

Participant Directed Services Corrective Action Plan

Participant:

Guardian:

Case Manager:

State Issue:

**Regulation/
Policy
Violation:**

**Agreed Upon
Resolution:**

**Potential
Consequences:**

Prevention:

If issue stated in Corrective Action Plan is not resolved within _____ days from the date of signature, possible termination from Participant Directed Services may be pursued. Failure to reach an agreed upon resolution may result in request for termination from Participant Directed Services.

Participant Signature:

Date:

Guardian signature:

Date:

Representative Signature:

Date:

Case Manager Signature:

Date: