

# Handout 5

## HCBS Corrective Action Plan (CAP) Template

### Effective Date:

**1. Section One - Completed by CMS** CMS describes the issue and any actions or notifications CM has done

**Issue: Case Management Services – Conflict of Interest** The State is currently in violation of federal conflict of interest (COI) rules, which require the State to separate service plan development/case management providers from direct service providers. The State’s service delivery structure appears to provide case management services and direct services through the same set of limited providers which is not in compliance with conflict of interest rules.

**Question:** How does the State intend to come into compliance with the requirement to provide conflict-free case management to its waiver participants?

**2. Section Two – Completed by CMS**  
**State Action Requested by CMS:** Submit a draft corrective action plan (CAP) to CMS by \_\_\_\_-. This CAP should include a chart with the timeframe, status and action steps needed to correct the violations of the HCBS regulations noted above. The State should also include monthly updates to CMS through this CAP. CMS will hold regularly scheduled monitoring calls and will review progress reports, to determine the State’s compliance with the approved CAP.

**3. Section Three - Completed by the State**  
The State is submitting the attached CAP to develop a timeline and implementation plan to provide services that comply with Conflict of Interest (COI) Regulations for those receiving Waiver Services. The State intends to be in full compliance with COI by [date negotiated with CMS}. State explanation of process to come into compliance, including situational factors stakeholder engagement, data supporting specific aspects of the CAP,

**4. Section Four – State Signatures**

**5. Section Five – CMS Review:** This section is used by CMS to document actions to be taken to review and approve the CAP.

### Key Dates for CAP Implementation:

**Monitoring Calls:** CMS will schedule monthly or bi-monthly monitoring calls to determine the State’s compliance with the approved CAP until the corrective action plan is fully implemented.

**Progress Reports:** The State will submit quarterly written progress reports to the CMS CAP Team for review and comment. The first report will be due by [date] and will be submitted quarterly until the corrective action has been finalized.