

PROVIDER COMPLIANCE REVIEWS
STANDARD LETTERS and FORMS
REFERENCE TABLE

PC Form Number	Type (Letter, Form, Guideline, Table, Tool)	NAME OF DOCUMENT	Date of Last UPDATE or NEW FORM	DESCRIPTION
001	TABLE CB/Dept	Reference Table for Standard Letters and Forms	02/01/08	Composite of standardized letters, forms, guidelines tables and tools that are kept current. New forms and modifications/edits are noted in "date" column.
002	GUIDELINE CB/Dept	Compliance Review Protocol	1/31/07	
003	GUIDELINE	Instructional Guideline: Monitoring and Compliance Instrument	12/22/05	This form defines each section of the compliance tool.
Pre-Review				
004	LETTER	Quarterly Notice Letter to CB from ODMRDD	2/1/05	Sent to CB Superintendent advising that ODMRDD will be conducting reviews. Sample list of Providers included. ODMR PC contact name included.
006 On-site	LETTER CB/DEPT	Initial Letter for Provider Notification of On-Site Compliance Review	1/31/07	Sent to the provider who has been chosen for a provider compliance review advising them that someone will be calling them to set up a review time. Choose the letter that corresponds to the review type- either onsite or desk review.
006 Desk			1/31/07	
007 On-site	FORM CB/DEPT	Required Documents List	1/1/08	This list will be sent with the Provider Notification Letter to advise the provider what documents will need to be made available to the review team on the date of the review. Choose the form that corresponds to the review type- either onsite or desk review.
007 Desk			1/31/07	
For use during the review process				
008	GUIDELINE CB/DEPT	Entrance Conference Guidelines	2/28/07	Used as an outline of information to be discussed during the Entrance Conference.
009	FORM	Entrance Conference Sign-In Sheet	5/23/06	Used when surveyors meet with the provider to begin the provider compliance review. An entrance sign in is no longer required.
010 CB	GUIDELINE CB	Exit Conference Guidelines	9/12/07	Used as an outline of information to be discussed during the Exit Conference. COUNTY BOARDS ONLY

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010 Dept	GUIDELINE DEPT	Exit Conference Guidelines	9/12/07	Used as an outline of information to be discussed during the Exit Conference. DEPT ONLY
011 CB	FORM CB	Exit Conference Sign in Sheet	2/28/07	Used when CB surveyors meet with the provider to brief on the completed provider compliance review.
011 Dept	FORM DEPT	Exit Conference Sign in Sheet	10/1/07	Used when DEPT surveyors meet with the provider to brief on the completed provider compliance review.
012	IO/L1 Review Tool CB/DEPT	(Combined) H/PC – Agency	12/27/07	Combination of IO Waiver HPC tool and Level One HPC tool due to the implementation of the new IO HPC Rule 5123:2-13-04 in July 2005. Includes sections for MUI/UI and medication administration.
013	IO- Review Tool CB/DEPT	Transportation Mileage – Agency & Individual	12/27/07	Addresses requirements of IO waiver transportation rule
014	IO- Review Tool	Institutional Respite – Agency	12/21/05	
015	IO/L1 Review Tool CB/DEPT	(Combined) H/PC – Individual	12/27/07	Combination of IO Waiver HPC tool and Level One HPC tool due to the implementation of the new IO HPC Rule 5123:2-13-04 in July 2005. Includes sections for MUI/UI and medication administration.
016	IO- Review Tool CB/DEPT	Transportation – Individual	12/21/05	
017	IO- Review Tool CB/DEPT	Social Work – Agency & Individual	01/01/08	
018	IO- Review Tool CB/DEPT	Interpreter- Agency & Individual	01/01/08	
019	IO- Review Tool CB/DEPT	Home Delivered Meals – Agency & Individual	01/01/08	
020	IO- Review Tool CB/DEPT	Environmental Modifications – Agency & Individual	01/01/08	
021	IO- Review Tool CB/DEPT	Adaptive & Assistive Equipment – Agency & Individual	01/01/08	

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022	IO-Review Tool CB/DEPT	Nutrition Services – Agency & Individual	01/01/08	
023 Agency	Waiver Review Tool	(Agency) Supported Employment Enclave- Community	02/01/08	DEPT TOOL ONLY Tools for HCBS Supported Employment Enclave & Community
023 Ind		(Individual) Supported Employment Enclave- Community	02/01/08	
024	Review Tool Addendum CB/DEPT	Incidents Adversely Affecting Health & Safety (Appendix A)	12/27/07	This form includes all MUI/UI requirements for agency and individual providers. These same questions are also included on the agency and individual HPC tools.
025	Review Tool CB/DEPT	Behavior Support Checklist (Appendix B)	12/27/07	This form is only used when a provider is delivering services to an individual who has an aversive behavior support program.
026	Review Tool Addendum CB/DEPT	Medication Checklist (Appendix C)	01/01/08	This form is used for individual providers and agencies that administer medications.
027	Review Tool Addendum CB/DEPT	Personnel Information for Selected Employees (Agency Only)	1/07/08	This form is used for the review of agency provider employee records. A form is completed for each sample staff and the information from these individual forms is used to address the questions on the respective tools as well as documenting information that will be needed to specify details for the POC such as “ <u>which</u> staff did not have a BCII based on hire date, <u>which</u> staff did not receive initial MUI Training” based on hire date.
028	L1-Review Tool	H/PC—Agency	1/03/05	DELETED- SEE FORM PC012 FOR THE <u>COMBINED</u> Level One and IO Waiver HPC Waiver Review Tool

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029	L1- Review Tool CB/DEPT	Transportation – Agency and Individual	12/27/07	
030	L1- Review Tool	Institutional Respite – Agency	12/31/07	
031	L1- Review Tool CB/DEPT	Environmental Accessibility Adaptations – Agency	12/31/07	
032	L1- Review Tool CB/DEPT	Specialized Medical Equipment – Agency	12/31/07	
033	L1- Review Tool CB/DEPT	Personal Emergency Response System – Agency	12/31/07	
034	L1 Review Tool	H/PC Individual	12/22/05	DELETED- SEE FORM PC015 FOR THE COMBINED Level One and IO Waiver HPC Waiver Review Tool
035	L1 Review Tool CB/DEPT	Transportation Individual	12/22/05	COMBINED WITH PC029 EFFECTIVE 12/27/07
036	L1- Review Tool CB/DEPT	Informal Respite – Individual	12/31/07	
037	L1- Review Tool CB/DEPT	Environmental Accessibility Adaptations – Individual	12/31/07	
038	L1- Review Tool CB/DEPT	Specialized Medical Equipment – Individual	12/31/07	
039	L1 Review Tool	Transportation Taxi		
040	L1 Review Tool DEPT	Transportation county board	12/22/05	
041	L1 Review Tool	Transportation Bus		
Post Review Use				
042	LETTER CB/DEPT	Final Letter of <u>NO FINDINGS</u>	1/31/07	Sent to the participating provider when there were no findings identified during the provider compliance review process. No further activities are required of the provider.

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043 CB	LETTER	Cover Letter-Report on Provider Compliance Review <u>WITH FINDINGS</u> - for provider to respond	2/14/06-CB	<p>Cover letter for the provider compliance report. Provider must also send back “Acknowledgement Form” Concurring or Not Concurring with the results of the review for reviews conducted by the CB.</p> <p><u>For reviews conducted by the county boards, enclose with cover letter:</u></p> <ul style="list-style-type: none"> • Combined Provider Compliance Review Report Form and POC Provider Response- PC045 • Provider Acknowledgement Form- PC044 • How to Complete the POC- PC057 for CB reviews • Request for State Appeal of County Board ReviewPC048 <p><u>For reviews conducted by the department, enclose with cover letter:</u></p> <ul style="list-style-type: none"> • Combined Provider Compliance Review Report Form and POC Provider Response- PC045 • How to Complete the POC- PC058 for Dept. reviews • Request for State Appeal- PC046
043 Dept			1/31/07 – Dept.	
044	FORM CB ONLY	Provider Compliance Preliminary Report “Provider Acknowledgement” Form	5/23/06	Sent with PC Review-preliminary report. Provider must send back the signed acknowledgement form to the review entity. Form must be checked as to whether the provider “concur” or “does not concur” with the findings in the report. Used for CB reviews only.
045	FORM CB/DEPT	Provider Compliance Review Initial Report & Provider POC Response & Verification.	2/14/06	This is a COMBINED REPORT AND POC RESPONSE FORM . This form is also used by the Dept/CB to verify provider POC responses.
046	FORM DEPT ONLY	Request for State Appeal (Includes Determination and Request for Administrative Appeal) 2 PAGES-FRONT & BACK	6/7/04	This is a multi-purpose form. The provider is to complete the front section of the form if they disagree with the initial findings of the department. The provider is to complete the second step if they disagree with the department’s decision and would like to request an Administrative Appeal.

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047	LETTER CB ONLY	Letter to Provider Re: CB Decision –(Support/Not Support) Written Objections from Provider	1/11/05	This letter is sent to the provider if the provider had filed an objection to any of the findings in the preliminary compliance review report from the CB. (See Acknowledgement Form) This letter allows the CB to (1) <i>support the objection/s with a modified Report sent back</i> or (2) <i>not support the objections presented by the provider.</i>
048	FORM CB ONLY	Request for State Appeal of CB Review	9/9/04	This form is completed by the provider when they disagree with a finding of the CB and would like the department to review.
049	LETTER DEPT ONLY	Administrative Appeal Decision by the Director	1/31/07	This is a letter that is to be signed by the Director.
050	LETTER CB/DEPT	Final Letter to Provider from Dept/CB noting POC has been accepted	1/03/05	Letter sent when dept or CB accepts the POC initially submitted by the participating provider.
051	LETTER CB/DEPT	Cover Letter for insufficient POC from Provider- Amended by Dept/CB and returned to Provider to readdress	1/31/07	Letter sent to provider noting that the dept or CB did not concur with the “provider submitted POC”. A modified POC has been completed by the dept or CB for the provider to use for a second response of compliance. Modified POC is enclosed with letter.
052	LETTER CB/DEPT	Final POC Acceptance letter to provider on amended POC	1/31/07	Acceptance letter sent to provider stating satisfactory compliance to the POC that had been amended by the dept or CB and sent back to the provider to re-address.
053	LETTER CB/DEPT	Cover letter to provider -NO POC Submitted as required Dept/CB Created POC –Sent to Provider	2/14/06	Cover letter states that, due to a lack of response by the provider to submit the required POC, the dept or CB has completed the POC for the provider. The provider is now required to satisfactorily address and comply with the provisions in the “imposed” POC.
054	LETTER CB/DEPT	Final Acceptance Letter To Provider for POC that was developed by Dept/CB	2/14/06	This letter states that the provider has satisfactorily complied with the “imposed POC” that was developed by the dept/CB due to non-response of the provider after findings were identified during the compliance review.
055	FORM DEPT ONLY	Agency Policy Review by Dept. INTERNAL DEPT. USE ONLY	7/18/06	This form is completed by the Department Review Specialist to document the agency’s policy and procedure review.

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057	GUIDELINE CB ONLY	Instructions on “How to Complete the POC- For CB Provider Reviews”	2/14/06	To be used as a guideline by providers for developing and submitting POCs in response to PC reviews conducted by the county board.
058	GUIDELINE DEPT ONLY	Instructions on “How to Complete the POC- For Department Provider Reviews”	1/31/07	To be used as a guideline by providers for developing and submitting POCs in response to PC reviews conducted by the department.
059	GUIDELINE	Instructions on “How to Interpret the Provider Compliance Sample Lists”	1/7/05-DC'd 5/23/06	This guideline, along with the sample lists for each county, explains the definitions, color codes, format and sample characteristics.
060	GUIDELINES CB/DEPT	(FAQs) Frequently Asked Questions about the Provider Compliance Review Process	11/21/07	A composite of questions and answers, facts and guidelines for your use in understanding the PC process and those areas most frequently discussed at trainings, meetings and on-site.
061	FORM CB ONLY	- County Board Notification to ODMRDD - EMAIL or FAX - CB completion of PC review	2/14/06	This notification is to be sent to ODMRDD on the day that the completed Provider Compliance Review Report is sent to the Provider.
062	GUIDELINE	Glossary of Terms and Acronyms most frequently used in the PCIQA Unit	1/11/05	This Glossary is for your use when dealing with issues related to the Individual QA and Provider Compliance Unit of the Office of Provider Standards in the Division of Community Services.
063	FORM CB/DEPT	Required Documents List for Individual Providers	1/1/08	This list is provided to the Individual Provider when the surveyor contacts the Provider to arrange for a provider compliance review for IO or Level 1
064	FORM CB/DEPT	Provider Compliance Itinerary- Optional	1/31/07	This form is used to schedule the on site day. The day’s schedule should be coordinated with the Provider and a copy of this itinerary should be faxed or emailed to the provider prior to the date of the on site review and reconfirming the itinerary upon arrival.

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065 CB	FORM CB	Sample Key – Not Subject to Public Records Requests	2/14/06	This key is to be used whenever sample names need to be identified. Using this key will maintain the privacy of individuals. In any reports or correspondence or forms, the “Key Number” is used instead of the individual’s name, MRDD # or initials. This document cannot be shared or copied even if requested through a “Public Records Request”.
065 DEPT	FORM DEPT	Sample Key – Not Subject to Public Records Requests	10/1/07	This key is to be used whenever sample names need to be identified. Using this key will maintain the privacy of individuals. In any reports or correspondence or forms, the “Key Number” is used instead of the individual’s name, MRDD # or initials. This document cannot be shared or copied even if requested through a “Public Records Request”.
066	GUIDELINE CB/DEPT	Suggested Guidelines for Number of Personnel and Individuals’ to be pulled	3/1/05	This document identifies the number of staff records, as well as individuals’ documents, that should be pulled during the provider compliance review process
067	GUIDELINE CB/DEPT	Protocol to Select and Match On-Site Sample Records & Documentation	1/31/07	This document explains how the Provider Compliance Surveyor can select documents on individual’s services for use in cross checking with personnel records of the staff who provider the ISP services to the individuals chosen.
068	HCBS Review Tool DEPT ONLY	HCBS Waivers Day Habilitation For Dept Use Only	8/29/06	This tool was developed to address 5123:2-9-10 effective July 1, 2005 for County Board and private Hab Providers
069	Letter DEPT ONLY	Notification Letter to Provider of HCBS Day Hab services re: On-Site PC Review – For Dept Use Only	1/1/08	This tool was developed for department use in notifying DAY HAB providers of a pending on-site DAY HAB PC review. Day Hab PC Review are completed by ODMRDD only. Use 006.
070	FORM DEPT ONLY	Required Documents List for Reviews of Day Waiver Services Department Use Only	01/01/08	This list is sent with the notification letter or is faxed by the department to the HCBS Day Waiver Service provider prior to the on-site review. Day Services reviews are conducted only by ODMRDD.

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071	FORM DEPT ONLY	Day Hab Policy and Procedure Review— Department Use Only	8/29/06	This form is used when a Day Hab provider in multiple counties is reviewed for compliance to required Policies and Procedures. This form is referenced for all Day Hab PC reviews after the initial P & P PC review has been completed. Day Hab PC Review are completed by ODMRDD only.
072	TOOL DEPT ONLY	Adult Day Support and Vocational Habilitation	02/01/08	This tool is used for providers of Adult Day Support and Vocational Habilitation. This form is completed by ODMRDD only.
073	TOOL DEPT ONLY	Non-Medical Transportation (HCBS Day Services Only)	1/7/08	This tool is used for review of transportation services in the day service settings. This form is completed by ODMRDD only.
074	TOOL DEPT ONLY	Personnel Review Form for Day Waiver Services	02/01/08	This is a worksheet to keep track of information on personnel when preparing to answer questions about background check or training or medical certification for providers of HCBS Waiver Day Services Only. This form is completed by ODMRDD only.