

Illinois Department of Human Services
 Division of Developmental Disabilities
 Bureau of Quality Management
 Service Facilitation Review

Provider Name: _____ **Dates of Review:** _____ **Provider Serves:** *(check one)* ___ **Children** ___ **Adults** ___ **Both**

Reviewers' Names: _____

Total Number of Individuals in Wavier Sample: Children _____ Adults _____ **Total Number of Additional Individuals:** Children _____ Adults _____

Total Sample Size: _____

References:

*DD Waiver Manual refers to the State of Illinois: Medicaid Home and Community-Based Services Waiver for Individuals with Developmental Disabilities Waiver Manual. (FY15)

*Adult Waiver refers to the application form for State of Illinois Waiver for Adults with Developmental Disabilities (effective July 1, 2012)

*Children Support Waiver refers to the application for State of Illinois Support Waiver for Children and Young Adults with Developmental Disabilities (effective July 1, 2010)

*Attachment A refers to Developmental Disabilities attachment to the FY15 DHS Community Service Agreement

(Include both score earned and maximum possible score. Example: 6/10 or 10/12)

	Requirement	Reference*	Procedures/Guidance	Scoring/Findings/Notes	Adult Waiver Sample Score	Adult Add-On Sample Score	Children's Waiver Sample Score	Children's Add-on Sample Score	Combined Score
1	A "Notice of Right to Appeal" (IL462-1202, Appendix F-1) is provided at placement, upon request and with change or discontinuation of services, as applicable.	DD Waiver Manual VI.1b Adult Waiver (Appendix F-1) Children Support Waiver (Appendix F-1)	Applicable only for those persons who have service initiated in the past year or who have had a change or discontinuation of service in the past year.	Score 1 point for each person in sample for whom this applies and for whom the documentation is present.					

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2	The Service Facilitator ensures the completion of Service Agreements between the participant and all service providers.	DD Waiver Manual V.	Review service agreements for persons in the sample. The most recent Service Agreements must be dated within the current fiscal year. Agreements must specify the number of units and rate per unit. They may not collectively exceed the participant's dollar capacity. Providers listed on the Service Agreement must be qualified (i.e., if DT, must be certified provider; if transportation, must have license; etc.)	Score 1 point for each person in sample for whom Service Agreement is complete, correct and dated for the current fiscal year. Review process for verification of qualifications-not the actual verification itself. Do not give credit if Service Facilitator has not verified qualifications of providers listed on the Service Agreement.					
3	The Service Agreement allocates a minimum of 2 hours of service facilitation per month.	Service Facilitation Training Slide Show (Slide #76)	Review Service Agreement form to confirm that at least two hours are budgeted per month. Review Service Agreement form in all records. Confirm that a minimum of 2 hours are included each month. There is no maximum amount (up to monthly budget amount).	Score 1 point for each Service Agreement form that include at least 2 hours per month.					

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4	<p>The Service Facilitator has confirmed that the following do not serve as paid caregivers:</p> <p>For Adults: the employer (for adult participants unable to serve as the employer of personal support workers), or the spouse of the service participant .</p> <p>For children: parents/stepparents/ guardian, or any other responsible caregiver of the service participant.</p>	DD Waiver Manual VII.A.#5b	<p>Interview with two Service Facilitators to confirm a process is in place to verify that a process is in place to screen out those ineligible for payment as service providers using waiver funds.</p> <p>During participant review, screen names of caregivers to identify possible concerns (based on same last name, etc.)</p> <p>(If problem noted, immediate notification to BQM office is required.)</p>	Score 5 points if agency has a process and follows it. Score 0 points if record review reveals an ineligible caregiver is being paid with waiver funds.					
5	If the Service Facilitation agency provides personal support workers, the agency confirms that PSWs are at least 18 years of age and are legally eligible to work in the United States.	DD Waiver Manual VII.A.#5b	Review PSW records to determine age at time of hire and citizenship verification (I-9) information.	Score 1 point for each PSW reviewed who was 18 years of age at the time of hire plus 1 point for each PSW reviewed who had necessary citizenship verification in their personnel files.					

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6	The participants' expressed preferences and choices of services are gathered at the time of service initiation and at least annually thereafter.	ADD APPD-1d	For persons in the sample, talk with QIDP to determine how preferences were solicited and service choices were offered. Ask how various options were explained and how the available services were reviewed.	Score 2 points for each file reviewed for which there is documentation that the SF gathered preferences/choices					
7	Functional assessment is completed annually.	ADD APP B6-f	Review files of persons in the sample to locate functional assessment. Assessment must be within the past calendar year and should include strengths, needs, and barriers to full community participation. Assessments should be relative to the individual needs and diagnosis. This requirement is typically met if ICAP or SIB has been completed within the past year. Other assessments may address this need, as well. For children, needs may be defined by school district assessments.	Score 2 points for each file for which up to date functional assessment is present.					

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8	A risk assessment is completed and identifies dangers to the health, safety and welfare of the person receiving services.	Adult Waiver (Appendix D-1 e) Information Bulletin DD12.018 Children Support Waiver (Appendix D-1 e)	Review files of persons in the sample to locate a risk assessment. No specific assessment tool or form is required. An agency-developed assessment is acceptable. Current information on assessment of risk documented in the ISP would be acceptable. Documentation must clearly assess risks and dangers to the person, including risks of negative behaviors displayed by the person, health risks, and risks of restrictive/intrusive interventions and prioritization of risks is taken into consideration within the assessment.	Score 1 point for each file for which a risk assessment is present and meets criteria in the Informational Bulletin DD12.018.					
9	Written service plan (ISP) is developed within 30 days of enrollment with the Service Facilitation agency.	Rule 120.160 a) DD Waiver Manual IV Adult Waiver (Appendix D-1 d) Children Support Waiver (Appendix D-1 d)	This requirement should be checked only for those service participants who have enrolled with the SF agency within the past 2 years. Not applicable for others. Check initiation of service date and compare to date of ISP. If service facilitation agency demonstrates that service participant delayed selection of the SF following issuance of the award letter, expect that the ISP was developed within 30 days of enrollment with the service facilitation agency.	Score 1 point for each file for which the ISP was developed with 30 days of service initiation. (The service initiation date listed on the award letter may be used to determine enrollment date if the enrollment date is not present in the file on another document .					

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10	The ISP includes strategies to address the health, safety and welfare risks identified in the risk assessment.	Rule 120.160 c) DD Waiver Manual IV Adult Waiver (Appendix D-1 e) Children Support Waiver (Appendix D-1 e) Information Bulletin DD12.018	Review files of persons in the sample. For each risk identified in the risk assessment, determine whether or not the ISP contains strategies to address those risks. It is acceptable for the support team to prioritize risks and not address all risks simultaneously. Prioritization must be documented in the plan, including rationale for delaying the development of strategies.	Score 1 point for each file for which a risks are addressed (or prioritized to be addressed later) If no risk assessment is available in the file, award 0 points (as though strategies are not present).					
11	The ISP is based on individual choices, personal preferences, strengths and needs.	Attachment A (III.A.2.) Rule 120.160 b) DD Waiver Manual IV Adult Waiver (Appendix C) Children Support Waiver (Appendix C1/C3)	Review preferences identified as part of assessments and, if applicable, through interview with the person receiving services. Does the plan address those preferences? Are personal goals and objectives incorporated into the ISP and considered as factors when determining training methods without regard to whether those efforts are successful? Give credit for service facilitator efforts rather than end results.	Score 3 points for each file for which there is clear evidence that personal preferences are considered and addressed during the planning process					

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12	The ISP includes goals with specified time frames and persons responsible for implementation of the goals.	Attachment A (III.A.2.) Adult Waiver (Appendix D-1 d) Children Support Waiver (Appendix D-1 d)	Review ISP goals for all persons in sample.	Score 1 point for each person in sample for whom all goals had specified time frame that includes month/date/year (No partial credit. All goals must have time frame specified to earn point) Plus 1 point for each person in sample for whom all goals had name and/or title of person(s) responsible for implementation of the goals. (No partial credit. All goals must have responsible person to earn point) Maximum score of 2 points per person in sample.					

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13	The ISP contributes towards continuous movement of the participant towards achievement of preferences and goals.	DD Waiver Manual IV Adult Waiver (Appendix D-1 d) Children Support Waiver (Appendix D-1 d)	For all persons in the sample, review overall ISP, including goals, supports and strategies. Determine whether or not the services outlined in the ISP provide a logical framework for accomplishment of the goals and preferences of the individual receiving services.	Score 2 points for each ISP which <u>fully</u> supports advancement of the person served towards goals and preferences or 1 point for each ISP which <u>partially</u> support advancement of the person served towards goals and preferences. Or 0 points if ISP does not support advancement to the person served towards goals and preferences. Maximum of 2 points per person in sample.					

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14	The ISP is dated and approved in writing by the participant/guardian, QIDP and ISSA.	Adult Waiver (Appendix D-1 c) Children Support Waiver (Appendix D-1 c)	Review signatures for all persons in the sample. The legally responsible person, the QIDP and the ISSA must all participate in the development of and indicate approval of the ISP	Score two points for each ISP for which all required participants have indicated approval for the ISP (no partial credit for ISPs that are approved by some of the required participants) . (Participation in the Individual Service Plan meeting does not constitute approval. Approval must be documented and dated separately and make it clear that the approval is based on review of the <u>final written</u> ISP. In most cases, such approval will occur after the ISP meeting.)					
15	Services to the participant are reviewed periodically to ensure human rights issues are identified and addressed.	Attachment A (VIII.J.)	Interview with two Service Facilitators for persons in the sample to determine how human rights issues are identified and addressed. Try to select persons in sample who have different SF assigned to determine if all SF for the agency use similar processes. Ask to see documentation in files to confirm information provided by SF staff.	Award 5 points if agency has a process to ensure a review of human rights issues on a periodic basis. Do not give credit if the only “rights protection” efforts are through distribution of a list of rights.					

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16	If there is evidence that the rights of the individual are not being respected, the Service Facilitator takes action to address the issue.	Adult Waiver (Appendix G-2 b ii and G-2 c ii) Children Support Wavier (Appendix G-2 b)	Review of service plan and documentation. Action taken by service facilitator should be ongoing and sufficient to the identified issues. Service facilitator's role in advocating for the individual should be apparent. Evaluate role of service facilitator as an advocate in protecting rights rather than whether or not rights restrictions are present. This item will be not applicable (and not scored) if there are no rights restrictions in place.	Score 1 point for each person for whom rights restrictions are present plus 2 points for each person for whom there is evidence that SF is advocating on the person's behalf and attempting to reduce reliance on restrictive measures. (If participant doesn't have rights restrictions then mark this question as N/A)					
17	ISP is reviewed at least annually by support team.	Rule 120.160 e) Adult Waiver (Appendix D-1 d) Children Support Waiver (Appendix D-1 d) DD Waiver Manual IV	Review ISPs for persons in the sample. The date of the last review of the full support team (inclusive of at least QIDP, guardian, ISSA and person receiving services) should be within the past calendar year.	Score 1 point for each ISP that is current (developed within the past 365 days) If ISP is older than 365 days, review documentation to determine if the delay was reasonable and unavoidable.					
18	If the ISSA makes suggestions and considerations for follow up, the Service Facilitator addresses those suggestions/considerations.	DD Waiver Manual IV	Review last two ISSA notes for persons in the sample. If suggestions are made for follow up, review SF documentation to confirm follow up. It is not necessary for SF to do exactly as ISSA has suggested. However, there must be evidence that consideration has been given to ISSA input.	Score 1 point for each person receiving services and ISSA made suggestions, and the provider followed-up. If ISSA didn't make any suggestions then score this as N/A.					

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19	The Service Facilitator regularly monitors each person's service plan through visits with the person receiving services.	Service Facilitation Training Slide Show (Slide #60) Adult Waiver (Appendix D-2 a) Children Support Waiver (Appendix D-2 a)	Review of documentation. Annually, for adults, minimum of 4 visits in home and 2 visits to day program/vocational/ day activity setting. If no vocational/day program setting, all 6 visits in home. There is no maximum number of visits allowed. Annually, for children, 6 visits in home are required. The person receiving services must be present for the visit. Visits with other service providers and/or guardians without the person served do not count towards this requirement. <u>The 6 visits should be approximately every two months.</u> One visit for adults may be for purposes of ISP planning. One visit for children may be for purposes of IEP planning and one may be for purposes of ISP planning. There is no maximum number of visits allowed. Pay attention to timing of visits. Must be no less than 1 month apart nor more than 3 months apart in order to be counted as an "acceptable" visit. Visits should be spread throughout the year and not clustered together over a short time period.	For each person in the sample, score 1 point for each visit made, up to maximum of 6 visits per year. (Look at the previous 14 calendar months of visiting notes from the review start date) If visits are not spaced appropriately, review documentation to determine if differences were reasonable and unavoidable.					

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20	All services and supports are provided (type, frequency and duration) as specified in the ISP.	Attachment A (III.E.5.) Adult Waiver (Appendix D-2 a) Children Support Waiver (Appendix D-2 a)	Participant record review should demonstrate that the service facilitator reviews provision of services and supports	Based on record review: number of persons for whom the service facilitator regularly confirms that all services are provided in the type, frequency and duration outlined in the service plan_____ x 2 points each.					
21	The Service Facilitator reviews the ISP at least every two months.	DD Waiver Manual IV Service Facilitation Training Slide Show (Slide #52) Adult Waiver (Appendix D-2 a) Children Support Waiver (Appendix D-2 a)	Evaluate review notes for all persons in the sample. Notes must be spaced approximately 2 months apart in order to be credited. Notes must be written in a timely fashion at the time of the review. For purposes of review, consider only the month recent three notes (approximately past 6 months)	Score 1 point for each note documenting review by QIDP up to a maximum of 3 points for each person in the sample. Person #1: Number of Notes_____x 1 points Person #2: Number of Notes_____x 1 points Person #3: Number of Notes_____x 1 points Person #4: Number of Notes_____x 1 points Person #5: Number of Notes_____x 1 points					

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22	The Service Facilitator, with input from rest of support team, updates the ISP goals and objectives, as needed, to promote progress towards desired outcomes.	DD Waiver Manual IV	Review formal goals and objectives plus any service objectives that were discussed. In general, revision is required if no progress is noted in 4 months. "Revision" may include revision of goals and objectives or may include revision of instructional methods, schedule, etc. Look for evidence of involvement from rest of the support team when goals, objectives or strategies are needed.	Number of persons in sample for whom there is evidence that revisions were made, as needed. _____ x 1 point each					
23	If the Service Facilitator agency provides personal support workers, PSWs have completed a DDD-approved DSP training curriculum within no less than 3 weeks nor more than 120 days of hire.	Attachment A (VIII.1.6) DHS Training Requirements Manual (Section G.3.)	Review training records for 3 PSWs selected at random. Confirm that training is completed within required time periods. Confirm documentation is available for all training, including OJT activities.	Number of appropriately trained PSWs (including approved curriculum, authorized trainer, within required time period) _____ (maximum of 3) x 2 points each					

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24	All Service Facilitators employed after October 1, 1999 receive 40 hours QIDP training using a DHS- approved course.	Attachment A (VIII.1.3.) DHS Training Requirements Manual (Section G.7.2.)	Select 3 QIDPs for sample. (Use 100% of QIDPs employed by the agency if fewer than 3.) Review training records to confirm completion of 40 hours QIDP training was completed within 120 days of training initiation and within 6 months of hire as a QIDP. Confirm that QIDP trainer is authorized to provide training.	Number of appropriately trained QIDPs (including approved curriculum, authorized trainer, within required time period)_____ (maximum of 3) x 2 points each (Make note of names of QIDPs for whom the agency is unable to document required training. Verify that no training reimbursement was provided for those QIDPs.)					
25	All Service Facilitators are approved as QMRP/QIDP by the Division of Developmental Disabilities.	Attachment A (VIII.1.5.) DHS Training Requirements Manual (Section G.7.4.)	Check DDD database for all QIDPs in the sample for the provider agency.	Score 2 point for each QIDP that is listed in the database. Do not credit persons who are added to the database after the review has been initiated unless submission to DDD was prior to the start of the review. Allow full credit if the QIDP is in the database but associated with another provider.					

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26	All Service Facilitators receive 12 hrs of DHS- approved continuing education per State Fiscal Year (July 1 – June 30).	Attachment A (VIII.I.4.)	<p>Training records/certificates for previous fiscal year. CEs requirement begins in the first fiscal year following the year in which initial training was completed. At least 6 of the 12 continuing education hours must be with trainers outside the provider organization. Routine "refresher" training is not counted towards CEs requirement. Certificates of attendance are not mandatory provided there is another means of verifying attendance.</p> <p>(Make note of names and fiscal years for QIDPs for whom the agency is unable to document required CEs training. Verify that no training reimbursement was provided for those QIDPs.)</p>	<p>Determine the number of CEs completed in the past year by each QIDP who is required to complete CEs. Maximum points per QIDP is 2. Award points as follows:</p> <p>Award 2 points for each QIDP completing 12 or more CEs (with at least 6 hours received outside of the employing agency). Award 1 point for each QIDP completing 12 or more CEs but less than 6 hours were received outside of the employing agency. Award 1 point for each QIDP completing 6-11 CEs.</p>					
27	All agency staff completes Abuse & Neglect training at time of hire and at least every 2 years thereafter.	Attachment A (VIII.N.)	<p>Verify through training records. Abuse & Neglect training has been completed at time of hire and at least every 2 years thereafter. (Must complete the Abuse and Neglect Training worksheet)</p>	<p>Using the OIG Training Worksheet, score 1 point for each of the staff who was trained, as required.</p>					

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28	The agency's Abuse/Neglect training curriculum includes all required components of Rule 50.	Attachment A (VIII.N.) DHS Training Requirements Manual (Section G.2)	Review copy of the agency's abuse/neglect training curriculum. Complete Abuse and Neglect Training worksheet.	Score 3 points if the agency using OIG Rule 50 training, DDD's DSP abuse and neglect module, or an agency-developed curriculum that meets all requirements listed on the OIG training worksheet. No partial credit granted.					
29	For agencies serving children (17 years and under), all staff have received training in DCFS reporting requirements for allegations of abuse, neglect or exploitation at the time of hire and least every two years, thereafter..	Attachment A (III.E.6.)	CHILDREN'S PROGRAMS ONLY. Refer to Abuse and Neglect Training worksheet.	Using the Abuse and Neglect Training Worksheet, score 1 point for each of the staff who was trained, as required in DCFS reporting requirements.					

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30	The agency must not employ an individual in any capacity until they have completed a Health Care Worker Registry (HCWR) check and it shows no findings of physical or sexual abuse or egregious neglect or disqualifying convictions.	Attachment A (VIII.A.1.)	<p>Review records for up to 5 staff hired since the last review. Determine compliance with HCWR check (may not have any findings of physical or sexual abuse or egregious neglect and may not have any disqualifying conditions noted.)</p> <p>(Must be completed no sooner than 30 days prior to hire and no later than first day in paid status)</p> <p>Agency must provide proof of results and proof of date of check (a screen print of the HCWR website) inclusive of social security number verification. If SSN is not verified, consider the HCWR check to be out of compliance</p>	1 point for each staff record that is in compliance					

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31	The agency must not employ an individual in any capacity until they have completed a DCFS State Central Register check (CANTS) and it shows no indications.	Attachment A (VIII.A.2.)	<p>Review records for up to 5 staff hired since the last review. Determine compliance with State Central Register check. Ensure absence of indications in results. (If employee is a recent hire and results have not yet been received, give full credit if check was initiated at the proper time.)</p> <p>(Must be initiated no sooner than 30 days prior to hire and no later than first day in paid status)</p> <p>If employee has an indication, he/she may be permitted to work as long as a waiver has been obtained. If the employee began work prior to the receipt of CANTS results, employee with indications must stop work upon receipt of CANTS results and may not resume work prior to the approval of a waiver.</p> <p>Agency must maintain proof of date of submission to DCFS. Form must be dated and signed by the employee.</p>	1 point for each staff record that is in compliance.					

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32	The agency must not employ an individual in any capacity until they have completed an Illinois Sex Offender Registry check and it shows the individual is not listed on the registry.	Attachment A (VIII.A.3.)	<p>Review records for up to 5 staff hired since the last review. Determine compliance Illinois Sex Offender Registry check and validate that there were no findings of physical or sexual abuse or egregious neglect.</p> <p>(Must be completed no sooner than 30 days prior to hire and no later than first day in paid status)</p> <p>Agency must provide proof of results and proof of date of check (a screen print of the sex offender website)</p> <p>Website search must be by last name only with no address or other filters used. The absence of an employee's name from a list of those with the same last name is acceptable evidence that the employee is cleared for work.</p>	1 point for each staff record that is in compliance.					

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33	The agency must initiate an Illinois State Police (ISP) Background check for all employees and such checks must show no disqualifying convictions to ensure compliance with the Health Care Worker Background Check Act (225 ILCS 46).	Attachment A (VIII.A.4.)	<p>Review records for up to 5 staff hired since the last review. Determine if ISP background check was initiated properly and that results show no disqualifying convictions. (If employee is a recent hire and results have not yet been received, give full credit if check was initiated at the proper time.)</p> <p>(Must be initiated no sooner than 30 days prior to hire and no later than first day in paid status)</p> <p>If employee has a disqualifying conviction, he/she may be permitted to work as long as a waiver has been obtained. Waiver must be in place prior to beginning/continuing work.</p> <p>ISP check is not required for staff requiring a license to work in their current position (i.e. Registered Nurse, licensed psychologist, etc.)</p>	1 point for each staff record that is in compliance					

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34	The agency must not employ an individual or utilize a subcontractor or licensed practitioner in any capacity until they have confirmed that individual or entity is not on the sanctions list of terminated or suspended providers and barred entities and individuals on the Illinois Department of Healthcare and Family Services (HFS) Office of Inspector General (OIG) list.	Attachment A (VIII.A.5.)	Review records for up to 5 staff hired since the last review. Determine compliance with HFS OIG Sanctions list. (Must be completed no sooner than 30 days prior to hire and no later than first day in paid status) Agency must provide proof of results and proof of date of check (a screen print of the HFS-OIG Sanctions website)	1 point for each staff record that is in compliance.					
35	The provider shall inquire of the DCFS Central Register annually for each employee during employment.	Attachment A (VIII.A.2.)	Select a random sample of 5 employees who have been employed for at least 1 year. Look at the DCFS Central Register results for the previous 13 months. At least one check must be completed during the previous 13 months. In order to be acceptable, the request must be initiated within the required time period. If results have been received, there must be no indications by DCFS. If results have not yet been returned, give credit if initiated within the required time period. A waiver must be in place for the employee to work if indications are present.	1 point for each employee record in compliance for the previous 13 months.					

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36	The provider shall inquire of the HCWR annually for each employee during employment.	Attachment A (VIII.A.1.)	<p>Select a random sample of 5 employees who have been employed for at least 1 year. Look at the HCWR results for the previous 13 months. At least one check must be completed during the previous 13 months. In order to be acceptable, the request must be initiated within the required time period with no administrative findings or disqualifying convictions. A waiver must be in place for an employee to work if any disqualifying convictions are noted.</p> <p>If the public website is used and the employee's name is found on the HCWR, the social security verification must be completed. If SSN verification is not used, this clearance is not valid.</p> <p>Agency must provide proof of results and proof of date of check (a screen print of the HCWR website)</p>	1 point for each employee record in compliance for the previous 13 months.					

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	Requirement	Reference*	Procedures/Guidance	Scoring/Findings/Notes	Adult Waiver Sample Score	Adult Add-On Sample Score	Children's Waiver Sample Score	Children's Add-on Sample Score	Combined Score
37	The provider shall inquire of the Illinois Sex Offender Registry annually for each employee during employment.	Attachment A (VIII.A.3.)	<p>Select a random sample of 5 employees who have been employed for at least 1 year. Look at the Illinois Sex Offender results for the previous 13 months. At least one check must be completed during the previous 13 months. In order to be acceptable, the request must be initiated within the required time period with no findings</p> <p>Agency must provide proof of results and proof of date of check (a screen print of the sex offender website)</p> <p>Website search must be by last name only with no address or other filters used. The absence of an employee's name from a list of those with the same last name is acceptable evidence that the employee is cleared for work.</p>	1 point for each employee record in compliance for the previous 13 months.					
38	The agency has a written policy and procedure for handling and reporting incidents of alleged abuse, alleged neglect, death and other required incidents.	Attachment A (VIII.M.1.)	<p>Review agency policy using . POLICY/PROCESS REVIEW – ABUSE, NEGLECT, DEATH, INCIDENT REPORTING form. Award points based on percentage score on the policy review form.</p>	<p>If percentage is 90% – 100% - score 3 points If percentage is 80% – 89% - score 2 points If percentage is 70% – 79% - score 1 point If percentage is less than 70%, score 0 points</p>					

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Notes and Observations:

Determination of Level of Compliance

- A. Total Points Available in this Review _____
- B. Total Points Awarded _____
- C. Percent Compliance (B/A x 100) _____
- D. Level Award for This Survey _____
Always round score DOWN when determining compliance level.

Compliance Levels:
Level I = 100% (no deficiencies cited.) FULL COMPLIANCE
Level II = 93 – 99% ACCEPTABLE COMPLIANCE. Corrective Action Plan required.
Level III = 80 – 92% PARTIAL COMPLIANCE. Corrective Action Plan required.
Level IV = 70 – 79% MINIMAL COMPLIANCE. Corrective Action Plan required.
Level V = 0 – 69% UNSATISFACTORY COMPLIANCE. Corrective Action Plan required.