Name of provider agency	Address (number and street, city, state, and ZIP code)			
Name(s) of contact(s)	Telephone number(s)			E-mail address(es)
	()			
	REVIEW (OF APPROVAL	FOR SERVICES	
1. Services approved by provider	PROVIDER S	MEETS QUAI	LIFICATIONS FOR ECKED?	NOTES
☐ Adult day services	☐ Yes	☐ No	6-5-2	
☐ Adult foster care services	☐ Yes	☐ No	6-5-3	
☐ Behavioral support services - Basic	☐ Yes	☐ No	6-5-4	
☐ Behavioral support services - Level I	☐ Yes	☐ No	6-5-4	
Case management services	☐ Yes	☐ No	6-5-5	
☐ Crisis assistance services	☐ Yes	☐ No	6-5-4	
 □ Day Services (providers approved prior to November 1, 2005 for: Supported employment follow-along; Pre-vocational services; Community habilitation & support) 	☐ Yes	□No	6-5-6*; 6-5-12*; 6-5-29*	Qualifications under these tags are required ONLY for providers providing community based employment services.
☐ Enhanced dental services	☐ Yes	☐ No	6-5-10	
☐ Environmental modification supports	☐ Yes	☐ No	6-5-11	
☐ Family and caregiver training services	☐ Yes	☐ No	6-5-13	
☐ Music therapy services	☐ Yes	☐ No	6-5-15	
☐ Nutritional counseling services	☐ Yes	☐ No	6-5-16	
☐ Occupational therapy services	☐ Yes	☐ No	6-5-17	
Personal emergency response system supports	☐ Yes	☐ No	6-5-18	
☐ Physical therapy services	☐ Yes	☐ No	6-5-19	
☐ Psychological therapy services	☐ Yes	☐ No	6-5-21	
Recreational therapy services	☐ Yes	☐ No	6-5-22	
Rent and food for unrelated live-in caregiver supports	☐ Yes	☐ No	6-5-23	
Residential habilitation and support services	☐ Yes	☐ No	6-5-24	
Residential living allowance and management	Yes	□ No	6-5-25	
Respite care services	☐ Yes	 □ No	6-5-26	
Specialized medical equipment and supplies supports	☐ Yes	□ No	6-5-27	
☐ Speech language therapy services	☐ Yes	□ No	6-5-28	
☐ Transportation - Adult Day Service	☐ Yes	□ No	6-5-30	
Number of complaints entered in CIRS (if none, indicate "none")				
Notes				

REVIEW OF POLICIES AND PROCEDURES							
	FOR EACH OF THE FOLLOWING POLICIES AND / OR PROCEDURES:	DOES IT MEET THE REQUIREMENTS IN THE STANDARDS?		HAS APPROPRIATE STAFF BEEN PROVIDED WITH A COPY?		HAVE INDIVIDUALS BEEN PROVIDED WITH A COPY?	
2.	Provider complaint procedure 460 IAC 6-8-3 (5)(B)	☐ Yes	☐ No			☐ Yes	☐ No
3.	Written procedure for provider or employee/agent to inform APS/CPS, the individual's legal						
	representative, any person designated by the individual, and the provider of Case Management	☐ Yes	□No				
	services of a situation involving abuse, neglect, exploitation, mistreatment of an individual or the	☐ 1e3					
	violation of the individual's rights. 460 IAC 6-9-4(n)						
4.	Written procedure for reporting reportable incidents to BDDS 460 IAC 6-9-4(o), 6-9-5	☐ Yes	☐ No				
Do	es the agency deliver services through employees or agents and/or serve individuals?	☐ Yes	□No				
If N	IO, skip to the "Behavioral Supports" part of this section.						
5.	Prohibiting violations of individual rights 460 IAC 6-9-3(b), 6-9-2(c)	☐ Yes	☐ No			☐ Yes	☐ No
6.	Written procedure for employees/agents to report violations of policies and procedures. 460 IAC 6-9-4(m)	☐ Yes	□ No				
7.	Written personnel policy that is distributed to each employee/agent. A job description for each						
	position with minimum qualifications, major duties/responsibilities of the employee and the name	☐ Yes	□No	☐ Yes	□No		
	and title of the supervisor to whom the employee in the position must report.	□ 163	NO				
	460 IAC 6-16-2(b)(1)						
8.	Written procedure for conducting reference, employment, and criminal background checks.	☐ Yes	□ No	☐ Yes	□No		
	460 IAC 6-16-2(b)(2)						
9.	Written prohibition against employing or contracting with a person convicted of offenses listed in	☐ Yes	☐ No	☐ Yes	□No		
	460 IAC 6-10-5, 6-16-2(b)(2)						
10.	A process for evaluating the job performance of each employee/agent at the end of the training	_	_	_			
	period and annually thereafter, including a process for feedback from individuals receiving services	☐ Yes	☐ No	☐ Yes	☐ No		
	from the employee/agent. 460 IAC 6-16-2(b)(4)						
	Disciplinary procedures 460 IAC 6-16-2(b)(5)	☐ Yes	☐ No	☐ Yes	□ No		
12.	A description of grounds for disciplinary action against or dismissal of an employee or agent			☐ Yes	☐ No		
10	460 IAC 6-16-2(b)(6)						
	This item is not currently used.						
14.	Written training procedure that is distributed to provider's employees or agents	☐ Yes	☐ No	☐ Yes	☐ No		
Do.	460 IAC 6-16-3 es the agency provide Behavioral Support services?						
	IO go to the "Review of Individual Records" section.	☐ Yes	☐ No				
15.	Written policies and procedures that limit the use of highly restrictive procedures, including physical						
	restraint or medication to assist in the management of behaviors and that focus on behavioral	☐ Yes	□ No				
	supports that begin with less restrictive or intrusive methods before more intrusive or restrictive	□ 162					
	methods are used. 460 IAC 6-18-3						

REVIEW OF INDIVIDUAL RECORDS	S - HEALTH CARE COORDINATION	
Is provider designated as responsible for Health Care Coordination in an individual's ISP? (If NO, go to the next section)	☐ Yes ☐ No	
If YES, does the provider have a personal file for each individual receiving Health Care Coordination services that includes:	NUMBER OF FILES REVIEWED	NUMBER OF FILES NOT IN COMPLIANCE WITH STANDARDS
16. The date of health and medical services provided to individual. 460 IAC 6-25-3(b)(1)		
17. A description of health care or medical services. 460 IAC 6-25-3(b)(2)		
18. The signature of the person providing the health care or medical services. 460 IAC 6-25-3(b)(3)		
19. Documentation of an organized system of medication administration. 460 IAC 6-25-3 (b) (4)(A), 6-25-4	□ N/A	□ N/A
20. Documentation of the individual's refusal to take medication. 460 IAC 6-25-3(b)(4)(B), 6-25-4(d)(8), 6-25-5	□ N/A	□ N/A
21. Monitoring of medication side effects. 460 IAC 6-25-3(b)(4)(C), 6-25-6	□ N/A	□ N/A
22. Seizure tracking. 460 IAC6-25-3(b)(4)(D), 6-25-7	□ N/A	□ N/A
23. Documentation of changes in an individual's status. 460 IAC 6-25-3(b)(4)(E), 6-25-8	□ N/A	□ N/A
24. An organized system of health related incident management. 460 IAC 6-25-3(b)(4)(F), 6-25-9	□ N/A	□ N/A

REVIEW OF INDIVIDUAL RECORDS - BEHAVIORAL SUPPORT					
Is agency providing Behavioral Support services for individuals? If NO, go to the "Individual Records – Case Management" section.	☐ Yes ☐ No				
If YES, does the provider have the following in the individual's files:	NUMBER OF FILES REVIEWED	NUMBER OF FILES NOT IN COMPLIANCE WITH STANDARDS			
25. A copy of the individual's behavioral support assessment. 460 IAC 6-18-4(b)(1)					
26. A copy of the individual's behavioral support plan. 460 IAC 6-18-4(b)(2)	□ N/A	□ N/A			
27. Monthly report of behavioral progress. September 15, 2005 letter from P. Bisbecos 460 IAC 6-18-4(b)(3),(4,)&(5)					
28. This item is not currently used.					
29. This item is not currently used.					
 Documentation that the least intrusive method was attempted and exhausted first. 460 IAC 6-18-4(a)(1) 					
31. Documentation system in the behavioral support plan for direct care staff working with the individual to record episodes of targeted behavior(s), including date(s)and time(s) of behavior(s), duration of behavior(s), a description of what precipitated behavior(s), a description of activities that helped alleviate behavior(s), and the signature of staff observing and recording behavior(s). 460 IAC 6-18-2(h)					
32. If the use of medication is included in the behavioral support plan, the behavioral support plan includes a plan for assessing the use of medication and the appropriateness of a medication reduction plan or documentation that a medication reduction plan was implemented in the past 5 years and proved not to be effective. 460 IAC 6-18-2(i)	□ N/A	□ N/A			
33. If a highly restrictive procedure is deemed necessary and included in the behavioral support plan, the behavioral support plan also contains a functional analysis of the targeted behavior(s) for which the highly restrictive procedure is designed, documentation that the risks of the targeted behavior have been weighed against the risks of the highly restrictive procedure, and documentation that systemic efforts to replace the targeted behavior with an adaptive skill were used and found to be not effective. 460 IAC 6-18-2(j)(1)(2)(3)	□ N/A	□ N/A			
 Documentation that the individual, the individual's support team and the applicable human rights committee agree that the use of the highly restrictive method is required to prevent significant harm to the individual or others. 460 IAC 6-18-2(j)(4) 	□ N/A	□ N/A			
 If support plan includes restrictive interventions, informed consent from the individual or the individual's legal representative. 460 IAC 6-18-2(j)(5) 	□ N/A	□ N/A			
36. Documentation that the behavioral support plan containing a highly restrictive procedure is reviewed regularly by the individual's support team. 460 IAC 6-18-2(j)(6)	□ N/A	□ N/A			
37. This item is not currently used.					
	-				

REVIEW OF INDIVIDUAL REC	ORDS - CASE MANAGEMENT	
Is agency providing Case Management services to individuals? (If NO, go to the "Employee Files" section.)	☐ Yes ☐ No	
If YES, does the provider have documentation of contacts [6-19-7(a)] and the results of monitoring the quality, timeliness and appropriateness of care services and products delivered to the individuals [6-19-6(a)]	NUMBER OF FILES REVIEWED	NUMBER OF FILES NOT IN COMPLIANCE WITH STANDARDS
 Documentation of each contact with the individual and the individual's service providers. 460 IAC 6-19-7(a) 		
39. Appropriateness of goals in the individual's ISP. 460 IAC 6-19-6(b)(1)		
40. An individual's progress toward the goals in the individual's ISP. 460 IAC 6-19-6(b)(2)		
41. Any medication administration system for the individual. 460 IAC 6-19-6 (c)(1), 6-25-4	□ N/A	□ N/A
42. An individual's behavioral support plan. 460 IAC 6-19-6(c)(2)	□ N/A	□ N/A
43. Any health related incident management system for the individual. 460 IAC 6-19-6(c)(3)	□ N/A	□ N/A
44. Any side effect monitoring system for the individual. 460 IAC 6-19-6(c)(4)	□ N/A	□ N/A
45. Any seizure management system for the individual. 460 IAC 6-19-6(c)(5)	□ N/A	□ N/A
46. Documentation of the provider's follow-up on problems. 460 IAC 6-19-8(a)(1)	□ N/A	□ N/A
47. The resolution of problems. 460 IAC 6-19-8(a)(2)	□ N/A	□ N/A

REVIEW OF PROVIDER AGENCY EMPLOYEE FILES						
Applicable to all providers (regardless if single person provider entity or provider with employees or agents) - Do the employee records have the following:	NUMBER OF RECORDS REVIEWED	NUMBER OF RECORDS NOT IN COMPLIANCE WITH STANDARDS				
48. Limited criminal background check. 460IAC 6-10-5(a)(b)(c)						
49. State nurse aide registry. 460 IAC 6-10-5(d)						
50. Negative TB test. 460 IAC 6-15-2(b)(1)						
51. CPR certification, updated annually. 460 IAC 6-15-2(b)(2)						
52. Automobile insurance information, updated when due to expire (if employee transports individuals in his/her personal vehicle). 460 IAC 6-15-2(b)(3)	□ N/A	□ N/A				
53. This item not currently used.						
54. Professional licensure, certification or registration, including renewals. 460 IAC 6-15-2(b)(5)	□ N/A	□ N/A				
55. Copy of driver's license (if employee transports individuals in his/her personal vehicle). 460 IAC 6-15-2(b)(6)						
56. This item not currently used.						
57. Copies of the agenda for each training session including the subject matter, date and time of training, name of person(s) conducting the training, and documentation of the employee/agent's attendance at each training session, signed by the employee/agent and the trainer. 406 IAC 6-15-2(b)(8)						
Does the agency deliver services through employees or agents? If NO, go to the "Quality Assurance/Quality Improvement" section.	☐ Yes ☐ No					
Documentation of Employee Training on the following topics that is completed before employee begins working with an individual:	NUMBER OF RECORDS REVIEWED	NUMBER OF RECORDS NOT IN COMPLIANCE WITH STANDARDS				
58. Individual rights, including respecting the dignity of an individual, protecting an individual from abuse, neglect and exploitation, implementing person centered planning and an individual's ISP, and communicating successfully with an individual. 460 IAC 6-14-4(a)						
59. This item not currently used.						
60. (For direct-care staff) Providing a healthy and safe environments for an individual, including how to administer CPR, how to practice infection control, universal precautions, how to manage individual specific treatments and interventions, including management of the individual's seizures, behaviors, medication side effects, diet and nutrition, swallowing difficulties, emotional and physical crises, and significant health concerns. 460 IAC 6-14-4(c)	□ N/A	□ N/A				

REVIEW OF PROVIDER INTERNAL QUALITY ASSURANCE / QUALITY IMPROVEMENT SYSTEM				
Applicable to all providers, except where specific provider type is named.	IS PROVIDER IN CO	MPLIANCE WITH	STANDARDS?	
61. Annual survey of individual satisfaction for all providers. 460 IAC 6-10-10(b)(1)	☐ Yes		lo	
62. Documentation of efforts to improve service delivery in response to the survey. 460 IAC 6-10-10(b)(3)	☐ Yes		lo	
63. An assessment of the appropriateness and effectiveness of each service provided to an individual. 460 IAC 6-10-10(b)(4)	☐ Yes		lo	
64. A process for analyzing data concerning reportable incidents. 460 IAC 6-10-10(b)(5)(A)	☐ Yes		lo	
65. Developing recommendations to reduce the risk of future incidents. 460 IAC 6-10-10(b)(5)(B)	☐ Yes		lo	
66. Reviewing recommendations to assess their effectiveness. 460 IAC 6-10-10(b)(5)(C)	☐ Yes		lo	
For providers responsible for Medication Administration				
67. A process of analyzing medication errors. 460 IAC 6-10-10(b)(6)(A)	☐ Yes	□ No	□ N/A	
68. A process for developing recommendations to reduce the risk of future medication errors. 460 IAC 6-10-10(b)(6)(B)	☐ Yes	☐ No	□ N/A	
69. A process for reviewing the recommendations to assess their effectiveness. 460 IAC 6-10-10(b)(6)(C)	☐ Yes	☐ No	□ N/A	
For providers of Behavioral Support services				
70. A process of analyzing the appropriateness and effectiveness of behavioral support techniques used for an individual. 460 IAC 6-10-10(b)(7)(A)	☐ Yes	□ No	□ N/A	
71. A process for developing recommendations concerning the behavioral support techniques used with an individual. 460 IAC 6-10-10(b)(7)(B)	☐ Yes	□ No	□ N/A	
72. A process for reviewing recommendations to assess their effectiveness. 460 IAC 6-10-10(b) (7)(C)	☐ Yes	☐ No	□ N/A	
For CHP or RHS providers				
73. A process for analyzing the appropriateness and effectiveness of instructional techniques used for an individual. 460 IAC 6-10-10(b)(8)(A)	☐ Yes	□ No	□ N/A	
74. A process for developing recommendations concerning the instructional techniques used for an individual. 460 IAC 6-10-10(b)(8)(B)	☐ Yes	□ No	□ N/A	
75. A process for reviewing recommendations to assess their effectiveness. 460 IAC 6-10-10(b)(8)(C)	☐ Yes	□ No	□ N/A	

otal amount of time spent executing this survey at agency site (total hours):				
I attest that this survey is an accurate account of findings based on my observations on the date and time indicated.				
ignature of lead surveyor	Title	Date of signature (month, day, year)		
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