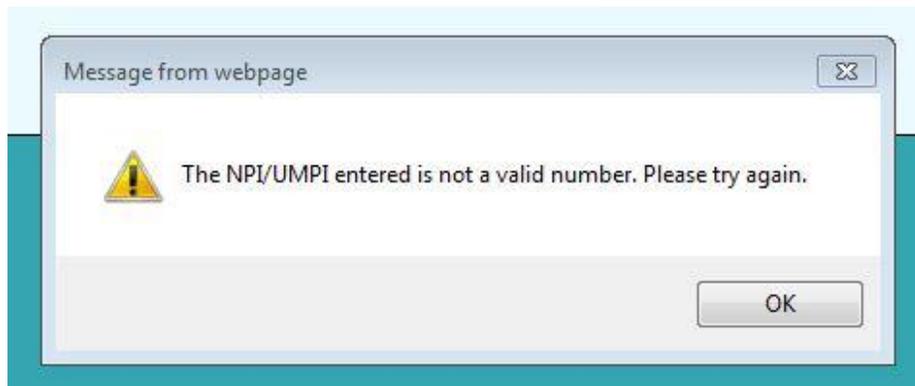


Completing the Quality Improvement Tool

The Home and Community-Based Services Quality Improvement Project is intended to encourage provider quality improvement efforts. Providers must submit their Quality Improvement project to DHS through this web-based tool by Dec. 31, 2014. For additional information please visit the [2014 Continuing Care Rate Changes](#) website or email questions to dhs.ccarates@state.mn.us

1. Accessing the tool

- 1.1. Click on the link <https://edocs.dhs.state.mn.us/lfserver/Secure/DHS-3893-ENG>
- 1.2. Select **Starting a new form**.
- 1.3. Enter one **NPI/UMPI** associated with this project to be used for future log-in.
 - *Additional NPI/UMPI numbers associated with this quality improvement project can be entered later.*
 - **NOTE:** *If you receive the following message, the NPI/UMPI is currently not in the system. Please confirm number and if it is correct, contact dhs.ccarates@state.mn.us*



- 1.4. Enter a valid **email address** to be used for future log-ins.
- 1.5. Click the **Start** button located in the lower left-hand corner

A screenshot of the "2014 Provider Quality Improvement Tool" registration page. At the top left is the Minnesota Department of Human Services logo. To the right is the title "2014 Provider Quality Improvement Tool" and the text "DHS-3893-ENG 10-14". Below the title is a paragraph of introductory text. There are two radio button options: "Starting a new form" (which is selected) and "Returning to an existing form". Below these options is the instruction "Enter one primary NPI/UMPI number and an email address to be used for future logins." There are three input fields: "NPI/UMPI" containing "0123456789", "EMAIL ADDRESS" containing "dhs.hcbsimprovement@state.mn.us", and "CONFIRM EMAIL ADDRESS" containing "dhs.hcbsimprovement@state.mn.us" with a green checkmark icon to its right. At the bottom left is a "Start" button, which is pointed to by a red arrow.

2. Entering Provider Information

2.1. Enter the **legal provider name**

2.2. Select the number of NPI/UMPI numbers associated with this project

2.2.1. NOTE: *Each NPI and UMPI number for your organization must be associated with a quality improvement project. One quality improvement project can apply to multiple NPI/UMPI numbers*

2.3. Enter the **NPI and UMPI numbers** associated with this project. One NPI/UMPI number for each text box.

3. Navigating and filling out the form

The following instructions show how to navigate the form and describe the different types of fields you will need to complete.

3.1. To advance from one page to another use the **Next Page** and **Previous Page** buttons located at the bottom of each page.

3.2. To skip to another section of the form, use the drop-down navigation menu located on the top of each page.

3.3. **DO NOT** use the 'Back' button in your browser. You will leave the form and lose the work in your current session.

3.4. Required Questions

3.4.1. Required questions are marked with a red asterisk *

3.4.2. The form can be saved without completing the required fields.

3.4.3. The form cannot be submitted unless all required fields are complete.

3.5. Check Boxes

3.5.1. To activate click the box.

3.5.2. Check boxes again to deactivate.

3.6. Text Fields

3.6.1. Text can be typed or copied and pasted from another document.

3.7. Date Picker

Dates may be entered using the calendar icon or manually typed

3.7.1. Click inside the date field to activate the calendar icon and select your date

3.7.2. Click inside the date field and type date using the format M/D/YYYY

7. What is the approximate start date for this project? *

 The date entered must be June 30, 2015 or earlier for the project plan to be accepted by the commissioner.

8. v  **ur quality improvement**

October 2014						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

9. **ives selected above?*** (s
vities

4. Saving the form

After you have entered you provider information, you may save the quality improvement tool at any time and continue working later. To save and access the form later:

4.1. Click the **Save & Exit** button located in the upper right-hand corner on each page.

Background Information (Services) 

2014 Provider Quality Improvement Tool *Required fields Page 2 of 9

Background Information 

3. Under which of these programs do you deliver services? * (check all that apply)

ICF/DD

Day training and habilitation

Home and community-based waiver services (BI, CAC, CADI, DD, or Elderly Waiver)

Alternative Care

Home care (Private Duty Nursing, Skilled Nursing, Home Health, Therapies)

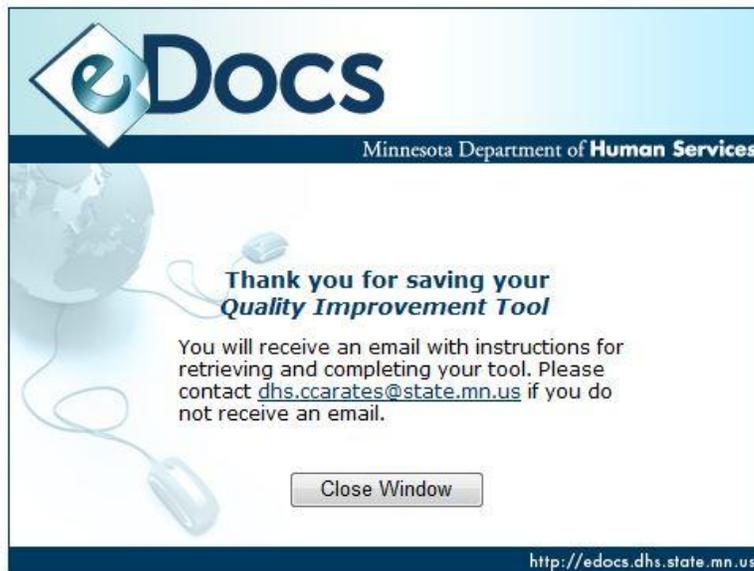
None of the above

If you do not provide any services under the programs above, you are not required to submit a quality improvement project. DHS is interested in learning about it and will use the information to help identify promising practices among providers. If you would like to continue please indicate the type of services you provide:



4.2. The form will close and a save confirmation message appears.



4.3. An encrypted confirmation email with your log-in information will be sent to the email address you provided.

4.3.1. Instructions for opening an encrypted email are available on the [Quality Improvement Requirement webpage](#).

5. Retrieving your saved form

5.1. To access tool either:

5.1.1. Click on the link in the Save confirmation tool *or*

5.1.2. Visit the [Quality Improvement Requirement website](#) and click on Quality Improvement Tool

5.2. Select **Returning to an existing form**

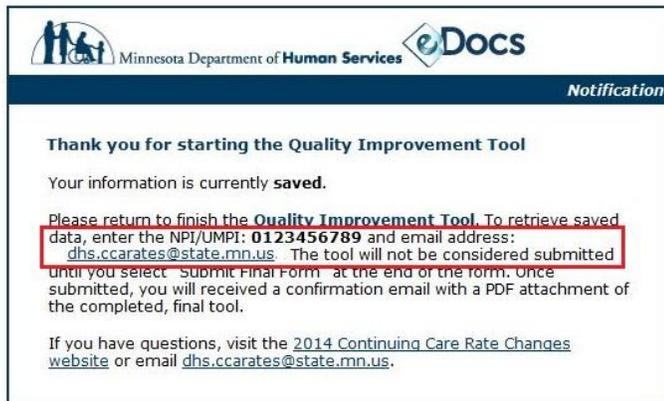
5.3. Enter the primary **NPI/UMPI number and email address** listed in your Save confirmation email.

Quality Improvement Tool has been saved [ENCRYPT]

*DHS_DHS CCARATES

Sent: Wed 10/8/2014 12:48 PM

To:



5.4. Click **Lookup**.

5.5. This message will appear, "Data lookup was successful. Please continue completing the form." Click **OK**.

5.6. Then click the **Start** button.

6. Submitting the form

Note: All required fields must be completed in order to submit. Required fields do not need to be complete in order to save.

6.1. Select **Submit Final Form**

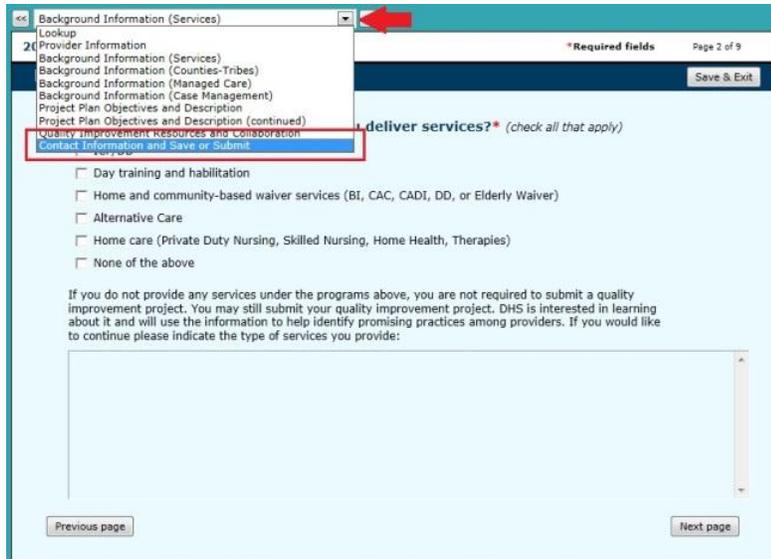
6.2. Click the **Submit** button

Note: All required fields must be completed in order to submit. If not filled in, you will receive this message, "A required field was found empty!"



6.2.1. Click **OK** and you will be redirected to the unanswered question

6.2.2. After completing the question navigate back to the submit page using the drop-down navigation menu on the top of the page and select "Contact Information and Save or Submit" option



6.2.3. Click **Submit** button again

6.2.4. Repeat process until all required fields are complete.

6.3. The form will close and a submit confirmation message appears.



6.4. An encrypted confirmation email will be sent to the email address you provided.

6.4.1. Instructions for opening an encrypted email are available on the [Quality Improvement Requirement webpage](#).

Note: We understand quality improvement is an ongoing process. If there are any additions or corrections to your quality improvement project, we encourage you to update your plan by clicking the link below and using the NPI/UMPI and email address you identified.