

Illinois HCBS Waivers Performance Overview Report for the Period of July 1, 2016 through June 30, 2017

		11/20/2017				7/1/16 to 9/30/16				10/1/16 to 12/31/16				1/1/17 to 3/31/17				4/1/17 to 6/30/17				YTD 7/1/16 to 6/30/17			
PM #	Waiver Performance Measures	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW YTD	CRW YTD	ADULT YTD	YTD All Waiver Average				
Appendix A- Administrative Authority																									
The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the wavier program by exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities.																									
A1	Number and percent of rate methodology changes approved by the MA and submitted for Public Notice prior to implementation by OA. N: Number of rate methodology changes approved by the MA prior to implementation by the OA. D: Total number of rate methodology changes adopted.																								
				0				0				0		0	0	0	0	0	0	0	0	0			
				0				0					0		0	0	0	0	0	0	0	0	0		
A2	Number and percent of waiver program policies approved by the MA prior to OA dissemination and implementation. N: Number of waiver policies approved by the MA prior to dissemination. D: Total number of waiver policy changes implemented.																								
				0				0					0	0	0	0	0	0	0	0	0	0			
				0				0					0		0	0	0	0	0	0	0	0	0		
A3	The number and percent of participant reviews conducted by the OA according to sampling methodology specified in the approved waiver. N: Number of participant reviews conducted by the OA according to sampling methodology in the approved waiver. D: Total number of participant reviews required according to the approved sampling methodology.	15.49%	42.67%	6.75%	16.17%	15.82%	24.67%	23.25%	20.90%	14.81%	6.00%	21.50%	16.41%	53.87%	26.67%	48.50%	46.52%	100.00%	100.00%	100.00%	100.00%				
		46	64	27	137	47	37	93	177	44	9	86	139	160	40	194	394	297	150	400	847				
		297	150	400	847	297	150	400	847	297	150	400	847	297	150	400	847	297	150	400	847				
A4	Number and percent of findings of noncompliance in the area of requests for services subject to prior authorization with evidence of remediation within 90 days of discovery. N: Number of findings of noncompliance in the area of requests for services subject to prior authorization with evidence of remediation within 90 days of discovery. D: Total number of findings in the area of prior authorization of services.									100.00%		100.00%	100.00%					100.00%		100.00%	100.00%				
				0				0		15	0	154	169				0	15	0	154	169				
				0				0		15	0	154	169				0	15	0	154	169				
A5	Number and percent of findings of noncompliance in the area of waiver provider agreements on file at the MA with evidence of remediation within 90 days of discovery. N: Number of findings of noncompliance in																	100.00%	100.00%	100.00%	100.00%				
				0				0					0				0	2,385	58	10,257	12,700				

Illinois HCBS Waivers Performance Overview Report for the Period of July 1, 2016 through June 30, 2017

		11/20/2017 QUARTER 1 7/1/16 to 9/30/16				QUARTER 2 10/1/16 to 12/31/16				QUARTER 3 1/1/17 to 3/31/17				QUARTER 4 4/1/17 to 6/30/17				YTD		7/1/16 to 6/30/17	
PM #	Waiver Performance Measures	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW YTD	CRW YTD	ADULT YTD	YTD All Waiver Average
	the area of waiver provider agreements on file at the MA with evidence of remediation within 90 days of discovery. D: Total number of findings in the area of waiver provider agreements.			0	0				0				0				0	2,385	58	10,257	12,700
Appendix B -Level of Care																					
Assurance: The state demonstrates that it implements the processes and instrument(s) specified in its approved waiver for evaluating/reevaluating an applicant's/waiver participant's level of care consistent with level of care provided in a hospital, NF or ICF/IID.																					
a. Sub-assurance: An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future.																					
B1	Number and percent of new waiver applicants who had a level of care assessment indicating need for ICF/IDD level of care prior to receipt of services. N: Number of new applicants that complete LOC assessment. D: Number of total applicants.									100.00%	100.00%	100.00%	100.00%					100.00%	100.00%	100.00%	100.00%
				0	0				0	185	28	744	957				0	185	28	744	957
				0	0				0	185	28	744	957				0	185	28	744	957
b. Sub-assurance: The levels of care of enrolled participants are reevaluated at least annually or as specified in the approved waiver.No PM related to sub assurance b. in the New Wavier.																					
c. Sub-assurance: The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant level of care.																					
B2	Number and percent of Waiver participants' LOC determinations that are completed as required by the State in adherence to all Waiver requirements. N: Number of determinations that are completed at the time of enrollment as required by the State in adherence to all Waiver requirements. D: Total number of determinations that are completed at the time of the prior year's enrollments.	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.38%	97.50%	98.97%	98.98%	99.66%	99.33%	99.50%	99.53%
		46	64	27	137	47	37	93	177	44	9	86	139	159	39	192	390	296	149	398	843
		46	64	27	137	47	37	93	177	44	9	86	139	160	40	194	394	297	150	400	847
B3	Number and percent of LOC determinations reviewed that were completed by a qualified evaluator. N: Number of LOC determinations that were completed by a qualified evaluator. D:Total number of LOC determinations reviewed.	100.00%	100.00%	100.00%	100.00%	97.87%	97.30%	98.92%	98.31%	100.00%	100.00%	100.00%	100.00%	99.38%	97.50%	98.97%	98.98%	99.33%	98.67%	99.25%	99.17%
		46	64	27	137	46	36	92	174	44	9	86	139	159	39	192	390	295	148	397	840
		46	64	27	137	47	37	93	177	44	9	86	139	160	40	194	394	297	150	400	847
Appendix C- Qualified Providers																					
Assurance: The state demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.																					
a. Sub-Assurance: The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services																					
	Number and percent of licensed or certified providers					100.00%	100.00%	98.00%	98.25%									100.00%	100.00%	98.00%	98.25%

Illinois HCBS Waivers Performance Overview Report for the Period of July 1, 2016 through June 30, 2017

		11/20/2017				7/1/16 to 9/30/16				10/1/16 to 12/31/16				1/1/17 to 3/31/17				4/1/17 to 6/30/17				YTD 7/1/16 to 6/30/17			
PM #	Waiver Performance Measures	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW YTD	CRW YTD	ADULT YTD	YTD All Waiver Average				
C1	who meet initial licensure/certification standards. N: Number of newly enrolled licensed or certified providers who meet initial standards. D: Total number of newly enrolled licensed or certified providers.				0	5	2	49	56				0				0	5	2	49	56				
					0	5	2	50	57				0				0	5	2	50	57				
C2	Number and percent of licensed or certified providers who continue to meet licensure/certification standards on an ongoing basis. N: Number of licensed/certified providers who continue to meet standards on an ongoing basis. D: Total number of enrolled licensed/certified providers.					100.00%	100.00%	100.00%	100.00%									100.00%	100.00%	100.00%	100.00%				
					0	27	13	558	598				0				0	27	13	558	598				
					0	27	13	558	598				0				0	27	13	558	598				
b. Sub-Assurance: The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.																									
C3	The number and percent of non-licensed/non-certified providers reviewed, by provider type, who meet initial waiver provider qualifications. N: Number of non-licensed/non-certified providers who met initial qualifications. D: Total number of newly enrolled non-licensed/non-certified providers.					100.00%	100.00%	100.00%	100.00%									100.00%	100.00%	100.00%	100.00%				
					0	16	8	32	56				0				0	16	8	32	56				
					0	16	8	32	56				0				0	16	8	32	56				
C4	The number and percent of non-licensed/non-certified providers reviewed, by provider type, who continue to meet waiver provider qualifications. N: Number of non-licensed/non-certified providers who continue to meet waiver provider qualifications. D: Total number of non-licensed/non-certified providers. (Includes non-licensed behavioral therapists.)					100.00%	100.00%	100.00%	100.00%									100.00%	100.00%	100.00%	100.00%				
					0	23	14	104	141				0				0	23	14	104	141				
					0	23	14	104	141				0				0	23	14	104	141				
c. Sub-Assurance: The State implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.																									
C5	Number and percent of providers reviewed, by provider type, who meet waiver provider training requirements. N: Number of providers who met training requirements. D: Total number of providers subject to training requirements.					100.00%	100.00%	100.00%	100.00%									100.00%	100.00%	100.00%	100.00%				
					0	89	13	286	388				0				0	89	13	286	388				
					0	89	13	286	388				0				0	89	13	286	388				
	Number and percent of independent personal support providers (domestic employees) screened by the	100.00%		100.00%	100.00%	100.00%		100.00%	100.00%	100.00%			100.00%	100.00%	100.00%		100.00%			100.00%	100.00%				

Illinois HCBS Waivers Performance Overview Report for the Period of July 1, 2016 through June 30, 2017

		11/20/2017				QUARTER 1 7/1/16 to 9/30/16				QUARTER 2 10/1/16 to 12/31/16				QUARTER 3 1/1/17 to 3/31/17				QUARTER 4 4/1/17 to 6/30/17				YTD 7/1/16 to 6/30/17			
PM #	Waiver Performance Measures	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW YTD	CRW YTD	ADULT YTD	YTD All Waiver Average				
C6	providers (domestic employees) screened by the Financial Management Agency (on behalf of waiver participants who self-direct) who passed background and registry checks and thus were deemed eligible for hire. N: Number of domestic employees who passed initial checks. D: Total number of domestic employees hired.	145		307	452	158		297	455	109		261	370	172		335	507	584		1,200	1,784				
		145		307	452	158		297	455	109		261	370	172		335	507	584		1,200	1,784				
Appendix D- Service Plan Development																									

Assurance: The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

a. Sub-Assurance: Service Plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.

D1	Number and percent of satisfaction survey respondents sampled who report they receive services to address their needs. N: Number of respondents who reported they received services to address all identified needs. D: Total respondents sampled.	100.00%	93.62%	100.00%	96.88%	93.94%	91.43%	95.45%	93.75%	100.00%	100.00%	100.00%	100.00%	90.99%	91.67%	97.44%	93.43%	93.94%	92.98%	97.73%	95.08%
		38	44	11	93	31	32	42	105	16	8	43	67	101	22	76	199	186	106	172	464
		38	47	11	96	33	35	44	112	16	8	43	67	111	24	78	213	198	114	176	488
D2	Number and percent of participants reviewed whose service plan have strategies to address all health and safety risks indicated in the assessment. N Number of ISPs with strategies to address all identified health and safety risks. D: Total ISPs sampled with an assessed health and/or safety risk.	97.83%	93.75%	88.89%	94.16%	89.36%	97.30%	95.70%	94.35%	100.00%	66.67%	89.53%	91.37%	96.88%	100.00%	90.21%	93.91%	96.30%	94.67%	91.25%	93.62%
		45	60	24	129	42	36	89	167	44	6	77	127	155	40	175	370	286	142	365	793
		46	64	27	137	47	37	93	177	44	9	86	139	160	40	194	394	297	150	400	847
D3	Number and percent of the participant individual service plans reviewed that address all participant needs identified by the assessments. N: Participant service plans (ISPs) reviewed that addressed all participant needs. D: All sample ISP's reviewd.	100.00%	98.44%	100.00%	99.27%	95.74%	100.00%	96.77%	97.18%	100.00%	88.89%	97.67%	97.84%	99.38%	100.00%	100.00%	99.75%	98.99%	98.67%	98.75%	98.82%
		46	63	27	136	45	37	90	172	44	8	84	136	159	40	194	393	294	148	395	837
		46	64	27	137	47	37	93	177	44	9	86	139	160	40	194	394	297	150	400	847
D4	Number and percent of participants' OA service plans that address all personal goals identified by the assessment. N: Number of OA service plans reviewed that addressed all personal goals identified by the assessment. D: Total number of OA service plans reviewed. * N/A- refer to D3 to identify assessed needs. PCP goals effective FY18.				0				0				0				0	0	0	0	0
					0				0				0				0	0	0	0	0

b. Sub-assurance: The State monitors service plan development in accordance with its policies and procedures.

D5	Number and percent of ISP's reviewed that were developed in accordance with state requirements. N: Number of ISPs that were developed in accordance with	100.00%	95.31%	100.00%	97.81%	95.74%	100.00%	96.77%	97.18%	100.00%	100.00%	96.51%	97.84%	96.25%	95.00%	98.97%	97.46%	97.31%	96.67%	98.00%	97.52%
		46	61	27	134	45	37	90	172	44	9	83	136	154	38	192	384	289	145	392	826

Illinois HCBS Waivers Performance Overview Report for the Period of July 1, 2016 through June 30, 2017

		11/20/2017				7/1/16 to 9/30/16				10/1/16 to 12/31/16				1/1/17 to 3/31/17				4/1/17 to 6/30/17				YTD 7/1/16 to 6/30/17			
PM #	Waiver Performance Measures	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW YTD	CRW YTD	ADULT YTD	YTD All Waiver Average				
	state requirements. D: Total number of ISPs reviewed based on a representative sample.	46	64	27	137	47	37	93	177	44	9	86	139	160	40	194	394	297	150	400	847				
D6	Number and percent of ISP's where the ISP was approved by all required entities within the required time frame. N: Number of ISP's whose contents were developed in accordance with State requirements. D: Total number of ISP's reviewed.	97.83%	45.31%	96.30%	72.99%	76.60%	81.08%	77.42%	77.97%	75.00%	33.33%	72.09%	70.50%	88.13%	75.00%	79.90%	82.74%	85.86%	61.33%	78.75%	78.16%				
		45	29	26	100	36	30	72	138	33	3	62	98	141	30	155	326	255	92	315	662				
		46	64	27	137	47	37	93	177	44	9	86	139	160	40	194	394	297	150	400	847				
D7	Number and percent of ISP's where the ISP meeting occurred within 365 days of the previous ISP. N: Number of ISP's where the ISP meeting occurred within 365 days of the previous ISP. D: Total number of ISP's reviewed.	100.00%	93.75%	96.30%	96.35%	91.49%	100.00%	95.70%	95.48%	109.09%	100.00%	94.19%	99.28%	96.88%	100.00%	97.42%	97.46%	98.32%	97.33%	96.25%	97.17%				
		46	60	26	132	43	37	89	169	48	9	81	138	155	40	189	384	292	146	385	823				
		46	64	27	137	47	37	93	177	44	9	86	139	160	40	194	394	297	150	400	847				
c. Sub-assurance: Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.																									
D8	Number and percent of waiver participants reviewed who have their Service Plan updated at least annually or in a timely manner when warranted by a change in the participant's needs. N: Number of participants who have had their service plans updated annually or in a timely manner when warranted by a change in their needs. D: Number of waiver participants reviewed.	97.83%	93.75%	96.30%	95.62%	91.49%	100.00%	95.70%	95.48%	95.45%	100.00%	94.19%	94.96%	96.88%	100.00%	97.42%	97.46%	95.96%	97.33%	96.25%	96.34%				
		45	60	26	131	43	37	89	169	42	9	81	132	155	40	189	384	285	146	385	816				
		46	64	27	137	47	37	93	177	44	9	86	139	160	40	194	394	297	150	400	847				
d. Sub-assurance: Services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency specified in the service plan.																									
D9	Number and percent of participants reviewed who received four quarterly visits from the ISC entity under contract with the Operating Agency to monitor that services are being delivered in accordance with the services in the plan of care. N: Number of participants who received four quarterly ISSA visits. D: Number of participants in the representative sample.	100.00%	100.00%	100.00%	100.00%	93.62%	100.00%	98.92%	97.74%	100.00%	100.00%	90.70%	94.24%	96.25%	97.50%	95.88%	96.19%	96.97%	99.33%	95.75%	96.81%				
		46	64	27	137	44	37	92	173	44	9	78	131	154	39	186	379	288	149	383	820				
		46	64	27	137	47	37	93	177	44	9	86	139	160	40	194	394	297	150	400	847				
D10	Number and percent of participants reviewed who received the services in the scope, amount, duration and frequency as specified in their Individual Service Plan (ISP). N: Number of participants who received the services as specified in their ISP. D: Number of participants reviewed in the representative sample.	97.83%	100.00%	96.30%	98.54%	87.23%	97.30%	97.85%	94.92%	100.00%	100.00%	90.70%	94.24%	96.25%	100.00%	96.91%	96.95%	95.62%	99.33%	95.75%	96.34%				
		45	64	26	135	41	36	91	168	44	9	78	131	154	40	188	382	284	149	383	816				
		46	64	27	137	47	37	93	177	44	9	86	139	160	40	194	394	297	150	400	847				

Illinois HCBS Waivers Performance Overview Report for the Period of July 1, 2016 through June 30, 2017

		11/20/2017				7/1/16 to 9/30/16				10/1/16 to 12/31/16				1/1/17 to 3/31/17				4/1/17 to 6/30/17				YTD 7/1/16 to 6/30/17			
PM #	Waiver Performance Measures	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW YTD	CRW YTD	ADULT YTD	YTD All Waiver Average				
D11	Number and percent of satisfaction survey respondents sampled who reported the receipt of all services listed in the service plan. N: Number of respondents who reported receipt of all services in their ISP. D: Total number of survey respondents.	100.00%	95.74%	100.00%	97.92%	93.94%	85.71%	95.45%	91.96%	93.75%	100.00%	95.35%	95.52%	88.29%	75.00%	96.15%	89.67%	91.92%	88.60%	96.02%	92.62%				
		38	45	11	94	31	30	42	103	15	8	41	64	98	18	75	191	182	101	169	452				
		38	47	11	96	33	35	44	112	16	8	43	67	111	24	78	213	198	114	176	488				

e. Sub-assurance: Participants are afforded choice: Between waiver services and institutional care; and between/among waiver services and providers.

D12	Number and percent of waiver participants reviewed that document participants were informed at least annually of the right to choose their providers. N: Number of participant records reviewed that document participants were informed at least annually of the right to choose their providers. D: Total number of records reviewed based on a representative sample.	93.48%	100.00%	100.00%	97.81%	97.87%	91.89%	100.00%	97.74%	100.00%	88.89%	100.00%	99.28%	95.00%	97.50%	97.94%	96.70%	95.96%	96.67%	99.00%	97.52%
		43	64	27	134	46	34	93	173	44	8	86	138	152	39	190	381	285	145	396	826
		46	64	27	137	47	37	93	177	44	9	86	139	160	40	194	394	297	150	400	847
D13	Number and percent of participants reviewed who were offered choice between/among waiver services (for which there has been a determination of need). N: Number of participants reviewed who were offered choice of waiver services. D: Total number of participants reviewed.	97.83%	100.00%	100.00%	99.27%	97.87%	100.00%	100.00%	99.44%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.33%	100.00%	100.00%	99.76%
		45	64	27	136	46	37	93	176	44	9	86	139	160	40	194	394	295	150	400	845
		46	64	27	137	47	37	93	177	44	9	86	139	160	40	194	394	297	150	400	847
Appendix G-Health & Welfare/Participant Safeguards																					

Assurance: 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.

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.

G1	Number and percent of participant records reviewed that documented the participant (and/or guardian) received information/education about how to report abuse, neglect, exploitation and 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.	100.00%	100.00%	96.30%	99.27%	97.87%	91.89%	93.55%	94.35%	90.91%	88.89%	100.00%	96.40%	95.63%	97.50%	97.42%	96.70%	95.96%	96.67%	97.00%	96.58%
		46	64	26	136	46	34	87	167	40	8	86	134	153	39	189	381	285	145	388	818
		46	64	27	137	47	37	93	177	44	9	86	139	160	40	194	394	297	150	400	847
G2	Number and percent of participants for whom identified instances of substantiated abuse, neglect or exploitation were reviewed and corrective measures were appropriately taken. N: Number of participants for whom identified instances of substantiated abuse, neglect or exploitation were reviewed and corrective														100.00%	100.00%	100.00%		100.00%	100.00%	100.00%
				0				0				0	0	3	134	137		0	3	134	137

Illinois HCBS Waivers Performance Overview Report for the Period of July 1, 2016 through June 30, 2017

		11/20/2017				7/1/16 to 9/30/16				10/1/16 to 12/31/16				1/1/17 to 3/31/17				4/1/17 to 6/30/17				YTD 7/1/16 to 6/30/17			
PM #	Waiver Performance Measures	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW YTD	CRW YTD	ADULT YTD	YTD All Waiver Average				
	measures were appropriately taken. D: Total number of participants for whom identified incidents of substantiated abuse, neglect or exploitation were reviewed.				0				0				0	0	3	134	137	0	3	134	137				
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.			33.33%	33.33%			30.77%	30.77%			60.98%	60.98%			70.00%	70.00%			58.49%	58.49%				
				4	4			8	8			25	25			56	56			93	93				
				12	12			26	26			41	41			80	80			159	159				
G4	The number and percent of reportable deaths that were reported within the required timelines. N: Number of reportable deaths reported within required timelines. D: All reportable deaths.							98.02%	98.02%											98.02%	98.02%				
					0		0	99	99				0				0		0	99	99				
					0		0	101	101				0			0		0	101	101					
G5	Number and percent of unexplained deaths that were reported to appropriate authorities. N: Number of unexplained deaths that were reported to appropriate authorities. D: Number of unexplained deaths identified. N/A- G5 effective FY18.				0				0				0				0			0	0				
					0				0				0				0			0	0				
					0				0				0				0			0	0				
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.																									
G6	Number and percent of participants for whom identified critical incidents other than abuse, neglect or exploitation were reviewed and corrective measures were appropriately taken by the OA. N: Number of participants for whom identified critical incidents other than A/N/E were reviewed and corrective measures were appropriately taken by the OA. D: Total number of OA participants for whom identified critical incidents were reviewed. N/A CSW and Adult. CIRAS will be implemented FY18.		100.00%		100.00%		100.00%		100.00%		100.00%		100.00%		100.00%		100.00%		100.00%		100.00%				
			21		21		60		60		114		114		160		160	0	355	0	355				
			21		21		60		60		114		114		160		160	0	355	0	355				
c. Sub-assurance: The state policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.																									
	The number and percent of participants reviewed with identified restrictive interventions where procedures	100.00%	93.75%	96.30%	96.35%	97.87%	91.89%	94.62%	94.92%	100.00%	100.00%	87.21%	92.09%	98.75%	100.00%	91.75%	95.43%	98.99%	95.33%	91.75%	94.92%				

Illinois HCBS Waivers Performance Overview Report for the Period of July 1, 2016 through June 30, 2017

		11/20/2017				7/1/16 to 9/30/16				10/1/16 to 12/31/16				1/1/17 to 3/31/17				4/1/17 to 6/30/17				YTD 7/1/16 to 6/30/17			
PM #	Waiver Performance Measures	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW YTD	CRW YTD	ADULT YTD	YTD All Waiver Average				
G7	Identified restrictive interventions where procedures were followed as specified in the approved waiver. N: Number of restrictive interventions that followed required procedures. D: Number of participants identified in the representative sample with at least one restrictive interventions	46	60	26	132	46	34	88	168	44	9	75	128	158	40	178	376	294	143	367	804				
		46	64	27	137	47	37	93	177	44	9	86	139	160	40	194	394	297	150	400	847				
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.																									
G8	Number and percent of participants reviewed who received the coordination and support to access healthcare services identified in their service plan. N: Number of participants reviewed who received support to access healthcare services. D: Number of participants in the representative sample with healthcare services identified in their ISP.	100.00%	89.06%	100.00%	94.89%	97.87%	100.00%	100.00%	99.44%	100.00%	77.78%	94.19%	94.96%	98.75%	87.50%	99.48%	97.97%	98.99%	90.67%	98.50%	97.28%				
		46	57	27	130	46	37	93	176	44	7	81	132	158	35	193	386	294	136	394	824				
		46	64	27	137	47	37	93	177	44	9	86	139	160	40	194	394	297	150	400	847				
Appendix I-Financial Integrity and Accountability																									
Assurance a. State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.																									
a. Sub-assurance: The State provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and only for services rendered.																									
I1	Number and percent of reviewed waiver service claims submitted for FFP that are specified in the participant's service plan. N: Number of claims reviewed that were specified in the ISP. D: Total number of claims in representative sample.									100.00%	100.00%	99.48%	99.83%					100.00%	100.00%	99.48%	99.83%				
				0				0		384	383	383	1,150				0	384	383	383	1,150				
				0				0		384	383	385	1,152				0	384	383	385	1,152				
I2	Number and percent of waiver service claims reviewed that were submitted for participants who were enrolled in the waiver on the date that the service was delivered. N: Number of claims submitted for participants who were Medicaid eligible on the date the service was provided. D: All waiver claims.	99.99%	100.00%	99.98%	99.98%													99.99%	100.00%	99.98%	99.98%				
		276,374	95,830	9,178,894	9,551,098				0				0				0	276,374	95,830	9,178,894	9,551,098				
		276,414	95,830	9,180,565	9,552,809				0				0				0	276,414	95,830	9,180,565	9,552,809				
b. Sub-assurance: The state provides evidence that rates remain consistent with the approved rate methodology throughout the five year waiver cycle.																									
I3	Number and percent of waiver claims reviewed that were submitted using the correct rate as specified in the approve waiver application. N: Number of claims with correct rate. D: All claims reviewed in representative sample.													100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%				
				0				0					0	384	383	1,152	1,919	384	383	385	1,152				
				0				0					0	384	383	1,152	1,919	384	383	385	1,152				

CSW= Children's Support Waiver
CRW= Children's Residential Waiver

*The following performance measures (PM's) required a 100% review: A1, A2, A3, A4, A5, B1, C1, C2, C3, C4, C6, D8, G3, G4, G5, I2.

Illinois HCBS Waivers Performance Overview Report for the Period of July 1, 2016 through June 30, 2017

	11/20/2017	QUARTER 1 7/1/16 to 9/30/16				QUARTER 2 10/1/16 to 12/31/16				QUARTER 3 1/1/17 to 3/31/17				QUARTER 4 4/1/17 to 6/30/17				YTD 7/1/16 to 6/30/17			
PM #	Waiver Performance Measures	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW YTD	CRW YTD	ADULT YTD	YTD All Waiver Average

**The following PM's required a less than 100% review based on participants with a representative sample size of 400 for the AW, 297 for the CSW, and 150 for the CRW: B2, B3, D1, D2, D3, D5, D6, D7, D8, D9, D10, D11, D12, D13, G1, G2, G3, G6, G7, G8.

***The following PM required a less than 100% review based on claims with a representative sample size of 385 for the AW, 384 for the CSW, and 383 for the CRW: I1, I3.

****The following PM's are completed and reported in the current fiscal year: A1,A2,A3,G2,G3.

***** Results of reviews are reported in the Waiver year the review was conducted. The data for the review is selected from the previous Waiver year: A4,B1,C1,C2,C3,C4,C5,C6,G4,I1,I2,I3.

*****Results of reviews are reported in the Wavier year the review was conducted. The sample for the review is selected from individuals served with accepted claims in the previous year. B2,B3,D1,D2,D3,D4,D5,D6,D7,D8,D9,D10,D11,D12,D13,G1,G5,G6,G7,G8.

The activity and documents reviewed, however, reflect the current situation for the individual and most recent documents, e.g., interviews and observations with individuals and staff, current service plans and progress notes, etc