

**Quality Improvement Plan
Board Quality Improvement Indicators**

- A. Full Board Indicators
 - a. Annual allocations homework (including status of Strategic Plan)
 - b. Quarterly Profile Reporting information (see attached)
- B. Committee Level Indicators
 - a. Program Committee
 - i. Care Management Indicators (adopted statewide)
 - ii. Results of Agency reviews
 - 1. Quarterly compliance/performance audits (required by the Board)
 - 2. Quarterly peer review/ level of care audits (required by ODADAS)
 - 3. Quarterly Agency Quality Improvement Reports
 - 4. Annual customer satisfaction (required by ODADAS/ ODMH)
 - 5. Annual referral source satisfaction (required by ODADAS)
 - 6. Annual fiscal audit (required by ODMH/ODADAS)
 - 7. Annual Medicaid audits (ODMH/ODADAS)
 - iii. Incident Reporting (e.g., Grievances, Complaints)
 - iv. Annual Reviews of Agency QI plans and Performance Improvement Projects and Special Focus Reviews
 - b. Finance Committee
 - i. Board Financial data
 - 1. Monthly Board financial statement of activity and Board fund review
 - 2. Monthly review of administrative budget
 - ii. Agency financial data
 - 1. Monthly statement of activity
 - 2. Use of line of credit
 - 3. Assets and liabilities
 - 4. Cash on hand
 - 5. Expense days covered
 - 6. Claims submissions/ Claims Volume
 - c. Administrative Committee
 - i. Quarterly Management Report
 - ii. Board Member Recruitment/Orientation and Attendance
 - iii. Board Annual Report
 - iv. Semi Annual Board Meeting Evaluation
 - v. Provider Satisfaction Review
 - vi. Annual Board Review of Ethics Policy
 - vii. Status of Board Peer Certification
 - viii. Status of Agency Certifications/ Accreditation