



"People helping people help themselves"

Mitchell E. Daniels, Jr., Governor
State of Indiana

Family and Social Services Administration
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DIVISION OF AGING

Provider Compliance Review – Non-Direct Care Providers

CONTACT INFORMATION:

COORDINATOR:	
COORDINATOR PHONE:	
COORDINATOR E-MAIL:	
SURVEYOR:	
SURVEYOR PHONE:	
SURVEYOR E-MAIL:	
SURVEY#:	
AGENCY FID:	
AGENCY NAME:	
AGENCY INSITE ID:	
CEO NAME:	
CEO PHONE#:	
CEO E-MAIL#:	
HR CONTACT NAME:	
HR PHONE:	
HR E-MAIL:	
AGENCY CONTACT NAME:	
AGENCY CONTACT JOB TITLE:	
AGENCY CONTACT OFFICE PHONE:	
AGENCY CONTACT CELL PHONE:	
AGENCY CONTACT E-MAIL:	
2 ND AGENCY CONTACT NAME:	
2 ND AGENCY CONTACT JOB TITLE:	
2 ND AGENCY CONTACT OFFICE PHONE:	
2 ND AGENCY CONTACT CELL PHONE:	
2 ND AGENCY CONTACT E-MAIL:	
AGENCY STREET ADDRESS:	
AGENCY CITY:	
STATE:	
ZIP CODE:	
COUNTY:	
AREA AGENCY ON AGING:	
BDDS DISTRICT (OFFICE LOCATION):	

Review 10% of personnel files for personnel (maximum of 20 files/minimum of 2 files).

# OF PERSONNEL:	
# OF RECORDS REVIEWED DURING INITIAL:	

Indicate with an "X" the services being provided under the waivers.

Code	Service	AD	TBI
11	Vehicle Modification		
12	Home Delivered Meals		
13	Environmental Modification		
14	Personal Emergency Response		
15	Specialized Medical Equipment		

TRANSMISSION DATA

1. PROVIDER IS RESPONSIBLE FOR ENTERING DATA IN FIELD WITH TEXT HIGHLIGHTED IN YELLOW						
2. SURVEYOR IS RESPONSIBLE FOR ENTERING DATA IN ALL FIELDS INDICATED WITH AN (s)						
3. COORDINATOR IS RESPONSIBLE FOR ENTERING DATA IN ALL FIELDS INDICATED WITH A (c)						
(s) DATE SCHEDULING BEGAN:		REVISED DATE CAP1 DUE FROM PROVIDER:		DATE CAP2 RECEIVED FROM PROVIDER:		(c) DATE FOLLOW-UP VERIFICATION RESULTS SENT TO DMS:
(s) DATE ANNOUNCEMENT SENT:		DATE CAP1 RECEIVED FROM PROVIDER:		DATE CAP2 SENT TO SURVEYOR:		(c) FOLLOW-UP VIERIFICATION – IMPLEMENTED / PARTIALLY / NOT IMPLEMENTED
(s) DATE OF SURVEY:		DATE CAP1 SENT TO SURVEYOR:		(s) DATE CAP2 SENT TO COORDINATOR:		DATE FOLLOW-UP VERIFICATION RESULTS SENT TO PROVIDER:
(s) DATE OF CLOSING MEETING:		(s) DATE CAP1 SENT TO COORDINATOR:		(c) DATE CAP2 SENT TO DMS:		(s) DATE SURVEY COMPLETED:
(s) DATE FINDINGS REPORT SENT TO COORDINATOR:		(c) DATE CAP1 SENT TO DMS:		(c) CAP2 - APPROVED / PARTIALLY / DENIED		(c) DATE SURVEY CLOSED:
(c) DATE FINDINGS REPORT SENT TO DMS:		(c) CAP1 - APPROVED/ DENIED:		DATE CAP2 RESULTS SENT TO PROVIDER:		(c) SURVEY REFERRED (YES/NO):
(c) SURVEY HAD FINDINGS (YES/NO):		DATE CAP1 RESULTS SENT TO PROVIDER:		CAP IMPLEMENTATION DATE:		(c) DATE REFERRED:
DATE INITIAL SURVEY RESULTS SENT TO PROVIDER:		DATE CAP2 DUE FROM PROVIDER:		(s) DATE OF ANTICIPATED FOLLOW-UP VERIFICATION:		(c) REASON FOR REFERRAL:
DATE CAP1 DUE FROM PROVIDER:		DATE CAP1 RESULTS RE-SENT TO PROVIDER:		(s) DATE FOLLOW-UP VERIFICATION COMPLETED:		Choose an item.
DATE INITIAL SURVEY RESULTS RE-SENT TO PROVIDER:		REVISED DATE CAP2 DUE FROM PROVIDER:		(s) DATE FOLLOW-UP VERIFICATION RESULTS SENT TO COORDINATOR:		

POST REFERRAL FOLLOW-UP

SURVEYOR/COORDINATOR _____

Providers: Non-Direct Care Providers (e.g., Providers of Vehicle Modifications, Home Delivered Meals, Environmental Modifications, Personal Emergency Response System, and Specialized Medical Equipment).

Indicator	Y/ N/ NA	Findings	Provider Compliance Comprehensive Corrective Action Plan				Provider Compliance Follow-up Verification	
1) A copy of current and signed provider agreement (1.2-6-1). 1			Corrective Action Plan 1 – to be completed in space below by Provider	Implement Date	Title of Person Responsible	Status (Accept/Deny) if denied state reason why	Date of Follow-up Verification	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence
			Corrective Action Plan 2 – to be completed in space below by Provider	Implement Date	Title of Person Responsible	Status (Accept/Deny) if denied state reason why		
2) Be at least 18 years of Age (1.2-6-3) 11			Corrective Action Plan 1 – to be completed in space below by Provider	Implement Date	Title of Person Responsible	Status (Accept/Deny) if denied state reason why	Date of Follow-up Verification	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence
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<p>3) Current professional and personal liability insurance policy to cover: personal injury, loss of life, property damage to an individual caused by fire, accident, or other casualty arising from the provision of services by the provider (1.2-6-2)(1.2-11-1). 3</p> <p><i>***Includes Liability Insurance current for any equipment provided to Customers (Specialized Medical Equipment).</i></p>			Corrective Action Plan 1 – to be completed in space below by Provider	Implement Date	Title of Person Responsible	Status (Accept/Deny) if denied state reason why	Date of Follow-up Verification	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence
			Corrective Action Plan 2 – to be completed in space below by Provider	Implement Date	Title of Person Responsible	Status (Accept/Deny) if denied state reason why		
<p>4) Current Professional Licensure, certification or registration(1.2-6-2) 20</p> <p><i>*** The provider will be licensed, certified, registered or otherwise properly qualified under federal, state or local laws applicable to the particular service that the applicant is performing (e.g., Licensed Architect; PT; OT, Dietician, Plumbers, Electricians, Construction Licenses, etc.)</i></p>			Corrective Action Plan 1 – to be completed in space below by Provider	Implement Date	Title of Person Responsible	Status (Accept/Deny) if denied state reason why	Date of Follow-up Verification	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence
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<p>5) That licensed health professionals are checked for findings through the Indiana professional licensing agency (1.2-6-2 (2)(C)). 23</p> <p><i>***Would include the following relevant disciplines: dieticians, physical therapists, occupational therapists, speech language pathologists and audiologists.</i></p> <p><i>Complete list:</i> http://www.in.gov/pla/boards.htm</p>			Corrective Action Plan 1 – to be completed in space below by Provider	Implement Date	Title of Person Responsible	Status (Accept/Deny) if denied state reason why	Date of Follow-up Verification	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence
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<p>6) Maintain financial records in accordance with generally accepted accounting and bookkeeping practices (1.2-10-1) 24</p> <p><i>***Some evidence of a filing or accounting system (all providers).</i></p> <p><i>Check applicable service(s):</i></p> <p><input type="checkbox"/> E-MOD: Signed receipts maintained for all incurred expenses related to the modifications.</p> <p><input type="checkbox"/> Specialized Medical Equipment and Supplies: Receipts for purchases.</p> <p><input type="checkbox"/> PERS: Documentation of expense for installation.</p> <p><input type="checkbox"/> PERS: Documentation of monthly rental fee.</p>			Corrective Action Plan 1 – to be completed in space below by Provider	Implement Date	Title of Person Responsible	Status (Accept/Deny) if denied state reason why	Date of Follow-up Verification	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence
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<p>7) Supply a warranty effective for at least one (1) year from the date of new installation or the date the individual received the new item, whichever is applicable. (1.2-18-1) 25</p> <p><i>***V-MOD, E-MOD, Durable Medical Equipment, and PERS only.</i></p>			Corrective Action Plan 1 – to be completed in space below by Provider	Implement Date	Title of Person Responsible	Status (Accept/Deny) if denied state reason why	Date of Follow-up Verification	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence
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<p>8) A provider shall maintain, in the provider's office, files for each employee or agent of the provider (1.2-14-1). 4aa</p> <p>***HDM only.</p>			Corrective Action Plan 1 – to be completed in space below by Provider	Implement Date	Title of Person Responsible	Status (Accept/Deny) if denied state reason why	Date of Follow-up Verification	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence
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<p>9) Written, personnel policies reviewed annually, and updated as needed to include (1.2-15-2): 4</p> <p>***HDM only.</p>			Corrective Action Plan 1 – to be completed in space below by Provider	Implement Date	Title of Person Responsible	Status (Accept/Deny) if denied state reason why	Date of Follow-up Verification	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence
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<p>10) A procedure for conducting reference and employment, and criminal background on each prospective employee or agent (1.2-15-2(b)(1)). 4a</p> <p>***HDM only.</p> <ul style="list-style-type: none"> Verify that they follow procedure through employee file review. 			Corrective Action Plan 1 – to be completed in space below by Provider	Implement Date	Title of Person Responsible	Status (Accept/Deny) if denied state reason why	Date of Follow-up Verification	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence
			Corrective Action Plan 2 – to be completed in space below by Provider	Implement Date	Title of Person Responsible	Status (Accept/Deny) if denied state reason why		
<p>11) A prohibition against employing or contracting with a person convicted of:</p> <ul style="list-style-type: none"> Sex Crime; Exploitation of an endangered adult; Abuse or Neglect of a child; 			Corrective Action Plan 1 – to be completed in space below by Provider	Implement Date	Title of Person Responsible	Status (Accept/Deny) if denied state reason why	Date of Follow-up Verification	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence

Date Revised: 4-22-10; 1/19/2011; 2/8/2011, 2/24/11, 3/18/11

<ul style="list-style-type: none"> Failure to report battery; Neglect or Exploitation of an adult or child; Theft; Murder; Voluntary or Involuntary Manslaughter; and Battery. 4b <p>1.2-15-2(b)(2)</p> <p>***HDM only.</p>			Corrective Action Plan 2 – to be completed in space below by Provider	Implement Date	Title of Person Responsible	Status (Accept/Deny) if denied state reason why		
<p>12) Job descriptions for each position including minimum qualifications and major job duties of the position (1.2-15-2(a)(4)). 4c</p> <p>***HDM only.</p>			Corrective Action Plan 1 – to be completed in space below by Provider	Implement Date	Title of Person Responsible	Status (Accept/Deny) if denied state reason why	Date of Follow-up Verification	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence
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<p>13) A process for evaluation of job performance at the end of a training period and, annually, and including a process from individuals receiving services to give feedback on an employee or agent (1.2-15-2(b)(3)). 4e</p> <p>***HDM only.</p>			Corrective Action Plan 1 – to be completed in space below by Provider	Implement Date	Title of Person Responsible	Status (Accept/Deny) if denied state reason why	Date of Follow-up Verification	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence
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14) Disciplinary Procedures (1.2-15-2(b)(4)). 4f <i>***HDM only.</i>			Corrective Action Plan 1 – to be completed in space below by Provider	Implement Date	Title of Person Responsible	Status (Accept/Deny) if denied state reason why	Date of Follow-up Verification	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence
			Corrective Action Plan 2 – to be completed in space below by Provider	Implement Date	Title of Person Responsible	Status (Accept/Deny) if denied state reason why		
15) Description of grounds for disciplinary action or dismissal of employee or Agent (1.2-15-2(b)(5)). 4g <i>***HDM only.</i>			Corrective Action Plan 1 – to be completed in space below by Provider	Implement Date	Title of Person Responsible	Status (Accept/Deny) if denied state reason why	Date of Follow-up Verification	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence
			Corrective Action Plan 2 – to be completed in space below by Provider	Implement Date	Title of Person Responsible	Status (Accept/Deny) if denied state reason why		
16) Description of an employee’s rights and responsibilities, including responsibilities of administrators and supervisors (1.2-15-2(b)(6)). 4h <i>***HDM only.</i>			Corrective Action Plan 1 – to be completed in space below by Provider	Implement Date	Title of Person Responsible	Status (Accept/Deny) if denied state reason why	Date of Follow-up Verification	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence
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<p>17) Procedure to ensure compliance with HIPAA regulations (1.2-15-2 (b)(7)). 4i</p> <p>***HDM only.</p>			Corrective Action Plan 1 – to be completed in space below by Provider	Implement Date	Title of Person Responsible	Status (Accept/Deny) if denied state reason why	Date of Follow-up Verification	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence
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<p>18) A provider or its agent shall maintain, in the provider’s office, documentation of all services provided to an individual (1.2-16-1) 5</p> <ul style="list-style-type: none"> • Date of service and units of service documented. • Provision of meals. <p>***HDM only.</p>			Corrective Action Plan 1 – to be completed in space below by Provider	Implement Date	Title of Person Responsible	Status (Accept/Deny) if denied state reason why	Date of Follow-up Verification	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence
			Corrective Action Plan 2 – to be completed in space below by Provider	Implement Date	Title of Person Responsible	Status (Accept/Deny) if denied state reason why		
<p>19) A written operations manual addressing the requirements in 460-IAC1.2 and regularly updated and revised at least annually (1.2-15-3) 9</p> <p>***HDM only.</p>			Corrective Action Plan 1 – to be completed in space below by Provider	Implement Date	Title of Person Responsible	Status (Accept/Deny) if denied state reason why	Date of Follow-up Verification	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence
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<p>20) <i>If needed</i>, is diet/nutrition counseling provided by a registered dietician? 32</p> <p>***HDM only.</p> <ul style="list-style-type: none"> Ask if they provide diet/nutrition counseling. If yes, ask who delivers this. 			Corrective Action Plan 1 – to be completed in space below by Provider	Implement Date	Title of Person Responsible	Status (Accept/Deny) if denied state reason why	Date of Follow-up Verification	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence
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<p>21) Diet modification according to a physician’s order as required, meeting the recipient’s medical and nutritional needs (If needed). 33</p> <ul style="list-style-type: none"> Do you provide specialized diets? If so, how do you ensure that these are consistent with needs and/or a physician’s order? Look for evidence of practice. <p>***HDM only.</p>			Corrective Action Plan 1 – to be completed in space below by Provider	Implement Date	Title of Person Responsible	Status (Accept/Deny) if denied state reason why	Date of Follow-up Verification	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence
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Directions to Providers:

When an item has been identified with a “No”, a Corrective Action Plan (CAP) needs to be written and returned within 13 business days from the receipt of this finding.

Directions to Surveyors:

Include Census Document in E-mail correspondence to Data Management Surveyor

Best Practice (Will not cite under criminal background checks [#10 above] unless they provider Home Delivered Meals. While background checks are required, these do not have to be through the Indiana State Police Central Repository. Please record information about checks through this source as best practice for all Non-Direct Care Providers).

ASK: Are Limited Criminal Background checks from the Indiana State Police Central Repository for employees before they enter into a person's home? (1.2-15-2) [22](#)

Please answer these questions:

1. Does the provider (or their employees) enter a person's home when delivering the service? Yes No
2. If a provider enters into a person's home, ask if they (and their employees) have a criminal background check? Yes No
3. If they report that they have a criminal background check, can you verify? Yes No