

**DEPARTMENT OF DEVELOPMENTAL SERVICES  
OFFICE OF QUALITY MANAGEMENT  
LICENSURE AND CERTIFICATION  
AREA OFFICE COMMUNICATIONS**

**Appendix F  
revision 2021**

**45 days in advance of the licensure and certification survey**

**Process:** An email is sent to Regional and Area Offices as notification of the provider's upcoming survey and to request information on the Provider in general. Information requested includes:

- Any significant changes in the agency (positive or negative) since the agency's last OQE review.
- Any specific strengths or exceptional practices/initiatives that you have observed with this provider within the last two years.
- Any areas of concern that OQE Surveyors should be aware of as they proceed with the survey.
- Any relevant site/location specific information or organizational service patterns and trends that have occurred since the last survey, including information noted in Service Coordinator monitoring notes.

**Prior to the survey start:**

As part of the general review of a Provider, survey teams will review Family/ Citizen monitoring visits, MAP consultation reports and the CORI check reports completed since the previous survey.

**SAMPLE 45 DAY EMAIL TO AREA OFFICES**

TO: (Regional and Area Directors and Program Monitors)

FROM: (OQE Administrative Assistant)

CC: (QE Director, Team Leader, Human Rights Specialist and MAP Coordinator)

SUBJECT: Area Office Input for (Agency Name Year Survey)

This is to inform you that we will be conducting the Licensure and Certification review for        from        to        . Please share this information with the Service Coordinators from your office so that Area Office visits can be scheduled so as not to occur during the time that this review is being conducted.

As part of their preparation for the survey, the team will review any Family/Citizen Monitoring visit reports that have been completed since the previous survey. Please forward any reports that have not already been sent to

We are interested in obtaining your assessment regarding the quality of this provider's services and supports both organizationally and in their direct supports to individuals. Please feel free to e-mail your comments to the Survey Team Leader        or to the Regional Director of Quality Enhancement or call or e-mail with the best times to speak to you directly. Your input is important to this process so we hope to hear from you.

We would be particularly interested in:

- Any significant changes in the agency (positive or negative) since the last review
- Any specific strengths or exceptional practices/initiatives done well by provider
- Any areas of concern that we should be aware of as we proceed with the survey

- Any relevant site specific information or organizational service pattern and trends that have occurred since the last survey, including those items noted through the bi-monthly monitoring visits.

The agency will be notified on the first day of the survey of the sites to be audited and the number of individual audits to be conducted at each site. You will be notified of the sites to be audited on the first day of the survey.

The Service Enhancement Meeting has been scheduled for (DATE) . We look forward to seeing you there.

## **Day one of the survey**

**Process:** An email is sent to Regional and Area Office(s) notifying them of the locations or individuals whose services will be audited, to solicit specific information on these locations/services.

### **SAMPLE DAY ONE** **INFORMATION**

#### **Send to Regional and area offices via email and distributed to the provider at the** **Administrative Review**

TO: (Provider; Regional and Area Directors and Program Monitors)

FROM: (OQE Director/ Team Leader)

SENT: (Date – at survey start)

CC: (Human Rights Specialist and MAP Coordinator)

SUBJECT: Sites to be Audited for ( Agency Name )

Start date: (Date) End date: (Date) SEM date: (Date)

The sites to be audited have been selected for (Agency Name). The audit approach does not focus on particular individuals but rather on systems and service delivery through pulling different people's information for different indicators. For employment supports, placement services, community based day services and individual home supports, which operate on a more individual basis; each individual audit is taken from one person's information for all indicators.

Residential services and respite operate on a more location specific basis, and services that individuals receive at these locations are very similar to each other. For these locations, information will be collected, to the extent possible, from at least two people's information – half the indicators for one person, and half the indicators for the second person, totaling one Individual Audit. The people have been selected in advance, so that we might better prepare, although individual(s) may need to be re-selected on site e.g. selected an individual who has been hospitalized. The locations to be audited and the number of people from whom information will be collected are noted below.

The sites to be audited are as follows:

<b><u>Location Address</u></b>	<b><u>Type of Service</u></b>	<b><u># Of individual audit</u></b>	<b><u>Surveyor</u></b>	<b><u>Date Scheduled</u></b>

Team Leader: ( Name )

Survey team contact  
information (Team Leader  
Name)

( Phone number )

The agency is being informed today of the sites to be audited and surveyors will commence their reviews immediately and complete their reviews on ( Date ). As stated in the 45 Day Letter, we would like to know about any areas of concern or specific site information that we should be aware of as we proceed with this survey including those items noted through the bi-monthly monitoring visits. Please address your comments to (Team Leader).

Thank you for your assistance in this process.