



## Quality Assurance and Performance Improvement (QAPI) Validation Report

I, \_\_\_\_\_ [responsible party], on behalf of  
\_\_\_\_\_ [facility name] hereby attest that this facility  
conducted its monthly QAPI meeting on \_\_\_\_\_ [calendar date] at  
\_\_\_\_\_ [time of day].

I further attest that this meeting provided for meaningful contribution to a program of quality assurance and performance improvement per the Code of Federal Regulations requirements and definitions contained in 42 C.F.R. §483.75(a) thru (h), as noted in the State Operations Manual (SOM) Appendix PP under the following FTags:

- **F865:** Quality Assurance Performance Improvement (QAPI) program;
- **F866:** Program feedback, data systems and monitoring;
- **F867:** Program systematic analysis and systemic action; and
- **F868:** Quality assessment and assurance. I understand that both holding the monthly meeting and correctly submitting this document are required to receive payments under Component One of the Quality Incentive Payment Program (QIPP), as set out in the UCMC contract, and in compliance with the rules set forth in 1 T.A.C. §§353.1302 and 353.1304.

I further understand that this report will be considered submitted correctly only if the report is:

- Received by HHSC by close of business on the first business day of the following month;
- Submitted through the portal found at the following link:  
*[http://registration.hhsc.state.tx.us/qipp\\_app/qipp\\_app/Default.aspx](http://registration.hhsc.state.tx.us/qipp_app/qipp_app/Default.aspx)*; and
- Titled clearly with the following information:
  - ▶ Provider Name
  - ▶ Facility ID
  - ▶ Month and Year of Meeting
  - ▶ e.g. "Stony Creek – 49679 – October 2019"

I further understand that HHSC will audit quarterly a sample of reports submitted by participating facilities. The facility that filed the report must provide the following documents for any and all months under review:

- Meeting minutes;
- Attendance and/or sign-in sheets;
- Demonstration of owner and/or operator involvement, as delineated in §483.75(f), such as proof of oversight, monitoring, or attendance;
- All documents related to program feedback and monitoring, as delineated in §483.75(c), such as records of the development and evaluation of performance indicators, adverse event monitoring, and collecting input from staff, residents, and resident representatives; and
- All documents related to program analysis and action, as delineated in §483.75(d), such as root cause analyses, corrective action plans, program interventions, and impact of projects on clinical care, quality of life, and consumer choice.

HHSC may recoup Component One payments when a facility's documentation does not support the information reported. Failure of a facility to provide supporting documentation to HHSC within 14 days may result in recoupment of Component One payments.

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Signature of Responsible Party Listed Above

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Date of Signature

If you have any questions or concerns about monthly QAPI attestations, please email [MCS\\_QIPP\\_QAPI@hhsc.state.tx.us](mailto:MCS_QIPP_QAPI@hhsc.state.tx.us) with a clearly titled Subject line.