

QSR QUALITY IMPROVEMENT PLAN (QIP) AND PROGRESS REPORTING INSTRUCTIONS - CMHC

Person(s) responsible for completing the instructions: CMHC QI Director

CMHCs are required to submit a Quality Improvement Plan (QIP) for each QSR quality indicator in need of improvement identified in the CMHC's QSR Report. CMHCs are also required to submit quarterly progress reports for each QIP.

QIP Thresholds

A QIP is required for any QSR Quality Indicator with a score of:

- less than 70% for SFY 18;
- less than 75% for SFY19; or
- less than 80% for SFY20 and subsequent years.

The QIP and Progress Report Template is provided by DHHS to assist CMHCs in completing QIPs and progress reports. Portions of the QIP and QIP Progress Report Template are pre-populated by DHHS with findings from the CMHC's QSR Report. Each tab in the QIP and QIP Progress Report template represents a QSR Quality Indicator. The template provided to each CMHC with the CMHC's QSR Report will contain only the tabs associated with the QSR Quality Indicators identified as needing improvement in the CMHC's QSR Report.

QUALITY IMPROVEMENT PLAN (QIP):

Complete a QIP for each QSR quality indicator in need of improvement, as follows:

1. Complete **SECTION 2, CMHC** as follows:

- a. **Current Date:** Enter the Date you are completing the workbook
- b. **Target Completion Date:** Enter the date you expect to achieve the improvement target.
- c. **Improvement Strategies:** From the dropdown list, select the type of strategy or strategies the CMHC intends to deploy to achieve the improvement.
If "Other" is selected, enter a brief description of the type of strategy proposed in the field provided.
- d. **Action Plan:** Complete the chart as follows:
 - i. **Action Step:** Enter each action step the CMHC will take to achieve the improvement intended for the focus area(s). The narrative in the CMHC's QSR Report associated with the QSR Quality Indicator in need of improvement provides extensive information about the data that was used in the measure. Use this information to guide development of the action steps, however certain Data Points culled from the CMHC's QSR Report have also been provided in Section I for reference. Enter each action step in chronological order reflective of the CMHC's plan of implementation for improvement.

- ii. **Description of how you will measure and verify that your proposed improvement was made:** Enter a description of how you will measure and verify that the proposed improvement identified in the Action Step was made. For example, “A random selection of 20 client records will be reviewed semi-annually to ensure that services are delivered to the individual with the appropriate intensity, frequency, and duration.” Note: One Measurement/Verification Step may satisfy more than one Action Step, please note accordingly if applicable.
- iii. **Expected Start Date:** Enter the date the action step will begin.
- iv. **Expected Completion Date:** Enter the date the action step is expected to end, this should include the end-date of check steps as well.
- v. **Position of Person Assigned to Be the Lead for the Improvement & Name:** Enter the position of the person responsible for completing the action step and the name, if available.

2. Repeat steps 1a-1d for each tab in the workbook.

Note: The Progress Report tabs are not to be completed at this time and are hidden from view.

3. Email your completed QIP template to Lauren Quann (Lauren.A.Quann@dhhs.nh.gov), Administrator of Operations, Bureau of Mental Health Services, and cc: Jennifer VanderNoot (Jennifer.B.VanderNoot@dhhs.nh.gov), Administrator of Planning Coordination, Bureau of Program Quality, within 30 calendar days of receipt of the final QSR Report, per instructions in the QSR Final Report letter.

4. DHHS will email notification of approval of the QIP or the need for revision.

5. Technical assistance from BMHS and BPQ staff is available if needed.

6. Revise the QIPs if required by DHHS. Revisions to QIPs are due as follows:

a. First QIP revisions are due within 10 calendar days from the date feedback is provided.

b. Second QIP revisions are due within five calendar days from the date feedback is provided.

c. Third QIP revisions are due within two calendar days from the date feedback is provided.

7. Email the revised QIP to the BMHS Administrator of Operations and the BPQ Administrator of Planning Coordination, if applicable.

Note: Revisions to a QIP Action Plan may be submitted at any time during the improvement period, however, changes to the QIP Action Plan must be reflected in the associated Progress Report submitted at the end of that quarter (see section below).

QIP PROGRESS REPORTS

Progress Reports must be submitted to DHHS at the end of each quarter. Complete a progress report template for each QIP as described below. Each QIP Progress Report tab includes a template for each of the four quarters. Progress Reports on a QIP are expected until the QIP is closed out.

Note:

- Each QIP Progress Report is pre-populated with information from the CMHC's approved QIP; and
- The tabs to be completed for Progress Reports are hidden in the template. To Unhide the tabs, right-click on any tab and choose "Unhide."

Complete a QIP Progress Report for each QSR QIP, as follows:

1. Unhide all QIP Progress Report tabs (right click on a tab and select unhide).
2. For each QIP, update the Action Plan progress chart for the appropriate quarter, as follows:
 - a. **Current Date:** In Column C for the current quarter, enter the current date.
 - b. **Percent Complete:** For each Action Step pre-populated from the QIP, enter the percent completed as of the current date. **Note:** if your check step is still in process for a specific action step, than do not enter 100% here as the action step is not considered complete until the check process is fully complete.
 - c. **Status:** From the dropdown list, select the progress status for each Action Step
 - d. **Activities Completed During the Quarter:** Enter the activities completed for each Action Step since the last submission.
 - e. **Actions Needed During the Next Quarter:** Enter all activities needed and/or planned to keep on track. Completion of this field is required if the status of the action step is "off-track" and/or "not started" after the planned start date.
 - f. **Date Complete:** **This field remains blank unless an action step and its corresponding check step is 100% complete.** If both are 100% complete, enter the date the Action Step and its corresponding check step were fully completed.
3. Email the completed QIP Progress Reports to Lauren Quann (Lauren.A.Quann@dhhs.nh.gov), Administrator of Operations, Bureau of Mental Health Services, and cc: Jennifer VanderNoot (Jennifer.B.VanderNoot@dhhs.nh.gov), Administrator of Planning Coordination, Bureau of Program Quality, for review.
4. DHHS will review the submitted QIP Progress Reports, provide any needed recommendations and return the QIP Progress Reports to the CMHC.
5. If necessary, revise the QIP Progress Reports and resubmit to the BMHS Administrator of Operations and BPQ Administrator of Planning Coordination for review.
6. Prior to the last day of each quarter, email an updated QIP Progress Report to the BMHS Administrator of Operations and BPQ Administrator of Planning Coordination for review.

DUE DATES FOR QIPS & PROGRESS REPORTS

The due dates, located on the Due Dates tab, for QIPs and Progress Reports are as follows:

- The QIP is due 30 days from the date of the final report.
- The 1st Quarter Progress Report is due 90 days from the QIP due date.
- The 2nd Quarter Progress Report is due 90 days from the 1st Quarter Progress Report due date.
- The 3rd Quarter Progress Report is due 90 days from the 2nd Quarter Progress Report due date.

- The 4th Quarter Progress Report is due 90 days from the 3rd Quarter Progress Report due date.

The QIP and Progress Report template contains a “Dates Due” tab where the due dates specific to the CMHC are located. These dates autofill on the QIP and Progress Report Templates as well. Progress Reports on each QIP are due until the QIP is officially closed out

Note:	1) Progress Reports must continue to be submitted per the due dates above, until the QIP has been officially closed out during the distribution of the Final QSR Report. 2) If a due date falls on a Saturday, Sunday, or Holiday, submit the required document on the second business day following the Saturday, Sunday, or Holiday
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CLOSING OUT A QIP

There is the possibility that before a QIP is fully completed, the CMHC may participate in a subsequent QSR. If this occurs, DHHS will take one of the following steps when the Final QSR Report is distributed to address an active QIP from a previous QSR, depending upon how the CMHC has scored on the Quality Indicator during the current QSR:

If during the most recent QSR, the CMHC:

1. **Earns a passing score or higher** on a Quality Indicator for which there is an active QIP from a previous QSR, DHHS will close-out the QIP for the Quality Indicator. The CMHC has demonstrated that the actions implemented have had a positive impact on supports and services.

2. **Does not meet the current year’s threshold** on a Quality Indicator for which there is an active QIP, *but the CMHC has seen an improvement* in their score on the Quality Indicator from the previous year, DHHS will close-out the current QIP for the Quality Indicator and begin a new QIP for the Quality Indicator based upon the current QSR data points. The CMHC in collaboration with DHHS may determine if any action steps from the old QIP will be useful to transfer to the new QIP, as the CMHC has demonstrated that the actions implemented have had a positive impact on supports and services.

3. **Does not meet the current year’s threshold** on a Quality Indicator for which there is an active QIP, *and the CMHC has seen a decline* in their score in the Quality Indicator from the previous year or *the score has remained unchanged*, DHHS will require two separate strategies from the CMHC as part of the new plan to approach the area in need, as the CMHC has not successfully demonstrated that the past actions implemented have had a positive impact on supports and services:

- a. The CMHC must submit an assessment of why the action steps previously proposed for the Quality Indicator did not have the desired impact. Continuous improvement is not about focusing on what went wrong or badly, but about building upon what works. An assessment of why something did not work, which is part of the Plan, Do, Study, Act cycle, helps in determining what may work moving forward and/or helps to determine related components that need to be focused upon concurrently.

b. The current QIP for the Quality Indicator will be closed out and a new QIP will be begun for the Quality Indicator based upon the current QSR data points. Using the assessment completed in a. above, the CMHC will construct new action steps to address the area in need. It is expected that there will be few action steps that be transferred from the old QIP to the new QIP. However, for any action step the CMHC proposes to carry over from the old QIP to the new QIP, the CMHC must include a written explanation as part of the Plan, Do, Study, Act cycle, describing how the proposed carry-over of the specific action step (such as what factors have changed and what new factors apply) will now result in an improved target score during the next review cycle.

Note: Until a QIP is officially closed out during the Final QSR Report stage, Progress Reports on the current status of the QIP must continue to be submitted per due dates.