

## DDSD/CSB Therapy Agency Quality Improvement Report - (Insert Agency Name!)

Date of Submission: \_\_\_\_\_ Date of Revision (if applicable): \_\_\_\_\_ Report Data based on Calendar Year: 20\_\_

THERAPY AGENCY INFORMATION					
Contact Person:	E-Mail:	Phone:			
What therapy services does your agency currently provide? SLP <input type="checkbox"/> OT <input type="checkbox"/> COTA <input type="checkbox"/> PT <input type="checkbox"/> PTA <input type="checkbox"/>					
What is the number of current <i>therapy providers</i> for each discipline? SLP= _____ OT= _____ COTA= _____ PT= _____ PTA= _____					
What is the current number of <i>individuals served</i> by this agency per discipline? SLP= _____ OT/COTA= _____ PT/PTA= _____					

QUALITY IMPROVEMENT AREA: DOCUMENTATION (Audit at least 20% of agency charts. Minimum = 2.)						
Percentage of charts audited = _____%. Number of charts audited = _____.						
Number of therapy providers <i>included in audit</i> per discipline: SLP _____ OT/COTA _____ PT/PTA _____						
DOCUMENT TYPE	% of documents present in charts audited*	% of total documents with appropriate contents*	% of total submitted on time*	THERAPY - KEY PERFORMANCE INDICATORS		
				% of therapy objs. <i>From TIP</i> that are measurable	% of therapy objectives reported as met/had progress made per the <i>Annual Therapy Re-eval.</i>	% of <i>WDSIs</i> that have an initial, reviewed or revised date within the past year
Initial Evals	%	%	%	Progress toward previous years objectives are indicated = %  Obj. met = % Progress on Obj = % No progress on Obj= %	%	
Annual Re-eval	%	%	%			
TDF - TIP	%	%	%			
TDF - Bdgt. Wksht.	%	%	%			
TDF- Semi-Annual	%	%	%			
CARMP (# _____)	%	%	%			
WDSI (# _____)	%	%	%			
Training Rosters	%	%	%			
* when applicable and as required by current DD Waiver Standards for discipline reviewed.						

QUALITY IMPROVEMENT AREA: DDSD THERAPY TRAINING REQUIREMENTS	
Therapy Training Requirement	% of agency therapy practitioners in compliance *
Participatory Approach/Standards Training	%
Aspiration Risk Management	%
Person Centered Planning for Therapists	%
Effective Individual Specific Training	%
Indications of Illness and Injury	%
Abuse, Neglect and Exploitation (required annually)	%
* as required by current DD Waiver Standards or current published guidance on training requirements. If therapist is registered to take the course within required timelines the therapist is considered in compliance for the purposes of QI data.	
Comments:	

QUALITY IMPROVEMENT AREA: ASSURANCES - OTHER
Per current DD Waiver Standards – “Professionals licensed by their respective boards must practice under the confines of their license and provide a current license to their agency annually. Agencies must provide current licenses to DDSD PEU upon request. All relevant professional licensure for all hired and subcontracted personnel must be active in the state of New Mexico.”
All hired and subcontracted therapy practitioners provided a copy of their active license to this agency within the past year. Yes <input type="checkbox"/> No <input type="checkbox"/> If <i>NO</i> please identify # and percentage NOT provided: # _____ (_____%) If <i>NO</i> , please describe plans to attain 100% as required by DD Waiver Standards:

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Describe your agency's compliance with reporting of suspected ANE (if applicable) and training/mentoring of therapy practitioners regarding ANE reporting requirements.

Please summarize any corrective plans implemented and their outcomes over the last 24 months demonstrating closure with any findings as well as ongoing compliance/sustainability (if applicable). NOTE - Examples of corrective plans include but are not limited to: IQR findings; plans related to ANE findings; Plans of Correction (POC) related to QMB compliance; Performance Improvement Plan (PIP) related to Regional Office Contract Management.

### QUALITY IMPROVEMENT AREA: OTHER AREAS OF QI CHOSEN BY THE AGENCY (optional)

Describe any other areas of QI that your agency has chosen to focus on. Include data collected (discovery) as well as any agency plans for remediation and/or quality improvement.

### THERAPY AGENCY ANALYSIS OF DATA TRENDS AND IDENTIFICATION OF REMEDIATION AND QI ACTIVITIES

**Identify Trends Utilizing Analysis of Data Collected by your Agency** (What areas above did your agency perform well on? In what areas could your agency improve performance? Were there barriers to data collection? Other comments?)

**Identify agency plans or practices that you will modify to improve performance based on data analysis and trends identified above. What activities were ongoing or introduced last year to improve the quality of your agency services? Identify any performance areas that appear to have improved or changed based on these activities.**

**Identify the following related to QI Committee activities: Who was responsible for data collection (discovery/monitoring activities)? How was performance/data monitored? What information was used to monitor performance? How often was performance measured? What issues impacted the quality of your agency's services?**

Signature: \_\_\_\_\_

*Submit this report by February 15<sup>th</sup> annually to the DDSD - Provider Enrollment Unit.*