

Appendix G: Participant Safeguards

Appendix G-1: Response to Critical Events or Incidents

- a. **Critical Event or Incident Reporting and Management Process.** Indicate whether the State operates Critical Event or Incident Reporting and Management Process that enables the State to collect information on sentinel events occurring in the waiver program. *Select one:*

- Yes. The State operates a Critical Event or Incident Reporting and Management Process** (complete Items b through e)
- No. This Appendix does not apply** (do not complete Items b through e)
If the State does not operate a Critical Event or Incident Reporting and Management Process, describe the process that the State uses to elicit information on the health and welfare of individuals served through the program.

- b. **State Critical Event or Incident Reporting Requirements.** Specify the types of critical events or incidents (including alleged abuse, neglect and exploitation) that the State requires to be reported for review and follow-up action by an appropriate authority, the individuals and/or entities that are required to report such events and incidents and the timelines for reporting. State laws, regulations, and policies that are referenced are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

The State requires the reporting of alleged abuse, neglect, exploitation, and deaths of individuals receiving services in settings that are licensed, certified, or funded by the OA. These reports are sent to the OAs Office of Inspector General (OIG) for intake and investigation. Reports can be made by anyone having contact with the participant or otherwise aware of allegations. Employees within Independent Service Coordination agencies and providers are required to report allegations. Reports are made via phone calls to the OIG hotline: (800) 368-1463.

The terms abuse, neglect, exploitation, and deaths for individuals receiving services in settings that are licensed, certified, or funded by the OA, are defined in State statute and regulations. See 59 Ill. Adm. Code 50 at <http://www.ilga.gov/commission/jcar/admincode/059/05900050sections.html>.

Under this regulation, deaths must be reported within 24 hours from the time the death was first discovered or the reporter was informed of the death or within four hours if abuse or neglect is suspected. Required reporters must report allegations of abuse, neglect, or exploitation within four hours of initial discovery by the required reporter.

The State also requires the reporting of alleged abuse, neglect, and exploitation of individuals receiving supports in their own homes. These reports are sent to the State's Adult Protective Services unit for review and actions necessary to ensure the health and safety of the alleged victim. Reports are made by anyone having contact with the participant or otherwise aware of allegations. Employees within Independent Service Coordination agencies and providers are required reporters. Reports are made via phone calls to the Adult Protective Services Hotline: (866) 800-1409.

The terms abuse, neglect, and exploitation for individuals receiving services in settings that are licensed, certified, or funded by the OA are defined in State statute and regulations. See 89 Ill. Adm. Code 270 at <http://ilga.gov/commission/jcar/admincode/089/08900270sections.html>.

Under this regulation, "If any mandated reporter has reason to believe that an eligible adult, who because of disability or other condition or impairment is unable to seek assistance for himself or herself, has, within the previous 12 months, been subjected to abuse, neglect, or financial exploitation, the mandated reporter, shall, within 24 hours after developing such belief, report this suspicion..." [Quoted from enabling statute: 320 ILCS 20/4(a-5).]

In addition, the state requires the reporting of other critical incidents to the OA through its automated Critical Incident Reporting and Analysis System (CIRAS). The other critical incidents include deaths otherwise not reportable to OIG or APS, known injuries, law enforcement involvement, medical emergencies, missing individuals, peer-to-peer acts of aggression, unauthorized restraint, injuries of unknown origin, and unscheduled

hospitalizations. Providers must report such incidents within two working days of discovering or being informed of the incident. Since the incidents reported through CIRAS do not involve allegations of abuse, neglect, or exploitation, providers are given more time to compile and report information ensuring it is complete and accurate for trend analysis. The manual for the CIRAS system is available from the OA upon request.

Upon entry of an incident into CIRAS, the electronic system automatically notifies the ISC agency of the report. ISCs use this information to effectively monitor the individual's well-being and ensure any needed actions are taken. OA staff also receives notification upon entry of reports of missing person and law enforcement involvement. All types of reports are summarized and analyzed on a monthly basis by OA staff. The summary and analytical reports are shared with the MA on a quarterly basis.

- c. **Participant Training and Education.** Describe how training and/or information is provided to participants (and/or families or legal representatives, as appropriate) concerning protections from abuse, neglect, and exploitation, including how participants (and/or families or legal representatives, as appropriate) can notify appropriate authorities or entities when the participant may have experienced abuse, neglect or exploitation.

Participants and/or his or her guardian (if one has been appointed) are informed by the ISC about protections from abuse, neglect, and financial exploitation. The information provided includes the process for reporting allegations to the Operating Agency's Office of the Inspector General (OIG) and to the Adult Protective Services for those residing in their own homes. Participants and guardians are informed that anyone who suspects abuse, neglect or financial exploitation may report an allegation.

Information is provided in the Rights of the Individual form (IL462-1201) and is shared with the participant and guardian (if one has been appointed) upon enrollment and at least annually thereafter.

Information on the State's hotline is available on multiple websites and is also listed in the Waiver Manual (available on the OA's website). Instructions about reporting allegations, including the hotline, are also available on the OA website.

The OA Monitors and ensure participants and guardians have received appropriate information about reporting allegations of abuse, neglect and financial exploitation.

- d. **Responsibility for Review of and Response to Critical Events or Incidents.** Specify the entity (or entities) that receives reports of critical events or incidents specified in item G-1-a, the methods that are employed to evaluate such reports, and the processes and time-frames for responding to critical events or incidents, including conducting investigations.

Allegations of Abuse, Neglect, or Exploitation in Settings Licensed, Certified, or Funded by the OA.

The Operating Agency (DHS) Office of Inspector General (OIG), which is a semi-independent entity that reports to both the Governor and the Secretary of DHS (the OA), has statutory authority to receive and investigate reports of alleged abuse, neglect and exploitation of adults with developmental disabilities served in settings licensed, certified, or funded by the OA.

Per 59 Ill. Adm. Code 50 (<http://www.ilga.gov/commission/jcar/admincode/059/059000500000300R.html>), OIG staff receiving the report of the allegation are responsible for assessing, based on the information received at intake, whether the allegation could constitute abuse, neglect or exploitation and whether OIG has the authority to investigate. OIG must make these assessments within one day after receiving the report.

Any allegations or investigations of reports of abuse, neglect and exploitation shall remain confidential until a final report is completed. The identity of any person as a complainant shall remain confidential in accordance with the State's Freedom of Information Act [5 ILCS 140] or unless identification is authorized by the complainant. Information concerning diagnosis and treatment for alcohol or drug abuse shall be disclosed to OIG by community agencies only in accordance with federal regulations at 42 CFR Part 2. Information concerning tests for human immunodeficiency virus (HIV) and diagnosis and treatment for acquired immune deficiency syndrome (AIDS) shall be disclosed to OIG by community agencies only in accordance with the AIDS Confidentiality Act [410 ILCS 305]. All personal health related information contained in OIG investigative reports shall remain confidential in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (P.L. 104-191) (45 CFR 160, 162 and 164).

All investigations shall be conducted in a manner that respects the dignity and human rights of all persons involved.

After determining the finding in all cases, the OIG must notify the following parties of the finding:

- the complainant;
- the individual who was allegedly abused, neglected or exploited or his or her legal guardian (if applicable);
- the person alleged to have committed the offense; and
- the employer of the person alleged to have committed the offense (i.e., the qualified service provider).

Within 10 day of completion, copies of investigative reports are shared with the State's Human Rights Authority, the protection and advocacy organization (Equip for Equality), the OA, and the OAs licensing and certification bureau.

If an investigation results in a substantiated finding of physical abuse, sexual abuse, egregious neglect or financial exploitation, it shall result in the accused employee's identity and the OIG finding being reported to the Health Care Worker Registry.

Allegations of Abuse, Neglect, or Exploitation in Settings Not Licensed, Certified, or Funded by the OA.

The State's Adult Protective Services agency has statutory authority to receive and investigate reports of alleged abuse, neglect and exploitation of adults with developmental disabilities who are living in their own homes which are not licensed, certified, or funded by the OA.

Per 89 Ill. Adm. Code 270 (<http://ilga.gov/commission/jcar/admincode/089/089002700C02400R.html>), APS staff receiving the report of the allegation must assign a priority level to the report as follows:

- Priority one reports are reports of abuse or neglect in which the alleged victim is reported as being in serious physical harm or in immediate danger of death or serious physical harm. Priority one reports include, but are not limited to, alleged abuse resulting in fractures, head injuries, internal injuries, or burns; threats of serious injury or death; lack of basic physical necessities severe enough to result in freezing, serious heat stress or starvation; need for immediate, significant medical attention; and alleged sexual abuse that has occurred in the last 72 hours.
- Priority two reports are reports of abuse, neglect or exploitation in which the alleged victim is reported as being abused, neglected or exploited and the report taker has reason to believe that the consequences are less serious than priority one reports. Priority two reports include, but are not limited to, physical abuse involving scratches or bruises; inadequate attention to physical needs such as insufficient food or medicine; unreasonable confinement; and probability of liquidation or depletion of an alleged victim's income and assets.
- Priority three reports are reports of abuse, neglect or exploitation in which the alleged victim is reported as being emotionally abused by a caregiver or the alleged victim's financial resources are being misused or withheld and the report taker has reason to believe that there is no immediate threat of harm to the alleged victim.

The required time frames for each priority are 24 hours from the receipt of the report for priority one, 72 hours from the receipt of the report for priority two, and seven calendar days from the receipt of the report for priority three.

Completed reviews are shared with the OA within 5 days, which then provides copies to the applicable ISC agency within 5 days of receipt of the completed review.

Other Critical Incidents

Beyond allegations of abuse, neglect, and or exploitation addressed above, the OA requires its providers to report directly to the OA other types of critical incidents, including deaths otherwise not reportable to OIG or APS, known injuries, law enforcement involvement, medical emergencies, missing individuals, peer-to-peer acts of aggression, unauthorized restraint, injuries of unknown origin, and unscheduled hospitalizations. These reports do not include allegations of abuse, neglect or exploitation. These incidents are reported via an electronic system. All reports are accepted. Upon receipt of a report, the electronic system automatically informs the ISC agency of the incident. In the case of law enforcement involvement or missing individuals, the ISC agency will work with the reporting provider to take necessary steps to ensure the individual's safety; otherwise, the ISC agency uses this incident information during the course of its routine monitoring activities, resolving any problematic issues and modifying Plans as necessary. The OA staff use the incident information to complete statewide summary and trend analyses to identify, address, and prevent potential abuse, neglect, and exploitation, as well as otherwise seek strategies to enhance the service delivery system.

- e. **Responsibility for Oversight of Critical Incidents and Events.** Identify the State agency (or agencies) responsible for overseeing the reporting of and response to critical incidents or events that affect waiver participants, how this oversight is conducted, and how frequently.

The Operating Agency maintains a database of OIG allegations of abuse, neglect, financial exploitation and deaths and investigative findings.

If the OIG investigation substantiates abuse, neglect or financial exploitation, meaning a preponderance of the evidence supports that the abuse or neglect did occur, the provider is required to submit a Written Response within 30 days for approval by the OA . The Written Response must indicate what actions will be taken to address the issues identified. If a finding of physical abuse, sexual abuse or egregious neglect is substantiated, the perpetrator's name is placed on the Illinois Department of Public Health, Health Care Worker Registry.

The provider is required to inform the victim and the guardian whether the reported allegation was substantiated, unsubstantiated or unfounded. If the authorized representative or designee is unable to reach the guardian by phone, a letter of notification must be sent within 24 hours of receiving notice of the finding.

The OA receives allegations of abuse, neglect and financial exploitation from OIG as reported by complainants to the OIG telephone hotline. These reports are received generally within 2 business days of the allegation being reported. Although OIG investigates, the OA program division reviews each allegation to determine whether action is warranted prior to completion of the OIG investigation.

The OA program division gathers information about the types of allegations, participant characteristics and providers to identify patterns and trends.

The OA program division monitors allegations on an ongoing basis. Summary and analytic reports are developed regarding allegations and findings. These reports are shared with the MA. Summary reports that do not contain confidential information are posted on the OA website.

Both the Medicaid Agency and the Operating Agency work together through the Waiver Quality Management Committee (QMC), which meets quarterly, to review performance measures on documentation of the notification to participants of the Rights of the Individual, the reporting of participant deaths, and critical incidents and follow-up methods.

Appendix G: Participant Safeguards

Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions (1 of 3)

- a. **Use of Restraints.** *(Select one): (For waiver actions submitted before March 2014, responses in Appendix G-2-a will display information for both restraints and seclusion. For most waiver actions submitted after March 2014, responses regarding seclusion appear in Appendix G-2-c.)*

- The State does not permit or prohibits the use of restraints

Specify the State agency (or agencies) responsible for detecting the unauthorized use of restraints and how this oversight is conducted and its frequency:

- The use of restraints is permitted during the course of the delivery of waiver services. Complete Items G-2-a-i and G-2-a-ii.

- i. **Safeguards Concerning the Use of Restraints.** Specify the safeguards that the State has established concerning the use of each type of restraint (i.e., personal restraints, drugs used as restraints, mechanical restraints). State laws, regulations, and policies that are referenced are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

The Mental Health & Developmental Disabilities Code(405 ILCS 5/2-108)prohibits seclusion. Section 1-126 of the Code defines Seclusion as the sequestration by placement of a recipient alone in a room which he has no means of leaving. The restriction of a recipient to a given area or room as part of a behavior modification program which has been authorized pursuant to his individual services plan shall not constitute seclusion, provided that such restriction does not exceed any continuous period in excess of two hours nor any periods which total more than four hours in any 24 hr period and that the duration,nature & purposes of each such restriction are promptly documented in the recipient's record. Restraint may be used only as a therapeutic measure to prevent a participant from causing harm to himself or physical abuse to others.Restraint may only be applied by a person who has been trained in the application of the particular type of restraint to be utilized.In no event shall restraint be utilized to punish or discipline a participant,nor is restraint to be used as a convenience for the staff. Providers are expected to teach appropriate alternative skills/behaviors to replace undesired behaviors,& use behavior intervention procedures that do not involve unnecessarily restricting the rights of waiver participants.Positive & reinforcing interactions between individuals & staff are the preferred method for reducing and/or eliminating undesired behavior in community programs.If less restrictive interventions fail or are not effective in preventing an individual from causing harm to self & others & the use of restrictive interventions is determined warranted,then the use of restrictive interventions is permitted as follows.

A behavior strategy must be developed by the community support team

The team discusses the proposed measures, identifying the risks & benefits

The team confirms that the benefits of the proposed restrictive intervention outweigh the risks involved

The plan is reviewed by the provider's behavior management committee,if one is in place

In all cases, the plan is reviewed & approved by the provider's human rights committee prior to implementation

The planning process must include documentation of prior attempts to use less restrictive or positive interventions & reason for the necessary use of the restrictive interventions to be included in the plan,as well as the circumstances in which the interventions may be implemented.

As part of the planning activities,the provider must develop a plan to reduce the reliance on restrictive interventions.

Examples of types of restrictive interventions that are permitted include:

Personal restraint

Time-out,(restriction of a recipient to a given area or room as defined above in this section in the first paragraph regarding seclusion)

Psychotropic medications

Restricted access to personal property

Enhanced supervision,&

restrictive activity participation

Except for emergencies, restraint may be employed only upon the written order of a physician,clinical psychologist,clinical social worker,or registered nurse with supervisory responsibilities.No restraint shall be ordered unless,after personally observing & examining the participant, the physician, clinical psychologist, clinical social worker,or registered nurse is clinically satisfied that the use of restraint is justified to prevent the participant from causing physical harm to himself or others. In no event may a restraint continue for longer than two hours unless within that time period a nurse or physician confirms, in writing, following a personal examination of the participant,that the restraint does not pose an undue risk to the participant's health in light of the participant's physical or medical condition.The order shall state the events leading up to the need for restraint & the purposes for which restraint is employed. The order shall also state the length of time restraint is to be employed & the clinical justification for that length of time. No order for restraint shall be valid for more than 16 hours.If further restraint is required, a new order must be obtained.

In the event there is an emergency requiring the immediate use of restraint,it may be ordered temporarily by a qualified person only where a physician, clinical psychologist, clinical social worker, or registered nurse with supervisory responsibilities is not immediately available. In that event,an order must be obtained as quickly as possible,& the participant must be examined by a physician or supervisory nurse within two hours after the initial employment of the emergency restraint. Whoever orders restraint in emergency situations must document its necessity & place that documentation in the participant's record.

Emergencies are situations when restraints are necessary to prevent the individual from causing physical harm to self or others & appropriate authorizing personnel are not immediately available. Emergencies, as all use of restraints, are reviewed by personnel who may authorize use of restraints,the executive

director & Human Rights Committee to ensure the appropriateness of the use of restraint in the emergency situation.

The person who orders restraint must inform the providers's chief executive officer or designee in writing of the use of restraint within 24 hours. The chief executive officer or designee must review all restraint orders daily & must inquire into the reasons for the orders for restraint by any person who routinely orders them.

Restraint may be employed during all or part of one 24hour period, the period commencing with the initial application of the restraint. However, once restraint has been employed during one 24-hour period, it may not be used again on the same participant during the next 48 hours without the written authorization of the chief executive officer or designee.

Restraint must be employed in a humane and therapeutic manner & the person being restrained must be observed by a qualified person as often as is clinically appropriate but in no event less than once every fifteen minutes. The qualified person must maintain a record of the observations. Specifically, unless there is an immediate danger that the participant will physically harm himself or others, restraint shall be loosely applied to permit freedom of movement. Further, the participant must be permitted to have regular meals & toilet privileges free from the restraint, except when freedom of action may result in physical harm to the participant or others.

Every provider that employs restraint must provide training in the safe and humane application of each type of restraint employed. The agency may not authorize the use of any type of restraint by an employee who has not received training in the safe and humane application of that type of restraint. Each agency in which restraint is used must maintain records detailing which employees have been trained & are authorized to apply restraint, the date of the training & the type of restraint that the employee was trained to use. Employees authorized to apply restraint must be a licensed registered professional nurse, a behavior therapist as defined in Appendix C, a QIDP as defined in federal regulations, or a DSP.A DSP must:

be age 16 or older,

have completed eight years of grade school or provide proof of ability to read at an 8th grade level successfully complete an approved DSP training program within 120 calendar days of hire or being assigned DSP responsibilities,&

be certified in First Aid and CPR through the American Red Cross or American Heart Association or hold current certification as an EMT

Whenever restraint is imposed upon any participant whose primary mode of communication is sign language, the participant must be permitted to have his hands free from restraint for brief periods of time each hour, except when freedom may result in physical harm to the participant or others.

Whenever restraint is used, the participant must be advised of his/her right to have any person of his/her choosing, including the Guardianship and Advocacy Commission or the agency designated pursuant to the Protection and Advocacy for Developmentally Disabled Persons Act notified of the restraint. A participant who is under guardianship may request that any person of his/her choosing be notified of the restraint whether or not the guardian approves of the notice.

PCP Team Approval

Any restrictive intervention employed must be included in the participant's person centered plan and be approved as documented by signature of the participant or guardian (if one has been appointed) and responsible ISC. This planning process must include prior attempts to use less restrictive or positive interventions and reason for the necessary use of the restrictive interventions to be included in the plan, as well as the circumstances in which the interventions may be implemented. Staff are trained to recognize these circumstances and to implement the interventions consistently and correctly. The ISC must review the implementation of the plan, including the effectiveness and continuing need for restrictive interventions, at least during its annual monitoring visit and more frequently if required by the needs of the participant.

Human Rights Committee Approval

Providers are required to establish and maintain a human rights committee that is responsible for reviewing & approving any restrictive intervention of a participant's rights, whether general rights or specific to behavior management. The committee must have at least five members. Membership must include:

person served by the provider and/or his or her family member or guardian,
interested citizens with no conflict of interest, and
provider employee(s).

No more than half of the members of the committee may be employed by the provider & at least one third of the members must be otherwise unassociated with the provider.

The provider must inform the committee of all complaints involving individual rights, including alleged violations & corrective actions. Restrictive interventions used in emergency situations must be reported to the human rights committee immediately.

The committee must review use of psychotropic medications, any medication used to manage behavior issues or to treat diagnosed mental illness. For medications and other restrictive interventions to manage behavior, this review must occur as needed but at least annually.

The committee must maintain minutes, including attendance and decisions made. The committee must ensure that these requirements are met & must report to the agency each instance in which the committee determines that any requirement has not been met.

The agency is required to immediately correct any instance of noncompliance reported by the committee.

Behavior Management Committee Approval

Should an agency choose to do so, it may establish a separate behavior management committee, which reports to the human rights committee, to review the use of psychotropic medications, any medication used to manage behaviors, & any restrictive interventions used to manage behavior issues or to treat diagnosed mental illness. Membership of the behavior management committee must include persons qualified by training & experiences to evaluate published behavior management studies & the technical adequacy of proposed behavior management interventions. When medications to manage behavior issues are used, a professional qualified to evaluate their use must be a member of the committee.

Providers are required to report unauthorized use of restraint through the Critical Incident Reporting and Analysis System (CIRAS). The OA reviews a statistically valid sample of Waiver participants each year to detect unauthorized use of restraints. In completing this review, the OA reviews records; conducts on-site observations; & interviews staff, participants, and guardians.

- ii. **State Oversight Responsibility.** Specify the State agency (or agencies) responsible for overseeing the use of restraints and ensuring that State safeguards concerning their use are followed and how such oversight is conducted and its frequency:

The Operating Agency is responsible for overseeing the permitted use of restraints and ensuring that State safeguards concerning their use are followed.

The OA contracts with Independent Service Coordination (ISC) agencies to monitor the unauthorized use of restraints and restrictive intervention of participants. The ISC conducts annual visits to monitor the plan's implementation, including direct, in-person contact with the participant. The ISC's are QIDPs and are subject to mandatory reporting requirements.

ISC's monitor through on-site observations, interviews, and record reviews. Any potential abuse would be reported to the OIG or APS (if applicable).

Any findings of unauthorized use of restraint and seclusion, or of injuries to participants resulting from the use of restraint regardless of authorization, are required to be reported by the ISC entities to the OA via the OA's referral form. The referral must be sent to the OA within two business days. Findings are documented on the ISC Visiting Notes form, discussed with the provider and addressed as necessary. Addressing the findings may include reporting potential abuse to the appropriate entity (Office of Inspector General), working with the provider to develop or modify behavior plans and/or any additional action that may be appropriate to the specific circumstances.

The OA tracks and analyzes reports received from ISC agencies. The OA maintains a Service Issues Log for this purpose. Summary and analytical data is produced from the log on a quarterly basis and shared and discussed with the MA. In addition to ensuring individual issues are resolved, the OA and MA identify system issues and implement enhancements when necessary.

Providers are required to report unauthorized use of restraint, including any instances not in compliance with State regulations, through the Critical Incident Reporting and Analysis System (CIRAS). The OA reviews a statistically valid sample of Waiver participants each year to detect unauthorized use of restraints, also identifying any service implementation issues such as over use or inappropriate or ineffective use of restraint. In completing this review, the OA reviews records; conducts on-site observations; and interviews staff, participants, and guardians.

Appendix G: Participant Safeguards

Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions (2 of 3)

b. Use of Restrictive Interventions. (Select one):

- The State does not permit or prohibits the use of restrictive interventions**

Specify the State agency (or agencies) responsible for detecting the unauthorized use of restrictive interventions and how this oversight is conducted and its frequency:

The Operating Agency is responsible for detecting the unauthorized use of restrictive interventions and ensuring that State safeguards concerning their use are followed.

The OA contracts with the Service Coordination (ISC) agencies to monitor the unauthorized use of restraints, seclusion and restrictive intervention of participants. The Independent Service Coordination (ISC) conducts annual visits. The ISC's are QIDPs and are subject to mandatory reporting requirements.

The ISC's monitor through on-site observations, interviews, and record reviews. Any potential abuse would be reported to the OIG.

Any findings of unauthorized use of restraint, seclusion and restrictive interventions, or of injuries to participants resulting from the use of restraint regardless of authorization, are required to be reported by the ISC entities to the OA via the OA's referral form. The referral must be sent to the OA within two business days. Findings are documented on the ISC Visiting Notes form, discussed with the provider and addressed as necessary. Addressing the findings may include reporting potential abuse to the appropriate entity (Office of Inspector General), working with the provider to develop or modify behavior plans and/or any additional action that may be appropriate to the specific circumstances.

The OA tracks and analyzes reports received from ISC's. The OA monitors both the provider and ISC activities thorough these reports, identifies additional remediation needs, and develops and implements systemic changes when necessary.

The OA monitors through a representative sample of participants on a continuous and ongoing basis. On-site reviews consist of record reviews, interviews with participants and staff, and observations. Identification of any unauthorized use of restraint, seclusion or restrictive intervention by a provider is subject to corrective action.

The OA collects data on the reporting of critical incidents and restrictive interventions as outlined in Appendix G - Performance Measures. The data is summarized and presented at the Waiver Quality Management Committee (QMC) meetings. The QMC meets quarterly. The MA and the OA reviews summary data, remediation activities and identifies trends over time as well as the effectiveness of policies and procedures.

- The use of restrictive interventions is permitted during the course of the delivery of waiver services**
Complete Items G-2-b-i and G-2-b-ii.

- i. Safeguards Concerning the Use of Restrictive Interventions.** Specify the safeguards that the State has in effect concerning the use of interventions that restrict participant movement, participant access to other individuals, locations or activities, restrict participant rights or employ aversive methods (not including restraints or seclusion) to modify behavior. State laws, regulations, and policies referenced in the specification are available to CMS upon request through the Medicaid agency or the operating agency.

- ii. State Oversight Responsibility.** Specify the State agency (or agencies) responsible for monitoring and overseeing the use of restrictive interventions and how this oversight is conducted and its frequency:

Appendix G: Participant Safeguards

Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions (3 of 3)

- c. **Use of Seclusion.** *(Select one): (This section will be blank for waivers submitted before Appendix G-2-c was added to WMS in March 2014, and responses for seclusion will display in Appendix G-2-a combined with information on restraints.)*

The State does not permit or prohibits the use of seclusion

Specify the State agency (or agencies) responsible for detecting the unauthorized use of seclusion and how this oversight is conducted and its frequency:

The Operating Agency is responsible for detecting the unauthorized use of seclusion and ensuring that State safeguards concerning their use are followed.

The OA contracts with Independent Service Coordination (ISC) agencies to monitor the unauthorized use of restraints, seclusion and restrictive intervention of participants. The Independent Service Coordination (ISC) conducts annual visits. The ISC's are QIDPs and are subject to mandatory reporting requirements.

The ISC's monitor through on-site observations, interviews, and record reviews. Any potential abuse would be reported to the OIG.

Any findings of unauthorized use of restraint and seclusion, or of injuries to participants resulting from the use of restraint regardless of authorization, are required to be reported by the ISC entities to the OA via the OA's referral form. The referral must be sent to the OA within two business days. Findings are documented on the ISC Visiting Notes form, discussed with the provider and addressed as necessary. Addressing the findings may include reporting potential abuse to the appropriate entity (Office of Inspector General), working with the provider to develop or modify behavior plans and/or any additional action that may be appropriate to the specific circumstances.

The OA tracks and analyzes reports received from ISC's. The OA monitors both the provider and ISC activities through these reports, identifies additional remediation needs, and develops and implements systemic changes when necessary.

The OA monitors through a representative sample of participants on a continuous and ongoing basis. On-site reviews consist of record reviews, interviews with participants and staff, and observations. Identification of any unauthorized use of restraint or seclusion by a provider is subject to corrective action.

The OA collects data on the reporting of critical incidents and restrictive interventions as outlined in Appendix G - Performance Measures. The data is summarized and presented at the Waiver Quality Management Committee (QMC) meetings. The QMC meets quarterly. The MA and the OA reviews summary data, remediation activities and identifies trends over time as well as the effectiveness of policies and procedures.

- The use of seclusion is permitted during the course of the delivery of waiver services.** Complete Items G-2-c-i and G-2-c-ii.

- i. **Safeguards Concerning the Use of Seclusion.** Specify the safeguards that the State has established concerning the use of each type of seclusion. State laws, regulations, and policies that are referenced are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

- ii. **State Oversight Responsibility.** Specify the State agency (or agencies) responsible for overseeing the use of seclusion and ensuring that State safeguards concerning their use are followed and how such oversight is conducted and its frequency:

Appendix G: Participant Safeguards

Appendix G-3: Medication Management and Administration (1 of 2)

This Appendix must be completed when waiver services are furnished to participants who are served in licensed or unlicensed living arrangements where a provider has round-the-clock responsibility for the health and welfare of residents. The Appendix does not need to be completed when waiver participants are served exclusively in their own personal residences or in the home of a family member.

a. Applicability. Select one:

- No. This Appendix is not applicable (*do not complete the remaining items*)
- Yes. This Appendix applies (*complete the remaining items*)

b. Medication Management and Follow-Up

- i. Responsibility.** Specify the entity (or entities) that have ongoing responsibility for monitoring participant medication regimens, the methods for conducting monitoring, and the frequency of monitoring.

A physician shall be responsible for the medical services provided to participants and the management of participants' medications.

59 Ill. Adm. Code 116 requires that Residential habilitation providers must have a registered professional nurse, advanced practice nurse, physician licensed to practice medicine in all of its branches, or physician assistant on duty or on call at all times. At least quarterly, this professional reviews medication orders, medication labels and Medication Administration Records (MAR) to ensure that medication labels and medications administered match those ordered. A part of this review includes review of the appropriateness and effectiveness of medications.

Licensing rule 89 Ill. Adm. Code 115 requires that participants in the residential setting who are receiving prescription medications must be seen by the prescribing physician every six months to review the medication use, and every three months if receiving psychotropics. A psychiatrist will either review psychotropic medications or be available for consultation when psychotropic medications have been prescribed.

A physician or pharmacist shall make available to employees, family and participants information on expected consequences, potential benefits and side effects of any prescribed medication.

For participants receiving psychotropic medications, a screening for and documentation of abnormal involuntary movements, including tardive dyskinesia, is completed at least every six months by a licensed health care professional or a person trained in performing this type of assessment.

Use of medications to modify or control behaviors or treatment of mental illness is considered to be a restrictive intervention. As such, it is also subject to the provider requirements for oversight by a properly constituted human rights committee as described in G-2.

During its licensure surveys, the OAs licensure unit reviews whether that the required supervision and assessments by licensed professionals described above occur within the time frames required by rule. In addition, registered professional nurses employed by the OA conduct on-site visits to ensure compliance with 59 Ill. Adm. Code 116 regarding the review of all medications, including behavior modifying medications. These reviews include, but are not limited to, physician oversight, nursing supervision, administration, record-keeping, storage, disposal, errors, and harmful or unsafe practices. The protocol used by the licensure teams and the protocol used by the nurses are available upon request from the OA.

- ii. Methods of State Oversight and Follow-Up.** Describe: (a) the method(s) that the State uses to ensure that participant medications are managed appropriately, including: (a) the identification of potentially harmful

practices (e.g., the concurrent use of contraindicated medications); (b) the method(s) for following up on potentially harmful practices; and, (c) the State agency (or agencies) that is responsible for follow-up and oversight.

Residential providers subject to medication administration requirements are monitored by the OA for compliance. Providers are required to track all medication errors and to report to the OA all errors with an adverse outcome (defined as requiring medical attention).

Per Title 59 Illinois Administrative Code Part 116, a medication error shall be immediately reported to the registered professional nurse, advanced practice nurse, physician, physician assistant, dentist, podiatrist or certified optometrist to receive direction on actions to be taken. All medication errors shall be documented in the individual's clinical record and a medication error report shall be completed within eight hours or before the end of the shift in which the error was discovered, whichever is earlier. A copy of the medication error report shall be maintained as part of the agency's quality assurance program.

Any medication error that results in an adverse outcome is reported to the OA within seven calendar days. All reports are reviewed by the OA, coordinated with OIG investigation, and followed up as necessary to ensure that adequate safeguards are in place to prevent future occurrences.

In addition, the OA annually conducts on-site reviews of a representative sample of waiver participants annually. The OA team includes Registered Nurses. The team reviews participant medication regimen, medication administration, and compliance with rules applicable to medication management and administration.

The OA monitors for the following: written policies and procedures on reviewing adverse drug reactions; written policies and procedures on the review of medication errors; whether a medication error report is made for every medication error noted on the MAR; whether a review of medication administration is conducted by the nurse-trainer on a quarterly basis and that medication labels and MARs match the physician order sheets; and whether medications are being administered as prescribed and whether refusals are documented properly; and whether medication errors are reviewed by the nurse-trainer within 7 days of each occurrence.

When findings are discovered, the provider is required to develop a corrective action plan subject to the approval of the OA. The remediation must address the individual finding(s) as well as any other similar practices involving other individuals served by the provider. The provider must develop a quality assurance process to prevent future occurrences.

If serious findings are discovered, an immediate corrective action can be required (meaning remediation must occur before the OA reviewer exits the provider) or within a short time frame no more than 48 hours of the completion of the review. Plans to safeguard the welfare of participants until corrective action is implemented can include increased monitoring visits, or moving waiver participants either temporarily or permanently to other settings.

OA findings are summarized and reported to the Waiver Quality Management Committee (QMC) which includes key staff from the OA and MA. The Waiver QMC meets quarterly and develops appropriate system improvements in response to identified trends and concerns. The QMC meeting summary is a record of system improvements and outcomes.

Appendix G: Participant Safeguards

Appendix G-3: Medication Management and Administration (2 of 2)

c. Medication Administration by Waiver Providers

i. Provider Administration of Medications. *Select one:*

- Not applicable. *(do not complete the remaining items)*
- Waiver providers are responsible for the administration of medications to waiver participants who cannot self-administer and/or have responsibility to oversee participant self-administration of medications.** *(complete the remaining items)*

- ii. **State Policy.** Summarize the State policies that apply to the administration of medications by waiver providers or waiver provider responsibilities when participants self-administer medications, including (if applicable) policies concerning medication administration by non-medical waiver provider personnel. State laws, regulations, and policies referenced in the specification are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

When medications are provided or employees of a waiver Residential Habilitation provider supervise their administration, the provider must ensure that such medications are provided and their administration is supervised in accordance with the Illinois Nursing and Advanced Practice Nursing Act (225 ILCS 65). Waiver Residential Habilitation service providers may allow non-licensed direct support persons to administer medications as long as the provider complies with the Administration of Medication in Community Settings rule (59 Ill. Adm. Code 116). Developmental Training providers may not allow non-licensed direct support persons to administer medications.

When providers supervise the self-administration of medication training programs or administer the medications, medications must 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 may have access to medications. A physician, pharmacist or registered professional nurse must be available at all times to consult with trained, unlicensed direct support employees administering medications or supervising a self-administration of medications training program for participants with developmental disabilities.

A competent medical professional must evaluate the ability of the participant to self-administer medications. Ability to self-administer medication must be reassessed at least annually. Participants must be evaluated using Department approved screening and assessment tools, in accordance with 59 Ill. Adm. Code 116.

A physician must provide the written order for a waiver participant to self-administer medications or participate in a self-administration of medication training program based on the results of the participant's evaluation. The order must become part of the individual record.

The provider must ensure and document the following:

- A physician must be responsible for the medical services provided to participants, and the management of participants' medications.
- Only a competent medical professional, that is, a physician licensed pursuant to the Medical Practice Act, advanced practice nurse licensed pursuant to the Nursing and Advanced Practice Nursing Act, and physician's assistant licensed pursuant to Physician Assistant's Practice Act, may prescribe and monitor all prescription medications.
- All medications, including patent or proprietary medications, e.g., cathartics, headache remedies, or vitamins, may be given only upon the written order of a competent medical professional. Rubber stamp signatures are not acceptable. All orders must be given as prescribed by the competent medical professional and at the designated time. A registered professional nurse or licensed practical nurse may take telephone orders. All orders must be immediately signed by the nurse taking the order and placed in the participant's record. These orders must be countersigned or documented by facsimile prescription by the competent medical professional within ten working days.

Administrative Rule 116 permits a registered nurse who has successfully completed the Operating Agency/DHS-approved nurse-trainer course for medication administration in the community (5 hours) to authorize direct support personnel to administer medication in residential sites. Authorized direct support personnel must be at least eighteen, have completed high school or G.E.D., demonstrate functional literacy, and have successfully completed 8 hours of classroom training on medication administration. In addition, competency-based training is required specific to the participant, the medication and the dosages. Direct support personnel are authorized to administer only those specific medications to specific participants for which they have successfully completed training and competency evaluations. Authorized direct support personnel are re-evaluated by a nurse-trainer at least annually to ensure competency to administer each medication to each participant.

The MAR for the current month must be kept with the medications or in participant's record. The MAR must be completed and initialed immediately after the medication is administered. Each MAR must have a section that contains the full signature and title of each person who initials it. All changes in medication must be

noted on the MAR by a nurse, physician, physician assistant, dentist, podiatrist, or certified optometrist and shared with administering staff prior to the next dose. Participant refusal to take medication must be noted on the MAR and in the individual record.

An individual Medication Administration Record (MAR) must be kept for each participant for medication administered. It must contain at least the following:

- 1) the participant's name;
- 2) the name and dosage form of the drug;
- 3) the name of the prescribing physician, physician assistant, advanced practice nurse, dentist, podiatrist, or certified optometrist;
- 4) dose;
- 5) frequency or times of administration;
- 6) route of administration;
- 7) date and time given;
- 8) most recent date of the order;
- 9) allergies to medication; and
- 10) special considerations.

For waiver participants who are independently self-administering medications, no MAR is required; however, the provider must track and document that the medications are being taken by the participant.

iii. Medication Error Reporting. *Select one of the following:*

- Providers that are responsible for medication administration are required to both record and report medication errors to a State agency (or agencies).**

Complete the following three items:

- (a) Specify State agency (or agencies) to which errors are reported:

Medication errors are defined in 59 Ill. Adm. Code 116 as: The administration of medication other than as prescribed, resulting in the wrong medication being given; or medication being given at the wrong time, in the wrong dosage, via the wrong route, or by the wrong person; or medication omitted entirely. It is meant to include a lack of documentation of medication administration or any error in that documentation.

- (b) Specify the types of medication errors that providers are required to *record*:

Waiver Residential Habilitation providers are required to record all medication errors.

Medication errors are defined in 59 Ill. Adm. Code 116 as: The administration of medication other than as prescribed, resulting in the wrong medication being given; or medication being given at the wrong time, in the wrong dosage, via the wrong route, or by the wrong person; or medication omitted entirely. It is meant to include a lack of documentation of medication administration or any error in that documentation.

- (c) Specify the types of medication errors that providers must *report* to the State:

Any medication error that results in an adverse outcome is reported to the OA within seven calendar days.

- Providers responsible for medication administration are required to record medication errors but make information about medication errors available only when requested by the State.**

Specify the types of medication errors that providers are required to record:

- iv. **State Oversight Responsibility.** Specify the State agency (or agencies) responsible for monitoring the performance of waiver providers in the administration of medications to waiver participants and how monitoring is performed and its frequency.

Residential providers subject to medication administration requirements are monitored by the OA for compliance. Providers are required to track all medication errors and to report to the OA all errors with an adverse outcome (defined as requiring medical attention).

The OA reviews a representative sample of waiver participants annually. The OA team includes Registered Nurses. The team reviews participant medication regimen, medication administration, all medication errors, and compliance with rules applicable to medication management and administration.

The OA monitors for the following: written policies and procedures on reviewing adverse drug reactions; written policies and procedures on the review of medication errors; whether a medication error report is made for every medication error noted on the MAR; whether a review of medication administration is conducted by the nurse-trainer on a quarterly basis and that labels match the physician order sheets; and whether medications are being administered as prescribed and whether refusals are documented properly; and whether medication errors are reviewed by the nurse-trainer with 7 days of each occurrence.

A medication error shall be immediately reported to the registered professional nurse, advanced practice nurse, physician, physician assistant, dentist, podiatrist or certified optometrist to receive direction on actions to be taken. All medication errors shall be documented in the individual's clinical record and a medication error report shall be completed within eight hours or before the end of the shift in which the error was discovered, whichever is earlier. A copy of the medication error report shall be maintained as part of the agency's quality assurance program.

In addition to the review of all medication errors through its statistically valid sample of waiver participants, as well as its review of providers' written policies and procedures on the review of medication errors, any medication error that results in an adverse outcome is reported to the OA within seven calendar days. All reports are reviewed by the OA and followed up as necessary to ensure that adequate safeguards are in place to prevent future occurrences.

When findings are discovered, the provider is required to develop a corrective action plan subject to the approval of the OA. The remediation must address the individual finding(s) as well as any other similar practices involving other individuals served by the provider. The provider must develop a quality assurance process to prevent future occurrences.

If serious findings are discovered, an immediate corrective action can be required (meaning remediation must occur before the OA reviewer exits the provider) or within a short time frame no more than 48 hours of the completion of the review. Plans to safeguard the welfare of participants until corrective action is implemented can include increased monitoring visits, or moving waiver participants either temporarily or permanently to other settings.

OA findings are summarized and reported to the Waiver Quality Management Committee (QMC) which includes key staff from the OA and MA. The Waiver QMC meets quarterly and develops appropriate system improvements in response to identified trends and concerns. The QMC meeting summary is a record of system improvements and outcomes.

Appendix G: Participant Safeguards

Quality Improvement: Health and Welfare

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

a. Methods for Discovery: Health and Welfare

The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare. (For waiver actions submitted before June 1, 2014, this assurance read "The State, on an ongoing basis, identifies, addresses, and seeks to prevent the occurrence of abuse, neglect and exploitation.")

i. Sub-Assurances:

- a. *Sub-assurance: The state demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death. (Performance measures in this sub-assurance include all Appendix G performance measures for waiver actions submitted before June 1, 2014.)*

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

G1 The number and percent of participant records reviewed that documented the participant (and/or guardian) received information/education about how to report abuse, neglect, exploitation & other critical incidents as specified in the approved waiver. **N:** Number of records where participant received information on how to report abuse/neglect. **D:** Number of participants in the representative sample.

Data Source (Select one):

Record reviews, on-site

If 'Other' is selected, specify:

Responsible Party for data collection/generation <i>(check each that applies):</i>	Frequency of data collection/generation <i>(check each that applies):</i>	Sampling Approach <i>(check each that applies):</i>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = 95%
<input type="checkbox"/> Other Specify: _____	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: _____
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: _____
	<input type="checkbox"/> Other Specify: _____	

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Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis(check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input checked="" type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

Performance Measure:

G2 # and % of participants for whom identified instances of abuse,neglect or exploitation were reviewed & corrective measures were appropriately taken. N:# of participants for whom identified instances of abuse,neglect or exploitation were reviewed & corrective measures were appropriately taken.D:Total # of participants for whom identified incidents of abuse,neglect or exploitation were reviewed.

Data Source (Select one):

Record reviews, on-site

If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = 95%
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:

	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input checked="" type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

Performance Measure:

G3 In response to OIG substantiated abuse, neglect or financial exploitation investigations, the number and percent of written responses received from the provider and approved by the OA within 60 calendar days of completion of OIG investigation report. **N:** Number of written responses approved by the OA within required time frames. **D:** Total number of substantiated investigations.

Data Source (Select one):

Critical events and incident reports

If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review

<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval =
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input checked="" type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

Performance Measure:

G4 The number and percent of reportable deaths with substantiated claims of abuse and/or neglect that were reported within the required timelines. **N:** Number of reportable deaths with substantiated claims of abuse and/or neglect reported within the required timelines. **D:** All reportable deaths with substantiated claims of abuse and/or neglect.

Data Source (Select one):

Other

If 'Other' is selected, specify:

OA (DHS) Office of Inspector General (OIG) and Medicaid eligibility file.

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval =
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input checked="" type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

Performance Measure:

G5 Number and percent of reported deaths with substantiated claims of abuse and/or neglect for which corrective measures were appropriately taken by the OA. **N:** Number of reported deaths with substantiated claims of abuse and/or neglect for which corrective measures were appropriately taken by the OA. **D:** Total number of reported deaths with substantiated claims of abuse and/or neglect.

Data Source (Select one):

Program logs

If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = _____
<input type="checkbox"/> Other Specify: _____	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: _____
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: _____
	<input type="checkbox"/> Other Specify: _____	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Annually

Responsible Party for data aggregation and analysis (check each that applies): Specify: _____	Frequency of data aggregation and analysis(check each that applies):
	<input checked="" type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: _____

- b. *Sub-assurance: The state demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.*

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

G6 # and % of participants for whom identified critical incidents other than abuse,neglect,or exploitation were reviewed & corrective measures were appropriately taken by the OA.N:# of participants for whom identified crit incidents other than A/N/E were reviewed & corrective measures were appropriately taken by the OA.D:Total # of OA participants for whom identified crit incidents were reviewed.

Data Source (Select one):

Critical events and incident reports

If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = _____
<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified

Specify: 		Describe Group:
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify: 	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: 	<input checked="" type="checkbox"/> Annually
	<input checked="" type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

- c. *Sub-assurance: The state policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.*

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

G7 The number and percent of participants reviewed with identified restrictive interventions where procedures were followed as specified in the approved waiver. Numerator: Number of restrictive interventions that followed required

procedures. Denominator: Number of participants identified in the sample with at least one restrictive intervention.

Data Source (Select one):

Record reviews, on-site

If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = 95%
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually
	<input checked="" type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other

Responsible Party for data aggregation and analysis (<i>check each that applies</i>):	Frequency of data aggregation and analysis (<i>check each that applies</i>):
	Specify: _____

- d. *Sub-assurance: The state establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.*

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

G8 Number and percent of participants reviewed who received the coordination and support to access healthcare services identified in their person centered plan.

Numerator: Number of participants reviewed who received support to access healthcare services. **Denominator:** Number of participants in the sample with healthcare services identified in their PCP.

Data Source (Select one):

Record reviews, on-site

If 'Other' is selected, specify:

Responsible Party for data collection/generation (<i>check each that applies</i>):	Frequency of data collection/generation (<i>check each that applies</i>):	Sampling Approach (<i>check each that applies</i>):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = 95%
<input type="checkbox"/> Other Specify: _____	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: _____
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: _____

	<input type="checkbox"/> Other Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input checked="" type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

- ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

The MA will utilize numerous methods to ensure oversight of Quality Assurance, Quality Improvement and the Health and Welfare of waiver participants. The MA will work with the OA to flag providers at risk of sanction or licensure action due to deficient practices by developing a management information tool to allow for review and analysis of QIO on-site record, remediation verification and unannounced on-site reviews of waiver providers.

The MA will also require the OA to provide notification of actions taken to remediate QIO report findings. The MA will review, analyze and update the existing critical incident reporting procedures for waiver participants.

The MA will require the OA to timely report substantiated incidents of waiver participant abuse, neglect, serious injury or unexplained death.

The MA will establish regular communication with Illinois Department of Aging’s Adult Protective Services program and the Department of Human Services’ Office of Inspector General to develop a process to ensure timely receipt of complaints, allegations and investigations regarding waiver participants.

All of these additional measures are a part of the AA CAP. Many of these measures are already utilized or are in the development process. The processes that are being developed will have a completion date of 3/31/18.

The MA is in constant communication with the OA. The formal discussions, analysis and oversight of the OA occurs during the twice per quarter, Waiver Review meeting.

b. Methods for Remediation/Fixing Individual Problems

- i. Describe the State’s method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.

The OA is responsible for individual remediation. A POC is submitted by the provider to the OA for approval within 14 days of notification to provider of findings that cannot be corrected immediately while the reviewers are on site. The POC must correct the findings within 60 calendar days, other than those corrected immediately while the reviewers are on site. In instances of serious findings the provider may be directed by the OA to correct a finding in a much shorter time frame, including instances of immediate correction, where appropriate. In instances where the provider fails to submit a plan or when the provider fails to submit an acceptable plan, the OA may develop and impose a mandatory POC.

The OA is responsible for individual remediation of provider failure to report deaths subject to required reporting. Upon discovery, the death is reported to the OA Office of Inspector General (OIG) within the required time frame. Depending on the specific circumstances identified, a POC may be required. See above for description of OA Plan of Correction (POC) process.

The OA is responsible for reviewing and approving written responses from providers. A written response is submitted by the provider to the OA for approval within 60 calendar days of completion of the OIG investigation report. In instances where the provider fails to submit a written response within the required time frame and/or when the provider fails to submit an acceptable WR, the OA imposes a mandatory corrective action plan.

The OA may impose sanctions on providers which fails to comply with conditions stipulated in the provider contract. Sanctions include, but are not limited to, payment suspension, loss of payment, and enrollment limitations, or other actions up to and including contract termination.

The OA provides quarterly reports of findings and remediation activities to the MA. Staff of the MA and OA review the reports on a quarterly basis as part of the Waiver Quality Management Committee (QMC) meetings. The QMC meeting summaries document the actions taken.

ii. Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input checked="" type="checkbox"/> Annually
	<input checked="" type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Health and Welfare that are currently non-operational.

- No
- Yes

Please provide a detailed strategy for assuring Health and Welfare, the specific timeline for implementing identified strategies, and the parties responsible for its operation.