



<b>Broward Behavioral Health Coalition, Inc.</b>	
<b>Policy Title:</b> Corrective Action Plans (CAP)	
<b>Policy Number:</b> BBHC.0082	<b>Contract Section (s):</b> Contract No. JH343
<b>Effective Date:</b> 8/20/2020	<b>Revision Date:</b> 8/4/2023
<b>Responsible Department:</b> Continuous Quality Improvement (CQI)	
<p>Approved by: Caren Longsworth, Director of Quality Improvement</p> <p>Signature: <small>DocuSigned by:</small> <u>Caren Longsworth</u> Date: 8/6/2023 <small>7A4D59B701D0479...</small></p> <p>Approved by: Silvia Quintana, Chief Executive Officer</p> <p>Signature: <small>DocuSigned by:</small> <u>Silvia Quintana</u> Date: 8/6/2023 <small>D999499956A143C...</small></p>	

**Policy:**

This policy of Broward Behavioral Health Coalition Inc., (BBHC) shall establish formal direction and procedures for the management of Outcome Based Corrective Action Plans (CAP). This management is fundamental to ensure adherence to uniform procedures and the delivery of services in accordance with applicable federal and state laws, rules, and regulations; the terms and conditions of the contract; and policies, and procedures established by BBHC.

**Purpose:**

This policy sets forth the procedures for completion, acceptance, follow-up, and closure of an Outcome Based Corrective Action Plan. For those Providers which receive repeated, severe, continued findings in regular reviews or when a trend of non-compliance has been identified will be required to complete a CAP to indicate how the identified issues will be resolved.

**Procedures:****I. Standards and Processes**

- A. Generation of Outcome Based Corrective Action Plans, CAP: Providers are monitored in a continuous and comprehensive manner; CAPs (CORRECTIVE ACTION PLANS) can result from multiple sources. However, they are always a direct consequence of findings of deficiencies identified that require an official response in the form of a formal plan of action intended to correct the deficiency identified. A CAP will be

required when significant findings are made during Contract Accountability Reviews (onsite or desk reviews), a Critical Incident Report is submitted, Complaints are received, or Invoicing or Financial non-compliance is identified.

CAPs may also result from findings of deficiencies that include:

- a. Any threat to the health, safety or welfare of consumers, staff, or the public, including a reasonable probability a threat could occur if remedial action is not initiated without delay.
  - b. Misuse, waste, or loss of a significant amount or an egregious lack of judgment in the use of public funds.
  - c. Indications state or federal laws, rules, or regulations have been violated.
  - d. A trend of continuous or prevalent non-compliance by the Provider.
  - e. Failure to meet contracted Performance Outcome Measures.
- B. Outcome Based Corrective Action Plan (CAP) - Once the Provider receives a Report from BBHC noting that a deficiency has been identified to merit an Outcome Based Corrective Action Plan the Provider is required to develop such a Plan utilizing BBHC's approved format and identify how each deficiency identified is proposed to be corrected and brought into compliance. When a CAP is required, it must be submitted within thirty (30) calendar days of the receipt of the Report.

The CAP must include the following:

- a. The identification of the root-cause which led to the deficiency;
- b. Outcome Based Corrective Action steps;
- c. Short, mid, and long-term benchmarks to measure the completion of the Outcome Based Corrective Actions and allow for ongoing assessment and analysis of the effectiveness of the CAP; and
- d. The identification of staff responsible for the implementation of the outcome-based CAP;
- e. A timeline for when the Provider will implement each phase of the CAP and achieve the desired outcome.

The Provider may require technical assistance, including the sharing of best practices, or guidance in how to develop an outcome-based CAP from BBHC; however, the CAP shall be developed by the Provider, not BBHC.

- C. Once the CAP is received, BBHC will review the submitted CAP within 5 business days, to determine if it addresses the deficiencies appropriately,

its responsiveness to the findings, and the likelihood of successfully addressing the deficiencies.

- If the response is not deemed to sufficiently resolve the issues identified, the Provider will be requested to update the CAP until accepted by BBHC. The due date for the response will be determined by the Contract/Program Monitor.
  - If the response is deemed to sufficiently address the deficiencies, the Provider will be informed in writing of BBHC's acceptance of the CAP and the Provider shall immediately take the actions necessary to implement the measures contained in the CAP to come into compliance.
- D. BBHC will follow up with the Provider as required by the type of deficiency, in a progressive manner to achieve successful correction of each deficiency. The following actions, among others, may be required:
- a. Review of Documentation Submitted - In some cases, the Provider will submit documentation that supports the resolution process for the CAP. In those instances, BBHC will review and communicate with the Provider regarding whether any additional steps may be required.
  - b. Verification Site Visit - When required by the type of deficiency addressed, a Verification Site Visit may be scheduled. This verification site visit will assess the effectiveness of the provider in correcting each identified deficiency. Verification Site Visits are short in duration and are specific to each deficiency and the corresponding CAP. After the Verification Site Visit, if all deficiencies are not corrected, a meeting will be conducted with the Provider's senior leadership.
  - c. Meeting with the Provider - If the Provider fails to submit a CAP within thirty (30) calendar days of the receipt of the Report; fails to implement the CAP for identified deficiencies within the specified time frame; or fails to make acceptable progress in correcting deficiencies as outlined in the CAP within the specified timeframes, sanctions may be imposed including, but not limited to, financial penalties. Prior to the imposition of sanctions, however, BBHC will meet with the Provider's Chief Executive Officer/Executive Director/President, or other administrative head of Provider's organization to advise the Provider of the findings; the expectations related to correction of the deficiency; and the possibility of imposition of additional consequences, including financial consequences.
  - d. Consequences for Noncompliance - If the Provider fails to submit and implement Outcome Based Corrective Actions to successfully address the identified findings, a written recommendation will be forwarded to BBHC's Chief Executive Officer to outline additional consequences

that may be imposed. Such consequences will have been addressed with the Provider in a face-to-face meeting and detailed in a follow up letter to the Provider's Chief Executive Officer/Executive Director/President, or other administrative head of Provider's organization. Additional consequences may be assessed. When assessing financial consequences, a consequence will be assessed for each deficiency each day the Provider has failed and continues to fail to address the deficiency. The Provider will be notified of the additional consequence(s) in a written Cure Letter that details the steps the Provider must take to resolve the matter, the timeframes to respond, and the additional steps to be taken if the Provider fails to successfully address the matter. Financial consequences will be assessed against the Provider's next invoice. The formula will be determined in consultation with BBHC's Chief Executive Officer.

- e. Cure Process/Suspension of Services and/or Contract Termination - The Cure Letter is the decisive step in the progressive process to work with providers to ensure the delivery of services consistent with the terms of the Contract, and applicable federal and state laws, rules, and regulations. If a deficiency is not successfully corrected within the timeframes provided in the Cure Notice, services may be suspended, or the Contract terminated. A Cure Letter may be issued at any time when a Provider has failed to respond to and correct deficiencies; when non-compliance may cause harm to consumers, staff, or the public; when there is suspected misuse of public funds; or when non-compliance directly affects the delivery of services to consumers as required by the contract. The Cure Letter advised the continued failure to correct the noted deficiencies within the specified time frame will result in suspension of services and/or termination.

**NOTE:** The safety and delivery of effective and appropriate services to BBHC's persons served, by qualified individuals, is of the utmost concern to BBHC. As such, BBHC may terminate a provider's contract if their actions or lack thereof result in health and safety concerns.

**REFERENCES:**

**ATTACHMENTS:**

**DEFINITIONS:**

**REVISION LOG**

<b>REVISION</b>	<b>DATE</b>
Format changes, meeting with Provider process updated, time frame for CAP responses added.	7/22/2021
Added verbiage regarding CAP requirements and CAP closure.	7/14/2022
Reviewed, no changes made.	8/4/2023

The Director of Quality Improvement and Chief Executive Officer are responsible for all content in this policy.