

Illinois Department of Human Services - Division of Developmental Disabilities - Bureau of Quality Management  
 FY21 Quality and Waiver Performance Measure Evaluation

ISC Name:

Provider:

Individual Name:

Individual's Address:

Sample #:

W#:

Provider Services:  CDS  CILA  SDA  AHBS  CSW  CRW

Date of Review:

Reviewer(s):

Item	Yes	No	N/A	Notes / Comments	Remediation on / required by
1. Were the following available at the ISC agency during the review ( <i>check all that apply</i> ): Must have all three in order to be Yes. (If current IS is not available document any supporting communication/documentation to explain reason for delay.) <input type="checkbox"/> Discovery Tool <input type="checkbox"/> Personal Plan <input type="checkbox"/> Implementation Strategy/EOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. Was the Discovery Tool updated every year? The DT can be accomplished prior to 12 months but no sooner than the six months prior to the personal plan and not after the 12-month period. (Date of ISC signature on Discovery Tool, last page of document.)  Discovery Tool: Current date: _____ Prior date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Did the person-centered planning meeting occur within 365 days of the one prior? (A date documented in the ISC notes as the meeting or the date of the Discovery process with the Individual/Guardian, on first page of document.)  Current meeting date: _____ Previous meeting date: _____ PMD7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. Were the Personal Plan contents developed in accordance with the state requirements? (See checklist for specifics.) PMD5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. Does the Personal Plan identify any health and safety risks identified during the discovery process? PMD2d	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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6. Does the individual Personal Plan have strategies to address all identified health and safety risks? PMD2n	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. Does the Personal Plan address all participant <u>needs</u> outlined in the Discovery Tool? PMD3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8. Does the Personal Plan address all <u>outcomes</u> identified by the Discovery Tool? PMD4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9. Was the Personal Plan updated at least annually or within 30 days of the identified change in the individual's needs? Current Plan Date: _____ Previous Plan Date: _____ PMD8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10. Was the Personal Plan approved by all required entities within the required time frame? (Annually or within 30 days of the identified change in needs.) PMD6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Was the provider signature page of the Personal Plan signed by all providers agreeing to provide services and supports to the individual with in ten (10) days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11. Does the record indicate that the person received at least 2 visits from the ISC during the past 12 months to monitor that services are being delivered in accordance with the services in the Personal Plan? a. One visit to complete Person-Centered Planning Process, Discovery Tool, Personal Plan. Visit 1 date: _____ b. One annual monitoring visit must be conducted at the individual's residence to assess the individual's satisfaction with the outcomes and services as well as to monitor the individual's health, safety, and welfare (whether or not it is a private home). The ISC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Individual Monitoring and Interview Notes (IL462-4465) will provide documentation for this visit. Visit 2 date: c. Other visits (Two additional quarterly visit <b>must</b> be conducted for children's waivers) Visit 3 date: Visit 4 date: PMD9					
12. Does the record indicate the person received services in the scope, amount, duration, and frequency as specified in the Personal Plan? (May be evidenced in the visiting notes.) PMD10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13. Does the person receiving services have healthcare services identified in the Personal Plan? PMG8d	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14. Does the person receive the coordination and support needed to access healthcare services contained in the Personal Plan? PMG8n	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15. Were the Initial Level of Care and the annual Re-determination of waiver eligibility completed as required? Initial Date: a. DDPAS10                      Date:                      or b. Conversion                      Date:                      or c. OBRA 13                      Date: d. Current Redetermination:                      Date: e. Prior Redetermination                      Date: IL462-0952 (R-1-08) (formerly DD-1213.1) Clear documentation of the failure to transfer documentation from the original ISC should be marked as N/A PMB2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16. Initial Choice of Supports and Services IL462-1238? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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(Initial Choice of Supports and Services form dates- may not always match the initial DDPAS10, Conversion or OBRA 13.)					
17. Was the Initial Level of Care Determination of waiver eligibility completed by a qualified QIDP? Initial Name: Agency Name (for initial LOC determination):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
18. Was the annual Re-determination of waiver eligibility completed by a qualified QIDP? Annual Name: PMB3					
19. Did the level of care determinations use processes and forms as required by the state and were they completed correctly and signed annually? Correct form? <input type="checkbox"/> Yes <input type="checkbox"/> No Completed completely and correctly? <input type="checkbox"/> Yes <input type="checkbox"/> No Signed annually? <input type="checkbox"/> Yes <input type="checkbox"/> No Current date: <input type="text"/> Prior Date: <input type="text"/> IL462-0952 (R-1-08) (formerly DD-1213.1) See example form for completion guidance.) PMB4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
20. Does the record reflect person was informed at least annually of the right to choose their providers? Current Date: <input type="text"/> Prior Date: <input type="text"/> IL462-1201(R-06-17) PMD12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
21. Does the record reflect person was offered at least annually choice between/ among waiver services (for which there has been a determination of need)? Current Date: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Prior Date: IL462-1238 (R-11-16) OR IL462-1201(R-06-17) PMD13					
22. Is there documentation that the person and/or his or her guardian has received annual information/education about how to report abuse, neglect, exploitation and other critical incidents? Current Date: Prior Date: (IL462-1201 R-06-17) PMG1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
– N/A      = Total      Then take Yes      / Total      = Score					
CIRAS					
1a. The individual’s record does not identify any critical incidents having occurred during the period being reviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2a. If the individual’s record does indicate that a critical incident did occur during the period being reviewed was the incident reported to the Division through CIRAS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3a. Agency/Provider is properly enrolled in CIRAS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4a. Have all designated reporters completed and signed the Certificate of Understanding and Acknowledgement for CIRAS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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CIRAS Report #	Type of critical incident: 911 call, Death, Known injury, Law enforcement, Medical emergency, Missing individual, Peer to peer act, Peer to staff act, Unauthorized restraint, Unknown injury, Unscheduled hospitalization	Date of Incident	Did the ISC review priority incidents within one day following the receipt of the email for: Law Enforcement; Missing individual; unscheduled hospitalization?	Did the ISC incorporate each CIRAS incident into the next scheduled monitoring visit/note? Or was addressed and documented sooner?	Were follow up actions documented in CIRAS for the individual as required?	Was case management service provided at the level needed by the individual, including any necessary follow-up to CIRAS reports or OIG investigations?	Notes/ Comments	
1.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		