



**TEXAS**  
Health and Human  
Services

**Texas Department of State  
Health Services**

# **23-24 Corrective Action Process**

**Ryan White Part-B/State Services  
Program Monitoring and Evaluation**

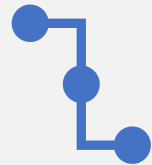
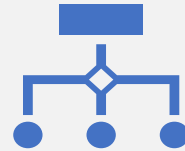
**Texas DSHS Ryan White Part-B CQM Committee**

# Overview



Post-Monitoring  
Process

Priority Services  
and Measures



Corrective Action  
Plan (CAP) Process

CAP Toolbox



# Post-Monitoring Process

Final reports are sent within 60 days of monitoring exit conferences

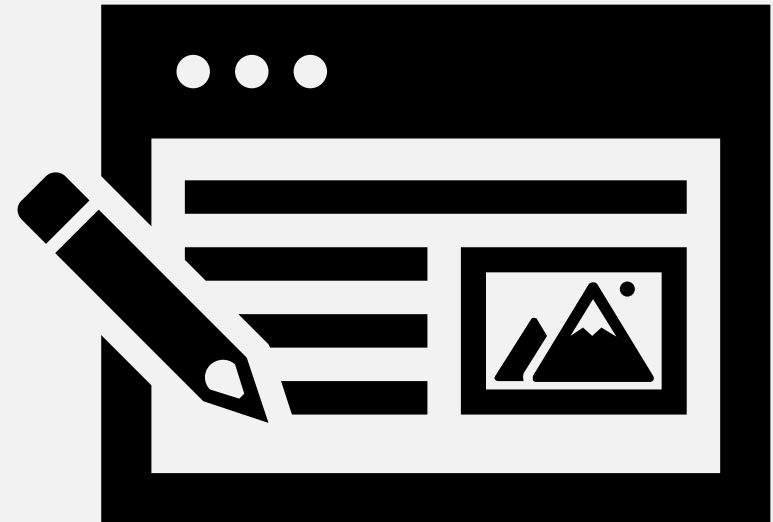
Individualized technical assistance guidance is included in reports

Required CAPs are outlined in reports

CAP process begins if applicable approximately 30 days after the monitoring report is received by the respective subrecipient

# Post-Monitoring Process

- Regional Administrative Agency (AA) staff will manage post-monitoring activities for their funded subrecipients
- After monitoring reports are received the AA will schedule CAP meetings with subrecipients as applicable



# 23-24 Priority Service Standards

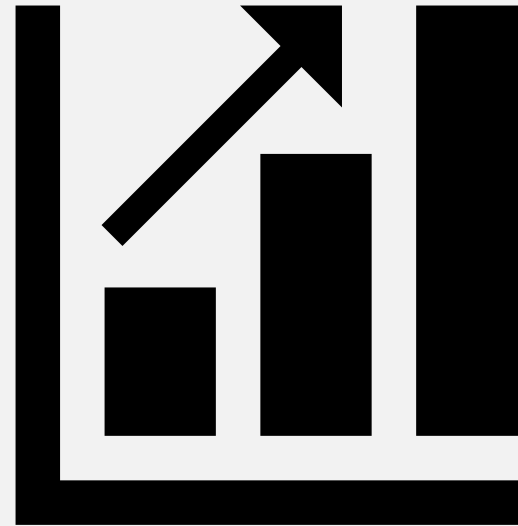
## Universal Standards

### Policies and Procedures

- CAP is required for measures scoring less than 100%

### Client Eligibility

- CAP is required for measures scoring less than 90%



# 23-24 Priority Service Standards

## **Provision of Services**

A CAP is required for the priority measures listed below if scored less than 75% compliant

### **Medical Case Management**

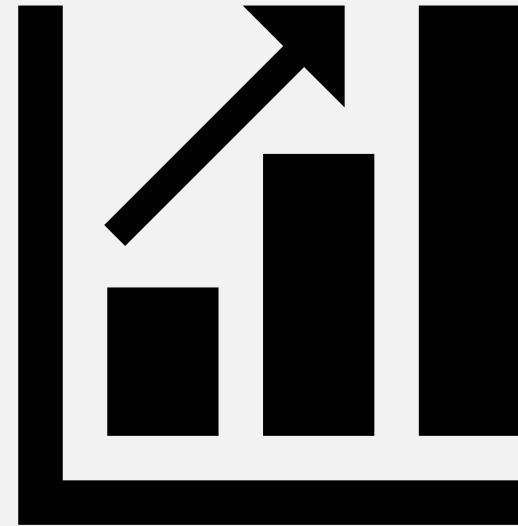
- Acuity updates
- Care plan updates
- Education

### **Non-Medical Case Management**

- Care plan update
- Follow up on the care plan
- Discharge documentation

### **Outpatient Ambulatory Health Services**

- Syphilis testing
- Depression screening
- Missed appointment follow-up



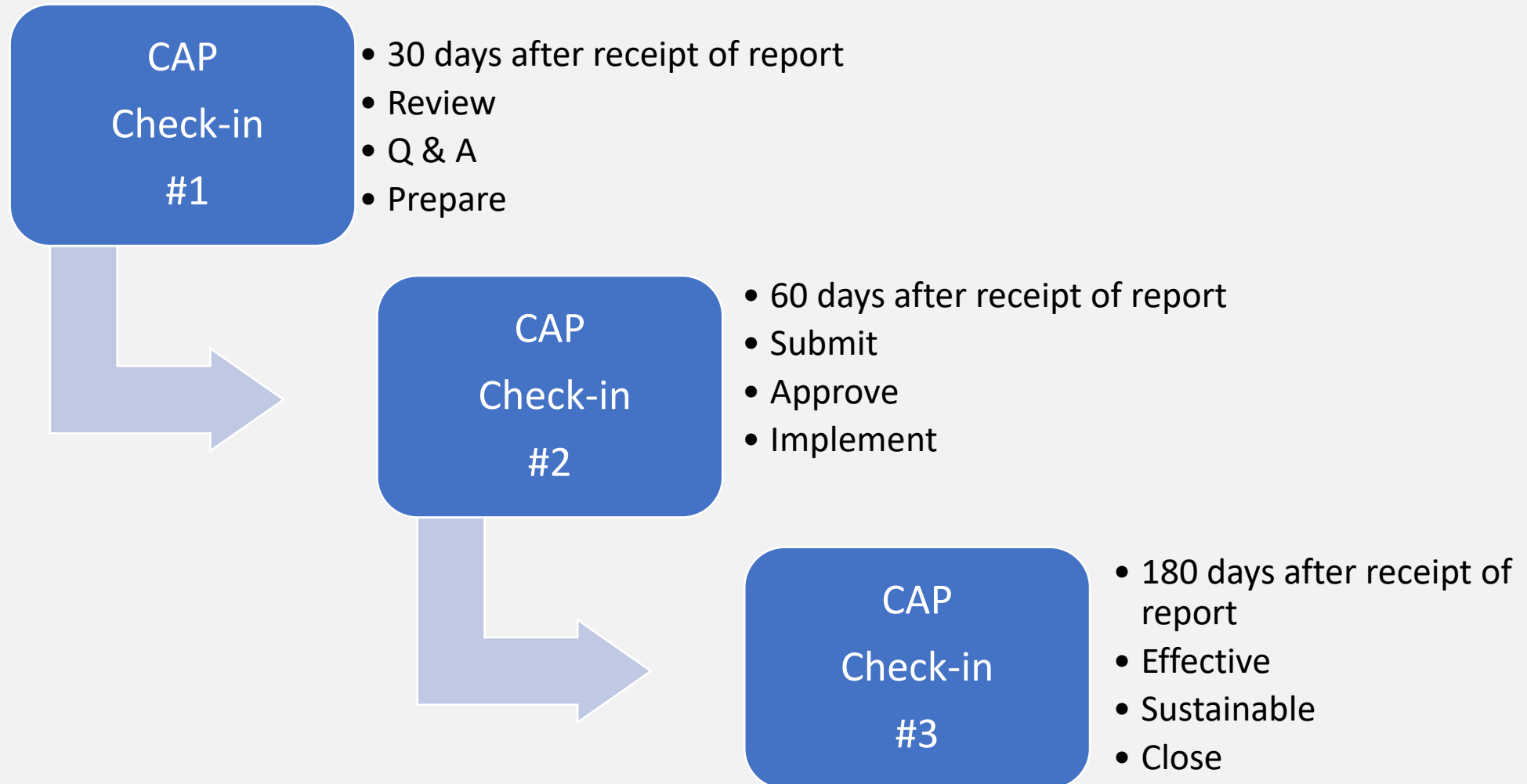
# Corrective Action Plans

- CAPs are a grant requirement for identified non-compliance: [Ryan White HIV/AIDS Program -Part B Manual \(hrsa.gov\)](#), pages 51-53
- DSHS uses a structured CAP process consisting of 3 CAP check-in meetings over 6 months post-monitoring, to ensure corrections are implemented and sustained over time
- AAs may slightly alter this process to accommodate their regional policies and procedures with approval from DSHS regional program consultants





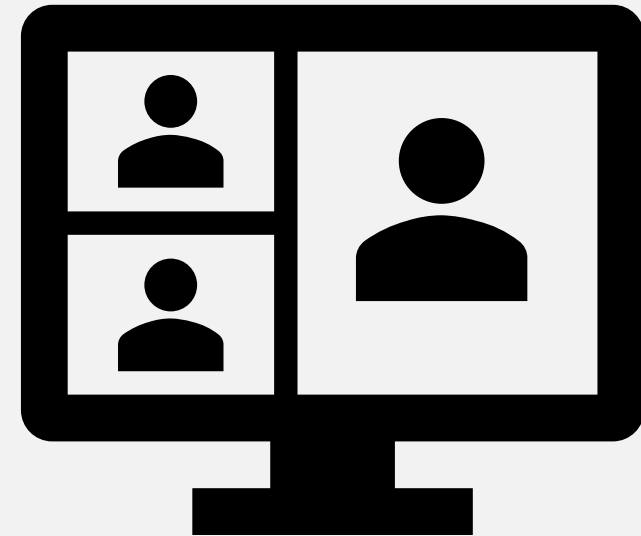
# CAP Process and Timeline



# CAP Check-in #1

## Objectives:

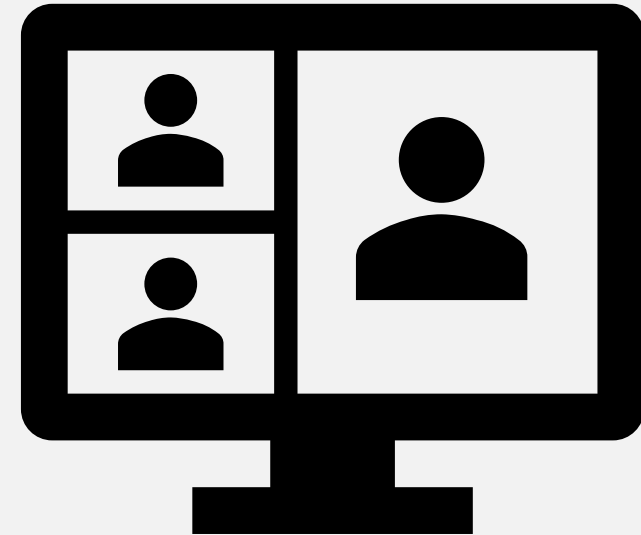
- AA to discuss information in monitoring report with subrecipient staff
- AA to outline CAP requirements and timeline
- AA to provide technical assistance on CAP process and tools
- Subrecipient to ask questions about the report and required CAP process as needed



# CAP Check-in #2

## Objectives:

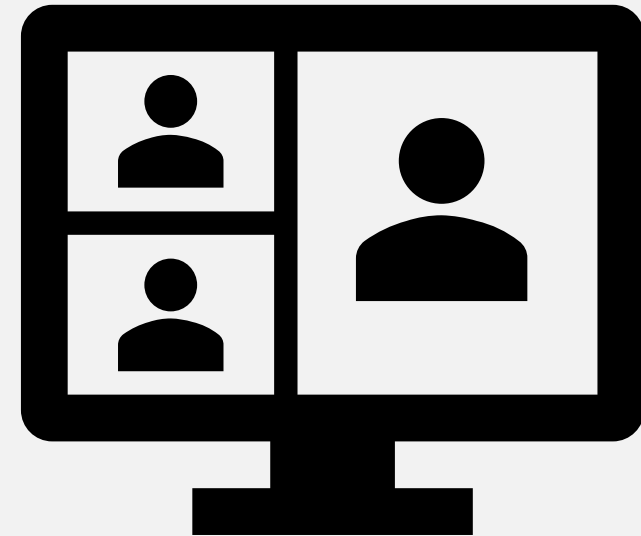
- Subrecipient will submit CAP to AA at least 5 business days prior to meeting
- AA to approve or return CAP for rework
- CAPs needing rework are returned to AA within 5 business days for approval
- CAP approved
- Subrecipient implements plan
- Adjust plan as needed for success



# CAP Check-in #3

## Objectives:

- Subrecipient will provide an overview of the process, highlighting challenges and successes
- Subrecipient will provide proof of correction (chart checks or completed policy, as applicable)
- AA and DSHS will provide technical assistance guidance to subrecipient for continued success and will close the CAP process



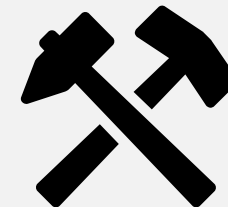
# CAP Toolbox

## Required elements of a CAP:

1. Service and indicator number(s) for CAP
2. Point of contact for CAP activities
3. Plan for correction(s)
4. Timeline of when activities occur and who does them
5. Process to ensure corrections are successful and sustainable over time
6. Process for staff management if repeated noncompliance to new policy or process is identified over time

## Resources:

- Section 8. Corrective Action Plan (CAP) Templates and Resources: [HIV Medical and Support Service Categories | Texas DSHS](#)
- Program contact information by region: [HIV Administrative Agencies | Texas DSHS](#)



# Questions



# Thank you!

Ryan White Part-B Clinical Quality Management Committee