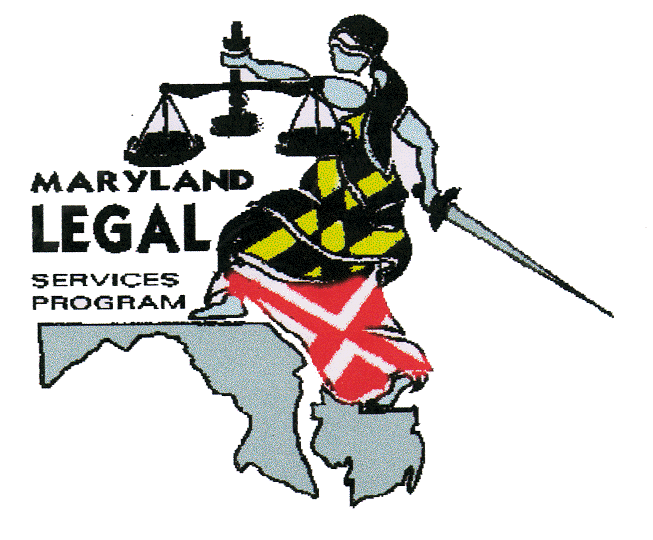
## ATTACHMENT OO - MLSP Annual Monitoring Report

OS/MLSP-25-500-S





| **Reporting Period:** |  |
| --- | --- |
| **Name of Firm/Organization:** |  |
| **Address:** |  |
|  |
| **Contract #:** |  |
| **Jurisdiction:** |  |

1. **Staffing[[1]](#footnote-0)**

| Name of Staff[[2]](#footnote-1) Working Under the Contract | Staff Position (e.g. Staff Atty., Paralegal, Admin., Investigator, etc.) | Date that Annual Certificate of Good Standing Provided to MLSP[[3]](#footnote-2) (MM/DD/YY) | Total Attorney Training Hours Completed During the Reporting Period | Current Caseload Per Attorney at the End of the Reporting Period | Average Hours Per Case | Hourly Wage | Hours worked for Contract Year | Total7 Paid amount (with fringe benefits) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |

1. **Client Contacts**

| **Total Number of Cases at the START of the Reporting Period** | **Total Number of Cases CLOSED During the Reporting Period** | **Total Number of NEW Cases During the Reporting Period** | **Total Number of OPEN Cases at the End of the Reporting Period** |
| --- | --- | --- | --- |
|  |  |  |  |

1. **Account Management[[4]](#footnote-3)**

| **Total Number Cases at End of Reporting Period** |  | **Total Number TPR Proceedings** |  | **Total Number Motions Hearings** |  | **Total Number Ancillary Meetings[[5]](#footnote-4)** |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Total Number Adoption Proceedings** |  | **Total Number Voluntary Placement Proceedings** |  | **Total Number Permanency Planning Hearings** |  | **Total Number APS Hearings[[6]](#footnote-5)** |  |
| **Total Number Adjudication & Disposition Proceedings** |  | **Total Number Appellate Proceedings** |  | **Total Number Preliminary Hearings** |  | **Total Number APGRB Proceedings[[7]](#footnote-6)** |  |
| **Total Number Shelter Care Proceedings** |  | **Total Number Exception Proceedings** |  | **Total Number Commitment Hearings** |  |
| **Total Number Review Proceedings** |  | **Total Number Mediations** |  | **Total Number Administrative Hearings** |  |

|  |  | |  | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Is Annual Certificate of Insurance Attached[[8]](#footnote-7)?**  **Yes/No** | **Contracted Dollar Amount for the Reporting Period** | | | | **Total Amount Billed at the Close of the Reporting Period** | | | **Contract Balance at the Close of the Reporting Period** | | | **If Contract Balance shows a DEFICIT, please provide a justification of over-expenditure.** | | | | |
|  |  | | | |  | | |  | | |  | | | | |
|  |  | | | | | | | | | |
|  |  | |  |  |  |  |  |  |  | |  |  |  |

1. **Provider Certification**

***To my knowledge, I certify the information in the Annual Report is accurate.***

**Project Manager (Print Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Manager (Signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Please use additional sheets if necessary. [↑](#footnote-ref-0)
2. Prior to removing any attorney assigned to this contract or should an attorney leave the employment of your firm/organization, the Project Manager shall notify the Director of MLSP, in writing, at least thirty (30) days in advance of such removal or departure where possible. In addition, to ensure that the replacement of any attorney shall be with staff of equal ability, qualifications and experience, the Project Manager shall send written notification within thirty (30) days of the change, on a rolling basis, of any new hires, resignations, or terminations of attorneys to the Director of MLSP. Prior to the replacement of any attorney, the Project Manager shall provides the Director of MLSP with a current resume and Certificate of Good Standing from the Maryland Court of Appeals for any new hires to verify qualifications to serve under the contract. [↑](#footnote-ref-1)
3. Under this contract, your firm/organization is required to annually provide MLSP with Certificates of Good Standing for all attorneys under the contract. If a new attorney is hired, please submit the following documents to MLSP: (1) Certificate of Good Standing and (2) Resume.

   7 Total amount paid for the Contract year with fringe benefits listed individually. [↑](#footnote-ref-2)
4. This selection should reflect the cases/proceedings during this reporting period. Please note that the Total Number of Proceedings/Hearings in each category may not equal the Total Number of Cases Billed since the Contract only allows for one (1) billing per case/per year. [↑](#footnote-ref-3)
5. These meetings may include, but are not limited to, IEP meetings, other educational meetings, family involvement meetings, treatment meetings, etc. [↑](#footnote-ref-4)
6. These meetings may include, but are not limited to, IEP meetings, other educational meetings, family involvement meetings, treatment meetings, etc. [↑](#footnote-ref-5)
7. These meetings may include, but are not limited to, IEP meetings, other educational meetings, family involvement meetings, treatment meetings, etc. [↑](#footnote-ref-6)
8. The Director of MLSP shall receive written notification of non-renewal and/or cancellation from the issuer of the insurance policies at least forty-five (45) days before the expiration of said policies. In the event the State receives a notice of non-renewal and/or cancellation, the firm/organization must provide the Director of MLSP with an insurance policy from another carrier at least thirty (30) days prior to the expiration of the non-renewed insurance policy [↑](#footnote-ref-7)