



Indiana Division of Disability and Rehabilitative Services
Bureau of Quality Improvement Services (BQIS)

Re-Approval Assessment

Provider Name:

Data Assessed For The Period Of:

Initial Assessment Due Date:

Provider Corporate Office Street Address:

City, State, Zip:

Provider Corporate Mailing Address:

City, State, Zip:

Name of Chief Executive Officer:

[Click here to enter text.](#)

Email Address:

[Click here to enter text.](#)

Completed by (name):

[Click here to enter text.](#)

Title:

[Click here to enter text.](#)

Telephone Number:

[Click here to enter text.](#)

Email Address:

[Click here to enter text.](#)

Date Initially Submitted to BQIS:

[Click here to enter a date.](#)

Date Addendum Submitted to BQIS:

[Click here to enter a date.](#)

BQIS Provider Re-Approval Process Contact:

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PROVIDER RE-APPROVAL COMPLETION GUIDE

PROVIDER RE-APPROVAL

The provider re-approval process is designed to validate that a provider maintains policies, procedures and systems that ensure the needs of consumers are met according to Individualized Support Plans, Behavioral Support Plans and Risk Plans. Providers must substantiate that their systems (i.e., policies, procedures, protocols, staff training, etc.), are designed to address quality improvement and all processes are aligned to offer programs with health, safety and welfare at their core. The Bureau of Quality Improvement Services (BQIS) will utilize Provider Review Profile data, the completed Re-Approval Assessment, and any requested addenda to justify a recommendation of a re-approval term of 6, 12, or 36 months.

DOCUMENTS

To perform a thorough fact based review, a provider-specific report has been developed and is titled the **Provider Review Profile (PRP)** (Attachment D). Once the provider has reviewed and analyzed its PRP, the provider then completes the **Re-Approval Assessment** (Attachment F) document.

PROVIDER REVIEW PROFILE (PRP) – ATTACHMENT D

The PRP is a data-driven report that allows the provider to assess its organization's data against a benchmark of relatively similar providers (e.g. client count, Algo levels). Analyzing this data is pivotal in reviewing the provider's performance. The PRP is structured to provide data in multiple risk areas.

The first page of the PRP is a worksheet which contains the raw data for the provider. The next section contains risk area data which includes complaints, general incident data, incident processing data, data for abuse, neglect and exploitation, behavioral data, and medical data. The final section of the PRP is a technical guide that includes the calculations for each of the risk areas. For each of the risk areas, the provider should analyze the raw data to determine one or more reasons for being out of the expected range (above or below). Attachment E in the re-approval documents is an Excel spreadsheet of all incident reports for the timeframe in the PRP. This data should be an essential tool in conducting the data analysis.

RE-APPROVAL ASSESSMENT – ATTACHMENT F

The Re-Approval Assessment is designed to detail the data analysis conducted, convey organizational processes, demonstrate compliance, and identify areas of improvement. There are six sections. The first four sections are linked to the risk areas in the PRP: complaints and incident data; incident processing and ANE data; behavioral data; and medication and medical data.

For each risk area identified as above or below the expected range, the provider will explain the reason for being out of expected range. Data that falls *below the expected range* or *above the expected range* may be indicative of issues within your organization's operational systems. Data that is above or below that of your peer group is not where an organization's data should fall and requires a full analysis of the data to explain the results. A review of the data with a quantitative analysis may provide the information to assist in determining the root cause. The results of this analysis are documented on the Re-Approval Assessment. For the re-approval process, providers should consider how their respective PRP data is reflective of quantitative and qualitative data: quantitative numbers are indicative of measureable facts, but the qualitative data is suggestive of what methods your organization uses, and whether or not they are working to deliver outcomes, your organization expects.

Tips: When documenting the reasons for the variation from the norm (being above or below the expected range), consider issues such as individual-specific data that may be affecting your rates (e.g., repeat incidents attributed to a few consumers). Detail if there is evidence to suggest data is trending in the right direction (i.e., showing improvement).

Once the data has been analyzed, the provider is asked a series of questions to assess how performance in these categories is monitored and how service level improvements are made based on the data. The remaining two sections of the Re-Approval Assessment are focused on the broader subject of providing quality care and services.

DOCUMENT SUBMISSION

The completed Re-Approval Assessment is due on or before the due date noted on the cover page and must be submitted electronically to BQIS at BQISReporting@fssa.in.gov. When submitting this document, the provider may also attach to the email (as separate documents and labeled as exhibits) copies of supporting documents that will aid in the review of the provider's systems and processes; **however, these do not take the place of responding to the Re-approval Assessment questions.** All supporting documents must be referenced as exhibits within the Re-Approval Assessment. Once submitted, BQIS will review the completed Re-Approval Assessment. Providers may be asked to meet in person or via telephone for the purpose of BQIS explaining any clarifying questions that require further explanation/detail by the provider. The provider through the submission of a re-approval addendum will submit the clarifying information. *Note: Failure to submit a written Re-Approval Assessment by the established due date will eliminate the opportunity for provider clarification. Additionally, it may result in the provider receiving a re-approval term that is not preferred and/or a referral to the DDRS Sanctions Committee.*

[%] % of the Risk Categories in the Expected Range

Client Count = [Client Count]

Algo = [Algo]

Behavioral Factor = [BF]

Health Factor = [HF]

Data Analysis

Section I - PRP Complaints and Incident Data*

Risk Area	Below the expected range	Above the expected range
Risk Area - low/mod/high/critical risk		
Risk Area - low/mod/high/critical risk		
Risk Area - low/mod/high/critical risk		

[* Providers new to the re-approval process will have CERT data indicated in this section]

Provider Analysis - Complaints and Incident Data (Note: Behavioral and medical data are detailed in a separate section)

1) For each of the risk areas shown above, explain in detail why the data indicates your organization was above or below the expected range compared to peer organizations.

[Click here to enter text.](#)

**2) A. Describe the activities your organization implements to prevent incidents from occurring.
B. Describe how those activities have prevented incidents from occurring.**

[Click here to enter text.](#)

**3) A. Provide a summary of the initial and annual training staff receive on incident identification and reporting.
B. What opportunities exist for re-training and refresher training?
C. On a day-to-day, informal basis, how do you ensure staff maintain continuous competency in identifying and reporting incidents?**

[Click here to enter text.](#)

4) Describe in detail the process for analyzing incident report data.

[Click here to enter text.](#)

5) How is information regarding specific incidents or trends communicated to all staff to bring awareness to the identified issue?

[Click here to enter text.](#)

6) Describe your internal process for ensuring the health, safety and welfare of the individual after filing an incident report with the state.

[Click here to enter text.](#)

7) Please describe how your organization addresses concerns that are informally expressed regarding an individual enrolled in your services?

(Note: This is not about complaints, but rather how the organization handles concerns or other similar issues such as missing personal items, meals not to the individual's liking, etc.)

[Click here to enter text.](#)

8) If this Re-Approval Assessment includes CERT* data [providers new to the re-approval process], describe how your organization ensures the procedures implemented to correct the identified issues in the CERT continue to be effective. (Type N/A if not applicable to your organization.)

Click here to enter text.

Section II - PRP Incident Processing and Abuse/Neglect/Exploitation Data

Risk Area	Below the expected range	Above the expected range
Risk Area – low/mod/high/critical risk		
Risk Area – low/mod/high/critical risk		
Risk Area – low/mod/high/critical risk		

Provider Analysis - Incident Processing and Abuse/Neglect/Exploitation Data (Note: Behavioral and medical data are detailed in a separate section)

1) For each of the risk areas shown above, explain in detail why the data indicates your organization was above or below the expected range compared to peer organizations.

Click here to enter text.

2) Explain how your incident reporting process minimizes the potential for late reports.

Click here to enter text.

3) Explain how your organization investigates allegations of Abuse/Neglect/Exploitation by staff.

Click here to enter text.

4) A. Provide a summary of the initial and annual training staff receive on abuse, neglect and exploitation.

B. What opportunities exist for re-training and refresher training?

C. On a day-to-day informal basis, how do you ensure staff maintain continuous competency regarding abuse, neglect and exploitation?

Click here to enter text.

Section III - PRP Behavioral Data

Risk Area	Below the expected range	Above the expected range
Risk Area – low/mod/high/critical risk		
Risk Area – low/mod/high/critical risk		
Risk Area – low/mod/high/critical risk		

Provider Analysis - Behavioral Data

1) For each of the risk areas shown above, explain in detail why the data indicates your organization was above or below the expected range compared to peer organizations.

Click here to enter text.

2) **Provide an overview of the pro-active activities your organization uses to minimize and/or address behavioral risks.**

Click here to enter text.

3) **A. Submit a copy of your organization's policy which clearly outlines the interventions that are prohibited within the home and community based waiver program and by the state.
B. Explain how your organization ensures staff understands what constitutes an intervention that is prohibited by the state.
C. On a day-to-day informal basis, how do you ensure staff maintain continuous competency regarding interventions prohibited by the state?**

Click here to enter text.

4) **If your PRP data indicates the use of a prohibited intervention was implemented, please answer the following questions:**

A. Describe the circumstances that led the staff to implement a prohibited intervention.

B. Describe what your organization learned from this event.

C. Indicate any improvements or changes your organization made as a result of this event.

Click here to enter text.

Section IV - PRP Medication and Medical Data

Risk Area	Below the expected range	Above the expected range
Risk Area - low/mod/high/critical risk		
Risk Area - low/mod/high/critical risk		
Risk Area - low/mod/high/critical risk		

Provider Analysis - Medication and Medical Incidents

1) **For each of the risk areas shown above, explain in detail why the data indicates your organization was above or below the expected range compared to peer organizations.**

Click here to enter text.

2) **Describe, in detail, the process your organization uses to analyze medication errors.**

Click here to enter text.

3) **A. Describe the process to develop recommendations to reduce the risk of future medication errors.**

B. Indicate how the recommendations are documented.

C. Describe the process to determine if a proposed recommendation is implemented.

(Note: response should include all recommendations, not just staff errors.)

Click here to enter text.

4) **Describe the process for determining if the recommendations were effective in reducing medication errors.**

Click here to enter text.

- 5) **A. Provide a summary of the initial and annual training staff receive on medication administration training.**
B. What opportunities exist for re-training and refresher training?
C. Who (by title) is responsible for conducting the medication administration training.
Click here to enter text.

- 6) **On a day-to-day informal basis, how do you ensure staff maintain continuous competency regarding medication administration?**
Click here to enter text.

- 7) **A. Describe how risk plans are developed and revised, when needed.**
B. Who (by title) is responsible for development and revision of risk plans?
Click here to enter text.

- 8) **A. Describe how staff are trained on risk plans.**
B. Who (by title) is responsible for the training of staff on risk plans?
C. Describe how staff's implementation of risk plans is monitored.
Click here to enter text.

- 9) **If an individual has Wellness Coordination as a service:**
A. Who (by title) is responsible for the development/revision of risk plans?
B. Who (by title) is responsible for the training of staff on risk plans?
(Please mark N/A if your organization does not provide this service.)
Click here to enter text.

Quality Assurance / Quality Improvement Review

Section V - Service Delivery & Consumer Supports

- 1) **A. As an organization, what data does your organization track?**
B. How does your organization analyze the data collected (i.e. process and frequency) to verify compliance with program/state requirements?
Click here to enter text.

- 2) **A. Describe how your organization determines if a policy, protocol or process is identified as being ineffective.**
B. If a policy, protocol or process is identified as being ineffective, what steps are taken to correct the inefficiency?
Click here to enter text.

- 3) A. Describe how your organization verifies Individualized Support Plans, Behavioral Support Plans, and Risk Plans are implemented and followed as written.**
B. How would you know if staff were not implementing the Individualized Support Plans, Behavioral Support Plans, and Risk Plans as they are trained?

[Click here to enter text.](#)

- 4) Describe your process to identify and respond to changes in a consumer's needs in a timely manner.**

[Click here to enter text.](#)

- 5) A. Provide specifics on new employee orientation, including the training schedule and subjects covered.**

B. Please indicate how training records are maintained for all employees.

[Click here to enter text.](#)

Section VI – Improvement Plan

- 1) A. What new policies and systems have been implemented to support better quality of services?**
B. Indicate the date(s) of implementation.

[Click here to enter text.](#)

- 2) A. Based on your analysis of the data used in the re-approval process, what changes will be made within the next 6-months to facilitate improvement in the organization's systems, policies and procedures?**
B. Provide detail regarding who in your organization will implement the change(s) and the timetable of the change(s).

[Click here to enter text.](#)