

**BUREAU OF ACCREDITATION, LICENSURE & CERTIFICATION****NON-DEEMED STATUS****COMMUNITY INTEGRATED LIVING ARRANGEMENTS COMPLIANCE CHECKLIST**

Agency: \_\_\_\_\_

Date of Survey: \_\_\_\_\_

Type of Survey (Check One):     Full Survey     90 Day Review     60 Day Review

Individual Clinical Records Reviewed (Initials &amp; Last Social Security #s):    1) \_\_\_\_\_    2) \_\_\_\_\_    3) \_\_\_\_\_

4) \_\_\_\_\_    5) \_\_\_\_\_    6) \_\_\_\_\_

Surveyor(s): \_\_\_\_\_

**LEGEND**

<b>F</b> = Full Compliance (100% of records reviewed complied)	1 point, 3 points or 9 points where applicable
<b>S</b> = Substantial Compliance (75% - 99% of records reviewed complied)	2 points or 4 points where 9 total is possible (Note the number of the record of non-compliant records alongside standard)**
<b>M</b> = Minimal Compliance (50% - 74% of records reviewed complied)	1 point (Note the number of the record of non-compliant records alongside standard)**
<b>U</b> = Unacceptable (Less than 50% of records reviewed complied)	0 points
<b>N</b> = Non-Applicable (Standard or issue is not applicable)	
<b>Pts</b> = Points awarded for level of compliance	
<b>Tot</b> = Total points possible for full compliance	
<b>*</b> = Compliance with standard determined by content of records	
<b>**</b> = When as a result of the review, an agency would normally be given 1 or 2 points, but the citation to be made is a repeat violation, the agency should be given 1 or 0 points instead.	
<b>**</b> = When an agency would normally be given 4 points, a repeat violation will result in 1 point.	

STANDARD		GUIDELINE					F	S	M	U	N	Pts	Tot
Section 115.200	Description												
a)	A community integrated living arrangement (CILA) is a living arrangement which promotes residential stability for an individual who resides in his or her own home, in a home shared with others, or in the natural family home and who is provided with an array of services to meet his or her needs. The individual or guardian actively participates in choosing an array of services and in choosing a home from among those living arrangements available to the general public and/or housing owned or leased by an agency. If, over time, less intensive services are needed, the service array shall be changed rather than requiring the individual to move to a different setting unless specific services as funded and provided are no longer needed. If, over time, the individual needs more intensive services, the agency will make a reasonable effort to modify the services array rather than requiring the individual to move to a different setting. The services must continue to be able to be provided within the scope and resources of the CILA program. The individual may remain in his or her own home. Once accepted for service by an agency, termination of services may only occur by voluntary withdrawal of the individual or resulting from recommendation of the interdisciplinary process and based on the criteria contained in Section 115.215.	<p>Compliance with this standard will be determined via interview of four individuals in the program. Should an individual indicate a problem in an area, documentation will be examined to verify the agency made good faith effort to comply with intent of standard.</p> <p>Did the individual or guardian actively participate in choosing his/her living arrangement?</p> <p><b>Did the individual or guardian actively participate in choosing to move from previous living arrangement, or was she/he told a move was being made and then allowed to comment on available options?</b></p>											3
b)	Licensed CILA agencies technically agree to a no-decline option; however, the agency may decline services to an individual because it does not have the capacity to accommodate the particular type or level of disability (e.g., an agency that serves only individuals with autism) and cannot, after documented efforts, locate a service provider which has the capacity to accommodate the particular type or level of disability. No otherwise qualified persons shall be denied placement in a CILA solely on the basis of his or her physical disability. The CILA agency or service provider associated with such agency must provide a reasonable accommodation for such persons, unless the accommodation can be documented to cause the agency or other service provider an undue hardship or overly burdensome expense.	<p>Does the agency have a no-decline policy?</p> <p>Does it include assistance in efforts to locate another service provider?</p> <p><b>Interview at least one ISSA agency to determine provider history with accepting referrals. Does agency have a history, which can be documented, that they decline to serve individuals?</b></p>											1
c)	Services shall be oriented to the individual and shall be designed to meet the needs of the individual with input and participation of his or her family as appropriate. Individuals are recognized as persons with basic human needs, aspirations, desires and feelings and are citizens of a community with all rights, privileges, opportunities and responsibilities accorded other citizens. Only secondarily are they individuals who have a mental disability.	Does the agency have a program description or other document(s) that describes the agency's philosophy of service that is oriented to the individual's needs?											1
		<p>Through interview with individual <b>and guardian</b> determine:</p> <p>Did the individual <b>and guardian actively participate in designing the plan of services</b> provided?</p> <p>Did the family <b>actively</b> participate in designing the plan of services if the individual wished them to have input?</p>											3
						Pts. =				Pts. N =			

STANDARD	GUIDELINE	F	S	M	U	N	Pts	To t
<b>Section 115.200 Description</b>								
d) Based on their needs, individuals shall receive supervision and supportive services which may range from continuous to intermittent.	Does the agency have a program description or other document(s) that provides for a full range of supervision? If the agency provides both levels, they are compliant.							1
* CILAs shall be designed to promote optimal independence in daily living, economic self-sufficiency and integration into the community through the interdisciplinary process?	Do all plans have a goal in independence in daily living unless there is an assessment in the specific area noting full independence? Do all plans have a goal in economic self-sufficiency unless there is an assessment in the specific area noting full independence? Do all plans have a goal in community integration unless there is an assessment in the specific area noting full independence?							3
	Do all sites used by individuals needing an accessible site meet the Illinois Accessibility Code? (Use site compliance criteria for awarding points <b>for DMH funded CILA sites.</b> ) BALC will get semi-annual list from DDD of CILA addresses in which individuals with mobility impairments live. Those will be compared to the BALC database to verify that all sites on the list are accessible. If any are found not to be accessible, DDD will be advised. No pts. will be awarded or deducted for DD sites.							3
e) The agency shall request in writing to the Department for approval to change the staffing model from the one funded and in use, e.g., from shift staff to foster family home, from family home to live-in support staff, in a CILA site. The Dept. shall review and act upon the request within 15 working days. The Dept. shall make its decision based on the needs of the individuals receiving services and the ability of the proposed staffing model; to equally provide for their needs.	Has there been a change in staffing model in any of the CILA sites?  If yes, is there evidence of Department approval for the change?							1
f) The agency shall have a plan and arrangements for providing relief for employees and contractual workers who have responsibility more than eight consecutive hours or five consecutive days for individuals receiving services and shall have evidence of implementation of the plan and arrangements. Any such plan shall comply with federal and State labor laws and shall provide recognition of the need for respite in foster care model settings.	<b>This standard is for the Host Family Model CILAs only, and is evaluated in that section</b>							

Pts. =                      Pts N =

STANDARD		GUIDELINE						F	S	M	U	N	Pts	Tot
<b>Section 115.205 Respite Services for Persons With a Developmental Disability</b>														
* a)	An individual with a developmental disability not currently receiving CILA services may be considered for a short term stay of no more than two consecutive weeks for respite services in an available CILA site only if:	<p>Does the agency have or had any individuals in respite services in a CILA since the last survey?            If no, entire section marked U            If yes, are all following conditions met:</p> <p>Is the individual at least 18 years of age?            Does the individual have a developmental disability?            Does the individual need an array of services and a supervised living arrangement?</p> <p>Does counting the presence of the individual cause the site to exceed one full bathroom for each four individuals or no more than two individuals in a bedroom at least 110 sq. feet or one individual in a single room of at least 75 sq. feet?</p> <p>Is there evidence that all individuals and/or guardians in the affected CILA have had respite services explained to them and they agree to allow respite services at the specific CILA site?</p> <p>Is the individual who is receiving respite services occupying a bed already designated for someone else's use?</p> <p>Does the individual in respite have their own closet and/or storage space for their belongings?            Is there evidence of Department approval prior to placement?</p> <p>If not, is there evidence that the placement was an emergency and there is written approval from the Department within 48 hours after the placement?</p>												3
* 1)	The individual to be provided respite services meets eligibility criteria as defined in Section 115.210;													
* 2)	The space to be used does not cause the applicable CILA site to exceed Department authorized physical capacity as defined in Section 115.300;													
* 3)	All individuals and/or guardians of the individuals residing in the home support and understand to the best of their ability the use of and the request for respite services;													
* 4)	Space used for respite services is not space normally used by anyone regularly receiving services at this CILA site who is temporarily away;													
* 5)	The individual receiving respite services has bedroom space available for his or her own use; and													
* 6)	If the agency is requesting funding for respite services. The agency must receive written approval for respite services from the Department prior to placement of the individual in a CILA or within 48 hours after placement of the individual in a CILA for respite services on an emergency basis. The Department will respond to the request for respite services within 48 hours after receiving a request for emergency respite and within 14 days after receiving non-emergency requests.													
* b)	Prior to accepting an individual for respite services, an agency will require that the individual have a physician statement that he or she does not have any contagious disease. Additionally, the agency will document that the individual will not jeopardize in other ways the health and safety of the individuals living there.	<p>Is there a physician statement attesting to lack of contagious disease?</p> <p>Does the agency document the individual receiving respite is not likely to harm others around him/her?</p>												3
* c)	Requests for respite services needed for longer than two weeks must be reviewed and approved by the Department prior to the end of the first two week period. Such extensions will be considered only in emergency situations.	<p>If the stay is longer than two weeks, is there evidence of Department approval?            Approval must be in writing from the Dept.</p>												3
							Pts. =			Pts.N =				

STANDARD		GUIDELINE					F	S	M	U	N	Pts	Tot
<b>Section 115.210 Criteria for Participation of Individuals</b>													
* a)	An individual receiving services in a CILA shall be at least 18 years of age, have a mental disability and shall be in need of an array of services and a supervised living arrangement. If an agency does not have the capacity to accommodate the individual's particular type or level of disability, this does not render the individual ineligible for CILA services.	<p>Is the individual at least 18 years of age?  Does the individual have a mental disability?  Does the individual need an array of services and a supervised living arrangement?  <b>BALC will not measure if funded by DDD, DDD will have made the decision.</b>  BALC will continue to apply this standard for DMH funded CILA programs.</p>											3
*b)	The individual or guardian shall give informed consent to participate in a CILA, which shall be documented in the individual's record.	Is there evidence of full disclosure - Is there evidence that the individual or guardian understands all the processes.											3
* c)	The individual or guardian shall agree to participate in the development and the implementation of the individual integrated services plan which shall be indicated by the individual's or guardian's signature on the plan or a note describing why there is no such signature.	If individual/guardian refuses to sign the ISP, documentation must be made available regarding the <b>reason(s) for such refusal and the efforts made to resolve the issue(s)</b> in the individual's record.											3
<b>Section 115.215 Criteria for Termination of Services to Individuals</b>													
a)	The community support team shall consider recommending termination of services to an individual only if:	Does the agency have a policy for termination of individuals which includes only this criteria and the criterion in subsection (c)(1) of this Section											
	<ol style="list-style-type: none"> <li>1) The medical needs of the individual cannot be met by the CILA program; or</li> <li>2) The behavior of the individual places the individual or others in serious danger; or</li> <li>3) The individual is to be transferred to a program offered by another agency and the transfer has been agreed upon by the individual, the individual's guardian, the transferring agency and the receiving agency; or</li> <li>4) The individual no longer benefits from CILA services.</li> </ol>	<p><b>DDD may review to verify that services have been terminated according to these requirements for all individuals whose services have been terminated. BALC will not apply this standard to DDD funded programs.</b>  If DMH funded, BALC will continue to apply this standard.</p>											1
* b)	Termination of services shall occur only if the termination recommendation has been approved by the Department. For individuals enrolled in the Department's Medicaid DD Waiver, termination of services is subject to review according to 59 Illinois Administrative Code 120.	<p><b>Has the agency terminated anyone since their last survey?</b>  <b>If there has been a termination, is there evidence of Department approval?</b>  <b>If yes, review all records of terminated individuals for compliance with this section only, up to a total of 3. If more than 3 terminated since last on-site review, examine 3 records of your choice. These are in addition to the already identified records.</b></p>											3
											Pts =	Pts. N =	

STANDARD		GUIDELINE					F	S	M	U	N	Pts	Tot
<b>Section 115.215</b>													
<p><b>c)1)</b> Whenever individuals are required to be absent from a living arrangement for an extended period of time, an agency shall not consider termination of services unless the absence has been at least 60 days in duration and it is documented that the absence is expected to continue indefinitely. The Department reserves the right to terminate payment within the 60 days during which the individual is absent when it is clear that the individual will be unable to return to the CILA.</p>	<p>Scoring for this standard is included under subsection (a) of this Section.</p>												
<p><b>2)</b> If an individual is to be away from his or her residence for an extended time period and the intent is that he or she will return to the residence, the licensed agency shall contact the Department in writing to request authorization for the absence. A request for extension of the absence must be submitted to the Department at the end of 30 consecutive days and after 60 consecutive days. If the absence exceeds 90 consecutive days in duration, the funding for CILA services for the individual will cease. Prior to the end of 30 consecutive days and again, prior to the end of 60 consecutive days, the agency shall receive approval from the Department for funding of continued absence. Continued funding past 30 days will be determined according to Department guidelines and will consider, but not be limited to the following:</p>	<p>Does the agency's written termination criteria policy preclude considering discharging an individual until the conditions of this standard are met unless the criteria in subsection (a) above are met?</p> <p>The agency must still obtain Department approval prior to termination under this section.</p>												
<p><b>A)</b> Services being provided to the individual by the agency during the absence;  <b>B)</b> The continued likelihood of the individual being able to return to the site; and  <b>C)</b> Continuing funding available to the agency to support the site.</p>	<p>If an individual has been away for at least 30 consecutive days, has the Department been informed and a request for extension submitted to the Department?</p> <p>If an individual has been away for at least 60 consecutive days, has the Department been informed and a request for extension submitted to the Department?</p>												

STANDARD		GUIDELINE					F	S	M	U	N	Pts	Tot
<b>Section 115.220 Community Support Team</b>													
* a)	The CST shall consist of the QMRP or QMHP, as indicated by the individual's primary disability, the individual and the individual's guardian or parent (unless the individual is his or her own guardian and chooses not to have his or her parent involved, or if the individual has a guardian and the guardian chooses not to involve the individual's parent), providers of services to the individual from outside the licensed CILA provider agency and persons providing direct services in the community.	<p><b>The CST must be identified with names and titles of all CST members as well as others, actively participating in the plan appropriate for the individual to address his/her choices and needs.</b></p> <p>A QMRP or QMHP appropriate to the individual's primary disability must be designated in the individual's record. The <b>individual, parent/guardian</b> must be a part of the CST unless there is evidence of the desire of the individual to exclude the parent, if the individual is his or her own guardian or from the guardian to exclude the individual and/or the parent(s).</p>											3
b)	<p>The CST shall be the central structure through which CILA services are provided to one or more individuals. The CST shall:</p> <ol style="list-style-type: none"> <li>1) Be responsible for all service functions including assessment, planning, coordination and delivery;</li> <li>2) Provide direct service in the community or in other facilities, such as State-operated facilities, convalescent care facilities, community hospitals or rehabilitation facilities, when the facilities permit;</li> <li>3) Help the individual to participate in the design of any array of community support services tailored to his or her needs;</li> <li>4) Be responsible for providing or helping individuals to access the services specified in their plans; and</li> <li>5) Be available to respond to an individual's needs on a 24-hour basis.</li> </ol>	The agency must have a policy statement or job descriptions describing the functions of the CST which includes everything in 1) through 5).											1
											Pts =	Pts. N =	

STANDARD		GUIDELINE					F	S	M	U	N	Pts	Tot
<b>Section 115.220 Community Support Team</b>													
* c)	<p>The CST shall be directly responsible for:</p> <ol style="list-style-type: none"> <li>1) Modifying the services plan based on on-going assessment and recommendations;</li> <li>2) Linking individuals to resources and services;</li> <li>3) Advocating on behalf of individuals;</li> <li>4) Providing informational, educational and advocacy services to family members;</li> <li>5) Assisting individuals to select, obtain, and maintain CILAs which afford safety and basic comforts;</li> <li>6) Participating with other providers of direct service during stays in other environments such as State-operated facilities, convalescent care facilities, community hospitals or rehabilitation facilities, continuing in-facility contact, participating in the services plan development, and the on-going interdisciplinary process, providing on-going services to ensure maintenance of the individual's living arrangement during these times such as paying the rent and utilities;</li> <li>7) Assisting the individual in developing community supports and fostering relationships with non-paid persons in the community, e.g., neighbors, volunteers and landlords;</li> <li>8) Providing personal support and assistance to the individual in gaining access to vocational training, educational services, legal services, employment opportunities, and leisure, recreation, religion and social activities;</li> <li>9) Providing assistance to the individual in obtaining health and dental services, mental health treatment and rehabilitation services (including physical therapy and occupational therapy, and substance abuse services);</li> <li>10) Providing supportive counseling and problem-solving assistance on an on-going basis and at times of crisis;</li> <li>11) Assisting individuals with activities of daily living through skill training and acquisition of assistive devices;</li> <li>12) Assisting the individual in accessing medication information including observing and reporting effects and side effects of prescribed medications;</li> <li>13) Assisting the individual in accessing and providing training to obtain emergency medical services including State-operated facility services;</li> <li>14) Providing assistance in money management, including representative payee ship, and applying for financial entitlements including assisting individuals to access the Department's Home Services Program (89 Ill. Adm. Code: Chap. IV, Sub Chapter d); and</li> <li>15) Assisting individuals to access transportation.</li> </ol>	<p><b>Review of individual records should demonstrate that the CST members have been directly responsible for implementation of the individual's plan and that they have assisted the individual in accessing needed service and assistance.</b></p> <p>Review attendance of the Annual ISP as evidence that CST members were present and participated in the implementation of objectives.</p> <p><b>Team members must actively participate (i.e., physical presence, presence via phone or written documentation to be discussed by other team members) as documented in the record.</b></p>											
												3	
											Pts =	Pts. N =	

STANDARD		GUIDELINE	F	S	M	U	N	Pts	Tot
<b>Section 115.220 Community Support Team</b>									
d)	The agency shall provide or arrange for those services not indicated in subsection (c) of this Section, but identified in the individual integrated services plan as needed by the individual. If arranged, such services shall be documented in a written agreement between the licensed agency and the other service provider(s) and shall minimally address training, services to be provided, quality assurance requirements and protection of the individual's rights. The agency shall remain responsible for insuring the quality of services and the protection of the individual's rights.	Are <b>any</b> services being sub-contracted with any other agencies? If yes review the written procedures to determine compliance.							1
* e)	A CST member who is a QMRP or a QMHP shall be designated for each individual and shall:	Each individual must have a Q assigned to them which is noted by signature on ISP.							
1) 11) 12) 13)	Convene the CST as required by Section 115.230 to revise the services plan as part of the interdisciplinary process; Initiate and coordinate the interdisciplinary process as often as specified in the services plan or when required by problems or changes; Assure a availability of a written services plan to all team members; Work with the individual and parent(s) and/or guardian to convene special meetings of the CST when there are issues that need to be addressed as brought to the attention of the team by the individual, parent(s) and/or guardian.	If team has not met annually to review plan then compliance not met here.  Review Q notes to determine required changes have been addressed  There must be evidence of the Q providing copies of the plan to members of the team and of the Q notifying all team members of meetings.  Review documentation of invitation to CST members for all required meetings.							3
2) 3) 4) 5)	Assure that the services specified in the services plan are being provided; Assure the participation of team members and necessary non-team member professionals; Assure and document in the individual's record, at least quarterly, that the individual's residence meets environmental standards as specified in Subpart C of this Part; Identify and address gaps in the service provision;	If services not being provided as specified then compliance not met here.  If evidence of team participation not present then compliance not met here.  Is there a statement made quarterly by the Q that the individual's residence meets environmental standards.  If evidence that gaps in services are not addressed then compliance not met here.							9
6) 7) 8) 9) 10)	Monitor the individual's status in relation to the services plan; Advocate for the individual's rights and services; Facilitate individual linkage and transfer; Provide for a written record of team meetings within 30 days after each team meeting; Assure that information specified by the services plan is included in the individual's record;	Interview the one (1) Q who has signed the majority of the records reviewed to determine compliance here. Hear evidence in interview that Q has performed these functions as appropriate.							9
			Pts =				Pts. N =		

STANDARD		GUIDELINE					F	S	M	U	N	Pts	Tot
<b>Section 115.230 Interdisciplinary Process</b>													
*a)	Through the interdisciplinary process, the CST shall be responsible for preparing, revising, documenting and implement a single individual integrated services plan for each individual.	Compliance is adequately evaluated under other standards.											
*b)	The following shall be included in the interdisciplinary process:  1) The individual or his or her legal guardian, or both; 2) Members of the individual's family unless the individual is not legally disabled and does not desire the involvement of the family or the family refuses to participate; 3) Significant other(s) chosen by the individual; 4) The QMRP or the QMHP; and 5) Other members of the CST.	<b>Documentation of on going input from identified CST members should be evident during record review and indicate who actively participated,(method of participation if not present - i.e.: via phone or written documentation to be discussed by other team members) their input, involvement and communication and shall include everyone required to be present.</b>											3
*c)	As needed to meet the individual's needs, the following shall be included in the interdisciplinary process.  1) Persons in addition to the CST who provide habilitation, treatment or training; and 2) Professionals who assess the individual's strengths and needs, level of functioning, presenting problems(s) and disability(s), service needs and who assist in the design and evaluation of the individual's service plan.	The documentation of team meetings should indicate the participation of individuals not routinely included in the team when issues related to their specific input is discussed, e.g., the person that did the ICAP should be present when the results are discussed. <b>When medication issues being discussed a nurse or physician shall participate.</b>											3
*d)	Upon the individual's entry into a CILA, the QMRP or the QMHP shall:  1) Document in the record those services being provided to the individual until an individual integrated services plan is developed; and 2) Explain all rights enumerated in Section 115.250 and document in the individual's record that this has been done.	There must be documentation in the individual's record from the date of admission by the Q of the services to be provided pending the development of the plan. There must also be documentation by the Q that the individual's rights were explained by the Q upon admission.											3
e)1)	The assessments shall determine the individual's strengths and needs, level of functioning, the presenting problem(s) and disability(s), diagnosis and the services the individual needs.	Do the assessments addresses strengths and needs, identify level of functioning? Is a presenting problem(s) and disability(s) stated? Is there a diagnosis? Do the assessments result in identifying needed services?											3
*e)2)	Assessments shall be performed by employees trained in the use of the assessment instruments.	If any evidence assessments were done by untrained people cite them here.											3
											Pts =	Pts. N =	

STANDARD		GUIDELINE					F	S	M	U	N	Pts	Tot
<b>Section 115.230 Interdisciplinary Process</b>													
*e)3)	Through the selection of the assessment instruments and the interpretation of results, all assessments shall be sensitive to the individual's:  A) Racial, ethnic and cultural background; B) Chronological and developmental age; C) Visual and auditory impairments; D) Language preferences; and E) Degree of disability.	Is there a variety of assessment instruments available for use by the agency?  Are different assessments used when individuals with unique needs are to be assessed?  If the agency uses standardized assessments, they are presumed compliant unless there are unique needs. Example: Individual is blind; deaf; non-verbal										3	
*e)4)	Initial assessment for individuals with a mental disability shall include:  A) A physical and dental examination, both within the past twelve months, which shall include a medical history;	Does the agency have a completed copy of the assessment in the record that is dated less than 12 months prior to the date of admission to the CILA program.										3	
*B)	Previous and current adherence to medication regime and the need for medication training;	Is there a statement from an RN, (e.g., SAMA) or physician about medications and need for medication - administration training?										3	
*C)	A psycho-social assessment including legal status, personal and family history, a history of mental disability and related services, evaluation of possible substance abuse, and resource availability such as income entitlements, health care benefits, subsidized housing and social services;	Is there a report in the individual's record?										3	
*D)	An assessment with form DMHDD-1215, "Specific Level of Functioning Assessment and Physical Health Inventory" (SLOF) for individuals with a mental illness and with the Inventory for Individual and Agency Planning (ICAP) (Riverside Publishing Co., 425 Spring Lake Dr., Itasca, IL 60143, 1986) or the Scales of Independent Behavior (SIB) (DLM Teaching Resources, One DLM Park, Allen, Texas 75002, 1986) for individuals with a developmental disability.	Does the agency have a completed copy of the assessment in the record that is dated less than 12 months prior to the date of admission to the CILA program.  If an individual is both MI and DD, both assessments must be completed.  If an individual is funded by DMH, they may substitute the Multnomah for the SLOF.										3	
*E)	An educational and/or vocational assessment including level of education or specialized training, previous or current employment, and acquired vocational skills, activities or interests;	Report in record.										3	
*F)	A psychological and/or psychiatric assessment; both must be conducted for individuals with both a mental illness and a developmental disability;	Report in record. Both must be present for individual with both mental illness and developmental disability.										3	
*G)	A communication screening in vision, hearing, speech, language and sign language; and	Reports from vision, hearing, speech and language screening may be included in the annual physical exam.										3	
											Pts =	Pts. N =	

STANDARD		GUIDELINE	F	S	M	U	N	Pts	Tot
<b>Section 115.230 Interdisciplinary Process</b>									
*H)	Others as required by the individual's disability such as physical therapy, occupational therapy and activity therapy.	Reports, as required, must be included in the individual's record. If the individual is funded by DDD, there must be a Physical Status Review.							3
e)5)	Annual reassessments for individuals with a mental disability shall include:	To be timely, the date for all annual reassessments must be within 30 days of the day of the month it was done the previous year. When the requirement is for an annual assessment, we need to see the two prior assessments as well as the current.							3
* A)	A physical and dental examination including a review of medications;								
* B)	The SLOF for individuals with a mental illness or the ICAP or SIB for individuals with a developmental disability;	Both must be done if individual has both a mental illness and a developmental disability. If an individual is funded by DMH, they may substitute the Multnomah for the SLOF							3
* C)	An annual psychiatric examination for individuals with a mental illness;	This includes individuals who are MI/DD or DD/MI. The agency must document the annual psychiatric examination in the individual record including the date and psychiatrist conducting the exam.							3
* D)	Other initially assessed areas as necessary.	The agency must document in the individual record any necessity for other assessments as identified from the ISP; the agency must document the completion of additional assessments in the individual's record. For individuals with a developmental disability, is the "Physical Status Review" (PSR) in the individual's record and done within the past 12 months?							3
* f)	Within 30 days after an individual's entry into the CILA program, a services plan shall be developed that:	The agency must complete a written ISP within 30 days of admission and include the ISP in the individual's record (NOTE: For individuals who have received other services with the same agency and have a current ISP, a new ISP is not needed when CILA services start, but the current ISP must be revised to include the objectives of the CILA program.)							3
* 1)	Is based on assessment results;	Goals and objectives contained in the ISP must correspond to the assessment results documented in the record. <b>All assessed needs and desires must be addressed in the ISP.</b>							3
		Does the goal for daily living reflect the assessed needs of the individual? Does the goal for economic self sufficiency reflect the assessed needs of the individual? Does the goal for community integration reflect the assessed needs of the individual?							3
								Pts =	Pts N =

STANDARD			GUIDELINE					F	S	M	U	N	Pts	Tot	
<b>Section 115.230 Interdisciplinary Process</b>															
* 2)	Reflects the individual's or guardian's preference as indicated by a signature on the plan or staff notes indicating why there is no signature and why the individual's or guardian's preference are not reflected;	Is there written evidence of solicitation of preference from individual, guardian, parent? Signature compliance presence alone of individual, guardian, parent is not evidence of solicitation for preferences, but the individual/guardian must sign											9		
		Confirmation by the individual, guardian, parent that specifics of plan reflect preferences. If interviews demonstrate that preferences are not reflected in the ISP, indicate here. If 50 to 99% of interviewed individuals/guardians indicate that preferences are not incorporated, note minimal compliance, and if all interviews indicate that preferences are not incorporated, note noncompliance.												9	
		Do the objectives in ISP actually reflect preferences?													
* 3)	Identifies services and supports to be provided and by whom; and	The agency must document in the ISP the services and supports that are to be provided by means other than their own intervention. The documentation must clearly identify the name of each such provider of service and supports.											3		
* 4)	State goals and objectives. Objectives shall:														
* A)	Be measurable;	Objectives must result in distinct, quantifiable outcomes to be achieved.											3		
* B)	Have time frames for completion; and	Documentation must include target completion dates for each objective/goal?											3		
* C)	Have an employee assigned responsibility.	Documentation must include the person responsible, either by name or specific identifiable title, for the completion of the objective/goal. If staff interviewed cannot not explain the goals or objectives, indicate here. <b>If 50 to 99% of interviewed staff persons cannot explain the goals or objectives, note minimal compliance, and if all interviewed staff persons cannot explain the goals or objectives, note noncompliance</b>											3		
*g)	The individual integrated services plan shall identify the CILA site chosen with the individual's and guardian's participation and shall indicate the type and the amount of supervision provided to the individual.	The address of CILA residential site must be noted in record and is there an indication that services are continuous or intermittent? If intermittent, the minimum amount of supervision provided per week must be noted.											3		
*h)	The services plan shall address goals of independence in daily living , economic self-sufficiency and community integration.	Already addressed in 115.200 d).													

STANDARD		GUIDELINE					F	S	M	U	N	Pts	Tot
<b>Section 115.230 Interdisciplinary Process</b>													
*i)	The services plan shall include the names and titles of all employees and other persons contributing to the plan.	<b>Already addressed in 115.220 a).</b>											
*j)	The services plan shall be signed by the QMRP or the QMHP and the individual or guardian.	Is the plan signed by the Q, <b>the individual or guardian?</b>											3
*k)	The individual or guardian shall be given a copy of the services plan.	Is there documentation that individual or guardian was given copy of plan?											3
*l)	The services plan shall become a part of the individual's record.	Is the plan part of the individual's record?											3
* m)	At least monthly, the QMRP or QMHP shall review the services plan and shall document in the individual's record that:	The QMRP or QMHP must have a monthly progress note. (NOTE: If an individual moves from other services within the agency to CILA, the monthly note is an appropriate place to note modifications to the ISP resulting from the change.)											3
*	1) Services are being implemented;	<b>Are all objectives and other needed services addressed in the note?</b>											9
*	2) Services identified in the services plan continue to meet the individual's needs or require modification or change to better meet the individual's needs; and	Does the note specifically state how the services being provided will continue to meet the individual's needs or why they need to be changed?											9
*	3) Actions are recommended when needed.	Has the individual achieved the goal or objective as written? Does the individual refuse to participate in the goal or objective? Has the individual been working on the goal or objective as written for more than 3 consecutive months with no improvement? <b>Does the interview with the individual or guardian indicate their desire to have goals or objectives changed?</b> <b>The actions recommended do not reflect preferences of the individual?</b> <b>If the response to any of the above 5 questions is yes, and there has been no change in the ISP, no points should be given for that particular record.</b>											9
* n)	The CST shall review the services plan as a part of the interdisciplinary process at least annually for individuals with a developmental disability and semi-annually for individuals with a mental illness and	Is the ISP reviewed annually for individuals with a developmental disability? Is the ISP reviewed at least once every <b>six</b> months for individuals with a mental illness, including MI/DD or DD/MI?											3
*	shall note progress or regression which might require plan amendment or modification.	Does the review include progress or regression for all objectives?											9
* o)	All services specified in the services plan, whether provided by an employee of the licensed agency, consultants, or sub-contractors shall be provided by or under the supervision of a QMRP or QMHP, as appropriate, based on the individual's primary disability.	<b>Already addressed in 115.230 j)</b>											

Pts =                      Pts N =

STANDARD		GUIDELINE					F	S	M	U	N	Pts	Tot
<b>Section 115.230 Interdisciplinary Process</b>													
p)	The provider agency must ensure that current copies of individuals' service plans are kept at the individual's residence.	Is there a copy of each individual's service plan at their CILA site for all sites? Use site compliance criteria for awarding points.										3	
	* The provider agency must also ensure that direct care workers (including employees, contractual persons, and host family members) are knowledgeable about the individuals' service goals and objectives of the individuals service plans.	For the individual records reviewed, is there evidence: All DSP workers at the CILA have been trained on the implementation of the plan; & there is data regularly being collected on the individuals' performance in relation to the objectives? If 50 to 99% of interviewed staff are not knowledgeable about each ISP reviewed, note minimal compliance, and if all interviewed staff are not knowledgeable about each ISP reviewed, note noncompliance										3	
q)	Through the interdisciplinary process the CST shall be responsible for determining an individual's ability to transition from continuous supervision or support to an intermittent level of supervision. *1) If a determination is made that the individual is appropriate for a less restrictive environment, documentation shall be included in the individual's plan identifying time frames for transition. The individual's QMRP or QMHP shall be responsible for monitoring the individual's transitional plan and for documenting the ind 's progress toward intermittent supervision and supports.	Has there been a determination that an individual receiving continuous supervision should transition to intermittent supervision? If no, this standard does not apply.  If yes, does the ISP include identifying the method for transitioning from continuous to intermittent supervision and support and a time frame for achieving the transition										3	
	*3) For individuals with a developmental disability, funding will remain at the individual's current level of funding for the first three months. At the end of the first three months, the QMRP or QMHP shall convene the CST to assess the individual's attainment of his or her goal for less restrictive supervision and supports. If the CST determines that the individual requires additional time to complete a successful transition, a request shall be made in writing to the Department for an extension not to exceed a total of six months. If the CST determines that the individual has not met, and is not likely to meet, his or her goal for less restrictive supervision and supports, the individual will continue to receive continuous supervision or support.	If the individual is attempting to transition, has the transition been occurring for more than three months? If so, has there been a request in writing to the Department to extend the transition period?  Has the transition been completed or abandoned within 6 months?										3	
r)	An individual who requires continuous supervision or support indefinitely may stay alone or access the community independently under specific circumstances. The CST must determine that the individual has the ability and desire to stay alone safely for brief periods of time, or access specified locations in the community independently, or with supervision or support other than that provided by agency employees. The individual services plan must state the periods of time and restrictions on activities when at home, and locations and time frames for accessing the community. The individual will successfully complete an assessment demonstrating the skills necessary to assure his or her safety, and this must be part of the individual's record. This should occur only as part of the individual's habilitation/treatment process & not to accommodate staffing concerns.	Determine through individual interview, or evidence in record, if there are times when an individual receiving continuous supervision may not have staff present? If so:  Has there been an assessment demonstrating the individual's competence in skills necessary to ensure the individual's safety?  Does the plan delineate the times at home when the individual may be alone and what activities are restricted? Does the plan delineate what community locations and when the individual may access? This does not necessarily have to be in the form of goal(s) & objective(s). This may be included as part of the narrative summary of what was discussed & agreed upon at the ISP meeting.										3	
										Pts.=	Pts. N=		

STANDARD	GUIDELINE	F	S	M	U	N	Pts	Tot
<b>Section 115.240 Medical Services and Medications</b>								
When medical services and/or medications are provided, or their administration is supervised, by employees of the licensed agency, the licensed agency shall certify that they are provided or their administration is supervised in accordance with the Medical Practice Act of 1987 and the Illinois Nursing and Advanced Practices Act.	<p>*1. The agency must document in the individual's record the agency staff responsible for training individuals to self-medicate or that will be responsible for administering meds when an individual doesn't self-administer meds.</p> <p>*2. For all individuals not determined independent in medication administration, the agency must document when they take or refuse medications in the individual record by using a medication administration record (MAR) which identifies the name, dosage, instruction, and frequency of medication; is initiated by authorized staff with a full signature at the bottom of each page and is dated.</p>							3
	The agency must maintain a policy and procedure in the agency files for the administration of medications. The policy and procedure must also include a procedure for documentation of missed dosages of medication and reporting of medication errors.							1
	<p><b>The agency must maintain a current list of authorized staff at each site specific for each individual and signed and dated by the authorized nurse trainer. Authorized staff may include physician, pharmacist, registered nurse, licensed practical nurse supervised by a registered nurse, or non-licensed staff trained and authorized by the agency nurse trainer.</b></p> <p>1. The agency must place documentation of training in each personnel record of staff who are trained and authorized to administer medications or supervise self-administration of medication training programs. (Use staff training percentage for awarding points)</p> <p>2. In CILA's funded by DDD, non-licensed staff may only administer medication or supervise self-administration of medication training programs if the following documentation requirements are met:</p> <p>a) The nurse trainer has evidence of certification by DHS as a nurse trainer;</p> <p>b) The staff member has taken the 8-hour DHS approved class and passed the test at 80% or better; and</p> <p>c) There is evidence of the nurse trainer has observed and authorized the staff for the particular medication(s) for the particular individual(s).</p> <p>3. In CILA's funded by DMH, there must be evidence of training in medications required by Section 115.320 (d)(1)(G) and non-licensed staff <u>may not</u> administer medication.</p>							3
	During site visits, question staff regarding how they administer medication. Medication may only be administered by licensed personnel and those trained and authorized by the agency's nurse trainer. If the agency uses LPNs, their activity must be supervised by an RN per the Illinois Nursing Act of 1987. Observe during site visit that all medications are kept locked; access to medication may only be available to authorized staff unless the individual has been assessed as being independent in his/her ability to self-administer medication.							3
							Pts =	Pts N =

STANDARD		GUIDELINE	F	S	M	U	N	Pts	Tot
<b>Section 115.240 Medical Services and Medications</b>									
*a)	A physician shall be responsible for the medical services provided to individuals, and the management of, individual's medications.	Is there evidence in the physician assessment that medications are reviewed?							3
*b)	A licensed prescriber shall prescribe and monitor all prescription medications	Addressed by 115.240 c)							
*c)	A physician shall perform an examination of the individual prior to the initiation of psychotropic medications.	Is there documentation that any individual taking psychotropic medications was examined by a physician immediately prior to the drugs being prescribed?							3
*d)	Screening for and documentation of abnormal involuntary movements, including tardive dyskinesia, in individuals receiving prescribed psychotropics shall be completed at least every six months by employees trained in performing this type of assessment.	Does record document screening every 6 months? Have staff been trained? Physicians are presumed to be trained in this type of assessment.							3
* e)	A physician shall review the medications prescribed and shall see the individual at least every six months, and every three months if psychotropic medications have been prescribed. Physician documentation within the individual's record shall include, but is not limited to the following:	The agency must document in the individual's record that a physician has seen the individual and reviewed the prescribed medication for individuals at least every six months, and every three months if the individual has been prescribed psychotropic medication.							3
*	1) Rationale for continuing current medication and/or initiating new medications; and	Documentation must be placed in the individual's record which addresses the continuation of current medication and/or the rationale for initiating new medications.							3
*	2) Medication side effects.	Documentation must be placed in the record of any observation of any side effects of the medication.							3
* f)	A physician or registered nurse shall evaluate the ability of the individual to self-administer medications.	Is there a written physician's or RN's statement that documents the assessment of an individual's level of ability to self-administer medications?							3
	Ability to self-administer medication shall be reassessed at least quarterly for individuals with a mental illness (including those dually diagnosed with a mental illness and a developmental disability)	Is there a statement that an individual, either MI or MI/DD, has been reassessed quarterly by licensed or authorized personnel?							3
	and at least annually for individuals with a developmental disability. Individuals with a developmental disability (including those dually diagnosed with a mental illness and a developmental disability) shall be evaluated using Department approved screening and assessment tools, in accordance with 50 Ill. Adm. Code 116.	For individuals with a developmental disability, is there a copy of the SAMA (Self Administration of Medication Assessment) in the individual's record done within the past 12 months? It must be signed off on by a Nurse Trainer to be considered valid. Page three of the SAMA indicates whether an individual is independent in self-administration of medication, requires a self-administration of medication training program, or requires a preliminary skills training program. If the individual is not deemed independent in self-administration of medications, then medications MUST be administered to them by licensed or authorized direct care staff who has completed all of the training requirements to be authorized.							3
* g)	A physician will provide the written order for an individual to self-administer medications or participate in a self-administration of medication training program based on the results of the individual's evaluation. The order will become part of the individual's record.	Every individual must have a written physician's order regarding whether they can either self-administer their own medications or they can participate in a self-medication administration training program							3
* h)	A psychiatrist shall either review psychotropic medications or be available for consultation when psychotropic medications have been prescribed.	Is the physician prescribing psychotropic medications a psychiatrist? If not , does the agency have a working relationship with a psychiatrist who will consult about meds?							3
								Pts =	Pts N =

STANDARD		GUIDELINE	F	S	M	U	N	Pts	Tot
<b>Section 115.240 Medical Services and Medications</b>									
*i)	All medications are labeled.	Verify during site visits - Use site visit criteria for awarding points.							3
*j)	Individuals who are able to self-medicate, shall have access to their medications.	For individuals assessed to have the ability to self administer their medications - verify through site visit that they have access to their own medications.							3
k)	When agencies supervise the self-administration of medication training programs or administer the medications, medications will be secured from unauthorized access and only a physician, pharmacist, registered or licensed practical nurse or agency employee authorized to supervise the self-administration of medication training program or administer medications will have access to medications.	During sites visits, check to see that medications are stored under lock and key. (Use site compliance criteria for awarding points)							3
	A physician, pharmacist or registered professional nurse will be available at all times to consult with trained, unlicensed direct care employees administering medications or supervising a self-administration of medications training program for persons with developmental disabilities.	If unlicensed direct care staff are administering medications or supervising a self-administration of medications training program for persons with developmental disabilities, the agency must maintain documentation in the agency files that a physician, pharmacist or registered nurse is available to consult with the direct care staff on a 24/7 basis. Consultations which do occur must be documented in the individual's record.							1
l)	A physician or pharmacist shall be available to consult, at least monthly, with the QMRP or QMHP in reference to staff's behavioral or other observations relating to the individual's level, dosage, and types of side from any prescribed medications.	The agency must maintain documentation in the agency files that a physician or pharmacist is on staff or is available (through a working agreement) to consult with the QMRP or QMHP consistent with this section. The agency must document the result of any consultation in the individual's record.							1
*m)	A physician or pharmacist shall make available to employees, family and individuals information on potential benefits, risks and side effects of any prescribed medication	1. The agency must document in individual's record that the physician or pharmacist has made available the information in this section to the individuals described in this section. 2. The agency must place a signed statement by the individual or guardian (where the individual is legally incompetent) that they have been provided information in this section.							3
<b>Section 115.250 Individual Rights and Confidentiality</b>									
a)	Employees shall inform individuals entering a CILA program of the following:	The agency must maintain a written policy and rights statement consistent with this section. <b>If 50 to 99% of interviewed individuals or guardians are not knowledgeable about their rights, note minimal compliance, and if all interviewed individuals or guardians are not knowledgeable about their rights, note noncompliance</b>							3
1)	The rights of individuals shall be protected in accordance with Chapter II of the Code except that seclusion shall not be permitted.	Chapter 2 of the <b>Mental Health and Developmental Disabilities</b> Code must be specifically referenced or all rights in Chapter 2 listed.							1
*2)	The rights of individuals to confidentiality shall be governed by the Confidentiality Act.	There can be no names of other individuals in the identified individuals' records. <b>Note: Initials or Individual ID numbers are acceptable.</b>							3
		The agency must maintain a written policy and rights statement consistent with this section. The Confidentiality Act must be specifically referenced.							1
								Pts =	Pts N =

STANDARD		GUIDELINE	F	S	M	U	N	Pts	Tot
<b>Section 115.250 Individual Rights and Confidentiality</b>									
3)	Their right to remain in a CILA unless the individuals voluntarily withdraw or meet the criteria set forth in Section 115.215;	This must be specified in the Rights Statement							1
4)	Their right to contact the Guardianship and Advocacy Commission, Equip for Equality, Inc., the Dept's Office of Inspector General, the agency's human rights committee and the Department. Employees shall offer assistance to individuals in contacting these groups giving each individual the address and telephone number of the Guardianship and Advocacy Commission, the Dept's Office of Inspector General, the Dept, and Equip for Equality, Inc;	1. All contacts must be listed on the Rights Statement. 2. The address and phone number of all contacts, except for the agency's human rights committee, must be listed on the rights statement.							1
5)	Every individual receiving CILA services has the right to be free from abuse and neglect.	This must be a specific statement in the rights statement.							1
6)	Individuals or guardians shall be permitted to purchase and use the services of private physicians and other mental health and developmental disabilities professionals of their choice, which shall be documented in the services plan.	This must be a specific statement in the rights statement.							1
*b)	Employee advisement of the individual's rights and justification for any restriction of individual rights shall be documented in the individual's record.	1. There must be a copy of the right's statement in the individual's record or, at a minimum, signed evidence that the individual <b>and</b> guardian have been apprized of their rights. <b>If 50 to 99% of interviewed individuals or guardians are not knowledgeable about their rights, note minimal compliance, and if all interviewed individuals and guardians are not knowledgeable about their rights, note noncompliance</b> 2. <b>Agency shall provide individuals with an individual rights statement, which must be included in the individual's record, consistent with this section.</b> 3. <b>Have any rights been restricted? If yes, is there documentation that the individual and guardian have been given a justification for that restriction? Has the justification been discussed with the individual and guardian and is there evidence that they accept the restriction and justification? Is there documentation in the record?</b>							3
c)	Individuals or guardians shall be permitted to present grievances and to appeal adverse decisions of the agency and other service providers up to and including the authorized agency representative. The agency representative's decision on the grievance shall constitute a final administrative decision and shall be subject to review in accordance with the Administrative Review Law (735 ILCS 5/Art. III). For all individuals enrolled in the Medicaid DD Waiver, their rights to present grievances and to appeal adverse decisions of the agency are detailed in 59 Illinois Administrative Code Part 120.	This must be a specific provision of the rights statement. If the agency has provision for the Board of Director's or a subsection of the Board, to review the authorized agency representative's decision, it must be noted the decision of the Board is the final decision and is subject to review under the Administrative Review Law.							1
d)	Individuals shall not be denied, suspended or terminated from services or have services reduced for exercising any of their rights.	This must be a specific statement in the rights statement. <b>If, for DDD funded programs, according to the relevant ISSA, 50 to 99% of individuals or guardians whose services have been denied, suspended or terminated, had these action taken for exercising their rights, note minimal compliance, and if this applies to all individuals or guardians whose services have been denied, suspended or terminated, note noncompliance</b>							3
								Pts. =	Pts. N =

Total Points Possible for this Section 305 Total Points N \_\_\_\_\_

Total Points Awarded for this Section \_\_\_\_\_

**SUBPART C: GENERAL AGENCY REQUIREMENTS  
ENVIRONMENTAL MANAGEMENT OF LIVING ARRANGEMENTS**

**Individual Sites Reviewed:** 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_  
 4) \_\_\_\_\_ 5) \_\_\_\_\_ 6) \_\_\_\_\_  
 7) \_\_\_\_\_ 8) \_\_\_\_\_ 9) \_\_\_\_\_  
 10) \_\_\_\_\_ 11) \_\_\_\_\_ 12) \_\_\_\_\_  
 13) \_\_\_\_\_ 14) \_\_\_\_\_ 15) \_\_\_\_\_  
 16) \_\_\_\_\_ 17) \_\_\_\_\_ 18) \_\_\_\_\_

Attach Separate sheet with address(es) if more than 18 sites inspected during the on-site survey.

**Surveyor(s) Who Inspected Sites:** \_\_\_\_\_

**LEGEND**

<b>F</b> = Full Compliance (100% of sites reviewed compliant)	1 point, 3 points or 9 points where applicable
<b>S</b> = Substantial Compliance (75%-99% of sites reviewed compliant)	2 points (Note # of non-compliant site alongside standard)**
<b>M</b> = Minimal Compliance (50% to 74% of sites reviewed compliant)	1 point (Note # of non-compliant site alongside standard)**
<b>U</b> = Unacceptable (Less than 50% of sites reviewed compliant)	0 points (Note # of non-compliant site alongside standard)
<b>N</b> = Non-Applicable (Standard or issue is not applicable)	
<b>Pts</b> = Points awarded for level of compliance	
<b>Tot</b> = Total points possible for full compliance	
** = When as a result of the review, an agency would normally be given 1 or 2 points, but the citation to be made is a repeat violation, the agency should be given 1 or 0 points instead.	
** = When as a result of the review, an agency would normally be given 1 or 2 points, but the citation to be made is a repeat violation, the agency should be given 1 or 0 points instead.	
** = When an agency would normally be given 4 points, a repeat violation will result in 1 point.	

**Note:** Alongside any standard found not in full compliance, note the number of the site address which is non-compliant.

STANDARD	GUIDELINE	F	S	M	U	N	Pts	Tot
<b>Section 115.300 Environmental management of living arrangements</b>								
<p>a) For individuals who receive intermittent supervision and supports and choose to reside with their families or in living arrangements owned or leased by the individuals living there, the licensed agency shall assist individuals in selecting, obtaining and maintaining CILAs which afford safety and basic comfort: Such assistance shall include, but is not limited to:</p> <ol style="list-style-type: none"> <li>1) Performing visual inspections;</li> <li>2) Purchasing and maintaining in working order safety devices, i.e., smoke detectors, door locks, when needed; and</li> <li>3) Advocacy with the landlord to encourage compliance with applicable codes.</li> </ol>	<p>For individuals who choose to reside in their leased or owned sites, agency staff shall ensure individual safety and basic comfort up to and including advocating for alternative sites when necessary. Documentation of agency efforts at advocating shall be included in the individual's record. The Department may review sites with the permission from individuals or guardians.</p> <p>Documentation of agency site inspection for safety must be maintained.</p> <p>If inspection notes need, is there evidence that agency assisted individual to purchase safety equipment?</p>							3
<p>b) For individuals who choose to reside in living arrangements owned or leased by an agency, the licensed agency shall insure that buildings containing owned or leased living arrangements shall comply with locally adopted building codes as enforced by local authorities and the applicable chapter(s) of the edition of the NFPA 101, Life Safety Code (National Fire Protection Association 1991) as cited in the rules of the Office of the State Fire Marshal at 41 Ill. Adm. Code 100 and any local fire codes which are more stringent than the NFPA as enforced by local authorities or the Office of the State Fire Marshal. An agency shall make available the report of an inspection that has been made by the local authorities or the Office of the State Fire Marshal prior to providing services to any individual in any CILA. Non-compliance may be shown by evidence of administrative or judicial action taken against the owner(s) of a building for violation(s) of the applicable housing code within the previous two months, or a letter indicating non-compliance with NFPA requirements from the local authorities or the Office of the State Fire Marshal.</p>	<p>Sites are subject to NFPA and, as such, must have a statement in the fire clearance letter, if provided by local fire authority, that the site is in compliance with NFPA 101, Life Safety Code. (Compliance with BOCA is <u>NOT</u> equivalent to compliance with NFPA.)</p> <p>Sites with 3 or fewer are subject to one &amp; two family homes (Chapter 21). Sites with 4-8 are subject to Chapter 22 (small residential facilities)</p> <p>The fire clearance letter must be less than 12 months old on the date of the on-site inspection.</p> <p>There shall be no placement of individuals in agency owned/leased or foster care sites prior to inspection and approval of that site by the Bureau of Accreditation, Licensure &amp; Certification that the site complies with Rule 115 and the interpretive guidelines for Rule 115.</p>							
<p>c) Each living arrangement shall meet standards as identified in local life/safety and building codes. Living arrangements specified in subsection (b) of this Section shall also meet the following additional standards:</p>								
<p>1) Each living arrangement shall have a smoke detection system which complies with the Smoke Detector Act (425 ILCS 65).</p>	<p>All smoke detectors operational.</p>							3
<p>2) No more than eight individuals shall be served in any site.</p>	<p>1. The agency shall maintain a roster of individuals (name and address) at each site in agency files. 2. In general, a site is all living arrangements under one continuous roof. BALC treats sites not under one continuous roof as one site in certain previously agreed upon instances. These sites are included in the database as one site and should be reviewed accordingly.</p>							3
<p>3) There shall be documentation that living arrangements are inspected quarterly by the licensed CILA agency to insure safety, basic comfort, and compliance with this Part.</p>	<p>Agency shall document quarterly agency inspections in the agency files. Documentation shall note: date of inspection; inspector's name(s) and title; findings and recommendations for each standard requirement in this Section; corrective action plan; and follow-up on corrective action plan.</p>							3
	<p>Has the corrective action plan been implemented?</p>							3
							Pts. =	Pts. N =

STANDARD		GUIDELINE					F	S	M	U	N	Pts	Tot
<b>Section 115.300 Environmental management of living arrangements</b>													
<b>4) Bath and toilet rooms</b>													
<b>A)</b>	At least one bathroom shall be provided for each four individuals. A bathroom shall include a toilet, lavatory, and tub or shower.	One full bathroom can accommodate four individuals. If more than four individuals are residing at the site, a second full bathroom is required. A full bathroom is toilet, lavatory, & tub or shower.											3
<b>B)</b>	Bathrooms shall be located and equipped to facilitate independence. When needed by the individual, special assistance or devices shall be provided.	If an individual who is mobility impaired lives at a site, do bathrooms have equipment to facilitate independence of the individual.											
<b>C)</b>	Bathing and toilet facilities shall provide privacy.	If the agency does not keep soap, towels and/or toilet paper in the bathroom, is there evidence that it is for a clinical reason that has the approval of the agency's human rights committee or process.  Do bathrooms have doors or curtains providing privacy from other rooms.											
<b>5) Bedrooms</b>													
<b>A)</b>	Each single individual bedroom shall have at least 75 square feet of net floor area, not including space for closets, wardrobes, bathrooms and clearly definable entryway areas.	In bedrooms with 2 occupants, closet space must have clearly defined area for each individual if each individual uses the closet.											3
<b>B)</b>	Each multiple bedroom shall accommodate no more than two individuals and each bedroom for two individuals shall have at least 55 square feet of net floor area per individual not including space for closets, wardrobes, bathrooms and clearly definable entryway areas.	All components must be present.											
<b>C)</b>	Storage space for clothing and other personal belongings shall be provided for each individual.												
<b>D)</b>	Each bedroom shall have:												
<b>i)</b>	Walls that extend from floor to ceiling;												
<b>ii)</b>	A fire-graded mattress and box spring that is suitable to the size of the individual which provides support and comfort, if beds are provided by the agency;	Mattress on the floor is not acceptable except if clinically justified and reviewed by agency's Human Rights Committee or process.											
<b>iii)</b>	At least one outside window; and												
<b>iv)</b>	Electrical light sufficient for reading (a minimum of 40 foot candles).												
<b>E)</b>	Bedrooms shall maintain a dry and comfortable environment.	There should be no obvious signs of water damage. No musty smell. Air temperature should feel comfortable when not wearing coat in winter or wearing light covering in summer.											
<b>F)</b>	In living arrangements where more than one individual resides, traffic to and from any room shall not be through an individual's bedroom.												
											<b>Pts. =</b>	<b>Pts. N =</b>	

STANDARD		GUIDELINE	F	S	M	U	N	Pts	Tot
<b>Section 115.300 Environmental management of living arrangements</b>									
6) The agency shall ensure that:									
A)	Living arrangements shall be safe and clean within common areas and within apartments over which the agency has control;	Any citations regarding the cleanliness, upkeep or safety of the site can be cited under this section, however, citation must be specific to problem noted. This is where water exceeding 110 F or lower than 100 F will be cited. Let hot water run for at least 2 minutes before measuring temp <b>using a cup, glass, etc.</b>							9
B)	Living arrangements shall be free from vermin;	If signs of vermin, is there a plan/contract for extermination and has it been implemented.							3
C)	Waste and garbage shall be stored, transferred and disposed of in a manner that does not permit the transmission of diseases.	At a minimum, kitchen garbage and outdoor garbage must be covered. In lieu of covering the kitchen garbage, it may be stored inside a cabinet with a door.							3
D)	Private water systems shall comply with <b>77 Ill. Adm. Code 900</b>	If a private water supply, is there evidence of <b>annual</b> inspection?							3
7) The agency shall develop, implement and maintain a disaster preparedness plan which shall be reviewed annually, revised as necessary, and ensure that:									
A)	Records and reports of fire and disaster training are maintained;	Is there evidence of fire and disaster training which <b>has</b> been held? <b>Are training needs identified and is there evidence of fire/disaster training?</b>							3
B)	<b>A record of actions taken to correct noted deficiencies in disaster drills or inspections is maintained.</b>	<b>Already addressed in 115.300 c)8)A)</b>							
C)	Employees and any other person, compensated or in a volunteer capacity, with responsibility for individuals served, know how to react to fire, severe weather, missing persons, psychiatric and medical emergencies, poison control and deaths;	Look for evidence in staff training. Talk with staff while conducting on-site inspections regarding their knowledge of these issues. Use compliance criteria outlined for staff training. <b>If 50 to 99% of interviewed staff do not demonstrate knowledge of these issues, note minimal compliance, and if all interviews demonstrate lack of knowledge, note noncompliance.</b>							3
D)	Individuals know how to react to situations identified in subsection (c)(7)(C) of this Section or are receiving training;	See that drills include the names of the individuals who reside at the site and staff as participants. Interview individuals who live at the site. <b>If 50 to 99% of interviewed individuals do not demonstrate knowledge of these issues, note minimal compliance, and if all interviews demonstrate lack of knowledge, note noncompliance.</b> Where drill reports have indicated problems, look for evidence of additional training of individuals and staff.							3
E)	Employees and any other person, compensated or in a volunteer capacity, with responsibility for individuals served, are trained in the location of fire-fighting equipment, first aid kits, evacuation routes and procedures; and	Talk with employees on-site to determine knowledge of issues. <b>If 50 to 99% of interviewed staff do not demonstrate knowledge of these issues, note minimal compliance, and if all interviews demonstrate lack of knowledge, note noncompliance.</b>							3
F)	A telephone is available with a list stating the telephone numbers of the nearest poison control center, the police, the fire department and emergency medical personnel or an indication that 911 is the appropriate number to call.	There must be at least one working <b>land line</b> telephone at each site and in each unit of a multiunit dwelling. Minimally must be able to call 911 from each phone.  Each site must have a list of the numbers noted readily available.							3
								Pts. =	Pts. N =

STANDARD		GUIDELINE					F	S	M	U	N	Pts	Tot
<b>Section 115.300 Environmental management of living arrangements</b>													
8) The agency shall implement procedures for evacuation which ensure that:													
A)	Evacuation drills are conducted at a frequency determined by the agency to be appropriate based on the needs and abilities of individuals served by the particular living arrangement but no less than on each shift annually .	The agency must document in agency files results of needs assessment <b>specific to the individuals living at</b> each site along with results of all drills.											3
B)	Special provisions shall be made for those individuals who cannot evacuate the building without assistance, including those with physical disabilities and individuals who are deaf and/or blind.	Ask if there is anyone at the site who is mobility impaired or has a <u>significant</u> hearing and/or vision problem. If yes, the evacuation plan must specify what will be done to assist those individuals to evacuate the building.											3
C)	All employees are trained to carry out their assigned evacuation tasks.	Is there evidence that the employees are participating in the evacuation drills? Discuss responsibilities with staff to determine their awareness of them. <b>If 50 to 99% of interviewed staff do not demonstrate knowledge of these issues, note minimal compliance, and if all interviews demonstrate lack of knowledge, note noncompliance.</b>											3
D)	Inefficiency or problems identified during an evacuation drill shall result in specific corrective action.	If the drill notes deficiencies, is there evidence of action taken to correct the problem? Any evacuation drill that exceeds 4 minutes should be noted as problematic and result in a plan of action. If the agency's plan calls for some individuals to remain in or go into a certain room and wait for evacuation and the drill reports they did that, it would be acceptable.											3
E)	Evacuation drills shall include actual evacuation of individuals to safe areas.												3
9)	At least one approved fire extinguisher shall be available in the residence, inspected annually and recharged when necessary.	The indicator on the tank should be in the safe area, not overcharged or undercharged. There must be an inspection tag or other evidence that the specific extinguisher was inspected annually. If the site has been in operation for less than 1 year, the dated purchase receipt for the extinguisher will suffice for the first year.											3
10)	First aid kits shall be available and monitored regularly by the agency.	Each first aid kit should have evidence of having been inspected for necessary contents at least quarterly.											3
d)	For individuals who receive continuous supervision and support and choose to reside with their families or in living arrangements owned or leased by the individuals living in there, the licensed agency shall ensure that the living arrangements comply with all the requirements of subsection ( c) of this Section except (c)(4), (5), (6)(B), (6)(D), (7)(B), (7)(E) and (10).	For any applicable sites, the agency must have evidence of compliance with the applicable sections.											3
e)	Prior to a new site owned or leased by the agency being occupied and prior to a foster care site accepting individuals receiving services, the site must be reviewed by OALC and determined to be in compliance with this Part. All sites as described in this subsection will be reviewed at least once during the three year period of licensure to determine on-going compliance with this Part.	Ask the agency if they have opened any new agency controlled or <b>Host Family</b> sites since their last survey. If so, ask to see a copy of the clearance letter from <b>BALC</b> for that site. <b>Host Family</b> sites, to be in compliance with this Part, must meet the standards noted in subsection ( c) of this Section.											3

Pts. =                      Pts. N =

STANDARD	GUIDELINE	F	S	M	U	N	Pts	Tot
<b>Section 115.310 Geographic Location</b>								
<p>a) CILA sites shall be located to enable individuals to participate in and be integrated into their community and neighborhood. Homes shall be typical of homes in the community and residential neighborhood and their inclusion should not appreciably alter the characteristics of the neighborhood.</p> <p>b) CILA sites shall be located to promote integration of individuals with mental disabilities within the range of communities throughout the State, and to avoid concentrating individuals in CILAs in a neighborhood or community.</p>	<p>The agency shall maintain in agency files policy and procedure which outlines how CILA locations are identified in accordance with this Section.</p>							1
<p>c) CILAs owned or leased by an agency and funded by the Department shall not be located within a distance of 800 feet, measured via the most direct driving route from any other setting licensed or funded to provide residential services for a person(s) with developmental disability or mental illness. When an agency owns or leases a multi-unit building, or owns or leases unit(s) within a multi-unit building, no more than 8 individuals with disabilities receiving services from any agency licensed or funded to provide residential services to persons with disabilities may reside in that building. These location requirements may not apply to sites in existence on August 13, 1999. A request for waiver of these requirements must be submitted in writing to OALC and will be reviewed based upon the criteria in 115.310 (e).</p>	<p><b>Ask for a diagram of home locations to verify that they are at least 800 feet apart.</b></p>							1
							Pts. =	Pts. N =

**Total Points Possible for this Section**      86  
**Total Points N**      \_\_\_\_\_  
**Total Points Available for this Section**      \_\_\_\_\_  
**Total Points Awarded for this Section**      \_\_\_\_\_

## ADMINISTRATIVE REQUIREMENTS

### For Staff Training

<b>F</b> = Full Compliance (all training records reviewed compliant)	1 point or 3 points where applicable
<b>S</b> = Substantial Compliance (75%-99% of training records reviewed compliant)	2 points**
<b>M</b> = Minimal Compliance (50% to 74% of training records reviewed compliant)	1 point **
<b>U</b> = Unacceptable (Less than 50% of training records reviewed compliant)	0 points
<b>N</b> = Non-applicable (Standard or issue is not applicable)	
<b>Pts</b> = Points awarded for level of compliance	
<b>Tot</b> = Total points possible for full compliance	
** = When as a result of the review, an agency would normally be given 1 or 2 points, but the citation to be made is a repeat violation, the agency should be given 1 or 0 points instead	

**Note:** Alongside any topic found not in full compliance, note the number of employees records non-compliant.

### For Unusual Incidents

<b>F</b> = Full Compliance (Is there)	1 points
<b>U</b> = Unacceptable (Is not there)	0 points
<b>Pts</b> = Points awarded for level of compliance	
<b>Tot</b> = Total points possible for full compliance	

STANDARD		GUIDELINE	F	S	M	U	N	Pts	Tot
<b>Section 115.320 Administrative Requirements</b>									
<b>a) Governing Body</b>		Does the agency have a governing body named and are there records of it meeting? For-profit organizations' governing body will be the owners.							1
1)	Each agency which is owned or operated by any corporation, association, or unit of local government shall have a governing body in which is vested authority and responsibility for the organization, management, control, and operation of the agency and all programs, services, facilities and residences it administers.								1
2)	Each agency shall have provisions for obtaining input from consumers and/or consumer representatives to the governing body.	Is there evidence of consumer input to the governing body? Examples: <b>Satisfaction surveys reviewed by board</b> , board minutes reflect input from consumer advisory board, consumer on board							1
<b>b) Staffing</b>		Do personnel files contain copies of licenses for employees requiring them, e.g., psychologists, psychiatrist, LCSWs, PTs, OTs working in the licensed capacity?							3
1)	Mental health and developmental disabilities employees shall be licensed or certified as required by Illinois laws.								3
2)	When paraprofessional or untrained employees are used in direct services, they shall be supervised in the provision of services by professional employees.	Is there supervision of untrained employees or employees not yet demonstrating competency by licensed or trained and competent employees? Surveyors should request a list of new employees hired within the past 6 months.							3
3)	An agency shall not employ an individual in any capacity until the agency has inquired of the Department of Public Health as to information in the Nurse Aide Registry concerning the individual. If the Registry has information of a substantiated finding of abuse or neglect against the individual, the agency shall not employ him or her in any capacity.	This applies to all agency employees - not just those providing direct care.							3
<b>c) General Program Requirements</b>		Agencies funded by the Department shall meet the following general program requirements for all funded services: 1) Service setting Services shall be provided in the setting most appropriate to the needs of and reflecting the preferences of the individual. This may include the individual's home, the agency, or the community. All settings shall be used innovatively in order to reach the target populations.							
		<b>Already addressed in 115.230 f)2)</b>							

STANDARD		GUIDELINE	F	S	M	U	N	Pts	Tot
<b>Section 115.320 Administrative Requirements</b>									
2)	Record keeping A) Cumulative case records including an individualized service plan shall be maintained for each individual. B) The individualized service plan shall state the goals for each individual. The individual shall be afforded the opportunity and encouraged to participate in goal/objective selection. Goals/objectives shall include time frames specified by the agency's professional employees, in consultation with the individual and relevant collaterals. "Individualized service plan", as used herein, refers to and is equivalent to "individual treatment plan" and "individual habilitation plan".	This is assessed in Section 115.230							
3)	Behavior management and human rights review  Each agency is required to establish or ensure a process for the periodic review of behavior intervention and human rights issues involved in the individual's treatment and/or habilitation. Agencies required to have behavior intervention and human rights review policies and procedures under licensure or certification standards shall continue to comply with those standards.	<b>The provider shall have written policies and procedures governing the use of restraint, medication used to manage behaviors, time-out, aversive procedures and other procedures of a similarly restrictive nature in compliance with the Code.</b> <b>*Ask for records of anyone for whom the provider is using any of the above. There must be a behavior plan in the record. The behavior plan must include objectives and methods for use of positive intervention for exhibiting behavior adaptively and ultimately eliminating it.</b> <b>The behavior management committee and human rights committee shall evaluate and determine that the provider's responsibility to ensure the individual's health, safety and well-being outweighs the individual's right to privacy, access to the community and ability to express her/himself that they are to be restricted. Both committees must review and approve the behavior management plan.</b>  <b>*There must be evidence that the behavior plan has been explained to the individual/guardian and that they understand it.</b> <b>Each behavior plan must be reviewed at least every six months by Behavior Intervention Committee (Members shall include persons qualified to evaluate published behavior management studies and the technical adequacy of proposed behavior management interventions. Persons are qualified by training and experience such as clinical psychologist to review oversight procedures. When drugs to manage behavior are used, a professional qualified to evaluate their use, such as a physician or pharmacist, shall be a member of the committee) and Human Rights Committee (Not more than half of the members shall be program employees. At least one committee member shall be an individual or his or her representative)</b>							9
4)	Abuse and neglect Each agency shall have and use a process for reporting and handling instances of abuse and neglect in accordance with applicable standards, regulations and laws that shall include notification of the individual allegedly abuse or neglected and his or her guardian or parent of the allegation within 24 hours after receiving the allegation.	Does the agency have a written policy for reporting and handling suspected abuse or neglect? Since the rule has been written the law has been changed to require reporting to <b>OIG</b> within 4 hours. The agency policy must reflect that reporting must be done to <b>OIG</b> within 4 hours from discovery. If policy does not indicate the 4 hours this is not in compliance. <b>Policy must reflect reporting to the individual/guardian within 24 hours from time of discovery.</b>							1
								Pts. =	Pts. N =

STANDARD		GUIDELINE	F	S	M	U	N	Pts	Tot
<b>Section 115.320 Administrative Requirements</b>									
5)	<b>Admission</b> to programming  A) Agencies shall not discriminate in the admission to and provision of needed services to individuals on the basis of race, color, sex, religion, national origin, ancestry, or disability.  B) Admission policies and procedures shall be set forth in writing and be available for review.	Does the agency have written admission policies that contain the required non-discrimination statements?							1
6)	<b>Compliance with life safety standards and requirements</b>  All programs facilities shall be in compliance with applicable State licensure requirements and local ordinances with regard to fire, building, zoning, sanitation, health, and safety requirements.	Covered by 115.300 b and c							
7)	<b>Employee requirements</b>  A) A licensed physician (MD or DO) shall assume medical or legal responsibility for medical services offered in any program, including prescription of medications.  B) All services shall be provided by appropriately trained employees, operating under the supervision of qualified clinical professionals.	Covered by 115.240.							
8)	<b>Mandated services</b>  A) Mandated services shall be provided according to the requirements as stated in the Department's rules as 59 Ill. Adm. Code 125 (Recipient Discharge/Linkage/Aftercare).	Reviewed by <b>Division of Mental Health and Division of Developmental Disabilities</b>							
9)	<b>Utilization review</b> Utilization review is the ongoing review of services delivered, their intensity and their duration, to determine adherence to generally accepted guidelines or standards regarding the individual's assessment, eligibility for service and appropriateness of services rendered. Agencies shall engage in a utilization review process for all program services.	Does the agency have a utilization review policy? <b>Is there evidence of ongoing utilization reviews inclusive of individual file reviews for intensity and duration of service, continuing eligibility, appropriateness of service?</b>							3
10)	<b>Visits to programs</b> The agency shall ensure that Department-authorized consumer interest groups shall be permitted, with the consent of individuals, to visit agencies and living arrangements owned or leased by an agency.	A point will be given if no complaints have been received about the agency prohibiting visits by such groups.							1
			Pts. =		Pts. N =				

STANDARD		GUIDELINE	F	S	M	U	N	Pts	Tot	
<b>Section 115.320 Administrative Requirements</b>										
<b>d) Direct Service Employees Training</b>										
<p><b>1)</b> Direct service employees and other compensated persons with responsibility for direct care of individuals served shall demonstrate competence in training areas listed in subsections (d)(1)(A) through (M) of this subsection (d) as a part of an orientation program. Anyone specified in this subsection (d)(1) without previous experience in direct service to individuals shall receive training and demonstrate competence prior to unsupervised responsibility for direct service unless trained employees are on site and available for on-the-job training. Direct service providers as specified above who have completed training in the below mentioned areas, and demonstrated competence as documented in their records, shall not be required to repeat that training as part of their orientation. Anyone specified in this subsection (d)(1) who has not demonstrated competence shall receive training until he or she can demonstrate competence in the following areas, as recorded in his or her records. All direct service employees and any other compensated persons, regardless of staffing model, shall receive training and demonstrate competence as documented in employee records in the following training areas :</p>	<p>Review all direct service staff training records up to a total of 10. If more than 10 direct service staff, identify 10 direct service staff at random from the agency roster.</p> <p>The agency is allowed to establish equivalencies.</p> <p>Agency shall maintain personnel records; rosters of attendance to training events; <b>and certificates</b> of completion of training. For CILAs funded by DDD, core DSP training must be completed and satisfies all requirements for this subsection except for CPR and the medication training for non-licensed staff who pass medications</p> <p>Review evidence of competency for each identified area for each individual training record examined.</p> <p>Interview 3 of the identified staff for current knowledge in areas. Lack of knowledge in a particular area is evidence of non-compliance for that staff member.</p>									
<b>A)</b> Cardiopulmonary resuscitation (CPR), Heimlich maneuver and	Each staff must have evidence of current certification in CPR.									3
first aid;	<b>Formal certification IS required.</b>									3
							<b>Pts. =</b>		<b>Pts. N =</b>	

STANDARD		GUIDELINE	F	S	M	U	N	Pts	Tot
<b>Section 115.320 Administrative Requirements</b>									
B)	Concepts of treatment, habilitation and rehabilitation including behavior management normalization, age appropriateness & psycho-social rehabilitation depending on the needs of the individuals to be served	Look for evidence of training on the OIG Rule 50							3
C)	Safety, fire , and disaster procedures								
D)	Abuse, neglect and unusual incident prevention, handling and reporting								
E)	Individual rights in accordance with Chapter II of the Code and maintaining confidentiality in accordance with the Confidentiality Act								
F)	The nature and structure of the individual integrated services plan (ISP)								
H)	Screening for involuntary muscular movement which may be indicative of tardive dyskinesia								
I)	Development and implementation of an ISP								
J)	Formal assessment instruments used and their role in the development of the services plan								
K)	Documentation and record keeping requirements with reference to the services plan								
M)	The techniques associated with monitoring and regulating hot water temperatures prior to and during an individual's use to ensure safe hand-washing, hair-washing, bathing and showering procedures.								
G)	The type, dosage, characteristics, effects and side-effects of medications prescribed for individuals . The agency shall assure that there is sufficient training in this area to provide coverage during expected and unexpected absences of care givers by others who have been determined competent;	Look at training documents for specific medication training							3
N)	In CILA programs for persons with developmental disabilities, all unlicensed direct care employees, prior to assuming responsibility for supervising the self-administration of medication training programs or for administration of medications for persons with developmental disabilities, will successfully complete a Department approved training program provided by an agency Nurse-Trainer pursuant to Ill. Adm. Code 116. i) All agency Nurse-Trainers will be registered professional nurses. ii) All agency Nurse-Trainers will be trained by the Department's Master Nurse-Trainer								3

Pts. =

Pts. N =

STANDARD		GUIDELINE	F	S	M	U	N	Pts	Tot
<b>Section 115.320 Administrative Requirements</b>									
2)	After completion of training specified in subsection (d)(1) of this Section, each direct service employee shall participate in ongoing employee development activities as outlined in the agency's employee development plan.	Has each employee received training as required per their written training plan? <b>Example: OIG requires biennial training (every other year)</b>							3
4)	The agency shall implement a written training plan which lists training to be offered to meet the requirements of this Part, the methods used for completion of any required training and the process used to determine competency.	Is there a written plan? <b>Has it been implemented?</b>							1
e)	Volunteer training The agency shall provide an orientation and training program for volunteers specific to volunteer duties and shall provide supervision as necessary. Volunteers with responsibility for care of individuals served must complete and demonstrate competency in the training areas specified in (d) above.	<b>Look for a written orientation and training program for volunteers. Is there evidence that it is used?</b>  Ask the agency if they have volunteers providing assistance to the individuals in working on their goals in the ISP or are left alone with responsibility for the welfare of individuals. If yes, check evidence of training and competencies <b>as required for staff</b> in the above for all volunteers up to a total of three (3).							3
f)	Quality assurance  1) There shall be a written quality assurance plan and ongoing activities designed to review and evaluate services to individuals, operation of programs and to resolve identified problems.	Does the agency have a written QA plan and evidence of implementation of plan?  Example: QA meeting minutes, board meeting minutes, executive board meeting minutes							1
2)	The agency's quality assurance program shall be the basis for annually certifying to the Department that individuals are receiving appropriate community-based services consistent with their services plans, that all programs and services are supervised by the agency and comply with this part. A) If a certified CILA does not continue to meet standards, the agency shall correct deficiencies within 30 days; or B) If deficiencies in a certified CILA cannot be corrected within 30 days, the agency shall withdraw certification of the CILA program in question and notify the Department. The agency shall remain responsible for those individuals who live in or lived in the affected CILA.	When implementation of the plan notes changes needed to be made is there evidence that the changes were implemented and findings to make improvements.							3
g)	Unusual incidents 1) The agency shall have written policies and procedures for handling, investigating, reporting, tracking and analyzing unusual incidents through the agency's management structure, up to and including the authorized agency representative. The agency shall ensure that employees demonstrate their knowledge of, and follow, such policies and procedures. Unusual incidents shall include, but are not limited to:	Each item below must be specifically identified with a concomitant procedure for staff to follow in dealing with the individual(s) involved, not only how to report the incident to the supervisory chain.							

Pts. =                      Pts. N =

STANDARD		GUIDELINE	F	S	M	U	N	Pts	Tot
<b>Section 115.320 Administrative Requirements</b>									
<b>g)1 cont.</b>	<p>A) Sexual assault;</p> <p>B) Abuse or neglect;</p> <p>C) Death;</p> <p><b>D) Physical Injury</b></p> <p>E) Assault;</p> <p>F) Missing persons;</p> <p>G) Theft</p> <p>H) Criminal Conduct</p>	The 3 staff interviewed above should respond to questions about these procedures. Lack of knowledge in a particular area is evidence of non-compliance for that issue. Note existence of policy but lack of knowledge of staff member. All 3 must be knowledgeable for each standard in compliance. Use initials of staff member non-compliant.							3
2)	Within 24 hours of occurrence the agency shall report any incident which is subject to the Criminal Code of 1961 (720 ILCS 5) to the local law enforcement authorities.	<b>Request any incidents reported to local law enforcement.</b> <b>How long did it take agency to report?</b>							1
3)	The agency shall ensure that suspected instances of abuse or neglect against individuals in programs which are licensed by the Department are reported to the Office of the Inspector General (Section 6.2 of the Abused and Neglected Long Term Facility Residents Reporting Act (210 ILCS 30/6.2)).	<b>Review any OIG reports before going to survey to check reporting time of within 4 hours after discovery of incident</b>							3
<b>h)</b>	Individual's records	Per your observation <b>at each site</b> has the agency taken steps to assure confidentiality and safe keeping of all records?							3
1)	The agency shall ensure the confidentiality of individuals' records in accordance with the Act and shall ensure safekeeping of all records against loss or destruction.								
*2)	The agency shall maintain a chronological record for each individual. Records shall be located at the program site at which individuals are being served.	In the records reviewed, are the entries legible, dated, signed with a title? If corrections are made, is the error left intact and legible? Is there a legend to abbreviations?							3
A)	Each entry shall be legible, dated and authenticated by the signature and title of the person making the entry.								
B)	Corrections shall be initialed and made in such a way as to leave the original incorrect entry legible.								
C)	When symbols or abbreviations are used, the agency shall provide a legend to explain them which shall be standardized throughout the agency.								
								Pts. =	Pts. N =

STANDARD		GUIDELINE	F	S	M	U	N	Pts	Tot
<b>Section 115.320 Administrative Requirements</b>									
*3)	On an individual's entry into the agency, the following information shall be obtained, recorded and updated as necessary in the individual's record:	Is all this information obtained when the individual enters the program? It should all be <b>in the record</b> within the first 30 days.							3
A)	Identifying information including name, date of birth, sex, race, social security number and legal status;								
B)	The name, address and telephone number of the legal guardian or the person to be notified in case of an emergency;								
C)	The language spoken or understood by the individual including, in the case of an individual who is hearing impaired, the individual's preferred mode of communication, e.g., American sign language, signed English, aural, oral or tactile communications devise;								
D)	Prescribed medications, reactions and side effects to medications, allergies to foods, other medications and substances;								
E)	Physical and dental examinations, and medical history;								
F)	Consent to receive emergency medical services; and								
G)	Copies of the authorization for release of information.								
								Pts. =	Pts. N =



**STANDARD**

**GUIDELINE**

**F S M U N Pts Tot**

**Section 115.320 Administrative Requirements**

- 5) Electronic signature or computer-generated signature codes are acceptable as authentication of record content.
  - A) In order for an agency to employ electronic signatures or computer-generated signature codes for authentication purposes, the agency must adopt a policy that permits authentication by electronic or computer-generated signature.
  - B) At a minimum, the policy shall include adequate safeguards to ensure confidentiality of the codes, including, but not limited to, the following:
    - i) Each user must be assigned a unique identifier that is generated through a confidential access code.
    - ii) The agency must certify in writing that each identifier is kept strictly confidential. This certification must include a commitment to terminate a user's use of a particular identifier if it is found that the identifier has been misused. "Misused" shall mean that the user has allowed another person or persons to use his or her personally assigned identifier, or that the identifier has been inappropriately used.
    - iii) The user must certify that he or she is the only person with user access to the identifier and the only person authorized to use the signature code.
    - iv) The agency must monitor the use of identifiers periodically and take corrective action as needed. The process by which the agency will conduct monitoring shall be described in the policy.

When electronic signatures are used, the agency must adhere to all these requirements.

**Pts. =**                      **Pts. N =**

1

STANDARD		GUIDELINE	F	S	M	U	N	Pts	Tot	
<b>Section 115.320 Administrative Requirements</b>										
<b>5)C)</b> A system employing the use of electronic signatures or computer-generated signature codes for authentication shall include a verification process to ensure that the content of authenticated entries is accurate. The verification process shall include, at a minimum, the following provision: <ul style="list-style-type: none"> <li><b>i)</b> The system shall require completion of certain designated fields for each type of document before the document may be authenticated, with no blanks, gaps, or obvious contradictory statements appearing within those designated fields. The system shall also require that correction or supplementation of previously authenticated entries shall be made by additional entries, separately authenticated and made subsequent in time to the original entry.</li> <li><b>ii)</b> The system must make an opportunity available to the user to verify that the document is accurate and the signature has been properly recorded.</li> <li><b>iii)</b> The agency must periodically sample records generated by the system to verify the accuracy and integrity of the system.</li> </ul>		Review verification process to assure compliance								1
<b>D)</b> Each report generated by a user must be separately authenticated.		Evidence of electronic signature must be on each note reviewed								1
<b>Section 115.321 Application for waiver of the prohibition against employment</b>										
<b>a)</b> An agency shall not knowingly hire or retain any person after January 1, 1998 in a full-time, part-time or contractual direct care position if that person has been convicted of committing or attempting to commit one or more of the following offenses unless the applicant or employee obtains a waiver.		Do all employees with a criminal background have a waiver? If any employee records which should have a waiver do not, 0 points will be awarded for this section.								3
<b>f)</b> The agency shall request the UCIA criminal history record check in accordance with the requirements of the Department of State Police.		Do all employees (up to the 10 checked for staff training) have evidence of a criminal background check?								3
								Pts. =	Pts. N =	

**Total Points Possible for this Section**          80      
**Total Points N**      \_\_\_\_\_  
**Total Points Available for this Section**      \_\_\_\_\_  
**Total Points Awarded for this Section**      \_\_\_\_\_

HOST FAMILY LIVING ARRANGEMENTS

LEGEND

<b>F</b> = Full Compliance (all training records reviewed compliant)	1 point, 3 points or 9 points where applicable
<b>S</b> = Substantial Compliance (75%-99% of training records reviewed compliant)	2 points or 4 points where 9 total is possible (Note the number of the record of non-compliant records alongside standard)**
<b>M</b> = Minimal Compliance (50% to 74%of training records reviewed compliant)	1 point (Note the number of the record of non-compliant records alongside standard)**
<b>U</b> = Unacceptable (Less than 50% of training records reviewed compliant)	0 points
<b>N</b> = Non-applicable (Standard or issue is not applicable)	
<b>Pts</b> = Points awarded for level of compliance	
<b>Tot</b> = Total points possible for full compliance	
* = Compliance with standard determined by content of records	
** = When as a result of the review, an agency would normally be given 1 or 2 points, but the citation to be made is a repeat violation, the agency should be given 1 or 0 points instead.	
** = When an agency would normally be given 4 points, a repeat violation will result in 1 point.	

STANDARD	GUIDELINE	F	S	M	U	N	Pts	Tot
<b>Section 115.520 Program Requirements</b>								
a) The provider agency is responsible for assessing potential host family care givers' capabilities to provide appropriate services to individuals with developmental disabilities.	Does agency have policy on assessing host family care givers' capabilities to provide appropriate services? <b>Is it followed?</b>							1
b) The provider agency shall ensure that all host family care givers are either employed by or have a signed contract with the licensed provider agency.	Are all primary care givers employed by or have a contract with the agency? If agency provides both shift staff and host family CILA, review all host family personnel records up to 4 maximum.							1
c) The provider agency shall ensure that the primary care giver is at least 21 year of age.	<b>Is the primary care giver at least 21?</b>							1
d) The provider agency shall conduct criminal background checks on all other persons living in the home of the host family who are age 16 or older.	Are background checks on file for all members of host family 16 or over? Do not include primary care giver here - should be included in main background check portion of rule review.							3
e) The provider agency shall ensure that host family members are not relatives or guardians of the individuals with developmental disabilities for whom they provide services.	Does agency have written process for verifying? The process may be limited to interviewing the host family to determine compliance.							1
	Are any of the 4 people whose records are reviewed related to the individuals they serve?							1
f) The provider agency shall ensure that host families do not also provide foster care services to children. Waivers may be requested for long-standing relationships as children age out of DCFS programs.	Does agency have process for verifying? Is it being followed?							1
g) The provider agency shall ensure that at least one member of the host family has a current driver's license with a safe driving record; a vehicle to accommodate the needs of the person with developmental disabilities; and automobile insurance with at least minimum coverage as required by the State of Illinois. This requirement may be waived by the Department if the family has access to and uses public transportation and public transportation is appropriate for the individual.	Does agency have record of this review for each host family site?							1
h) The provider agency shall ensure that persons under contract as host family members who engage in additional employment or contract work commit the resources necessary (including time and energy) to the requirements of this Part in providing services and supports for individuals. In doing so, the provider agency must ensure that: 1) In situations where the host family encompasses only one responsible adult, that adult may not engage in additional employment or contract work without the knowledge of the provider agency. 2) In situations where the host family encompasses more than one responsible adult, the primary care giver may not engage in additional employment or contract work with the knowledge of the provider agency. 3) The primary care giver has demonstrated that he or she can be available in the event an individual unexpectedly requires support, e.g., becomes ill, etc.	Does agency have record of this review for each host family?							1
i) Licensed provider agencies must ensure that care givers who provide a preponderance of care furnish services and supports that ensure the individual's general welfare.	Does agency have a policy requiring regular review of care givers to ensure that they are providing services and supports that ensure the individual's general welfare? Have they implemented the policy?							1
							Pts. =	Pts. N =

STANDARD	GUIDELINE	F	S	M	U	N	Pts	Tot
<b>Section 115.530 Pairing of individuals and host families</b>								
<p>The provider agency shall ensure that at least the following areas are factors in the pairing of individuals with developmental disabilities and host family members:</p> <ul style="list-style-type: none"> <li>a) smoking habits;</li> <li>b) waking and bed times;</li> <li>c) meal preferences;</li> <li>d) social interests;</li> <li>e) cultural needs;</li> <li>f) chores; and</li> <li>g) other unique needs.</li> </ul> <p>Differences in preference and needs must be identified and must be avoided or addressed in individual service plans.</p>	<p>This section will not be evaluated for individuals who have continuously lived with the current host family prior to the adoption of these amendments on 3/17/03.</p> <p>Has each factor been addressed for everyone placed into a host family setting since 3/17/03?</p> <p>If there are differences, are they addressed in the ISP?</p>							9
<b>Section 115.540 Department approval of host family services</b>								
<p>c) The provider agency shall seek and obtain prior Department approval for all host family arrangements before service implementation.</p>	<p>Does agency have documentation of Department approval?</p>							1
<p>d) The provider agency must report to the Department changes in the host family arrangements that impact the lives of the individuals with developmental disabilities. The provider agency shall seek and obtain Department approval to continue services in the event of such changes in host family arrangements subsequent to service implementation. These changes may include, but are not limited to:</p> <ul style="list-style-type: none"> <li>1) movement to a new residential location;</li> <li>2) changes in the makeup of the household;</li> <li>3) changes in the working arrangements of the host family; and</li> <li>4) significant changes in the needs of the individuals with developmental disabilities.</li> </ul>	<p>Determine through interview with provider whether there have been any changes in any of their host family arrangements?</p> <p>If yes, is there evidence of Department approval to continue services?</p> <p>Review all records for which there have been changes up to a maximum of 3.</p>							9
<b>Section 115.550 Number of individuals served in host family settings</b>								
<p>a) No more than two individuals with developmental disabilities may reside with any one host family.</p>	<p>Unless there is a waiver in place.</p>							3
<b>Section 115.560 Number of individuals living in host family setting</b>								
<p>a) No more than six persons, including members of the host family and individuals with developmental disabilities may reside in a single site.</p>	<p>Unless there is a waiver in place. Remember, for # of bathrooms required in 115.300 c)4), all people living at the site are considered.</p>							3
<b>Section 115.570 Provider requirements</b>								
<p>*b) The provider agency is responsible for informing the Department, the individual and/or his or her guardian of any changes in host family composition and of any changes in staffing, prior to the changes occurring if possible.</p>	<p>Has notification been given to individual and/or guardian(s) prior to change?</p> <p>If not, is documentation available justifying no notice?</p>							1
							Pts. =	Pts. N =

STANDARD	GUIDELINE	F	S	M	U	N	Pts	Tot
<b>n 115.590 Minimum agency/care giver contract requirements</b>								
<p>All independent contractors or care givers shall provide services in compliance with a contract or signed agreement made with the provider agency. The contract or signed agreement shall include, at a minimum, the following provisions:</p> <ol style="list-style-type: none"> <li>1) Names of the care givers and all other individuals residing in the home.</li> <li>2) Names of the individuals served.</li> <li>3) Legal address and phone number of the residence.</li> <li>4) Signed assurance of compliance with all applicable federal and State rules and regulations.</li> <li>5) Description and documentation of training of the primary care givers.</li> <li>6) Detailed description of how the home will be monitored by the provider agency and related entities, including assurance of the host family's compliance with investigations of the Department's Office of the Inspector General, CMS, DPA, DHS, and the provider agency.</li> <li>7) Description of how the transportation needs of the individual will be met.</li> <li>8) Description of the expected daily schedule of the individuals and care givers.</li> <li>9) Indication of participation in the development and/or review of the individual's service plan and how ongoing documentation of service delivery will occur.</li> <li>10) Description of relief services, including number per month, arrangements for relief services, requests for additional relief services, and responsibility to take relief time.</li> <li>11) How documentation of the individual's financial resources will occur.</li> </ol>	<p>Does each contract contain all required elements?</p> <p>The primary care giver must complete DSP training &amp;, if appropriate, training to be authorized to supervise/administer medication. Documentation of training can be kept separate.</p> <p>The description does not have to be hour-by-hour but rather a general statement as to how the day is spent</p>							1
<ol style="list-style-type: none"> <li>12) If the primary care giver is employed outside the home, information relative to the outside employment, including: <ol style="list-style-type: none"> <li>A) the provider agency's approval of outside employment by the care giver;</li> <li>B) employer's name, address and phone number;</li> <li>C) employer's type of business;</li> <li>D) hours care giver will be working in this employment;</li> <li>E) name, address and phone number of the authorized substitute care giver who will provide care in the absence of the primary care giver; and</li> <li>F) copy of the documentation of training of the substitute care giver.</li> </ol> </li> </ol>	<p>Is each element included?</p>							3
<b>on 115.600 Relief Services</b> The intent of this section is to ensure that people other than the host family spend time with the individual in their natural environment. It is not meant to restrict available opportunities for natural socialization.								
<p>Each host family shall develop and submit a plan for the provision of relief services to the provider agency for approval. The plan will be controlled by the host family in accordance with Department of Labor rules and regulations.</p>	<p>Has each host family submitted a plan and has it been approved by the agency? This may be included as part of the contract.</p>							1
							Pts. =	Pts. N =

STANDARD		GUIDELINE	F	S	M	U	N	Pts	Tot
<b>Section 115.600 Relief Services</b>									
<p>b) For each traditional care setting, the provider agency shall develop, maintain, and implement a plan to provide relief services.</p> <p>1) The relief plan shall provide, at a minimum, an average of 20 hours of relief services monthly per individual served, and two weeks per year of vacation/personal time for each care giver.</p>		<p>Does the relief plan for each setting provide for an average of 20 hours of relief services monthly per person at the site? The average should be calculated for a 12 month period of time. If 2 individuals at the site, the 20 hours per individual does not mean a total of 40 hours for both.</p> <p>Does the plan provide for two weeks per year of vacation/personal time? Vacation means time with no responsibility for care of any CILA individual. The vacation may be one the individual takes (going to camp; etc.). Vacation can be taken in any increments as long as the annual total meets or exceeds 2 weeks. Annual time dates from the date of the contract between the primary care giver and the agency.</p>							1
2) Relief hours shall be documented by the provider agency.		Does the agency maintain a record of relief hours used? <b>Are they used as required?</b>							1
3) The provider agency shall develop criteria and implement procedures for host families to request more than the required minimum average hours of relief based on an individual's needs. The provider agency must submit this criteria and procedures to the Department for review. The Department may require changes based upon its review.		<p>Does the agency have criteria for a host family to request additional relief time?</p> <p>Is there evidence that the criteria have been reviewed by the Department?</p>							1
4) The provider agency shall employ or contract with, train, and pay all persons providing relief services to the host family. These functions shall not be performed by the host family.		<p>Is there evidence that all relief services have been arranged by and paid for by the agency?</p> <p>Time spent participating in supervised activities, such as Special Olympics, special recreation association activities, etc., is not considered relief unless an agency paid relief person is escorting the individual.</p> <p>The relief person <b>must be paid directly by the agency</b>. It is not acceptable for the agency to give the host family the money to pay the relief staff.</p> <p>The agency is <b>solely</b> responsible for making relief arrangements. Ad hoc arrangements for relief made by the host family are not acceptable. In living arrangements where there is more than one trained person as part of the host family, they cannot provide relief for each other as part of the 20 hour consideration.</p>							1
5) The provider agency shall not allow for relief services for a host family by a relative of the host family.		Does the agency have a process to assure that relief services are never provided by a relative of the host family? An individual going on a home visit with their relatives is not prohibited, it just is not counted as part of the 20 hours of relief.							1
6) All relief workers must meet the same training requirements and background checks of the host family.		<p>Does the agency have evidence of criminal background checks for all relief workers?</p> <p>Does the agency have evidence of Nurse Aide Registry checks for all relief workers?</p>							3
		Does the agency have evidence of training for all relief workers?							3
								Pts. =	Pts. N =

STANDARD		GUIDELINE	F	S	M	U	N	Pts	Tot
<b>Section 115.600 Relief Services</b>									
7)	The provider agency shall ensure that host families do not leave individuals in the care of untrained and/or unauthorized persons.	Does the agency have a policy on supervision of individuals in host family settings? <b>Is there any evidence seen that any individual has been left alone or supervised by an inappropriate person?</b>							1
<del>8)</del>	Individuals shall not be moved from their residence for durations of overnight stays or longer for the sole purpose of providing relief to host families. Overnight or absence from the host family arrangement for the benefit of the individuals must be addressed in the ISP.	Is all relief provided in a way that does not require overnight movement of the individuals served? This does not preclude the individual from spending overnight visits with friends for the benefit of the individual.  If no, does the ISP describe how this is for the benefit of the individual?							1
<b>Section 115.610 Conflicts of interest</b>									
a)	For host families of the traditional care model, observe and include in the contract of host family care givers policies including, but not limited to, those identified in subsection (b).	Compliance assessed and points given in (b) below.							
b)	For host families of the shared living model, inform and ensure that host family care givers are knowledgeable regarding policies, including, but not limited to, the following 1) A host family relative may not provide agency administrative direction and/or monitoring oversight of the host family; 2) A host family member may not serve in a supervisory or administrative position within the provider agency's host family program; 3) Employees of provider agencies and members of host families may not serve as guardians or representative payees of individuals for whom they have direct care or supervisory responsibilities; 4) No provider agency administrator, Board of Directors member, or officer shall serve as a host family member for the provider agency with which he or she is affiliated; and 5) No person employed by or contracting with the provider agency as a host family member shall enter into any independent financial relationship or transaction with the agency or individuals served, including but not limited to , rental or lease arrangements, personal cash loans, or property transactions (including sale, trade or transfer).	Does the agency have documentation that 1) - 5) have been shared with the host family in such a way that it ensures that the host family is knowledgeable about the policies.							3
								Pts. =	Pts. N =

STANDARD		GUIDELINE					F	S	M	U	N	Pts	Tot
<b>Section 115.620 Quality assurance plan</b>													
In addition to general oversight requirements stated or implied in other Sections of this Part, the provider agencies' own quality assurance plans must ensure that additional monitoring occurs through visits by the following staff:		This is reviewed through (1) and (2) which follow.											
a)	A QMRP employed by the provider agency will conduct a minimum of one 1-hour visit per month with each individual served in host family settings. These face-to-face visits shall occur at the individual's residence while the individual is present. Issues to monitor include, at a minimum: 1) health of the individual; 2) safety of the individual; 3) provision of services as outlined in the individual's service plan; 4) individual's satisfaction with level of service received; and 5) individual's integration into the recommended living environment outlined in the individual's service plan.	Is there evidence of the minimum number of face-to-face visits?  Is there evidence that each is at least 1 hour? If the individual cannot tolerate a one hour visit, then multiple visits during the month may be made that total to at least one hour.  Is there evidence that each of the listed issues is addressed during each visit? If the one hour visit is comprised of multiple visits as noted above, each visit does not have to address each issue as long as each issue is addressed each month.											9
b)	Program management of professional services staff will visit each individual two time per month for a minimum of one hour each visit. The staff member shall be knowledgeable about the individual's service plan and the applicable rule and regulations covering the setting. These face-to-face visits shall occur at the individual's residence while the individual is present. The Department reserves the right to require additional visits if deemed necessary. At least one visit each month shall be unannounced. Issues to monitor include, at a minimum, those identified in subsection (a) (1).	Is there evidence of the minimum number of face-to-face visits? Is there evidence that each is at least 1 hour? Is there evidence that one of the visits is unannounced? Is there evidence that each of the issues listed in (a)(1) is addressed during each visit? (The person doing these interviews must be someone different that the person in 1) above. It may be a residential services director, Q supervisor, etc.)											9
											Pts. =	Pts. N =	

**Total of all Possible Points** 548  
**- Total Points for N** \_\_\_\_\_  
**Total Points Available for This Survey =** \_\_\_\_\_  
**Total Points Awarded** \_\_\_\_\_  
**Per Cent Compliance** \_\_\_\_\_  
**Level Award for this Survey** **Level** \_\_\_\_\_

**Level 1 = 100% compliance**  
**Level 2 = 93-99% compliance**  
**Level 3 = 80-92% compliance**  
**Level 4 = 70-79% compliance**  
**Level 5 = 69% and below compliance**

**Total Points Awarded/Total Points Available x 100 = % Compliance**