



PROVIDER REVERIFICATION

Pilot

March 3, 2020

The Bureau of Quality Improvement Services

Presented by: Shelly Thomas, BQIS Assistant Director



BQIS Mission:

To ensure quality supports are aligned with person-centered principles by leading strategic change that empowers people to live their good life.

Integrity

Strength-Based

Innovation

Person-Centered

Purposeful



AGENDA

- I. Purpose**
- II. Process Overview**
- III. Accreditation**
- IV. Annual Review**
- V. Document Submission**
- VI. Reverification Determination**
- VII. Pilot**
- VIII. Key Facts**



Purpose

- Ensure, on an ongoing basis, providers are 'fit for business'
- Place more emphasis on accreditation
- Reduce provider's administrative burden
- Implement a process applicable to *all* providers





Process Overview

ANNUAL REVIEW

- Initiated by BQIS via email
- Provider submits required annual documents to BQIS
- BQIS reviews submitted documents
- Identified issues are addressed by Provider
- BQIS issues letter of annual completion

VS.

REVERIFICATION DETERMINATION YEAR (YEAR 2 OR 4)

- Initiated by BQIS via email
- Provider submits required annual documents to BQIS
- Provider returns signed provider agreement
- BQIS reviews submitted documents
- BQIS reviews Provider's data obtained from monitoring activities (e.g. incidents, complaints, mortality, CAPs, sanctions, etc.)
- Identified issues are addressed by Provider
- BQIS issues Reverification Determination letter



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Accreditation

BDDS Services Requiring Accreditation:

- Adult Day Services (all levels)
- Case Management
- Community Habilitation (Ind. & Group)
 - *Note: 2020 Waiver Renewal renamed as Day Services*
- Extended Services
- Facility Habilitation (Ind. & Group)
 - *Note: 2020 Waiver Renewal renamed as Day Services*
- Pre-Vocational (All levels)
- Residential Habilitation (All levels)



Accreditation

National accreditation entities listed in Indiana Code (IC) 12-11-1.1.11:

- The Commission on Accreditation of Rehabilitation Facilities (CARF)
- The Council on Quality and Leadership (CQL)
- The Joint Commission on Accreditation of Healthcare Organizations (JACHO)
- The National Committee on Quality Assurance (NCQA)
- The ISO-9001 human services Quality Assurance system
- The Council on Accreditation (COA)



Provider's Accreditation Status Establishes the Reverification Determination Year

2 Year

- Providers who do not have accreditation for *any* BDDS service through one of the entities listed in IC
- Providers who are not seeking accreditation for *any* BDDS service through one of the entities listed in IC

4 Year

- Provider has one or more of the required services accredited through one of the entities listed in IC
- Providers seeking accreditation for one or more of the required services through one of the entities listed in IC (new provider or provider adding a service requiring accreditation)
- Provider obtains or seeks accreditation for a non-required service through one of the entities listed in IC

Note: seeking accreditation requires an intent to survey from the accrediting entity



Provider's Accreditation Status Establishes the Reverification Determination Year

4 Year Requirements

Provider has or is seeking accreditation for at least one BDDS service by one of the entities listed in IC.

- CARF
- CQL
- JACHO
- NCQA
- ISO-9011
- COA

Providers having or seeking accreditation for **only** a non-required BDDS service must provide BQIS either the accreditation award letter or an 'intent to survey'.



Annual Review Process

- Applicable to *all* providers
- BQIS will contact provider via email approx. 60 calendar days prior to annual renew date requesting documents
- Initial letter includes 3 attachments
 - Attachment A – Annual Review/Reverification Guidance
 - Attachment B – BDDS waiver provider information
 - Attachment C – Document Submission Guide



Eric Holcomb, 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

[CONTACT INDIVIDUAL]
[CONTACT INDIVIDUAL TITLE]
[PROVIDER NAME]
[PROVIDER ADDRESS]
[PROVIDER ADDRESS]
[PROVIDER EMAIL ADDRESS]

Re: Annual Review – Accredited Waiver Service(s) Provider – Year **XX**

Dear [CONTACT INDIVIDUAL],

The Bureau of Developmental Disabilities Services (BDDS), or its designee, within the Division of Disability and Rehabilitative Services (DDRS) is required to re-verify BDDS approved waiver providers. The Bureau of Quality Improvement Services (BQIS) has been designated to facilitate the provider reverification process. Annually, as part of the reverification process, each waiver provider must submit to BQIS the documentation outlined in the BDDS Policy: Provider Reverification for Accredited Waiver Services (2020-01-R-001, eff. 2/9/2020). The purpose of the reverification process is to ensure, on an on-going basis, providers are 'fit for business' by validating basic compliance with statutes, rules, regulations, and requirements.

The following attachments are included with this letter:

- Attachment A Annual Review/Reverification Guidance
- Attachment B BDDS Waiver Provider Information
- Attachment C Document Submission Guide

On or before [DATE 21 CALENDAR DAYS AFTER THIS LETTER], the following documents must be submitted to BQIS at BQISReporting@fssa.in.gov in the format listed on the Document Submission Guide (Attachment C). Extensions to the established due date will not be granted.

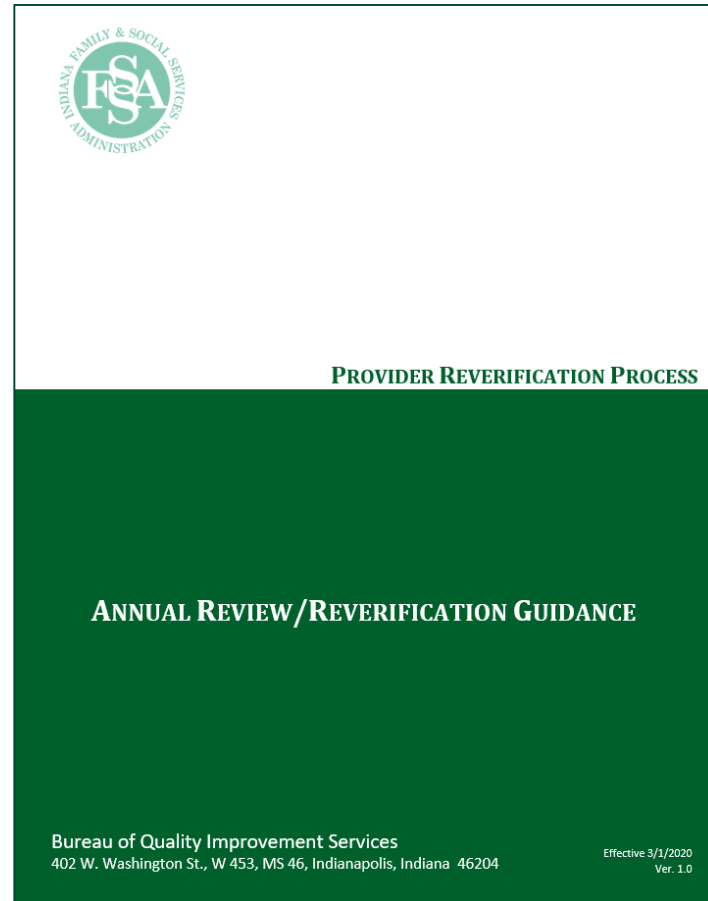
- BDDS waiver provider information (Attachment B) (460 IAC 6-10-3);
- Organizational chart (460 IAC 6-10-6);
- Indiana Secretary of State documentation (460 IAC 6-10-3);
- Financial information (460 IAC 6-11-2 and 6-11-3), including the following:
 - financial status;





Annual Review Process

Attachment A – Annual Review/Reverification Guidance



Detailed information on:

- Process;
- Each required document; and
- Document submission criteria

Note: Guide available on the BQIS webpage:
<https://www.in.gov/fssa/ddrs/2635.htm>



Annual Review Process

- Initial letter lists the required documentation
- Provider submits required documentation to BQIS within 21 calendar days
- BQIS reviews required documentation
- Compliance with minimum standard required
- After identified issues are addressed by the provider, BQIS issues letter of annual completion
- Annual reviews are a component of the overall reverification determination (Year 2 or 4)



Annual Review Documents

- BDDS waiver provider information
- Organizational chart
- Indiana Secretary of State documentation
- Financial information
- Insurance documentation
- Annual satisfaction survey
- All policies created or updated since its last reverification with substantive revisions since the previous year
- Annual accreditation status report (if applicable)

Note: Examples of each required document are available on the BQIS webpage:
<https://www.in.gov/fssa/ddrs/2635.htm>



BDDS waiver provider information

Provider reviews for its accuracy, makes changes and/or updates, signs, dates and returns it to BQIS with any changes and/or updates

Medicaid Waiver Provider Information
A FAKE COMPANY
--- 434-A-4896-GRNVE ---
--- INDIANAPOLIS-46608 ---

402 W Washington St.
Indianapolis, IN 46201

Active

Contact: BOB JONES	FID/ENR: XX-000000X
Phone Number: (555) 123-4567	Waiver ID#: XXXX-0000-X
Fax Number: (555) 329-8729 (777) 123-5432	Effective Date: 07/15/1992
Counties Served: Statewide Marion, Clark, Gibson	NPI Number:
Additional Phone Numbers / Contact Methods: BobJones@provider.com (Email) BobJones@provider.com (NOA Email)	

Waiver / Service Certifications

Community Integration and Habilitation	Certification Status
Community Transition	Certified as of 07/01/2003
Community-Based Habilitation	Certified as of 04/01/2008
Electronic Monitoring	Certified as of 10/01/2009
Family & Caregiver Training	Certified as of 04/01/2002
Meal/Food, Unrel. Live-In	Certified as of 04/01/2002
Residential Habilitation and Support	Certified as of 07/01/2002
Respite - General	Certified as of 01/01/2008
Structured Family Caregiving-Level 1, DDORS	Certified as of 08/03/2012
Structured Family Caregiving-Level 2, DDORS	Certified as of 08/03/2012
Structured Family Caregiving-Level 3, DDORS	Certified as of 08/03/2012
Supported Employ. Follow-Along	Certified as of 04/01/2008
Transportation - Level 1	Certified as of 04/01/2012
Transportation - Level 2	Certified as of 04/01/2012
Transportation - Level 3	Certified as of 04/01/2012
Wilderness Coordination - All Tiers	Certified as of 03/18/2014
Workplace Assistance	Certified as of 1/08/2009

Family Supports Waiver	Certification Status
Community-Based Habilitation	Certified as of 04/01/2008
Family & Caregiver Training	Certified as of 04/01/2002
Meal/Food, Unrel. Live-In	Certified as of 04/01/2002
Residential Habilitation and Support	Certified as of 04/01/2002
Respite - General	Certified as of 04/01/2008
Supported Employ. Follow-Along	Certified as of 04/01/2008
Workplace Assistance	Certified as of 03/18/2014

Money Follows Person - CBI Transfer	Certification Status
Community Transition	Certified as of 08/15/2014
Community-Based Habilitation	Certified as of 08/15/2014
Electronic Monitoring	Certified as of 08/15/2014
Family & Caregiver Training	Certified as of 08/15/2014
Meal/Food Unrel. Live-In	Certified as of 08/15/2014
Residential Habilitation and Support	Certified as of 08/15/2014
Respite - General	Certified as of 08/15/2014
Structured Family Caregiving-Level 1, DDORS	Certified as of 08/15/2014
Structured Family Caregiving-Level 2, DDORS	Certified as of 08/15/2014
Structured Family Caregiving-Level 3, DDORS	Certified as of 08/15/2014
Supported Employ. Follow-Along	Certified as of 08/15/2014
Transportation - Level 1	Certified as of 08/15/2014
Transportation - Level 2	Certified as of 08/15/2014

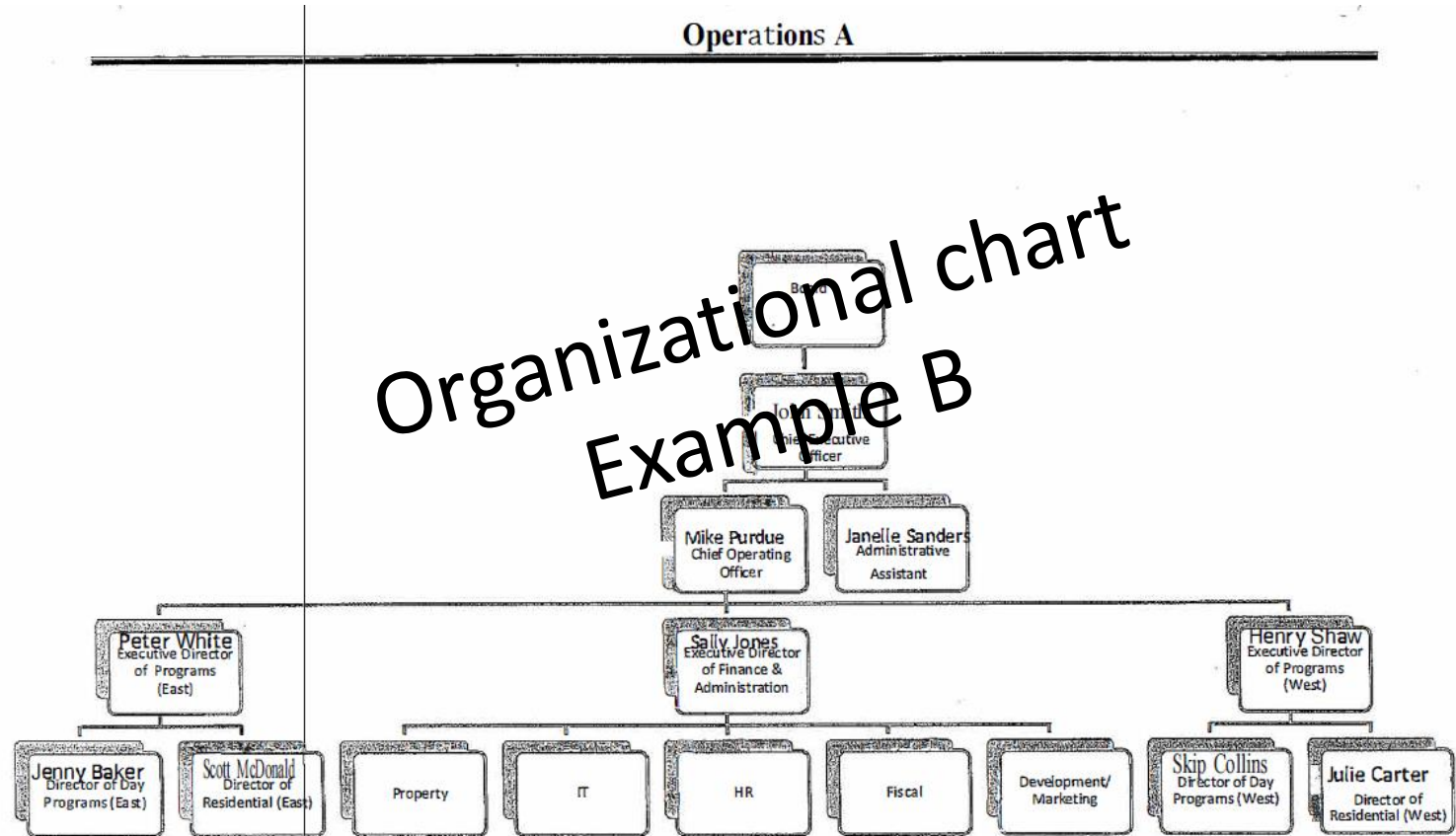
BDDS waiver provider information
Example A

Bob Jones 4/1/20



Organizational chart

Reviewed for parent organization, subsidiary organization(s), and familial relationships. The organizational chart should include the title of all positions and the names of the upper management.

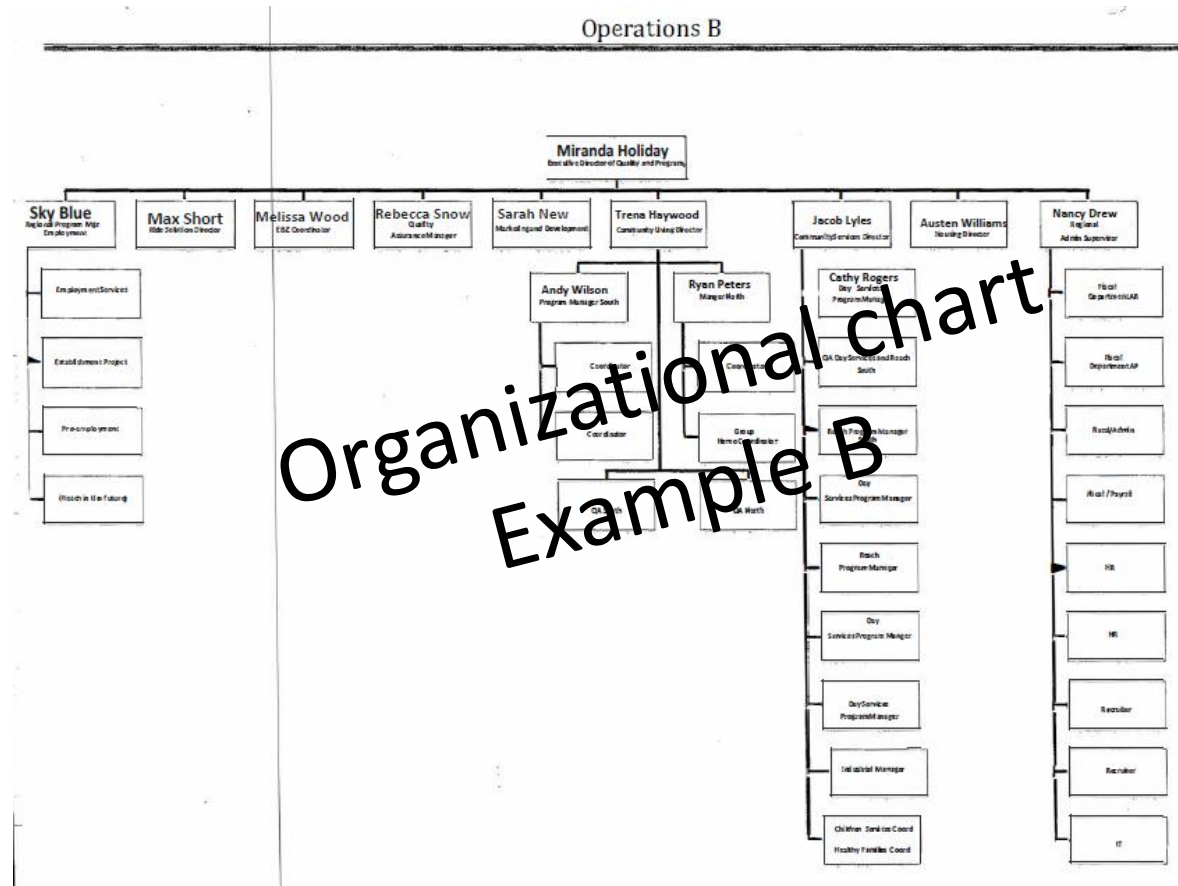


Organizational chart
Example B



Organizational chart

Reviewed for parent organization, subsidiary organization(s), and familial relationships. The organizational chart should include the title of all positions and the names of the upper management.





Indiana Secretary of State documentation

Evidence of active registration with the Indiana Secretary of State

BUSINESS INFORMATION
CONNIE LAWSON
INDIANA SECRETARY OF STATE
01/17/2020 08:56 AM

Business Details

Business Name: A FAKE COMPANY Business ID:
Entity Type: Domestic For-Profit Corporation Business Status: Active
Creation Date: 02/14/2018 Inactive Date:
Principal Office Address: 1234 A Long Drive Expiration Date: Perpetual
Indianapolis, IN 46250 Business Entity Report Due Date: 02/29/2020
Jurisdiction of Formation: Indiana Years Due: 2020/2021

Principal Information

Title	Name	Address
President	John Smith	567 My Place, Indianapolis, IN 46251

Incorporators Information

Name	Title	Address
John Smith	Incorporator	567 My Place, Indianapolis, IN 46251

Registered Agent Information

Type: Individual
Name: John Smith
Address: 567 My Place, Indianapolis, IN 46251

Secretary of State
Example C



Financial information

financial status, current expenses and revenues, projected budgets outlining future operations, credit history and the ability to obtain credit, and the documented ability to deliver services without interruption for at least two (2) months without payment for services

Non-Profits & some For-Profits

Full audit for prior fiscal year and current operating budget

Other For-Profits

Current operating budget, 12 months bank statements, prior year tax return, and line of credit

Note: Financial information will be reviewed against Medicaid claims for BDDS waiver services to ensure provider's ability to operate for two (2) months



Financial information: Non-Profits

Non-profit Organizations		
Requirement	Source Document	Necessary information
Financial status (Example D-1)	Annual Audit	<ul style="list-style-type: none"> • Consolidated financial statements • Supplementary information
Current expenses and revenues (Example D-1)	Annual Audit	Consolidated statement of activities and changes in net assets (found in consolidated financial statement)
Projected budgets outlining future operations (Example D-2)	Operating Budget	In Full
Credit history and the ability to obtain credit (Example D-3)	Annual Audit	Found in notes of the consolidated financial statement
Documented ability to deliver services without interruption for at least two (2) months without payment for services (Example D-4)	Annual Audit	Found in notes of the consolidated financial statement



Financial information: Non-Profits



Blue & Co., LLC / 500 N. Meridian Street, Suite 200 / Indianapolis, IN 46204
 phone 317.633.4705 fax 317.633.4889 email Blue@blueandco.com

REPORT OF INDEPENDENT AUDITORS

Board of Directors

We have audited the accompanying consolidated financial statements of A FAKE COMPANY (the Corporation) which comprise the consolidated statement of financial position as of June 30, 2019 and the related consolidated statements of activities and changes in net assets, functional expenses and cash flows for the year then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States of America and *Uniform Compliance Guide for Examination of Entities Receiving Financial Assistance from Governmental Sources*, issued by the Indiana State Board of Accounts. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

CPA# 4071008

A FAKE COMPANY

CONSOLIDATED STATEMENT OF FINANCIAL POSITION JUNE 30, 2019

ASSETS	
Current assets	
Cash	
Service receivables, net	
Other receivables, net	
Prepaid expenses	
Inventory	
Other current assets	
Total current assets	
Other assets	
Property and equipment, net	
Investments held by others	
Investments	
Other assets	
Accrued interest receivable	
Notes receivable	
Total other assets	
Total assets	
LIABILITIES AND NET ASSETS	
Current liabilities	
Accounts payable	
Employee compensation payable	
Current portion of capital lease obligation	
Current maturities of notes payable	
Benefits payable	
Other current liabilities	
Total current liabilities	
Long-term liabilities	
Other liabilities	
Notes payable	
Total long-term liabilities	
Total liabilities	
Net assets	
Without donor restrictions	
Undesignated	
Board designated - held by others	
Total without donor restrictions	
With donor restrictions	
Total net assets	
Total liabilities and net assets	

See accompanying notes to the consolidated financial statements.

Annual Audit Example D-1



Financial information: Non-Profits

A FAKE COMPANY
Fiscal Year 2020 Budget

	Fiscal Year 2020 <u>Budget</u>	Fiscal Year 2019 <u>Budget</u>	FY2019 Actual (Using actual performance through <u>May 2019</u>)
REVENUE and SUPPORT			
Work Contracts			
Work Contract Income			
Cost of Goods Sold			
Gross Profit Work Contracts			
Public Support			
Child/Family Programs			
Service Fee Income			
Service Fees			
Contractual Allowances			
Net Service Fees			
Transportation Income			
Housing Income			
Other Revenue			
TOTAL REVENUE and SUPPORT			
OPERATING EXPENSES			
Cash Operating Expenses:			
Salaries and Wages			
FICA Taxes			
Health Insurance			
Other Employee Benefits			
Contract Professional Fees			
Supplies Expense			
Telephone Expense			
Postage & Shipping Expense			
Occupancy Expense			
Travel Expense			
Conference/Meeting Expense			
Client Support Expense			
Membership Dues Expense			
Ride Solution Provider Payments			
Other Expenses			
Total Cash Operating Expenses			
CONTRIBUTION CASH BASIS			
Depreciation Expense			
CONTRIBUTION ACCRUAL BASIS			
Non-Operating Rev./(Exp)			
NET SURPLUS/(DEFICIT)			

Operating Budget
Example D-2



Financial information: Non-Profits

A FAKE COMPANY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2019

A FAKE COMPANY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2019

11. LINE OF CREDIT

The Corporation has a \$1,500,000 revolving line of credit with a bank which expires in August 2021. Interest varies at the prime rate less 0.50 percent with a minimum rate of 4.0 percent (5.00% as of June 30, 2019). The line of credit is subject to certain affirmative and negative covenants. There were no borrowings outstanding under this line of credit as of June 30, 2019.

Annual Audit
Example D-3

18. LIQUIDITY AND AVAILABILITY OF RESOURCES

The Corporation has approximately \$3,440,000 of financial assets available within one year of the consolidated statement of financial position date to meet cash needs for general expenditure consisting of cash of \$1,397,000 and service receivables of \$2,043,000. Some of the financial assets are subject to donor or other contractual restrictions that make them unavailable for general expenditure within one year of the consolidated statement of financial position date. Service and other receivables are subject to implied time restrictions but are expected to be collected within one year. The Corporation has a goal to maintain financial assets to meet 90 days of normal operating expenses, which are, on average, approximately \$2,750,000. The Corporation's policy is to structure its financial assets to be available as its general expenditures, capital expenditures and other obligations come due. The Corporation also has other liquidity resources, including its line of credit of \$1,500,000 if needed.

Annual Audit
Example D-4



Financial information: For-Profits

For-profit organizations, depending on the type of legal entity, will fall under one of two different options.

Option 1: An annual audit *is* required

Option 2: An annual audit *is not* required



Financial information: For-Profits

OPTION 1: Annual audit required

Requirement	Source Document	Necessary information
Financial status (Example D-1)	Annual Audit	<ul style="list-style-type: none"> • Consolidated financial statements • Supplementary information
Current expenses and revenues (Example D-1)	Annual Audit	Consolidated statement of activities and changes in net assets (found in consolidated financial statement)
Projected budgets outlining future operations (Example D-2)	Operating Budget	In Full
Credit history and the ability to obtain credit (Example D-3)	Annual Audit	Found in notes of the consolidated financial statement
Documented ability to deliver services without interruption for at least two (2) months without payment for services (Example D-4)	Annual Audit	Found in notes of the consolidated financial statement



Financial information: For-Profits

OPTION 2: Annual audit not required		
Requirement	Source Document	Necessary information
Financial status (Examples D-5 & D-6)	<ul style="list-style-type: none"> • Bank statements • Federal tax return 	<ul style="list-style-type: none"> • Last twelve (12) months of bank statements • Prior year's federal tax return
Current expenses and revenues (Example D-5)	Bank statements	Last twelve (12) months of bank statements
Projected budgets outlining future operations (Example D-2)	Operating Budget	In Full
Credit history and the ability to obtain credit (Example D-7)	Line of Credit through a financial institution	<p>Must be through a financial institution (a loan from a private source, credit card with an available balance and revolving credit arrangements are not acceptable). The required amount varies by type of provider service.</p> <ul style="list-style-type: none"> • A minimum of \$3,000.00 is required for providers of: music, recreational, physical, speech-language and occupational therapies, Environmental Modification, Specialized Medical Equipment and Supply, and Personal Response systems. • A minimum of \$75,000 is required for providers of case management. • A minimum of \$35,000.00 is required for providers of all other services.
Documented ability to deliver services without interruption for at least two (2) months without payment for services (Examples D-5 & D-6)	<ul style="list-style-type: none"> • Bank statements • Tax return 	<ul style="list-style-type: none"> • Last twelve (12) months of bank statements • Prior year's tax return



Financial information: For-Profits

OPTION 2

Big Brother Bank
 "We watch over you"
 P.O. Box 1573
 Beantown, MA 02116

Account Number: 026-257311
 Statement Begin Date: JAN 02, 2002
 Statement End Date: FEB 01, 2002

Justin Case
 123 Redlight Lane
 TwistNshout, MA 02345

Checks	Check No.	Date	Amount	Check No.	Date	Amount
	396	01/15/02	\$ 852.33	397	01/30/02	\$ 500.35
	398	01/15/02	\$ 852.33	399	01/30/02	\$ 500.35
	400	01/15/02	\$ 852.33	401	01/30/02	\$ 500.35
	402	01/15/02	\$ 852.33	403	01/30/02	\$ 500.35
	404	01/15/02	\$ 852.33	405	01/30/02	\$ 500.35
	406	01/15/02	\$ 852.33	407	01/30/02	\$ 500.35
	408	01/15/02	\$ 852.33	409	01/30/02	\$ 500.35
	410	01/15/02	\$ 852.33	411	01/30/02	\$ 500.35
	412	01/15/02	\$ 852.33	413	01/30/02	\$ 500.35
	414	01/15/02	\$ 852.33	415	01/30/02	\$ 500.35
	416	01/15/02	\$ 852.33	417	01/30/02	\$ 500.35
	418	01/15/02	\$ 852.33	419	01/30/02	\$ 500.35
Total Checks						1956 . 43

Daily Balances	Date	Balance	Date	Balance
	01/04/02	\$2269.74	01/05/02	\$2196.64
	01/10/02	\$2074.34	01/11/02	\$2014.39
	01/15/02	\$2016.33	01/30/02	\$2570.25
Final Balance				\$2581 . 74

Interest Rate as of 01/04 * * * 5.321%

Bank Statement Example D-5

Tax Return Example D-6

Form 1040 U.S. Individual Income Tax Return **2011**

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

For the year ending 12/31, 2011, or other year beginning 2011, ending 12/31

Your first name and initial: SAMPLE Last name: SAMPLE

Your social security number: 000-000-0000

Spouse's social security number: _____

Home address (number and street), if you have a P.O. box, see instructions: _____ Apt. no.: _____

City, town or post office, state, and ZIP code: _____ If you have a foreign address, also complete space below (see instructions): _____

Foreign country name: _____ Foreign post office: _____ Foreign postal code: _____

Filing Status

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here: _____

4 Head of household (with qualifying person) (See instructions) if the qualifying person is a child but not your dependent, enter this child's name here: _____

5 Qualifying widow(er) with dependent child

Exemptions

a Yourself. If someone can claim you as a dependent, do not check box b.

b Spouse

c Dependents: _____

(1) First name: _____ Last name: _____ (2) Dependents' social security number: _____ (3) Dependents' relationship to you: _____ (4) If dependent age 17 (or dependent age 18 if dependent is a student), check this box: Yes No

If more than four dependents, see instructions and check here: _____

d Total number of exemptions claimed: _____

Income

7 Wages, salaries, tips, etc. Attach Form W-2: 7 7,493.

8a Variable interest dividends (if required): 8a _____

8b Tax-exempt interest. Do not include on this line: 8b _____

9a Ordinary dividends. Attach Schedule B if required: 9a _____

9b Qualified dividends: 9b _____

10 Taxable refund annuities, or other taxable annuities: 10 _____

11 Alimony received. Attach Schedule C or C-E: 11 _____

12 Business income (or loss). Attach Schedule C or C-E: 12 _____

13 Capital gain or loss. Attach Schedule D if required. If not required, check here: 13 _____

14 Other gains or losses. Attach Form 970: 14 _____

15a IRA distribution: 15a _____ b Taxable amount: 15b _____

16a Pensions or annuities: 16a _____ b Taxable amount: 16b _____

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E: 17 _____

18 Farm income or loss. Attach Schedule F: 18 _____

19 Unemployment compensation: 19 _____

20a Social security benefits: 20a _____ b Taxable amount: 20b _____

21 Other income. List type and amount. **NOT FOR PROFIT ACTIVITY INCOME**: 21 _____

22 Combine amounts in the far right column for lines 7 through 21. This is your total income: 22 7,493.

Adjusted Gross Income

23 Educator expenses: 23 _____

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ: 24 _____

25 Health savings account deduction. Attach Form 8889: 25 _____

26 Moving expenses. Attach Form 3903: 26 _____

27 Deductible part of self-employment tax. Attach Schedule SE: 27 _____

28 Self-employed SEP, SIMPLE, and qualified plans: 28 _____

29 Self-employed health insurance deduction: 29 _____

30 Penalty on early withdrawal of savings: 30 _____

31a Alimony paid to recipient's SSN: 31a _____

32 IRA deduction: 32 _____

33 Student loan interest deduction: 33 _____

34 Tuition and fees. Attach Form 8879: 34 _____

35 Domestic production activities deduction. Attach Form 8809: 35 _____

36 Add lines 23 through 35: 36 _____

37 Subtract line 36 from line 22. This is your adjusted gross income: 37 7,493.

Exhibit D-7

For Disclosure, Privacy Act, and Paperwork Reduction Act Notices, see separate instructions. BAA RECORDED/FILED Form 1040 2011



Financial information: For-Profits

OPTION 2



First Merchants Bank

700 W. HILL STREET | NO. 000070 | INDIANAPOLIS, IN 47504
PHONE: 317.442.0000

January 6, 2007

Line of Credit
Example D-7

Re:

To Whom It May Concern:

As of January 6, 2007, A Fake Provider has an active \$35,000 operating Line of Credit with First Merchants Bank. They are a company in good standing with the Bank.

If you have any questions, feel free to call me at 765-354-2291 or e-mail me at callen@firstmerchants.com.

Sincerely,

FIRST MERCHANTS BANK

A handwritten signature in black ink that reads 'Chris Allen'.

Chris Allen
Vice President



Insurance documentation

Active policy that covers: personal injury, loss of life, or property damage to an individual while receiving services from the provider. One of the following is required:

- ❖ A copy of the insurance policy in its entirety; or*
- ❖ a letter from the insurance agency stating the required components are covered.*



Insurance documentation

Issued by The Stock Insurance Company | Policy Number 5

SELECTIVE INSURANCE COMPANY OF AMERICA
40 WANTAGE AVE, BRANCHVILLE, NC 07890

COMMERCIAL POLICY COMMON DECLARATION

Name of Insured and Address: A FAZE COMPANY
Policy Period: From 1201 A.M. Standard Time At Location of Designated Premises. To: 1201 A.M. Standard Time At Location of Designated Premises.
Producer Number: 00-15105-00000

Name of Insured in Corporation: CORPORATION
Producer: BEMAYS GROUP INDIANA

Schedule of Coverage

COMMERCIAL PROPERTY COVERAGE
COMMERCIAL GENERAL LIABILITY COVERAGE
COMMERCIAL AUTOMOBILE COVERAGE
COMMERCIAL INLAND MARINE COVERAGE
COMMERCIAL UMBRELLA COVERAGE
COMMERCIAL ABUSE OR MOLESTATION COVG
COMMERCIAL CRIME COVERAGE
SOCIAL SERVICES

Insurance Policy Example E

PREMIUM INCLUDES	TERRORISM - CERTIFIED ACTS	\$2,630.00
PREMIUM INCLUDES	TERRORISM - AUTO	\$739.00

PAYMENT METHOD: D/S - 10
Total Policy Premium: \$ _____
(This premium may be subject to adjustment.)

Date Issued: HEARTLAND REGION Issuing Office: _____
Authorized Representative: _____

IL-7025 (11/09) INSURED'S COPY

Insurance policies use a variety of phrases/language to indicate types of coverage. Review the Annual Review/Reverification Guidance and Example E on the BQIS webpage for further information.



Annual Satisfaction Survey

Required documents:

- *Blank copy of the annual satisfaction survey (not all surveys)*
- *Aggregated record of findings including the date(s) of survey*
- *Documentation of efforts (or planned efforts) to improve service delivery (e.g. QIP, data, new training, etc.)*



Annual Satisfaction Survey

Blank copy of the annual satisfaction survey

SATISFACTION SURVEY

NAME: _____
 DATE: _____
 COUNTY: _____

A Fake Provider wants to continually improve our services to you. We would appreciate a few moments of your time to respond to this satisfaction survey.

It is very important to us to hear your honest opinions and any additional comments about the services that you receive. Your feedback will help us know how we are satisfying your needs and how we may need to change. Please answer the statements and return to us.

The statements have a rating scale for your convenience. Please put an X in the blank that best describes your opinion. Please feel free to add any comments that you wish to add. It will help us better plan if you can clarify any low scores.

WORK SERVICES	RATING	Comments: Please comment for any response that you rate as Sometimes or No. (If extra space is needed, please use the back of the page.)
1. I like working in the facility.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments
2. I can work on different jobs in the workshop.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments
3. I feel safe in the facility.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments
4. When there is no work, I like the activities I am offered to do.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments
5. There is a variety of work and/or activities I can choose.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments
6. The staff treats me with respect and dignity.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments
7. The staff listen to me when I share my opinion or feelings.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments

Blank Survey
 Example F-1



Annual Satisfaction Survey

Aggregated record of findings including the date(s) of survey

A FAKE Company
Customer Satisfaction Survey Findings

Survey Collection Period:	7/1/2019-9/30/2019
Average number of Consumers:	87
Number of Respondents	56

Work Services

		# of		
		Respondents	Weighted	
1	I like working in the facility	Yes (3)	25	
		Sometimes (2)	22	
		No (1)	9	
			Weighted total =	128
			Maximum total =	168
		Percent = 76%		
2	I can work on different jobs in the workshop.	Yes (3)	12	
		Sometimes (2)	32	
		No (1)	12	
			Weighted total =	112
			Maximum total =	168
		Percent = 67%		
3	I feel safe in the facility.	Yes (3)	42	
		Sometimes (2)	13	
		No (1)	1	
			Weighted total =	153
			Maximum total =	168
		Percent = 91%		
4	When there is no work, I like the activities I am offered to do.	Yes (3)	11	
		Sometimes (2)	17	
		No (1)	28	
			Weighted total =	95
			Maximum total =	168
		Percent = 57%		

Record of Findings
Example F-2



Annual Satisfaction Survey

Documentation of efforts (or planned efforts) to improve service delivery (e.g. QIP, data, new training, etc.)

A FAKE Company Customer Satisfaction Survey Improvement Plan	
Survey Collection Period:	7/1/2019-9/30/2019
4. When there is no work, I like the activities I am offered to do.	<p>A Fake Company will schedule a meeting with all staff to brainstorm activities for consumers to participate in when work is low or there is no work.</p> <p>A Fake Company will implement the suggested activity a quarter and at the end of the year will survey the consumers satisfaction.</p>
5. There is a variety of work and/or activities I can choose.	<p>A Fake Company management will increase marketing efforts by meeting with stakeholders and vendors to discuss additional business opportunities.</p> <p>A Fake Company will network with local news stations to solicit ideals on the type of employers that would be willing to work with our company in providing our consumers with job opportunities.</p>

Record of Findings
Example F-3



All policies created or updated since its last reverification with substantive revisions since the previous year

- ❖ *Policies associated with changes in the BDDS Medicaid waiver services and supports, not personnel.*
- ❖ *If a particular policy is expected, BQIS will request the information in the initial letter.*



Annual accreditation status report (if applicable)

Annual Conformance to Quality Report

Organization: ██████████

Accreditation Anniversary Date: 8/31/2018

I attest that practices in the following areas are in place and being used in the daily operations of ██████████ as part of our commitment to ongoing performance excellence. Conformance to the standards in the following areas has been verified and is being practiced.

Assess the Environment

██████████ is committed to vigilance of the context in which it conducts its business affairs. It collects and analyzes information to guide organizational planning and action toward excellence. The leadership embraces the values of accountability and responsibility, the governing board (if applicable) ensures focus on organizational purpose and outcomes for the persons served, and the organization demonstrates corporate responsibility.

Set Strategy

██████████ continues to develop strategic planning that is supported by financial planning. It identifies strengths and weaknesses of the environment, and engages internal and external stakeholders to present themselves to the organization. It defines its mission, vision, and values, and enhances the missions of organization.

Persons Served and Other Stakeholders - Obtain Input

██████████ continues to obtain input from the persons served to create services that meet their expectations. It is able to demonstrate the impact of its services on the persons served, the community at large, and other stakeholders.

Implement the Plan

██████████ translates strategic goals into tangible action. While doing so, it complies with legal and regulatory requirements, maintains policies and systems to operate a fiscally prudent organization, manages its risk, maintains safe and clean environments, maintains competent and well-trained staff, follows its technology plan, promotes and protects the rights of the persons served, and remains committed to the implementation of its accessibility plan and the removal of barriers.

Review Results

██████████ continues to collect, analyze, and use information to improve service delivery and business practices and to increase the satisfaction of persons served and other stakeholders. It has outlined or taken action to improve performance and shares this information with stakeholders.

Effect Change

██████████ has systems in place that will initiate performance improvement whenever an area for improvement is identified in either business or clinical practice. It recognizes that this is a dynamic, proactive process.

ECS - Company ██████████ Survey ██████████



www.C-Q-Log
info@thecouncil.org
410.583.0060

Quality Assurances - Visit Two Summary

General Information

Your Name

Click or tap here to enter text.

Title

Click or tap here to enter text.

Organization Name

Click or tap here to enter text.

Date of Last Onsite Accreditation Visit

Click or tap to enter a date.

1. Has your organization gone through any of the following changes since your last visit with CQL?

Select all that apply.

- Change in executive director
- Change in ownership or management
- Unfavorable reviews or inspections resulting in potential loss of certification, license(s) or funding
- Receipt of citations of Immediate Jeopardy or Conditions of Participations in ICF funded services
- Receipt of any state-specific sanctions related to state licensure regulations
- Abuse, neglect, or other circumstances being investigated by local, state or federal entities
- Any circumstances that require a plan of correction in order to remain licensed, certified, or funded

Organizational Changes Comments (1)

Please use this space to provide additional information about the changes noted in the question above.

Click or tap here to enter text.

2. Has your organization added or discontinued any service components?

Yes

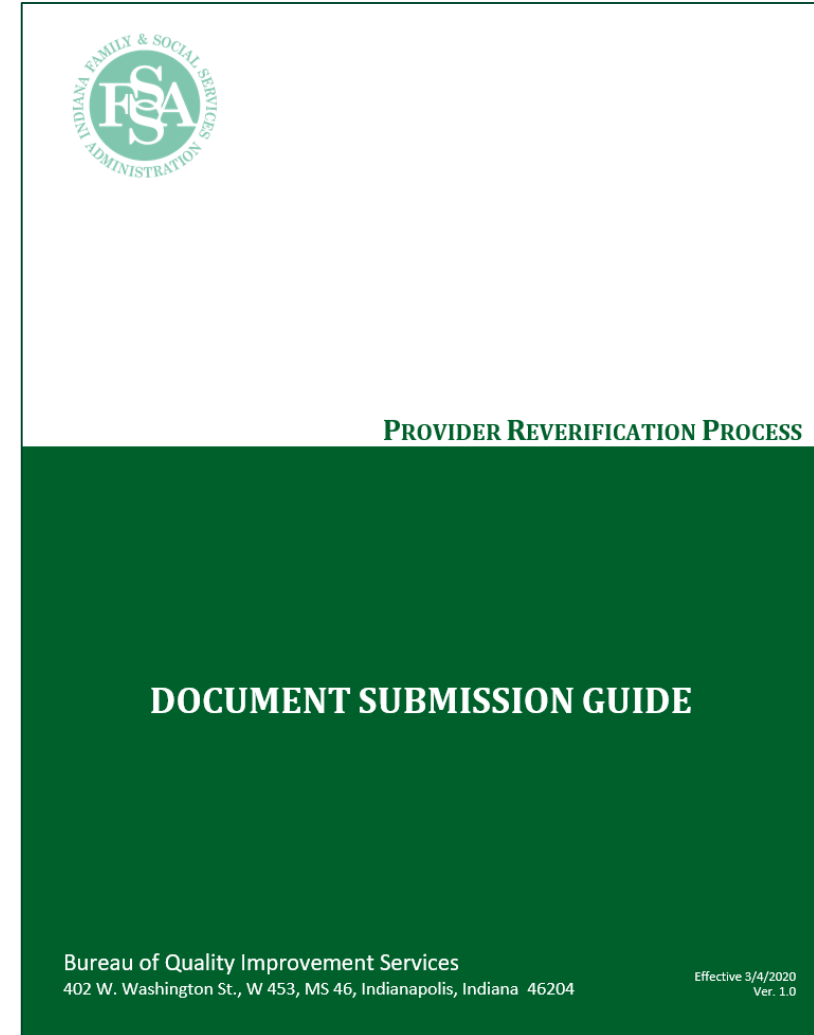
CARF Annual report Example G-1

CQL Annual report Example G-2



Document Submission

Process for labeling, saving, and sending required documents is outlined in the Document Submission Guide.





Reverification Determination Year (Year 2 or 4)

- Reverification Determination year is based on the provider's accreditation
- Applicable to *all* providers
- BQIS will contact provider approximately 60 calendar days prior to annual renew date requesting documents
- Provider has 21 calendar days to submit documentation to BQIS, including a signed provider agreement
- BQIS reviews required documentation
- Compliance with minimum standard required



Reverification Determination Year (Year 2 or 4)

- In addition to review of annual documentation, BQIS reviews Provider's data obtained from monitoring activities (e.g. incidents, complaints, mortalities, CAPs, sanctions, etc.)
- Provider will be required to address any outstanding issues prior to issuance of the reverification determination
- BQIS issues Reverification Determination letter



Pilot

- Pilot group consists of all accredited providers with a mix of both annual review and full reverification determination
- Contact BQIS throughout the process as questions arise
- May 6, 2020 @ 1:30 p.m., the pilot group and the reverification workgroup will meet to obtain feedback on the process
- Suggestions throughout the process are also welcome



Key Facts

- **Review schedule:**
 - Provider's annual review/reverification will be based on the date in which the provider was either approved by BDDS or the date the provider's re-approval expires.
 - BQIS will attempt to schedule accredited providers annual review during the sixth month opposite of their accreditation survey timeframe.
 - Providers should expect the annual review/reverification during the same time frame each year.



Key Facts

- **Accreditation:** service must be accredited by one of the entities listed in IC 12-11-1.1.11
- BQIS will initiate the process
- As of 4/1/2020, CERT (compliance review) will no longer occur
- Minimal back-and-forth between provider and BQIS
- Due dates and submission format are critical
- Terminology:
 - Revalidation → Medicaid
 - Relicensure → ISDH
 - Reverification → BDDS/BQIS





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