Date submitted to the DDA Investigations Follow-Up Unit and MCO: **Click here to enter a date.**

Name of Provider Agency: **Click here to enter text.**

Investigation Case #: **Click here to enter text.**

Benefit Program: MCO: **Choose an item.**

Name and Title of Person Submitting the Action Plan: **Click here to enter text.**,

A. For **substantiated** investigations, it is required that Provider Management and the Provider Reportable Event Review Team (PRERT) develop a response and Action Plan.

1. As relevant to the event investigated, an Action Plan shall address the following:

a. The procedures that have been implemented to mitigate future risks to the person and what steps have been taken to prevent similar occurrences in the future;

**Provider’s Response:**

**Click here to enter text.**

b. A review of current policies, rules, guidance, or other system processes and procedures that may have contributed to the event, and what preventive actions have been taken;

**Provider’s Response**

**Click here to enter text.**

c. A statement of what, if any, disciplinary action, training, reassignment, or any other remediation occurred as a result of the findings of the investigation. Please attach supporting documentation;

**Provider’s Response:**

**Click here to enter text.**

d. If the event was not reported to DDA in a timely manner (as identified in the final investigation report, section IV.B.), what has been done to address late reporting? Please attach supporting documentation;

**Provider’s Response:**

**Click here to enter text.**

e. Review of Provider policies related to the event or Informational Findings;

**Provider’s Response:**

**Click here to enter text.**

f. Respond to any Informational Findings contained in the report. ***Please be sure to list each informational finding and the manner in which it was addressed separately. Attach supporting documentation;***

**Provider’s Response:**

**Click here to enter text.**

g. Results of a systemic review of the event and Informational Findings contained in the report.

**Provider’s Response:**

**Click here to enter text.**

2. The Provider Management response to substantiated investigations shall consist of:

1. The Action Plan;
2. Copies and/or statements of specific disciplinary actions that were a result of the investigative findings;
3. Verification that within five (5) business days of receipt of the report the staff person(s) investigated was notified of the outcome of the investigation (in writing); and
4. A response to any Informational Findings noted by the Investigator, to include supporting documentation.

3. It is required for the Event Management Coordinator to submit the completed Action Plan within ten (10) business days from the receipt of the Final Investigative Report. The Action Plan is to be emailed to the DDA Investigations Follow-Up Unit at **Choose an item.** and the MCO at **Choose an item.** for the person(s) supported via secure email. ***When there are multiple MCOs identified, the Action Plan will only be submitted to DDA.***

B. For **unsubstantiated** investigations, it is recommended that Provider Management and the Provider Reportable Event Review Team (PRERT) develop a response and maintain a record of the response and supporting documentation **(*do not submit B.1 or B.3 to DDA unless requested****)* to include at a minimum:

1. Verification that within five (5) business days of receipt of the report the staff person(s) investigated was notified of the outcome of the investigation (in writing);

2. If the event was not reported to DDA in a timely manner (as noted in the final investigation report, section IV.B.) what has been done to address late reporting? Please include supporting documentation records; and

3. Verification that all Informational Findings noted by the Investigator were addressed, including supporting documentation.