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# **Section 1: Transformation and quality projects**

**(Complete Section 1 by repeating parts A through E until all TQS components have been addressed. For full TQS requirements, see the** [TQS guidance document](https://www.oregon.gov/oha/HPA/dsi-tc/Documents/TQS-Guidance-Document.pdf).**)**

## Project title: Add text here

Continued or slightly modified from prior TQS? Yes No, this is a new project

If continued, insert unique project ID from OHA: Add text here

### Components addressed

* 1. Component 1: Choose an item.
  2. Component 2 (if applicable): Choose an item.
  3. Component 3 (if applicable): Choose an item.
  4. Does this include aspects of health information technology?  Yes  No
  5. If this is a CLAS standards project, which standard does it primarily address? Choose an item

### Project context: Complete the relevant section depending on whether the project is new or continued.

**New projects**

**Why was this project chosen? What gap does it address? Include CCO- or region-specific data and race, ethnicity, language, disability and gender identity (REALD & GI) data for the project population.**

Add text here

**Continued projects**

1. **Progress to date (include CCO- or region-specific data and REALD & GI data for the project population):** Add text here
2. **Describe whether last year’s targets and benchmarks were met (if not, why):** Add text here
3. **Lessons learned over the last year:** Add text here

### Brief narrative description

* 1. **Project population:** Add text here
  2. **Intervention (address each component attached):** Add text here

### **Activities and monitoring for performance improvement** (duplicate until all activities and measures are included)

**Activity 1 description**: Add text here

Short term or  Long term

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Monitoring measure 1.1** | | Add text here | | | |
| **Baseline or current state** | **Target/future state** | | **Target met by (MM/YYYY)** | **Benchmark/future state** | **Benchmark met by (MM/YYYY)** |
| Add text here. | Add text here. | | Add text here. | Add text here. | Add text here. |
| **Monitoring measure 1.2** | | Add text here | | | |
| **Baseline or current state** | **Target/future state** | | **Target met by (MM/YYYY)** | **Benchmark/future state** | **Benchmark met by (MM/YYYY)** |
| Add text here. | Add text here. | | Add text here. | Add text here. | Add text here. |

**Activity 2 description**: Add text here

Short term or  Long term

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Monitoring measure 2.1** | | Add text here | | | |
| **Baseline or current state** | **Target/future state** | | **Target met by (MM/YYYY)** | **Benchmark/future state** | **Benchmark met by (MM/YYYY)** |
| Add text here. | Add text here. | | Add text here. | Add text here. | Add text here. |

# **Section 2: Supporting information (optional)**

Attach other documents relevant to the TQS components or your TQS projects, such as driver diagrams, root-cause analysis diagrams, data to support problem statement, or member materials. Please add any attachments to the table of contents.

**Submit your final TQS by July 15** throughthe [CCO Contract Deliverables Portal](https://oha-cco.powerappsportals.us/).(The submitter must have an OHA account to access the portal.)