

QUALITY ENHANCEMENT PLAN WORKSHEET

This format is provided as a suggestion - not an official form – use it as it is, modify it, or, develop your own format

Provider Name: _____ Date of CORE Review: _____ QEP Date: _____

Contact Person: _____ Contact Phone Number: _____ E-Mail: _____

CORE Results Elements	Strategies For Improvement (the steps you will take to move toward <i>Achieving</i> in each area)	Target Date & Responsible Party
Person Directed Planning		
Health and Safety		
Free from Abuse, Neglect and Exploitation		
Rights	<div style="font-size: 4em; color: #f4a460; opacity: 0.5;">obsolete</div>	
Choice		
Community Life		
Collaboration		

Achieving Results		
Minimum Service Requirement Elements	Strategies For Improvement (the steps you will take or have taken to correct the deficiency and any systems put in place to prevent further compliance issues)	Target Date & Responsible Party
Level II Background Screening		
Provider/Staff Training		
Service Authorization/ Billing as Authorized		
Maintain Billing Documentation		

obsolete