

GUIDELINES FOR SUBMITTING A CORRECTIVE ACTION PLAN

The Adult Mental Health (AMH) Minimum Standards and Clinical Care Review is conducted every four years at each Designated Agency/ Specialized Services Agency by staff of the Adult Mental Health Division of the Department of Mental Health. The review offers opportunities to recognize the agency's accomplishments, observe practice patterns, and ensure compliance with Minimum Standards. The findings are a required part of agency redesignation and can also be used by the agency to contribute to their quality management plans. DMH's Clinical Care and Minimum Standards Review of <Select DA> CRT client records and Emergency Services records conducted on <Date> found that documentation overall was consistent with the provision of quality services; however, there were multiple areas that did not meet Minimum Standards requirements that will necessitate the development and implementation of a Corrective Action Plan.

Guidelines for Submitting Corrective Action Plan

Please email a Corrective Action Plan to the email address below. For your convenience, DMH has created a template. You may use this template or develop your own Corrective Action Plan form. If you create your own version, it must include all informational components of the DMH template. Technical assistance is available from DMH throughout this process.

<AMH Quality Coordinator Name>

Quality Management Coordinator

Department of Mental Health

Agency of Human Services

<Email Address>

<Phone Number>

Within 30 days of receipt of the final AMH Clinical Care and Minimum Standards Review Report, <Select DA> must submit a Corrective Action Plan to DMH by <Date> for review and approval. The CAP must include a description of each action to be taken and timeframe of how <Select DA> plans to address each requirement listed to meet the related unmet Minimum Standard. The completion of the CAP must occur within six months or less from the time of DMH's approval of the plan.

DMH will follow up with <Select DA> to ensure that all the items included in the plan have been effectively addressed within the plan's timeline.

DMH Corrective Action Plan

<Select DA>

Return to DMH by <Date>

Chart Review Timeframe: <Enter Date Range>

Completed by: <Name of DA point person>

Chart Review Date: <Date>

Job Title: <Title of DA point person>

Date Completed: <Date>

Section Number for Requirement	Action to be taken	Completion Date by <Date> (Actual or Estimated)
<p>Example: Section 7. Individual Plan of Care All IPCs must include:</p> <ul style="list-style-type: none"> • the signature of the individual served, their legal guardian, or document clearly why the client/guardian signature is absent (e.g. refusal). • Frequency range of services for each service prescribed in the IPC. <p>Client-driven goal development, as evidenced by documentation of direct quotes or summaries for each of a client’s individual goals that are then clinically interpreted into mental health treatment goals.</p>		