

**UTAH MEDICAID NURSING FACILITY
QUALITY IMPROVEMENT INCENTIVE (1) APPLICATION
Rule R414-504-4**

This form and all supporting documentation must be emailed on or before May 31st of the incentive period.

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 did not receive a violation that is a Substandard Quality of Care level F, H, I, J, K, or L, as determined by the Department, during the incentive period in more than one survey during the incentive period. (50% or 0%) Qualifying Requirement
- This Facility has created and 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 its Quality Improvement plan is assessed and measured. *(A brief description of this process including an example demonstrating, via narrative and any forms the facility uses, how the facility assessed, changed, and measured 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:
- 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 embraces and has implemented a Culture Change. 25% weighting
- This facility has a plan for Culture Change. *(A brief description of our Culture Change Plan is attached.)*
 - This facility has implemented Culture Change. *(A brief example of how our facility has implemented Culture Change is attached.)*
- This facility has implemented an employee satisfaction program. *(A brief description of our employee satisfaction program is attached including a brief example of how it was implemented.)* 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