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## ODMHSAS Provider Certification

### Instructions for Plans of Correction

Frequently Provider Certification will be required to request a Plan of Correction from organizations to consider current or potential certification status. A Sample Plan of Correction is included in this toolkit as a resource to facilitate this consideration and continued review process.

The Plan of Correction will be requested in the form of a letter and will detail the items for which a plan of correction is required. This letter will include a Certification Report that outlines the items for which a Plan of Correction is required, indicate the preferred format for the requested response, and stipulate the date by which a properly signed Plan of Correction must be submitted. If requested by the provider, Provider Certification will also provide that report in an electronic format to facilitate a timely and thorough response. The elements are needed to assure the Plan of Correction is acceptable.

**Deficiency** - This will be completed by Provider Certification and specifically cite the standard for which compliance was not demonstrated at the time of the site visit.

**Corrective Action** - Specific to each deficiency, the provider organization should describe the strategies and actions taken to bring the program into compliance with the elements pending in the cited standard.

**Date Complete** - The provider organization should indicate the actual date the actions described in the previous column will (or were determined to) be complete.

**Person Responsible** - This must include the individual by name and title (staff or board member) who will be accountable to assure completion of the action and that the action conformed to required standards and criteria.

**On-Going Monitoring Process** - Because ODMHSAS Certification is structured to assure continued compliance with statutory requirements, organizations must explain the mechanism established to conduct on-going monitoring to verify the continued compliance. For this column it is essential to describe in details any procedures and on-going operational structures that are in place to minimize the likelihood of the deficiency recurring.

**Required Signatures** - Signatures of a Board member, their title, and the Program or Executive Director, and their title are required to be dated and in place on the form when returned to Provider Certification. Provider Certification can not accept a Plan of Correction that does not include the required signatures.

*A revised plan of correction will be requested if the required elements are not substantially addressed. Revised plans of correction must also be signed as described above.*

Please refer to the Sample Plan of Correction for additional information.