

MONITORING CORRECTIVE ACTION RESULTS

MVA FORM AC-8a

This *Monitoring Corrective Action Results Form* is used by the Department of Health and Hospitals, Medical Vendor Administration in its follow-up of corrective action requirements resulting from the monitoring and review of a certified Application Center.

- ◆ This form is completed by the DHH/MVA Regional Administrator following the **thirty (30)- or sixty (60)-day** period granted the AC to make the required adjustments or corrections.
- ◆ The Regional Administrator shall indicate in the space provided the initial inspection/monitoring date of the Application Center. A date for the **thirty (30)- or sixty (60)-day** corrective action time period must also be entered on the form.
- ◆ Identifying information completed on this form about the Application Center shall correspond to the identifying information on the *INSPECTION MONITORING FORM, MVA Form AC-8*.
- ◆ The Regional Administrator shall check the appropriate block to indicate whether or not the required corrective action measures were completed; provide a narrative explanation in the EXPLANATION/COMMENTS section; and, make **specific** recommendations for further action, if necessary (i.e., decertification, etc.) in the RECOMMENDATIONS section.
- ◆ The completed form shall also contain the Regional Administrator's signature and a date.
- ◆ The original report is forwarded to DHH/MVA State Office, copies are sent to the Application Center and Parish Office, and a file copy is maintained in the Regional Office.