

Written QA/QI Process for Legal Entity Contract Providers

Date Completed: _____ Legal Entity Name: _____

Legal Entity Number: _____ Provider Number(s): _____

Name of Quality Assurance Representative: _____

Contact Phone Number: _____ Email: _____

Name of Back-up Quality Assurance Representative: _____

Contact Phone Number: _____ Email: _____

QA/QI Process Involvement/Committee

List all staff or committee members involved in your legal entity's QA/QI Process:

NAME	DISCIPLINE/TITLE	PROVIDER NUMBER	FULL OR PART-TIME DEDICATED TO QA/QI	
			FULL-TIME	PART-TIME

- Describe the process for selecting staff or committee members for QA/QI Process involvement. Is the process different for QI than it is for QA?

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2. What is the frequency and specific schedule (e.g., 2nd Thursday of the month) for QA/QI Process involved staff or committee members to meet to participate in or discuss QA/QI related activities? Is there a separate schedule for QI than there is for QA? If yes, please list that schedule as well.

Clinical Record Reviews

1. What is the frequency in which client records are reviewed?

2. What is the number and percentage of client records reviewed per quarter?

3. Describe the method by which client records are chosen for review.

Corrective Feedback and Improvement Process

1. Describe the process for addressing documentation deficiencies that are identified through clinical record reviews and/or other evaluative mechanisms. Include the process for the supervisor to review and discuss findings with the practitioner as well as who is responsible for making any needed corrections.

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2. Describe the process for clinical peer review of documentation to support a standard level of the quality of clinical care. Include the process of feedback to the practitioner.

3. Does your legal entity have a process for receiving and addressing feedback from both client/caregivers and employees? If yes, please describe the frequency of collection and method of providing results. Please attach any survey or form used.

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4. Does your legal entity conduct or participate in any performance improvement projects? If yes, please describe the goal of the project(s), measures that are being used, and how the results will be used to reach desired outcomes?

Medication Monitoring

1. Describe your agency's process for monitoring medication practices and services (e.g., follow-up care, use of anti-psychotics, non-medication treatment efforts, metabolic monitoring; specify if adults or minors).

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Training

1. Describe your process for ensuring that new and existing staff receive QA/documentation related training. If in-house trainings are provided, please attach materials. Also, include how training needs are assessed.

COS/Indirect Service Claiming

1. For programs that claim COS, provide a detailed description of the types of activities that are provided and claimed to COS.

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Additional Information

Please utilize this space to include any additional information regarding your LE's QA/QI process including further detail regarding previous sections.