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| **VERSION NO.** | **PROCESS OWNER** |
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| **DATE OF LAST REVISION** | **LAST UPDATED BY** |
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| **INSTRUCTIONS**1. **‘I. INTRODUCTION’** – This section is utilized to provide detailed information about the document and the contents that is contained within the document. Information referenced in this document will provide details needed to understand the documented process and its deliverables.
	1. **Purpose:** Provide the purpose of the document to include specific detail about what is being addressed with the development of this process
	2. **Scope:** This section should outline the deliverables and/or objectives of this process to provide a method to measure success
	3. **Document Management:** Describe how the document will be tracked, stored, and distributed.
	4. **Compliance:** Provide all DOJ Provision and Compliance ID #s that are relevant or will be addressed by implementing the process on this document including language.
	5. **Roles & Responsibilities:** Identify the role of all individuals involved in the process and define their responsibilities of each individual.
2. **‘II. CHANGE CONTROL’** – This section will provide a description of the systematic approach to managing changes made to the process as well as ensuring that no unnecessary change or revisions are made that disrupt services or compliance.
	1. **Process Description** – Provide a detailed description about the process and what the process will address (i.e. developed as a monitoring tool, lower budget expenses, etc.)
	2. **Input/Trigger** – A process input/trigger describes what initiates the start of the process. Provide detailed information about what input is needed to start the process (i.e. intake process is initiated, a new service is begun, payment is received, etc.). The input/trigger should provide an explanation for the necessary tasks/steps identified in the process.
	3. **Outputs/Measures of Success** – A process output/measure of success describes the expected end product of a process (i.e. report, improved performance metrics, etc.). Provide a statement that describes what the expected outputs/measure of success of the process should be. The description of this output should allow for the development or tracking of measures of success.
	4. **Boundaries** – Process boundaries identify where the process starts and when it ends, it also identifies what is included and what is not included in the process. Boundaries also identify areas of intersect with other processes and activities. Provide any identified boundaries (i.e. initiation, closure, reporting cadence, frequency of process, etc.) in this section. Boundaries could include the intersection of where the process ends and the reporting process begins that includes the findings of the process.
	5. **Points of Control** – Points of Control within a process identifies any action or event that could “block” the implementation of the process. Provide any foreseen obstacles that may impact successfully implementing the documented process
	6. **Version Control** – Version Control will be utilized to track changes and guide naming conventions of process documents. Documents should follow the below nomenclature:

**Program Area\_Purpose\_Ver\_Version# (DS\_DOJ DQ Assessment\_Ver\_001)**1. **‘III. Reporting’ –** List of reports that are generated utilizing the data from this process.
2. **‘IV. Process’** – Provide detailed step-by-step instructions for implementation/execution of process.
3. **‘V. Measure Documentation’** – Description of the measure for reporting documentation
	1. **Measure Language** – Written in plain language, the measurable outcome is described here. This presents what the team wants to see happen at the individual, provider, or state level.
	2. **KPA PMI**? – A yes or no indicator to show whether this measure is a Performance Measure Indicator (PMI) that will be monitored in the Key Performance Area Workgroups (KPAs).
	3. **Numerator** – Numerator is described here, representing a subset of the same number described in the denominator.
	4. **Denominator** – Denominator is described here, representing the total number of applicable cases.
	5. **Target –** The goal, such as a count or percentage, for which the results should fall at or above.
	6. **Target Date –** The date or timeframe by which the target should be met (e.g., based on annual state fiscal year).
	7. **Baseline** – A period of benchmark data available prior to monitoring.
	8. **Population** – A description of the counts in the denominator (e.g., individuals on the DD waivers, all service providers).
	9. **Regional Breakdown**? – A yes or no indicator to show whether a regional breakdown of the data is possible for this measure.
	10. **Office of Clinical Quality Management Recommendation** – Language from the Office of Clinical Quality Management that provides guidance for actions needed.
	11. **Recommendation Mitigation & Timeline** – The time period and actions that will be taken to address the recommendation.
4. **‘VI. Verification’** – Provide all verification or validation process that needs to take place to ensure that the process is valid.
5. **‘VII. Continuous Quality Improvement (CQI)’** – Provide a detailed step-by-step process describing what will be done to monitor and improve process as time progresses.
6. ‘**VIII. Glossary of Terms’** – Contains definitions of terms used to describe process activities and requirements
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| **I. INTRODUCTION** |  |  |  |  |  |  |  |
| **PURPOSE** |  |
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| **SCOPE** |  |
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| **DOCUMENT MANAGEMENT** | All process documents will need to utilize approved process templates provided by DBHDS. Process documents will be saved as .pdf documents before distributed. All process documents will be stored in a centralized document library. Any revisions or updates to the document will need to be approved and documented for effective revision and/or document management. Naming conventions for versioning will be strictly enforced. |
| **PROVISION** |  |
| **COMPLIANCE INDICATORS** |  |  |
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| **ROLES AND RESPONSIBILITIES** |  |  |  |  |  |  |
| **ROLE**  | **RESPONSIBILITY** |
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**II. CHANGE CONTROL**

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| **PROCESS DESCRIPTION** |  |
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| **INPUT/TRIGGER** |  |
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| **OUTPUTS/MEASURE OF SUCCESS** |  |
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| **BOUNDARIES** |  |
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| **POINTS OF CONTROL** |  |
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| **VERSION** | **DATE** | **DESCRIPTION OF CHANGE IMPLEMENTED** | **COMPLETED BY** |
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**III. REPORTING**

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| **REPORTING TOOL/MECHANISMS** |
| **Report Name** |  | **Data Source** |  |
| **Report Name** |  | **Data Source** |  |
| **Report Name** |  | **Data Source** |  |

**IV. PROCESS**

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| **OVERVIEW** |  |  |  |  |  |  |  |
| **STEP#** | **PROCESS STEPS** | **SOURCE OF RECORD** | **APPROVAL REQUIRED** | **APPROVER** |
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**V. MEASURE DOCUMENTATION**

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| **Measure language** |  |
| **KPA PMI?** |  |
| **Numerator** |  |
| **Denominator** |  |
| **Target** |  |
| **Target Date** |  |
| **Baseline** |  |
| **Population** |  |
| **Regional Breakdown?** |  |
| **Office of Clinical Quality Management Recommendation** |  |
| **Recommendation Mitigation & Timeline** |  |

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| **Measure language** |  |
| **KPA PMI?** |  |
| **Numerator** |  |
| **Denominator** |  |
| **Target** |  |
| **Target Date** |  |
| **Baseline** |  |
| **Population** |  |
| **Regional Breakdown?** |  |
| **Office of Clinical Quality Management Recommendation** |  |
| **Recommendation Mitigation & Timeline** |  |

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| **Measure language** |  |
| **KPA PMI?** |  |
| **Numerator** |  |
| **Denominator** |  |
| **Target** |  |
| **Target Date** |  |
| **Baseline** |  |
| **Population** |  |
| **Regional Breakdown?** |  |
| **Office of Clinical Quality Management Recommendation** |  |
| **Recommendation Mitigation & Timeline** |  |

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| **VI. VERIFICATION** |  |  |  |  |  |  |
| **VERIFICATION, VALIDATION, AND TESTING PROCESS** |
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| **VII. CONTINUOUS QUALITY IMPROVEMENT (CQI)** |  |  |  |

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| **CQI PROCESS** |
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| **STEP#** | **PROCESS STEPS** | **PERFORMED BY** |
| # | (Describe the step required to perform action) | (Identify the role/job title of individual performing this task) |
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**VIII. GLOSSARY OF TERMS**

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| **Term** | **Definition** |
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