

CORRECTIVE ACTION PLAN
(Possible)

PPA:

FEIN: VCN: PROVIDER: CONTACT NAME: PHONE:

CONTACT'S E-MAIL: FAX:

INVOLVED NON-PPA AGENCIES: INVOLVED AUDITEE AFFILIATES/RELATED PARTIES:

AUDIT INFORMATION: Audit Scope Period: to Date Audit Report Issued:

Audit Firm Agency: Auditor Contact Name: Phone:

Audit Type (complete one): UFR: Office of the State Auditor - Audit #: Other:

Findings (check one): A-133: Non-A-133: Both A-133 & non-A-133: EDHHS Review: Oversight Agency Review:

Audit Findings Include (check one): Internal Control Issues Compliance Issues Both Internal Control & Compliance Issues

Did the Auditor recommend recovery of funds to the Commonwealth? (Y/N) Recommended Total Recovery Amount: Amount to be Recovered:

Financial Ratio Issues: 9% SFR Day? (Y/N) Amount: Management Letter Item:

(Except as expressly provided by the OGD Audit Resolution Policy, all recommended actions must be recovered in full. Details of any OGD approval exceptions must be included as an attachment to the CAP.)

IDENTIFIED ISSUES (Reference specific findings by Number)	CORRECTIVE MEASURES	TIME FRAME	ACTION DEEMED SUCCESSFUL WHEN	MEANS OF EVALUATION	NAME & TITLE OF PERSON RESPONSIBLE FOR THIS ISSUE

The terms of the Corrective Action Plan have been reviewed and approved by the Provider's board of Directors.
The terms of this Corrective Action Plan have been reviewed and approved by the signing Departmental authority or its designee.
The Board of Directors recognizes that certifying qualification approval is contingent upon compliance with the provisions of this plan and that failure to sustain the agreement provisions in a timely and complete manner may result in contract termination or other action by the Commonwealth.

Additional Attachments:

APPROVED:
Date:

(Print Name and Title) Designee For the Board of Directors

ACCEPTED:
Date:

(Print Name and Title) For the Commonwealth of Massachusetts

Page: of

OGD Acceptance: