

Describe any changes in data collection methodology, collection periods, data sources, numerator and denominator definitions, inclusion and exclusion criteria or analysis that have occurred since the initiation. Include a rationale for each change and an assessment of the impact of these changes on the quality improvement indicators.

Remediation Action Items	Assigned (name/date)	Due Date	Status

ANNUAL REPORT

The Provider Agency QA/QI committee must submit an annual QA/QI report from this plan by February 15th of each calendar year. The results of QIP committee quarterly meetings, data analyses, remediation or intervention efforts specifying the issues confronted and actions needed and taken on the selected priority indicators must be identified and documented. At a minimum the quarterly QA/QI annual report must also address the following (as per January 2019 DDW Standards):

1. Compliance with DDSD Training Requirements
2. Compliance with reporting requirements, including reporting of ANE
3. Timely submission of documentation for budget development and approval
4. Presence and completeness of required documentation
5. Compliance with CCHS, EAR, and Licensing requirements as applicable
6. Summary of all corrective plans implemented over the last 24 months, demonstrating closure with any deficiencies or findings as well as ongoing compliance and sustainability. Corrective plans include but are not limited to IQR findings, CPA Plans related to ANE reporting, POCs related to QMB compliance surveys, and PIPs related to Regional Office Contract Management.