



LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH (LACDMH)

QA REPORT CORRECTIVE ACTION PLAN (CAP)

For Legal Entity (LE) Contract Providers Only

DATE: _____

LEGAL ENTITY NAME: _____

LE #: _____

INSTRUCTIONS:

1. Identify the question number from the QA Report the CAP addresses.
2. Identify if the CAP has been "Fully Implemented", "Partially Implemented" or "Not Implemented" by the date submitting the CAP to the QA Division.
3. In the "Correction" field, identify the issue to be corrected (e.g. Lack of reference to/use of the Organizational Provider's Manual).
4. In the "Action" field, identify the specific steps to be taken to address the issue in order to comply with LACDMH requirements.
5. In the "Timeline" field, identify the anticipated completion date.
6. In the "Barriers" field, identify any applicable challenges that exist to a timely implementation. *Having barriers to implementation do not absolve your LE from complying with the requirement but will explain to the QA Division challenges that you are having.*

Question No. _____ Fully implemented Partially implemented Not implemented

Correction:

Action:

Timeline:

Barriers:

Question No. _____ Fully implemented Partially implemented Not implemented

Correction

Action:

Timeline:

Barriers: