|  |  |  |  |
| --- | --- | --- | --- |
| **CAP Title:** |  | | |
| **Contractor:** |  | **Program/Population:** |  |
| **Date Of Submission:** |  | **Date Of Resubmission:** |  |

| **Requirement** | **Found**  **(Yes/No/NA)** | **Comments/Concerns** | **Resubmission Findings**  **(If Applicable)** |
| --- | --- | --- | --- |
| The Contractor has included the following within its proposed CAP in alignment with AMPM 920 Attachment B requirements: | | | |
| 1. Evidence of ongoing monitoring and evaluation, inclusive of program-specific and population-specific data and associated analysis(es), of overall progress achieved in relation to the established measurable and realistic goal(s), identified target(s), and AHCCCS performance requirements. |  |  |  |
| 1. A brief summary of the Contractor’s progress in implementing each intervention included as part of the approved CAP, inclusive of a quantitative and qualitative analysis that discusses any barriers/challenges faced with implementation and identified opportunities for improvement. |  |  |  |
| 1. Identification of any refined interventions and specific changes that were made since the most recent CAP update/CAP proposal. |  |  |  |
| 1. All newly initiated or updated/refined PDSA cycles conducted as part of the Contractor’s ongoing CAP related monitoring and evaluation activities. For Performance Measures that continue to remain on a CAP from the previous measurement year, the Contractor shall include the associated previous measurement year PDSA cycles(s) with evidence of updates/refinements. |  |  |  |

|  |  |
| --- | --- |
| Additional Comments/Concerns: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of AHCCCS Review** | **CAP Update Accepted?**  **[Yes/Yes - Contingent Upon**  **(List Reason)/No]** | **CAP Closed?**  **(Yes / No)** | **Due Date** | |
|  |  |  | Resubmission |  |
| Update |  |