

Nursing Facility Quality Measure Initiative Corrective Action Plan Completion Instructions

Nursing facilities that are otherwise eligible to participate in the Quality Measure Initiative (QMI), but have an average quality measure rating below 2.5 stars on the Nursing Home Compare (NHC) website must submit an acceptable action plan to the Michigan Department of Health and Human Services (MDHHS) Long Term Care Policy Section to receive payment. Current and historical quality measure ratings are located on the NHC [website](#), and more information can be found about the QMI in bulletin MSA [17-28](#).

Providers with an average rating below 2.5 stars will receive a notice from the Long Term Care Policy Section. An acceptable action plan must be submitted to the Long Term Care Policy Section within 30 days of the due date on the notice. Action plans submitted more than 30 days after the due date will not be accepted and the provider will be ineligible for payment for the remainder of the fiscal year. To be considered an acceptable action plan the Long Term Care Policy Section's Medicaid Nursing Facility QMI Corrective Action Plan Form must be used, and the instructions in this document must be followed.

Completed action plans shall be emailed to the Long Term Care Policy Section at MDHHS-NFQMI@Michigan.gov along with any supporting documentation (if applicable). The fields on the form shall be filled out as follows:

1. **Facility Name:** Type the nursing facility's legal name.
2. **County:** Type the name of the county the nursing facility is in.
3. **NPI:** Type the nursing facility's 10-digit national provider identifier (NPI) number. If the facility also has a vent unit, use the main facility NPI not the vent unit NPI.
4. **State Fiscal Year:** Type the state fiscal year the QMI payment and action plan correspond to.
5. **Quality Measure:** Select four quality measures where the nursing facility has a quality measure percentage that is worse than the State average (e.g., a higher percentage of long stay residents who were physically restrained is a worse score than a lower percentage, a higher percentage of long stay residents who had a urinary tract infection is a worse score than a lower percentage, etc.). Four quality measures must be selected, and they should be selected from the drop down in the form rather than typed. The quality measure percentage, for the individual facility and the State average, will be based on the four-quarter average percentage reported to CMS and available on the NHC website as of the date specified in the notice (i.e., the date the data was published on the NHC website, not the due date of the form). Note: if the nursing facility has less than four quality measures worse than the state average contact MDHHS-NFQMI@Michigan.gov to get approval to select fewer than four measures.

6. **Percentage:** Type the four-quarter average percentage corresponding to the appropriate quality measure. A percentage must be included on the form for each of the four corresponding quality measures.
7. **Planned Interventions:** Type the interventions the facility plans to implement to improve the corresponding quality measure percentage. The planned intervention must describe how the QMI payment funds will be used to improve the quality measure percentage. A separate document may also be submitted in place of this field as a PDF file, in which case type "See Attached" in this field. If a separate document is used to describe the planned interventions it must be submitted with the form. Planned interventions must be described for each of the four corresponding quality measures.
8. **Comments:** Type any contributing factors to the facility's current quality measure percentages. This field may be left blank.
9. **Authorized Representative's Signature:** An authorized representative (e.g., administrator, DON, corporate officer, etc.) of the nursing facility may type their name or physically sign the form in this field. A typed name will be accepted as a signature.
10. **Authorized Representative's Position:** Type the authorized representative's position in the nursing facility.
11. **Authorized Representative's Phone #:** Type the authorized representative's work phone number.
12. **Authorized Representative's Email:** Type the authorized representative's work email address.
13. **Submission Date:** Type the date the form is submitted to the department.

Roughly six months after the nursing facility action plan notice is sent, the Long Term Care Policy Section will send a notice requesting an action plan status report. The status report is to be completed on the Medicaid Nursing Facility QMI Corrective Action Plan Status Report Form. Facilities that completed an action plan are not required to complete the status report, but they are strongly encouraged to do so. Completed status reports should be emailed to the Long Term Care Policy Section at MDHHS-NFQMI@Michigan.gov along with any supporting documentation (if applicable). The fields on the status report form should be completed as follows:

1. **Facility Name:** Type the nursing facility's legal name.
2. **County:** Type the name of the county the nursing facility is in
3. **NPI:** Type the nursing facility's 10-digit NPI number. If the facility also has a vent unit, use the main facility NPI not the vent unit NPI.
4. **State Fiscal Year:** Type the state fiscal year the QMI payment and action plan correspond to.
5. **Quality Measure:** Select the four quality measures the facility choose for the action plan from the drop down.
6. **Benchmark Percentage:** Type the corresponding percentage for each quality measure as reported on the action plan.

7. **6 Mo. Percentage:** Type the four quarter average percentage corresponding to the appropriate quality measure. This percentage will generally be based on data reported to CMS six months from the data reported on the action plan (e.g., if the action plan is based on data available on the June update of the NHC website, then the status report will be based on data available on the December update.). The notice sent to nursing facilities will include the date to pull the data from.
8. **Comments:** Type how the facility has used QMI payments to improve their quality measure percentages. If using a supplemental document to provide comments, type "See Attached." Any supplemental comments should be submitted with the status report.
9. **Authorized Representative's Signature:** An authorized representative of the nursing facility may type their name or physically sign the form in this field. A typed name will be accepted as a signature.
10. **Authorized Representative's Position:** Type the authorized representative's position in the nursing facility.
11. **Authorized Representative's Phone #:** Type the authorized representative's work phone number.
12. **Authorized Representative's Email:** Type the authorized representative's work email address.
13. **Submission Date:** Type the date the form is submitted to the department.