

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

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. <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 at least annually? (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: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PMD7 4. Were the Personal Plan contents developed in accordance with the state requirements? PMD5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. Does the Personal Plan identify any and all health and safety risks identified during the discovery process? PMD2d	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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"/>		

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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"/>		
11. Was the provider signature page of the Personal Plan signed by all providers agreeing to provide services and supports to the individual with in twenty (20) days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12. 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 Individual Monitoring and Interview Notes (IL462-4465) will provide documentation for this visit. Visit 2 date: c. Other visits (Two additional quarterly visit must be conducted for children's waivers) Visit 3 date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Visit 4 date: PMD9					
13. Does the record indicate the person received services in the scope, amount, duration, and frequency as specified in the Personal Plan? PMD10	<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? PMG8d	<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. Initial Choice of Supports and Services IL462-1238? Date: e. Current Redetermination: Date: f. Prior Redetermination Date: IL462-0952 (R-1-08) (formerly DD-1213.1) PMB2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16. Were both the Initial Level of Care Determination and the annual Re-determination of waiver eligibility completed by a qualified QIDP? Initial Name: Agency Name: if different Annual Name: PMB3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
17. Did the level of care determinations use processes and forms as required by the state and were they completed correctly and signed annually?					

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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: Prior Date: IL462-0952 (R-1-08) (formerly DD-1213.1) PMB4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
18. Does the record reflect person was informed at least annually of the right to choose their providers? Current Date: Prior Date: IL462-1238 (R-11-16) OR IL462-1201(R-06-17) PMD12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
19. 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: Prior Date: IL462-1238 (R-11-16) OR IL462-1201(R-06-17) PMD13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
20. 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"/>		
21. 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"/>		

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22. 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"/>		

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	