



## **Reconsideration and Corrective Action Plan Process for Health & Safety Inspections**

**Alcohol and Other Drug Abuse Treatment Providers, Community Support System Providers (CSSP), and Additionally Certified Behavioral Health Including Therapeutic Communities, Partial Hospitalization, Residential Community Reintegration, and Acute Crisis Unit**

The **Health and Safety** portion of each inspection is a review of the DPSQA certification requirements and includes a tour of the facility, personnel record reviews, policy and procedure reviews, and employee interviews. A report containing all observations and deficiencies will be sent to DPSQA. If a Corrective Action Plan is warranted, DPSQA will send a notification to the provider that will also include a reconsideration process. Questions regarding the Health & Safety report should be submitted to [DPSQAPOC@arkansas.gov](mailto:DPSQAPOC@arkansas.gov).

### **Reconsideration versus Corrective Action Plan (CAP)**

Reconsiderations are stand-alone requests. They are not to be submitted at the same time as a Corrective Action Plan (CAP). If a Reconsideration is warranted and submitted, please wait for a reconsideration determination and revised report, if needed, before submitting a CAP. Upon receipt of the reconsideration determination, a Corrective Action Plan will need to be submitted within thirty (30) days on any deficiencies that remain.

Reconsiderations should include the regulation noted on the report, the reason for asking for a reconsideration, and the actual documentation that supports why the deficiency should be reviewed.

CAPs should include the specific deficiency being addressed as stated in the report, how implemented changes will correct the deficiency and prevent further non-compliance, a future date by which this plan will be implemented and monitoring of the corrective actions to ensure the plan is being properly implemented or completed.

With a CAP, please do not correct any policy/documentation previously submitted for reimbursement. The plan should be to address and correct practices in order to

prevent ongoing noncompliance or quality issues.

### **Reconsiderations**

The written request for Reconsideration must be submitted by the provider within thirty (30) calendar days of receipt of the deficiency or findings.

If a provider can provide written, substantiated documentation that supports their disagreement with the Inspection of Care findings, a reconsideration would be warranted.

The Reconsiderations on the **Health & Safety** portion of the inspection should be submitted to DPSQA within thirty (30) calendar days from the date on the report. A reconsideration form should be completed and submitted along with the substantiating documentation. Submit the Health & Safety reconsideration to [DPSQAPOC@arkansas.gov](mailto:DPSQAPOC@arkansas.gov).

### **Corrective Action Plans (CAP)**

If a Reconsideration is not being requested or the final report after Reconsideration has been received, a Corrective Action Plan (CAP) is warranted. A CAP should be submitted within 30 calendar days from the date of the final report. The CAP should include the deficiency, as stated in the report, how implemented changes will correct the deficiency, a future date that this change will begin, and a self-audit timeframe on how Quality Assurance will be completed to ensure the change is being properly completed.

The CAP on the **Health & Safety** portion of the inspection should be submitted to DPSQA within thirty (30) calendar days from the date on the final report. A CAP should address each deficiency as outlined above and submitted to [DPSQAPOC@arkansas.gov](mailto:DPSQAPOC@arkansas.gov).

If you have any questions, please contact [DPSQA-ProviderRelations@afmc.org](mailto:DPSQA-ProviderRelations@afmc.org).

Respectfully,

**Inspections of Care Team**