

**UTAH MEDICAID NURSING FACILITY**  
**State Fiscal Year 2016**  
**QUALITY IMPROVEMENT INCENTIVE (3) APPLICATION**  
**Rule R414-504-4**

**This form and all supporting documentation must be postmarked or faxed on or before May 31, 2016**

Facility Name: \_\_\_\_\_

Medicaid Provider I.D. \_\_\_\_\_ Administrator: \_\_\_\_\_

Please mark all that are complete:

- This facility has submitted on time a completed application for the Quality Improvement Incentive (1) application and has fulfilled all of the qualifications for QII(1). Qualifying Requirement
- This facility has submitted on time a completed application for the Quality Improvement Incentive (2) application for at least one of the available options and has fulfilled all of the qualifications for QII(2). Please select which QII(2) option for which you submitted and received reimbursement: Qualifying Requirement
- QII(2)(i) Nurse Call
  - QII(2)(ii) Patient Lift
  - QII(2)(iii) Bathing
  - QII(2)(iv) Life Enhancement
  - QII(2)(v) Quality Training
  - QII(2)(vi) Van
  - QII(2)(vii) Info Systems
  - QII(2)(viii) HVAC
  - QII(2)(ix) Dining Enhancement
  - QII(2)(x) Outcome Proven Awards
  - QII(2)(xi) Worker Immunizations
  - QII(2)(xii) Patient Dignity
- This Facility has created and implemented a residents' choice program. *(A brief description of our residents' choice program is attached with the following criteria documented :)* Qualifying Requirement
- This facility has a demonstrated process by which its residents' choice program is assessed and measured. *(A brief description of this process, including an example demonstrating which options are presented, which option(s) are most selected, and how special requests are fulfilled, is attached.)*
  - This facility has documented the residents' choice program for all of the following areas:
    - Awake Time *(when the resident wants to wake up and/or go to sleep)*
    - Meal Time *(when the resident wants to eat meals)*
    - Bath Time *(when the resident wants to bathe)*

**Please ensure that the attached documents do not exceed a total of 12 pages.**

By submitting this application I certify that all of the above criteria have been met.

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** Division staff will not request additional information relating to this submission. Please be sure to include all necessary information in order to qualify.