

Corrective Action Plan (CAP) for

1 [CAP Name]

3 Deficiency Identification	
2 Date Deficiency Identified:	Deficiency identified through: <input type="checkbox"/> Internal Audit Finding <input type="checkbox"/> Monitoring Activity <input type="checkbox"/> Employee Disclosure <input type="checkbox"/> Other (please specify):
4 Operational Area:	
5 Business Owner: [Name and Title]	
Regulatory or Organizational Standard	
Issue of Non-Compliance including Root Cause	
Corrective Action – Plan/Training/Monitoring	
Plan	8
Training	9
Monitoring	10
Milestones (Key Deliverables and Dates)	
Date	Deliverable
Close Date – Anticipated	
CAP Approval	
13 Approved by: [Name and Title]	[Approval Date]
Compliance Department/Officer Review	
14 Approved by: [Name and Title]	[Approval Date]

Monitoring Results

15

Monitoring Date	Results

Change History

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Close Date – Final

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CAP Approval – Final

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Approved by: [Name and Title]	[Approval Date]
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Compliance Department/Officer Review – Final

19

Approved by: [Name and Title]	[Approval Date]
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Supporting Documentation

20

Name	Description

Corrective Action Plan (CAP) Template Instructions

This document is designed to be a living document and record the CAP from implementation to completion. The Initial Phase (items 1 – 14) describes the deficiency and plan to correct the deficiency. The Final Phase lists the monitoring done to confirm the corrections were successful, any changes made to the plan and documentation supporting the completion of the CAP.

The CAP should initially be saved as “CAP Name – Initial” when the initial phase is complete and the plan is ready for implementation. Once the CAP is completed and documented it should be saved as “CAP Name – Final.” Each CAP should be saved in a separate folder with all supporting documentation.

The CAP document is set up as a table which should expand as you continue typing in a field. Please add rows as needed.

Initial Phase

1. Name for the CAP. Typically related to the deficiency/issue being corrected.
2. Date the deficiency/issue was discovered.
3. How the deficiency was discovered.
4. Operational area responsible for the CAP.
5. Person responsible for ensuring the CAP is implemented, deficiency is corrected and monitoring confirms correction.
6. Regulation being violated (e.g. “42 C.F.R. §§ 422.503(b)(4)(vi)(G)” and/or Managed Care Manual Chapter 21 – Section 50.7.2)
7. Description of the deficiency including the root cause of why it happened.
8. Description of the plan to correct the deficiency.
9. Description of the training provided to employees on the corrective actions.
10. Description of the planned monitoring to ensure the issue is corrected.
11. List of proposed milestones to demonstrate progress and set a timeline for the implementation of the plan, training and monitoring. Each milestone and projected date should be recorded
12. Projected date for the completion of the CAP.
13. Name and date of approval of the CAP from the Operational Area (Manager or Director).
14. Name and date of approval of CAP by Compliance Department.

Final Phase

15. Dates and results of monitoring conducted to ensure CAP was successful. Include monitoring done by Business Owner and by Compliance.
16. Dates and changes made to the CAP after the initial approval.
17. Date of the final closure of the CAP.
18. Name and date of final approval from the Operational Area (Manager or Director).
19. Name and date of final approval by Compliance Department.
20. Supporting documentation saved with the CAP to validate the process (e.g. new/updated P&Ps, training documents, etc.).