

Plan of Improvement Template Form

Provider Name: _____ Region: _____

Provider Staff Completing Form: _____ Date of POI: _____

Type of Review: PPR CPG ACT CST Review Date: _____

Note: A separate POI form must be completed for each item below threshold and/or if the PPR overall substantiated score was below 70%.

Issue to Address (Number and description of tool item which was below threshold or overall score below 70%):

Improvement Activities (*How the finding will be corrected [step-by-step plans], including how the overall systemic problem(s) which led to the finding will be addressed [i.e., staff training, supervisory review, quality assurance review of documentation. etc.], the person responsible for completing the activity, and the date that the improvement activity will be first implemented*):

Expected Outcome (*What is expected to occur as a result of implementation of the improvement activities. Include date specific expected outcome is met*):

Signature with Title

Date: _____

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FY16 Guide to Post-Payment Review (PPR) Item Numbers with Descriptors

1	No valid note documenting the service could be located.
2	Progress note does not describe a billable service intervention or activity.
3	Service provided by unqualified staff.
4	No amount of time documented.
5	No valid Mental Health Assessment could be located.
6	No valid Individual Treatment Plan could be located.
7	Specific service does not appear on ITP.
8	The LPHA and the QMHP reviews the ITP to determine if progress toward goals is being met and whether each of the services described in the plan has contributed to meeting the stated goals.
9	Time billed is greater than time documented.
10	Location of service not correctly noted on-site vs. off-site.
11	Note describes a different service than billing submitted.

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FY16 Guide to Clinical Practice and Guidance Review (CPG) Item Numbers with Descriptors

MEDICAID RECORD REVIEW	
1	The current Individual Treatment Plan (ITP) reflects the individual’s assessed needs and has been updated per consumer’s progress and changing needs.
2	There is evidence of changes in or re-evaluation of <u>treatment needs and/or services</u> during periods of sudden changes in functioning or symptoms.
3	Treatment is consumer driven as evidenced in clinical documentation.
4	Treatment provided builds on the identified strengths of the consumer.
5	All treatment needs as identified on the Mental Health Assessment are being addressed in the ITP <u>and</u> in the actual service <u>and</u> are prioritized based on importance/severity.
6	There is congruence between the information in the Mental Health Assessment and the Functional Assessment/ LOCUS/Ohio/Columbia Scales.
7	There is evidence in the clinical record that primary health care coordination is occurring with the primary physical health care provider.
8	There is documentation that the provider is assisting the consumer with utilizing natural supports in the community.
NON-MEDICAID RECORD REVIEW	
9	There is documentation that the provider is working to connect the consumer with benefits / entitlements (such as Medicaid benefits).
10	There is documentation that the provider is assisting the consumer with utilizing natural supports in the community.