



Michael R. Pence, Governor
State of Indiana

Division of Disability and Rehabilitative Services
402 W. WASHINGTON STREET, P.O. BOX 7083
INDIANAPOLIS, IN 46207-7083
1-800-545-7763

Via Electronic mail

DATE

NAME

TITLE

NAME OF ORGANIZATION

STREET ADDRESS

CITY, STATE, ZIP

EMAIL ADDRESS

Re: **YEAR** Provider Re-approval Term

Dear **NAME**,

Thank you for your participation and responsiveness during the Provider Re-approval process. The Division of Disability and Rehabilitative Services (DDRS) recognizes **NAME OF ORGANIZATION** efforts in improving its Quality Assurance/Quality Improvement systems. During the re-approval process, providers are asked to analyze their data and identify processes and the improvements necessary to ensure its staff, policies/procedures, and overall quality systems render safe and effective services in accordance with Individualized Support Plans, Behavioral Support Plans, other service plans, and ensure the health, safety, and welfare of their consumers. Based on the information submitted, The Bureau of Quality Improvement Services (BIQS) submits a re-approval time period recommendation of six (6), twelve (12), or thirty-six (36) months to Provider Relations.

NAME OF ORGANIZATION has received a **NUMBER**- month re-approval term based on the organization's overall efforts to address its Provider Review Profile's (PRP) identified risk areas as referenced in its Data Assessment Plan (**DATE**) and Addendum (**DATE**).

To support the designation of this **NUMBER**-month re-approval term, BQIS has identified the following items:

Attached please find a copy of your Provider Agreement which must be signed and returned to BQISReporting@fssa.in.gov . This signed agreement must be received within 30 calendar days (on or before **DATE**). If DDRS does not receive the signed Provider Agreement in the timeframe designated,



DDRS will decrease the re-approval term to a 6-month term. *If DDRS has not received the provider agreement within 60 calendar days of the date of this letter, your agency's termination process begins.*

If a provider is adversely affected or aggrieved by the determination, the provider may request an administrative review of this action per 460 IAC 6-6-5(g). To exercise this option, a written petition must be submitted to Nicole Norvell, Director of DDRS (Nicole Norvell, Director, Division of Disability and Rehabilitative Services, 402 W. Washington Street, Indianapolis, IN 46207). If a hearing request is not filed within fifteen (15) days of the date of this letter, the re-approval term decision granted is final.

If you have any questions, please feel free to contact Satrina McDonald at (317)-234-6345 or Satrina.McDonald@fssa.in.gov

Sincerely,

Anne Davis
Director
Provider Relations

cc: Shelly Thomas, Assistant Director, Bureau of Quality Improvement Services
Satrina McDonald, Director of Project Management, Bureau of Quality Improvement Services