

**IPMES/WORKSCOPE
Index Response and Clarification Sheet**

Fiscal Year:

Provider Name: _____

Provider #:

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Program Type: (From IPMES/Workscope Cover Sheet) _____

Pru #:

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For each of the indices identified as falling below the standard or 25th percentile, on the IPMES/Workscopes Cover Sheet, please provide an explanation or justification.

No. _____

Print name of index: _____

Response:

a. Explanation of Performance

b. Proposed Corrective Action

No. _____

Print name of index: _____

Response:

a. Explanation of Performance

b. Proposed Corrective Action

SIGN ON THE BOTTOM OF LAST IPMES/WORKSCOPE IRCS SHEET SUBMITTED

Signature of Program Director

Date

Signature of LGU Representative

Date