

Illinois Department of Human Services – Division of Developmental Disabilities – Bureau of Quality Management  
Record Review of Person receiving HBS-Adult or CSW Waiver Services

Agency Name: \_\_\_\_\_ Person’s Name (for reviewers purpose only): \_\_\_\_\_  
 Sample #: \_\_\_\_\_ W#: \_\_\_\_\_  
 Reviewer: \_\_\_\_\_ Date of Review: \_\_\_\_\_

**Guidelines refers to the DHS Person Centered Planning Policy and Guidelines for DD Waiver Services**

**Implementation Strategy (IS) Guidelines:** <http://www.dhs.state.il.us/page.aspx?item=97372>

**Consumer Handbook for Home-Based Services:** [http://www.dhs.state.il.us/page.aspx?item=101181#a\\_toc53](http://www.dhs.state.il.us/page.aspx?item=101181#a_toc53)

**EOR Implementation Strategy instructions** <http://www.dhs.state.il.us/oneneflibrary/12/documents/Forms/IL462-1241.pdf>

**FAQ HBS:** <http://www.dhs.state.il.us/page.aspx?item=93850>

**Employer of Record (EOR)**

Item:	Yes	No	N/A	Notes / Comments:	Remediation on / Required by:
1. Were the following documents in the agency’s records? Discovery Tool            Date: <input type="checkbox"/> Personal Plan            Date: <input type="checkbox"/> EOR Implementation Strategy Date: <input type="checkbox"/> (Must have all three to satisfy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. Did the person and/or guardian review and sign the EOR Implementation Strategy? Person date signed: <input type="checkbox"/> Guardian date signed: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Has the EOR Implementation Strategy been updated at least annually and as needed? Date of current: <input type="checkbox"/> Date of previous: _____ Date of revision (if applicable): <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. Does the record contain a written Service Agreement completed between the participant and each service provider? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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5. Does the Service Agreement define the terms of the services to be provided including the effective date, the rate of payment, the maximum units of service to be provided each month and the maximum monthly charge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6. Is the Service Agreement updated as changes occur/as needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. If applicable (only if no agency PSWs) were copies provided of the revised Service Agreement to the Fiscal Employer Agent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8. For agency based PSWs only, did the provider develop an Implementation Strategy per DDD guidelines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9. For those who purchase Self Direction Assistance (SDA) was the EOR Implementation Strategy completed within 20 days of initiating SDA services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10. Is it clear that the SDA is assisting the individual/family as desired by the individual/family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11. Are details about what will be provided when SDA services are purchased included in the EOR Implementation Strategy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12. Is there evidence that the SDA provider agency maintains a detailed chronological log of all activities performed for audit purposes and to verify their billing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13. If SDA services are purchased from an agency, is the SDA a QIDP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14. If the individual has restrictive interventions were all procedures followed as required? PMG7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15. Does the person receive the coordination and support needed to access healthcare services contained in the personal plan? PMG8 A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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16. Is there evidence the agency has policies and practices that reflect formal mechanisms which ensure the participation of individuals and their families in the planning, development, delivery and evaluation of services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
17. Is there documentation of a process in which the individual/guardian received information and <b>education</b> on how to report abuse, neglect, exploitation, and other critical incidents? PMG1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
18. Does the individual’s record identify any critical incidents having occurred during the period being reviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
19. If the individual’s record does indicate that a critical incident did occur during the period being review was the incident reported to the Division through CIRAS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		