



State of Alaska • Department of Health and Social Services • Senior and Disabilities Services
 Home and Community-Based Waiver Services • Personal Care Services
Quality Improvement Report (QIR)

Business Name (DBA): _____ Provider Medicaid Enrollment #: _____

Legal Name (as reported on business income tax return): _____

Address/Location: _____ Certification Period Covered: _____

QIR content requirements as per all applicable State of Alaska statutes, regulations, and Conditions of Participation.

Instructions: Review and summarize all of the required quarterly and annual reports, quality management activities, assessments and corrective actions for *each year of your certification period*. The provider must be able to support the QIR submitted with data that will be made available to the Department of Health and Social Services upon request. Please note a QIR must be provided for each location in which services are delivered, and must include the following elements:

QIR Key Element: Critical Incident Reports (CIRs)

Data Collection Activities:	
Findings:	

Corrective Actions:	
Program Improvements:	

QIR Key Element: Medication Errors (waiver services only)

Data Collection Activities:	
Findings:	

Corrective Actions:	
Program Improvements:	

QIR Key Element: Consumer Satisfaction

Data Collection Activities:	
Findings:	

Corrective Actions:	
Program Improvements:	

QIR Key Element: Internal Review of Services Provided (*services provided were in accordance with support/service plans and met recipients' needs*)

Data Collection Activities:	
Findings:	

Corrective Actions:	
Program Improvements:	

**Providers are responsible for quarterly data collection and analysis for the QIR Key Elements of Grievances and Restrictive Interventions. This information must be made available to the department within 24 hours upon request.*

QIR Key Element: Grievances (quarterly)

Data Collection Activities:	
Findings:	

Corrective Actions:	
Program Improvements:	

QIR Key Element: Restrictive Interventions (quarterly)

Data Collection Activities:	
Findings:	

Corrective Actions:	
Program Improvements:	

QIR Key Element: (explanation if any topic above is not addressed in QIR report)

Other:	
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I understand that any false statement, misrepresentation, omission, or concealment in this document may subject me to criminal, civil, or administrative penalties. Under penalty of perjury, I certify that the information I have provided is true, accurate, and complete to the best of my knowledge.

Owner/Administrator/Director (Responsible agent) Signature

Print/Type Name

Title

Contact Phone/E-mail