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<th>CONTACT</th>
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<td>NAME OF ORGANIZATION</td>
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<td>CITY, STATE ZIP</td>
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Re: YEAR Provider Re-approval Term

Dear CONTACT,

The Division of Disability and Rehabilitative Services (DDRS) recognizes NAME OF ORGANIZATION’s efforts in improving its Quality Assurance/Quality Improvement systems as explained in its assessment of data identified in its Provider Review Profile (PRP) for the time period of DATE RANGE.

As described in the provider re-approval policies and procedures, providers must demonstrate an identification of system deficiencies where they exist in risk categories for which the provider rated above or below the expected range. It is expected that providers analyze their data and identify processes and 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. Through this process, and the submission of a Re-Approval Assessment and subsequent Addendum (when appropriate), a provider is recommended for a re-approval term of six (6), twelve (12), or thirty-six (36) months.

The decision to grant NAME OF ORGANIZATION a [6 or12]-month term was based on its overall efforts to address risk areas identified in the PRP through its Re-Approval Assessment (DATE) and Addendum (DATE). A [6 or 12]-month re-approval term indicates the need for your organization to enhance the processes currently in place to ensure the health, welfare and safety of its consumers.

To support the designation of this [6 or 12]-month re-approval term, BQIS has identified the following items:

**SECTION I: PRP Complaints and Incidents Data**

- 

**SECTION II: PRP Incident Processing and ANE Data**

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Equal Opportunity/Affirmative Action Employer
SECTION III: PRP Behavioral Data

SECTION IV: PRP Medication and Medical Data

SECTION V: Service Delivery & Consumer Supports

SECTION VI: Improvement Plan

Approval to continue providing waiver services is contingent upon DDRS receiving your agency’s signed Provider Agreement (attached to this letter) within 30 (thirty) calendar days of receipt of this letter. On or before [30 DAYS BEYOND THIS LETTER DATE], please submit a signed Provider Agreement to BQISReporting@fssa.in.gov.

If you have questions regarding your organization’s re-approval determination please contact Shelly Thomas at BQISReporting@FSSA.IN.gov.

According to 460 IAC 6-6-5(g), if your organization is adversely effected or aggrieved due to the re-approval determination, your organization may request administrative review of the determination. The request shall be made in writing and filed with the director of the division:

Kylee Hope
Director
Division of Disability and Rehabilitative Services
402 W. Washington Street, W453
Indianapolis, Indiana 46204

A copy of your appeal should also be emailed to: AOPAAppeals@fssa.IN.gov. If an administrative review request is not filed within fifteen (15) days after the date of this letter, the re-approval term is final.

Sincerely,

Jessica L. Harlan-York
Director
Bureau of Quality Improvement Services

cc: Shelly Thomas, Assistant Director, Bureau of Quality Improvement Services