

**CRITERIA FOR AN
ACCEPTABLE
PLAN OF CORRECTIVE ACTION**

NEW YORK STATE - OFFICE FOR PEOPLE
WITH DEVELOPMENTAL DISABILITIES (OPWDD)

DIVISION OF QUALITY IMPROVEMENT
BUREAU OF PROGRAM CERTIFICATION

IMPORTANCE OF AN ACCEPTABLE PLAN OF CORRECTIVE ACTION (POCA)

Continued approval of a vendor's Medicaid Service Coordination (MSC) contract is contingent upon the vendor's demonstrated ability and performance in providing Medicaid Service Coordination in accordance with the MSC Manual and their contract agreement.

The Statement of Deficiencies (SOD) identifies the MSC Manual requirements which are found not to be met for a particular vendor. The SOD may also provide one or more specific examples of non-compliance for each MSC Manual requirement. These examples are used to reach a conclusion that a particular MSC Manual requirement is not met. There may be additional examples which are not included in the SOD as well as other instances which are not uncovered during the survey process. It is the vendor's responsibility to identify and correct all of the instances within the MSC vendor agency where the particular MSC Manual requirement is not met.

The Plan of Corrective Action (POCA) is an essential component of the contract approval/renewal process because it is a statement of the provider's planned action to correct every specific MSC Manual deficiency, the expected completion date of that correction and the action(s) the provider is taking to ensure compliance with the MSC Manual requirement(s) in the future. Because of the importance of an adequate POCA, providers are not constrained to limit their responses to the space provided adjacent to the deficiencies on the preprinted forms. Continuing a POCA on attached page(s) is acceptable and frequently necessary.

ESSENTIAL ELEMENTS OF AN ACCEPTABLE PLAN

- ◆ A Plan of Corrective Action (POCA) must be a specific plan which describes how the deficiency will be corrected, including the actions which will be taken to effect correction. It must not be merely a promise to correct.
- ◆ A POCA must address correction of the specific example(s) cited. In those instances where the citation resulted from a previously missed timeframe, such as “prior to admission,” it is not possible to go back in time to fully comply with the requirement for the specific example(s) cited. However, the plan must include an immediate correction of the example(s) even though the required timeframe has been missed.
- ◆ A POCA must address the vendor’s identification and correction of deficient circumstances which were not included as examples on the Statement of Deficiencies (SOD). The specific examples cited may not represent all of the instances within the agency where the practice is deficient. It is, therefore, the vendor’s responsibility to identify and correct the deficiency throughout the agency.
- ◆ A POCA must aggressively prevent the deficiency from recurring. The plan must be future-oriented and include the specific actions which will be taken to ensure that the deficiency will not recur. If monitoring systems are to be implemented as part of the future-oriented correction, the POCA must clearly specify the exact type of monitoring and how it will be carried out by the responsible parties.
- ◆ A POCA must clearly delineate the frequency with which each element of the plan is to occur. Such terms as “frequently,” “periodically,” “as needed” and “ongoing” lack the necessary specificity to be acceptable.
- ◆ A POCA must identify by title the individual(s) responsible for the implementation and monitoring of the plan. The staff identified must be part of the agency. The agency may not shift responsibility for correction to someone over whom they do not have authority.
- ◆ A POCA must provide date(s) by which all components of the plan will be implemented and the corrections completed, not merely begun or in progress. The length of time to correct the deficiency specified by the POCA must be as short a time as possible.
- ◆ A POCA should not duplicate or closely parallel a previously submitted failed plan. The exact or similar deficient practice would not now be cited if the POCA had worked in the earlier instance.

EXAMPLES

The following are examples of deficiencies in a Medicaid Service Coordination Vendor Agency and an acceptable Plan of Corrective Action.

MSC MANUAL CHAPTER/ PAGE#	SUMMARY OF STATEMENT OF DEFICIENCY	VENDOR'S PLAN OF CORRECTIVE ACTION	COMPLETION DATE/PERSON RESPONSIBLE
Chapter 4 Pgs 1-9	<p><u>Example #1</u></p> <p>Record review of 3/15/00 found that there were no current Individual Service Plans (ISPs) filed in the Service Coordination Records for J.R & F.P. The last ISPs on file were dated 10/98 (J.R) & 11/98 (F.P.).</p>	<p>The Service Coordination Supervisor will ensure that the Service Coordinator places current copies of the ISPs for J.R & F.P. in their respective Service Coordination Records by 4/15/00.</p> <p>The Service Coordination Supervisor will review five percent (5%) of the Service Coordination Records by 6/1/00 and quarterly thereafter to ensure that the minimum required information is included in each of its four (4) sections.</p> <p>All Service Coordinators will be retrained by the Service Coordination Supervisor by 6/15/00 on the importance of completing annual ISPs in a timely fashion and on the requirement that they be placed in the Service Coordination Record</p>	<p>4/15/00 Service Coordination Supervisor</p> <p>6/1/00 Service Coordination Supervisor</p> <p>6/15/00 Service Coordination Supervisor</p>
Chapter 4 Pg 6 & Chapter 5 Pg 2	<p><u>Example #2</u></p> <p>Record review of 3/15/00 found that there is no documentation in P.L.'s Service Coordination Record of any face-to-face visits. The Service Coordination Agreement Plan for P.L. stipulates his request for twice monthly visits. There is no documentation that these have occurred.</p>	<p>The Service Coordination Supervisor will ensure that the Service Coordinator documents all face-to-face visits to P.L. for the previous year in the current Monthly Note by 4/15/00 and that she documents all face-to-face visits from this month forward in the appropriate Monthly Note.</p> <p>The Service Coordination Supervisor will review a 10% sample of each Service Coordinator's Monthly Notes by 5/15/00 and quarterly thereafter to ensure that all face-to-face visits are noted in the Monthly Notes.</p>	<p>4/15/00 Service Coordination Supervisor</p> <p>5/15/00 Service Coordination Supervisor</p>

		<p>By 6/1/00, the Service Coordination Supervisor will conduct a refresher in-service training to ensure that all Service Coordinators are aware of the requirements that they must document all face-to-face visits in the Monthly Notes for the month in which the visit(s) take place.</p> <p>By 4/15/00, the Service Coordination supervisor will counsel P.L's Service Coordinator to ensure that she understands the necessity of providing twice monthly face-to-face visits to P.L. as stipulated in her Service Coordination Agreement Plan.</p> <p>The Service Coordination Supervisor will ensure that persons receiving Medicaid Service Coordination who have requested more than one face-to-face visit per month are receiving these additional visits by comparing the Service Coordination Agreement with the Monthly Notes in the 10% sample of each Service Coordinator's notes that she is receiving. She will complete this review by 5/15/00 and quarterly thereafter.</p> <p>By 6/1/00 the Service Coordination Supervisor will conduct a refresher in-service training to ensure that all Service Coordinators are aware of the Medicaid Service Coordination Manual requirement that they must:</p> <ul style="list-style-type: none"> a) Inform the person for whom they provide MSC that they may request more than one face-to-face visit a month and that this request must be documented in the Service Coordination Agreement; and b) Conduct the requested number of face-to-face visits and document each visit in the Monthly Note. 	<p>6/1/00 Service Coordination Supervisor</p> <p>4/15/00 Service Coordination Supervisor</p> <p>5/15/00 Service Coordination Supervisor</p> <p>6/1/00 Service Coordination Supervisor</p>
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Example #2:

1. The first and fourth paragraphs of the POCA address the specific examples cited in the State of Deficiencies (SOD):
 - a. The Service Coordination Supervisor will ensure that he Service Coordinator documents all face-to-face visits to P.L. for the previous year in the current Monthly Note by 4/14/00. Since the citation is from a previously missed time frame, it is not possible to go back in time to fully comply with the MSC Manual for the specific examples cited
 - b. The Service Coordination Supervisor will ensure that from this month forward, the Service Coordinator will document all face-to-face visits in the appropriate Monthly Note.
 - c. The Service Coordination Supervisor will counsel P.L.'s Service Coordinator to ensure that she understand the necessity of providing twice monthly face-to-face visit to P.L. as stipulated in his Service coordination Agreement Plan.

2. The second and fifth paragraph of the POCA address the identification and correction of the deficient procedure for those instances not included as examples in the Statement of Deficiencies.
 - a. The Service Coordination Supervisor will review a 10% sample of each Service Coordinator's Monthly Notes by 5/15/00 on a quarterly basis thereafter to ensure that all face-to-face visits are noted in the Monthly Notes.
 - b. The Service Coordination Supervisor will ensure that persons receiving MSC who have requested more than one (1) face-to-face visit per month are receiving these visits by comparing the Service Coordination Agreements with the Monthly Notes in this sample. She will do this sample review by 5/15/00 and quarterly thereafter.

3. The third and sixth paragraphs of the POCA set up a plan to prevent the deficiency from recurring.
 - a. By 6/1/00, the Service Coordination Supervisor will conduct a refresher in-service training to ensure that all Service Coordinators are aware of the requirement that they must:
 - i. Document all face-to-face visits in the Monthly Note for the month in which the visits took place.
 - ii. Inform the persons for whom they provide MSC that they may request more than one (1) face-to-face visit a month and document this request in the Service Coordination Agreement.
 - iii. Conduct the requested number of face-to-face visits per month and document each face-to-face visit in the Monthly Notes.

Please contact your local DDSO for technical assistance. Specific questions may also be addressed to your nearest Area Office for the Bureau of Program Certification as follows:

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