

# CORRECTIVE ACTION PLANS

WDH BEHAVIORAL HEALTH DIVISION  
DEVELOPMENTAL DISABILITIES SECTION  
PROVIDER SUPPORT UNIT  
PROVIDER SUPPORT CALL  
JULY 29, 2019

## What is a Corrective Action Plan (CAP)?

- Wyoming Medicaid Rule Chapter 45, Section 29 states that the Division shall seek cooperation with providers for complying with Rule regarding DD Waiver Service.
- Section 29 also states that technical assistance may be provided to help providers stay in compliance with rule.
- Section 29(b) states that the Division may also attempt to resolve any noncompliance through corrective action plans.

## What is a Corrective Action Plan (CAP)?

- Corrective Action Plans are a structured support
  - An agreement that a provider and the Division participate in to ensure participants are provided support in alignment with State and federal laws.
  
- Where can a CAP come from?
  - Always issued from the Division, and happen when a rule violation occurs. Can come from:
    - Incident report
    - Complaint
    - Certification Renewal
    - Quality Improvement Review of IPCs conducted by PSS

## Division CAP Philosophy

- Technical Assistance is the first step when a rule violation occurs, unless the situation includes a serious and immediate health, safety, welfare, or rights issue.
  
- The goal of the CAP is to resolve the rule violation and have participants receive services in alignment with State and federal law.
  
- Escalation to sanctions should be rare and rationale clearly communicated.
  
- Timelines/deadlines are firm and should be met by all parties.

## Provider's Role in the CAP Process

- Identify what steps the provider will take
  - *To resolve the presenting issue*
  - *To prevent the issue from happening again*
- Submit the CAP to the Division within the defined timelines
- To implement the CAP as agreed upon
- To monitor that steps are occurring
- To provide evidence that the CAP is being carried out
- To work with Division staff regarding additional requests, technical assistance, or other information that is needed

## Division's Role in the CAP Process

- To make the initial determination that a CAP is needed
- To identify the specific Rule violations/areas of concern
- To clearly communicate requirements and deadlines to the provider
- To make determinations if the submitted CAP is approved or rejected
- To conduct continued oversight to ensure the CAP is being implemented as agreed upon

## What a CAP Must Include

- What is going to be done to resolve the presenting issue
- What is going to be done to prevent the same issue from happening again
- Essential defined elements of the CAP

Completed by the Division:

- *Recommendation/rule violation, completed by the Division*

Completed by the Provider:

- *Action steps that address the recommendation/rule violation*
- *How the action steps will be documented*
- *Who in the organization is responsible for each step*
- *Due date of each step*
- *Completion date of each step*

## What Should Not Be Included in a CAP

- Arguments in the action steps
  - *If you disagree with the need for a CAP, the appropriate place to do that is in correspondence to your PVS or management staff, not in your CAP.*
- Provider determination of compliance
  - *The Division's role is to determine compliance with rule. The provider's role is to provide documentation and information to assist in that determination.*
- Action steps that are not specific, measurable, or achievable
  - *Set yourself up for success. Make sure that your action steps are something you can do to demonstrate compliance with rule.*

## CAP Timelines

- Timelines for CAP submission are outlined in Rule
  - *First submission by the provider must be submitted within 15 business days of notification by the Division*
  - *The Division then has 30 business days to review and issue a determination of acceptance or rejection*
  - *If the Division rejects, the provider then has 10 business days to submit their second submission*
  - *The Division then has 30 business days to review and issue a determination of acceptance or rejection*

## CAP Timelines

- *If the Division rejects the second submission, the provider then has 10 business days to submit their third submission*
- *The Division then has 30 business days to review and issue a determination.*
  - *If the Division rejects the third submission, the Division may proceed with sanctions.*

## SMART CAPs

- Rule of thumb that Division staff use in making a determination of accepting or rejecting a CAP: Are each of the CAP action steps SMART?:
  - *Specific*
  - *Measurable*
  - *Achievable*
  - *Realistic*
  - *Time-bound*

## Question to Ask for SMART Action Steps

- **Specific:**
  - *Do the actions in the CAP address all of the presenting issues in the recommendations?*
  - *Do the actions in the CAP address how my organization will prevent the presenting issue from happening again?*
- **Measurable:**
  - *Are the actions in the CAP able to be concretely measured/evaluated by me and the Division?*
- **Achievable:**
  - *Are the actions in the CAP something over which I have direct control?*

## Question to Ask for SMART Action Steps

- Realistic:
  - *Are the actions in the CAP realistic for my organization to be able to achieve?*
  
- Time-Bound:
  - *Are the actions in the CAP presented with a specific timeframe?*
  - *Are the timeframes cited in the CAP reasonable from both the Division's and from my perspective?*
  - *Will the timeframe support participants receiving quality care?*

## Monitoring and Oversight

- The provider and the Division should be in close contact throughout the CAP period.
  
- Chapter 45 Section 29(h) provides responsibilities for oversight and monitoring
  - *Provider is responsible for making sure the CAP has been implemented within the required time frames*
  - *The provider is responsible for submitting evidence of CAP implementation and completion*
  - *The Division is to review the evidence and ensure the CAP implementation is in alignment with what was agreed upon in the CAP*
  - *The Division may also complete follow-up investigations or review additional items during provider recertification to ensure the CAP*

# CAP Resolution

- The best possible solution is that the CAP has been implemented, completed, and the provider and Division are in agreement that services are being provided in alignment with Rule.
- Once the CAP action steps have been completed, the Division will contact the provider and inform them of the CAP being resolved.
- CAPs will remain on file within IMPROV for documentation purposes.
- If three (3) or more CAPs are opened within the certification period for the same or similar circumstances, the issue is considered to be one of chronic noncompliance. The Division may escalate the CAP to sanctioning action if necessary.

# Thank you!

## Questions?