

# HCPF Corrective Action Plan Template- Draft

This form is used for a Corrective Action Plan (CAP) issued by the Department of Health Care Policy and Financing to an Eligibility Site. This form is to be completed by the Eligibility Site within 10 business days of receipt of Management Decision Letter. You'll be required to define the problem, identify the root cause(s) of the problem, develop possible solutions (countermeasures) to reduce or eliminate the root cause(s) and implementation of selected possible solutions.

\* Required

## 1. Email address \*

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## 2. Citation

What performance measure or citation of non-compliance is this IAP for?

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## 3. Are the problem and its root cause(s) known?

If the problem and root cause(s) are known, the solution should be clear. Select 'Yes' if the problem and solution are clear. For example, if your citation is "Do not have a HIPAA training in place", your solution is to implement a HIPAA training. This type of improvement project is known as a Just Do It. If it is not clear, select 'No'. For example, if your citation is not making substantial progress toward the performance measure target for Timely Applicants with Disability Determination, the root cause(s) may not be known or there may be more than one which will require prioritization.

*Mark only one oval.*

Yes    *Skip to question 4*

No    *Skip to question 9*

**Just  
Do It**

A "Just Do It" improvement project is one where the problem is clear, the root cause is known and the solution is also known.

4. Identify the problem. \*

State what the problem is. This should identify what was the expectation and what is the reality. Example: "Workers of Eligibility Sites are required to attend HIPAA training annually, but County X does not have a training in place at this time".

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5. Why does this problem exist? \*

Explain why this problem exists. This is also known as the root cause. Example: "County X was not aware workers of Eligibility Sites were required to attend a HIPAA training Annually".

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6. Solution \*

Please explain what the solution to this problem will be. Example: "County X will find a suitable HIPAA training and build it into new worker training as well as have all staff attend it".

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7. When do you anticipate this will occur? \*

Please provide tentative dates for when the solution will be implemented. Example: "County X will find a suitable HIPAA training by July 2021 and add it to the new worker training at the same time. Current employees will be required to attend the training on one of three dates: 8/1/2021, 8/15/2021, or 8/30/2021".

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8. Who is responsible for ensuring this solution is implemented? \*

Provide the name, title, and contact information of who is responsible for implementing this solution. Example: "Suzy Jones, Training Manager of County X, 303-555-5555, [suzy.jones@countyx.co.us](mailto:suzy.jones@countyx.co.us)".

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Root Cause Analysis

Improvement projects that do not have clear root cause(s) or solution(s) require some analysis. Please complete the following to show analysis was done to find the root cause of the problem and solutions were developed to reduce or eliminate the root cause(s).

9. Current and Target Performance \*

What is your current performance and what is the target of performance? Example: "No substantial movement toward the 95% target for Timely Applicants with Disability Determination". If it is not a performance measure, but a citation of non-compliance, an example may be: "County X has not been able to produce all individual case records to auditors; these documents must be maintained and stored for review to evaluate Medicaid eligibility determinations".

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### 10. Performance Gap \*

Define the problem. The problem is the gap in the expected performance and the current performance. Example: "Applications requiring a disability determination have not met timeliness requirement of 95% timeliness for 7 consecutive months at County X." Or "Not all case file documents can be found in time to be sent for eligibility reviews."

#### Find the Cause

In this section you will explore the cause or causes of the performance gap.

### 11. Current Business Process \*

Draw out your business process with at least one person from each section. Below, write down each step of the process in which the performance gap is occurring. For assistance with this step, please contact [hcpf\\_performance.improvement@state.co.us](mailto:hcpf_performance.improvement@state.co.us).

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### 12. Cause \*

Where in your process is the problem occurring? What are the cause(s) of the problem occurring in this part of the process? For assistance with this step, please contact [hcpf\\_performance.improvement@state.co.us](mailto:hcpf_performance.improvement@state.co.us).

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13. Solutions (Countermeasures) \*

Describe possible solutions for the root cause(s) identified in the question above.

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14. Selected Solutions \*

What solutions have been selected? Why these solutions and not the others (if others were not selected from above).

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15. Implementation Timeline \*

Please provide the due dates assigned for each piece of the solution being implemented.

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16. Implementation Owner \*

Provide the name, title, and contact information of who is responsible for implementing this solution.  
Example: "Suzy Jones, Training Manager of County X, 303-555-5555, [suzy.jones@countyx.co.us](mailto:suzy.jones@countyx.co.us)".

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