

## Plan of Improvement Template Form

Provider Name: \_\_\_\_\_

Region: \_\_\_\_\_

Provider Staff Completing Form \_\_\_\_\_

Date of POI \_\_\_\_\_

Type of Review: **PPR**

Review Date: \_\_\_\_\_

*Note: A separate POI form must be completed for each item below threshold and/or if the 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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### FY14 Guide to Post-Payment Review (PPR) Item Numbers with Descriptors

1	No valid note documenting the service could be located.
2	Note describes a service intervention or activity that is not billable.
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	ITP review does not demonstrate both a review of progress towards goals and an evaluation of needed services.
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.