

**UTAH MEDICAID ICF/ID FACILITY
QUALITY IMPROVEMENT INCENTIVE APPLICATION
Rule R414-504-5**

This form and all supporting documentation must be emailed on or before May 31st

Facility Name: _____

National Provider I.D. _____ Administrator: _____

Please mark all that are complete:

- This facility received no violations that are at the “immediate jeopardy” level, as determined by the Department, during the incentive period. Qualifying Requirement
- This facility received no condition level deficiency, as determined by the Department during the incentive period. (50% or 0%) Qualifying Requirement
- This Facility has implemented a meaningful Quality Improvement plan which includes the involvement of residents and family. *(A brief description of our Quality Improvement Plan is attached.)* 50% weighting
- This facility has a demonstrated process by which our Quality Improvement plan is assessed and measured. *(A brief report describing this process including an example demonstrating, via narrative and any forms the facility uses, how the facility assessed, responded to and re-evaluated a quality concern, is attached.)*
- This facility had **customer** satisfaction surveys conducted by an independent third-party entity in each quarter of the incentive period. The following information is attached: 25% weighting
- Name and brief description of the third-party entity performing the quarterly survey.
 - Brief description of
 - the survey questions,
 - who is surveyed,
 - when the surveys are done, and
 - how this facility uses the survey results to improve operations / customer satisfaction.
 - Four Quarterly survey results summaries with the final quarter ending March 31st of the incentive period (e.g., a graph, etc.)
 - An action plan to address survey items rated below average for the year. *(A list of the areas identified as below-average during any part of the year and each corresponding plan to improve the area is attached. Below average means a rating below the industry average. If that is not available, choose the area that your facility consistently receives the lowest rating.)*
- This facility has implemented an employee satisfaction program. *(A brief description of our employee satisfaction program is attached including a brief example of how employees have benefited from the program.)* 25% weighting

Please ensure that the attached documents do not exceed a total of 12 pages.

By submitting this application I certify that all of the above criteria have been met.

Administrator Signature: _____ Date: _____

Note: Division staff will not request additional information relating to this submission. Please be sure to include all necessary information in order to qualify.

Email to: qii@utah.gov