

Plan of Correction for BQM Review Finding

Provider/Agency: _____ **Email:** _____

Address: _____

The attached Findings report summarizes your recent BQM review. ***Do not address areas that were remediated prior to the end of the review or those items identified for your information only.*** Some findings are specific to an individual, file, or policy and some are more general. Each finding must be addressed if indicated, however, if several findings can be addressed together, please list them under “Findings” either by number or description then address the issue as a whole. Please submit your agency’s plan of correction for each finding back to BQM within 14 days. Documentation supporting the remediation of a finding this must be submitted to BQM within 60 days.

Submit documents via fax (217-782-9444), email DHS.BQMQR@illinois.gov or via USPS to:
 Bureau of Quality Management, Quality Review Section
 600 East Ash Street, Building 400, Mail Stop 2N
 Springfield, IL 62703

Questions regarding this process may be directed to the email address above or by phone to (217) 785-2039 or (217) 557-6257

For each finding, please complete the following fields. Use additional sheets, if necessary, for more space or additional findings. The grey area on this form will be used by State Agency staff in documenting their review of your agency’s plan of correction.

Form/Item# Finding(s):				
Does the action require?	<input type="checkbox"/> Correction	<input type="checkbox"/> Training	<input type="checkbox"/> Policy Change	<input type="checkbox"/> Other
How will correction be addressed?				
Who is responsible to address correction?				
Expected Result:				
Expected date of completion and submission to BQM				
POC submitted	By:		Date:	
State Agency Review:	Signature:			Date:
	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> Continuing	
	Comments:		Date of Next Follow Up:	
		Reason:		