

IL Department of Human Services - Division of Developmental Disabilities - Bureau of Quality Management

Waiver Performance Measure and Record Review

Name:

Address:

Sample #:

W#

Provider:

ISC:

Program(s): CILA CDS CRW

Date of Review:

Reviewer(s):

Item	Yes	No	N/A	Notes/Comments	Remediated on or required by
1. Were the following documents in the agency's records? Discovery Tool Date: Personal Plan Date: Implementation Strategy Date: (Must have all three to satisfy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. Is the Implementation Strategy developed within 21 calendar days of the date on the provider's signature page of the personal plan? Date signed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Did the person and/or guardian review and sign the Implementation Strategy? Person date signed: Guardian date signed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. Is there evidence that the provider agency provided a copy of the Implementation Strategy in an understandable format to all required parties? Person or Guardian date given/sent:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. Have the Implementation Strategies been updated at least annually and as needed? Date of current: Date of previous: _____ Date of revision (if applicable):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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6. Does the Implementation Strategy contain the required information as outlined in the Guidelines? https://www.dhs.state.il.us/page.aspx?item=97372	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. Are copies of Implementation Strategy available to staff at the site (applies to CILA and Day Program services) as outlined in the Guidelines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8. Does the Implementation Strategy give direction to provider staff on how to support the individual and ensure consistent implementation of his/her desired outcomes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9. Does the Implementation Strategy address all identified risks for which the provider is responsible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10. Does the Individual have any restrictions or setting modifications? PMG7n	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11. Does the Implementation Strategy include justification for any restrictions and setting modifications that impact the person receiving services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12. For individuals with restrictive interventions, are they all included in the Implementation Strategy and/or behavior treatment plan and were all procedures as specified in the waiver followed as required? PMG7d	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13. Do all restrictive interventions include prior attempts to pursue less restrictive or positive interventions and defined circumstances in which the interventions may be implemented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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14. Is restraint only used to prevent an individual from harm to him or herself or others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15. Are all right restrictions, including psychotropic medications, reviewed and approved at least annually by the Human Rights Committee (HRC)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16. If indicated, does the individual have a recent comprehensive Functional Behavioral Assessment? Available on site? <u>Guidance/Compliance Criteria:</u> The Functional Behavioral Assessment includes an analysis of the establishing operations/setting events (i.e., events or internal states which increase the likelihood of a target behavior occurring), antecedents (i.e., what happens or what/who is present right before the target behavior occurs), maintaining consequences, and functions that are relevant to the operationally defined target behaviors. The assessment may be included in the BSP or be a separate document. The assessment makes reference to the presence or absence of the contributing effects of medical/health issues on target behaviors. If the person is diagnosed with a mental health disorder, the assessment makes reference to the presence or absence of the contributing effects of the disorder on target behaviors. Target behaviors are defined in a clear and measurable manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
17. Does the individual have a current Behavioral Support Plan based on the Functional Behavioral Assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
18. If the individual has a Behavior Support Plan does it follow the guidelines established by the provider in the Agency Behavior Treatment Plan? <u>Guidance/Compliance Criteria:</u> The Behavior Support Plan should include robust preventative supports strategies. The Behavior Support Plan should include interventions to be implemented upon the occurrence of the earliest known behaviors/signs that reliably precede the onset of target behaviors (i.e., precursor behaviors). The plan should make it clear that the less restrictive interventions should be routinely implemented prior to more restrictive interventions (with exceptions for urgent conditions described in the plan).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
19. Does the Implementation Strategy reflect ongoing monitoring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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20. Is measurable data kept which verifies the consistent implementation of each of the outcomes so a determination can be made regarding the progress or lack of progress toward the outcomes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
21. Does the individual <u>receive</u> the coordination and support needed to access health care services contained in the Personal Plan? PMG8n	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
22. Does the individual receive preventative testing and care according to current recommended guidelines and consistent with their healthcare providers instructions? <u>Guidance/Compliance Criteria:</u> This standard is to verify that the individual is able to access diagnostic medical tests and evaluation per recommended professional/ federal health care guidelines of good practice related to gender, age, ethnic background, etc. as would occur for the general public. If the individual cannot tolerate such personal examinations, alternatives have been identified for equivalent screening (e.g., breast ultrasound, pelvic ultrasound, PSA). The focus of this review is evaluation of the person's health evaluation per normative standards and receipt of supports and advocacy to obtain such supports when it is important to ensuring a comprehensive picture of the individual's status.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
23. If the individual has a visual impairment are the evaluations current and recommendations followed? <u>Guidance/Compliance Criteria:</u> Review eye/vision assessments and recommendations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
24. If the individual has a hearing impairment are the evaluations current and recommendations followed? <u>Guidance/Compliance Criteria:</u> Review hearing assessments and recommendations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
25. If the individual has the need for therapy service (including speech, physical, and occupational) have evaluations and services been provided as prescribed? <u>Guidance/Compliance Criteria:</u> Review assessments and recommendations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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26. Was the individual and/or the guardian ensured by the provider's practices participation in the planning, development, delivery, and evaluation of services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
27. Were provider agency assessments completed as directed? (Review progress notes, Q note, flow sheet, other data collection methods and assessment sheets.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
28. Does the individual or proxy feel that the individual's needs are addressed in their Personal Plan and Implementation Strategy? (Can be determined by NCI-IPS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
29. Does the individual or proxy feel that the individual is receiving all the necessary services and support to address needs and outcomes in the Personal Plan and Implementation Strategy? (Can be determined by NCI-IPS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
30. Does the individual have support from the agency in realizing meaningful relationship and personal connection outcomes as expressed in their personal plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
31. Is the individual encouraged and supported to foster and maintain relationships that are meaningful to the individual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
32. Is there documentation of a process in which the individual/guardian received information and education on how to report abuse, neglect, exploitation, and other critical incidents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PMG1					
33. Has the individuals' needs for assistive technology and/or adaptive equipment has been assessed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
34. Has the individuals' have received all recommended assistive technology and/or adaptive equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
35. 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"/>		

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36. 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"/>		
Questions 37 - 47 Apply to Adult Waiver individuals only – If unable to verify indicate N/A and make a comment as to why determined N/A.					
37. The adult site provides opportunities and support for employment in competitive, integrated settings. If the individual chooses to work, assistance and planning is provided to assist in job acquisition. The site provides supports and services for the individual to work in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
38. The adult site provides opportunities for the individual to control personal resources. The site facilitates or supports the individual to access accounts or funds as they choose. The individual has bank accounts or other means to control their money.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
39. The site has a process for protecting individual's rights of privacy, dignity, respect, and freedom from coercion and restraint. The individual's have access to telephones or other electronic devices to use for personal communication in private and at any time. The individuals have access to privacy within the residence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
40. CILA ONLY - The Personal Needs Allowance (PNA) is distributed each month and records of utilization are maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
41. The adult individual has the financial resources to obtain items, possessions, and supplies necessary for living. The individual is supported in obtaining items of choice for daily and quality of living.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
42. The adult individual has a lease or <u>residency agreement</u> . The setting provides the individuals with household responsibilities, rules and policies. The individual able to decorate and furnish their room as they choose within the bounds of a lease or other written legal agreement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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<p>43. The site optimizes opportunities for the individual to make choices and control schedules regarding daily activities. The site’s policies afford the opportunity for the individual to make informed choice about who to receive services from and when. The settings policies promote opportunities for the individual to make informed choice about when tasks, services, and activities are furnished. The site provides the individual with access to information about community businesses, resources, and activities.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>44. The setting optimizes opportunities for the individual to choose with whom to interact. The individual may socialize with others that are not co-residents, family, or paid staff in the setting or in the community if they choose. The site has an appropriate area to allow the individual to visit with others comfortably and privately. The individual can have guests in their bedroom if they choose to.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>45. The individual has access to transportation to necessary services and preferred activities. The site provides support to the individual to access appropriate transportation options.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>46. The site policies ensure food is always available to individuals, within dietary and safety restrictions. The individual is able to eat what and when they want. The site allows individuals to be involved in food shopping, meal planning, and meal preparation as the individuals desire.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>47. The individual has been assessed for safe dining practices including food texture and liquid consistency. The individual has a dining plan/strategy which include any special dining equipment needed. The individual receives consistent support and assistance with safe dining practices to increase their independence.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		