**Quality Improvement Plan**

**Employee Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_

Inspire Case Management is committed to the delivery of case management services in an environment characterized by strict conformance with the highest standards of accountability. Inspire strives to provide services with quality by being committed to the prevention and detection of fraud, waste, abuse, fiscal mismanagement, and misappropriation of Medicaid funds.

**Performance in need of improvement:** *(List the goals and activities the employee will initiate to improve performance. Include skill development and changes needed to meet work performance expectations.)*

**Concern:**

**Summary and Results from previous Improvement Plan and required CAPs:**

**New Required CAPs:**

**CAP #1**:

Targeted Date for Improvement:

**CAP #2:**

Target Date for Improvement:

**CAP #3:**

Target date for improvement:

**Expected results and follow up *(include support and resources:, include possible consequences.)*:**

**CAP #1**:

**CAP #2**:

**CAP #3:**

**Additional Training Needs:**

A copy of this reprimand will be placed in your official personnel file. Failure to complete necessary CAPs within the timelines given, will result in additional disciplinary action up to and including mandatory caseload reduction and/or possible employment termination.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_

Quality Compliance Officer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_