



## **OCOK Network Provider Quality Improvement Plan**

<b>FOR OCOK USE ONLY</b>	
Date QIP Received:	Date QIP Approved:
Type of Contract:	Monitoring Report Date:
Date of Desk Review:	Date of On-site Review:
If needed, Date QIP Enhancements Requested:	Date QIP Enhancements Received:
QIP Completed by:	

Finding #	Branch or Location:	Area of Improvement:	Date:
<p><b>Action Plan Steps:</b> Provide QIP steps, staff responsible for implementation of the QIP, and quality assurance.</p>			