Contractors shall develop and implement Quality Improvement specific Corrective Action Plans (CAPs) for taking appropriate steps to improve care and services, if and when deficiencies are identified, and as directed by AHCCCS. All proposed CAPs shall be submitted to AHCCCS for review and approval, prior to implementation.

**Proposed Quality Improvement Specific CAP Submissions**

**Required Elements**

At a minimum, Contractors required to submit a proposed CAP to the AHCCCS Quality Improvement Team, shall include the following:

* All required measures/elements specific to the focus area (i.e. inclusion of all Performance Measures below Minimum Performance Standards, inclusion of all specified survey measures, or other identified elements).
* Identified root cause(s) of the deficiency and steps to be taken to facilitate an expedient return to compliance.
* Appropriate interventions.
  + Existing interventions (description of existing interventions,documentation of evaluation results for existing interventions, and identification of barriers/reasons the interventions have not achieved the desired effect).
  + New or enhanced interventions (incorporating evidence-based practices that have been shown to be effective in the same/similar populations and interventions that are internal, external, member-focused, and provider focused, as appropriate).
* Start date and end date (specific timeframes for implementation) for listed interventions
* Staff positions responsible for implementing/overseeing interventions.
* Methodology for measuring the effectiveness of proposed interventions.
* Measurable and realistic goal(s) and/or identified target(s) the Contractor shall utilize to measure progress.
* Specified frequency for monitoring and evaluating results of new/enhanced interventions performance following implementation of new/enhanced interventions against the established goals (including frequency of monitoring and evaluation).
* Description of the process for repeating the PDSA cycle until the measureable goal(s) and/or target(s) are achieved, including the process for refining interventions based on measuring the results.
* Method(s) for internal and external dissemination of CAP findings and results.

Contractors are to refer to the AMPM Policy 970 for additional guidance on Performance Measure CAP requirements.

**Suggested Additional Elements:**

AHCCCS encourages additional information to also be provided, as this may assist with identifying potential barriers and/or issues that the Contractor may be experiencing. These additional elements include, but are not limited to:

* Background information related to the measures/elements requiring a CAP
* Quantitative and qualitative data
* Other pertinent data and/or information

**Quality Improvement Specific CAP Update Submissions**

**Required Elements**

Contractors are to submit CAP updates after the proposed CAP has been approved and at intervals specified by AHCCCS. CAP updates shall include the following:

* Demonstrated use of PDSA cycle(s) with repeat PDSA cycle(s) implemented
* Documentation of an assessment of the effectiveness of the action(s) taken (i.e. progress achieved in relation to the established measurable and realistic goal(s) and/or identified target(s)
* Identification of any refined interventions and specific changes that were made since the most recent CAP update

**AHCCCS Feedback**

Following any Quality Improvement Specific CAP Proposal or CAP Update Submissions, the AHCCCS Quality Improvement Team will provide Contractors feedback utilizing the following checklists.

**AHCCCS Quality Improvement Specific Corrective Action Plan (CAP) Initial Proposal Checklist**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CAP Title:** |  | | | |
| **Contractor:** |  | | | |
| **Requirement** | | **Found**  **(Yes/No)** | **Comments/Concerns** | **Resubmission Findings (If applicable)** |
| All required measures/elements specific to the focus area (i.e. inclusion of all Performance Measures below Minimum Performance Standards, inclusion of all specified survey measures, or other identified elements). | |  |  |  |
| Identified root cause(s) of the deficiency and steps to be taken to facilitate an expedient return to compliance. | |  |  |  |
| Appropriate interventions   * Existing interventions (description of existing interventions, documentation of evaluation results for existing interventions and identification of barriers/reasons the interventions have not achieved the desired effect) * New or enhanced interventions (incorporating evidence-based practices that have been shown to be effective in the same/similar populations and interventions that are internal, external, member-focused, and provider focused, as appropriate). | |  |  |  |
| **CAP Title:** |  | | | |
| **Contractor:** |  | | | |
| **Requirement** | | **Found**  **(Yes/No)** | **Comments/Concerns** | **Resubmission Findings (If applicable)** |
| Start date and end date (specific timeframes for implementation) for listed interventions. | |  |  |  |
| Staff positions responsible for implementing/ overseeing interventions. | |  |  |  |
| Methodology for measuring the effectiveness of proposed interventions. | |  |  |  |
| Measurable and realistic goal(s) and/or identified target(s) the Contractor shall utilize to measure progress | |  |  |  |
| Specified frequency for monitoring and evaluating results of new/enhanced interventions performance following implementation of new/enhanced interventions against the established goals (including frequency of monitoring and evaluation). | |  |  |  |
| Description of the process for repeating the PDSA cycle until the measureable goal(s) and/or target(s) are achieved, including the process for refining interventions based on measuring the results. | |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CAP Title:** |  | | | |
| **Contractor:** |  | | | |
| **Requirement** | | **Found**  **(Yes/No)** | **Comments/Concerns** | **Resubmission Findings (If applicable)** |
| Method(s) for internal and external dissemination of CAP findings and results. | |  |  |  |
| Inclusion of suggested additional elements. | |  |  |  |
| Additional Comments/Concerns. | |  | | |

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

**AHCCCS Quality Improvement Specific Corrective Action Plan (CAP) Update Checklist**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CAP Title:** |  | | | | | | | |
| **Contractor:** |  | | | | | | | |
| **Requirement** | | | **Found**  **(Yes/No)** | | **Comments/Concerns** | | **Resubmission/CAP Update Findings** | |
| Demonstrated use of PDSA cycle(s) with repeat PDSA cycle(s) implemented | | |  | |  | |  | |
| Documentation of an assessment of the effectiveness of the action(s) taken (i.e. progress achieved in relation to the established measurable and realistic goal(s) and/or identified target(s) | | |  | |  | |  | |
| Identification of any refined interventions and specific changes that were made since the most recent CAP update | | |  | |  | |  | |
| Additional Comments/Concerns | | |  | | | | | |
| **Date of AHCCCS Review** | | **CAP Update Accepted?**  **[Yes / Yes-Contingent Upon**  **(List Reason) / No]** | | **CAP Closed?**  **(Yes / No)** | | **Due Date** | | |
|  | |  | |  | | Resubmission | |  |
| Update | |  |