

Name: Address:

Provider Agency:

ISC:

Primary Program

If H or G: (SDA? Yes\_\_ No\_\_)

Service Codes:

IL Department of Human Services \* Division of Developmental Disabilities \* Bureau of Quality Management

FY19 Quality and Waiver Performance Measure Data Sheet

	Yes	No	NA	Date of Review: _____ Reviewer Initials_____	Corrected During Review	Correction Required
1.				<p>Were the following available upon arrival at the ISC agency (<i>check all that apply</i>):</p> <p>____Discovery Tool ____Personal Plan ____Implementation Strategy</p>		
2.				<p>Were the Discovery Tool and the Personal Plan updated at least annually?                      Within 365 days of the one prior</p> <p>Discovery Tool:           Date_____ Date _____</p> <p>Personal Plan:            Date_____ Date _____</p> <p>PMD7</p>		
3.				<p>Were the Personal Plan contents developed in accordance with state requirements addressing all assessed needs during the Discovery Process?</p> <p>PMD5</p>		
4.				<p>Does the Personal Plan address all health risks indicated during the Discovery process?</p> <p>Does the Personal Plan address all safety risks indicated during the Discovery process?</p> <p><i>(Both must be yes for answer to be yes)</i></p> <p>PMD2</p>		
5.				<p>Does the Personal Plan address all participant needs outlined in the Discovery Tool?</p> <p>PMD3</p>		
6.				<p>Was the Personal Plan updated in a timely manner (30 days) if/when there was a change in participant need(s)?</p> <p>PMD8</p>		
7.				<p>Was the Personal Plan approved by all required entities within the required time frame?</p> <p>PMD6</p>		

**DDQR1000 Section II: ISC August 2018**

Name: Address:

Provider Agency:

ISC:

Primary Program

If H or G: (SDA? Yes\_\_ No\_\_)

Service Codes:

8.	Yes	No	NA	<p>Does the record indicate that the person received at least 2 visits from the ISC during the past 12 months to monitor that services are being delivered in accordance with the services in the Personal Plan?</p> <p>1. One to complete Person centered Planning Process Discovery Tool/Personal Plan Date _____</p> <p>2. One visit to monitor implementation of the Personal Plan Date _____</p> <p>Other visits? : _____ _____</p> <p>PMD9</p>		
9.				<p>Does the record indicate the person received services in the scope, amount, duration and frequency as specified in the Personal Plan?</p> <p>PMD10</p>		
10.				<p>Does the person receive the coordination and support needed to access healthcare services contained in the personal plan? (PM G-8) B</p>		
11.				<p>Were the Initial Level of Care and the annual Re-determination of waiver eligibility completed as required?</p> <p>Initial Date: DDPAS10 _____ OR Conversion _____ OR OBRA _____</p> <p>Initial Choice of Supports and Services IL462-1238 (R-11-16) Date: _____</p> <p>Current Redetermination: Date: _____ - _____ Prior Redetermination Date: _____ IL462-0952 (R-1-08) (formerly DD-1213.1)</p> <p>PMB2</p>		
12.				<p>Were both the Initial Level of Care Determination and the annual Re-determination of waiver eligibility completed by a qualified QIDP?</p> <p>Initial Name : _____ Agency Name: if different _____</p> <p>Annual Name: _____</p>		

**DDQR1000 Section II: ISC August 2018**

Name: Address:

Provider Agency:

ISC:

Primary Program

If H or G: (SDA? Yes\_\_ No\_\_)

Service Codes:

				<b>PMB3</b>		
13.	Yes	No	NA	<p>Did the level of care determinations use processes and forms as required by the state and were they completed correctly and signed annually?</p> <p>Correct form? Yes__ No__                      Completed completely and correctly? Yes__ No__</p> <p>Signed annually? Current date: _____ Prior date: _____</p> <p>IL462-1238 (R-11-16) OR IL462-1201(R-06-17)</p> <p><b>PM B4</b></p>		
14.				<p>Does the record reflect person was informed at least annually of the right to choose their providers?</p> <p>Current Date: _____ Prior Date: _____</p> <p>IL462-1238 (R-11-16) OR IL462-1201(R-06-17)</p> <p><b>PMD12</b></p>		
15.				<p>Does the record reflect person was offered choice between/ among waiver services (for which there has been a determination of need)?</p> <p>Current Date _____ Prior Date _____</p> <p><b>PMD13</b> IL462-1238 (R-11-16) OR IL462-1201( R-06-17)</p>		
16.				<p>Has the person and/or his or her guardian been informed by the ISC about protections from abuse, neglect, financial exploitation and other critical events?</p> <p>Current Date: _____ Prior Date: _____</p> <p>(IL462-1201 R-06-17)</p> <p><b>PMG1</b></p>		
17.				<p>Does the Personal Plan address all outcomes (personal goals) identified by the Discovery? <b>PMD4</b></p>		