



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D.,
J.D.
Acting Commissioner

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Executive Deputy Commissioner

Quality Incentive/ Vital Access Provider Pool

Provider Name: _____

Provider Type: LHCSA ☐ CHHA ☐ LTHHCP ☐

1. The minimum hourly rate established for providers to qualify for QIVAPP is \$18.50.

Does the provider meet the \$18.50 hourly requirement? Yes ☐ No ☐

A. As of what date? April 1, 2014 ☐ Other ☐

If other, what date: _____

B. Actual hours provided from date in Question A through
February 28, 2015 _____

C. Projected hours from March 1, 2015 through
March 31, 2015 _____

2. DOH has a minimum requirement that home health aides must receive 12 hours of in-service training per year. PCA workers must receive a minimum of 6 hours of in-service education per year. For providers to qualify for QIVAPP, they must exceed the minimum requirements established by DOH.

Does the provider exceed the minimum training requirements established by
DOH? Yes ☐ No ☐

3. Providers need to have a written quality assurance program that has been successfully implemented and is currently active.

Does the provider have a written quality assurance plan that has been successfully
implemented and currently active? Yes ☐ No ☐

4. Providers must either participate in a health benefit fund or provide comprehensive health coverage to employees that meet or exceed the DOH Sample Qualified Incentive Pool Provider Health Benefit.

Does the provider participate in a health benefit fund or provide comprehensive health coverage to employees that meet or exceed the DOH Sample Qualified Incentive Pool Provider Health Benefit? Yes ☐ No ☐

All records must be retained and made available upon request

Authorizing Signature

I, the undersigned, hereby certify under penalty of perjury that I am duly authorized to subscribe and submit this questionnaire and that the information contained herein is accurate, true and complete in all material aspects.

Name (print or type): _____

Date: _____

Signature: _____

Title: _____