

**UTAH MEDICAID NURSING FACILITY**  
**State Fiscal Year 2017**  
**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, 2017**

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

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

Please mark all that are complete:

- This facility has a current incentive period application with 100 percent qualification for the Quality Improvement Incentive 1 (QII1). Qualifying Requirement
- This facility has applied for and received at least one of the QII2 reimbursements. 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) Education
  - 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 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 description of the processes used for each (awake/meal/bath) topics, including an example for each topic (awake/meal/bath) demonstrating, via any forms or policies the facility uses, which options are presented 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.