

2019 Ligas Compliance Measures for Class Members Living in Community Integrated Living Arrangements (CILA)

SUMMARY of RATINGS by DOMAIN

DOMAIN		
Ratings of “Met” from each individual review completed Total N=225 <i>(CND and N/A ratings have been omitted, therefore each measure may have a different N)</i>		
1. PERSON-CENTERED PLANNING/MEASURING OUTCOMES		Overall Rating: 46% 41% (Red Flag)
<ul style="list-style-type: none"> 31 measures 1/31 measures rated 85% or above (R) 16 red flag measures 0/16 red flag measures rated 85% or above 		
A	The individual’s personal outcomes and preferences are fully captured within the most recent Discovery Tool document.	68% (N=224)
B	The ISC has documented identified risks in the Discovery Tool and developed a plan to mitigate those risks.	70% (N=224)
C	Risks to the individual and the strategies, supports, and safeguards to minimize risk are identified in the Personal Plan.	45% (N=225)
D	The individual’s strengths and preferences are documented in the Personal Plan.	62% (N=225)
E	The individual’s desired outcomes are documented in the Personal Plan.	45% (N=225)
F	Each specific service and support addresses the persons needs in order to achieve desired outcomes identified in the Personal Plan.	59% (N=225)
G	The individual’s preferences for leisure and recreational activities are identified in the Personal Plan.	62% (N=225)
H	The individual’s valued social roles are identified in the Personal Plan.	40% (N=225)
I	The extent to which the person is capable of and willing to participate in decisions regarding his/her personal funds management as well as the extent to which the agency is entrusted with assisting in the management of personal funds are identified in the Personal Plan.	48% (N=225)
J	The individual’s preferences for transportation are identified in the Personal Plan.	41% (N=225)
K	Assessments needed by the individual or required by program regulation were completed in a timely manner to inform the individual’s Personal Plan development.	65% (N=224)

L	The individual's identified needs for clinical and/or functional support are documented in the Personal Plan.	52% (N=216)
M	The individual's priorities/interests regarding meaningful community-based activities, including the desired frequency and the supports needed are identified in the Personal Plan.	38% (N=225)
N	The individual's desired outcomes, priorities, and interests regarding meaningful work, volunteer and recreational activities are identified in the Personal Plan.	41% (N=225)
O	The individual's desired outcomes and priorities regarding meaningful relationships are identified in the Personal Plan.	52% (N=225)
P	The individual's desired outcomes and priorities related to health concerns and medical needs are identified in the Personal Plan.	58% (N=221)
Q	Provider agencies that agree to support service(s) or outcomes listed in the Personal Plan will document the service(s) and outcomes on the Provider Signature Page.	78% (N=225)
R	The Personal Plan is completed in a timely manner.	87% (N=202)
S	Implementation Strategies are received and approved from all involved provider agencies within 20 days of signing the Personal Plan.	59% (N=222)
T	The Implementation Strategies address all identified risks in the areas for which the provider is responsible.	48% (N=224)
U	The Implementation Strategies address desired outcomes for which are identified in the Personal Plan and for which the provider is responsible.	57% (N=225)
V	The Implementation Strategies give direction to provider staff how to support the individual and ensure consistent implementation of his/her desired outcomes.	33% (N=225)
W	The Implementation Strategies include justification for all restrictions and setting modifications that impact the person receiving services.	21% (N=180)
X	The Implementation Strategies include criteria by which the team can determine when the outcome has been achieved.	29% (N=224)
Y	Measurable data is kept which verifies the consistent implementation of each of the strategies so a determination regarding progress/lack of progress can be made.	29% (N=224)
Z	Strategies are implemented at a frequency that enables the individual to learn new skills.	25% (N=224)
AA	Monthly/Quarterly reviews track progress toward achievement of Personal Plan outcomes	25% (N=225)
BB	The person has made measurable progress toward achieving outcomes in the past year.	21% (N=219)
CC	The person's service(s) in total, contribute to advancing toward or achieving his/her desired outcomes.	36% (N=223)
DD	If the person is not successful in achieving outcomes, the team has determined why and what changes are needed.	6% (N=163)
EE	The provider and ISC recognize when the individual is not making progress toward outcomes and take appropriate actions to address the problem(s) in a timely manner.	4% (N=168)

2. INDEPENDENT SERVICE COORDINATION		Overall Rating: 47% 44% (Red Flag)
<ul style="list-style-type: none"> 11 measures 1/11 measure rated 85% or above (B) 7 red flag measures 0/7 red flag measures rated 85% or above 		
A	There is evidence the individual/guardian was provided a choice of Independent Service Coordinator.	15% (N=206)
B	Pre-Admission Screening is completed in a timely manner, if applicable.	92% (N=168)
C	There is evidence the ISC has demonstrated competency in assisting the individual in development of a Personal Plan that describes the services and supports necessary to implement the individual's desired outcomes.	53% (N=224)
D	Crisis Transition Plan and Funding Request document (IL462-0140) is completed in a timely manner.	67% (N=6)
E	In person visits with the individual served completed at least 2x/year: once for the development of the personal plan and once at least 4-6 months later (unless greater frequency is requested by the individual and/or guardian).	80% (N=224)
F	Personal Plan is updated when significant changes occur.	27% (N=111)
G	The ISC monitors that the individual is linked to and receiving the services he/she wants and that the services are helping the individual to attain her/her valued outcomes as well as to observe for evidence that the person is safe and well.	49% (N=223)
H	There is evidence the ISC reviewed data during their contacts with the individual to determine progress and identify the need for changes in supports.	30% (N=221)
I	The ISC notes reflect monitoring and tracking of the delivery of services as outlined in the Personal Plan.	40% (N=221)
J	The ISC has contact with the individual's guardian, family, advocate, and/or other significant people to assess satisfaction and improve coordination of services.	40% (N=222)
K	The ISC provides case management services at the level needed by this individual, including any necessary follow-up to CIRAS reports or OIG investigations.	44% (N=216)
L	The ISC has assisted the individual and/or guardian in understanding his/her right to appeal adverse actions and facilitated the appeal process upon request.	44% (N=218)
3. SAFETY (INCLUDING RISK MITIGATION, ENVIRONMENTAL MAINTENANCE)		Overall Rating: 83% 74% (Red Flag) 64%*
<ul style="list-style-type: none"> 8 measures 		

- 4/8 measures rated 85% or above (A, B, C, E)
- 4 red flag measures
- 2/4 red flag measures rated 85% or above (A, B)

NOTE: Environmental Observations are rated for informational purposes only, and not included in the overall rating.

A	Home is adequate to meet the needs of the individual (e.g., doorways widened, appropriate ramps, stairs inside and out have appropriate railings, bathroom grab rails, walk-in/roll-in showers, etc.), reflects the individual's preferences/culture, is safe, and well maintained.	87% (N=222)
B	Individualized adaptations specified in the individual's Personal Plan are present and in working order.	86% (N=72)
C	Regular drills for fire and weather emergencies (e.g., tornado, earthquake) are conducted and documented as required.	86% (N=219)
D	Fire and EMS personnel have been notified of any significant medical or evacuation issues with individuals in the home.	76% (N=182)
E	The house and vehicles do not stand out apart from other homes in the neighborhood except for accommodations required to meet the needs and preferences of the individuals residing in the home.	85% (N=220)
F	If the individual, family, and/or guardian reported any concerns about the person's health, safety, or environment, appropriate action has been taken to address.	84% (N=107)
G	Based on review of the ISC monitoring reports for the past year, any problems or concerns noted about person's health, safety or environment were promptly and appropriately addressed.	37% (N=225)
H	Based on record review, observations, and interviews does the reviewer note any concerns about the person's health, safety, or environment?	No=32% Yes=68% (N=225)
ENVIRONMENTAL OBSERVATION TABLE		
AA	The home is clean, odor free, and well maintained (floors, carpets, walls, furniture, kitchens, baths, etc.).	83% (N=223)
BB	Kitchen and laundry appliances are in working order.	95% (N=222)
CC*	Home furnishings reflect the desires of the individuals residing in the home.	63% (N=217)
DD*	The individual has personal possessions and decorations of his/her choice, not just in bedrooms, but the home reflects the individuals who live there. Are there photos/ mementos of friends and family observable? The home should reflect the preferences, age, culture of the individuals, in both the individual bedrooms and throughout the home. In shared spaces, compromise should be reached among the varied preferences of all living in the home.	64% (N=220)
EE	The individual can move freely throughout the home (with the exception of housemates' personal rooms). There are no designated staff areas (except in the case of live-in staff or agency leased office area, if applicable) where individuals are not allowed.	71% (N=221)

FF	The individual has basic necessities such as food, shelter, clothing, utilities, furnishings, grooming supplies.	98% (N=220)
GG	The home has an adequate supply of food, including basic commodities (e.g., sugar, flour, condiments). Food is appropriately stored. There is an adequate supply of enteral nutrition formula if the individual receives food enterally. Enteral nutrition formula is not expired.	96% (N=222)
HH	The home has an adequate supply of dishes, utensils, pots, pans, bakeware, etc.	99% (N=221)
II	No safety hazards (e.g., dangling wires, broken/exposed electrical outlets, broken windows) are noted in the home.	95% (N=222)
JJ	A fire extinguisher is located in the kitchen. A functional smoke detector is located outside bedrooms (or rooms used for sleeping) and on each level of the home. Carbon monoxide detectors are installed in homes with gas furnaces and appliances.	96% (N=220)
KK	Supplies and information are in place to allow the individual and staff to identify and respond to emergency situations in a quick and efficient manner. Emergency contact phone numbers are readily available in easily accessible locations, including the OIG Hotline number. Contact names and numbers for investigators are posted or available to individuals, families, and staff. Basic first aid supplies are available in the home and in all vehicles.	88% (N=214)
LL	Outside areas of the home, and the yard, is safe and accessible to the individual from the home.	95% (N=222)
MM	Garbage is disposed of properly and is contained.	99% (N=221)
4. STAFF PRESENCE, CONDUCT, COMPETENCE (INCLUDING SUFFICIENT NUMBERS, STAFF TRAINING, STAFF KNOWLEDGE OF PLAN/PREFERENCES, PROVISION OF SERVICES AS DOCUMENTED IN PLAN)		Overall Rating: 77% 85% (Red Flag) 94%*
<ul style="list-style-type: none"> • 8 Measures • 4/8 measures rated 85% or above (A, B, C, F) • 6 red flag measures • 4/6 red flag measures rated 85% or above (A, B, C, F) • 3 measures consistent with HCBS Settings Rule • 3/3 measures consistent with HCBS Settings Rule rated 85% or above (A, B, C) <p>NOTE: Staffing Observations are rated for informational purposes only, and not included in the overall rating.</p>		
A*	The staff meet the qualifications and have completed the Direct Support Professional training curriculum to be a DSP. (training should also be monitored by another department)	96% (N=221)
B*	The staff is qualified and trained to administer medications.	92% (N=210)
C*	The staff have completed Rule 50 OIG training.	94% (N=219)

D	Adequate staff are present during the week and on weekends to provide the services and supports in the individual's Personal Plan.	72% (N=223)	
E	Staffing is adequate to facilitate the individual's desired community life outcomes.	58% (N=219)	
F	If the individual has been approved for 1:1 support, he/she is receiving that support.	88% (N=17)	
G	Review of documentation and direct observation reflects staff are providing services (type, frequency and duration) as documented in the Personal Plan/Implementation Strategies designed to achieve the individual's desired outcomes.	51% (N=216)	
H	The individual's services are delivered by competent staff/supports that understand their role and the person's needs, preferences, and desired outcomes related to his/her Personal Plan.	72% (N=220)	
STAFFING OBSERVATION TABLE		DAY 85% 83% (Red Flag)	HOME 83% 82% (Red Flag)
AA	Staff treat the individual, co-workers, visitors, persons calling on the telephone, etc. with dignity and respect.	88% (N=75)	83% (N=211)
BB	Staff serve as positive role models related to appearance, interactions, and demeanor.	88% (N=74)	91% (N=215)
CC	Staff do not engage in personal business while working with the individual. Staff do not air complaints and grievances with others while in the presence of persons receiving services.	95% (N=75)	94% (N=215)
DD	Staff demonstrate competency in person-specific training needed to support the individual (e.g., sign language, behavior management, dining support, etc.) Staff demonstrate competency in communicating in the individual's preferred language (including alternative communication systems such as sign language).	86% (N=70)	83% (N=198)
EE	Individuals are noted to be neat, clean, dressed for the weather/conditions while reviewers are in the home. When needs arise, they are addressed promptly in a private and respectful manner that avoids calling undue attention to the individual.	84% (N=74)	93% (N=215)
FF	Staff interactions foster the individual's ability to make personal choices.	81% (N=74)	82% (N=211)
GG	Staff interactions promote learning of functional skills and overall independence such as personal care, dressing, eating, household chores, cooking, etc.	79% (N=74)	73% (N=202)
HH	Staff encourage individual participation in daily activities rather than performing tasks for the person.	84% (N=74)	78% (N=203)
II	Staff conduct promotes the premise that the home is the individual's home and not an institution, a business, or an office.	82% (N=28)	68% (N=214)

5. EMPLOYMENT/DAY ACTIVITIES, COMMUNITY INTEGRATION		Overall Rating: 31% 26% (Red Flag) 19%*
<ul style="list-style-type: none"> • 14 measures • 0/14 measures rated 85% or above • 7 red flag measures • 0/7 red flag measures rated 85% or above • 3 measures consistent with HCBS Settings Rule • 0/3 measures consistent with HCBS Settings Rule rated 85% or above <p>*Environmental Observations are rated for informational purposes only, and not included in the overall rating.</p>		
A*	The individual has been offered opportunities to participate in work or job exploration including volunteer work and or trial work options.	9% (N=191)
B	If there are barriers to employment, the team has assessed the need for clinical (behavior, health), assistive technology, and therapy supports as necessary for the person to become successful in employment if desired by the person.	22% (N=143)
C	If necessary, the individual is provided with ongoing support as needed through a job coach or more informal supports.	42% (N=36)
D*	The individual is engaged in supported or competitive employment as desired.	10% (N=182)
E	For an individual who receives day services in the community, activities offered that are meaningful to the person.	68% (N=47)
F	For an individual who receives day services in the community, regular opportunities are provided for community inclusion.	57% (N=49)
G	For an individual who receives attends a facility-based day habilitation program or workshop, there is justification in his/her Personal Plan and activities offered are meaningful to the person.	41% (N=179)
H	For an individual who attends a facility-based day habilitation program or workshop, regular opportunities are also provided for community inclusion.	27% (N=178)
I	If the individual is retired, he/she has opportunities to engage in activities of interest during the day.	39% (N=28)
J	The individual has adequate access to and use of generic services and natural supports as desired.	58% (N=219)
K*	The individual is encouraged and supported to have access to the community based on his/her interests/preferences/priorities for meaningful activities.	36% (N=223)
L	If there are barriers to the individual having access and inclusion in the community, the team has assessed the need for clinical supports (behavior, health), assistive technology, and therapy services as necessary.	42% (N=147)
M	The individual has been offered opportunities for considering adult education programs if so desired.	10% (N=122)

N	The individual has been offered opportunities for choosing and attending community-based senior citizen programs if so desired.	6% (N=48)
DAY/EMPLOYMENT ENVIRONMENTAL OBSERVATION TABLE		67%
5aa	The facility/building is clean, odor free, and well maintained.	78% (N=143)
5bb	As you arrive, take note of the surroundings. Is the landscaping well kept? Does it appear safe?	86% (N=140)
5cc	Is the facility located to promote community integration?	44% (N=140)
5dd	Is there room for small groups and individual activities?	75% (N=138)
5ee	Are there signs of restrictions or restraints?	15% (N=140)
5ff	Did the direct support staff treat (name) in a respectful manner during the observation?	87% (N=138)
5gg	Were the person's rights respected?	86% (N=138)
6. LEISURE, RECREATION, SOCIAL RELATIONSHIPS (INCLUDING CONNECTION TO FAMILY AND FRIENDS)		Overall Rating: 55% 48% (Red Flag)
<ul style="list-style-type: none"> • 8 measures • 0/8 measures rated 85% or above • 5 red flag measures • 0/5 red flag measures rated 85% or above 		
A	The individual's desired outcomes and priorities regarding meaningful relationships and personal connections are implemented and respected.	61% (N=222)
B	The individual is encouraged and supported to foster and/or maintain relationships that are important and meaningful to him/her.	57% (N=223)
C	People of significance with respect to social relationships to the individual are identified.	71% (N=222)
D	The person is maintaining his/her desired role in the community.	37% (N=223)
E	The individual has leisure activities (e.g., magazines, hobby materials, videos, etc.) available in the home aside from television, consistent with his/her preferences and interests. If the person has not identified specific interests, does he/she have needed supports to explore possible options?	79% (N=225)
F	The individual participates in a variety of desired experiences and in preferred activities during evenings and weekends.	48% (N=219)
G	The individual has opportunities to attend religious services as often as desired and at the house of worship of his/her choosing (and not of staff or housemates' preference).	63% (N=169)
H	The individual has information about membership to self-advocacy or other community organizations and is supported to become a member and attend if so desired.	16% (N=187)

7. PERSONAL FUNDS MANAGEMENT		Overall Rating: 78% 70% (Red Flag) 57%*
<ul style="list-style-type: none"> • 10 measures • 3/10 measures rated 85% or above (H, I, J) • 4 red flag measures • 0/4 red flag measures rated 85% or above • 1 measure consistent with HCBS Settings Rule • 0/1 measure consistent with HCBS Settings Rule rated 85% or above 		
A	If the person so desires, training has been designed and implemented to support the individual in gaining necessary skills for more independent management of his/her personal funds.	53% (N=197)
B	The individual has access to his/her personal spending money as indicated.	64% (N=216)
C*	The agency does not restrict the individual's access to or choice in spending his/her personal money without required approval of a Human Rights Committee.	57% (N=190)
D	When assistance is needed, personal funds are securely stored and each person's funds are separately stored and accurately accounted. Individuals who are able to independently access funds are not prevented from doing so based on agency policy and/or practice.	83% (N=202)
E	The individual's personal needs allowance is rightfully distributed each month and records are maintained regarding utilization of these funds.	76% (N=205)
F	For individuals earning money through employment, he/she determines how this income is used.	79% (N=96)
G	The cost of household supplies, groceries, utilities, furnishing, rent, etc. which are not funded by the provider are fairly shared with housemates, etc.	81% (N=175)
H	The individual is able to participate in preferred activities with respect to financial feasibility.	92% (N=213)
I	The individual's personal funds are not loaned to other individuals, staff, etc.	93% (N=206)
J	The person has the resources to obtain possessions and supplies necessary for comfortable daily living.	97% (N=217)
8. TRANSPORTATION		Overall Rating: 32% 29% (Red Flag)
<ul style="list-style-type: none"> • 4 measures • 0/4 measures rated 85% or above • 2 red flag measures • 0/2 red flag measures rated 85% or above 		

A	The individual is supported to have access to the community with the freedom to come and go as desired using varying modes of transportation as people without disabilities.	41% (N=213)
B	If there are barriers to the individual having his/her preferred access and inclusion with regards to transportation, the team has assessed the need for adaptation, orientation, assistive technology, or other necessary supports.	30% (N=155)
C	The individual is encouraged and supported to have access to community life using varying modes of transportation, to the same degree as others in the community, and has adequate money to do so.	28% (N=205)
D	The individual regularly participates in unscheduled and scheduled events using varying transportation modes.	30% (N=212)
9. HEALTH CARE		Overall Rating: 79% 75% (Red Flag)
<ul style="list-style-type: none"> • 12 measures • 2/12 measures rated 85% or above (I, J) • 7 red flag measures • 1/7 red flag measures rated 85% or above (J) 		
A	A health assessment, which identifies the individual's health care needs, has been completed with sufficient substantive commentary.	79% (N=221)
B	The individual receives all medical and nursing/health care services and supports per his/her health care professional's recommendations.	81% (N=217)
C	The individual receives preventative testing and/or care based on recommended professional guidelines for medical conditions, gender, and age (e.g., GYN exams, pap smears, mammograms, prostate exams) consistent with physician's recommendations.	57% (N=183)
D	The individual has at least annual dental exams. These are more frequent if recommended by dentist.	79% (N=215)
E	The individual has a seizure disorder that is unstable or not well-controlled, he or she has been evaluated by a neurologist and the primary care physician has considered and implemented recommendations for treatment.	80% (N=41)
F	Recommendations for health care services and supports are completed in a timely manner and there is no pattern of missed or frequently rescheduled appointments.	83% (N=217)
G	All medical and healthcare supports and services are properly documented by the service provider at the time of service provision in the individual's record.	83% (N=219)
H	There is a written plan/instruction to address routine care/monitoring to be provided related to the individual's specific medical condition(s).	55% (N=186)
I	Medications are securely stored in a locked location (double-locked for controlled substances).	91% (N=213)

J	Medication administration record (MAR) accurately lists all administered physician-prescribed medications, dosages, time(s) if administration, route of administration, etc.	86% (N=213)
K	Medication errors occur infrequently, and when they do occur, are properly documented, reported, reviewed, and addressed.	83% (N=126)
L	The individual has all necessary medical services and supports in place that allow him/her to live as independently as possible in the least restrictive setting.	82% (N=219)
10. VISION, HEARING, SENSORY SUPPORTS AND SERVICES		Overall Rating: 66% 67% (Red Flag)
<ul style="list-style-type: none"> • 14 measures • 1/14 measures rated 85% or above (C) • 10 red flag measures • 0/10 red flag measures rated 85% or above 		
A	An individual who has a visual impairment has been evaluated for current needs and recommendations from evaluations have been addressed in a timely manner.	82% (N=135)
B	An individual who has prescribed eyeglasses is supported in use and care.	80% (N=115)
C	Surgical or other interventions have been explored for the individual noted to have cataracts or other treatable disease(s) of the eye, as recommended by an ophthalmologist.	87% (N=30)
D	An individual whose visual impairment interferes with his/her orientation or mobility has been evaluated by a qualified specialist for training in orientation or mobility techniques or other training needed to support independent function (e.g., self-feed techniques, dressing, kitchen safety).	0% (N=4)
E	If adaptive devices (e.g., cane for mobility, tactile cues on clothing) have been recommended, they are used consistently across all life environments, and staff demonstrate competency in proper use and techniques employed.	50% (N=6)
F	Consideration has been given to obtaining specialized services that aid in increasing the individual's ability to access his/her environment more independently (e.g., service animals, services for the blind, street crossing safety training).	25% (N=4)
G	An individual who has a hearing loss has been evaluated for current needs and recommendations from evaluations have been addressed in a timely manner.	47% (N=32)
H	An individual who has been prescribed hearing aids is supported in their use and care.	63% (N=8)
I	An individual with hearing loss has adaptive devices to support independent function (e.g., visual alerts, bed-shaker for fire alert), and staff demonstrate competency in proper use and techniques employed.	29% (N=7)

J	Recommended specialized services that aid in increasing the individual's ability to access his/her environment more independently (e.g., sign language, services for the deaf) are being provided.	11% (N=9)
K	For an individual who is deaf and uses sign language, he/she has staff who have been trained and can communicate with him/her.	0% (N=7)
L	Environmental modifications (e.g., bed shaker or strobe alarm for fire alert) have been made as needed and/or recommended.	40% (N=5)
M	An individual who demonstrates stereotypic or self-stimulatory behavior (e.g., rocking, hand-waving, hand-mouthing, etc.) has been evaluated regarding sensory deficits, and therapeutic plans or programs regarding his/her sensory deficits are implemented consistently and across all life areas.	0% (N=18)
N	The individual is provided with intervention(s) designed to provide alternative means of sensory stimulation and reduce the stereotypic self-stimulatory behavior; staff demonstrate competency in implementing the intervention(s).	18% (N=17)
11. PT/OT/SLP/OTHER COMMUNICATION SUPPORTS AND SERVICES		Overall Rating: 30% 29% (Red Flag)
<ul style="list-style-type: none"> • 5 measures • 0/5 measures rated 85% or above • 4 red flag measures • 0/4 red flag measures rated 85% or above 		
A	An individual who receives, or has identifiable needs for, speech, occupational, or physical therapy services, has current evaluations in his/her record for the therapy services.	21% (N=91)
B	Evaluations and plans of care include appropriate and measurable therapy goals.	33% (N=33)
C	Written instructions have been developed to provide clear steps and direction to direct support staff for implementing therapy related activities (e.g., range of motion, stretching, bathing, ambulation, use of equipment and devices) including the frequency and setting in which therapy related activities are to be conducted.	44% (N=36)
D	Therapy services plans of care are implemented consistently as recommended.	29% (N=28)
E	Documentation of services reflects measurable progress toward established therapy goals, outcomes, and/or therapy objectives. If the therapy objective is to prevent further decline, measurable information is provided to document that functional status has been maintained.	36% (N=28)
12. ADAPTIVE EQUIPMENT AND ASSISTIVE TECHNOLOGY		Overall Rating: 60% 60% (Red Flag)
<ul style="list-style-type: none"> • 5 measures • 0/5 measures rated 85% or above • 5 red flag measures 		

<ul style="list-style-type: none"> 0/5 red flag measures rated 85% or above 		
A	The person's need for adaptive equipment and assistive technology has been assessed.	38% (N=80)
B	The person has received all recommended adaptive equipment and assistive technology.	63% (N=65)
C	The person uses adaptive equipment and assistive technology for positioning, ambulation, and/or communication to increase his or her safety, independent participation in daily activities, community participation.	61% (N=71)
D	All prescribed adaptive equipment and assistive technology is available, clean, in good repair (including having charged batteries), and available to the person at all appropriate times and during community activities.	66% (N=67)
E	Staff demonstrate competency in proper use and techniques of all prescribed equipment and devices.	78% (N=63)
13. DINING/DIETARY SUPPORTS AND SERVICES		Overall Rating: 71% 61% (Red Flag)
<ul style="list-style-type: none"> 8 measures 0/8 measures rated 85% or above 5 red flag measures 0/5 red flag measures rated 85% or above 		
A	The individual has been assessed for safe dining practices including food texture, and liquids consistency and a corresponding plan/strategy has been developed.	66% (N=82)
B	The individual receives consistent support and assistance with regard to safe practices for increased independence in dining.	72% (N=102)
C	All special dining equipment (e.g., non-slip mats, special utensils, cups) listed in his/her dining plan/strategy is present.	67% (N=36)
D	When an individual has a specific, prescribed diet, he/she is achieving or maintaining goals of the diet.	72% (N=105)
E	Special dining plans for the individual are carried out and designed so as to be used in restaurants and other community locations.	81% (N=69)
F	Meals served are per the individual's preference and dietary needs.	81% (N=207)
G	Home staff involve the individual in meal planning to ensure that personal preferences for meals are accommodated. To the extent desired by the person, he/she is involved in food shopping and meal preparation.	56% (N=210)
H	If the individual is. Noted to have unexplained weight loss/gain, GERD, diabetes, or swallowing issues, he/she is promptly taken to an appropriate practitioner for evaluation.	80% (N=49)
14. BEHAVIORAL SUPPORTS AND SERVICES		Overall Rating: 53% 54% (Red Flag) 51%*

<ul style="list-style-type: none"> • 15 measures • 0/15 measures rated 85% or above • 13 red flag measures • 0/13 red flag measures rated 85% or above • 5 measures consistent with HCBS Settings Rule • 0/5 measures consistent with HCBS Settings Rule rated 85% or above 		
A	A comprehensive Functional Behavioral Assessment has been completed.	37% (N=150)
B	The behavior support plan (BSP) was developed from the Functional Behavioral assessment.	44% (N=142)
C	The Behavior Support Plan, or plan summary, is written in plain easily understandable language and describes how to implement the strategies include in the Behavior Support Plan.	68% (N=149)
D	The Behavior Support Plan includes a personalized plan for teaching and reinforcing alternate behaviors.	71% (N=148)
E*	The Behavior Support Plan includes the least restrictive or least intrusive methods possible in the behavioral approaches, strategies and supports designed to address the challenging behavior.	71% (N=147)
F	Staff responsible for the support and supervision of the individual who has a behavior support plan know how to implement the person's plan and the specific interventions included.	42% (N=144)
G	The individual's Behavior Support Plan provides a method for collection of behavioral data to evaluate treatment progress.	54% (N=146)
H	All behavior supports and services are properly documented at the time of service provision in the agency's record for the individual.	60% (N=141)
I*	The Behavior Support Plan includes a schedule to review the effectiveness of the interventions included in the Behavior Support Plan.	52% (N=138)
J*	The individual's Behavior Support Plan includes a description of the person's behavior that justifies the inclusion of the restrictive/intrusive intervention(s) and/or limitation of rights.	48% (N=98)
K*	The Behavior Support Plan includes a specific plan to minimize, fade, eliminate or transition restrictions and limitations to more positive interventions.	41% (N=95)
L	The Individual's Behavior Support Plan describes how the use of each intervention or limitation is to be documented.	42% (N=89)
M*	If the behavior support plan includes rights restrictions or restrictive interventions, BSP has been reviewed by a human rights committee (HRC) prior to implementation and at least annually thereafter.	62% (N=106)
N	Clinical justification for use of restrictive interventions or rights limitations in an emergency is documented in the individual's record.	40% (N=47)
O	If the individual needed crisis respite services during the past 12 months, these services were provided in his/her home whenever possible. If the individual needed out-of-home crisis respite services during the past 12 months, these services were available in an appropriate crisis respite home/facility.	0% (N=6)
15. MENTAL HEALTH SUPPORTS AND SERVICES		Overall Rating:

		63% 64% (Red Flag)
<ul style="list-style-type: none"> • 12 measures • 1/12 measures rated 85% or above (H) • 8 red flag measures • 1/8 red flag measures rated 85% or above (H) • 1 measure consistent with HCBS Settings Rule • 0/1 measure consistent with HCBS Settings Rule rated 85% or above 		
A	Individuals receiving psychotropic medications have a current comprehensive psychiatric evaluation that documents the operating diagnosis or condition for which medication is prescribed, includes rationales for any prescribed psychotropic medication, and includes an analysis of the risks and benefits or recommended treatment.	29% (N=138)
B	Medication to address factors contributing to an individual's challenging behavior or symptom of a diagnosed co-occurring psychiatric disorder is administered only as part of a Behavior Support Plan, Treatment Plan, or Medication Monitoring Plan which includes other supporting interventions.	60% (N=136)
C	Documentation of informed consent for all psychotropic medications is present in the individual's records.	64% (N=138)
D*	The individual's psychotropic medication regimen has been reviewed or at least annually by a Human Rights Committee.	72% (N=134)
E	Staff are able to locate information to explain the reason why the individual is taking psychotropic medication and to explain the potential side effects.	81% (N=129)
F	Agency has a documentation system in place for tracking targeted symptoms/index behaviors and providing this information to the individual's prescribing practitioner in order to evaluate the benefits/risks of continuation.	42% (N=139)
G	Documentation indicates the prescribing physician has re-evaluated the effectiveness of the individual's psychotropic medication regimen.	54% (N=134)
H	As PRN psychotropic medications are not permitted in Illinois, the individual has no prescription for and is not receiving such PRN medication.	97% (N=143)
I	Agency ensures that tardive dyskinesia screenings (e.g., AIMS, DISCUS, MOSES, MEDS), are completed (as appropriate) at least every six months, and that documented comprehensive informant completed side effect screens are completed, minimally, on those individuals who are unable to verbally report medication side effects.	70% (N=125)
J	The individual is offered counseling services if needed and agency ensures these services are being provided as recommended.	64% (N=61)
K	If the individual has a history of admissions to psychiatric facilities, agency has developed a plan or strategy to aid in preventing future psychiatric admissions.	0% (N=6)
L	If the individual needed crisis respite services during the past 12 months, these services were provided in his/her home whenever possible. If the	0% (N=2)

	individual needed out-of-home crisis respite services during the past 12 months, these services were available in an appropriate crisis respite home/facility.	
16. PROTECTION FROM HARM		Overall Rating: 71% 71% (Red Flag)
<ul style="list-style-type: none"> • 6 measures • 1/6 measures rated 85% or above (C) • 6 red flag measures • 1/6 red flag measures rated 85% or above (C) 		
A	The individual has received training/education and information on what is abuse, neglect, exploitation and mistreatment.	64% (N=219)
B	The individual and/or guardian knows who to contact to report abuse, neglect, exploitation, or mistreatment.	57% (N=214)
C	The individual's home and community staff have been trained on how to report abuse, neglect, exploitation, or mistreatment.	94% (N=220)
D	If the individual was a victim of abuse, neglect, exploitation, or mistreatment, actions were taken to address the person's and/or guardian's complaints, concerns, harm.	74% (N=27)
E	If there is (or was) an investigation, the individual has received appropriate protection while the case is (or was) under review.	68% (N=22)
F	There is evidence that: <ul style="list-style-type: none"> • Appropriate follow-up on investigations of abuse/neglect/exploitation/mistreatment involving the individual has occurred. • Measures/actions were identified, planned, and implemented to prevent future/similar events involving the individual. • Actions were taken to implement and/or address recommendations resulting from the investigative findings. 	56% (N=25)
17. RIGHTS AND AUTONOMY		Overall Rating: 61% 59% (Red Flag) 59%*
<ul style="list-style-type: none"> • 18 measures • 2/18 measures rated 85% or above (F, G) • 15 red flag measures • 1/15 red flag measures rated 85% or above (F) • 10 measures consistent with HCBS Settings Rule • 0/10 measures consistent with HCBS Settings Rule rated 85% or above 		
A*	The individual is provided with information about his/her rights in appropriate language and in a way that is accessible to him/her.	42% (N=213)
B*	The individual is informed of his/her right to object to services/supports and the process to do so.	59% (N=225)

C	The individual knows whom to contact/how to make a complaint, including anonymous complaints if desired.	38% (N=192)
D	In any situation where a complaint has been made, the issue(s) has been resolved in a satisfactory and timely manner.	54% (N=57)
E	The individual is encouraged and supported to advocate for him/herself and to increase self-advocacy skills.	48% (N=202)
F	The individual is not subjected to coercion (including subtle coercion).	87% (N=201)
G	The individual is supported to express him/herself through personal choices/decisions on style of dress and grooming preferences.	94% (N=213)
H	The individual is supported to participate in cultural/religious/associational practices, education, celebrations and experiences per his/her preferences and interests.	65% (N=209)
I*	The individual is supported to have visitors of his/her choosing according to stated/identified preferences.	69% (N=202)
J*	The individual has privacy in his/her home, bedroom, or other environment(s) per identified or stated needs/preferences.	70% (N=214)
K*	The individual is aware that he/she is not required to follow a particular schedule for waking up, going to bed, eating, leisure activities, etc.	62% (N=195)
L*	The individual is encouraged and supported to make his/her own scheduling choices and changes according to preferences and needs.	59% (N=202)
M*	The individual is supported to have access to food at any time, consistent with risk factors identified in the Discovery Tool and Personal Plan.	72% (N=210)
N*	The individual is supported to have independent access to his/her home.	54% (N=214)
O	The individual has access to typical spaces in his/her day setting and is supported to use them.	82% (N=215)
P*	The individual's rights are respected and staff support and advocate for the individual's rights.	65% (N=213)
Q*	When interventions that restrict or modify the individual's rights are used (not part of a behavior support plan), the individual's Personal Plan includes a description of the need/behavior, and positive and less intrusive approaches that have been tried but have not been successful.	19% (N=151)
R	The individual, or the individual's guardian (if the individual is unable to make this decision), has given informed consent to the rights limitations/restrictions in place.	40% (N=164)