment Information (4<sup>TH</sup> AND 8<sup>TH</sup> Quarter Reports Only)**

12. TOTAL NUMBER OF INDIVIDUALS NEWLY EMPLOYED DURING CONTRACT YEAR

13. TOTAL NUMBER OF INDIVIDUALS EMPLOYED

**PLEASE SEND COMPLETED FORM BY MAIL OR FAX TO YOUR LOCAL CLBC OFFICE**

Page 2 of 2

Version 1.0 February 2011

**only required  
for  
employment  
contracts**



## ***key points***

- you must complete a separate periodic report for each location of service on a contract
- there are different requirements for each service type ... these are outlined in *Schedule D*
- each service type has its own periodic report ... the samples were for staffed residential and employment



## **key points** *(continued)*

- reports are just 2 pages long
- although you can fill the reports out electronically, they must be mailed / faxed to CLBC because of privacy constraints
- drop-down lists, check boxes, and date-pickers minimize typing

***REMEMBER ...***

*It is up to you to manage deadlines for periodic reporting. CLBC will not be sending you reminders about due dates.*

# ***SERVICE LEVEL REPORTS***



# SERVICE LEVEL REPORTS

Service levels measure the **quantity of service** being contracted for and are defined according to the type of service. Service levels are established for each location of service and are documented in the payment tables of the contract.

You must report service levels for each payment line (location of service) in the contract.



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# *when are requirements in effect?*

**Service level** reporting requirements are in effect **NOW** if you have signed a contract under the new *Terms and Conditions* and have defined service levels in your contract.

**QUESTION**

***How do I know if service levels have been defined for my contract?***

**ANSWER**

***Service levels are determined through negotiation. Check Table 1 (Payments and Service Levels) of your contract to see if the service level columns have been defined.***

*sample payment tables*

**Table 1 – Payments & Service Levels**

Pmt Line	LoS Name & Address	Pmt Type	O T O	Service Effective Date	Service End Date	Service Line Code	\$				H S T	Service Levels		
							Fixed Monthly Amount	Variable Amount	Lump Sum	Pmt Line Total		Year 1 Service Level Hours (01APR2011 - 31MAR2012)	Year 2 Service Level Hours	
1.0	This House That Street Our City, BC V1V 1V1	F		01APR2011	31MAR2012	60401	\$13,000.00	-	-	\$51,000.00	N	Under Review	-	
<b>CONTRACT TOTAL</b>											\$54,000.00	N	Under Review	-

**STAFFED RESIDENTIAL – SERVICE LEVELS UNDER REVIEW**

**Table 2 – Service Specifications and Additional Information**

Pmt Line	LoS Name & Address	Service Effective Date	Service End Date	Individual Name	Birth Date	Additional Information
1.0	This House That Street Our City, BC V1V 1V1	01APR2011	31MAR2012	PERSON 1 PERSON 2 PERSON 3 PERSON 4 PERSON 5	DOB 1 DOB 2 DOB 3 DOB 4 DOB 5	

**under review**

**Table 1 – Payments & Service Levels**

Pmt Line	LoS Name & Address	Activity Name	Pmt Type	O T O	Service Effective Date	Service End Date	Service Line Code	\$				H S T	Service Levels	
								Fixed Monthly Amount	Variable Amount	Lump Sum	Pmt Line Total		Year 1 Service Level Hours 27Sep2010-31Aug2011	Year 2 Service Level Hours N/A
1	This Community Inclusion Service That Town, BC V1V 1V1	Lifestyle Options	F	N	27Sep2010	31Aug2011	61201 Community Based	\$9,573.00	-	-	\$106,547.49	Y	2772	-
2	This Community Inclusion Service That Town, BC V1V 1V1	Community Connections	F	N	01Nov2010	30Nov2010	61201 Community Based	\$10,939.00	-	-	\$10,939.00	Y	627	-
2.01	This Community Inclusion Service That Town, BC V1V 1V1	Community Connections y	F	N	01Dec2010	31Jan2011	61201 Community Based	\$11,547.42	-	-	\$103,926.70	Y	3635	-
2.02	This Community Inclusion Service That Town, BC V1V 1V1	Community Connections	F	N	01Feb2011	31Aug2011	61201 Community Based	\$15,384.00	-	-	\$17,600.00	Y	3693	-
3	This Community Inclusion Service That Town, BC V1V 1V1	Community Connections	F	Y	01Nov2010	31Jan2011	61201 Community Based	\$4,334.00	-	-	\$13,002.00	Y	373	-
4	This Community Inclusion Service That Town, BC V1V 1V1	Work and Play	F	N	01Apr2011	31Aug2011	61201 Community Based	\$37,418.00	-	-	\$187,090.00	Y	4563	-
5	This Community Inclusion Service That Town, BC V1V 1V1	Healthy Choices Group	F	N	01Apr2011	31Aug2011	61201 Community Based	\$15,317.00	-	-	\$76,585.00	Y	2198	-
<b>CONTRACT TOTAL</b>								<b>\$610,637.63</b>			<b>Y</b>	<b>19861</b>	<b>-</b>	

**COMMUNITY INCLUSION – SERVICE LEVELS DEFINED**

**defined service levels**

defined service levels

Table 1 – Payments & Service Levels

Pmt Line	Pmt Type	O T O	Service Effective Date (01Apr2009)	Service End Date (31Mar2011)	Service Line Code	\$				H S T	Service Levels			
						Fixed Monthly Amount	Variable Amount	Lump Sum	Pmt Line Total		Year 1 Service Level Days (01Apr2009 – 31Mar2010)	Year 2 Service Level Days (01Apr2010 – 31Mar2011)	Year 1 Service Level Hours (01Apr2009 – 31Mar2010)	Year 2 Service Level Hours (01Apr2010 – 31Mar2011)
1	F	N	01Apr2009	31Mar2011	60001	52,188	-		1,252,512	N	8395	8395	-	
2	F	N	01Apr2009	31Mar2011	60201	3,516	-		84,384	N	192	192	1150	1150
3	F	N	01Apr2009	31Mar2011	101	11,133	-		272,000	N				
<b>CONTRACT TOTAL</b>									1,608,936	-	8587	8587	1150	1150

AGENCY CONTRACTED

SHARED LIVING – SERVICE LEVELS DEFINED

Table 2 – Service Specifications and Additional Information

Pmt Line	Service Effective Date	Service End Date	Number of Spaces	Additional Information
1	01Apr2009	31Mar2011	23	-
2	01Apr2009	31Mar2011	9	C Stark, R Thomas, J Baggs, B Johnstone, S Currie, D Stevens, P Berg, J Gillingham, and J Pace all have add'l supports to shared living funding
3	01Apr2009	31Mar2011	23	-

only those designated as supports to shared living are reportable

### STEP 1

*Familiarize yourself with the information that needs to be reported and the reporting frequency. Requirements are laid out in Schedule D of the Terms and Conditions.*

Contract Type	Reporting Period
Fixed Payment Contracts, where the term is greater than 12 months	<ul style="list-style-type: none"> <li>● Each full 12 month period within the contract term until the final 12 month or lesser period prior to the contract term end date (the 'Residual Period'); and               <ul style="list-style-type: none"> <li>○ Where the Residual Period is equal to 12 months:                   <ul style="list-style-type: none"> <li>- The first 8 months within the Residual Period; and</li> <li>- The remaining 4 months within the Residual Period</li> </ul> </li> <li>Or</li> <li>○ Where the Residual Period is less than 12 months, the number of months in the Residual Period.</li> </ul> </li> </ul>
Fixed Payment Contracts, where the term is equal to or under 12 months	<ul style="list-style-type: none"> <li>● The term of the contract; and</li> <li>● At CLBC's request, for the period ending 2 months prior to the end of the contract term.</li> </ul>

***REMEMBER ...***

*In a typical 2-year contract, service level reporting will be as follows:*

- *year 1 final report for months 1-12*
- *year 2 interim report for months 13-20*
- *year 2 final report for months 13-24*



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# *identifying and resolving variances*

You will be able to manage most isolated or short-term fluctuations in service levels. However, you should get in touch with us if you are dealing with a trend that is likely to continue.

Our goal is to identify and resolve variances during the reporting period as soon as they arise.

SO ...

***Please let us know as soon as it becomes apparent that you are expecting an over- or under-delivery of contracted service levels for a particular reporting period.***

**STEP 2**

***Report in the appropriate timeframe and  
using the appropriate report.***



# *basic reporting requirements*

## **fixed payment contracts:**

- reported for each 12-month period, or part-period, in the contract term
- due no later than 30 days after end of reporting period



# ***basic reporting requirements*** (continued)

## **variable payment contracts:**

- monthly invoice provides all relevant service level information so annual service level reporting is not required

*sample reports*



## SERVICE LEVEL REPORT STAFFED RESIDENTIAL

Service levels must be reported for each 12-month period, or part-period, in the contract term. Schedule D of the *Terms and Conditions* provides specific detail on reporting requirements, including requirements for residual periods and for contracts where the term is less than 12 months.

Enter the required information for the Location of Service, Activity or Service as listed on the contract or Funding Template. If there is more than one Location of Service, Activity or Service listed on the contract, please complete and submit a separate Service Level report for each one. Service level reports are due no later than 30 days from the end of the reporting period.

*ENTER DETAILS/NAMES EXACTLY AS SPECIFIED IN THE CONTRACT OR ASSOCIATED FUNDING TEMPLATE.*

### PART 1: Vendor Information

<b>1. VENDOR LEGAL NAME</b> SOUTH ISLAND OPPORTUNITIES																																																																
<b>2. NAME AND POSITION OF PERSON MAKING REPORT</b> BRYNN WAGNER, CHIEF EXECUTIVE OFFICER	<b>3. PHONE NUMBER (INCLUDE AREA CODE)</b> 250.656.8822																																																															
<b>4. EMAIL ADDRESS</b> bwagner@SIO.com	<b>5. DATE OF REPORT SUBMISSION (DD/MMM/YYYY)</b> 14-Apr-2011																																																															
<b>6. REPORTING PERIOD FROM (DD/MMM/YYYY)</b> 01-Apr-2010	<b>CONTRACT NUMBER</b> 45																																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="7" style="text-align: center;">March, 2011</td> </tr> <tr> <td style="text-align: center;">Sun</td> <td style="text-align: center;">Mon</td> <td style="text-align: center;">Tue</td> <td style="text-align: center;">Wed</td> <td style="text-align: center;">Thu</td> <td style="text-align: center;">Fri</td> <td style="text-align: center;">Sat</td> </tr> <tr> <td style="text-align: center;">27</td> <td style="text-align: center;">28</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">6</td> <td style="text-align: center;">7</td> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> <td style="text-align: center;">10</td> <td style="text-align: center;">11</td> <td style="text-align: center;">12</td> </tr> <tr> <td style="text-align: center;">13</td> <td style="text-align: center;">14</td> <td style="text-align: center;">15</td> <td style="text-align: center;">16</td> <td style="text-align: center;">17</td> <td style="text-align: center;">18</td> <td style="text-align: center;">19</td> </tr> <tr> <td style="text-align: center;">20</td> <td style="text-align: center;">21</td> <td style="text-align: center;">22</td> <td style="text-align: center;">23</td> <td style="text-align: center;">24</td> <td style="text-align: center;">25</td> <td style="text-align: center;">26</td> </tr> <tr> <td style="text-align: center;">27</td> <td style="text-align: center;">28</td> <td style="text-align: center;">29</td> <td style="text-align: center;">30</td> <td style="text-align: center;">31</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> <td style="text-align: center;">7</td> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> </tr> <tr> <td colspan="7" style="text-align: center;">Today: 2011-06-03</td> </tr> </table>		March, 2011							Sun	Mon	Tue	Wed	Thu	Fri	Sat	27	28	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	Today: 2011-06-03						
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<b>8. LOCATION OF SERVICE (IF SPECIFIED IN FUNDING TEMPLATE)</b>	<b>NAME (IF SPECIFIED IN CONTRACT OR FUNDING TEMPLATE)</b>																																																															
<b>10. CONTRACTED SERVICE LEVEL</b>	<b>ACTUAL SERVICE LEVEL</b>																																																															

date picker

## PART 2: Service Level Report

8. LOCATION OF SERVICE (IF SPECIFIED IN CONTRACT OR FUNDING TEMPLATE) MERRYMEETING ROAD HOME	9. ACTIVITY NAME (IF SPECIFIED IN CONTRACT OR FUNDING TEMPLATE)
10. CONTRACTED SERVICE LEVEL Number of Service Level Hours <input type="text" value="14421"/>	11. DELIVERED SERVICE LEVEL Number of Service Level Hours Delivered <input type="text" value="12101"/>
12. SERVICE PROVIDER COMMENTS	

contracted  
service  
level hours  
by location  
of service

delivered  
service  
level hours  
by location  
of service

...rked the contract with 2 overnight positions in MERRYMEETING ROAD HOME due to complex health needs of indivi  
...r progressed, we found the second position was not required. We shifted some hours from MERRYMEETING ROAD  
...RFORD BRIDGE ROAD HOME as we had in individual in that home who required additional support during the event

## PART 3: Total Contracted and Delivered Service Levels

Complete this section once for the Contract for this reporting period by adding the totals for boxes 10 and 11 from the Service Level reports for each Location of Service, Activity or Service listed on the contract.

13. NUMBER OF LOCATIONS OF SERVICE, ACTIVITIES AND/OR SERVICES ON THE CONTRACT <input type="text" value="2"/>	
14. TOTAL CONTRACTED SERVICE LEVEL (sum of Box 10 from all Service Level reports for this contract) Total Service Level Hours <input type="text" value="24348"/>	15. TOTAL DELIVERED SERVICE LEVEL (sum of Box 11 from all Service Level reports for this contract) Total Service Level Hours Delivered <input type="text" value="23028"/>

TOTAL  
contracted  
service  
level hours

TOTAL  
delivered  
service  
level hours

PLEASE SEND COMPLETED FORM BY MAIL OR FAX TO YOUR LOCAL CLBC OFFICE



## SERVICE LEVEL REPORT SKILL DEVELOPMENT

Service levels must be reported for each 12-month period, or part-period, in the contract term. Schedule D of the *Terms and Conditions* provides specific detail on reporting requirements, including requirements for residual periods and for contracts where the term is less than 12 months.

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**ENTER DETAILS/NAMES EXACTLY AS SPECIFIED IN THE CONTRACT OR ASSOCIATED FUNDING TEMPLATE.**

### PART 1: Vendor Information

**1. VENDOR LEGAL NAME**

KOOTENAY DEVELOPMENTAL DISABILITIES SOCIETY

**2. NAME AND POSITION OF PERSON MAKING REPORT**

JOANNE MELENDY, DIRECTOR OF OUTREACH SERVICES

**3. PHONE NUMBER (INCLUDE AREA CODE)**

250.722.9876

**4. EMAIL ADDRESS**

j-melendy@KDDDS.org

**5. DATE OF REPORT SUBMISSION (DD/MMM/YYYY)**

18-Apr-2011

**6. REPORTING PERIOD FROM (DD/MMM/YYYY)**

01-Apr-2010

**CONTRACT NUMBER**

7

### PART 2: Service Level Report

**8. LOCATION OF SERVICE (IF SPECIFIED IN CONTRACT OR FUNDING TEMPLATE)**

**NAME (IF SPECIFIED IN CONTRACT OR FUNDING TEMPLATE)**

June, 2011						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	1	2
3	4	5	6	7	8	9

Today: 2011-06-03

## PART 2: Service Level Report

8. LOCATION OF SERVICE (IF SPECIFIED IN CONTRACT OR FUNDING TEMPLATE)	9. ACTIVITY NAME (IF SPECIFIED IN CONTRACT OR FUNDING TEMPLATE) ADULT LIFESKILLS - INDIVIDUAL
10. CONTRACTED SERVICE LEVEL Service Level Hours <input type="text" value="6,584"/>	11. DELIVERED SERVICE LEVEL Service Level Hours Delivered <input type="text" value="6,511"/>
12. SERVICE PROVIDER COMMENTS  Amanda Marshall refused service for a 2-week period (see occurrence-based report of Jan 25, 2011). Some undelivered service due to individual illness or transition to a new lifeskills worker.	

## PART 3: Total Contracted and Delivered Service Levels

Complete this section once for the Contract for this reporting period by adding the totals for boxes 10 and 11 from the Service Level reports for each Location of Service, Activity or Service listed on the contract.

13. TOTAL NUMBER OF LOCATIONS OF SERVICE, ACTIVITIES AND/OR SERVICES ON THE CONTRACT <input type="text" value="2"/>	
14. TOTAL CONTRACTED SERVICE LEVEL (sum of Box 10 from all Service Level reports for this contract) Total Service Level Hours <input type="text" value="6,688"/>	15. TOTAL DELIVERED SERVICE LEVEL (sum of Box 11 from all Service Level reports for this contract) Total Service Level Hours Delivered <input type="text" value="6,611"/>

**PLEASE SEND COMPLETED FORM BY MAIL OR FAX TO YOUR LOCAL CLBC OFFICE**



## ***key points***

- you must complete a separate service level report for each location of service on a contract
- reports are typically required once per year ... specific requirements are outlined in *Schedule D*
- each service type has its own service level report ... the samples were for staffed residential and skill development



## **key points** *(continued)*

- reports are just 1 page long
- although you can fill the reports out electronically, they must be mailed / faxed to CLBC because of privacy constraints
- drop-down lists, check boxes, and date-pickers minimize typing

***REMEMBER ...***

***To make annual service level reporting possible, you must make sure your payroll is broken down by location of service.***

***ON-SITE VISITS***



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# ON-SITE VISITS

Quality Service staff are required to complete on-site visits with every service provider at least once per year.



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# *when are requirements in effect?*

Requirements related to **on-site visits** are in effect **NOW** for all contracts.



# *purpose of on-site visits*

In general, on-site visits allow analysts to:

- gain / maintain familiarity with the service(s) being provided
- confirm that the service provider has reliable methods for collecting information required for service level, periodic, and occurrence-based reporting



## ***purpose of on-site visits*** (continued)

- follow-up on reports submitted since the last visit (service level / periodic reports, accreditation reports, critical incident reports, etc.)
- provide positive feedback on services and identify areas of concern
- provide support, resources, and clear direction to service providers to resolve service-delivery issues



# *location of on-site visits*

On-site visits will occur at either the:

- head office

**OR**

- actual locations of service



# ***when to do a head office visit***

Head office visits are most appropriate for the following services:

- shared living (home sharing / live-in support)
- outreach support (supported living / cluster living)
- employment
- skill development
- support for individuals and families (psychological, behavioural, home-maker, support coordination)



## ***focus of head office visits***

Visits typically involve interviews with key program staff (managers, directors, etc.).

The visit focuses on the systems that have been put in place to ensure that services are effective, efficient, and meeting the needs of those served.



# *when to visit locations of service*

Visits to actual locations of service are most appropriate for the following services:

- staffed residential
- community-based community inclusion
- home-based community inclusion



# ***focus of visits to locations of service***

Visits conducted at the actual location of service typically involve conversations with direct staff and the individuals who access that service.

In these situations, analysts will ask open ended questions that explore the lived experiences of all involved with that service.

**QUESTION**

***What can you, as a service provider, do to prepare for an on-site visit?***

## ANSWER

*Ensure that individuals and staff understand the reason for the visit. This will ensure that scheduling can occur without difficulty, anxiety is reduced, and CLBC staff get the information they require during the visit.*



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# WORKING TOGETHER

CLBC monitors in accordance with *Guiding Principles for Working Together* that were formally endorsed by representatives of CLBC, the BC CEO Network, and CLAN BC in April 2010.

We can collectively hold each other accountable to these principles.



# *making this work requires ...*

**collaborative process** – one that respects and nurtures a shared commitment to quality service and the effective use of funding

**continuous quality improvement** – achieved when individuals, families, service providers, and CLBC collect and use information to improve services



# RESOURCES

- Quality Service Analysts
- Senior Contract Coordinators
- Quality Service Managers

## **AND**

- administrative staff of regional Quality Service Offices