

Section 2: HCBS Settings Compliance Action Plan for ICF to IRA Conversions

Any ICF provider that converts an ICF to an IRA is required to submit with their conversion proposal an HCBS Settings Checklist for ICF to IRA Conversions. In addition, for every element of the rule identified as “Not Met” on the Checklist, the provider must submit an HCBS Settings Compliance Action Plan outlining how the setting will achieve compliance for those elements and full compliance with all elements of the rule no later than October 1, 2018. This Compliance Action Plan will be reviewed and validated by DQI during an upcoming site visit. Do not use personal names or other information in this plan that would reveal the identity of individuals.

Instructions: At a minimum, the Compliance Action Plan must address any items identified as “not met” on the HCBS Settings Checklist for ICF to IRA Conversions. You may also include specific policies and procedures, staff training and development, as well other changes to forms and documentation that may be needed for the agency and site to achieve HCBS settings compliance by October 1, 2018. As all ICFs converting to IRAs on or after March 17, 2014 must undergo a heightened scrutiny process, this information may become public through the required public input process.

The Compliance Action Plan must include the following:

- Action items, including timeframes for them, that will be taken to bring the setting into compliance with HCBS settings requirements
- Progress to date on these action items
- Data tracking and monitoring activities (method for tracking and monitoring the plan for ensuring full compliance, including self-assessment and data collection activities)
- Parties responsible for implementing the action items (you may use agency titles rather than personal names)
- Target completion date
- Other evidence demonstrating progress toward full HCBS compliance

Suggested HCBS Settings Rule Elements to Address:

- Integrated Settings, Natural Supports, and Community Access
- Policies and Procedures that promote HCBS rights
- Staffing, Education, and Training
- Habilitation Planning and Person-Centered Planning Processes
- Rights, Due Process, and Housing Protection
- Rights Modifications, Restrictions, and Protections
- Privacy, Individualized Choices, and Full Access

Complete the table below by ***describing each activity your agency will take to address the HCBS Settings rule requirements*** in each category (A – H) for which the setting is not yet compliant. Add additional lines to your plan document as needed to allow for multiple steps under one activity (e.g., B1.1). It is not necessary to complete Section A. Heightened Scrutiny.

PLEASE NOTE: Section 2 (below) is to be used to document your agency's HCBS Settings Compliance Action Plan to address any unmet standards identified in Section 1. An example of a Compliance Action Plan can be found at http://www.opwdd.ny.gov/transformation-agreement/mfp/ICF_Transitions.

Action Item Number	Section 2: Action Item	Responsible Staff	Progress To Date/Milestones Met as of Proposed Date of Conversion	Target Completion Date	Date Completed
A. Heightened Scrutiny					
B. Person-Centered Planning Requirements and Habilitation Planning					
B1.1					
C. Integrated Settings, Natural Supports, and Community Access					
C1.1					
D. Policies and Procedures that Promote HCBS Rights:					
D1.1					
E. Staffing, Education, and Training					
E1.1					

Action Item Number	Section 2: Action Item	Responsible Staff	Progress To Date/Milestones Met as of Proposed Date of Conversion	Target Completion Date	Date Completed
F. Rights, Due Process, and Housing Protections:					
F1.1					
G. Rights Modifications, Restrictions, and Protections:					
G1.1					
H. Privacy, Choices, and Access:					
H1.1					

ATTESTATION

I attest that the information and responses that have been provided for this ICF Conversion Proposal Template, HCBS Settings Checklist for ICF to IRA Conversions and HCBS Settings Compliance Action Plan are accurate and are reflective of agency policy and site and service delivery practices in accordance with the HCBS settings requirements as detailed in the OPWDD HCBS Settings Transition Plan Administrative Memorandum #2014-04 and OPWDD Provider Communication Memorandum dated 10/13/15, <http://www.opwdd.ny.gov/node/6252>. I also attest to being fully compliant with the federal person-centered planning and process requirements for each person served in the converted IRA prior to its opening.

Authorized Agency Representative Signature: _____

Print Name: _____

Title: _____

Date: _____