DDQR-1100
08/15

FY16
Waiver Sample Data Collection
Agency Worksheet

Name of Agency_____

Number of individuals in sample: **_____CILA/CLF _____DT _____Adult Service Facilitation**
_____Children Service Facilitation
_____Child Group Home

CILA/CLF and DT Requirements:

_____FY16 Waiver Performance Measure Data Sheet (1 per person – at least Section I completed)*
_____National Core Indicators Survey Form (1 per person)
_____Environmental Checklist (1 per CILA/CLF site that houses person in waiver sample)*

Adult Service Facilitation Requirements:

_____FY16 Waiver Performance Measure Data Sheet (1 per person – at least Section I completed)*
_____National Core Indicators Survey Form (1 per person)
_____Staff Training/Background Check (1 per agency)*

Children Service Facilitation Requirements:

_____FY16 Waiver Performance Measure Data Sheet (1 per person – at least Section I completed)*
_____Staff Training/Background Check (1 per agency)*

Child Group Home Requirements:

_____FY16 Waiver Performance Measure Data Sheet (1 per person – at least Section I completed)*
_____Staff Training/Background Check (1 per agency)*
_____Environmental Checklist (1 per CGH site that houses children funded by DHS/DDD)*

ISC Agency Requirements:

_____Staff Training/Background Check (1 per agency)*
_____PUNS Worksheet (1 per agency)*
_____FY16 Waiver Performance Measure Data Sheet (1 per person – at least Sections I and III completed)*

Exit Process

1. **Copy of Agency Worksheet.**
2. **Copies of all applicable worksheets noted above.** Leave a copy of all applicable items marked with asterisk with provider agency at the time of exit. Do not provide copy of NCI survey
3. **Directions for submission of corrective action.** Due date_____(30 calendar days)

_____ _____ _____ _____
Signature of DHS/DDD Representative Date Signature of Agency Representative Date

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Corrective Action Instructions

1. All items on FY16 Waiver Performance Measure Data Sheet that are marked "NO" must be corrected.
2. All corrections must be completed within 30 days of the date of completion of review activity at the agency. See due date noted on page 1 of this form.
3. No "plan" for correction is required. However, a copy of the corrected documentation must be submitted to DHS/DDD Bureau of Quality Management, Quality Review Section.
4. Submit documents via email to DHS.BQMQR@illinois.gov or via USPS to:
   Bureau of Quality Management
   Quality Review Section
   319 E Madison, Suite 4J
   Springfield, IL 62701
5. Questions regarding this process may be directed to the email address above or by phone to (217) 785-6172.