

DDSD/CSB Therapy Agency Quality Improvement Plan - (Insert Agency Name!)

Date of Submission (submit updated plan with Provider Application or Application Renewal):

Date of Revision (if applicable):

OTHER AGENCY INFORMATION

Contact Person:

E-Mail:

Phone:

What are the therapy services that your agency provides? SLP OT COTA PT PTA

OTHER AGENCY QUALITY IMPROVEMENT (QI) PLAN

This therapy agency will audit ____% of charts of individuals receiving therapy services.

NOTE: Each therapy agency must *audit at least 20%* of charts of individuals receiving therapy services (minimum=2).

This agency will indicate if documents are present in agency charts, if documents have appropriate contents, and if documents are submitted on time per current DD Waiver Standards and as indicated by the current Therapy Agency QI Report Template.

This agency will audit the appropriate documents to collect and analyze data related to the Therapy Key Performance Indicators (KPI) as specified by DDSD and/or the current Therapy Agency QI Report Template.

This agency will monitor if therapists are meeting current therapist training requirements as required by current DD Waiver Standards and current published requirements.

This agency will assure that therapist's current professional licenses are on file at the agency.

This agency will comply with all DD Waiver standard requirements related to suspected abuse, neglect and exploitation (ANE) and will assure training/mentoring of therapy practitioners regarding ANE response and reporting requirements.

Comment on ways your agency will accomplish this:

This agency will summarize any corrective plans implemented to demonstrate closure with any findings as well as ongoing compliance/sustainability (if applicable). This summary will be completed as part of the Therapy Agency Annual QI Report (as needed). NOTE - Examples of corrective plans include but are not limited to: IQR findings; plans related to ANE findings; Plans of Correction (POC) related to QMB compliance; Performance Improvement Plan (PIP) related to Regional Office Contract Management.

This agency will maintain ongoing logs of any corrective plans implemented, IQR responses implemented (only general summaries/trends are needed for IQR responses), etc. to facilitate Annual QI reporting related to this area.

OTHER AGENCY QUALITY IMPROVEMENT (QI) PLAN: Other areas of QI chosen by the Agency (optional)

Describe any other areas of QI that your agency has chosen to focus on. Include how your agency will collect and analyze related data. Include any plans for performance improvement in these areas that may already be implemented.

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THERAPY AGENCY QUALITY IMPROVEMENT PROCESS

How will your agency collect data and analyze data collected to discover performance trends and issues that may impact the quality of your agency's therapy services? (IE: compare actual practices to standards, establishing current baselines, compare current performance to previous performance, utilize systems to organize data collected, etc.)

Give some examples of plans or practices that your agency could or has used to improve performance based on areas identified as needing improvement? (IE: chart auditing systems, develop/modify training or new therapist orientation, modify various policies/ procedures, develop tracking and reminder systems, mentoring practices, etc.)

How will your agency evaluate the effectiveness of QI plans and practices put into place? (IE: continued data collection, seeking feedback from therapists/individuals/teams, establishing agency QI Outcomes and measuring progress toward outcomes, etc.)

Signature:

Submit this QI Plan with your initial and renewal provider applications to the DDSD - Provider Enrollment Unit.