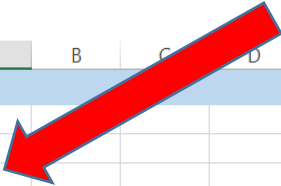


Instructions for completing the Compliance Action Plan (CAP)

- Section 1: Fill in all of the required information in the left column:



	A	B	C	D	E	F	G	H
1	SECTION 1							
2	Provider Agency:				CAP Due Date:			
3	Address:				CAP Submitted:			
4	City/State/Zip:				CAP Review Date:			
5	Phone:				CAP Approved:			
6	Contact's Name & Title:							
7	Email:							
8								
9	The service provider must submit a Compliance Action Plan for any areas of concern listed in the Review Letter.							
10	The Compliance Action Plan must include:							
11	1. The actions taken to correct each area of concern							
12	2. The projected date to achieve those action steps							
13	3. The person or persons responsible for completing the action							
14								

- Provider Agency Name: list full name of agency
- Address: give full mailing address **and** physical address of setting
- City
- State
- ZIP
- Contact's Name and Title: list the name of the person to contact regarding this CAP and their title at the Provider Agency
- Email: give a current, working email address for the contact person

The following information will be filled in by SCDHHS:

- CAP Due Date
- CAP Submitted
- CAP Reviewed
- CAP Approved

- Section 2: Areas of Concern

This section is divided into the same three (3) main areas listed on the Site Visit Tool used to determine whether the setting was compliant with the HCBS rule at the time of your site assessment by SCDHHS staff.

- Specific Issue: Any areas of concern identified on the site visit to the Provider Agency will be filled in by SCDHHS in each section. These are the same areas of concern that were listed in the review letter sent to the Provider Agency via email.

	A	B	C	D	E	F	G	H
14								
15	SECTION 2							
16	Settings- Areas of Concern							
17	Expectation 1.1 : <i>Individuals do not receive services/training primarily in isolated facilities,</i>							
18	<i>or settings which limit their potential integration with the community at large.</i>							
19								
20	Specific Issue:							
21								
22								
23								
24	Action Step(s) To Meet Expectations:							
25	<i>(type in the box to the right)</i>							
26								
27								
28								
29								
30	Target Date (Projected date to achieve Action Steps):							
31								

- **Action Steps to Meet Expectations (arrow A):** The provider agency must identify the action steps it will take to rectify the area of concern and meet the accompanying expectation. Use the box to write out the action steps.
- **Target Date (arrow B):** The provider agency must identify the date by which it will have completed all of the action steps to rectify the area of concern and meet the accompanying expectation. Fill that information in the space provided.

These steps must be done for each Area of Concern listed in the review letter sent to the Provider Agency via email.

3. Submission of Compliance Action Plan (CAP)

Once the provider agency has filled out the required information on the CAP form for each area of concern identified in the review letter, save the file as an Excel file with the file name as “CAP – AGENCY NAME”, using the name of your agency where it states “AGENCY NAME.” Submit that CAP form via email as an attachment to:

HCBSAssessments@scdhhs.gov

It will be reviewed by appropriate staff and will either be:

- Approved
- Sent back to provider for revision

If approved, the provider agency should move forward with its action steps for each area of concern to move toward HCBS compliance.

If the CAP is sent back for revision, the provider agency has 2 weeks to make the necessary changes and send it back to SCDHHS for review and approval.

If the CAP is not approved after the second revision, Community Long Term Care will suspend referrals to the agency until an acceptable plan is submitted.