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| **CAP Title:** |  | | |
| **Contractor:** |  | **Line Of Business:** |  |
| **Date Of Submission:** |  | **Date Of Resubmission:** |  |

| **Requirement** | **Found**  **(Yes/No)** | **Comments/Concerns** | **Resubmission Findings**  **(If applicable)** |
| --- | --- | --- | --- |
| The Contractor has included the following within its proposed CAP: | | | |
| 1. All required measures/elements specific to the CAP focus area (i.e. inclusion of each Performance Measures below the associated Minimum Performance Standard/NCQA Medicaid Mean/CMS Medicaid Median; inclusion of all specified survey measures below the AHCCCS identified performance standards; or other identified elements, as appropriate to the CAP submission). |  |  |  |
| 1. Identified root cause(s) of the deficiency(s) for each required measure/element specific to the CAP focus area. |  |  |  |
| 1. Measurable and realistic goal(s) and/or identified target(s) the Contractor shall utilize to measure progress toward the AHCCCS performance requirement(s). |  |  |  |
| 1. Existing interventions inclusive of:  * Intervention start date as well as intervention end date, when an intervention is retired or discontinued as part of the Contractor’s CAP proposal development, * Discussion related to the evaluation of existing interventions, and * Identified barriers/reasons the interventions have not achieved the desired effect. |  |  |  |
| 1. New/enhanced interventions inclusive of:  * Start date and end date (specific timeframes for implementation) for each identified intervention, and * Staff positions responsible for implementing/overseeing each identified intervention. |  |  |  |
| 1. Methodology and frequency for monitoring and evaluating the Contractor’s overall progress towards achieving the measurable and realistic goal(s), identified target(s), and AHCCCS performance requirements. Monitoring and evaluation shall occur, at a minimum, on a quarterly basis. |  |  |  |
| 1. Description of the process for initiating and repeating the PDSA cycle, as part of the Contractor’s performance improvement evaluation and CAP update activities, including the process for refining interventions based on measuring the results/evaluating the Contractor’s results to date. |  |  |  |
| 1. Current/updated PDSA cycle(s) for Performance Measures included under a CAP during the previous measurement period and required as part of the Contractor’s current CAP proposal. |  |  |  |
| 1. Method(s) for internal and external dissemination of CAP findings and results. |  |  |  |
| 1. Inclusion of suggested additional elements  * Background information related to the measures/elements requiring a CAP, * Quantitative and qualitative data, and * Other pertinent data and/or information. |  |  |  |
| Additional Comments/Concerns: |  | | |

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| **Date of AHCCCS Review** | **Proposed CAP Accepted?**  **[Yes /Yes-Contingent Upon**  **(List Reason)/No]** | **CAP Closed?**  **(Yes / No)** | **Due Date** | |
|  |  |  | Resubmission |  |
| Update |  |