

## Corrective Action Plan Guidelines

### Guidelines for Development:

- You will be given 30 days to develop *and implement* your corrective action plan, so that at the 30 day mark you are submitting your plan *AND* progress that was made within that 30 days.
- You will also need to submit any documentation that was reviewed during the audit that was missing, unsigned or expired.

### Guidelines for staff training and supporting documentation:

- If part of your corrective action plan is to re train staff on a process or procedure, please submit the signature sheet from the training as well as the information that was given (power point, meeting minutes, etc)
- If part of your corrective action plan is to make changes in your documentation, please do so as soon as you get the audit results and implement the new documentation sheet so that at the end of the 30 days, you will have a 2-3 weeks of improved documentation to submit.

For Example: When you get your results back, read the letter as soon as possible, as you will only have 30 day to develop and implement your plan. The Corrective Action Plan document will show you the regulation that as cited, below highlighted in yellow.

So, in the example, the citation was documentation is not being signed and dated correctly by staff.

After reading the first guideline in the second bolded section, you decide to “re train” staff on how to sign documentation at your next staff meeting. Keep a signature sheet of this meeting and the meeting minutes to be submitted later as proof.

After reading the second bullet point in the second bolded section, you update your documentation and begin implementation as soon as you trained staff (within about 2 weeks of receiving results).

A few days prior to the due date, or when you have documented proof of changes, you would submit your completed corrective action plan, your minutes from the staff meeting where you discussed the citation, signature sheet of those in attendance at that meeting and the most current documentation that shows the changes made.

\*\* There should be 1 submission that contains all of this information. There are 50-60 providers to review and possible corrective action plans to monitor, so sending things in one by one will increase the likelihood that it can get buried in emails.\*\*

Descriptor	Finding/Recommendation	Plan for Improvement	Person Responsible	Time Frame
Signature/Dates	As per MDHHS Medicaid Provider Manual 15.7 & SWMBH Operating Policy 12.11: All documentation for services provided must be signed and dated by the rendering healthcare professional. All three claim documents were missing either the date or both.	<i>Will train staff on dating their signatures monthly as required and update documentation</i>	<i>Cherlynn</i>	<i>By August 1<sup>st</sup>.</i>

A copy of our Corrective Action Plan Template with guidelines can be found on our website.