

Bureau of Aging and Disability Resources
Office for The Promotion of Independent Living
Designated State Entity

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**Independent Living Centers Compliance Reviews and Corrective Action
Plan Process and Procedures**

Background

Designed and operated by individuals with disabilities, centers for independent living, known as independent living centers (ILCs) in Wisconsin, provide independent living services for people with disabilities. On the federal level, ILCs are overseen by the U.S. Department of Health and Human Services, Administration for Community Living (ACL), Office of Independent Living Programs (OILP). ILCs are at the core of ACL's independent living programs, which work to support community living and independence for people with disabilities across the nation based on the belief that all people can live with dignity, make their own choices, and participate fully in society. These programs provide tools, resources, and supports for integrating people with disabilities fully into their communities to promote equal opportunities, self-determination, and respect.

At the state level, the Wisconsin Department of Health Services (DHS) serves as the designated state entity (DSE) for Title VII, Chapter 1, Part B, Rehabilitation Act funds. In this role, DHS serves as the fiscal intermediary to receive, account for, and disburse funds to support independent living services in Wisconsin from ACL's OILP. To serve as the fiscal intermediary and to meet the responsibilities as the grant recipient of these federal funds, DHS requires grant subrecipients to provide accurate budgets and financial reporting, and to spend grant funds allocated to the subrecipient for the intended purpose.

Throughout the fiscal year, DHS reviews grantee information to determine whether an ILC grantee is meeting compliance requirements. DHS conducts desk reviews and compliance site visits to ensure ILCs operate consistently with the Rehabilitation Act and applicable regulations.

Introduction

Contract, compliance, and/or fiscal issues are identified through a variety of discovery methods implemented by the Office for the Promotion of Independent Living (OPIL), Office for Physical Disabilities and Independent Living (OPDIL) in its role as the DSE. These methods include desk reviews of ILC's quarterly and annual program and budget reports; reviews of financial audits, Community Aids Reporting System (CARS) claims,

DHS contracts, and program performance reports (PPRs); and on-site compliance visits conducted by OPDIL using ACL's Compliance Outcome and Monitoring Protocol (COMP) tool.

When contract, compliance, or fiscal issues are identified, the following procedures are employed. The procedures described in this document are typical; the process may be modified depending on degree, intensity, priority, intent, or based on guidance provided by ACL.

Process and procedure

Desk review compliance, contract, or fiscal issues

If a contract, compliance, or fiscal issue is identified through an OPDIL desk review, OPDIL will contact the ILC executive director via email and will set up a time to discuss the issue. OPDIL will also contact the ILC executive director by phone if attempts to contact them via email were unsuccessful.

1. During the call, OPDIL will provide recommendations, resources, or technical assistance to assist the ILC with addressing the contract, compliance, and/or fiscal issue.
2. If the issue can be easily corrected through the call with OPDIL, no [corrective action plan](#) will be necessary. Corrections must be resolved by the ILC within 60 days of receipt of the written notification (email or letter).
3. After receiving written notification (email or letter) from the ILC that corrections have been resolved, OPDIL will confirm that actions have been satisfactorily taken and will monitor for any residual issues.

If the contract, compliance, or fiscal issue is severe, reoccurring, or not quickly resolved, OPDIL will contact the ILC executive director via email and will set up a time to discuss the issue. OPDIL will also issue a formal letter that will be sent via email and postal service.

1. During the call, OPDIL will provide recommendations, resources, or technical assistance to assist the ILC with addressing the contract, compliance, or fiscal issue. Alternatively, OPDIL may request to schedule an [on-site compliance visit](#).
 - a. The ILC can contact the Wisconsin Coalition for Independent Living Centers or Independent Living Research Utilization for technical assistance to address the issue.
 - b. Depending on the breadth of the issue, the ILC will be given 60–120 days to address it and engage in technical assistance, if required.

- c. After receiving written notification (email or letter) from the ILC that corrections have been resolved, OPDIL will confirm that actions have been satisfactorily taken and will monitor for any residual issues.
2. If the issue has not been addressed satisfactorily and/or issues persist, OPDIL will request a meeting with the ILC executive director and board of directors chair to discuss a [corrective action plan](#).
3. If the ILC executive director and ILC board of directors chair dismisses OPDIL's request for a corrective action plan or takes no action to develop or implement one, OPDIL will contact ACL to determine next steps.

On-site compliance visit

OPDIL will review each ILC and conduct an on-site compliance visit at least once every three years. Situations in which OPDIL will conduct an on-site compliance visit include:

- If the ILC is up for a review based on OPDIL's monitoring schedule.
- If there are contract, compliance, and/or fiscal issues that are severe, recurring, or not quickly resolved. If this is the case:
 1. OPDIL staff will contact the ILC executive director via email to set up a time to discuss the issues. OPDIL will also contact the ILC executive director by phone if attempts to contact them via email were unsuccessful.
 2. Based on that discussion, OPDIL may issue a letter of concern and request an on-site compliance visit.

OPDIL will provide the ILC at least 30 days advance notice of an impending on-site visit to give the ILC ample time to prepare all necessary documents.

1. At least 30 days prior to the on-site compliance visit, OPDIL will send a list of documents and questions that the ILC should prepare for the visit. OPDIL will also provide the ILC a copy of the Compliance Outcome and Monitoring Protocol (COMP) tool being utilized by staff to conduct the on-site compliance visit.
2. OPDIL will come to the ILC on the scheduled site visit dates. The compliance review will take 2 days. During the visit, OPDIL will review documents, interview staff, and ask follow-up questions related to items provided by the ILC.
3. Within 30 days after the on-site compliance visit, OPDIL will review all documents provided by the ILC and may schedule a follow-up call if there are any additional questions.
4. Within 60 days after the on-site compliance visit, OPDIL will email a draft compliance and outcomes monitoring report to the ILC. The compliance and outcomes monitoring report will include both required and recommended items to improve the

ILC's performance and compliance. At this time, OPDIL will also request a time to review the report with the ILC executive director and any staff that participated in the site visit.

5. OPDIL will meet with the ILC executive director and staff to discuss questions, concerns, and any edits that need to be made to the compliance and outcomes monitoring report.
6. OPDIL will issue a final draft of the compliance and outcomes monitoring report no later than 30 days after the compliance report review meeting.
7. The ILC will have 120 days after receipt of the final report to address any required compliance issues.
 - In addition to the required compliance issues noted, OPDIL will provide recommendations, resources, or technical assistance to support the ILC in addressing any issues identified in the compliance report.
 - Recommended items identified in the compliance report are optional, but if addressed, may improve the ILC's overall agency compliance and program outcomes.

If there are a substantial number of required items that an ILC will need to address as the result of the on-site compliance visit findings and report, OPDIL will require the ILC to draft and implement a [corrective action plan](#).

Corrective action plan

A corrective action plan identifies any performance goal(s) and contract and/or fiscal compliance issue(s) with explanations on how an ILC plans to remediate the issues. Key success factors used to judge the degree to which compliance is achieved will be federal and state regulations and DHS contract.

An ILC may be required to create and implement a corrective action plan if:

- Contract, compliance, and/or fiscal issues identified through a desk review persist or are not addressed satisfactorily.
- A substantial number of issues are identified during an on-site compliance visit.

If a corrective action plan is needed:

1. OPDIL will notify ACL and will request a meeting with the ILC executive director and board of directors chair to discuss a corrective action plan.
2. OPDIL will send a written notification (email or letter) to the ILC executive director and board of directors chair that requires the ILC to draft and implement a corrective action plan. The letter will describe ILC expectations and timeframes for developing the corrective action plan.

3. The ILC will have 30 days to develop the corrective action plan and send it to OPDIL via email for review.
4. Upon receipt, OPDIL will review the ILC's draft plan and either:
 - Approve the plan as submitted, *or*
 - Contact the ILC executive director to request changes or modifications.
5. Once the plan is approved, OPDIL will contact the ILC executive director to discuss a strategy for the provision of ongoing feedback on progress. Examples may include weekly emails, monthly phone conferences, or any other combination of regular communication and feedback between OPDIL and the ILC. The corrective action plan and provision strategies may also include receiving technical assistance to address issues.
6. The ILC will have 120 days from the date the corrective action plan is approved to implement the changes as outlined in the corrective action plan. If the ILC has made some progress but needs more time for implementation, OPDIL is willing to grant an extension upon request.
7. Upon completion of the plan, OPDIL will email the ILC executive director to confirm that the plan has been completed and that the ILC meets contractual requirements.
8. OPDIL will contact ACL to determine next steps if the ILC:
 - Dismisses OPDIL's request for a corrective action plan.
 - Takes no action to develop or implement a corrective action plan.
 - Fails to comply with the corrective action plan or to demonstrate progress.

Grievance

If an ILC has concerns about its on-site compliance visit, compliance and outcomes monitoring report, or corrective action plan, it can contact the Office for the Promotion of Independent Living's section chief.

The ILC will need to request a meeting with the section chief and provide a written explanation of their concern as well as documentation of the policies and procedures that are not being followed based on the policies and procedures listed above.

For questions related to ILC services, policies and procedures and related expectations, please refer to your DHS contract and grant continuation packets for reference. If you have any questions about these policies and procedures, please contact DHS' Independent Living and Quality Specialist.