



"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 AND
DIVISION OF DISABILITIES AND REHABILITATIVE SERVICES
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	DD	SSW	AUT
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 FILEDS 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:	Choose an item.
DATE CAP1 DUE FROM PROVIDER:		DATE CAP1 RESULTS RE-SENT TO PROVIDER:		(s) DATE FOLLOW-UP VERIFICATION COMPLETED:			
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
			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		
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 <i>***Includes Liability Insurance current for any equipment provided to Customers (Specialized Medical Equipment).</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

<p>For DDRS Providers:</p> <p><i>Check areas of noncompliance:</i></p> <p><input type="checkbox"/> I.A.30.1 - Does the provider have an active insurance policy that covers personal injury to an individual? 460 IAC 6-12-2(1).</p> <p><input type="checkbox"/> I.A.30.2 - Does the provider have an active insurance policy that covers loss of life to an individual? 460 IAC 6-12-2(2).</p> <p><input type="checkbox"/> I.A.30.3 - Does the provider have an active insurance policy that covers property damage to an individual? 460 IAC 6-12-2(3)</p>			<p>Corrective Action Plan 2 – to be completed in space below by Provider</p>	<p>Implement Date</p>	<p>Title of Person Responsible</p>	<p>Status (Accept/Deny) if denied state reason why</p>		
<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>			<p>Corrective Action Plan 1 – to be completed in space below by Provider</p>	<p>Implement Date</p>	<p>Title of Person Responsible</p>	<p>Status (Accept/Deny) if denied state reason why</p>	<p>Date of Follow-up Verification</p>	<p>Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence</p>
<p>For DDRS providers:</p> <p><i>Check the appropriate service(s):</i></p> <p><input type="checkbox"/> E-MOD Qualifications – I.A.11.1 Active license or certification for each type of environmental modification support service provided: <u>License</u>: Home Inspector IC 25-20.2; Plumber IC 25-28.5 <u>Certification</u>: Architect IC 25-4-1.</p> <p><input type="checkbox"/> PERS Qualifications – I.A.19.1</p> <p><input type="checkbox"/> SMES Qualifications – I.A.25.1</p>			<p>Corrective Action Plan 2 – to be completed in space below by Provider</p>	<p>Implement Date</p>	<p>Title of Person Responsible</p>	<p>Status (Accept/Deny) if denied state reason why</p>		

<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>Complete list: 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 (for all services)</i></p> <p>Check the appropriate service(s):</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: 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
			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>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>			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>22) For DDRS providers: All supports provided to an individual under this rule shall be warranted for at least ninety (90) days.</p> <p><i>Check the appropriate service(s):</i></p> <p><input type="checkbox"/> I.A.11.3 (E-MOD); <input type="checkbox"/> I.A.25.3 (specialized medical equipment and supplies); <input type="checkbox"/> I.A.19.3 (PERS).</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>23) For DDRS Providers: A provider shall maintain the following documentation regarding support provided to an individual: (1) The installation date of any adaptive aid or device, assistive technology, or other equipment; (2) The maintenance date of any adaptive aid or device, assistive technology, or other equipment; (3) A change made to any adaptive aid or device, assistive technology, or other equipment, including any: (A) alteration; (B) correction; or (C) replacement.</p> <p><i>Check the appropriate service(s):</i></p> <p><input type="checkbox"/> I.A.11.2 (E-MOD); <input type="checkbox"/> I.A.25.2 (specialized medical equipment and supplies); <input type="checkbox"/> I.A.19.2 (PERS).</p> <ul style="list-style-type: none"> • Ask if they maintain this documentation. • Request proof. 			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>24) For DDRS Providers: I.A.11.4 (E-MOD). Does the provider have documentation of being bonded? (<i>Provider Relations Ancillary Services Checklist, Part 4</i>)</p> <p>***E-MOD 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>25) For DDRS Providers: II.A.3.1 Does the provider have a written policy or procedure that prohibits its employees and/or agents from abusing, neglecting, exploiting, and mistreating individuals? 460 IAC 6-9-3(b)(1); <i>Provider Relations Ancillary Services Checklist Part 4</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>26) For DDRS Providers: II.A.3.2 Does the provider have a written policy or procedure that prohibits its employees and/or agents from violating an individual’s rights? 460 IAC 6-9-3(b)(2); <i>Provider Relations Ancillary Services Checklist Part 4</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>27) For DDRS Providers: II.A.3.18 Does the provider have a policy that indicates services provided comply with standards of professional practice? 460 IAC 6-8-3(2)(B); <i>Provider Relations Ancillary Services Checklist Part 4</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>28) For DDRS Providers: II.A.10.3 Does the provider’s code of ethics state the provider: a) Shall provide professional services with objectivity and with respect for the unique needs and values of the individual being provided services; b) Shall provide sufficient objective information to enable an Individual, or the Individual’s Legal representative, to make informed decisions; and c) Shall avoid discrimination on the basis of factors that are irrelevant to the provision of services? <i>DDRS Policy: Provider Code of Ethics, eff. 2-28-11; Provider Relations Ancillary Services Checklist Part 4</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>29) For DDRS Providers: III.A.1.4 Do the provider’s employee or agent’s files have a criminal background check from the Indiana State Police Central Repository for Criminal History prior to start date of employment? 460IAC 6-10-5(a); 6-15-2(a)(4); <i>Provider Relations Ancillary Services Checklist Part 4.</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>30) For DDRS Providers: III.A.1.5 For employees/agent hired after October 1, 2003, does the provider have a criminal background check for each county of residence and/or employment* of the employee/agent in the three (3) years prior to the background check? 460 IAC 6-10-5(c); 6-15-2(a)(4); <i>DDRS Policy: Documentation of Criminal Histories eff. 2-21-10; Provider Relations Ancillary Services Checklist Part 4.</i></p> <p><i>*County of employment only applies to employees hired after 4/1/11.</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>31) For DDRS Providers: III.A.1.6 Are criminal background checks for provider employees, officers or agents free of felony convictions that include: 460 IAC 6-10-5(b)(1); <i>DDRS Policy: Documentation of Criminal Histories eff. 2-21-10; DDRS Policy: Employment of Persons with Conviction of Prohibited Offenses or Non-Residency Status 2-21-11</i></p> <ul style="list-style-type: none"> • Sex crime; • exploitation of an endangered adult; • failure to report battery, neglect, or exploitation of an endangered adult; • abuse or neglect of a child; theft ,if the conviction occurred less than ten (10) years before the person’s employment application date; • murder; • voluntary manslaughter; • involuntary manslaughter; • felony battery; • felony offense related to a controlled substance • criminal conversion • criminal deviate conduct • offense related to alcohol or a controlled substance • theft, if the person’s conviction for theft occurred less than ten(10) years before the person’s employment application date, except as provided in IC 16-27-2-5(a)(5) 			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 10 business days from the receipt of this finding.

Directions to Surveyors:

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