

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 types of critical incidents that must be reported include any specific incident of abuse or neglect or a specific set of circumstances involving suspected abuse or neglect, where there is demonstrated harm to the participant or a substantial risk of physical or sexual injury including sexual exploitation of the participant. Critical incidents must be reported if the alleged perpetrator is a parent, guardian, foster parent, relative caregiver, paramour, any individual residing in the same home, any person responsible for the participant's welfare at the time of the alleged abuse or neglect, or any person who came to know the participant through an official capacity or position of trust (for example: health care professionals, educational personnel, recreational supervisors, members of the clergy, volunteers or support personnel) in settings where children may be subject to abuse and neglect.

Although anyone may make a report, mandated reporters are professionals who may work with children in the course of their professional duties. There are seven groups of mandated reporters defined in the Abused and Neglected Child Reporting Act - ANCRA (325 ILCS 5/4). They include: medical personnel, school personnel, social service/mental health personnel (including staff of both the Medicaid Agency and the Operating Agency), law enforcement personnel, coroner/medical examiner personnel, child care personnel (including all staff at overnight, day care, pre-school or nursery school facilities, recreational program personnel, foster parents), and members of the clergy.

Mandated reporters are required to report suspected child maltreatment immediately when they have reasonable cause to believe that a child known to them in their professional or official capacity may be an abused or neglected child. This is done by calling the Department of Children and Family Services 24-hour hotline (800-25-ABUSE). Reports must be confirmed in writing to the local investigation unit within 48 hours of the hotline call.

The Department of Children and Family Services (DCFS) investigates all allegations of abuse or neglect or sexual exploitation for children and young adults (through the age of 21) who reside in residential settings licensed by DCFS.

Information on the State's protective services and how to report is shared with participants and/or family members at the time of waiver enrollment and placement in a child group home. The QIDP employed by the waiver provider is responsible to provide the information. ISSA employed by Independent Service and Support Coordination entities under contract with the OA are available to provide information and training on how to report.

- 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 their families (or guardian, if one has been appointed) are informed by both Child Group Home provider staff and ISSA staff employed by the ISC entity about protections from abuse and neglect. The information provided includes the process for reporting allegations to the Department of Children and Family Services hotline for participants. Participants and families or guardians are informed that anyone who suspects abuse, neglect or exploitation may report an allegation. This information is to be provided to and discussed with individuals (or their guardians) by the ISC's at the time of Waiver enrollment and at annually.

Information is presented both verbally and in writing initially and upon request. Information on the State's protective services and how to report is shared with participants and/or family members at the time of waiver enrollment and placement in a child group home. The QIDP employed by the waiver provider is responsible to provide the information. Information on the State's hotline is available on multiple websites and is also listed in the Waiver Provider Manual. ISSA employed by Independent Service Coordination (ISC) entities under contract with the OA are available to provide information and training on how to report. The OA monitors to assure that individuals have received appropriate training.

- 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.

For all Waiver Participants.

The Department of Children and Family Services (DCFS) is the state agency that is responsible for conducting investigations of child maltreatment and arranging for needed services for children and families where credible evidence of abuse or neglect exists (indicated cases). DCFS provides protective services at the request of the subjects of the report, even when the report has been unfounded.

DCFS field office staff are required to make initial contact and start the investigation of the allegation within 24 hours of the hotline report. In an emergency situation, then initial contact must be made within an hour of the report.

Most investigations are conducted in 60 days unless there is just cause for a 30 day extension to make a determination whether the allegation is indicated or unfounded. Appropriate emergency services are provided while the investigation is pending. Emergency and ongoing services may include protective plans.

Participants and families (as appropriate) are notified within five calendar days of the completed investigation.

Serious allegations such as sexual abuse, sexual exploitation, serious physical harm, or death are reported to the local law enforcement agency, the State's Attorney, and to the Child Advocacy Center, as a coordinated approach to the investigations. The approach includes victim sensitive interviewing of the alleged child victim(s) and identification and prosecution for a criminal act. Financial exploitation is not a reportable critical event.

DCFS uses a Child Endangerment Risk Assessment Protocol (CERAP) to assess safety of the child. The interview process includes an assessment of the alleged victim's immediate safety.

A protective plan is enforced in out-of-home settings, such as residential settings. The protective plan restricts accessibility of the alleged perpetrator to the child, and it stays in place until the investigation is completed. If the investigation determines that an abuse or neglect situation is indicated, license revocation or remediation activities begin. Monitoring is conducted weekly by investigators and licensing staff until resolved.

If a finding is indicated, the perpetrator's name is placed on the DCFS State Central Register for a minimum of five years, 20 years if there was serious physical injury, and 50 years in cases of sexual penetration or death. If a finding is unfounded, the name is on the DCFS State Central Register for a minimum of 30 days up to three years depending on the seriousness of the situation.

The MA and the OA work with the Department of Children and Family Services (DCFS) and share information in order to improve remediation activities with providers serving participants.

- 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 OA reviews all identified allegations of abuse, neglect, and exploitation; tracks allegations in order to identify trends at an individual, provider, or systemic level; shares individual allegations with the MA as they are received; and prepares monthly summary reports of allegations for trend analysis by both the OA and MA. The MA monitors this activity through the individual and monthly reports.

In addition to the State's review of the allegations reported by the providers, the MA and OA conduct oversight through the following activities.

Participants and their representatives may make complaints directly to the OA. Refer to Appendix F-3-c.

Further, ISSAs, under contract with the OA, identify and address or refer issues to the OA. Refer to Appendix F-3-b.

The OA may directly identify allegations or complaints through its on-site reviews of a representative sample of participants. The MA participates in these reviews as possible.

The Operating Agency maintains a tracking database of reported and otherwise identified incidents and remediation activities. The OA reviews and addresses individual incidents. Summary reports are produced monthly and shared with the MA.

The MA and the OA work together through the Quality Management Committee, which meets quarterly, to identify and discuss trends and possible system improvement strategies. The OA is responsible for remediation activities and implementing systemic improvements.

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).

Illinois outlines its policy in regards to restraints and use of seclusion in 89 Illinois Administrative Code 384. This rule is available upon request from either the Medicaid or Operating Agency or via the State's website at <http://www.ilga.gov/commission/jcar/admincode/089/08900384sections.html>. As stated in the rule, its purpose is "to explain acceptable behavior treatment techniques and to assure that these techniques are used only under controlled conditions by appropriately trained personnel." It also identifies "limitations and restrictions on specific behavior treatment techniques related to crisis prevention, behavior intervention, and behavior management."

The rule specifies the accepted crisis intervention and behavior management models approved by the State for use in Children's Group Homes. Each of these models incorporates an emphasis on alternatives to the use of restraint and seclusion. Each provider must develop an overall Behavior Treatment Plan, inclusive of a crisis intervention and behavior management model. Staff of providers must be fully trained in the use of the provider's chosen model, including the alternate methods to be used in order to avoid restraint and seclusion.

The service agreement between the Operating Agency and the provider requires that this rule be followed. Specific safeguards contained in the rule include, but are not limited to, the following items:

- The rule specifies the general components of the providers' Behavior Treatment Plan, e.g., a written statement of purpose; the procedures employed and their operational details; the system for collecting, reviewing, and aggregating data; procedures for reporting and handling behavior emergencies.
 - It also requires the Behavior Treatment Plan to contain specific information regarding personnel, e.g., a description of credentials of the personnel involved; required training, re-training, and competency assurance; discipline and/or discharge policies.
 - The rule requires the Behavior Treatment Plan to contain a quality assurance mechanism that includes a continuing review of the child's medical record and condition, as well as a continuing review of the developmental and psychological condition.
 - It also requires a process for reviewing service plans and the use of restraints, including review by a Human Rights Committee.
 - It requires policies for informing parents/guardians of restraint policies, advising them of rights, and obtaining consent.
 - The rule ensures that each application of manual restraint may be used only as a therapeutic measure when a child presents a threat of physical harm to self or others.
 - It states manual restraint shall not be used until after other less restrictive procedures or measures have been explored and found to be inappropriate.
 - It provides that manual restraint shall not be used for a child whose medical condition, mental illness, or developmental or psychological status contraindicates the use of this technique, as documented in the child's individual treatment plan.
 - The rule further provides for time limits on the use of manual restraint, involvement of professional staff, documentation requirements, and review by the provider's administration.
 - The rule states that manual restraint shall be employed only by persons who are certified as having successfully completed a competency based training program—approved by the Child Welfare Agency—presenting the specific procedures to be used.
 - The rule contains language regarding seclusion similar to all the dot points listed above for manual restraints.
 - The rule prohibits the use of chemical and/or mechanical restraints.
- 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:

Three State agencies are involved in the oversight of the use of restraint and seclusion in Children's Group Homes: the Medicaid Agency, the Operating Agency, and the Child Protection Agency (the Department of Children and Family Services).

Per 89 Illinois Administrative Code 384, providers of Children's Group Home services are required to report unusual incidents regarding discipline and behavior management to the Child Welfare Agency as follows:

- The facility shall report as an unusual incident:
 - o Any injury received by a child as a result of discipline or behavior management;
 - o Any 30-day period in which five or more instances of restraint and/or confinement of a specific child occurred;
 - o Any violation of 89 Illinois Administrative Code 384. (Any violation of Rule 384 is considered by the Operating Agency to be an unauthorized use of restraint, seclusion, or restrictive interventions.)
- Reports shall be made in writing and postmarked within two business days after the unusual incident.

Upon receipt and review of a report, should the Child Welfare Agency consider it to include a potential abuse or neglect situation, the Child Welfare Agency is responsible for investigating the matter as potential abuse or neglect. In the event it considers the participant to be at risk, the Child Welfare Agency will immediately require necessary steps to ensure the participant's safety, e.g., requiring staff to be removed from direct contact with participants. None of these actions, including required reporting under this rule, change the provider's responsibility to report all allegations of abuse or neglect or the Child Welfare Agency's responsibility to investigate allegations of abuse or neglect. These responsibilities are described in Appendix G-1.

The Operating Agency requires the reports of the unusual incidents described above (i.e., incidents resulting in injury, more than five incidents in a 30-day period, and any unauthorized use) to be reported to it by facsimile or electronic means by the end of the business day following the day of the incident. The Operating Agency shares these reports with the Medicaid Agency within the first business day of receipt. The reports are tracked on a referral database by the Operating Agency. Reports from this database will be shared with the Medicaid Agency on a monthly basis. The reports will summarize information by type of incident, provider, and action taken.

In addition to the above reports, the following activities provide opportunities for discovery of compliance with 89 Illinois Administrative Code 384 and the unauthorized use of restraint or seclusion:

- The Child Welfare Agency licenses the Children's Group Home providers. (See Appendix C.) As part of this licensure activity, it reviews restraint and seclusion issues. Copies of the reports of the licensure reviews are shared with the Operating and Medicaid Agencies.
- The Operating Agency, using a representative sample of Waiver participants on an annual basis, reviews the use of restraints and seclusion through on-site record reviews, interviews, and observations. The on-site reviews include required reporting within the timelines to the Child Welfare Agency. The Medicaid Agency participates in all on-site reviews as possible.
- The Operating Agency annually surveys participants' families/guardians, using the same representative sample, regarding the use of restraints and seclusion.
- The ISSAs, under contract with the Operating Agency, review restraint and seclusion issues for every Waiver participant during their quarterly monitoring activities. ISSAs are mandated reporters and are thus required to report to the Child Welfare Agency any allegations of abuse or neglect. In addition, they are required through their contracts to report to the Operating Agency any issues with the provider regarding unauthorized use of restraint or seclusion.

The Operating Agency uses all of the above sources of information to review reports, ensure remediation is completed, and track trends. Appropriate remediation activity may include corrective action plans, re-training of staff, increased monitoring, systemic procedural modifications, etc. The Operating Agency also aggregates data and identifies trends from these sources, developing evidentiary reports for review and analysis by the Quality Management Committee during its quarterly meetings. The evidentiary reports summarize remediation timelines as follows: within 30 days, between 31 and 60 days, more than 60 days, and outstanding. The Operating Agency may impose sanctions if necessary to ensure remediation.

The Medicaid Agency monitors these activities by reviewing incident reports as they are received, by participating with the Operating Agency in on-site reviews, and by reviewing and analyzing monthly incident reports and evidentiary reports through its participation in the quarterly Quality Management Committee meetings.

To improve reports and monitoring of unusual incidents in Child Group Homes, the Operating Agency developed a process that requires reports of unusual incidents within a prescribed time frame. As a result of an Action Plan approved by CMS, a formal process for state level review was developed.

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 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.

In addition to the restraint/seclusion issues discussed in G-2.a.i., 89 Illinois Administrative Code 384 also addresses the use of discipline.

Discipline is defined as providing specific consequences for infractions of the rules of a group home as a means of helping children both to develop self-control and to learn they are responsible for their actions. It is to be used only as a last resort after non-aversive methods have been employed. Disciplinary issues are reviewed by the team on an annual basis, at a minimum.

The rule provides examples of acceptable discipline, including assigning special or additional tasks not to exceed one month; temporarily removing privileges for periods not to exceed one month; withholding a child's personal spending money, for purposes and within limitations specified in the rule; and restricting the child to the room (not to exceed three hours with reasonable supervision) or premises (not to exceed three days).

The rule also prohibits certain actions including, but not limited to, subjecting participants to discipline that is out of proportion to the particular inappropriate behavior or is more than 24 hours after the provider learned of the behavior; subjecting the participant to verbal abuse, threats, or derogatory remarks; using corporal punishment under any circumstances; depriving the participant of food, visits or phone calls with family and professionals, clothing (unless otherwise indicated for clinical or safety reasons), sleep, or exercise; assigning exercise; forcing the participant to take an uncomfortable position; assigning strenuous or harsh work or work that is beyond the capacity of the participant; disciplining for toilet accidents; or depriving the participant of educational services.

Each group home shall have simple, understandable rules for both children and staff. The rules shall be explained and given to each participant at the time of enrollment. Each staff member shall receive training in the rules of the group home and shall be given a written copy of the rules prior to starting active service.

With respect to acceptable discipline, as described in subsections (e)(1) through (e)(5) of the rule:

- Prior to the application of the discipline, the child shall be informed of the rule infraction;
- Prior to application of the discipline, the reasons for the nature of, and duration of the discipline shall be explain to the child;
- The case record shall contain documentation of the discipline applied, specifying the conduct of the child leading to the discipline and the nature and duration of the discipline, and
- The administrator of the facility or designee shall review discipline applied to individual children within 48 hours after administration of the discipline. The reviewer shall not be the individual who imposed the disciplinary measure. The administrator of the group home or designee shall approve or disapprove of the discipline imposed and shall indicate review and approval/disapproval by signing and dating the report of discipline. If the administrator or designee disapproves of the discipline imposed, the administrator or designee shall state the reasons for disapproval and shall correct the use of improper disciplinary techniques.

The OA reviews these issues during on-site reviews through its representative sample of Waiver participants. The MA participates in these reviews as possible. Data, including remediation activity, is collected, aggregated, and analyzed by both the MA and OA under one of the performance measures in Appendix G: The number and percent of restraint applications, seclusion, or other restrictive interventions that did not follow procedures as specified in the approved waiver. The OA is responsible for remediation activities.

To ensure appropriate remediation, the OA reviews the issues and identifies the most appropriate response on an individual basis, including time lines for remediation. Remediation would include immediate action if warranted or referral to DCFS if a potential licensure violation is involved. General responses may include work with participants and their providers, retraining staff, technical assistance, increased monitoring, revising service plans, and requiring plans of correction. The OA is responsible for seeing that these individual issues are resolved. The OA provides quarterly reports of these activities to the MA. Staff of the two State agencies review the reports on a quarterly basis.

As a result of an Action Plan approved by CMS, a formal process for state level review was developed.

- 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:

Three State agencies are involved in the oversight of the use of restrictive interventions in Children's Group Homes: the Medicaid Agency, the Operating Agency, and the Child Welfare Agency (the Department of Children and Family Services).

Per 89 Illinois Administrative Code 384, providers of Children's Group Home services are required to report unusual incidents regarding discipline and behavior management to the Child Welfare Agency as follows:

- The facility shall report as an unusual incident:
 - oAny injury received by a child as a result of discipline or behavior management;
 - oAny 30-day period in which five or more instances of restraint and/or confinement of a specific child occurred;
 - oAny violation of 89 Illinois Administrative Code 384. (Any violation of Rule 384 is considered by the Operating Agency to be an unauthorized use of restraint, seclusion, or restrictive interventions.)
- Reports shall be made in writing and postmarked within two business days after the unusual incident.

Upon receipt and review of a report, should the Child Welfare Agency consider it to include a potential abuse or neglect situation, the Child Welfare Agency is responsible for investigating the matter as potential abuse or neglect. In the event it considers the participant to be at risk, the Child Welfare Agency will immediately require necessary steps to ensure the participant's safety, e.g., requiring staff to be removed from direct contact with participants. None of these actions, including required reporting under this rule, change the provider's responsibility to report all allegations of abuse or neglect or the Child Welfare Agency's responsibility to investigate allegations of abuse or neglect. These responsibilities are described in Appendix G-1.

The Operating Agency requires the reports of the unusual incidents described above (i.e., restraints resulting in injury, more than five incidents in a 30-day period, and any unauthorized use) to be reported to it by facsimile or electronic means by the end of the business day following the day of the incident. The Operating Agency shares these reports with the Medicaid Agency within the first business day of receipt. The reports are tracked on a referral database by the Operating Agency. Reports from this database will be shared with the Medicaid Agency on a monthly basis. The reports will summarize information by type of incident, provider, and action taken.

In addition to the above reports, the following activities provide opportunities for discovery of unauthorized restrictive interventions:

- The Child Welfare Agency licenses the Children's Group Home providers. (See Appendix C.) As part

of this licensure activity, it reviews the use of discipline. Copies of the reports of the licensure reviews are shared with the Operating and Medicaid Agencies.

- The Operating Agency, using a representative sample of Waiver participants on an annual basis, reviews the use of restrictive interventions through on-site record reviews, interviews, and observations. The on-site reviews include required reporting within the timelines to the Child Welfare agency. The Medicaid Agency participates in all on-site reviews as possible.
- The Operating Agency annually surveys participants' families/guardians, using the same representative sample, regarding restrictive intervention issues.
- The ISSAs, under contract with the Operating Agency, review restrictive intervention issues for every waiver participant during their quarterly monitoring activities. ISSAs are mandated reporters and are thus required to report to the Child Welfare Agency any allegations of abuse or neglect. In addition, they are required through their contracts to report to the Operating Agency any issues with the provider regarding unauthorized use of restrictions.

The Operating Agency uses all of the above sources of information to review reports, ensure remediation is completed, and track trends. Appropriate remediation activity may include corrective action plans, re-training of staff, increased monitoring, systemic procedural modifications, etc. The Operating Agency also aggregates data and identifies trends from these sources, developing evidentiary reports for review and analysis by the Quality Management Committee during its quarterly meetings. The evidentiary reports summarize remediation timelines as follows: within 30 days, between 31 and 60 days, more than 60 days, and outstanding. The Operating Agency may impose sanctions if necessary to ensure remediation.

The Medicaid Agency monitors these activities by reviewing reports as they are received, by participating with the Operating Agency in on-site reviews, and by reviewing and analyzing monthly incident reports and evidentiary reports through its participation in the quarterly Quality Management Committee meetings.

As a result of an Action Plan approved by CMS, a formal process for state level review was developed.

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 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).

Illinois outlines its policy in regards to restraints and use of seclusion in 89 Illinois Administrative Code 384. This rule is available upon request from either the Medicaid or Operating Agency or via the State's website at <http://www.ilga.gov/commission/jcar/admincode/089/08900384sections.html>. As stated in the rule, its purpose is "to explain acceptable behavior treatment techniques and to assure that these techniques are used only under controlled conditions by appropriately trained personnel." It also identifies "limitations and restrictions on specific behavior treatment techniques related to crisis

prevention, behavior intervention, and behavior management.”

The rule specifies the accepted crisis intervention and behavior management models approved by the State for use in Children’s Group Homes. Each of these models incorporates an emphasis on alternatives to the use of restraint and seclusion. Each provider must develop an overall Behavior Treatment Plan, inclusive of a crisis intervention and behavior management model. Staff of providers must be fully trained in the use of the provider’s chosen model, including the alternate methods to be used in order to avoid restraint and seclusion.

The service agreement between the Operating Agency and the provider requires that this rule be followed. Specific safeguards contained in the rule include, but are not limited to, the following items:

- The rule specifies the general components of the providers’ Behavior Treatment Plan, e.g., a written statement of purpose; the procedures employed and their operational details; the system for collecting, reviewing, and aggregating data; procedures for reporting and handling behavior emergencies.
- It also requires the Behavior Treatment Plan to contain specific information regarding personnel, e.g., a description of credentials of the personnel involved; required training, re-training, and competency assurance; discipline and/or discharge policies.
- The rule requires the Behavior Treatment Plan to contain a quality assurance mechanism that includes a continuing review of the child’s medical record and condition, as well as a continuing review of the developmental and psychological condition.
- It also requires a process for reviewing service plans and the use of restraints, including review by a Human Rights Committee.
- It requires policies for informing parents/guardians of restraint policies, advising them of rights, and obtaining consent.
- The rule ensures that each application of manual restraint may be used only as a therapeutic measure when a child presents a threat of physical harm to self or others.
- It states manual restraint shall not be used until after other less restrictive procedures or measures have been explored and found to be inappropriate.
- It provides that manual restraint shall not be used for a child whose medical condition, mental illness, or developmental or psychological status contraindicates the use of this technique, as documented in the child’s individual treatment plan.
- The rule further provides for time limits on the use of manual restraint, involvement of professional staff, documentation requirements, and review by the provider’s administration.
- The rule states that manual restraint shall be employed only by persons who are certified as having successfully completed a competency based training program—approved by the Child Welfare Agency—presenting the specific procedures to be used.
- The rule contains language regarding seclusion similar to all the dot points listed above for manual restraints.
- The rule prohibits the use of chemical and/or mechanical restraints.

- 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:

Three State agencies are involved in the oversight of the use of restraint and seclusion in Children’s Group Homes: the Medicaid Agency, the Operating Agency, and the Child Protection Agency (the Department of Children and Family Services).

Per 89 Illinois Administrative Code 384, providers of Children’s Group Home services are required to report unusual incidents regarding discipline and behavior management to the Child Welfare Agency as follows:

- The facility shall report as an unusual incident:
 - o Any injury received by a child as a result of discipline or behavior management;
 - o Any 30-day period in which five or more instances of restraint and/or confinement of a specific child occurred;
 - o Any violation of 89 Illinois Administrative Code 384. (Any violation of Rule 384 is considered by the Operating Agency to be an unauthorized use of restraint, seclusion, or restrictive interventions.)

- Reports shall be made in writing and postmarked within two business days after the unusual incident.

Upon receipt and review of a report, should the Child Welfare Agency consider it to include a potential abuse or neglect situation, the Child Welfare Agency is responsible for investigating the matter as potential abuse or neglect. In the event it considers the participant to be at risk, the Child Welfare Agency will immediately require necessary steps to ensure the participant's safety, e.g., requiring staff to be removed from direct contact with participants. None of these actions, including required reporting under this rule, change the provider's responsibility to report all allegations of abuse or neglect or the Child Welfare Agency's responsibility to investigate allegations of abuse or neglect. These responsibilities are described in Appendix G-1.

The Operating Agency requires the reports of the unusual incidents described above (i.e., incidents resulting in injury, more than five incidents in a 30-day period, and any unauthorized use) to be reported to it by facsimile or electronic means by the end of the business day following the day of the incident. The Operating Agency shares these reports with the Medicaid Agency within the first business day of receipt. The reports are tracked on a referral database by the Operating Agency. Reports from this database will be shared with the Medicaid Agency on a monthly basis. The reports will summarize information by type of incident, provider, and action taken.

In addition to the above reports, the following activities provide opportunities for discovery of compliance with 89 Illinois Administrative Code 384 and the unauthorized use of restraint or seclusion:

- The Child Welfare Agency licenses the Children's Group Home providers. (See Appendix C.) As part of this licensure activity, it reviews restraint and seclusion issues. Copies of the reports of the licensure reviews are shared with the Operating and Medicaid Agencies.
- The Operating Agency, using a representative sample of Waiver participants on an annual basis, reviews the use of restraints and seclusion through on-site record reviews, interviews, and observations. The on-site reviews include required reporting within the timelines to the Child Welfare Agency. The Medicaid Agency participates in all on-site reviews as possible.
- The Operating Agency annually surveys participants' families/guardians, using the same representative sample, regarding the use of restraints and seclusion.
- The ISSAs, under contract with the Operating Agency, review restraint and seclusion issues for every Waiver participant during their quarterly monitoring activities. ISSAs are mandated reporters and are thus required to report to the Child Welfare Agency any allegations of abuse or neglect. In addition, they are required through their contracts to report to the Operating Agency any issues with the provider regarding unauthorized use of restraint or seclusion.

The Operating Agency uses all of the above sources of information to review reports, ensure remediation is completed, and track trends. Appropriate remediation activity may include corrective action plans, re-training of staff, increased monitoring, systemic procedural modifications, etc. The Operating Agency also aggregates data and identifies trends from these sources, developing evidentiary reports for review and analysis by the Quality Management Committee during its quarterly meetings. The evidentiary reports summarize remediation timelines as follows: within 30 days, between 31 and 60 days, more than 60 days, and outstanding. The Operating Agency may impose sanctions if necessary to ensure remediation.

The Medicaid Agency monitors these activities by reviewing incident reports as they are received, by participating with the Operating Agency in on-site reviews, and by reviewing and analyzing monthly incident reports and evidentiary reports through its participation in the quarterly Quality Management Committee meetings.

To improve reports and monitoring of unusual incidents in Child Group Homes, the Operating Agency developed a process that requires reports of unusual incidents within a prescribed time frame. As a result of an Action Plan approved by CMS, a formal process for state level review was developed.

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.

Child Group Home provider licensure standards require that participants receive medical and dental examinations annually or more frequently if needed. Diagnosed medical problems and dental defects must be treated promptly. They also require written consents from the legally responsible parent or guardian for medical treatment, including medication administration. Providers must maintain a written record of special medical and dental needs of each participant and a written record of all medications prescribed and administered.

The Operating Agency and the Department of Children and Family Services are responsible for oversight of medication management issues. Registered nurses, employed by or under contract with the Operating Agency, review compliance with Administrative Rule 116 (Medication Management) in a sample of Child Group Homes that use non-licensed staff to administer medications.

The OA and MA review team includes Registered Nurses. The team reviews participant medication regimen and compliance with rules applicable to medication use and administration. A representative sample of participants is reviewed annually.

Providers must have a quality assurance committee to review the use of psychotropic medications. Additional information regarding medication management is provided in b-ii and c-ii below.

- 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.

Child Group Home providers have ongoing responsibility for monitoring participant medication regimens. Participant medications are managed in the group homes as follows:

- A physician must be responsible for the medical services provided to participants, and the management of participants' medications.
- The Qualified Intellectual Disability Professional (QIDP) must ensure employees, guardians, and waiver participants have information on expected consequences, potential benefits, and side effects of any prescribed medication.
- Informed consent must be obtained from the participant or guardian for all medical services and medications arranged by the provider.
- A competent medical professional must review the medications prescribed and must see the participant at least annually, and every three months if psychotropic medications, or any medications to manage behavior, have been prescribed. Physician documentation within the individual record must include, but is not limited to, the rationale for continuing current medications at current levels and/or initiating new medications; and medication side effects.

- A competent medical professional must perform an examination of the participant prior to the initiation of psychotropic medications or any medications to manage behavior.
- A psychiatrist must be available for consultation when psychotropic medications have been prescribed.
- Screening for and documentation of abnormal involuntary movements, including tardive dyskinesia, in participants receiving prescribed psychotropics for which this is indicated as a possible side effect, must be completed at least every six months by employees trained in performing this type of assessment.

The provider is responsible to report medication errors to the OA.

The OA and MA review team includes Registered Nurses. The team reviews participant medication regimen and compliance with rules applicable to medication management and administration. A representative sample of participants is reviewed annually. Participant-specific issues are followed up as part of the review process. The Operating Agency is responsible for oversight and follow-up of medication management issues.

Potentially harmful medication management practices identified in the course of the reviews are brought to the Quality Management Committee, which includes the MA and meets quarterly, for discussion of appropriate systemic follow-up action. DCFS is a member of the Committee as they are the licensing authority for the residential provider (child group home) in the children's residential waiver.

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 Child Group Home 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). The provider 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 (Rule 116).

Child Group Home providers have ongoing responsibility for monitoring participant medication regimens and ensuring compliance with the Illinois Nursing and Advanced Practice Nursing Act (225 ILCS 65) and Rule 116. Providers must maintain and implement written policies and procedures that include provisions describing on-going supervision and monitoring of direct support staff who are authorized to administer medications, annual review and any necessary retraining of authorized direct support staff in the theory and practice of medication administration, a systematic review of all medication errors, adverse drug reactions, and incidents to identify contributing factors and plan corrective action, recording and reporting of all instances of retraining and retesting for failure to qualify as an authorized direct support staff.

Rule 116 permits a registered nurse who has successfully completed the OA/DHS approved nurse-trainer course for medication administration in the community (6 hours) to authorize direct support personnel to administer medication in residential sites.

Medication training programs for authorized staff must be implemented and carried out only by a registered professional nurse and may not be carried out by direct support staff or other unauthorized personnel.

Authorized direct support personnel must be at least 18, have completed high school or G.E.D., demonstrate functional literacy, and have successfully completed required competency-based training and assessment by the nurse-trainer. Training includes specifics related to the participant, medication, dosages, etc. 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 Child Group Home provider must ensure and document the following:

- 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 medication, 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.
- An individual medication administration record (MAR) must be kept for each participant for medication administered. It must contain at least the following:
 - the participant's name;
 - the name and dosage form of the drug;
 - the name of the prescribing physician, physician assistant, advanced practice nurse, dentist, podiatrist, or certified optometrist;
 - dose;
 - frequency or times of administration;
 - route of administration;
 - date and time given;
 - most recent date of the order;
 - allergies to medication; and
 - special considerations.
- The MAR for the current month must be kept with the medications or in the 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.
- 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.
- 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 Operating Agency approved screening and assessment tools, in accordance with Rule 116.
- When agencies 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 persons with developmental disabilities.

• 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.

• Participants who are able to self-administer medications independently must have access to their medications.

• All medications must be labeled.

• Medications must be stored safely and at appropriate temperatures.

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:

Child Group Home providers must report medication errors to the Operating Agency, the Department of Human Services. The OA will select a sample of providers for review each quarter.

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

Child Group Home providers are required to record all medication errors.

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

Child Group Home providers are required to report all medication errors quarterly in a summary report format to the Operating Agency.

Any medication error that results in an adverse outcome is to be reported by fax to the Operating Agency within 7 days of discovery.

- 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.

The Operating Agency and the Department of Children and Family Services (DCFS) are responsible for oversight and follow-up of medication administration issues.

DCFS annual licensure visits and routine unannounced staff monitoring visits include a review of the medication logs.

The OA and MA review and observe medication administration and training records during annual quality assurance reviews of Child Group Home providers. The review teams include Registered Nurses. A representative sample of participants is reviewed annually. In the event that any significant issues are noted, the OA would return for follow-up. Participant-specific issues are followed up as part of the review process.

The results of the quality assurance reviews including medication management are reviewed with the Quality Management Committee, which meets quarterly and includes the Medicaid Agency. The Department of Children and Family Services participates in the Committee as needed for children’s residential waiver.

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 Number & 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 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:	

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 checked="" 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:

G4 Number and percent of reportable deaths that were reported within the required timelines. Numerator: Number of reportable deaths reported within required timelines. Denominator: All reportable deaths.

Data Source (Select one):

Other

If 'Other' is selected, specify:

Medicaid Eligibility and the Department of Children and Family Services 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: _____

- 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 critical incidents other than A/N/E were reviewed & corrective measures were appropriately taken by the OA. D: Total # of OA participants for whom identified critical incidents were reviewed.

Data Source (Select one):

Critical events and incident reports

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

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

- 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 health care services identified in their service plan.

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

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 checked="" type="checkbox"/> Quarterly

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis(check each that applies):
<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.

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 reviews the issues and identifies the most appropriate response. General responses may include work with participants and their providers, retraining staff, voiding claims, technical assistance, increased monitoring, revising service plans, and requiring plans of correction. The OA is responsible for seeing that these individual findings are resolved. The OA provides quarterly reports of these activities to the MA. Staff of the two State agencies review the reports on a quarterly basis.

ii. Remediation Data Aggregation

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

Responsible Party(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 checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

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.
Refer to G-1.b. and G-1.e.