

Best Practice Guidelines for Developing a Corrective Action Plan (CAP) in CLASS & DBMD

Introduction

The best practice guidelines are intended to help the submitter ensure:

- The Corrective Action Plan (CAP) is developed in accordance with the requirements outlined in the Texas Administrative Code (TAC)
- All required elements are sufficiently addressed in the proposed CAP
- The CAP will result in improved service delivery and contract compliance

What does each CAP require?

1	Non-Compliance Description	✓ Describe the non-compliance that HHSC identified after conducting a monitoring review or complaint investigation ➤ The non-compliance descriptions are documented in the notes provided after a monitoring review exit conference or in the statement of findings provided at the conclusion of a complaint investigation ➤ Ensure that all identified non-compliance for each cited standard or substantiated complaint allegation is included
2	Corrective Action	✓ Describe the activities that will be performed to correct or prevent the non-compliance from re-occurring ➤ What actions are being taken to address and correct the non-compliance across the contract? ➤ What tools/documentation will be used to ensure contract compliance moving forward? ➤ Will additional training address the non-compliance? ➤ Are quality assurance measures being implemented to prevent this non-compliance from happening in the future?
3	Title of Responsible Party	✓ Include the title of the person responsible for performing the corrective activities ➤ Who specifically is responsible for the corrective action(s)? ➤ Include the title of the person responsible for the corrective action(s) included in the "corrective action" section of the CAP
4	Schedule for Action	✓ Include a schedule for performing the activities ➤ When will the corrective action(s) begin? ➤ When/How often will the corrective action(s) occur? ➤ With what frequency will the CAP be checked to ensure it is working?

EXAMPLE 1 - DBMD

Noncompliance Description

Describe the noncompliance that HHSC identified from the monitoring or investigation resulting in the corrective action plan.

Standard II.1: One employee's record did not demonstrate that they met the minimum qualifications for their position.
Standard II.3: Three unlicensed employees did not have documentation in their records that they maintained CPR/First Aid certification with no gaps in training

✓ Refer to the findings/notes

Corrective Action

Describe the activities that will be performed across the contract to correct or prevent the noncompliance from reoccurring. (*Do not just restate the Texas Administrative Code.*)

By 1/1/2021, the HR Director will in-service Human Resources staff regarding the requirements to verify minimum qualifications by position for each employee. 100% of files will be audited to ensure all staff meet the required qualifications.

The HR Manager will review all personnel records to ensure all unlicensed employees have current CPR/First Aid training. The HR Director will create a log and schedule certification training at least one month before the due date to ensure there are no gaps in training.

The Program Director will randomly review 4 personnel charts quarterly to ensure that the verification of qualifications and CPR/First Aid certification was completed and filed in the personnel record.

✓ Corrective Action
✓ Schedule
✓ Title
✓ Monitoring System

EXAMPLE 2 – CLASS

Noncompliance Description

Describe the noncompliance that HHSC identified from the monitoring or investigation resulting in the corrective action plan.

Standard III.6: For one of the two records reviewed, the CMA did not complete the renewal activities as required. For Sample Individual 2, the CMA failed to submit the IPC renewal packet to HHSC at least 30 days calendar days before the end of the IPC period.

✓ Refer to the findings/notes

Corrective Action

Describe the activities that will be performed across the contract to correct or prevent the noncompliance from reoccurring. (*Do not just restate the Texas Administrative Code.*)

Effective 5/5/2022, the case manager will create and follow a checklist of all required renewal activities. This checklist will be updated as actions are completed and the document will remain in the individual's record. To ensure that all deadlines are met, the case manager will set corresponding calendar notifications for each required action.

Quarterly, the Program Director will review the logs for compliance.

✓ Corrective Action
✓ Schedule
✓ Title
✓ Monitoring System

REMINDERS

- When developing the CAP, keep it simple; incorporate the CAP into systems or processes that you already have in place
- The purpose of the CAP is to help maintain compliance
- When using Form 8557, follow all form instructions
- The CLASS/DBMD monitoring team will provide feedback if the CAP does not include all required elements

Your agency may request a one-on-one informational session with a member of the monitoring team to discuss applicable rules and regulations related to any non-compliance identified during a contract and fiscal compliance monitoring review.

To request this session, please send an email to: CAPM_CLASS_DBMD_Monitoring@hhs.texas.gov and include your contract number and standard or relevant rule you would like to discuss.