UTAH MEDICAID NURSING FACILITY
QUALITY IMPROVEMENT INCENTIVE (3) 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 has a current incentive period application with 100 percent qualification for the Quality Improvement Incentive 1 (QII1). Qualifying Requirement

☐ This facility has applied for and received at least one of the QII2 reimbursements. Please select which QII(2) option for which you submitted and received reimbursement: Qualifying Requirement

- ☐ QII(2)(i) Nurse Call
- ☐ QII(2)(ii) Patient Lift
- ☐ QII(2)(iii) Bathing
- ☐ QII(2)(iv) Life Enhancement
- ☐ QII(2)(v) Education
- ☐ QII(2)(vi) Van
- ☐ QII(2)(vii) Info Systems
- ☐ QII(2)(viii) HVAC
- ☐ QII(2)(ix) Dining Enhancement
- ☐ QII(2)(x) Outcome Proven Awards
- ☐ QII(2)(xi) Worker Immunizations
- ☐ QII(2)(xii) Patient Dignity

☐ This facility has created and implemented a residents' choice program. *A description of our residents' choice program is attached with the following criteria documented.* Qualifying Requirement

- ☐ This facility has a demonstrated process by which its residents' choice program is assessed and measured. *A description of the processes used for **each** (awake/meal/bath) topics, including an example for **each** topic (awake/meal/bath) demonstrating, via any forms or policies the facility uses, which options are presented and how special requests are fulfilled, is attached.*

- ☐ This facility has documented the residents' choice program for **all** of the following areas:

  - ☐ Awake **Time** (*<u>when</u> the resident wants to wake up and/or go to sleep*)
  - ☐ Meal **Time** (*<u>when</u> the resident wants to eat meals*)
  - ☐ Bath **Time** (*<u>when</u> the resident wants to bathe*)

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