

State of Illinois  
Office of the Auditor General

Performance Audit  
of the  
DHS OVERSIGHT OF THE CILA PROGRAM

July 2018

Frank J. Mautino, Auditor General

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*To the Legislative Audit Commission, the Speaker and Minority Leader of the House of Representatives, the President and Minority Leader of the Senate, the members of the General Assembly, and the Governor:*

This is our report of the Performance Audit of the oversight of the Community Integrated Living Arrangements program at the Department of Human Services.

The audit was conducted pursuant to House of Representatives Resolution Number 34, which was adopted March 15, 2017. This audit was conducted in accordance with generally accepted government auditing standards and the audit standards promulgated by the Office of the Auditor General at 74 Ill. Adm. Code 420.310.

The audit report is transmitted in conformance with Section 3-14 of the Illinois State Auditing Act.

Image: Signature of Frank J. Mautino

FRANK J. MAUTINO  
Auditor General

Springfield, Illinois  
July 2018

# REPORT DIGEST

## DHS OVERSIGHT OF THE CILA PROGRAM

### PERFORMANCE AUDIT

RELEASE DATE: JULY 2018

Audit performed in accordance with House Resolution Number 34

### EXECUTIVE SUMMARY

On March 15, 2017, the Illinois House of Representatives adopted Resolution Number 34 which directs the Auditor General to conduct a performance audit of the oversight of the Community Integrated Living Arrangements (CILA) program at the Department of Human Services (DHS).

As of May 2017, DHS licensed more than 3,000 CILA locations around the State with over one-third of all CILAs being located in Cook County. These CILAs served approximately 10,000 individuals.

For the period FY12-FY16, DHS:

- expended over \$2 billion on CILA services with the majority for clients with developmental disabilities;
- additionally expended nearly \$6.1 million for a contractor to provide transition planning and support, and expended more than \$28 million on 17 Independent Service Coordinators whose primary role is to assist with finding individuals appropriate living arrangements; and
- transitioned 408 individuals to CILA from State-Operated Developmental Centers (SODCs).

We found weaknesses in DHS' licensing process including failures to:

- publish accurate survey data;
- complete timely annual reviews;
- accurately account for notices of violation in its database;
- complete all surveys, require plans of correction, and approve all plans of correction;
- exercise ability to revoke a CILA license.

We found weaknesses in DHS oversight and monitoring of the CILA Program including failures to:

- conduct all CILA reviews by the Bureau of Quality Management (BQM);
- monitor CILA residents' personal funds by DHS;
- maintain supporting documentation for community placement interest by individuals at SODCs;
- share findings from DHS bureaus/offices with licensing staff; and
- recover funds from CILA providers not providing services for which they were paid.

There was a lack of documentation to support that all required transition visits were conducted for individuals that transitioned to CILA from SODCs.

DHS utilized Community Resource Associates (CRA), on a decision from the Governor's Office from the previous administration, to assist in closing SODCs. We found weaknesses in the oversight by DHS of CRA including questionable procurement strategies and failure to maintain documentation to support required CRA contractual deliverables. Additionally, DHS paid CRA an additional \$233,000 for services already required by the contract.

## AUDIT SUMMARY AND RESULTS

On March 15, 2017, the Illinois House of Representatives adopted Resolution Number 34 which directed the Auditor General to conduct a performance audit of the oversight of the Community Integrated Living Arrangements (CILA) program at the Department of Human Services (DHS).

A CILA is a living arrangement which promotes residential stability for an individual who resides in his or her own home, in a home shared with others, or in the natural family home and who is provided with an array of services to meet his or her needs. The Community Services Act (405 ILCS 30) directs DHS to assume leadership in facilitating an array of services for persons with mental health and/or developmental disabilities that will strengthen the individuals' self-esteem, participate in and contribute to community life, and prevent unnecessary institutionalization. DHS funds CILA services for persons with developmental disabilities and for persons with mental illness. Overall, for the period FY12-FY16:

- DHS expended over \$2 billion on the CILA program, a 36 percent increase during the period.
- Ninety-seven percent of those expenditures were for clients that received CILA services related to developmental disabilities (DD) issues.
- Mental health (MH) served clients, which are financed through grants to community agencies, experienced a drop in overall expenditures from \$11.9 million in FY12 to \$11.2 million in FY16.
- CILA program participation for DD clients increased during the audit period by 23 percent. MH served clients decreased by 17 percent. Digest Exhibit 1 breaks down CILA expenditures during the audit period. (pages 1, 5, 8, 12)

Digest Exhibit 1 COMMUNITY INTEGRATED LIVING ARRANGEMENT STATISTICS FY12-FY16						
Year	#DD Clients	#MH Clients	Total Clients	DD Expenditures	MH Expenditures	Total CILA Expenditures
FY12	9,549	448	9,997	\$331,385,189	\$11,904,197	\$343,289,386
FY13	10,051	433	10,484	\$363,791,261	\$11,809,878	\$375,601,139
FY14	10,611	413	11,204	\$402,921,202	\$11,809,878	\$414,731,080
FY15	11,639	384	12,023	\$435,256,013	\$11,377,038	\$446,633,051
FY16	11,737	371	12,108	\$455,001,721	\$11,208,167	\$466,209,888
<i>Totals</i>				<i>\$1,988,355,386</i>	<i>\$58,109,158</i>	<i>\$2,046,464,544</i>
Source: OAG developed from DHS information.						

DHS utilizes multiple organizational units to oversee the CILA program. These units include: the Bureau of Medicaid Waiver Programs which oversees the federal waiver which allows individuals to choose CILA services; the Bureau of Community Services which interfaces with providers of the CILA program on a daily basis; the Bureau of Quality Management that reviews CILAs for purposes of ensuring compliance with the federal home and community based waiver; the Bureau of Accreditation, Licensure and Certification licenses CILAs and is responsible for surveys to ensure compliance with DHS Rule 115, the CILA Rule; and the Office of the Inspector General which investigates allegations of abuse, neglect and financial exploitation. Digest Exhibit 2 presents the DHS organization chart with the units highlighted that monitor CILA operations. (pages 6-7)

As of May 2017, there were 3,097 CILA locations around the State. Over one-third of all CILAs are located in Cook County. Ninety-two of the 102 counties in Illinois have some service level for CILAs. The sites served approximately 10,000 individuals. Digest Exhibit 3 illustrates the number of CILA sites in each county.

Twenty percent of the CILA sites are controlled by six provider agencies. Those providers with the number of sites in parentheses are:

- Trinity Services (118),
- Illinois Mentor Community Services (108),
- Clearbrook (107),
- UCP Seguin of Greater Chicago (97),
- Association for Individual Development (91), and
- Individual Advocacy Group (90).

DHS failed to develop a State plan for the distribution of CILAs around the State. Nearly 20 percent of the counties around the State of Illinois had either one CILA site or no CILA sites. (pages 10-12)

### Licensing Issues

During the audit we found a number of weaknesses in the licensing process for the CILA program. These findings included:

- DHS failed to provide transparency for individuals and guardians regarding the information it published on licensure survey results for the CILA program. We found multiple omissions in published data during FY12-FY16. Additionally, DHS has not adopted rules regarding posting of information. (pages 22-25)
- The Bureau of Accreditation, Licensure and Certification (BALC) utilizes a survey scoring tool that is inconsistent with criteria for sanction and license revocation in administrative rules. The scoring tool fails to provide scoring for the lowest level of compliance as defined in rule. This may have resulted in, for the period FY12-FY16, BALC only taking action on four license revocations. (pages 25-26)
- During the period FY12-FY16, DHS failed to routinely provide BALC with Office of the Inspector General (OIG) investigative findings and reports. BALC was not always aware of and could not follow up on OIG recommendations to the CILA provider agencies it licenses. (pages 26-29)
- DHS, in our sample of 25 CILA providers for the period FY12-FY16, did not complete five percent (7 of 128) of the CILA provider agency annual reviews as required by the administrative rules for CILA. For the annual reviews that BALC did complete, 26 percent (31 of 121) were not timely. Additionally, DHS allowed CILA provider agencies to submit 12 percent (15 of 130) of renewal applications outside the timeframe required by the CILA Rule. (pages 29-31)
- BALC used the survey process, including the issuance of notices of violations (NOVs) for noncompliance with CILA standards, to ensure CILA provider agencies were complying with established standards. However, we found BALC did not always issue citations for NOVs as defined in the CILA Rule. Additionally, BALC allowed CILA provider agencies to maintain their CILA licenses despite having repeat violations. Finally, the NOV database did not represent the actual number of violations. (pages 31-36)
- BALC survey documentation failed to indicate immediate corrections had been completed prior to completing licensing surveys. This failure is a violation of policy and can put CILA clients at risk of injury. Additionally, BALC does not verify that corrections to all violations of the CILA Rule are completed by providers, risking that clients remain in the same living arrangements for three years prior to conducting the next license survey. (pages 36-40)
- Audit testing found that BALC: did not complete or timely complete all surveys, did not require all plans of correction (POCs) to be submitted or be timely submitted by CILA provider agencies, and did

not approve all POCs it received as required by the administrative rules. Additionally, auditors found some subjectivity and inconsistency in the BALC survey process. (pages 40-44)

- DHS has failed to adopt rules relative to establishing a process to determine when to review a CILA provider. This is a violation of the CILA Licensure and Certification Act. Additionally, BALC was not provided with some of the means to make that determination for the period FY12-FY16. (pages 44-46)
- DHS failed to enforce CILA rules by not seeking revocation of provider licenses in cases where sections of the rule were violated. Our examination of a sample of CILA providers found instances where BALC cited providers for falsified records, failure to correct deficiencies and refusal to participate in or permit the BALC survey process. Rather than revoke the CILA licenses, BALC either allowed the providers to remain in the program or entered into settlement agreements, agreements which were not always followed. (pages 46-51)

## Oversight and Monitoring Issues

During the audit we found a number of weaknesses in the oversight and monitoring of the CILA program by DHS. These findings included:

- The Bureau of Quality Management (BQM) failed to conduct CILA reviews on 50 providers of CILA services during the period FY12-FY16. Twenty-three of the providers were in the CILA program for at least three years during the audit period. These 23 providers received \$47,508,399 from DHS for CILA services. (pages 54-57)
- BQM does not routinely share the results of its oversight activities with the Bureau of Accreditation, Licensing and Certification (BALC). The sharing of this information could be beneficial to BALC in decisions to conduct well-being checks or modify its survey schedule of CILA providers. (pages 57-59)
- DHS does not monitor CILA residents' personal funds maintained by the CILA providers. Even though questions concerning client funds were discovered by the OIG and the Office of Contract Administration (OCA) during the audit period it does not appear that the unit tasked with licensing of CILAs, BALC, conducted any follow-up or was aware of problem CILA providers. (pages 59-64)
- DHS failed to maintain supporting documentation for community placement interest by individuals that reside in SODCs. Due to this lack of documentation we were unable to determine whether Community Resource Associates (CRA) was conducting activities only on individuals that were actively pursuing transition to CILA. CRA was paid almost \$6.1 million by DHS for the period FY12-FY16. (pages 64-68)
- DHS does not require organizational units that have oversight of the CILA program to always share information that could be beneficial to monitoring efforts. OCA does not provide the results of its fiscal/administrative reviews with the DHS unit that has authority to revoke the license of a non-performing CILA provider, BALC. (pages 68-70)
- DHS failed to revise administrative rules for changes made to the CILA program. These changes were effective July 1, 2017. The failure by DHS resulted in community providers and Independent Service Coordinators (ISCs) operating under rules that were not consistent with federal guidelines. (pages 70-73)
- DHS did not seek recoupment from CILA providers when documentation appeared to show that individuals did not receive the services for which the provider was being paid. Evidence from DHS' own documentation showed that housekeeping, a service which is part of the rate, was lacking in some instances yet the provider was still paid the full rate. Recovery was also not conducted even when DHS documentation showed that providers had not been able to document that services were being implemented for individuals. (pages 73-78)

## Transition Follow-Up Issues

During the period FY12-FY16, DHS transitioned 408 individuals from the eight SODCs to CILAs. The responsibility for providing follow-up service visits to individuals who transition from an SODC to the

community is performed by several entities. These entities are the ISCs, the Bureau of Transitional Services (BTS) within DHS, SODC staff, and a vendor (Community Resource Associates (CRA)) that DHS contracted with for SODC closure activities. (pages 80-81)

DHS contracted with 17 ISCs whose primary role is to work with the individual, family, and/or guardian to identify the most appropriate living arrangement, be it State-operated facility or CILA. The 17 ISCs received over \$28 million for these services during the audit period. (pages 81-82)

During the audit we found a number of weaknesses in whether individuals that transitioned from State-Operated Developmental Centers (SODCs) to the community had the required transition follow-up services. These findings included:

- DHS failed to ensure that Independent Service Coordinators (ISCs) maintained documentation on all required visits to individuals that transitioned from an SODC to a CILA. ISCs only conducted 62 percent of the required weekly visits to the individuals in CILAs. Additionally, ISCs only conducted 82 percent of the required monthly visits to the individuals in CILAs. However, ISCs did conduct 91 percent of the required quarterly visits to the individuals in CILAs. (pages 83-85)
- DHS, through its Bureau of Transitional Services, failed to conduct follow-up visits with individuals that transitioned from SODCs to CILAs. Our sample testing found that BTS only conducted 45 percent of the required weekly visits to the individuals in CILAs. Additionally, BTS only conducted 51 percent of the required monthly visits to the individuals in CILAs. (pages 85-88)
- DHS failed to maintain documentation showing that CRA conducted all transition follow-up visits with individuals that transitioned from SODCs during its contracts with DHS. Auditors requested documentation from DHS concerning all CRA activities, including transition follow-up visits conducted by CRA. However, information provided to the auditors by DHS did not document all of CRA's required transition follow-up visits. For instance, DHS' documentation of CRA's follow-up visits accounted for 56 percent (860 of 1,527) of the required weekly visits, and 11 percent (171 of 1,576) of the required monthly visits. CRA initially indicated to auditors that it had turned all of its documentation over to DHS. Upon further auditor inquiry, CRA did locate some documentation; however, that documentation also was not complete. (pages 88-91)
- DHS failed to ensure that ISCs maintained all required consents for individuals selecting CILA as a living option. Our testing of 50 individuals that transitioned to a CILA during the audit period found two instances where the ISC did not have the consent for CILA services. Additionally, the consents we did review were often not timely. Some consents occurred after the individual transitioned, some consents were signed the day of transition, and others were dated well in advance of the transition date. Based on our testing we concluded only 20 percent of the consents were timely. (pages 91-93)
- DHS failed to ensure that either the individual in a CILA setting, or a guardian, participated in the development of all individual services plans (ISPs). This lack of oversight contributed to nearly 27 percent of our sample where the plans were developed without input from the individual or guardian. (pages 94-97)

## Transition Planner Issues

DHS officials indicated that there was only one contractor that provided transition planning and support for the CILA program, Community Resource Associates (CRA). Officials also told auditors that the decision to contract, and renew, with CRA was not made by DHS. Instead, an official from the Governor's Office made that decision. During the period FY12-FY15, CRA was paid almost \$6.1 million for services to DHS. Digest Exhibit 4 breaks out the CRA payments. (pages 99, 106)

During the audit we found a number of weaknesses in the oversight of the CRA contract work. These findings included:

- DHS secured the services of Community Resource Associates (CRA) under questionable procurement strategies, first as an emergency then as a purchase of care contract. These strategies kept the services from being competitively procured and made it impossible to tell whether the State received the best deal for the funds paid. CRA was paid over \$6 million by DHS over the life of the contracts. (pages 101-106)
- DHS was unable to provide auditors documentation to support its decision to close any SODCs during the period FY13-FY15. These decisions were needed for CRA to conduct activities under two contracts with DHS for transition services. DHS paid CRA \$3.9 million for these two contracts even though it had no documentation to support the need for the services. (pages 106-109)
- From 2012-2015, CRA received full contractual payment, \$6.1 million, from DHS for services under three contracts. The three contracts between DHS and CRA contained deliverables sections. However, DHS could not provide support for a number of deliverables that were outlined in those contracts. (pages 109-111)
- DHS provided CRA over \$233,000 for services more than 180 days after the contract term ended for the contract to assist in the closure of the Jacksonville Developmental Center (JDC). The funds were for follow-up services related to on-site visits for the closure of JDC. However, these services were already built into the original contract, a contract that paid CRA all \$1,950,000 of the contract value. (pages 111-113)

## RECOMMENDATIONS

This audit report contains 26 recommendations directed to the Department of Human Services. The Department accepted 6 recommendations, agreed with 5 recommendations, partially agreed with 6 recommendations and disagreed with 9 recommendations. Appendix H to the audit report contains the agency responses.

This performance audit was conducted by staff of the Office of the Auditor General.

MIKE MAZIARZ  
Audit Manager

This report is transmitted in accordance with Sections 3-14 and 3-15 of the Illinois State Auditing Act.

FRANK J. MAUTINO  
Auditor General

FJM:MJM



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## ACRONYMS & GLOSSARY

Allegation	An assertion, complaint, suspicion or incident involving any of the following conduct by an employee, facility, or agency against an individual or individuals: mental abuse, physical abuse, sexual abuse, financial exploitation, or neglect.
BALC	Bureau of Accreditation Licensure and Certification – DHS Bureau that licenses CILAs and is responsible for surveys to ensure compliance with the CILA Rule.
BQM	Bureau of Quality Management – DHS Bureau tasked with quality enhancement including the review of program curricula and staff credentials at CILA provider agencies.
Community Agency	A community agency or program licensed, funded, or certified by DHS but not licensed or certified by any other human services agency of the State, to provide mental health service or developmental disabilities services.
CILA	Community Integrated Living Arrangement (CILA) – A home containing up to eight beds that falls under DHS jurisdiction.
Complaint	An allegation of abuse, to include financial exploitation or neglect, reported directly to the OIG Hotline.
Egregious Neglect	A finding of neglect as determined by the Inspector General that represents a gross failure to adequately provide for, or a callous indifference to, the health, safety, or medical needs of an individual and results in an individual’s death or other serious deterioration of an individual’s physical condition or mental condition.
Financial Exploitation	A finding of financial exploitation as determined by the Inspector General that represents taking unjust advantage of an individual’s assets, property, or financial resources through deception, intimidation, or conversion for the employee’s, facility’s, or agency’s own advantage or benefit.
Individual	Any person receiving mental health services, developmental disabilities services, or both from a facility or agency.
Mental Abuse	The use of demeaning, intimidating, or threatening words, signs, gestures, or other actions by an employee about an individual and in the presence of an individual or individuals that results in emotional distress or maladaptive behavior, or could have resulted in emotional distress or maladaptive behavior, for any individual present.
MFP	Money Follows the Person – Federal demonstration program designed to support state efforts to rebalance Medicaid long-term care programs by providing more community services and fewer institutional services.

## ACRONYMS & GLOSSARY

Neglect	An employee's, agency's, or facility's failure to provide adequate medical care, personal care, or maintenance, and that, as a consequence, causes an individual pain, injury, or emotional distress, results in either an individual's maladaptive behavior or the deterioration of an individual's physical condition or mental condition, or places an individual's health or safety at substantial risk of possible injury, harm or death.
OCA	The Office of Contract Administration – DHS Office that conducts administrative/fiscal reviews and/or closeout procedures on CILA provider agencies.
OIG	The Office of the Inspector General in the Illinois Department of Human Services.
Physical Abuse	An employee's non-accidental and inappropriate contact with an individual that causes bodily harm. This includes actions that cause bodily harm as a result of an employee directing an individual or person to physically abuse another individual.
Rebalancing Initiative	An initiative introduced in 2012 with the goal of reducing the State's State-Operated Developmental Center population and utilizing more integrated community settings.
Sexual Abuse	Any sexual behavior, sexual contact or intimate physical contact between an employee and an individual, including an employee's coercion or encouragement of an individual to engage in sexual activity that results in sexual contact, intimate physical contact, sexual behavior, or intimate physical behavior.
SODC	State-Operated Developmental Center (SODC) – Residential facility that provides housing and a range of services to individuals with developmental disabilities.
Substantiated	OIG investigative finding in which there is a preponderance of the evidence to support the allegation.
Survey	A process conducted by BALC to determine the degree of compliance with licensure requirements.
Unfounded	OIG investigative finding in which there is no credible evidence to support the allegation.
Unsubstantiated	OIG investigative finding in which there is credible evidence, but less than a preponderance of evidence, to support the allegation.

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## Chapter One

# INTRODUCTION & BACKGROUND

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## REPORT CONCLUSIONS

House of Representatives Resolution Number 34 directed the Auditor General to conduct a performance audit of the oversight of the Community Integrated Living Arrangements (CILA) program at the Department of Human Services (DHS). Overall, for the period FY12-FY16:

- DHS **expended over \$2 billion** on the CILA program, a **36 percent increase** during the period.
- Ninety-seven percent of those expenditures were for clients that received CILA services related to developmental disabilities (DD) issues.
- Mental health (MH) served clients, which are financed through grants to community agencies, experienced a **drop in overall expenditures** from \$11.9 million in FY12 to \$11.2 million in FY16.
- CILA program participation for DD clients **increased** during the audit period by 23 percent. MH served clients **decreased** by 17 percent.

### CHAPTER 1

DHS failed to develop a State plan for the distribution of CILAs around the State. Nearly **20 percent of the counties** around the State of Illinois had either **one CILA site or no CILA sites**.

Resolution Number 34 asked us to review the status of the Money Follows the Person (MFP) initiative, including individual budgets and reimbursements received from the federal government. During the audit, we found that MFP is a misnomer. According to DHS officials, the requirement for participating in MFP is that the individual currently resides in a SODC or an Intermediate Care Facility for Persons with Developmental Disabilities (ICF/DD) nine beds or greater. Also, the individual would need to move to a CILA with four beds or less or to the Adult Home Based Services program. The fiscal benefit of MFP is that the State of Illinois receives a 75 percent match from the federal government on services and supports billed to the State instead of the usual 50 percent match. These additional matching funds are for 365 days post discharge from a SODC or ICF/DD. DHS officials stated **there are not budgets for MFP. DHS receives no portion of the additional federal reimbursement** for individuals they place that participate in MFP. DHS officials said the Department of **Healthcare and Family Services (HFS)**, the MFP liaison for the State of Illinois, **keeps that portion**. During FY12-16, the State received over \$11.2 million in enhancement funds through MFP.

### CHAPTER 2

DHS failed to provide transparency for individuals and guardians regarding the information it published on licensure survey results for the CILA program. We **found multiple omissions in published data** during FY12-FY16. Additionally, DHS has not adopted rules regarding posting of information.



The Bureau of Accreditation, Licensure and Certification (BALC) utilizes a **survey scoring tool** that is inconsistent with criteria for sanction and license revocation in administrative rules. The scoring tool **fails to provide scoring for the lowest level of compliance** as defined in rule. This may have resulted in, for the period FY12-FY16, BALC only taking action on four license revocations.

During the period FY12-FY16, DHS failed to routinely provide BALC with Office of the Inspector General (OIG) investigative findings and reports. **BALC was not always aware of and could not follow up on OIG recommendations** to the CILA provider agencies it licenses.

DHS, in our sample of 25 CILA providers for the period FY12-FY16, **did not complete** five percent (7 of 128) of the CILA provider agency **annual reviews as required** by the administrative rules for CILA. For the annual reviews that BALC did complete, 26 percent (31 of 121) **were not timely**. Additionally, DHS allowed CILA provider agencies to submit 12 percent (15 of 130) of renewal applications **outside the timeframe required** by the CILA Rule.

BALC used the survey process, including the issuance of notices of violations (NOVs) for noncompliance with CILA standards, to ensure CILA provider agencies were complying with established standards. However, we found **BALC did not always issue citations** for NOVs as defined in the CILA Rule. Additionally, BALC allowed CILA provider agencies to maintain their CILA licenses despite having **repeat violations**. Finally, the NOV **database did not represent the actual number of violations**.

BALC survey documentation failed to indicate immediate corrections had been completed prior to completing licensing surveys. This failure is a **violation of policy and can put CILA clients at risk of injury**. Additionally, BALC does not verify that corrections to all violations of the CILA Rule are completed by providers, **risking that clients remain in the same living arrangements for three years** prior to conducting the next license survey.

Audit testing found that BALC: did **not** complete or timely complete all surveys, did **not** require all plans of correction (POCs) to be submitted or be timely submitted by CILA provider agencies, and did **not** approve all POCs it received as required by the administrative rules. Additionally, auditors found some subjectivity and inconsistency in the BALC survey process.

DHS has failed to adopt rules relative to establishing a process **to determine when to review a CILA provider**. This is a violation of the CILA Licensure and Certification Act. Additionally, BALC **was not provided** with some of the means to make that determination for the period FY12-FY16.

DHS failed to enforce CILA rules by not seeking revocation of provider licenses in cases where sections of the rule were violated. Our examination of a sample of CILA providers found instances where BALC cited providers for **falsified records, failure to correct deficiencies and refusal to participate in** or permit the BALC survey process. Rather than revoke the CILA licenses, BALC either allowed the providers to remain in the program or entered into settlement agreements, **agreements which were not always followed**.

### CHAPTER 3

The Bureau of Quality Management (BQM) **failed to conduct CILA reviews** on 50 providers of CILA services during the period FY12-FY16. Twenty-three of the providers were in the CILA program for at least three years during the audit period. These 23 providers **received \$47,508,399** from DHS for CILA services.

BQM does not **routinely share the results of its oversight activities** with the Bureau of Accreditation, Licensing and Certification (BALC). The sharing of this information could be beneficial to BALC in decisions to conduct well-being checks or modify its survey schedule of CILA providers.

DHS does not monitor CILA residents' personal funds maintained by the CILA providers. Even though questions concerning client funds were discovered by the OIG and the Office of Contract Administration (OCA) during the audit period **it does not appear** that the unit tasked with licensing of CILAs, BALC, **conducted any follow-up or was aware of problem CILA providers.**

DHS **failed to maintain supporting documentation** for community placement interest by individuals that reside in SODCs. Due to this lack of documentation **we were unable to determine** whether Community Resource Associates (CRA) was conducting activities only on individuals that were actively pursuing transition to CILA. CRA was **paid almost \$6.1 million by DHS** for the period FY12-FY16.

DHS does not require organizational units that have oversight of the CILA program to always share information that could be beneficial to monitoring efforts. OCA **does not provide the results** of its fiscal/administrative reviews with the DHS unit that has authority to revoke the license of a non-performing CILA provider, BALC.

DHS **failed to revise administrative rules** for changes made to the CILA program. These changes were effective July 1, 2017. The failure by DHS **resulted in community providers and Independent Service Coordinators (ISCs) operating under rules that were not consistent with federal guidelines.**

DHS did not seek recoupment from CILA providers when documentation appeared to show that individuals did not receive the services for which the provider was being paid. Evidence from **DHS' own documentation** showed that housekeeping, a service which is part of the rate, was lacking in some instances yet the provider was still paid the full rate. Recovery was also not conducted even when DHS documentation showed that **providers had not been able to document that services were being implemented** for individuals.

### CHAPTER 4

During the period FY12-FY16, DHS **transitioned 408 individuals** from the eight State-Operated Developmental Centers (SODCs) **to CILA living arrangements.** The responsibility for providing follow-up service visits to individuals who transition from an SODC to the community is performed by several entities. These entities are the ISCs, the Bureau of

Transitional Services (BTS) within DHS, SODC staff, and a vendor (Community Resource Associates (CRA)) that DHS contracted with for SODC closure activities.

DHS contracted with **17 ISCs** whose primary role is to work with the individual, family, and/or guardian to identify the most appropriate living arrangement, be it State-operated facility or CILA. The 17 ISCs received **over \$28 million** for these services during the audit period. During audit testing of available documentation we found:

- **DHS failed to ensure** that Independent Service Coordinators (ISCs) maintained documentation on all required visits to individuals that transitioned from an SODC to a CILA.
- **ISCs only conducted 62 percent of the required weekly visits** to the individuals in CILAs. Additionally, **ISCs only conducted 82 percent of the required monthly visits** to the individuals in CILAs. However, ISCs did conduct 91 percent of the required quarterly visits to the individuals in CILAs.

DHS, through its Bureau of Transitional Services, **failed to conduct** follow up visits with individuals that transitioned from SODCs to CILAs. Our sample testing found that **BTS only conducted 45 percent of the required weekly visits** to the individuals in CILAs. Additionally, **BTS only conducted 51 percent of the required monthly visits** to the individuals in CILAs.

**DHS failed to maintain documentation showing** that CRA conducted all transition follow-up visits with individuals that transitioned from SODCs during its contracts with DHS. Auditors requested documentation from DHS concerning all CRA activities, including transition follow-up visits conducted by CRA. However, information **provided to the auditors by DHS did not document all of CRA's required transition follow-up visits**. For instance, DHS' documentation of CRA's **follow-up visits** accounted for 56 percent (860 of 1,527) of the required weekly visits, and 11 percent (171 of 1,576) of the required monthly visits. CRA initially indicated to auditors that it had turned all of its documentation over to DHS. Upon further auditor inquiry, CRA did locate some documentation; however, that documentation also was not complete.

DHS failed to ensure that ISCs maintained all required consents for individuals selecting CILA as a living option. Our testing of 50 individuals that transitioned to a CILA during the audit period found **two instances where the ISC did not have the consent** for CILA services. Additionally, the consents we did review were **often not timely**. Some consents occurred after the individual transitioned, some consents were signed the day of transition, and others were dated well in advance of the transition date. Based on our testing we concluded **only 20 percent of the consents were timely**.

DHS failed to ensure that either the individual in a CILA setting, or a guardian, participated in the development of all individual services plans (ISPs). This lack of oversight contributed to **nearly 27 percent of our sample where the plans were developed without input from the individual or guardian**.

## CHAPTER 5

DHS secured the services of Community Resource Associates (CRA) **under questionable procurement strategies**, first as an emergency then as a purchase of care contract. These strategies kept the services from being competitively procured and **made it impossible to tell** whether the State received the best deal for the funds paid. CRA was **paid over \$6 million** by DHS over the life of the contracts.

DHS was **unable to provide** auditors documentation to support its decision to close any SODCs during the period FY13-FY15. These **decisions were needed** for CRA to conduct activities under two contracts with DHS for transition services. DHS paid **CRA \$3.9 million** for these two contracts even though it had **no documentation to support the need** for the services.

From 2012-2015, **CRA received full contractual payment, \$6.1 million**, from DHS for services under three contracts. The three contracts between DHS and CRA contained deliverables sections. However, **DHS could not provide support** for a number of deliverables that were outlined in those contracts.

DHS provided CRA over \$233,000 for services **more than 180 days after the contract term ended** for the contract to assist in the closure of the Jacksonville Developmental Center (JDC). The funds were for follow-up services related to on-site visits for the closure of JDC. However, **these services were already built into the original contract**, a contract that paid CRA all \$1,950,000 of the contract value.

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## INTRODUCTION

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On March 15, 2017, the Illinois House of Representatives adopted Resolution Number 34 (see Appendix A), which directs the Auditor General to conduct a performance audit of the oversight of the Community Integrated Living Arrangements (CILA) program at the Department of Human Services (DHS). We were asked to:

- review the process for **licensing** community mental health or developmental services agencies and certifying community-integrated living arrangements for persons with mental illnesses or persons with developmental disabilities;
- determine whether **oversight and monitoring** of licensed agencies and certified providers complies with statutory and regulatory requirements, including site visits, and inspections of records and premises;
- review the **extent and timing of follow-up and monitoring** by DHS of individuals transitioned from State-operated developmental centers to CILAs, including its provision of follow-along services to support an individual's transition into the new service arrangement;
- **review the role** of Community Resource Alliance, Community Resource Associates, and any other principal providers in transition planning and support and whether those contracts were adequately managed by DHS;
- **review the status** of the Money Follows the Person initiative, including individual budgets and reimbursements received from the federal government; and,

- review DHS procedures for **receiving and investigating complaints** against licensees and providers, including any denial or revocation of licenses or actions taken against providers.

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## DEPARTMENT OF HUMAN SERVICES

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DHS, created in the Departments of State Government Law (20 ILCS 5/5-15), began operation on July 1, 1997. The Community Services Act (405 ILCS 30) directs DHS to assume leadership in facilitating an array of services for persons with mental health and/or developmental disabilities that will strengthen the individuals' self-esteem, participate in and contribute to community life, and prevent unnecessary institutionalization. DHS utilizes multiple organizational units to oversee the CILA program. Exhibit 1-1 presents the DHS organization chart with the units highlighted that monitor CILA operations.

The **Bureau of Medicaid Waiver Programs** oversees the federal waiver which allows individuals to choose CILA services. As of December 2016, there were 25 total positions in this bureau with 11 of those positions vacant.

The **Bureau of Community Services**, which interfaces with providers of the CILA program on a daily basis, had 32 total positions in a proposed organizational chart in November 2016. Ten of those positions were vacant.

The **Bureau of Quality Management (BQM)** is within the Division of Developmental Disabilities (DDD) and reviews CILAs for purposes of ensuring compliance with the federal home and community based waiver. BQM also addresses and follows up on complaints received by DHS that do not amount to abuse, neglect or financial exploitation. As of March 2017, there were 5 vacant positions among the 27 total in BQM.

The **Bureau of Accreditation, Licensure and Certification (BALC)**, within the Bureau of Clinical, Administrative, and Program Support, licenses CILAs and is responsible for surveys to ensure compliance with DHS Rule 115, the CILA Rule. As of June 2016, BALC had 35 total positions with 18 vacant titles.

The **Office of the Inspector General (OIG)** is one of the DHS entities responsible for oversight of the CILA program. OIG investigates allegations of abuse, neglect and financial exploitation. As of January 2017, OIG had 109 total positions with 47 of those vacant.

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## LIGAS CONSENT DECREE

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The Ligas Consent Decree resulted from a lawsuit filed in 2005. The Ligas lawsuit was filed on behalf of adults with developmental disabilities who live in intermediate care facilities for those with developmental disabilities (ICF/DD) and choose to move to community-based settings, and on behalf of those that live at home with their families and are seeking community-based living options and services.

In June of 2011, the Court approved a Consent Decree settling the *Ligas v. Hamos* lawsuit. The Consent Decree identifies two groups of Class Members:

- Adults with developmental disabilities (DD) who qualify for Medicaid Waiver services, who reside in ICF/DD with nine or more residents and who affirmatively request to receive community-based services or placement in a community-based setting.
- Adults with DD who qualify for Medicaid Waiver services, who reside in a family home, who are in need of community-based services or placement in a community-based setting, and who affirmatively requests community-based services in a community-based setting.

The Decree does not force individuals who do not want community-based services or placement to move. Nor does the Decree force providers to close beds or enter into downsizing agreements with the State against their will.

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## COMMUNITY INTEGRATED LIVING ARRANGEMENT

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A CILA is a living arrangement which promotes residential stability for an individual who resides in his or her own home, in a home shared with others, or in the natural family home and who is provided with an array of services to meet his or her needs. Licensed CILA agencies technically agree to a no-decline option; however, the agency may decline services to an individual because it does not have the capacity to accommodate the particular type or level of disability and cannot, after documented efforts, locate a service provider which has the capacity to accommodate the particular type or level of disability.

CILAs, in the DHS program, can be comprised of individuals who need developmental disability services or mental health services. The six types of CILA arrangements are detailed in Exhibit 1-2.

Exhibit 1-2 TYPES OF COMMUNITY INTEGRATED LIVING ARRANGEMENTS	
<i>Type</i>	<i>Description</i>
Adult Foster Care	A living arrangement for recipients in residences of families unrelated to them, for the purpose of providing family care for the recipients on a full-time basis.
Assisted Residential Care	An independent living arrangement where recipients are intermittently supervised by off-site staff.
Crisis Residential Care	A non-medical living arrangement where recipients in need of non-medical crisis services are supervised by on-site staff 24 hours a day.
Home Individual Programs	Living arrangement for two unrelated adults outside the family home.
Supported Residential Care	A living arrangement where recipients are supervised by on-site staff and such supervision is provided less than 24 hours a day.
Special Needs Trust-Supported Residential Care	A living arrangement where recipients are supervised by on-site staff and that supervision is provided 24 hours a day or less, as dictated by the needs of the recipients, and determined by service providers.
Source: OAG developed from Community Integrated Living Arrangements Licensure and Certification Act (210 ILCS 135/3(d)).	

Administrative rule (59 Ill. Adm. Code 115.210) sets the criteria for participation in CILA. In order to receive CILA services an individual must be at least 18 years old, have a mental disability, and be in need of an array of services and a supervised living arrangement. **The individual, or guardian, must give informed consent to participate in a CILA arrangement and must agree to participate in the development of the individual integrated services plan.**

### **CILA Funding**

DHS funds CILA services for persons with developmental disabilities and for persons with mental illness using two separate mechanisms due to the differences in the nature of the mental disability.

- CILA services for persons with **mental illness** are funded through grants under administrative rules (59 Ill. Adm. Code 103 and 59 Ill. Adm. Code 132).
- CILA services for persons with **developmental disabilities** are funded through a rate methodology as mandated by the CILA Licensure and Certification Act (210 ILCS 135/9). According to DHS officials, the **annual rate** for an individual receiving DD CILA services ranges from \$5,000 to \$271,000.

### **Base Costs**

Costs for CILA services using the rate methodology mechanism include those costs reported on the Interagency Statistical and Financial Report. These costs include case costs:

- Room and Board costs – costs to upkeep the home in normal operation such as housing, utilities, telephone, insurance, food, maintenance and housekeeping.
- Direct Program costs – costs incurred in providing habilitation services and support such as direct care staff wages and benefits, supplies, and consultant services.
- Transportation costs – costs to transport individuals while they are in the CILA home and trained on the activities of daily life.
- Indirect Administration costs – costs associated with overhead expenses as they relate to delivery of services such as administrative and clerical support staff, travel and training, conferences, and office operating expenses.

### **Non-Base Costs**

Non-base support costs are expenses incurred due to the special added services required by specific persons living in CILAs to the extent allowed by the CILA rate model. Examples of these costs include nursing, special dietary needs, and therapies. DHS staff reviews all requests for non-base support costs.

### **Individual CILA Rate**

Individual CILA rates are developed for each individual living in CILA homes. These rates include expenses for providing day programs for the individuals. Individuals between the ages of 18 to 59 are expected to be participating in out-of-home, work-oriented day programs unless there are medical or behavioral issues that prevent such participation.

### Third Party Payment

Third party payment information concerning an individual's earned and unearned income is obtained from the Community Reimbursement Subsystem Financial Questionnaire and used to calculate the third party payment.

### CILA Statistics

As of May 2017, there were **3,097 CILA locations** around the State. Over one-third of all CILAs are located in Cook County. Ninety-two of the 102 counties in Illinois have some service level for CILAs. The sites served approximately 10,000 individuals. Appendix F provides the number of CILA sites by CILA provider as of May 9, 2017.

Twenty percent of the **CILA sites** are controlled by **six provider agencies**. Those providers with the number of sites in parentheses are:

- Trinity Services (118),
- Illinois Mentor Community Services (108),
- Clearbrook (107),
- UCP Seguin of Greater Chicago (97),
- Association for Individual Development (91), and
- Individual Advocacy Group (90).

CILAs, in the DHS program, can be comprised of individuals who need developmental disability services or mental health services. During the audit we obtained, verified, and summarized information from DHS on CILA operations from both the DD and the MH perspectives for FY12-FY16. Appendix C of this report shows each community agency in the CILA program for FY12-FY16, the location of the agency, what type of services were provided (DD/MH/Both), total payments to the community agency, number of years in the audit period the community agency was in the CILA program, and the average number of clients served while in the program.

Overall, for the period FY12-FY16, DHS **expended over \$2 billion** on the CILA program. This represented a 36 percent increase during the period. Ninety-seven percent of those expenditures were for clients that received CILA services related to DD issues. MH served clients, which are financed through grants to community agencies, experienced a drop in overall expenditures from \$11.9 million in FY12 to \$11.2 million in FY16.

CILA program participation for DD clients **increased** during the audit period by 23 percent. MH served clients **decreased** by 17 percent. Exhibit 1-4 provides a breakdown by fiscal year of the expenditures and participation rates.



Exhibit 1-4 COMMUNITY INTEGRATED LIVING ARRANGEMENT STATISTICS FY12-FY16						
Year	#DD Clients	#MH Clients	Total Clients	DD Expenditures	MH Expenditures	Total CILA Expenditures
FY12	9,549	448	9,997	\$331,385,189	\$11,904,197	\$343,289,386
FY13	10,051	433	10,484	\$363,791,261	\$11,809,878	\$375,601,139
FY14	10,611	413	11,204	\$402,921,202	\$11,809,878	\$414,731,080
FY15	11,639	384	12,023	\$435,256,013	\$11,377,038	\$446,633,051
FY16	11,737	371	12,108	\$455,001,721	\$11,208,167	\$466,209,888
<i>Totals</i>				<i>\$1,988,355,386</i>	<i>\$58,109,158</i>	<i>\$2,046,464,544</i>

Source: OAG developed from DHS information.

Trinity Services of New Lenox was the largest CILA community agency provider with \$116,740,180 in CILA payments for the period FY12-FY16. Achievement Unlimited of Galesburg and Individual Advocacy Group of Romeoville followed with \$73,574,234 and \$54,824,646, respectively, for the five-year period. At the opposite end, Shine on Me from Park Forest participated in CILA for one year during the audit period and was paid \$10,445 for one client. Another CILA community agency, Heroes of the Game in Rockford, was paid \$321,445 over three years for one client.

### FAILURE TO DEVELOP STATE PLAN FOR CILAs

DHS failed to develop a State plan for the distribution of CILAs around the State. Nearly **20 percent of the counties** around the State of Illinois had either **one CILA site or no CILA sites**.

State statute outlines that CILAs shall be located so as to enable residents to participate in and be integrated into their community or neighborhood. We originally requested a copy of the State Plan on April 4, 2017. Seventy-seven days later, on June 20, 2017, DHS informed us that it **had not completed a State Plan**.

On May 9, 2017, we obtained a listing of all the CILA sites in the State. We summarized this data and found:

- There were **3,097 CILA sites** across the State of Illinois.
- 10 counties (Brown, Edwards, Ford, Greene, Hancock, Henderson, Mercer, Pike, Putnam, Scott) **had no CILA sites** located within the county.
- 10 other counties (Calhoun, Clark, Douglas, Gallatin, Jasper, Jersey, Marshall, Menard, Montgomery, Schuyler) **had one CILA site** located within the county. Exhibit 1-3 provides a county listing of CILA sites.
- 238 community agencies provided CILA sites.
- 3 of those community agencies **operated over 100 CILA sites** (Trinity Services-118, Illinois Mentor Community Services-108, Clearbrook-107).

Section 10(a) of the Community-Integrated Living Arrangements Licensure and Certification Act (Act) (210 ILCS 135/10(a)) requires DHS to adopt a State Plan for the distribution of CILAs throughout the State. The State Plan was to include guidelines regarding the location of CILAs within the geographical areas to be served by the agencies, and the availability of support services within those areas for residents.

An official from the Division of Developmental Disabilities (DDD) told auditors that DHS **has never completed** the State Distribution Plan for CILAs. The official added that the statute has been **flagged for change** during the next legislative session. Additionally, on February 21, 2018, the same official reported that *“the statutory language does not reference a written or published plan....Neither the statute nor the [a]dministrative [r]ule specifies that this distribution throughout the state equate to CILAs in every county.”*

Failure to develop a State Plan for the distribution of CILAs is a **violation of State law**. Additionally, it could create a situation where all the State is not sufficiently covered with CILA services for those that are in need of such services.

<b>FAILURE TO DEVELOP STATE PLAN FOR CILAs</b>	
<b>RECOMMENDATION NUMBER  1</b>	<i>DHS should comply with State law and develop a State Plan for the distribution of CILA services throughout the State of Illinois.</i>
<b>DEPARTMENT OF HUMAN SERVICES RESPONSE  (Response Continued)</b>	<p>The Department disagrees with the recommendation. The Department believes that CILA services are distributed throughout the State in a manner that reflects the wants and needs of individuals receiving services.</p> <p>To the effect the initial “State Plan” was to allocate CILA sites within each DMHDD region, once CILA became part of the Medicaid Waiver program, federal guidelines on individual choice were required to be followed. Once Medicaid Waiver coverage began, CILA capacities are awarded to individuals, not providers. Individuals choose where they will live; the Division does not make that choice.</p> <p>Since the time of passage of the CILA Act, many other types of community options have been developed for the population served by the Division. The 2014 Centers for Medicare and Medicaid Services Rule governing Medicaid Waiver programs applies to the Home-Based Services (HBS) program, as well as other waiver programs such as CILA and Developmental Training. This Rule outlines the expectations that all recipients of Waiver funded services participate to the fullest extent possible in planning their services and experience the community to the same degree as all others in their community, regardless of disability.</p> <p>HBS should also be taken into consideration in determining compliance with community integration. The statistics provided by the OAG only take into consideration 24 hour shift staff provider agency CILA, and not other forms of community integrated programs. Out of the ten counties</p>

<p><b>(Response Continued)</b></p>	<p>listed by OAG as not having CILA, nine of those counties are home to individuals receiving Adult HBS. These include:</p> <ul style="list-style-type: none"> <li>Brown - 2</li> <li>Edwards - 2</li> <li>Ford - 3</li> <li>Green - 13</li> <li>Hancock - 22</li> <li>Mercer - 1</li> <li>Pike - 15</li> <li>Putnam - 4</li> <li>Scott - 3</li> </ul> <p>Only Henderson County is bereft of any community integrated programs funded by the Division. An Excel spreadsheet that lists the number of HBS settings by County was provided to the auditor, to detail a comparison to OAG’s listing.</p> <p>It should also be noted that in the current climate, families and individuals are choosing HBS over the traditional CILA when offered Waiver services. Following the most recent selection from our Priority of Urgency of Need for Services (PUNS) Database, 72% of individuals selected HBS while 22% selected traditional CILA (the remaining 6% chose day program only). When possible, individuals and their families choose to remain in the family home and utilize their funding to purchase an array of community day services in addition to other needed services.</p> <p>Section 10(a) required the Department to promulgate guidelines as rules pursuant to the Illinois Administrative Procedure Act. Section 115.310 of 59 Ill. Adm. Code is captioned “Geographic location of community-integrated living arrangements.” Sub-paragraph (a) states that:</p> <p>“CILA sites shall be located to enable individuals to participate in and be integrated into their community and neighborhood. Homes shall be typical of homes in the community and residential neighborhood and their inclusion should not appreciably alter the characteristics of the neighborhood.”</p> <p>Sub-paragraph (b) states that:</p> <p>“CILA sites shall be located to promote integration of individuals with mental disabilities within the range of communities throughout the State, and to avoid concentrating individuals in CILAs in a neighborhood or community.”</p> <p>The OAG analyzed the current distribution of CILAs by county, and decided that the Division is out of compliance because ten counties within the State do not have CILA settings licensed by the Bureau of Accreditation, Licensure and Certification. Neither the statute nor the Administrative Rule specifies that this distribution throughout the state equate to CILAs in every county.</p>
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	<p><b><i>Auditor Comment #1:</i></b></p> <p><b><i>DHS responds that the OAG analyzed current CILA distributions and decided DHS was out of compliance because ten counties had no CILA settings. DHS is incorrect. Auditors did use DHS’ own data to illustrate where CILAs were located within counties around the State of Illinois. The CILA Act requires DHS to adopt a State Plan for the distribution of CILAs around the State. Auditors concluded that DHS, by its own admission, had not developed a State Plan. This failure to develop a State Plan is what illustrates DHS non-compliance with the CILA Act.</i></b></p> <p>Section 10(a) of the CILA Act was passed in the 86th General Assembly (1989-1990). At the time of passage, CILA was not a part of the Medicaid Waiver programs, and there were no other funding options for non-institutional residential settings for individuals with developmental/intellectual disabilities. Throughout the early 1990s the Division, then a part of the Illinois Department of Mental Health and Developmental Disabilities (DMHDD) developed CILA allocations that ensure CILA capacities were awarded within each DMHDD region.</p> <p>No Division staff members were in their current roles during that period of time. We can only assume that the allocation within each DMHDD region was the “State Plan”. In addition, the statutory language does not reference a written or published plan.</p> <p><b><i>Auditor Comment #2:</i></b></p> <p><b><i>We find it interesting that DHS does not believe a State Plan needed to be in writing especially given that DHS now “can only assume that the allocation within each DMHDD region was the ‘State Plan.’” DHS reports that no Division staff members were in their current roles during the time the legislation requiring the Plan was enacted. Absence of institutional knowledge appears to be a good argument for the State Plan being in writing.</i></b></p>
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## MONEY FOLLOWS THE PERSON

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Resolution Number 34 asked us to review the status of the Money Follows the Person (MFP) initiative, including individual budgets and reimbursements received from the federal government. During the audit, we found that MFP is a misnomer. According to DHS officials, the requirement for participating in MFP is that the individual currently resides in a SODC or an ICF/DD nine beds or greater. Also, the individual would need to move to a CILA with four beds or less or to the Adult Home Based Services program. When an individual meets the above criteria they can choose to participate in MFP by signing a consent (guardian if appointed). The fiscal benefit of MFP is that the State of Illinois receives a 75 percent match from the federal government on services and supports billed to the State instead of the usual 50 percent match. These additional matching funds are for 365 days post discharge from a SODC or ICF/DD.

A DHS official said in 2010-2011, the State did not have many four-bed CILAs and the DDD Director at the time fought the MFP demonstration project because the State did not have enough four-bed CILAs, a requirement of MFP. The official said when the Jacksonville Developmental Center closed, DDD made progress with MFP because there were more four-bed CILAs.

The MFP program is currently not accepting additional individuals. The last date the State of Illinois could accept guardian consent to participate in MFP was June 30, 2017. The last date that an individual could begin participation in MFP was December 31, 2017. This means that an individual could transition from a SODC or ICF/DD into an MFP approved setting type no later than December 31, 2017. In this case, the person is considered a MFP participant until December 31, 2018, and Illinois would receive the additional 25 percent match for 365 days.

DHS officials stated **there are not budgets for MFP**. The officials provided examples of individuals that transitioned under MFP. The award letters contain rate sheets. There is a topline rate (less any social security) in the award letter and the MFP amount received is based on that rate. DHS officials added that the State is the only financial beneficiary of MFP, there is **no benefit to the community agency**.

**DHS receives no portion of the additional federal reimbursement** for individuals it places that participate in MFP. DHS officials said the Department of **Healthcare and Family Services (HFS)**, the MFP liaison for the State of Illinois, **keeps that portion**. The DHS officials indicated that DHS invested a lot of time and resources into getting MFP off the ground, and HFS was the beneficiary of the additional funds. HFS deposits the match dollars into a special fund, the MFP Budget Transfer Fund.

Exhibit 1-5 MFP ENHANCEMENT FUNDS FY12-FY16	
<i>Fiscal Year</i>	<i>MFP Funds</i>
2012	\$774,031
2013	\$1,918,388
2014	\$1,850,536
2015	\$4,099,426
2016	\$2,587,813
<i>Total</i>	<i>\$11,230,194</i>
Source: OAG developed from HFS information.	

During FY12-FY16, the State received over \$11.2 million in enhancement funds through MFP. Exhibit 1-5 presents the amounts HFS received for each fiscal year.

HFS officials reported that two Illinois social service agencies – DHS and the Department on Aging – participate in MFP. The official stated that within DHS, developmental disabilities, rehabilitation services, and mental health are participating units.

HFS officials reported to auditors that between FY12-FY16 there were three projects paid out of the MFP Budget Transfer Fund. Total expenditures for the projects were \$1,226,560.

A DHS official said the federal government is **ending the MFP demonstration in December 2018**. HFS is trying to work with the federal government to extend the program.

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## AUDIT SCOPE AND METHODOLOGY

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This audit was conducted in accordance with generally accepted government auditing standards and the audit standards promulgated by the Office of the Auditor General at 74 Ill. Adm. Code 420.310. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives. The audit sampling methodology for our fieldwork testing is presented in Appendix B.

The audit objectives for this audit were those delineated in House Resolution Number 34 which directed the Auditor General to conduct a performance audit of the oversight of the CILA program at DHS. The audit scope/timeframe was not defined in the Resolution. Given that the State closed the Jacksonville Developmental Center in November 2012, and that one of the determinations of the Resolution is to review the status of the Money Follows the Person initiative, and that another determination dealt with transition of individuals, we defined the audit period as FY12-FY16. The majority of fieldwork for the audit was completed between July 2017 and December 2017.

In conducting the audit, we reviewed applicable State laws, administrative rules, and DHS policies pertaining to the CILA program. We reviewed compliance with those laws and rules to the extent necessary to meet the audit’s objectives. Any instances of non-compliance we identified or noted are included in this report.

We interviewed DHS staff from: the Bureau of Accreditation, Licensure and Certification; the Bureau of Quality Management; the Division of Mental Health; the Division of Developmental Disabilities; the Office of the Inspector General; the Bureau of Transition Services; the Office of Contract Administration; the Bureau of Community Services; the Procurement Office; and the Bureau of Medicaid Waiver Programs. Additionally, we interviewed staff from the Department of Healthcare and Family Services relative to the Money Follows the Person program.

We contacted all of the following Independent Service Coordinators (ISCs) to provide information relative to the audit. Those ISCs in bold were also contacted as part of audit testing for transition follow-up, consent to participate in CILA, and approvals of individual service plans.

- **Access Services of Northern Illinois,**
- **Central Illinois Service Access,**
- Champaign County Regional Planning Commission,
- **Community Alternatives Unlimited,**
- Community Service Options for Rock Island/Mercer Counties,
- Community Service Options - Chicago,
- **DayOne/PACT,**
- **Developmental Disabilities Services of Metro East,**
- **Great Rivers Service Corporation,**
- **Livingston County Mental Health Board,**

- Options & Advocacy McHenry County,
- **Prairieland Service Coordination,**
- **Service, Inc.,**
- **Southern Illinois Case Coordination Services,**
- **Suburban Access, Inc.,**
- **West Central Service Coordination,**
- **Western Illinois Service Coordination.**

We analyzed DHS payments made to CRA in addition to analyzing and summarizing the CRA clinical files as they related to transitions and the completion of contract deliverables. To determine whether transition follow up occurred for SODC transitions we obtained and analyzed Bureau of Transition Services documentation.

We also reviewed internal controls and assessed audit risk relating to the audit's objectives. A risk assessment was conducted to identify areas that needed closer examination. Any significant weaknesses in those controls are included in this report.

An exit conference was held with officials from DHS on May 23, 2018. Those in attendance were:

DHS:	Fred Flather Corey-Anne Gulkewicz J. Michael Patton Kathy Ward Bill Diggins Felicia Gray Emily Vincent Brian Bertrand Albert Okwuegbunam Amy DeWeese
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Office of the Auditor General:	Mike Maziarz – Audit Manager Jill Paller – Audit Supervisor
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## REPORT ORGANIZATION

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The remainder of this report is organized into the following chapters:

- **Chapter Two** examines CILA licensing activities.
- **Chapter Three** examines CILA oversight and monitoring by DHS.
- **Chapter Four** examines CILA transition follow-up.
- **Chapter Five** examines the role of transition planners in the CILA Program.
- **Appendices** presenting:

- House Resolution Number 34 (Appendix A);
- Audit Sampling Methodology (Appendix B);
- Listing of CILA Community Agencies State Spending and Clients for FY12-FY16 (Appendix C);
- Listing of CILA Community Agencies Licensing Survey Results for FY12-FY16 (Appendix D);
- Listing of CILA Community Agencies Substantiated Allegations of Abuse and Neglect for FY12-FY16 (Appendix E);
- Listing of the Number of CILA Sites by Community Agency as of May 9, 2017 (Appendix F);
- Listing of CILA Community Agencies Reviewed by the Bureau of Quality Management for FY12-FY16 (Appendix G); and
- Agency Responses (Appendix H).



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## Chapter Two

# CILA LICENSING ACTIVITIES

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## CHAPTER CONCLUSIONS

DHS failed to provide transparency for individuals and guardians regarding the information it published on licensure survey results for the CILA program. We **found multiple omissions in published data** during FY12-FY16. Additionally, DHS has not adopted rules regarding posting of information.

The Bureau of Accreditation, Licensure and Certification (BALC) utilizes a **survey scoring tool** that is inconsistent with criteria for sanction and license revocation in administrative rules. The scoring tool **fails to provide scoring for the lowest level of compliance** as defined in rule. This may have resulted in, for the period FY12-FY16, BALC only taking action on four license revocations.

During the period FY12-FY16, DHS failed to routinely provide BALC with Office of the Inspector General (OIG) investigative findings and reports. **BALC was not always aware of and could not follow up on OIG recommendations** to the CILA provider agencies it licenses.

DHS, in our sample of 25 CILA providers for the period FY12-FY16, **did not complete** five percent (7 of 128) of the CILA provider agency **annual reviews as required** by the administrative rules for CILA. For the annual reviews that BALC did complete, 26 percent (31 of 121) **were not timely**. Additionally, DHS allowed CILA provider agencies to submit 12 percent (15 of 130) of renewal applications **outside the timeframe required** by the CILA Rule.

BALC used the survey process, including the issuance of notices of violations (NOVs) for noncompliance with CILA standards, to ensure CILA provider agencies were complying with established standards. However, we found **BALC did not always issue citations** for NOVs as defined in the CILA Rule. Additionally, BALC allowed CILA provider agencies to maintain their CILA licenses despite having **repeat violations**. Finally, the NOV **database did not represent the actual number of violations**.

BALC survey documentation failed to indicate immediate corrections had been completed prior to completing licensing surveys. This failure is a **violation of policy and can put CILA clients at risk of injury**. Additionally, BALC does not verify that corrections to all violations of the CILA Rule are completed by providers, **risking that clients remain in the same living arrangements for three years** prior to conducting the next license survey.

Audit testing found that BALC: did **not** complete or timely complete all surveys, did **not** require all plans of correction (POCs) to be submitted or be timely submitted by CILA provider agencies, and did **not** approve all POCs it received as required by the administrative rules. Additionally, auditors found some subjectivity and inconsistency in the BALC survey process.

DHS has failed to adopt rules relative to establishing a process **to determine when to review a CILA provider**. This is a violation of the CILA Licensure and Certification Act.

Additionally, BALC **was not provided** with some of the means to make that determination for the period FY12-FY16.

DHS failed to enforce CILA rules by not seeking revocation of provider licenses in cases where sections of the rule were violated. Our examination of a sample of CILA providers found instances where BALC cited providers for **falsified records, failure to correct deficiencies and refusal to participate in** or permit the BALC survey process. Rather than revoke the CILA licenses, BALC either allowed the providers to remain in the program or entered into settlement agreements, **agreements which were not always followed**.

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## INTRODUCTION

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House Resolution Number 34 directed the Auditor General to review the process for **licensing** community mental health or developmental services agencies and certifying community-integrated living arrangements for persons with mental illnesses or persons with developmental disabilities. Additionally, we were directed to review DHS procedures for **receiving and investigating complaints** against licensees and providers, including any denial or revocation of licenses or actions taken against providers.

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## COMPLAINT INVESTIGATIONS

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DHS officials reported that complaints related to the CILA program are addressed within the Department by the OIG, BALC, and the Bureau of Quality Management (BQM). In December 2017, the Auditor General released a program audit of the Illinois Department of Human Services Office of the Inspector General. The Department of Human Services Act (Act) requires the OIG to investigate allegations of abuse and neglect that occur in mental health and developmental disability facilities operated by DHS. The Act also requires the OIG to investigate allegations of abuse and neglect that occur in community agencies licensed, certified, or funded by DHS to provide mental health and developmental disability services.

In order to not duplicate efforts, the audit directed by House Resolution Number 34 focused on OIG investigations as they related to penalties to licensees resulting from those investigations during FY12-FY16. Results of our testing appear later in this chapter.

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## INACCURATE LICENSING INFORMATION REPORTED TO PUBLIC

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DHS failed to provide transparency for individuals and guardians regarding the information it published on licensure survey results for the CILA program. We **found multiple omissions in published data** during FY12-FY16. Additionally, DHS has not adopted rules regarding posting of information.

During the audit, we obtained (on March 9, 2017 and May 31, 2017) and reviewed information published on the Department's website. We summarized the surveys reported by BALC. The results of our summary led to exceptions related to **missing community agencies and scores** on the website. We requested and BALC provided, on July 5, 2017, a computerized run of data by BALC.

We found that DHS-published information on licensing results had **serious omissions** of licensure survey scores. The published data **failed to contain survey scores of 50 community agencies** that were surveyed by BALC. Each fiscal year during the audit period also had survey report results that were missing. This included:

- FY12 – 11 survey reports were missing from the DHS-published data;
- FY13 – 15 survey reports were missing from the DHS-published data;
- FY14 – 35 survey reports were missing from the DHS-published data;
- FY15 – 13 survey reports were missing from the DHS-published data; and,
- FY16 – 19 survey reports were missing from the DHS-published data.

Included in our examination were instances where a community provider had been scored multiple times during the audit period but not always included on the DHS website. Finally, we found one instance where **the licensure survey published percentage was inaccurate**. New Life Residence, Inc. had a BALC survey in FY12. BALC published that this community agency received a rating of 99 percent. The computer run showed this community agency **actually received a survey rating of 51.68 percent**.

Section 14 of the Community-Integrated Living Arrangements Licensure and Certification Act (Act) (210 ILCS 135/14) required DHS, by July 1, 2012, to make available through its website, information on each agency regarding licensure and quality assurance survey results; licensure and contract status; and substantiated findings of abuse egregious neglect, and exploitation. Additionally, the Act required the Department to adopt rules regarding the posting of this information.

A BALC official reported that for several years, the Division of Developmental Disabilities (DDD) has been publishing BALC information because BALC did not have an approved webpage master. The official added that someone should have been overseeing this information.

BALC officials reported that the Administrative Code is not aligned with the Act and that nowhere in the Administrative Code will we find rules that were developed regarding the public posting of information.

Failure to supply accurate information regarding CILA licensure surveys and abuse and neglect substantiated allegations at CILA providers **can mislead the public** and potentially result in a guardian selecting a particular CILA that would not be a true representation of actual performance.

<b>INACCURATE LICENSING INFORMATION REPORTED TO PUBLIC</b>	
<p><b>RECOMMENDATION NUMBER</b></p> <p style="font-size: 2em;"><b>2</b></p>	<p><i>DHS should take the steps necessary to ensure that information published on its public website relative to monitoring of the CILA program is complete and accurate. Additionally, DHS should comply with the Community-Integrated Living Arrangements Licensure and Certification Act and adopt rules for the posting of information.</i></p>
<p><b>DEPARTMENT OF HUMAN SERVICES RESPONSE</b></p>	<p>The Department partially agrees with the recommendation. During the summer of 2016, the Department became aware of discrepancies in data reported on its website. After being questioned by a Chicago Tribune reporter as to why summary information on Abuse/Neglect/Exploitation reports posted by the Division of Developmental Disabilities conflicted with the detailed reports received by the Tribune, the Division discovered that an error had occurred in the transmission process. The Office of Inspector General sent a data file to the Division, and the Division failed to recognize that all the data was not captured.</p> <p>This error was corrected by the Department several months before the Office of Auditor General began its audit, but the Department acknowledges that during the years covered by the audit, there had been a discrepancy.</p> <p>Additionally, in November of 2016, the Office of the Secretary convened regular meetings that included management from Division of Developmental Disabilities, Office of Inspector General and Bureau of Accreditation, Licensure and Certification.</p> <p>After learning of the dropped data, the Division took the following steps:</p> <ul style="list-style-type: none"> <li>• All columns now have totals, so it will be easy to determine if data was dropped during transmission;</li> <li>• OIG staff now review the DDD report before it is posted on the website. DDD provides only the “census numbers” and “provider names”. The bulk of the information comes from the OIG, and they can quickly verify the accuracy. After the OIG verifies the numbers, the updated reports are posted;</li> <li>• In the event of a change in a provider’s licensing status such as a merger with another provider or change in the FEIN number, BALC will ensure timely notification to the OIG and DDD, so this can be reconciled when new quarterly numbers are ready for posting;</li> <li>• All reports now have a disclaimer indicating there can be a small discrepancy due to the way the reports are created. There is also information detailing who to contact if there are questions regarding the report. DDD’s source data is derived from CILA billings and the OIG source data is obtained from complaints. In less than one percent of the cases there may be a mismatch;</li> <li>• All new data files received from the OIG are maintained in separate folders, by quarter, by fiscal year to better ensure the same mistake will not be repeated;</li> <li>• IDHS is working on a Quality Score Card which will encompass data from the OIG, BALC and DDD for providing detailed information by provider in a user-friendly format that will allow</li> </ul>

<p><b>(Response Continued)</b></p>	<p>families and the public to be better informed about a particular provider;</p> <ul style="list-style-type: none"> <li>• BALC, the OIG and DDD instituted formal quarterly meetings. In addition, representatives from BALC and DDD meet monthly to discuss any areas of concern or interest.</li> </ul> <p>The BALC database manager will provide updated survey results quarterly to the Division of Developmental Disabilities personnel for posting on the DDD webpage. This practice began 2/20/2018 followed by an update on 4/25/2018. The BALC Process and Procedure Manual will be updated to include the process and frequency.</p> <div style="border: 1px solid black; padding: 5px;"> <p><i><b>Auditor Comment #3:</b></i></p> <p><i><b>The DHS response references a problem with Inspector General information that was identified by the Chicago Tribune. That inaccurate information was published by the Division of Developmental Disabilities but the problem was corrected prior to the OAG starting this audit. Auditors identified inaccurately published licensing survey results to DHS on July 5, 2017. This predates the new BALC practice of February 20, 2018 by 230 days.</b></i></p> </div>
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## SURVEY SCORING TOOL REPORTING INCONSISTENCIES

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BALC utilizes a **survey scoring tool** that is inconsistent with criteria for sanction and license revocation in administrative rules. The scoring tool **fails to provide scoring for the lowest level of compliance** as defined in rule. This may have resulted in, for the period FY12-FY16, BALC only taking action on four license revocations.

Pursuant to the Illinois Administrative Code, CILA provider agencies, as a result of an on-site survey, shall be recognized according to levels of compliance with standards. Agencies with findings from Level 1 to Level 3 will be considered to be in good standing with DHS. Findings from Level 3 to Level 5 will result in a notice of violations, a Plan of Correction (POC) action and defined sanctions. **Findings resulting in Level 6 will result in a notice of violations and defined sanction.**

BALC has developed a **scoring tool** to utilize when conducting on-site surveys. This CILA Compliance Checklist details the requirements surveyed based on Rule 115 (Standards and Licensure Requirements for Community-Integrated Living Arrangements). However, **this tool does not include all compliance levels, including the most severe compliance level** as stated in the Illinois Administrative Code. Scoring totals are defined on the tool as:

- Level 1 = 100 percent;
- Level 2 = 93 percent to 99 percent;
- Level 3 = 80 percent to 92 percent;
- Level 4 = 70 percent to 79 percent; and,
- Level 5 = 0 percent to 69 percent.

The Illinois Administrative Code defines levels of compliance for license sanctions and revocation (59 Ill. Adm. Code 115.440). Additionally, BALC utilizes a Community-Integrated Living Arrangements Compliance Checklist that defines scoring by compliance level.

A BALC official, in responding to auditors on why the scoring tool and rule were inconsistent stated, *“The forms predate me so I cannot fully answer why they were excluded. I can state that the move to revoke is not something that our bureau takes lightly. The decision to revoke is made from review of the data (past and present), discussion with the bureau’s surveyors and administration and the Office of Clinical Administrative and Program Supports administrator before the decision to revoke is made.”*

Failure to utilize consistent scoring guidance for BALC surveys can create situations where the requirements of the administrative rules are not consistently applied and could create a situation where all CILA providers are not treated the same. For instance, Aspen Homes’ survey score of 47 percent from September 2011 would be **considered a Level 5 result for BALC** scoring purposes which, according to rule, would require as a Level 5, a re-survey within 60 days. However, **DHS action was based on Level 6** and license revocation.

<b>SURVEY SCORING TOOL REPORTING INCONSISTENCIES</b>	
<b>RECOMMENDATION NUMBER</b>  <b>3</b>	<i>DHS should take actions necessary to make survey scoring documents consistent with criteria provided by the administrative rules.</i>
<b>DEPARTMENT OF HUMAN SERVICES RESPONSE</b>	<p>The Department disagrees with the recommendation. While the Bureau agrees that it can list level VI – revocation on the tool, it is a level that is not automatically issued at the surveyor level during the exit conference process of the survey. It is a level that can be earned by more than a low survey score. The Bureau’s review process is an appropriate step prior to revoking a license. The Bureau will list the Level 6 and its definition along with the other levels on the survey tool.</p> <div style="border: 1px solid black; padding: 5px;"> <p><b>Auditor Comment #4:</b></p> <p><i>Auditors never reported that Level 6 revocation should be automatically issued. We simply point out the inconsistency of the licensing scoring instrument with the Administrative Rule.</i></p> </div>

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### **LACK OF OIG REPORTING TO LICENSING**

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During the period FY12-FY16, DHS failed to routinely provide BALC with OIG investigative findings and reports. **BALC was not always aware of and could not follow up on OIG recommendations** to the CILA provider agencies it licenses.

The DHS OIG is charged with investigating allegations of abuse and neglect within the CILA program. During FY12-FY16, if allegations of abuse and neglect were substantiated, the reports were provided to the BQM within DDD.

According to summary information published by DHS, the **OIG substantiated 1,225 allegations** of abuse/neglect/exploitation for CILA providers during the audit period. Per year those substantiated cases were:

- FY12 – 227 cases
- FY13 – 219 cases
- FY14 – 275 cases
- FY15 – 285 cases
- FY16 – 219 cases.

See Appendix E for a complete listing of CILA community agencies with substantiated allegations of abuse and neglect during FY12-FY16. The February 13, 2009 OIG Confidentiality Directive, the Directive in effect during the audit period, included DDD and DHS Division of Mental Health (DMH) in its routine distribution for investigative findings and/or investigative reports, but did not include BALC.

During testing of **25 CILA community agencies** in our licensing sample, we found the OIG substantiated or did not substantiate but had recommendations in a **total of 492 cases** during the audit period FY12-FY16. We found:

- In 54 percent (268 of 492) of the cases, there was **no evidence in the files that BALC had knowledge of the cases**. There was evidence of the OIG investigation, whether it was a plan of correction, intake, or other in 224 of the 492 (46 percent) cases.
- Of the 224 cases in BALC’s files, **evidence of follow-up was only found in 6 (3 percent) of the files**.

See Exhibit 2-1 for the details of the OIG cases in the BALC files for the CILA community agencies in the sample.

A BALC official told us that *“Prior to our new process, the substantiated cases would be provided to our Bureau at least 12 months after it occurred. Unfortunately, we did not/do not have the manpower to go backwards.”*

Exhibit 2-1 <b>OIG CASES MAINTAINED AT BALC</b> <b>SAMPLE OF 25 CILA PROVIDERS</b> <b>FY12-FY16</b>			
<i>CILA Provider</i>	<i># OIG Cases</i>	<i>Cases in BALC Files</i>	<i>Cases with BALC Follow-Up</i>
Neumann Family Services	93	41	1
Progressive Housing	73	39	1
Cornerstone	70	34	0
Community Alternatives of Illinois	61	17	1
St. Coletta's of Wisconsin	47	20	0
Centerstone	25	14	1
Center for Disability Services	23	7	0
Southwest Disabilities Services and Support	22	11	1
Rehabilitation and Vocational Education	20	8	0
Royal Living Center	19	9	1
Hoyleton Youth and Family Services	9	8	0
Joseph Rehabilitation Center	9	7	0
Neighborhood Opportunities	8	4	0
Divine Center	4	1	0
New Foundation Center	2	0	0
American Residential Care	1	1	0
Assertive Mission	1	0	0
Centers for Residential Alternatives	1	1	0
Golden Community Living Center	1	1	0
Millennium Gardens	1	1	0
Epilepsy Foundation of North Central Illinois	1	0	0
Kwanza Suites Corporation	1	0	0
Breath of Life Professional Services	0	N/A	N/A
Beverly Hills Home Care	0	N/A	N/A
Soledad Social Services Corporation	0	N/A	N/A
<i>Total</i>	492	224	6
<i>OIG Cases in BALC Files/BALC Follow-Up</i>		45.53%	2.68%
<i>OIG Cases NOT in BALC Files/NO BALC Follow-Up</i>		54.47%	97.32%
Source: OAG developed from BALC information.			

The Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires all State agencies, including DHS, to establish and maintain a system, or systems, of internal fiscal and administrative controls. These controls should provide assurance that resources are utilized efficiently, effectively, and in compliance with applicable law. These controls should include ensuring that entities having oversight of the CILA program have all the information from all DHS units necessary in order to conduct such oversight.

Additionally, BALC's Process and Procedure Manual outlines the survey process which requires the lead surveyor to review an agency's previous year's closed BALC file. This review should include the most recent full or focus survey Notice of Violation (NOV) and Plan of Correction (POC), complaint NOV's and POC's, and **OIG reports**. In the February 27, 2017



revision to its Confidentiality Directive, OIG updated the language on routine distribution on investigative findings and reports to include BALC.

An OIG official told auditors on June 13, 2017, that there has been a change in the Directive since the news (Chicago Tribune) articles in early 2017. The official stated OIG used to forward all substantiated cases to BQM only. The new process is to forward all substantiated cases to BQM and BALC. The official stated the Secretary of DHS has also ordered all cases which are substantiated, unsubstantiated, unfounded findings with recommendations, and unsubstantiated or unfounded with no recommendations to be forwarded to BQM and BALC.

BALC could not follow up on OIG cases and ensure compliance with the CILA Rule or be prepared for the survey process absent having the information to adequately do so. Having access to these reports could assist BALC in determining whether to revoke a CILA provider’s license.

<b>LACK OF OIG REPORTING TO LICENSING</b>	
<b>RECOMMENDATION NUMBER</b>  <b>4</b>	<i>DHS should ensure that BALC, as the Bureau charged with licensing CILA provider agencies, receives all OIG investigative reports and findings as they relate to the CILA program. BALC should determine the necessary follow-up to ensure CILA provider agencies are compliant with the CILA Rule.</i>
<b>DEPARTMENT OF HUMAN SERVICES RESPONSE</b>	<p>The Department disagrees with the recommendation. Prior to 2017 the OIG, DDD and BALC attempted to improve communication. Since November of 2016 the Secretary’s office convenes regular meetings among the OIG, DDD and BALC in order to review data across these three domains and ensure communication lines are open. In addition, the BALC receives intakes, non-reportable referrals (soon after the report is made to the OIG) and approved written responses from the DDD, since November 2016. BALC then utilizes the information for necessary follow up.</p> <div style="border: 1px solid black; padding: 5px;"> <p><i>Auditor Comment #5:</i></p> <p><i>The DHS response references a new communication process after the audit period of FY12-FY16. Given that our sample of only 25 CILA provider licensing files at BALC found BALC was missing information on 54 percent of the OIG cases, and BALC only followed up on 3 percent of the cases it did have information on, we will follow up on this new process in a subsequent audit of DHS.</i></p> </div>

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**RENEWAL APPLICATIONS AND ANNUAL RENEWALS**

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DHS, in our sample of 25 CILA providers for the period FY12-FY16, **did not complete** five percent (7 of 128) of the CILA provider agency **annual reviews as required** by the administrative rules for CILA. For the annual reviews that BALC did complete, 26 percent (31 of 121) **were not timely**. Additionally, DHS allowed CILA provider agencies to submit 12 percent (15 of 130) of renewal applications **outside the timeframe required** by the CILA Rule.

A full CILA license is valid for three years. Agencies found during a survey to be in substantial compliance with the CILA Rule will be relicensed for an additional 3-year period. In addition to being licensed for three years, CILA provider agencies submit an annual renewal application. The **purpose of the renewal** application is to update BALC with information about the CILA provider agency. Submissions of annual renewal applications are required regardless of certificate/license expiration.

The annual renewal application and annual review process requires:

- The CILA provider agency to submit the application within 30 days from Department notification and within 120 days of the renewal expiration;
- BALC to approve/disapprove completed applications within 60 days of receipt; and
- BALC to complete the annual review by the license expiration date.

During testing, we sampled 25 CILA provider agencies to determine their **compliance with the annual renewal application process as well as BALC's timeliness** in completing the annual review process. BALC should have completed a **total of 128 annual reviews** across the 25 CILA provider agencies in our sample during FY12-FY16. However, we found:

- Five percent (7 of 128) of the annual reviews **were not completed** by BALC; and
- 31 of the remaining 121 annual reviews (26 percent) that were completed **were not timely**.

For example, for one CILA provider agency in the sample, New Foundation Center, **BALC did not complete all of the required annual reviews and for the reviews it did complete, not all were timely**. We found:

- The deadline for one of New Foundation Center's annual reviews was May 31, 2015. BALC granted New Foundation Center three separate extensions to its CILA program: (1) to August 31, 2015; (2) to December 31, 2015; and (3) to May 31, 2016, **the deadline for the 2016 annual review**.
- At the time the 2015 annual review was due, **BALC had not completed** a full survey since February 2013 which had resulted in an 88 percent compliance level. BALC **also did not complete a focus survey** that should have been completed in March 2014. The next survey was not completed until February 2016, during the 3<sup>rd</sup> extension of the 2015 annual renewal.
- The result of the 2016 full survey was an 86 percent, Level 3 rating. During that survey, BALC cited New Foundation Center for **failure to complete annual reassessments. BALC also cited New Foundation Center for not creating services plans with objective measures and monthly review of the services plans**.
- Further, New Foundation Center was again granted a 1-month extension for the 2016 annual review process until June 30, 2016.

Auditors noted that the violations cited above are all areas which the CILA provider agency attests are being completed when it submits its annual renewal. This further demonstrates the need for BALC to complete timely annual reviews.

For the sample of 25 CILA provider agencies, 130 applications should have completed and submitted to BALC during FY12-FY16. We found:

- 12 percent (15 of 130) of applications **were submitted late** by CILA provider agencies; and
- 2 percent (2 of 130) of applications **were not timely approved by BALC**.

BALC cited the Quality Assurance Section of the CILA Rule (59 Ill. Adm. Code 115.320 (f)(2)) as the basis for the requirement of the Department to conduct annual reviews. This subsection states: *“The agency’s quality assurance program shall be the basis for annually certifying to the Department that individuals are receiving appropriate community-based services...”* Additionally, Section 410 of the CILA Rule (59 Ill. Adm. Code 115.410 (c)) addresses license application renewals and states, *“On department notification, each licensed agency shall submit a signed and dated renewal application at least 120 days prior to expiration of the license.”*

If a reason was cited for the late submission of the CILA provider agency renewal application, it was **due to an oversight** on the part of the agency. BALC granted extensions past the annual deadline for CILA programs at provider agencies when it was unable to timely complete the survey process. Further, there were instances where BALC granted 2 or 3 extensions which ultimately caused the annual review to be completed and combined with the following year’s annual review.

Because CILA provider agencies are licensed on a multi-year cycle, BALC relies on these agencies to annually certify on their renewal applications that individuals are receiving the appropriate services and oversight. BALC’s annual reviews are necessary for BALC to evaluate CILA provider agencies for compliance with the CILA Rule especially during the years when a survey is not required. Failure to complete an annual review may put clients in potential harm if services are not provided.

<b>RENEWAL APPLICATIONS AND ANNUAL REVIEWS</b>	
<b>RECOMMENDATION NUMBER</b>  <b>5</b>	<i>DHS should ensure that all annual reviews are timely completed and require CILA provider agencies to timely submit annual renewal applications.</i>
<b>DEPARTMENT OF HUMAN SERVICES RESPONSE</b>	The Department accepts the recommendation. BALC has been authorized to hire personnel for a position that was vacant. The position will be responsible for data review and entry. In addition, the position will also be responsible for corresponding with providers to ensure timely processing. BALC is working with DoIT in attempt to digitize the licensure and renewal processes. If the process is digitized, it will significantly decrease data entry and human error and is expected to also improve timeliness. The discussion on the feasibility of the process is in the beginning phases.

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### **NOTICE OF VIOLATIONS DEFICIENCIES**

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BALC used the survey process, including the issuance of NOV’s for noncompliance with CILA standards, to ensure CILA provider agencies were complying with established standards. However, we found **BALC did not always issue citations** for NOV’s as defined in the CILA

Rule. Additionally, BALC allowed CILA provider agencies to maintain their CILA licenses despite having **repeat violations**. Finally, the NOV **database did not represent the actual number of violations**.

### Notice of Violations

BALC uses a survey process to determine the degree of compliance with the Standards and Licensure requirements for CILAs (59 Ill. Adm. Code 115). A notice of violation is a report submitted to a CILA provider agency by BALC listing the agency’s deficiencies with the CILA Rule noted during survey. Agencies whose violations equate from a Level 1 to a Level 3 are considered to be in good standing with the Department. Findings from levels below a Level 3 yield sanctions, including a requirement for the Department to resurvey the provider. See Exhibit 2-2 for a listing of sanctions that BALC can impose.

Exhibit 2-2 <b>LICENSING SANCTIONS</b>	
<i>Sanction</i>	<i>Description</i>
Administrative Notice	A written notice issued by BALC that specifies CILA Rule violations and requires a written plan of correction with time frames for corrections to be made and notice that any additional violation may result in a higher level sanction.
Probation	Occurs when compliance with standards is minimally acceptable and necessitates immediate corrective action. Client’s life safety or quality of life is not in jeopardy. Probation period can last up to 90 days during which the agency must make corrective changes or risk higher level sanctions.
Restricted License	Occurs when an agency is sanctioned for unsatisfactory compliance and results in the prohibition of new admissions during the restricted license period. Corrective action must be taken within 60 days to return to good standing. If corrective actions are not taken, the agency will be subject to a higher level sanction.
Revocation	The withdrawal by formal action of a provider’s license. If revocation occurs as a result of imminent risk, all individuals will be relocated to another agency and all CILA funding will be transferred.
Financial Penalty	May be imposed upon finding of violation in any one or combination of the sanctions. In determining an appropriate financial penalty, DHS may consider the deterrent effect of the penalty on the organization and other providers.
Targeted License	An agency with multiple CILA sites may be sanctioned for non-compliance according to the performance of the respective sites. Additionally, when an agency continues to fail administratively to implement corrective changes for a site, the agency can face sanctions.
Additional Sanctions	Higher level sanctions may be imposed in situations where there are repeat findings.
Source: OAG developed from Standards and Licensure Requirements for Community-Integrated Living Arrangements (59 Ill. Adm. Code 115.440).	

Depending on the level of compliance found during a survey, a POC may be required. A POC is a written plan submitted by the CILA provider agency to BALC in response to the NOV that describes the steps the agency will take in order to bring the program or services into compliance with the CILA Rule. Regardless of the requirement to submit a POC, a provider agency is required to correct ANY citation that BALC makes.

If, during the most recent licensing survey, the agency fails to correct the violations from the prior review, BALC will issue **repeat violations**. Repeat violations will be noted on the NOV report **and in the BALC database**.

### Violations Not Cited

BALC did not always issue citations for violations as defined in the Rule. We found two instances with two sample CILA provider agencies that were not cited for violations, but should have been.

- **Breath of Life Professional Services** – Received a Level 4 rating (74 percent) during its 2013 full survey which required a resurvey. During resurvey the NOV report form only states, “*The agency is now in ‘Good Standing Status’.*” The related compilation form shows a Level 3 with **90 percent compliance**. BALC **should have cited** Breath of Life Professional Services for the specific violations that brought its compliance score to a 90 percent.
- **Joseph Rehabilitation Center** – Received a Level 5 rating (49 percent) during its 2013 full survey which required a resurvey. During resurvey the NOV report form only states, “*No new Notice of Violations will be issued today. Therefore, your current score of Level 5 will remain...*” **That Level 5 rating contained 50 violations**. It is unclear how, or if, BALC determined whether Joseph Rehabilitation Center corrected any of 49 violations it received during the prior full survey. BALC should have reissued the specific violations that were not corrected.

BALC uses the violations, POCs, and resurvey process to ensure agencies are conforming to established standards. Absent reissuing violations, **BALC cannot document** on its forms or in its database whether the violations are repeated and continue to be of concern to the Department.

### Repeat Violations

During testing of the 25 CILA provider agencies in our sample, BALC completed 124 surveys. Regarding NOVs, we found:

- 86 percent (107 of 124) of the surveys had a least one NOV; and
- 87 percent (93 of 107) of the surveys with at least one NOV had at least one repeat violation.

Further, BALC allowed CILA providers to maintain their CILA licenses despite having multiple repeat violations. For example:

- The **Center for Disability Services** was cited **five times in five consecutive years** during the audit period (2011-2015) for the same licensing rule violation regarding individuals’ services plans. BALC completed two full surveys and three focus surveys during the five-year period and during each survey, Center for Disability Services was cited and issued a NOV for **failure to have qualified professional documents**. The documents not maintained by the provider were CILA Rule violations for failure to document:
  - an individual’s services were being implemented;
  - service plans continued to meet the individual’s needs; and
  - action was recommended in the plan where needed.

- All five surveys **required** the submission of a POC. The Center for Disability Services **submitted** and BALC accepted all required POCs, yet the Center for Disability Services **failed to implement** its POCs in all years given the violations were noted in the subsequent reviews.
- The Center for Disability Services could not demonstrate that individuals were receiving the necessary services required by their plans. BALC should consider taking action, as outlined in policy, against the licenses of providers that fail to correct violations.

### Notice of Violation Database

The NOV database is not representative of the actual number of violations issued by BALC during its survey process. During fieldwork testing of 25 sample providers, we compared the NOVs on the survey report forms issued by BALC during the audit period FY12-FY16 to the violations captured in the NOV database.

- In 72 percent (49 of 68) of the reviews, there was **at least one discrepancy** between the survey report form and the database. Examples of discrepancies included: ‘repeat’ designation and entire reviews not captured; specific violations missing; and citation entry errors.
  - For example, **Beverly Hills Home Care** was reviewed four times, and based on the type of reviews (i.e. full or focus), all NOVs should have been included in the database. However, **none of the 34 violations** cited for three of the four reviews (two focus and one full survey) appeared in the database.
  - In another example, **Kwanza Suites Corporation** should have had the results of six reviews included in the data. The violations issued in four of six reviews did **not** match the database. The 2012 full survey had three extra citations, one missing citation, one duplicate citation, and one entry error; **none of the five violations** issued by BALC during the 2012 90-day survey were included, and the 2013 focus and 2015 full surveys included similar entry errors, missing repeat designations, and additional citations in the database, as well as **wrong** survey dates.

**None of the violations** were in the database for 24 percent (6 of 25) of the providers we tested as **those providers closed** and, according to BALC, their information was removed from the system.

- For example, **Epilepsy Foundation of North Central Illinois** closed its CILA program in February 2015. During the audit period, BALC conducted two full surveys and two focus reviews which resulted in over 80 violations; however, those violations are no longer in the database because Epilepsy discontinued participation in the CILA program. Should Epilepsy Foundation decide to resume participation in the CILA program, this information would be useful to BALC during its review process.

According to a BALC official NOVs issued as a result of **complaint investigations were not captured** in the NOV database. For example, during the audit period FY12-FY16, 5 of 9 reviews at **Neumann Family Services** were for complaint investigations. The 15 NOVs issued

as a result of those 5 investigations were not captured in the database. Again, this information would be useful to BALC during subsequent reviews.

Absent a complete and accurate NOV database, BALC officials **cannot use the database as a reliable resource** during the survey process. That was confirmed by a BALC official in a correspondence from December 13, 2017, when the official informed auditors “*BALC does not generate data reports because [of] reliability issues.*”

When asked why the Department did not require NOVs to be issued during resurvey, a BALC official said, “*At that time our protocol was that the agency needed to bring their rating back up to 90% compliance of showing as being in Good Standing with the department through the implementation of their Plan of Correction, which is what they had demonstrated during that audit review, causing no citation to be issued.*” Another BALC official reported “*This was the practice that predated me joining BALC... Once I became aware of the practice it was ceased.*” The official further stated that she became aware of the practice in 2013 and stated that once she became aware it immediately stopped and “*resurveys began to ensure implementation of the plan of correction, and not just scored to see if the agency license status could be brought into good standing.*”

The same official, when reporting on the repeated NOVs stated “*Unfortunately, we have accepted repeated violations that were either exactly the same, and very often the same standard different location or individual. We are attempting to rectify this leniency.*”

Again the same official, when reporting on the quality of the NOV database stated: “*BALC has not had the personnel to conduct quality reviews of data entered. We have been operating bare minimum personnel. I cannot state with certainty that any current members have the skill set to run reports and conduct reviews on a consistent basis as well as conduct audits, maintaining compliance with statute and rule expectations...I have expressed the need for the supports to ensure our bureau is providing quality services...I am a believer in QA, and I am the most disappointed it does not happen with consistency.*”

Failure to issue and maintain accurate NOV data can result in providers being surveyed by BALC officials that did not have relevant background information to determine whether issues had been corrected. Allowing providers to keep providing services to individuals with developmental disabilities in a CILA setting when they have not corrected deficiencies brings into question the validity of the review/survey process and can put individuals in harmful situations.

<b>NOTICE OF VIOLATIONS DEFICIENCIES</b>	
<p><b>RECOMMENDATION NUMBER</b></p> <p style="font-size: 2em;"><b>6</b></p>	<p><i>DHS should:</i></p> <ul style="list-style-type: none"> <li>• <i>Ensure all violations are issued to CILA providers when noncompliance with the CILA Rule is found;</i></li> <li>• <i>Take action against a provider’s license when there are multiple repeat violations; and</i></li> <li>• <i>Maintain a complete and accurate NOV database that can be used during the survey process.</i></li> </ul>
<p><b>DEPARTMENT OF HUMAN SERVICES RESPONSE</b></p>	<p>The Department accepts the recommendation. Mid-year 2013, BALC began to conduct re-surveys of all violations noted. Once all violations are reviewed, the survey is rescored for the purposes of assuring the agency has reached a level that is in good standing with the Department only, a new NOV is issued if there are repeated violations, and there is a focus survey within 12 months. The bureau’s administrator or designee will complete a QA review of a sample of providers’ compliance survey results on a monthly basis. The bureau has posted the supervisor’s positions in both Springfield and Chicago that will have the responsibility to complete the QA. There are temporary assignments in the positions at present.</p>

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**LACK OF DOCUMENTATION FOR IMMEDIATE CORRECTIONS AND PLAN OF CORRECTION WEAKNESSES**

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BALC survey documentation failed to indicate immediate corrections had been completed prior to completing licensing surveys. This failure is a **violation of policy and can put CILA clients at risk of injury**. Additionally, BALC does not verify that corrections to all violations of the CILA Rule are completed by providers, **risking that clients remain in the same living arrangements for three years** prior to conducting the next license survey.

A BALC official explained there are criteria that need to be **corrected immediately, corrections which are shown on the survey exit conference document**. Exhibit 2-3 provides a listing of the conditions that warrant immediate correction. We would note that the first item on the list relates to OIG findings of abuse and neglect that are still present. During the period FY12-FY16, BALC was not the recipient for the routine distribution of all OIG findings.



Exhibit 2-3 SITUATIONS REQUIRING IMMEDIATE CORRECTION
1. OIG findings of abuse and abusive staff are still present.
2. Evidence of serious individual to individual violence.
3. Evidence of two or more recent failures to report allegations of abuse/neglect.
4. Observation of abuse/neglect.
5. Use of restraint without proper oversight or training.
6. Extreme heat at site.
7. Extreme cold at site.
8. Water temperature over 110 degrees.
9. No utilities or telephone.
10. CILA home in serious disrepair.
11. Mold on floors, walls or ceilings.
12. Spoiled food in refrigerator.
13. Lack of food.
14. Insufficient Direct Support Person (DSP) trained staff.
15. Smoke detectors not working, no fire extinguisher, no evacuation plan.
16. Evidence of infestation by rodents or insects.
17. Urine/feces on bed linens, floors or walls.
18. Too many individuals being served or residing at a CILA site.
19. More than two individuals sharing a bedroom.
20. An individual who is mobility impaired living in an inaccessible site.
Source: OAG developed from BALC Policy and Procedure manual.

During testing of **25 CILA community agencies** in our licensing sample, we found that BALC was unaware of 54 percent (268 of 492) of the OIG substantiated cases or cases that were not substantiated but had recommendations. BALC only followed up on six cases that were in the files.

As issues are identified, the provider is made aware of the findings. The providers are/should also be made aware when items need to be immediately corrected. The violation is written, with a notation, “corrected on site.” The criteria is on the document that BALC surveyors utilize to inform a BALC administrator when the condition of the home is a risk to individual health and safety and are not immediately correctable. BALC surveyors are to consult with the administrator regarding their findings/observations and receive instructions on the next steps, which could lead to immediate closure of the home/site or program due to imminent risk of harm.

In our sample of 25 CILA providers we reviewed all the surveys conducted by BALC for the period FY12-FY16, as well as the timeframes immediately previous to and immediately after our audit period. We found **problems with the documentation** to show whether conditions were corrected **prior to** the closing of the survey at the exit process. For example:

- The Epilepsy Foundation of North Central Illinois had a full survey from BALC on December 9-10, 2013. The Exit Conference Checklist completed by BALC shows

- that BALC verified that corrections were made for a citation of **Evidence of infestation by rodents or insects**. However, our review of the Survey Report Form did not find any citation related to that issue. Given the severity of such a charge, **BALC surveyors need to accurately account** for these types of citations and have complete documentation to illustrate they followed up before leaving the premises.
- On July 16-17, 2014, the Epilepsy Foundation again had a 60-day review conducted by BALC. The Exit Conference Checklist, dated July 17, 2014, indicated, for the listing of situations requiring immediate attention that the agency was “correcting” the issues. This **violates the BALC policy** that the surveyors not complete the survey until the corrections are made. The Epilepsy Foundation had been cited on the Survey Report Form at various locations for: **filthy home, major smells, large hole in bedroom ceiling, wood ramp dilapidated to the point it needed to be replaced, and a kitchen full of flies**. Given the number of problems it would appear that the CILA home was in serious disrepair, a condition that needs to be corrected immediately. Auditors are skeptical that could have been completed one day after the survey had been conducted on July 16, 2014.
  - Kwanza Suites had a survey from BALC on August 15-16, 2012. The Exit Conference Checklist completed by BALC shows that BALC did not cover any topics that needed immediate correction. However, our review of the Survey Report Form showed violations were cited for: **strong urine smell upstairs, cleaning supplies were not locked up, walls are dirty and need painting, carpet taped in transition from living room to dining room, and roach killer on counter top not locked up**. These violations appear to be what is described as needing immediate correction prior to BALC surveyors completing the review.
  - Southwest Disabilities Services and Support (SDSS) had a complaint survey from BALC on August 25-26, 2011. The Exit Conference Checklist completed by BALC shows that BALC did not cover any topics that needed immediate correction even though **mold in the basement** had been noted in the Survey Report Form at two SDSS locations. Additional violations were cited for: **sparse furniture in the living and dining rooms, handrails are not secure, and the water temperature was over 120 degrees**. These violations needed immediate correction prior to BALC surveyors completing the review.
  - On September 27, 2012, SDSS had a BALC-conducted survey based on a complaint. The Exit Conference Checklist, dated the same day, September 27, 2012, indicated, for the listing of situations requiring immediate attention that the provider had made the corrections. SDSS had been cited on the Survey Report Form for: **food is stored near cleaning supplies, second floor bathroom not equipped to facilitate independence, missing floor tiles, bathroom toilet was inoperable, bedroom window broken, sharp edges can cause imminent risk, missing closet doors, air vent needed cleaning, main floor hallway had exposed electrical wiring, mold in ceilings and around window, and electrical lighting in bedrooms not sufficient for reading**. Again, given the number of problems it would appear that the CILA homes were in serious disrepair, a condition that needs to be corrected immediately. Auditors are skeptical that could have been completed one day after the survey had been conducted on the same day that SDSS was notified.

### Plans of Correction

A provider that scores a Level 3 or below on a BALC survey is required to submit a POC to illustrate how the provider will fix the violations cited. When a Level 2 score is realized on a survey, the provider **does not have to submit** a POC but **is required to correct any citation**. A BALC official explained that the lack of a POC was because the *“intent was to allow the provider the opportunity to self-correct via their internal quality assurance process.”*

BALC **does not check** to verify these corrections are made. When a provider receives a Level 2 or higher survey score, BALC **does not return** to the provider, absent a complaint, **for three years**. This extended period is why it is important that corrections are made to violations.

For example, the Center for Residential Alternatives received a full survey from BALC in 2012 resulting in a Level 2 score of 95 percent. The provider was cited by BALC for four issues:

- files missing annual psychiatric examination for individuals with a mental illness,
- documentation to show the QMRP (Qualified Mental Retardation Professional) and QMHP (Qualified Mental Health Professional) reviewed individual services plans and documented that services were being implemented,
- documentation to show the QMRP and QMHP reviewed individual services plans and documented services in the plan continue to meet the needs of the individuals,
- documentation to show the QMRP and QMHP reviewed individual services plans and documented when needed actions were recommended.

Since the provider received the Level 2 score it did not have to submit a POC. BALC, utilizing a self-correction philosophy, assumed the provider would make the required corrections. In 2015, BALC conducted the next full survey and found the same four violations.

In another example, Southwest Disabilities Services and Support (SDSS) received **two full** surveys from BALC during the audit period. In 2012, the full survey resulted in a score of 97 percent **eliminating the need** for a POC. However, **six months later**, in September 2012 BALC, in responding to a complaint, cited SDSS for **mold and imminent risk**. The full survey conducted in 2015 resulted in a score of 95 percent, again eliminating the need for a POC. **Clients at the SDSS facilities would have lived in dangerous conditions had there not been complaints filed** with BALC on SDSS. Between those two full surveys BALC conducted surveys for **eight complaints**. Some of the issues found are detailed above.

BALC did report to auditors that since approximately January 2017, BALC has developed and implemented a process to conduct Health and Safety Inspections (HSIs) during provider non-survey years, for OIG complaints that are non-reportable or appear to be a high risk, and for excessive OIG complaints. The Bureau does not have the manpower to check each provider that scored a Level 2 or higher and all of the homes they operate, along with conducting compliance surveys for license/certification renewals.

The BALC Policy and Procedure Manual outlines the process utilized for the completion of the survey process by BALC surveyors. Regardless of survey score level, if certain conditions are found during the survey, corrections are **required to be made immediately and verified by**

**the BALC surveyor before completing the survey** and leaving the agency. Additionally, the Manual requires that “*the agency **MUST correct any citation made.***” (emphasis added)

A BALC official stated she cannot state exactly why surveys were completed without following the BALC process. Some surveyors may have been accustomed to ensuring hot water temps were corrected or ensuring enough food was present in the home, and may not have utilized the document or Bureau’s process. Some corrections may have been made, but not noted on the Survey Results Form.

The official also reported that “*BALC is to confirm that issues identified as needing immediate correction occurs, if possible. The process was to accept the honest method, that the provider would complete a corrective action plan along with its quality assurance process to minimize the likelihood of the violation occurring again. BALC would not automatically go out and check health and safety issues between survey periods unless our bureau received a complaint.*”

Failure to document that immediate correction was made, when required, is a violation of BALC policy. Also, when BALC allows providers to self-correct violations without documentation to verify this correction, the risk exists that conditions continue for three years before BALC again visits the provider. Additionally, if these conditions are not corrected, the **clients live in an environment that is potentially hazardous** to them.

<b>LACK OF DOCUMENTATION FOR IMMEDIATE CORRECTIONS AND PLAN OF CORRECTION WEAKNESSES</b>	
<b>RECOMMENDATION NUMBER</b>  <b>7</b>	<i>DHS should ensure that BALC surveyors document when conditions are found that require immediate correction and follow policy and not complete the survey until those corrections are made by the CILA providers. Additionally, DHS should develop reporting requirements for providers to submit to verify corrections are made when plans of correction are not required.</i>
<b>DEPARTMENT OF HUMAN SERVICES RESPONSE</b>	The Department accepts the recommendation. BALC corrected this process in 2017. The surveyor now denotes a repeated violation on the Notice of Violation by an asterisk being placed next to the standard number. The Face Sheet of the Survey Results Form (Notice of Violations) has also been updated to inform the reader of the denotation. BALC will update its process and procedure manual and inform providers of the requirement to attest that corrections were made and will be reviewed through the agency’s QA process. The document will become part of the provider’s file maintained at the bureau. It will also inform providers that those corrections will be reviewed during the BALC onsite visit.

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## LICENSING SURVEY PROCESS RESULTS

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Audit testing found that BALC: did **not** complete or timely complete all surveys, did **not** require all POCs to be submitted or be timely submitted by CILA provider agencies, and did **not**

approve all POCs it received as required by the administrative rules. Additionally, auditors found some subjectivity and inconsistency in the BALC survey process.

The Standards and Licensure Requirements for Community-Integrated Living Arrangements rules (59 Ill. Adm. Code 115), known as the CILA Rule, define the survey process to be used by DHS to determine the degree of compliance with the CILA Rule that a CILA provider agency has maintained. In a procedure manual, DHS describes BALC as guardians of the public trust with the responsibility to its clients to ensure they are receiving services from the community agencies that have been reviewed according to licensure or certification rules and determined to be meeting those standards.

To ensure that public trust, BALC must meet those standards **on every occasion for every client**. Our review found some weaknesses in BALC licensing review oversight. We tested the BALC files for 25 CILA provider agencies to determine whether BALC followed its required survey process. We found:

- BALC did **not complete all of the surveys** as required by Rule. Required surveys included both full and focus surveys.
  - For three percent (3 of 101) of the cases, BALC **did not complete** the required survey. Two of the three surveys not completed were for New Foundation Center.
  - In 2013, **New Foundation Center** received a Level 3 score in its full survey. This required a focus survey in 2014 and 2015. BALC **did not complete** these surveys. When BALC surveyed New Foundation Center in 2016 there were **three repeat violations** that also occurred in 2013: failure to document that the services in the service plan meet the client’s needs; failure to document in the client’s record that actions are necessary for the plan; and failure to maintain living arrangements that are safe and clean.
  - The living arrangement issues included: mattresses on bedroom floors with no supporting frames; extreme water temperature; and hardware missing from dressers. **Given that New Foundation Center had not been surveyed in three years, BALC would not have known how long clients lived under these conditions.**
- For the surveys BALC did complete, **not all were completed in a timely manner**.
  - 19 percent (19 of 98) of the surveys were **not completed timely** by BALC.
  - Breath of Life was scheduled for a full survey due April 30, 2016. BALC conducted the survey on January 9, 2017, 254 days after it was due.
  - **Neighborhood Opportunities** was scheduled for a 60-day review on November 19, 2012, after a **declaration of client imminent risk** had been made. BALC conducted the survey on January 7, 2013, 49 days **after it was due**. BALC cited the provider for five violations, four of which were **repeats**.
    - The **repeated violations** included: no documentation to show individual/guardian had been apprised of medication risks and benefits; lack of behavior plan in file; the nurse did not train direct service providers in medicine programs for clients; and failure to maintain living arrangements that are safe and clean.

- The **living arrangement issues** included: toilet and cabinets coming off walls, broken medicine cabinet mirror, extreme water temperature, dryer exhaust pipe coming apart, expired food, and bedroom doors with holes.
- BALC allowed CILA provider agencies to **not submit all required POCs**.
  - Seven percent (6 of 87) of the surveys required POCs which the CILA provider agencies **did not submit**.
  - Additionally, there were five instances where BALC **should have** required a plan of correction based on the survey results, but did not. **Divine Center** received a 92 percent score for a full survey in 2016. The provider was cited for 15 violations, of which 12 were repeats **yet BALC did not require a POC**.
- For the POCs that were submitted, **not all were submitted in a timely manner**.
  - 42 percent (34 of 81) of the POCs **were not timely**.
- BALC did **not** approve all POCs as required by the Rule.
  - Six percent (5 of 81) of the POCs were not approved by BALC.

Auditors found inconsistencies and subjectivity with the survey process. For example, a CILA provider merged with several other CILA operations and substantially grew in size yet received no additional reviews to ensure corrections had been implemented at the CILA providers prior to their merge. Another CILA provider received similar violations between two full surveys, yet received significantly different scores.

### **Community Alternatives Illinois (CAIL)**

Between FY12-FY16, CAIL more than tripled the number of CILA clients served and CILA funds received. CAIL added 176 clients and \$8,183,083 in CILA funding. In FY12, CAIL had 81 clients and received \$3.42 million in CILA funding. During that time, CAIL had assumed the operations of three additional CILA providers.

CAIL merged with three other CILA providers – Rincker Residential, Cardinal House, and Neighborhood Opportunities – during FY14-FY16. From the NOV database, it is **unclear what violations any of those closed CILA providers had because the violations are removed** even though CAIL absorbed those issues when it assumed the operations of the other CILA providers. Records showed:

- June 2012 – CAIL full survey: Level 2, **seven violations**.
- December 2013 – Rincker Residential, 20 clients and \$378,400, merged with CAIL.
- May 2014 – Cardinal House, 20 clients and \$591,737, merged with CAIL.
- May 2015 – CAIL full survey: Level 3, **28 violations**. CAIL was cited for 21 more violations than it had in 2012
- July 2015 – Neighborhood Opportunities, 19 clients and \$755,902, merged with CAIL. Neighborhood Opportunities had a full survey in January 2015 in which it had **twelve violations**.
- September 2016 – CAIL focus survey: **no violations**.
- **It is unclear if BALC followed up on the violations of Neighborhood Opportunities.**

### Progressive Housing

Progressive Housing, a CILA provider in the sample, participated in the CILA program in all years of the audit period FY12-FY16; served an average of 135 clients per year during that time; and received a total of \$27.36 million in CILA funding.

Between January 2012 and April 2014, Progressive Housing had two full surveys and two focus surveys. Records showed:

- January 2012 – Full survey: Level 3 (88 percent), **14 violations**.
- December 2012 – Focus survey: **6 violations, all repeated**.
- October 2013 – Focus survey: **3 violations, 2 repeated**.
- April 2014 – Full survey: Level 2 (96 percent), **11 violations**; 1 of 11 violations was for providing false documentation, a violation severe enough to warrant license revocation. Additionally, the provider was not required to submit a POC nor were focus surveys necessary. The BALC surveyor detailed this violation by confirming with other Progressive employees that names had been forged on the documentation. Progressive was relicensed for the three year period.

BALC's Process and Procedure Manual establishes guiding principles which include assessing whether agencies are meeting and demonstrating their ability and willingness to improve and continue partnering with the State for the CILA program. BALC's process for assessing the CILA provider agencies is very specific. Based on the CILA Rule (59 Ill. Adm. Code 115.430 and 115.440), BALC is to conduct a full survey every three years and issue levels of compliance of which some require a POC. Additional details for the survey process can be found in BALC's Process and Procedure Manual. The details include the following:

- POCs are required from surveys that result in a Level 3 or below compliance score and are generally due 30 calendar days after the review. Until a POC meets all the requirements, it is not accepted by BALC.
- Focus surveys are conducted during the 3-year period for CILA providers that received a Level 3 compliance score or worse. These surveys generally occur within one year from the completion date of the previous full survey. Focus surveys are conducted to ensure corrective action is implemented.
- There are additional resurvey requirements for levels of compliance at 4 or 5 which include resurveys for 90 or 60 days, respectively, in addition to a focus survey in the next year. **Failure to make corrections and move to the next required level will result in license/certification revocation.**
- Repeat violations cited during focus surveys require additional focus surveys.

Oversight on the part of BALC caused certain required surveys not to be completed, required POCs not to be submitted, and BALC to not approve all POCs. BALC granted extensions to the survey process which resulted in untimely completion. Further, BALC **gave CILA provider agencies multiple chances to submit an acceptable POC**, which resulted in POCs submitted and accepted past the 30-day requirement.

Absent the timely completion of the survey process, **BALC has no way of knowing** whether CILA provider agencies are adhering to the standards set forth by the Department and whether those agencies should be partnering with the State to provide CILA services.

Additionally, failing to conduct required surveys **puts clients that need care in potentially dangerous situations.**

<b>LICENSING SURVEY PROCESS RESULTS</b>	
<b>RECOMMENDATION NUMBER  8</b>	<p><i>DHS should follow its required licensure survey process and ensure:</i></p> <ul style="list-style-type: none"> <li>• <i>All surveys are timely completed;</i></li> <li>• <i>All plans of correction, when required, are timely submitted; and</i></li> <li>• <i>All plans of correction are approved.</i></li> </ul> <p><i>Additionally, DHS should consider having BALC conduct additional reviews when CILA providers merge with other providers.</i></p>
<b>DEPARTMENT OF HUMAN SERVICES RESPONSE</b>	<p>The Department accepts the recommendation. BALC’s licensing process is a paper process. The process lacked the personnel needed to meet all requirements, but worked diligently to carry the load throughout the years. The State Statute has mandated onsite visits and documenting of reviews every two years instead of every three years. BALC has begun to issue two year licenses. It will also place merging agencies on its list of possible reasons to have health and safety inspections conducted on a no-survey year.</p>

## **FAILURE TO ADOPT RULES FOR INITIATION OF LICENSE REVIEW**

DHS has failed to adopt rules relative to establishing a process **to determine when to review a CILA provider.** This is a violation of the CILA Licensure and Certification Act. Additionally, BALC **was not provided** with some of the means to make that determination for the period FY12-FY16.

BALC uses a survey process to conduct reviews of licensed CILA agencies and their certified programs and services. Additionally, BALC may conduct other unscheduled reviews to investigate complaints. BALC uses these surveys to determine compliance with general agency requirements. While BALC may review a CILA agency, **there is no process to initiate** an overall review of a CILA agency’s license and other information pertinent to a CILA agency’s license was not always available to BALC, the Bureau charged with licensing these agencies.

BALC allows CILA providers with a history of the same violations to continue to operate. All the while, **whether a provider fixes violations or not, the clients served at these CILAs live in these conditions.** For example:

- Southwest Disabilities Services and Support (SDSS) was a CILA provider agency during the entire audit period FY12-FY16, received over \$10 million for CILA services, and served an average of 54 clients per year.
- **BALC cited SDSS 10 times during the audit period for the same licensure violation, yet no action was taken** against SDSS’ CILA license.
  - BALC completed 2 full surveys and conducted 8 separate reviews/follow-up reviews for complaints at SDSS between August 2011 and March 2015.



- All 10 of the reviews resulted in a repeat violation of **environmental management of living arrangements** (59 Ill. Adm. Code 115.300 (c)(6)(A)). Specifically, that section of the Rule states *“The agency shall ensure that: Living arrangements shall be safe and clean within common areas and within apartments over which the agency has control.”*
- Eight of the reviews **required** the submission and acceptance of a POC. The other two reviews were full surveys resulting in Level 2 compliance; therefore, not requiring a POC or focus reviews in the following years. Despite not requiring a POC, BALC’s Process and Procedure Manual required SDSS to **correct ALL violations** in all ten of its reviews. Our review of BALC files showed SDSS:
  - **only submitted 5 of 8 required** POCs; and
  - **none** of those POCs submitted **were submitted timely**.
- Further, several of the details for the Rule violations outlined the same CILA location cited for the same environmental violation on multiple occasions.
  - One CILA location owned by SDSS was **cited four times**: April 2012, September 2012, November 2014, and March 2015.
  - Another location was **cited six separate times**: April 2012, November 2012, twice in March 2013, February 2015, and March 2015.
  - The details of the environmental management citation at those two locations included: **water temperature being too hot; missing floor tiles; mildew; exposure of electrical wire; mold; lack of food; and holes in walls**.
- During those same reviews, **other locations** owned by SDSS were **also cited** for environmental management violations. While SDSS may have fixed some of the specific environmental violations as a result of its reviews, BALC continually cited SDSS for the same violations as well as other environmental violations during subsequent reviews.
- BALC only conducted two full surveys at SDSS between August 2011 and March 2015. These two full surveys resulted in Level 2 scores which required no follow-up by BALC. Absent the follow-up to complaints made to BALC, the individuals served would continue to live in these poor environmental conditions until BALC came for another full survey three years later.
- Additionally, the Office of Contract Administration conducted two fiscal/administrative reviews, February 8, 2012, and May 7, 2014. Both reviews found SDSS to have a very poor fiscal condition. However, **BALC was not notified of these findings**. Had BALC known of the poor fiscal conditions, it may have further questioned SDSS’ ability to fix the environmental conditions continually cited at SDSS.
- Also, OIG substantiated and/or had a recommendation for 22 allegations of which **BALC only knew of 50 percent of those cases and only followed up on 1** of those cases. BALC could have used the additional information in making a determination to further review SDSS and possibly take action against its CILA license.

The CILA Licensure and Certification Act (210 ILCS 135/4 (g-5)) addresses the issue of complaints against a community agency providing CILA services. The Act states *“As determined by the Department, a disproportionate number or percentage of licensure complaints; a disproportionate number or percentage of substantiated cases of abuse, neglect, or*

*exploitation involving an agency; an apparent unnatural death of an individual served by an agency; any egregious or life-threatening abuse or neglect within an agency; or any other significant event as determined by the Department shall initiate a review of the agency's license by the Department, as well as a review of its service agreement for funding. The Department shall adopt rules to establish the process by which the determination to initiate a review shall be made and the timeframe to initiate a review upon the making of such determination.”* (emphasis added)

BALC officials were asked whether rules had been developed to address the requirement in the Act. An official confirmed that there is no rule for when to initiate a review.

Failure to adopt rules to determine when to review agencies providing CILA services is a violation of State statute. Additionally, allowing providers who have been reviewed and determined **not** to be meeting licensure standards to continue operation puts clients at risk and is contrary to BALC principles which include not allowing agencies who do not meet standards, or are unable or unwilling to improve, to continue to provide CILA services.

<b>FAILURE TO ADOPT RULES FOR INITIATION OF LICENSE REVIEW</b>	
<b>RECOMMENDATION NUMBER</b>  <b>9</b>	<i>DHS should take steps necessary to ensure all areas responsible for CILA Program oversight share information with BALC. Additionally, DHS should adopt rules to establish the process for when it will determine to initiate a review of a CILA provider and the timeframe to initiate that review.</i>
<b>DEPARTMENT OF HUMAN SERVICES RESPONSE</b>	<p>The Department disagrees with the recommendation. Since November 2016, the IDHS Secretary has convened meetings with BALC, DDD and the OIG in order to ensure the sharing of information and to maintain open lines of communication. These meetings were scheduled every two weeks initially and one of the results was the Quality Scorecard.</p> <p>BALC schedules its surveys according to expiration. Surveys can be and are conducted as a result of complaints. At minimum, a health and safety inspection is conducted as result of a complaint. Both may issue a notice of violation or higher sanction if warranted.</p> <div style="border: 1px solid black; padding: 5px;"> <p><b>Auditor Comment #6:</b></p> <p><i>Based on its response, DHS apparently missed the point of the recommendation to comply with the CILA Act and develop rules on when to conduct licensing surveys when there are CILA providers with multiple violations or OIG allegations. We believe the CILA Act provides strong controls for DHS in oversight of the CILA Program with which DHS should consider complying.</i></p> </div>

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## LICENSE REVOCATION ISSUES

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DHS failed to enforce CILA rules by not seeking revocation of provider licenses in cases where sections of the CILA Rule were violated. Our examination of a sample of CILA providers

found instances where BALC cited providers for **falsified records, failure to correct deficiencies and refusal to participate in** or permit the BALC survey process. Rather than revoke the CILA licenses, BALC either allowed the providers to remain in the program or entered into settlement agreements, **agreements which were not always followed.**

The CILA Rule (59 Ill. Adm. Code 115.440(g)(4)) defines revocation as “[W]ithdrawal by formal actions of the CILA license. The revocation shall be in effect until such time that the provider submits a re-application and the agency can demonstrate its ability to operate in good standing with the Department.” Revocation of the agency’s license to provide CILA services occurs at Level 6 compliance, and according to the CILA Rule, shall occur as a result of an agency’s consistent and repeated failure to take necessary corrective actions to rectify documented violations, and/or the agency’s failure to protect clients from situations that produce an imminent risk.

The Rule allows DHS to revoke a license for several reasons which include but are not limited to: failure to correct deficiencies or submit a POC in response to violations cited during the survey process; submission of false information by a CILA provider; and refusal by a CILA provider to participate in the survey process. See Exhibit 2-4 for a detailed list of reasons the Department can revoke a license.

Exhibit 2-4 <b>LICENSE REVOCATION REASONS</b>	
1.	The agency fails to comply with the <b>service requirements</b> in DHS administrative rules for Standards and Licensure Requirements for CILAs.
2.	The agency fails to comply with the <b>general agency requirements</b> in DHS administrative rules for Standards and Licensure Requirements for CILAs.
3.	The agency <b>fails to correct deficiencies</b> identified as a result of an on-site survey by DHS or fails to submit a plan of corrective within 30 days after receipt of the violation notice.
4.	The agency submits <b>false</b> information either on DHS forms, required certifications, plans of corrective, or during an on-site inspection.
5.	The agency <b>refuses to permit or participate in</b> a scheduled or unscheduled survey.
6.	The agency <b>willfully</b> violates any rights of individuals being served.
Source: OAG developed from 59 Ill. Adm. Code 115.440(a).	

The BALC Policy and Procedure Manual states that BALC operates under eight guiding principles. One of those principles is that agencies that do not meet standards and demonstrate an inability or unwillingness to improve will not be allowed to continue this partnership.

According to documentation submitted by BALC, during the period FY12-FY16 BALC took action on license revocation for four providers of CILA services. These actions were:

- **Aspen Homes:** License **revoked** October 31, 2011, due to a licensing survey score of **47 percent** from September 2011. Imminent risk to clients was declared by DHS.
- **Cam Legal and Social Services:** License was **revoked** September 30, 2011, based on unannounced visit and concerns over environmental issues. A follow-up licensing survey was scored at **56 percent**.

- **LuvKare:** License was **surrendered** on June 10, 2013, after the provider was notified of no new enrollments due to conditions. In May 2013, the organization's three CILA homes were absorbed by Southwest Disabilities Services and Support.
- **LF Walls:** License was **revoked** on January 13, 2012, after an unannounced site visit resulted in declaration of risk of imminent danger to clients due to staff shortage and no fully trained direct service providers working in the CILA home.

During audit testing of a sample of 25 CILA providers, we found instances with multiple providers where BALC cited providers during the survey process for violations related to license revocation, yet BALC did not follow through with the revocation even after it appeared the **citations were severe enough** to warrant such action.

### **Failure to Correct Deficiencies**

BALC cited Southwest Disabilities Services and Support (SDSS) during a February 2015 complaint investigation for failure to correct deficiencies, a violation of the CILA Rule (59 Ill. Adm. Code 115.440 (a)(3)). The surveyor wrote, *"There is evidence of failure to implement the P.O.C. from October 2014 complaint regarding bed bugs. Failure...may be grounds for revocation."*

Our examination of the BALC files for SDSS also found that **SDSS failed to submit POCs in three instances** where they were required:

- A BALC follow-up on November 13, 2012, to an imminent risk and mold complaint from 60 days prior required a POC which was not evident in the BALC SDSS file. DHS ended a prohibition on new enrollments.
- A BALC follow-up survey on March 12, 2013, again required SDSS to submit a POC. The BALC file did not contain the POC. During this review, SDSS was **cited for the eighth time since 2009 for environmental conditions**.
- BALC followed up again on March 19, 2013, and again required SDSS to submit a POC. Again, the BALC file did not contain the POC. During this review, again, SDSS was **cited for the ninth time since 2009 for environmental conditions**.

Additionally, during our review of the survey process for the other 24 providers in the sample, we found three instances where **DHS files did not contain evidence that a POC was submitted**, another violation of the CILA Rule and grounds for license revocation.

### **Submits False Information**

BALC cited Joseph Rehabilitation Center, Neighborhood Opportunities and Progressive Housing for **submission of false information**, a violation of the CILA Rule (59 Ill. Adm. Code 115.440 (a)(4)). However, BALC did not revoke any of the CILA licenses for these providers.

Joseph Rehabilitation Center (JRC) was cited by BALC for submission of false information during on a June 4, 2013 full survey, a survey on which JRC received a score of 47 percent. The survey report form states, *"The agency submitted **false documents** to the department during this review in that schedules indicated 2 staff work the 2 shift at all CILA homes. 2 of the 3 sites only had 1 staff on duty during the shift and interviews confirm that there are never 2 staff working these homes...As well there were shifts in 2 homes covered by the same*

*person at the same time.*” (emphasis added) JRC was also **cited for willfully violating the rights of individuals during this review**, another reason a license can be revoked.

Neighborhood Opportunities was cited by BALC for submission of false information during an August 7, 2012 complaint review. The survey report form states, “*During complaint investigation agency provided documentation that appeared **less than genuine**. Minutes for [individuals] QA committee had same dates however meeting should have been held different times and dates.*” (emphasis added)

Progressive Housing was cited by BALC for submission of false information during an April 22, 2014 full survey, a survey on which it scored a 96 percent even with 11 total violations with 5 being repeated violations. The surveyor, as noted on the report form, interviewed employees and wrote, “[*Employee*] had **forged** her name on several forms, such as fire drills, in service education/meeting logs, and the disaster drill forms.” (emphasis added)

### **Refusal to Permit or Participate in Survey**

BALC cited Breath of Life, Divine Center, and Kwanza Suites for refusal to permit or participate in a scheduled or unscheduled survey, a violation of the CILA Rule (59 Ill. Adm. Code 115.440(a)(5)).

Breath of Life **should have been formally cited by BALC** for failure to permit a survey. The CILA provider agency records for BALC contain a letter from the former DDD Director referencing a failed visit in February 2014. The visit was to be a focus survey due to the fact that **Breath of Life had scored a 74 percent on the full survey conducted in 2013**. Further, the former DDD Director states, “*...there are several rule and contractual references wherein CILA providers commit to access to administrative and program environments, program records, staff training records, various background checks and clearances, etc. whether preannounced or unannounced and whether specific staff and/or leadership are available.*”

Divine Center was cited by BALC during its July 15, 2013 60-day review for its inability to start a scheduled survey on time. No further detail was included on the Survey Report Form.

Kwanza Suites was cited by BALC during its January 8, 2015 survey review. The Survey Report Form states, “*After speaking to [executive director] BALC was still not able to enter the home to conduct survey.*” The survey form simply stated Failed Survey. Eighty-one days later BALC went back to Kwanza and conducted the survey, a survey that contained 13 violations with 9 being repeated violations.

### **Settlement Agreements**

DHS entered into settlement agreements with two providers in our sample during the audit period FY12-FY16. In each case, the Department moved both agencies to a Level 6, revocation status, citing in part the current licensure review. However, instead of proceeding with the revocation, BALC entered into settlement agreements which allowed the provider agencies to continue participation in the CILA program.

Joseph Rehabilitation Center (JRC) was cited for revocable licensure violations and was found to be at a revocable license compliance level rating (49 percent). **JRC violated the settlement agreement**, yet was allowed by BALC to remain in the CILA program.

JRC was found to be at a Level 5 compliance rating by BALC on June 6, 2013, during a full survey. This was due to the fact JRC was **cited for 49 violations including two that could have resulted in license revocation**. This rating, per the CILA Rule, requires a 60-day follow up which BALC conducted on September 5, 2013. During the 60-day review, BALC determined that JRC had corrected very few of the violations and continued to be out of good standing. Thus, BALC moved JRC's CILA licensure status to Level 6 revocation. JRC appealed BALC's decision, per its right outlined in the CILA Rule. An administrative hearing was scheduled for December 18, 2013, but prior to the hearing JRC and BALC informed the administrative law judge that an agreement had been reached and that the matter should be dismissed. The dismissal occurred on February 20, 2014.

In August 2016, JRC, during a full survey required by the terms of the settlement agreement, failed to be at a Level 2 or higher compliance rating with the CILA Rule, a violation of the agreement. **Yet again, BALC extended the provisional license and allowed JRC to continue serving clients as part of the CILA program, even though JRC had violated the terms of the settlement agreement.**

Hoyleton was found to be at a Level 5 (66 percent) compliance rating by BALC on May 1, 2013, during a full survey. BALC found the conditions so bad that BALC would not accept a POC from Hoyleton. Per an email communication from BALC's Bureau Chief to several DDD officials she writes, *"Due to the provider's failure to consistently implement services at a level that exhibited at least minimal compliance with the Rule 115, BALC informed the provider during the exit conference that they [sic] were being moved to a level VI, which is the intent to revoke the agency's CILA license."*

A hearing was scheduled for July 24, 2013. However, BALC again entered into a settlement agreement with Hoyleton executed October 1, 2013. **BALC violated the terms of the settlement agreement by not timely conducting** the 60-day review as required by the Rule and the agreement **and by not conducting the additional full survey in the subsequent year as required by the agreement**. However, BALC allowed Hoyleton to continue serving clients as part of the CILA program until its voluntary closure in July 2015.

A BALC official told us with respect to JRC: *"I do not remember if I was informed why the Department didn't move forward with the recommendation to revoke. None of the former most senior level administrators are here for me to gain clarification."* Relative to the settlement agreement and revocation of the license, the official stated, *"The decision was made in consultation with our administrator and IDHS legal after our team members informed me of their professional opinion that the provider scored a Level III but thought the provider would have performed better if the owner could have participated more actively in the survey process."* Relative to the settlement agreement with Hoyleton, the official explained *"I don't remember being present at any meetings that I can state all that may have been involved. I can state that I was informed by the OCAPS [Office of Clinical, Administrative and Program Support] manager that there would be a settlement."*

The General Assembly has given DHS tools to operate and oversee the CILA program. Among those tools are the **rules for revocation of provider licenses** when the circumstances exist to show a violation. Refusal to utilize the tools results in situations where individuals living

in a CILA environment may be placed at risk due to these provider violations **which BALC is aware of but has not acted to enforce.**

<b>LICENSE REVOCATION ISSUES</b>	
<b>RECOMMENDATION NUMBER  10</b>	<p><i>DHS should enforce the license revocation section of the CILA Rule and should document why DHS would enter into settlement agreements when conditions have been found that necessitate license revocation.</i></p>
<b>DEPARTMENT OF HUMAN SERVICES RESPONSE</b>	<p>The Department disagrees with the recommendation. At the time that BALC entered into the settlement, there was a different OCAPS Manager who was also the Acting Bureau Chief of BALC. The current chief was informed of the settlement, and was not a part of the process. The bureau has since acted when necessary to ensure the health and safety of individuals including recommendation for revocation of a license.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>Auditor Comment #7:</i></p> <p><i>Administrative Rule provides DHS the tools necessary to revoke a license when CILA providers take actions detrimental to the individuals they serve, such as failing to fix noted problems, providing false information to surveyors and refusing to participate in the survey process. DHS should document why it is not revoking a license when conditions exist that could support revocation.</i></p> </div>





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## Chapter Three

# CILA OVERSIGHT & MONITORING

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## CHAPTER CONCLUSIONS

The Bureau of Quality Management (BQM) **failed to conduct CILA reviews** on 50 providers of CILA services during the period FY12-FY16. Twenty-three of the providers were in the CILA program for at least three years during the audit period. These 23 providers **received \$47,508,399** from DHS for CILA services.

BQM does not **routinely share the results of its oversight activities** with the Bureau of Accreditation, Licensing and Certification (BALC). The sharing of this information could be beneficial to BALC in decisions to conduct well-being checks or modify its survey schedule of CILA providers.

DHS does not monitor CILA residents' personal funds maintained by the CILA providers. Even though questions concerning client funds were discovered by the Office of Inspector General (OIG) and the Office of Contract Administration (OCA) during the audit period **it does not appear** that the unit tasked with licensing of CILAs, BALC, **conducted any follow-up or was aware of problem CILA providers.**

DHS **failed to maintain supporting documentation** for community placement interest by individuals that reside in SODCs. Due to this lack of documentation **we were unable to determine** whether Community Resource Associates (CRA) was conducting activities only on individuals that were actively pursuing transition to CILA. CRA was **paid almost \$6.1 million by DHS** for the period FY12-FY16.

DHS does not require organizational units that have oversight of the CILA program to always share information that could be beneficial to monitoring efforts. OCA **does not provide the results** of its fiscal/administrative reviews with the DHS unit that has authority to revoke the license of a non-performing CILA provider, BALC.

DHS **failed to revise administrative rules** for changes made to the CILA program. These changes were effective July 1, 2017. The failure by DHS **resulted in community providers and Independent Service Coordinators (ISCs) operating under rules that were not consistent with federal guidelines.**

DHS did not seek recoupment from CILA providers when documentation appeared to show that individuals did not receive the services for which the provider was being paid. Evidence from **DHS' own documentation** showed that housekeeping, a service which is part of the rate, was lacking in some instances yet the provider was still paid the full rate. Recovery was also not conducted even when DHS documentation showed that **providers had not been able to document that services were being implemented** for individuals.

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## INTRODUCTION

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House Resolution Number 34 directed the Auditor General to determine whether oversight and monitoring of licensed agencies and certified providers complies with statutory and regulatory requirements, including site visits, and inspections of records and premises. We interviewed DHS staff from: BALC; BQM; the Division of Mental Health (DMH); the Division of Developmental Disabilities (DDD); OIG; the Bureau of Transition Services (BTS); OCA; the Bureau of Community Services; the Procurement Office; and the Bureau of Medicaid Waiver Programs.

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### CILA OVERSIGHT BY BUREAU OF QUALITY MANAGEMENT

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BQM failed to conduct CILA reviews on 50 providers of CILA services during the period FY12-FY16. Twenty-three of the providers were in the CILA program for at least three years during the audit period. These 23 providers received **\$47,508,399** from DHS for CILA services.

BQM is a bureau within the DDD that reviews CILAs for purposes of ensuring compliance with the federal home and community based waiver program. BQM also addresses and follows up on complaints received by DHS that do not amount to abuse, neglect or financial exploitation.

A BQM official stated that every fiscal year BQM takes a sample of people in the waiver program and conducts a site visit, with the sample being representative of the participants. BQM uses a calculator to determine the sample size and randomly selects the sample. The population is all individuals who receive adult waiver services. The sample size is 400 adults.

The BQM official added that **every three years BQM does a look back** at the sample and **determines which providers were missed**. The official added BQM then does an “extra or non-sample review” survey so that each provider is reviewed.

BQM CILA reviews of community agencies includes an **examination of policies** relative to: staff training, hiring practices including background checks and applicable licenses, quality assurance process, assessments conducted on individuals, and that each individual has an individual service plan.

We requested, and BQM provided, activity reports conducted by BQM for the period FY12-FY16. These reports contained results for **community agencies that were part of the waiver sample and the look back process**. We summarized those reports to determine the level of review of the CILAs by BQM. For the period FY12-FY16, we found:

- There were **242 total CILA community agencies** during the period.
- 21 percent (50 of 242) of the community agencies **had no BQM review** during the period.
  - 32 percent (16 of 50) of the community agencies that were not reviewed by BQM were **in the CILA program for all five years of the period**;
  - 4 percent (2 of 50) of the community agencies that were not reviewed by BQM were in the CILA program **for four years of the period**;
  - 10 percent (5 of 50) of the community agencies that were not reviewed by BQM were in the CILA program **for three years of the period**;

- 28 percent (14 of 50) of the community agencies that were not reviewed by BQM were in the CILA program **for two years of the period**; and,
- 26 percent (13 of 50) of the community agencies that were not reviewed by BQM were in the CILA program **for one year of the period**.

The **23 community agencies** that were in the CILA program for at least three years but had not been reviewed by BQM **received \$47,508,399** from DHS between FY12-FY16. Exhibit 3-1 presents information on the 23 community agencies including location, years in the CILA program, average number of clients, and amounts paid.

Exhibit 3-1 CILA PROVIDERS WITHOUT BQM REVIEW FY12-FY16				
<i>Provider</i>	<i>City</i>	<i>Average Clients</i>	<i>Years in CILA</i>	<i>Payments</i>
American Residential Care	Schaumburg	8	5	\$1,567,286
Assertive Mission	Highland Park	5	5	\$974,261
Beverly Hills Home Care	Chicago	12	5	\$2,364,681
Career Development Center	Fairfield	5	5	\$436,265
Covenant Enabling Residences of Illinois	Oak Forest	11	5	\$1,263,825
CuBBull	Canton	1	5	\$427,830
Futures Unlimited	Pontiac	25	5	\$4,810,843
Golden Community Living Center	South Holland	1	5	\$194,577
Human Service Center of South Metro-East	Red Bud	10	5	\$1,232,708
Kaskaskia Workshop	Centralia	12	5	\$1,866,341
Kwanza Suites Corporation	Evergreen Park	5	5	\$900,753
Malcom Eaton Enterprises	Freeport	11	5	\$1,819,218
Our Directions	Herrin	19	5	\$3,549,940
Random Act of Kindness Developmental Agency	Chicago	8	5	\$1,048,377
TRI-CARE	Chicago	26	5	\$5,892,476
Warren Achievement Center	Monmouth	48	5	\$8,098,219
Health Care Management Corporation	Salem	35	4	\$4,869,285
Sylvia Homes	Mt. Prospect	7	4	\$895,363
Development and Planning Services	Mt. Vernon	31	3	\$3,087,998
Dominion CILA Homes	Lansing	6	3	\$572,255
Friendship In-Home Services	Rock Island	5	3	\$261,556
Glen Brook of Vienna	Vienna	9	3	\$747,305
Mulford Homes	Skokie	5	3	\$627,037
			<i>Total</i>	<b>\$47,508,399</b>
Source: OAG developed from DHS information.				

A BQM official told auditors that the look back process was not set out in statute or rule. There is “*just a general agreement with DDD that we need to visit each provider. We’ve used the 3 year criteria because it seems management, at the time we adopted it, matched BALC’s frequency of visits to CILA providers.*”

The BQM official reported that “*During this time period (FY12-FY16), the focus was to visit each provider and not necessarily every program provided by every agency. Our process to identify providers that needed 3 year look-back reviews (because they had been missed with the sampling process) was done ‘by hand’ by requesting a list of providers and comparing it to the agencies that were visited during the time period. I suppose that human error could account for the missed reviews. When we were determining the agencies that required a visit, if the agency was in operation but had subsequently closed, we would not have visited, even if the agency was in operation for the time period being reviewed. Additionally, if a provider was licensed but not serving any individuals, we would not visit.*”

Failure of BQM to conduct CILA reviews on all CILA providers is a violation of DHS practice. Further, significant funding for the CILA program is expended at these providers that have gone without review by BQM. Finally, when CILA providers are not included in BQM reviews at all, there is a lack of oversight of those agencies by DHS.

<b>CILA OVERSIGHT BY BUREAU OF QUALITY MANAGEMENT</b>	
<b>RECOMMENDATION NUMBER  11</b>	<i>DHS should formalize the look back reviews into policy, procedure, or rule. Additionally, DHS should ensure that BQM conducts CILA reviews of all CILA providers in accordance with practice.</i>
<b>DEPARTMENT OF HUMAN SERVICES RESPONSE</b>	<p>The Department partially agrees with the recommendation. Other than the recommendation to formalize back reviews into policy, procedure or rule, DHS disagrees with this finding.</p> <p>The Bureau of Quality Management (BQM) has provided the Office of the Auditor General with documentation supporting the disagreement. However, the OAG has made a decision to draw a different conclusion with which the Division disagrees.</p> <p>The disagreement appears to stem from a division reorganization that took place in May 2016. Prior to that time, staff classified as Health Facilities Surveillance Nurses were employees of the Bureau of Quality Management. In May of 2016, the Health Facilities Surveillance Nurses were moved to the Bureau of Clinical Services in order to ensure they report to the Statewide Nursing Coordinator, rather than a non-nursing professional. The OAG has not included review visits that were made by the Health Facilities Surveillance Nurses even though they were housed in BQM. The nurses are the only DDD staff who can conduct medication administration reviews, but they were, and continue to be, utilized for quality reviews of providers.</p> <p>By considering the nursing reviewers as part of BQM, which they were for all but two months of the audit period, only one of the providers in the OAG sample was overlooked for a visit which accounts for 2% of the sample.</p>

<p><b>(Response Continued)</b></p>	<p>Also, there is currently no rule or formal direction that requires BQM to make visits every three years. This was a practice that was recommended by a former bureau chief at a time when BQM’s workload was less intense.</p> <div style="border: 1px solid black; padding: 5px;"> <p><i>Auditor Comment #8:</i></p> <p><i>DHS is inaccurate with respect to the disagreement with auditors being the division reorganization that took place in May 2016. Auditors provided DHS exceptions to the practice of BQM conducting a CILA review every three years. DHS believes that the medication reviews conducted by the nurses were the equivalent of a CILA review that BQM conducts. We do not agree. The medication and CILA reviews are of different issues and scopes and have different review instruments. Additionally, while the BQM reviews of CILA resulted in percentage compliance scores, the medication reviews did not. The importance of the BQM 3-year CILA review is due to the low percentage chance of small CILA providers being included in the Medicaid waiver sample which BQM conducts.</i></p> </div>
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### **LACK OF SHARED INFORMATION BETWEEN BQM AND BALC**

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BQM does not **routinely share the results of its oversight activities** with the BALC. The sharing of this information could be beneficial to BALC in decisions to conduct well-being checks or modify its survey schedule of CILA providers.

BALC is responsible for licensing CILAs and conducting surveys to ensure compliance with the CILA Rule. Organizationally, BALC is located in the Division of Clinical, Administrative, and Program Support within DHS. **BALC is the organizational unit that can take action to revoke the CILA license** of a provider.

BQM is housed within DDD and reviews CILAs for purposes of ensuring compliance with the federal home and community based waiver. BQM also addresses and follows up on complaints received by DHS that do not amount to abuse, neglect or financial exploitation. BQM staff seek to confirm that all services listed in the service plan were provided as listed.

During the audit, we conducted discovery audit testing at BQM. We collected all the BQM reviews conducted for: Epilepsy Foundation of North Central Illinois, St. Coletta of Wisconsin, Cornerstone Services, Breath of Life Professional Services, and Southwest Disabilities Services and Supports. Additionally, we gathered BALC reviews on the same five CILA providers.

We **compared** the reviews conducted by BQM to the BALC files and found a number of issues BQM found which were not maintained in the BALC files. These issues included medication problems, lack of background checks, issues with service plans, and the inability to verify that staff training was completed. Exhibit 3-2 provides examples of BQM issues which were not in BALC files.

Exhibit 3-2 EXAMPLES OF BQM REVIEWS NOT MAINTAINED IN BALC FILES			
<i>BQM Exit Date</i>	<i>CILA Provider</i>	<i>Score</i>	<i>Summary of Primary Deficiencies</i>
08/01/13	Epilepsy Foundation of North Central Illinois (CILA Review)	41%	<ul style="list-style-type: none"> <li>• Lack of goals and objectives in writing for ISP's</li> <li>• Lack of risk assessments</li> <li>• All employee background checks not completed</li> </ul>
10/11/13	Epilepsy Foundation of North Central Illinois (Follow Up)	N/A	<ul style="list-style-type: none"> <li>• Target dates for completion of previous plan of correction not always met</li> </ul>
12/17/15	St. Coletta of Wisconsin (Rule 116 – Medication Review)	N/A	<ul style="list-style-type: none"> <li>• All medication not given per physician's written orders</li> <li>• Significant number of medication errors not documented</li> </ul>
12/13/13	Breath of Life (CILA Review)	47%	<ul style="list-style-type: none"> <li>• All employee background checks not completed</li> <li>• Lack of DHS basic training, OIG training, and continuing education for qualified professionals</li> <li>• Assessments not completed</li> </ul>
12/11/13	Breath of Life (Rule 116 Medication Review)	N/A	<ul style="list-style-type: none"> <li>• Nursing assessments not current</li> <li>• Controlled substance count sheets not filled out</li> <li>• Inability to verify that medication is given</li> </ul>
5/17/12	Cornerstone (Rule 116 Medication Review)	N/A	<ul style="list-style-type: none"> <li>• Inability to verify staff have required education, training and certifications</li> <li>• Controlled substance count not documented</li> </ul>
5/3/13	Cornerstone (Rule 116 Medication Review)	N/A	<ul style="list-style-type: none"> <li>• Inability to verify that medications were given</li> <li>• Inability to verify medication orders followed as prescribed</li> </ul>
11/22/13	Cornerstone (CILA Review)	98%	<ul style="list-style-type: none"> <li>• Water temperature not at safe level at one of homes</li> </ul>
3/26/15	Cornerstone (CILA Review)	98%	<ul style="list-style-type: none"> <li>• Not all service plans timely developed or signed</li> </ul>
3/26/15	Cornerstone (Rule 116 Medication Review)	N/A	<ul style="list-style-type: none"> <li>• Cannot verify direct service personnel compliant with CPR and First Aid certification;</li> <li>• Stock medications for immediate administration (i.e. Tylenol) per physician's written order not available</li> </ul>

Source: OAG developed from BQM files.

The Fiscal Control and Internal Auditing Act requires all State agencies to establish and maintain a system, or systems, of internal fiscal and administrative controls, which provide assurance that: (1) resources are utilized efficiently, effectively, and in compliance with

applicable law; and, (2) that funds, property, and other assets and resources are safeguarded against waste, loss, unauthorized use, and misappropriation (30 ILCS 10/3001 (1) and (3)). These controls should include the sharing of information among agency units responsible for oversight activities of the CILA program.

A BALC official said the bureau “*may receive a complaint from the Division [of Developmental Disabilities] regarding major concerns they found at a home/site....It is not routine, that BALC receives reports.*” The official could not say why BALC does not receive information from BQM regularly.

Having access to these BQM oversight activities could allow BALC to utilize the information to check identified violations and to review the provider’s processes system-wide to confirm if the issue was isolated or systemic. Additionally, the sharing of information could assist in ensuring the health and safety of, and provision of quality services to, recipients.

<b>LACK OF SHARED INFORMATION BETWEEN BQM AND BALC</b>	
<b>RECOMMENDATION NUMBER</b>  <b>12</b>	<i>DHS should take the steps necessary to ensure that BQM shares its CILA oversight results with BALC.</i>
<b>DEPARTMENT OF HUMAN SERVICES RESPONSE</b>	<p>The Department disagrees with the recommendation. At the direction of the DHS Secretary, in November 2016, DDD, BALC and the OIG began meeting to ensure that data were shared and lines of communication were open. In addition, BALC, DDD and BQM began meeting monthly in early 2017. These meetings are on-going. BALC and BQM regularly exchange information regarding providers.</p> <p>Monthly BALC and BQM meetings have been in place for approximately one year. The Bureaus share information regarding issues with providers and other pertinent operational information.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>Auditor Comment #9:</b></p> <p><i>It appears that while DHS disagrees with the recommendation it has taken action to address concerns noted during the audit period. Additionally, we would point out that on March 1, 2018, a BALC official, as stated in the report, responding to an auditor question stated the Bureau “may receive a complaint from the Division [of Developmental Disabilities] regarding major concerns they found at a home/site....It is not routine, that BALC receives reports.”</i></p> </div>

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### **PROTECTION OF INDIVIDUALS PERSONAL FUNDS**

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DHS does not monitor CILA residents’ personal funds maintained by the CILA providers. Even though questions concerning client funds were discovered by the OIG and OCA during the audit period **it does not appear** that the unit tasked with licensing of CILAs, BALC, **conducted any follow-up or was aware of problem CILA providers.**

BALC, within the Division of Clinical, Administrative, and Program Support, licenses CILAs and is responsible for surveys to ensure compliance with the DHS Rule 115, the CILA

Rule. As of June 2016, BALC had 35 total positions with 18 vacant titles. Additionally, BALC would be responsible for revoking licenses of community agencies it finds to be in violation of CILA rules.

During the audit we inquired from the major DHS CILA oversight organizational units whether officials audit client personal funds. Results of those inquiries were:

- A BALC official reported BALC does not audit recipient funds, **but feels they should**. The official said OIG will review the funds, but **only if there is a complaint**.
- A BQM official stated *“No, we do not do any fund audits. I’m actually uncertain if anyone at DHS does that.”*
- A DDD official reported to auditors that the official was not sure if funds were audited. The official suggested contacting OCA.
- OCA officials were not aware of OCA monitoring recipient funds.
- A Program Development and Medicaid Administration official stated that the unit does not review recipient funds.

During audit testing we also selected a judgmental sample of 25 CILA providers. We tested, for providers that had any OIG investigations that were substantiated or unsubstantiated or unfounded with recommendations, whether information from those OIG investigations was maintained in the BALC files and whether BALC did any follow-up to the OIG results.

We also examined the OIG cases for those that were relative to client funds. For the period FY12-FY16 we found:

- The 25 CILA providers had 484 total OIG cases that resulted in allegation substantiation or had cases where the allegation was unsubstantiated/unfounded but OIG issued recommendations to the CILA agency.
- 15 of the cases were related to the issue of **financial exploitation** of the CILA resident.
- 7 of the cases were related to **exploitation** of the CILA resident.
- For 64 percent of the financial exploitation/exploitation cases (14 of 22) there was **no evidence of the OIG cases in the BALC files** for the CILA provider.
- For the eight financial exploitation/exploitation cases that were in the BALC files there was **no evidence that BALC had conducted any follow-up** for the cases. Exhibit 3-3 details the 22 cases.



Exhibit 3-3 <b>OIG EXPLOITATION/FINANCIAL EXPLOITATION CASES</b> <b>SAMPLE OF 25 CILA PROVIDERS</b> <b>FY12-FY16</b>		
<i>OIG Case #</i>	<i>Allegation Summary/Recommendation</i>	<i>BALC Actions</i>
13130035	Allegation that CILA residents' personal funds missing \$263.65. CILA agency replaced the funds. OIG recommended the CILA agency develop policies and procedures to ensure accountability.	Evidence in BALC file of OIG case. No documentation that BALC conducted any follow-up.
12150467	Allegation that unknown CILA staff has access to the finances of CILA residents and all CILA residents are missing significant amounts of money. CILA agency failed to prepare financial statements for the guardians despite multiple requests. OIG recommended CILA agency provide quarterly financial statements to guardians.	No evidence in BALC file of OIG case.
12160053	Allegation that a CILA staff gifted property to CILA residents and, upon return from leave, the CILA staff took the property back.	No evidence in BALC file of OIG case.
11120095	Allegation that a CILA staff financially exploited three CILA residents by taking money from their personal accounts without authorization.	No evidence in BALC file of OIG case.
11140095	Allegation that CILA residents' personal funds missing \$703.17. Residents and alleged staff member did not provide any information to OIG during investigation. OIG recommended CILA develop written policy and procedure for retention of receipts and having more than one individual responsible for the withdrawal of individuals' funds.	No evidence in BALC file of OIG case.
10140279	Allegation that a CILA staff took money from CILA resident for the CILA staff's own use.	No evidence in BALC file of OIG case.
12130001	Allegation of missing money for individual residing at CILA. Money placed in unsecured cash box and left in unsecured filing cabinet and office. OIG recommended CILA develop system/procedure to account for the individual's money and keep money in a secure location.	Evidence in BALC file of OIG case. No documentation that BALC conducted any follow-up.
11130260	Allegation of exploitation by a CILA staff. Lack of receipts for a CILA individuals' purchases. OIG recommended the CILA agency secure and account for the exact dollar amount and other individual's funds.	Evidence in BALC file of OIG case. No documentation that BALC conducted any follow-up.
11130728	Allegation of financial exploitation of CILA individuals by a CILA staff. Allegation that exploitation had been going on for one and a half years. OIG recommended changes to CILA Client Funds Policy and Procedure.	No evidence in BALC file of OIG case.
16140180	Allegation of 3 CILA staff charging too much in back rent. OIG recommended updating training in abuse and neglect.	No evidence in BALC file of OIG case.
16140401	Allegation of CILA staff borrowing money from CILA individuals. OIG recommended retraining all staff.	No evidence in BALC file of OIG case.
11120157	Allegation of financial exploitation of CILA residents by a CILA employee taking \$340 from their accounts for a trip that did not occur. CILA agency replaced the funds.	Evidence in BALC file of OIG case. No documentation that BALC conducted any follow-up.
13110019	Allegation of exploitation of CILA residents by CILA staff member with several thousand dollars unaccounted for.	No evidence in BALC file of OIG case.

Exhibit 3-3 <b>OIG EXPLOITATION/FINANCIAL EXPLOITATION CASES</b> <b>SAMPLE OF 25 CILA PROVIDERS</b> <b>FY12-FY16</b>		
<i>OIG Case #</i>	<i>Allegation Summary/Recommendation</i>	<i>BALC Actions</i>
13130103	Allegation that CILA staff traded cigarettes for a CILA resident's cell phone. OIG recommended the CILA agency establish a policy for trading, bartering, or borrowing of CILA resident's assets.	Evidence in BALC file of OIG case. No documentation that BALC conducted any follow-up.
13150221	Allegation that CILA staff used a CILA resident's debit card to purchase food for the CILA staff. OIG recommended the CILA agency address non-appropriate actions of accepting questionable purchases by a CILA at the expense of a CILA resident.	No evidence in BALC file of OIG case.
10130164	Allegation that a CILA resident had \$92 missing from a lock box. OIG recommended the CILA agency maintain records for the CILA resident's withdrawals and expenditures.	No evidence in BALC file of OIG case.
10130454	Allegation that three CILA residents were missing funds and another CILA resident was missing jewelry. OIG recommended the CILA agency obtain debit cards for the CILA residents instead of using of cash. OIG also recommended the CILA agency reimburse the residents for the missing funds and cost of the jewelry.	Evidence in BALC file of OIG case. No documentation that BALC conducted any follow-up.
10140119	Allegation that an unknown CILA staff member took \$100 from a CILA resident's money binder. OIG recommended the CILA agency assign only one staff member to handle the residents' money; that the CILA agency find a more secure setting for the funds; and that the CILA agency reimburse the resident.	Evidence in BALC file of OIG case. No documentation that BALC conducted any follow-up.
11120582	Allegation that a CILA resident had \$1,000 per year for two years missing from a bank account. OIG recommended the CILA agency develop a financial management policy/procedure and provide formal training to all staff involved with individuals' finances. OIG also recommended the CILA agency provide the resident's guardian monthly financial records in a timely manner.	Evidence in BALC file of OIG case. No documentation that BALC conducted any follow-up.
11130094	Allegation that an unknown CILA staff stole \$20 from a CILA resident's personal cash folder. OIG recommended the CILA agency develop a procedure for accounting for individual's gift cards, checks and money orders.	No evidence in BALC file of OIG case.
11130290	Allegation that \$50 was missing from CILA resident's money pouch. OIG recommended the CILA agency reimburse the resident and the CILA agency develop and implement a written policy requiring a joint accounting of individual's monies by the on-coming and off-going shifts.	No evidence in BALC file of OIG case.
16140581	Allegation that \$280 in CILA residents' funds was stolen from a safe by CILA staff. OIG recommended the CILA agency address the availability of the secure safe codes used in the CILA homes.	No evidence in BALC file of OIG case.
Source: OAG summary of OIG cases and BALC documentation.		

For the sample of 25 CILA providers, we requested all OCA reviews for the period FY12-FY16. Overall, 48 percent of the sample (12 of 25) received an OCA administrative review. In our examination of these reviews, we discovered that **58 percent of the CILA providers that had a review (7 of 12) had a finding related to oversight of client funds.**

One CILA provider, Joseph Rehabilitation Center, was cited by OCA for weaknesses in record keeping for fiduciary accounts. OCA reviewers observed that there was a “*Lack of ledgers detailing expenses. As with the bank statements, expense ledgers were missing or did not agree with bank statements, from each of the five consumer’s records we examined. In each case, no reasonable determination could be made regarding the appropriate use of the consumer’s money.*” This review was conducted December 7, 2011. The CILA provider received \$3.4 million from DHS during the audit period and served an average of 21 clients. Exhibit 3-4 provides the listing of CILA providers with client fund deficiencies noted by OCA.

Exhibit 3-4 OCA FISCAL ADMINISTRATIVE REVIEW FINDINGS ON CILA CLIENT FUNDS SAMPLE OF 25 CILA PROVIDERS FY12-FY16		
<i>Date</i>	<i>CILA Provider</i>	<i>Finding</i>
07/07/12	American Residential Care	Written fiscal policies and procedures do not address client funds. Record keeping for the client funds it manages is inadequate. Monthly allowances are given to the house manager with no individual ledgers or bank accounts to track the use of the funds. Lack of adequate records increases the likelihood of errors or losses.
06/01/16	Center for Residential Alternatives	Written fiscal policies and procedures do not address client funds.
12/07/11	Joseph Rehabilitation Center	The record keeping for fiduciary accounts is inadequate. Client funds are not accounted for in a separate account. Social Security payments are electronically deposited into the agency operating account.
05/10/12	Millennium Gardens	Written fiscal policies and procedures do not address client funds.
01/11/12	Neighborhood Opportunities	Written fiscal policies and procedures do not address client funds.
10/24/13	Kwanza Suites Corporation	Written fiscal policies and procedures do not address client funds.
01/26/16	Soledad Social Services Corporation	Written fiscal policies and procedures do not address client funds.
Source: OAG developed from OCA information.		

An OCA official reported that administrative reviews conducted by OCA are not sent to BALC. If BALC does not have the reviews which identify which CILA providers have weaknesses in client fund management, BALC cannot efficiently address the oversight during its survey process.

The CILA Licensure and Certification Act (210 ILCS 135/9.1) addresses the protection of an individual’s personal funds while in CILAs. Section 9.1 provides guidance for the protection of these funds. Providers:

1. May accept funds from a recipient for safekeeping upon written authorization.
2. Shall maintain a written record of all financial arrangements and transactions.
3. Shall provide written itemized statements of all financial transactions.
4. Shall purchase and maintain a surety bond.
5. Shall keep funds from a recipient in an account separate from the service provider’s funds.
6. Shall deposit any funds received from a recipient in excess of \$100 in an interest bearing account.
7. Shall, upon written request from a recipient or guardian, return all or part of the funds.
8. Shall place any monthly allowance that a recipient is entitled to in their personal account.
9. Shall, if the recipient does not have a guardian, notify the Office of the State Guardian or the Guardianship and Advocacy Commission that a recipient is incapable of managing their own funds.

Client funds are not audited because it appears that no entity within DHS has oversight responsibility for the area. Additionally, while OIG started submitting information on its reports to BALC in FY17, there is still no requirement for OCA to forward the results of its reviews to BALC.

State statute provides guidance for the protection of CILA client funds. Failure to develop an oversight mechanism by DHS can leave those client funds unprotected.

<b>PROTECTION OF INDIVIDUALS PERSONAL FUNDS</b>	
<b>RECOMMENDATION NUMBER  13</b>	<i>DHS should incorporate testing of individuals’ personal funds maintained by CILA providers during monitoring activities. Additionally, DHS should ensure that BALC has access to all pertinent Department reviews when conducting licensing reviews.</i>
<b>DEPARTMENT OF HUMAN SERVICES RESPONSE</b>	The Department accepts the recommendation. BALC is updating its compliance survey tools to incorporate a test for provider policies and practices for issuing and managing recipient’s personal funds. BALC will report violations to the OIG according to the Rule 50 A/N/E mandate.

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### **TIER REPORTING**

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**DHS failed to maintain supporting documentation** for community placement interest by individuals that reside in SODCs. Due to this lack of documentation **we were unable to determine** whether Community Resource Associates (CRA) was conducting activities only on individuals that were actively pursuing transition to CILA. CRA was **paid almost \$6.1 million by DHS** for the period FY12-FY16.

DHS, on a yearly basis, publishes information on its website about interest in community placement by the individuals that may or may not be seeking transition into a CILA. Known as

**Tier Reports**, the reports present how many individuals and/or their guardians are actively pursuing community transition (Tier 1), have conditions that prevent CILA transition (Tier 2), and instances where the individuals do not want community placement (Tier 3).

During FY12-FY16 the **total** number of individuals reported by DHS declined by 16 percent, from 1,965 to 1,653. Exhibit 3-5 provides information, by fiscal year and transition tier, for the audit period.

Exhibit 3-5 COMMUNITY PLACEMENT INTEREST FY12-FY16				
FY	Tier 1	Tier 2	Tier 3	Total
FY12	213	595	1,157	1,965
FY13	202	561	1,048	1,811
FY14	217	540	1,004	1,761
FY15	170	554	961	1,685
FY16	112	348	1,193	1,653
Note: Tier 1: Individuals and guardians involved in actively pursuing transition to a community provider. Tier 2: Individuals with medical and/or behavioral needs preventing transition to the community at this time. Tier 3: Individuals and/or guardians saying “No” to community placement at this time.				
Source: OAG developed from DHS Information.				

DHS hired a contract firm, CRA, to assist in closing SODCs as part of the Governor’s Rebalancing Initiative. These services were provided under three contracts with DHS. CRA was under contract for the period January 24, 2012, through January 31, 2015. **CRA was paid almost \$6.1 million** for services by DHS.

Our examination of CRA files found that CRA conducted activities on individuals at all of the SODCs. Some of these individuals transitioned to CILAs, other did not. Overall, **CRA was involved in 100 transitions** from seven of the SODCs (not including the Jacksonville Developmental Center) while working for DHS. Additionally, we found **190 additional files where CRA provided services yet the individuals were not reported as transitioned by DHS**. Exhibit 3-6 lists CRA involvement with these individuals by SODC.

Given that CRA was supposed to be working on SODCs that were identified for closure by DHS, and DHS could not provide documentation to demonstrate those closures, we attempted to determine whether CRA was conducting activities on individuals that either had conditions preventing community placement or individuals that were not seeking community placement. However, **DHS officials were unable to provide the names** behind the numbers in the Tier Reports.

Additionally, our examination of email accounts from the Governor’s Transition of Care Project Manager and the Governor’s Senior Health Policy Advisor **raised skepticism that CRA was only reviewing files for those that were Tier 1 individuals.**

Exhibit 3-6 CRA WORK WITH NO CILA TRANSITION CRA INVOLVEMENT IN SODC TRANSITIONS FY12-FY16		
SODC	CRA Files on Individuals that Did Not Transition	CRA Involvement in CILA Transitions
Shapiro	55	18
Ludeman	35	10
Choate	16	17
Kiley	16	31
Murray	53	21
Mabley	9	2
Fox	6	1
<i>Total</i>	<i>190</i>	<i>100</i>
Source: OAG developed from DHS information.		

- An August 19, 2013 email from the director of the Murray Developmental Center to DHS and Governor’s Office official stated *“At approximately 12:00 noon today, CRA was reviewing a chart for an individual [that] resides on Grape Cottage. The mother, who has signed a statement saying CRA not review her loved ones chart, went to the building to get the chart...Upon arriving on [the] scene, the guardian was extremely upset and crying.”*
- June 28-29, 2013 emails among individuals from the Governor’s Office discussed conducting assessments on individuals at Murray Developmental Center. A Governor’s official asked two other officials *“So neither of you (or to your knowledge [Chief of Staff] or the Governor) have an issue with assessments going forward with all residents?”*
- A March 27, 2013 email from the Governor’s Transition of Care Project Manager to DHS and Governor’s Office staff discusses a Murray guardian letter. The official reported *“We are **fully prepared to move forward** with evaluations even without guardian consents if necessary...Again I think we need to wait until there are no longer enough individuals to assess before moving forward with evaluations without guardian consent.”*

The Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires all State agencies, including DHS, to establish and maintain a system, or systems, of internal fiscal and administrative controls. These controls should provide assurance that resources are utilized efficiently, effectively, and in compliance with applicable law. These controls should include being able to provide support for numbers which DHS reports to the public.

In response to our request for names associated with the Tier reports, an official from SODC Operations reported that *“State Operated Developmental Centers (SODC’s) have been required to submit the number of individuals on each Transition Tier (I, II and III) to SODC*

*Operations for publication on the IDHS One Net. Centers were not required to report the names of individuals on each Tier. Tier levels are fluid with individuals moving back and forth between tiers due to medical or behavioral issues. They may also move back and forth based on guardian consent and/or refusal to seek placement from a guardian. These lists had not been required to be retained and are no longer available. Therefore the SODC’s will not be able to comply with this request.”*

While we certainly understand that individuals and guardians may move among the various tiers, it would appear that at the point in time for which DHS reports figures for the Tier reports it could identify what individuals made up those numbers. Absent that identifying information it calls into question the validity of the reported figures.

<b>TIER REPORTING</b>	
<b>RECOMMENDATION NUMBER  14</b>	<i>DHS should take the steps necessary to be able to verify the SODC individuals that comprise the Tier Reporting system.</i>
<b>DEPARTMENT OF HUMAN SERVICES RESPONSE</b>	<p>The Department disagrees with the recommendation. The OAG states that “absent the identifying information, it calls into question the validity of the reported figures.” At the time these numbers were being reported on the OneNet, they were considered to be fluid numbers and stand-alone from one period to the next. Therefore, it was not deemed necessary to maintain detailed background on the individuals within each of the Transition Tiers. Only the number of individuals in each of the tiers was tracked. The information was posted on the OneNet, and replaced with new information when updated. This information was not saved and could not be recreated for the Auditors.</p> <p>Even though an individual may be classified as being on a certain tier, it would not preclude inquiries regarding placement and/or notifying a guardian about and encouraging the guardian to visit a potential placement site. This may result in placement for an individual not on Tier 1. Therefore, whether a person was on Tier 1, Tier 2 or Tier 3 at any given time has no correlation to placement. Copies of these are not maintained. Each month’s information is deleted when the next month is available.</p> <p>The Division believes it would be redundant to maintain data on the changes in tier reports. In addition, each center maintains detailed information on placement potential and activities within each individual’s file. To the best of our knowledge, the OAG did not request this information from the State Operated Developmental Centers (SODCs).</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>Auditor Comment #10:</b></p> <p><i>The DHS response is inaccurate. DHS states in its response that each center maintains detailed information on placement and questions whether auditors requested the names from the SODCs. Auditors originally requested the names from the Division of</i></p> </div>

<p>(Response Continued)</p>	<p><i>Developmental Disabilities (Chief of Staff) on September 21, 2017. On October 30, 2017, the official told auditors that she understood that auditors contacted SODC Operations for the names associated with the reports.</i></p> <p><i>As stated in the report, in response to our request for names associated with the Tier reports, an official from SODC Operations (Associate Deputy Director) reported that “State Operated Developmental Centers (SODC’s) have been required to submit the number of individuals on each Transition Tier (I, II and III) to SODC Operations for publication on the IDHS One Net. Centers were not required to report the names of individuals on each Tier. Tier levels are fluid with individuals moving back and forth between tiers due to medical or behavioral issues. They may also move back and forth based on guardian consent and/or refusal to seek placement from a guardian. These lists had not been required to be retained and are no longer available. Therefore the SODC’s will not be able to comply with this request.”</i></p>
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## LACK OF FISCAL/ADMINISTRATIVE REVIEWS REPORTED TO LICENSING

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DHS does not require organizational units that have oversight of the CILA program to always share information that could be beneficial to monitoring efforts. OCA **does not provide the results** of its fiscal/administrative reviews with the DHS unit that has authority to revoke the license of a non-performing CILA provider, the Bureau of Accreditation, Licensure and Certification.

OCA, which is organizationally within the operations area within DHS, has some oversight responsibility for the CILA program. Responsibilities of the Office include:

- File all DHS contracts, obligations, amendments, modifications and renewals.
- Liaison to Comptroller’s Office for all obligation related issues.
- Maintain the official DHS contract files.
- Prepare audit confirmations of service providers for State and federal funding.
- Produce management reports on contract activities.
- Initiate the recovery process for all lapsed funds.
- [Perform desk reviews on independent audits of DHS community based providers.](#)
- [Perform on-site reviews of community providers to assess fiscal and administrative compliance.](#)

In discussing CILA oversight with OCA officials on June 23, 2017, officials reported:

- There was **no coordination** of CILA oversight by OCA and other DHS organizational units like BALC and BQM.
- OCA **only gets involved** with the CILA program **if DDD or DMH requests** that closeout procedures be conducted.



- OCA does issue findings as a result of its reviews and those findings are forwarded to DDD, but what DDD does or does not do with them is not known to OCA.

OCA findings could identify areas where BALC may want to focus review efforts. However, BALC is unaware of those findings because they are not shared.

During our testing of the CILA licensing process we selected a sample of 25 CILA providers and requested all BALC files for each of the providers. Our review of those files did not discover any OCA fiscal/administrative reviews. We also requested and received all OCA reports for our sample. OCA had cited the CILA providers for various issues including: weak financial stability; failure to document disbursements; and lack of documentation to support background checks. Exhibit 3-7 summarizes the findings.

Exhibit 3-7 <b>OCA FISCAL/ADMINISTRATIVE REVIEW FINDINGS</b> <b>SAMPLE OF 25 CILA PROVIDERS</b> <b>FY12-FY16</b>		
<i>Date</i>	<i>CILA Provider</i>	<i>Findings Summary</i>
03/05/14	Epilepsy Foundation of North Central Illinois	Internal control weaknesses including checks made payable to “petty cash” and insufficient supporting documentation for disbursements.
02/08/12	Southwest Disabilities Services and Support	Fund balance was a negative \$808,148, inaccurate financial records, and has no property casualty insurance.
05/07/14	Southwest Disabilities Services and Support	Fund balance was a negative \$2,424,914, and has no property casualty insurance.
07/07/12	American Residential Care	Inaccurate financial statements “cast doubt on the organization’s fiscal stability.” Working capital is a negative \$40,346, insufficient supporting documentation for disbursements, and inadequate records for fiduciary funds.
05/12/15	Centerstone of Illinois	Lack of adequate property control and oversight.
06/01/16	Center for Residential Alternatives	Financial stability is weak and weaknesses in internal controls.
01/27/16	Joseph Rehabilitation Center	Weak internal controls including insufficient supporting documentation for disbursements.
05/10/12	Millennium Gardens	No workers’ compensation insurance, weak controls over property and personnel files that lacked evidence of criminal background checks.
01/11/12	Neighborhood Opportunities	Weaknesses in internal controls and deficiencies in board oversight.
10/24/13	Kwanza Suites Corporation	Weak financial condition with equity of a negative \$23,768 and insufficient supporting documentation for disbursements.
01/26/16	Soledad Social Services Corporation	Internal control weaknesses including no supporting documentation or attendance records.
Source: OAG developed from OCA information.		

Overall, during the period FY12-FY16, the CILA program had 281 providers that operated and received DHS payments. Our sample of 25 CILA providers constitutes only 9 percent of the total CILA providers.

The Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires all State agencies, including DHS, to establish and maintain a system, or systems, of internal fiscal and administrative controls. These controls should provide assurance that resources are utilized efficiently, effectively, and in compliance with applicable law. These controls should include ensuring that all oversight information is shared between the different organizational units responsible for the oversight of the CILA program.

An OCA official reported that administrative reviews conducted by OCA are not sent to BALC. If BALC doesn't have the reviews which identify which CILA providers have weaknesses in client fund management, BALC cannot efficiently address the oversight during its survey process.

Failure to supply BALC with the results of OCA fiscal/administrative reviews may inhibit BALC's ability to conduct licensing oversight. The results of the OCA reviews may raise red flags to BALC as to issues that could affect the operation of a CILA provider.

<b>LACK OF FISCAL/ADMINISTRATIVE REVIEWS REPORTED TO LICENSING</b>	
<b>RECOMMENDATION NUMBER</b>  <b>15</b>	<i>DHS should review the process for how OCA is directed to review CILA providers to determine whether there should be formal procedures for requested reviews. Additionally, DHS should ensure that OCA fiscal/administrative review results are submitted to BALC.</i>
<b>DEPARTMENT OF HUMAN SERVICES RESPONSE</b>	The Department agrees with the recommendation. The Office of Contract Administration (OCA) does provide the Division of Developmental Disabilities with copies of its fiscal administrative rules. These have been shared with division management staff for review. The Division agrees that it would be helpful for BALC to have access to this information, and is willing to cooperate with the OCA in whatever manner it wishes to share this information with BALC. In the meantime, the Division is forwarding these reports to BALC.

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**CHANGES IN CILA PROCEDURES NOT INCORPORATED INTO RULE**

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**DHS failed to revise administrative rules** for changes made to the CILA program. These changes were effective July 1, 2017. The failure by DHS **resulted in community providers and Independent Service Coordinators (ISCs) operating under rules that were not consistent with federal guidelines.**

The CILA program is partially guided by administrative rules, referred to as Rule 115, relative to program standards and licensure requirements (59 Ill. Adm. Code 115). These rules are **mainly directed toward the providers** of CILA services in the community and their responsibilities. For example, in the current Rule 115 the community agency is responsible for preparing, revising, documenting, and implementing a single individual integrated services plan for the individual receiving CILA services.

The Centers for Medicare and Medicaid Services published Home and Community-Based Regulations on January 16, 2014. These regulations became effective March 17, 2014. The regulations addressed three broad areas: conflict of interest free case management; person centered planning; and settings.

A DHS official informed auditors that the current philosophy with developmental disabilities focuses on individual choice. The official added that individuals/guardians decide on lifestyle and outcomes. In the past **provider agencies developed** those individual plans, a **practice that goes against** the 2014 federal regulations.

Effective July 1, 2017, in Illinois, ISCs serve as the conflict of interest free case management entity and became responsible for the implementation of the person centered planning process. This directive by DHS was **1,200 days after the federal government regulations became effective**. DDD did not provide one document to ISCs to demonstrate the changes to CILA; rather, everything was posted to DHS' website.

DHS contracts with **17 ISCs** whose primary role is to work with the individual, family, and/or guardian to identify the most appropriate living arrangement, be it State-operated facility or CILA. Once the arrangement is decided upon, the ISC works to get the individual placed in the appropriate setting. If an individual is already in a State-operated facility but chooses to transition to a CILA, the ISC will work with the **community agencies** to find the setting that meets the needs of the individual. The 17 ISCs received **over \$28 million** for these services during the audit period.

During the audit we contacted each of the ISCs to obtain information relative to the audit objectives. The ISCs reported that effective July 1, 2017, CILA processes changed. ISCs **expressed concerns** about the changes. Some of those concerns were:

- *“DDD changed the system July 1. DDD staff have used the analogy that with the changes we are fixing and rebuilding the plane while it is in flight. The changes affect people’s lives and they deserved better than changing the process without assuring there were rules and guidelines in place beforehand.”*
- *“Formal ISP’s [Individual Service Plans] are no longer used. While this is very beneficial to the individual, it has added more time required to handle a case. The offset was to reduce the required visits by an ISC from 4 times per year to 2 times per year.”*
- *“Prior to the effective date many stakeholders had requested that DDD provide a comprehensive procedure manual to direct and guide this new process. To date that manual has not been produced...This has led to confusion about processes, whom is responsible for various activities, and other information that is needed for a smooth transition.”*

The Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires all State agencies, including DHS, to establish and maintain a system, or systems, of internal fiscal and administrative controls. These controls should provide assurance that resources are utilized efficiently, effectively, and in compliance with applicable law. These controls should include ensuring that State rules are consistent with federal guidelines for the CILA program.

A DHS official said **changing the administrative rule is an elongated and intensive process**. He added the change first has to be approved by DHS and then by the Joint Committee

on Administrative Rules; however, he expressed frustration with DHS as it has still not gotten the rule revisions out of DHS yet.

The official said the federal **guidelines required some hard changes that the State did not want to make**. Now the State does not have the luxury of sitting around as the Medicaid waiver expired in July and the federal government is currently approving the new Medicaid waiver. He reported that if the State continued to operate under its existing process **which is not consistent** with new guidelines it was going to make it hard for the federal government to approve the new Medicaid waiver.

Failure to revise administrative rules to match federal guidance **creates uncertainty** for the organizations that look to the rules as guidance for CILA program activity. Additionally, operating the CILA program under rules inconsistent with federal regulations **risks the certification** of the State’s Medicaid waiver.

<b>CHANGES IN CILA PROCEDURES NOT INCORPORATED INTO RULE</b>	
<b>RECOMMENDATION NUMBER  16</b>	<i>DHS should revise its administrative rules for CILA to coincide with federal guidance.</i>
<b>DEPARTMENT OF HUMAN SERVICES RESPONSE</b>	<p>The Department partially agrees with the recommendation.</p> <p>The Division agrees with the recommendation that “DHS should revise its administrative rules for CILA to coincide with federal guidance” but does not agree that the recommendation is applicable to the facts. As stated, the Centers for Medicare and Medicaid Services published new Home and Community Based Regulations that were to become effective March 17, 2014. These new guidelines related to conflict of interest free case management, person centered planning and settings. However, the Division disagrees that it was operating outside Federal guidelines until July 1, 2017. In the last sentence of the report related to this finding, the OAG notes “...operating the CILA program under rules inconsistent with federal regulations risks the certification of the State’s Medicaid waiver.” Rather, The Division was required to operate within/under its approved Home and Community Based Waiver until such time as the new language for the waiver was approved. Also, it should be noted that the effective date for the settings portion of this rule has now been extended to March 17, 2022.</p> <p>A key element of conflict-free case management was the designation of the Independent Service Coordination (ISC) agencies as the entity responsible for preparing each individual’s service plan. In anticipation of the changes required by the Centers for Medicare and Medicaid Services, the Division created the Life Choices Initiative. This Initiative consisted of several workgroups involving division staff, ISC agency staff, provider staff, advocates, stakeholders, and individuals and their families. A steering committee consisting of division executive management staff met on a regular basis to review recommendations of the workgroup and other issues related to the guidelines. The concept of Life Choices as an “initiative” eventually evolved into the way the</p>

<p><b>(Response Continued)</b></p>	<p>Division operates.</p> <p>The Division made a concerted effort to conduct training on person centered planning for all the ISC agency staff. With the assistance of the National Association of State Directors of Developmental Disabilities Services, through a grant from the Illinois Council on Developmental Disabilities, a professional trainer/facilitator assisted with this training. This training was piloted early in calendar year 2017 and then later rolled out statewide. Guidelines, frequently asked questions, sample forms, etc. were posted to the website and their existence was made known to the ISCs through various communication venues.</p> <p>Illinois statute requires the Division to work with the DD Regulatory Advisory Board to make changes to its CILA Rule. While the Division is not required to seek approval of the Regulatory Advisory Board, it must seek its advice and explain in writing to the Board when that advice is not followed. Under the leadership of the former Associate Director of the Division, this Advisory Board’s work proceeded thoroughly but slowly. Every section of the rule required scrutiny. The draft red-lined version of the rule consists of 120 pages. Because the rule had not yet been approved by JCAR, the Division and the Bureau of Accreditation, Licensure and Certification agreed on how it would interpret the CILA Rule requirements on providers and ISCs as a result of the July 1, 2017 change to a conflict-free case management system. This information was provided to ISCs and to providers.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b><i>Auditor Comment #11:</i></b></p> <p><b><i>DHS does not believe the recommendation is applicable to the facts. The facts, as stated in the audit report, are that the Centers for Medicare and Medicaid Services published Home and Community-Based Regulations on January 16, 2014. These regulations became effective March 17, 2014. DHS made changes to CILA Program operations effective July 1, 2017, without a corresponding change to the Administrative Code. As of the date of the DHS responses to this audit, May 30, 2018, it has still not made revisions to its Rules. Regarding ISCs being aware of the changes in July 2017, not every ISC believed it was fully informed.</i></b></p> </div>
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## RECOVERY OF CILA FUNDS

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DHS did not seek recoupment from CILA providers when documentation appeared to show that individuals did not receive the services for which the provider was being paid. Evidence from **DHS’ own documentation** showed that housekeeping, a service which is part of the rate, was lacking in some instances yet the provider was still paid the full rate. Recovery was also not conducted even when DHS documentation showed that **providers had not been able to document that services were being implemented** for individuals.

Overall, for the period FY12-FY16, DHS **expended over \$2.046 billion** on the CILA program. This represented a 36 percent increase during the period.

There are parts of the CILA Rule which **directly relate** to areas of provider compensation on an individual’s rate sheet. For example, environmental management in the Rule would relate to room/board costs on the rate sheet. See Exhibit 3-8 for requirements of the rules and specific reimbursements on the rate sheet.

Exhibit 3-8 <b>COMPARISON OF CILA RULES AND CILA RATE SHEET</b>	
<i>CILA Rule (59 Ill. Adm. Code 115)</i>	<i>CILA Rate Sheet</i>
<p><b>Section 220 – Community Support Team:</b> Agencies licensed to certify CILAs shall provide for services through a community support team consisting of the <u>QIDP</u> (Qualified Intellectual Disabilities Professional), individual, guardian, <u>outside service providers</u>, and <u>direct services providers</u>.</p> <p><b>Section 230 – Interdisciplinary Process:</b> CST shall be responsible for preparing, revising, documenting and implementing a single individual integrated services plan for each individual.</p>	<p><b>Staff and Supervision</b></p> <ul style="list-style-type: none"> <li>*Direct Support Staff</li> <li>*Substitute Staff</li> <li>*QIDP</li> <li>*Supervisor</li> <li>*Fringe Benefits</li> <li>*Other Supplies</li> <li>*Misc. Consultant Services</li> <li>*Base Nursing</li> </ul>
<p><b>Section 240 – Medical Services and Medications:</b> When medical services and/or medications are provided, or their administration is supervised, by employees of the licensed agency, the licensed agency shall certify that they are provided or their administration is supervised.</p>	<p><b>Medication Administration</b></p> <ul style="list-style-type: none"> <li>*Non-Nurse Staff</li> <li>*RN Monitoring</li> </ul>
<p><b>Section 300 – Environmental Management of Living Arrangements:</b> Includes provision for safe and clean living arrangements.</p>	<p><b>Room and Board</b></p> <ul style="list-style-type: none"> <li>*Housing</li> <li>*Telephone</li> <li>*Property/Building Insurance</li> <li>*Maintenance/Housekeeping</li> <li>*Food Supplies</li> <li>*Non-Food Supplies</li> </ul>
<p><b>Section 320 – Administrative Requirements</b></p>	<p><b>Administration</b></p>

Source: OAG prepared and CILA rate sheets.

During fieldwork sample testing, we reviewed the results of the licensing survey process conducted by BALC. We found BALC cited provider agencies for a number of violations for services the State was paying the CILA agency to provide. For instance, CILA providers by rule (59 Ill. Adm. Code 115.230) are **required**, at least monthly, to review the services plan and document in that plan:

1. Services are being implemented.
2. Services identified in the services plan continue to meet the individual’s needs or require modification or change to better meet the individual’s needs.
3. Actions are recommended when needed.

Center for Disability Services (Center) was cited by BALC in five consecutive surveys for failure to implement services. See Exhibit 3-9 for detailed citations at the Center for failure to implement services. The CILA rates for the individuals living in CILAs overseen by the Center include amounts for implementation of individuals’ services plans, or Section 230 of the CILA Rule. When BALC cites an agency for failure to, at a minimum, implement an

individual’s service plan, auditors **question whether the State is actually receiving all of the services for which it is paying.**

Exhibit 3-9 CENTER FOR DISABILITY SERVICES Failure to Implement Service Plans Violations		
<i>Review Date</i>	<i>Type of Review</i>	<i>BALC Violation</i>
08/22/11	Focus	In 1 of 4 records, no monthly QIDP note – <b>no evidence</b> that QIDP addresses each objective and other needs.
08/13/12	Full	In 3 of 4 records, QIDP monthly notes invalid, all <b>services are not implemented.</b>
07/15/13	Focus	In 4 of 4 records, QIDP monthly notes invalid, all <b>services are not implemented.</b>
08/13/14	Focus	In 3 of 4 records, <b>no evidence of services being implemented</b> in that QIDP notes indicate no data for months.
07/21/15	Full	In 4 of 4 records, no way to determine if each objective and other needed services “ <b>lack of notes.</b> ”
Source: OAG developed from BALC information.		

The CILA Rule (59 Ill. Adm. Code 115.300 (c)(6)(A-C)) requires providers to ensure that:

- A) Living arrangements shall be safe and clean within common areas and within apartments over which the agency has control.
- B) Living arrangements shall be free from vermin.
- C) Waste and garbage shall be stored, transferred and disposed of in a manner that does not permit the transmission of diseases.

In an example from our testing, BALC cited Neumann Family Services 39 times in seven different surveys for failure to make living arrangements safe and clean. See Exhibit 3-10 for detail listing of environmental problems cited by BALC at the CILA provider. Again, the **CILA rates for each of the individuals within the CILA include an amount for housing and maintenance and housekeeping.** When BALC cites an agency for failure to, at a minimum, provide for a **safe and clean living arrangement**, auditors question whether the State is actually receiving **all** of the services for which it is paying.

Exhibit 3-10 NEUMANN FAMILY SERVICES Failure to Maintain Safe and Clean Environment Violations			
Review Date	Type of Review	BALC Violation	
01/24/12	Complaint	-No hot water	
02/06/12	Full Survey	-Floors need refinished -Radiators needs cleaned -Stove burner not working -No hot water	-Bathroom tub and tile needs cleaned -Low water pressure -Blinds need to be repaired -Painting needed
09/10/12	Complaint	-Urine smell in bedroom -Dirty walls need repainting	-Mold in bathroom and under kitchen sink -Filthy carpeting common areas
01/15/13	Focus Survey	-Bathroom tubs-refinished	-Bathroom floor tiles-replaced
01/12/15	Full Survey	-Back screen door ripped -Dirty walls -No sheets on bed -Urine smell	-Belongings in bags all over floor -Cardboard on bathroom window -Water temperature below 100 degrees -Wood floors need refinished
09/11/15	Complaint	-Dirty refrigerator/stove -Urine smell -Clutter -Wall boards wet/warped -Drapes missing -Missing light bulbs	-Evidence of water damage -Improper storage of toxic chemicals -Clothes strewn everywhere in basement -Garbage-including aquarium gravel -Front doorbell not operational -Missing tiles-bathroom
01/11/16	Focus Survey	-Walls still need painting -Floors need refinished	-Bathroom needs remodeled -Blinds cracked

Source: OAG developed from BALC information.

Auditors asked a BALC official about recovery of funds for the above deficiencies in the services plan. The official verified that the services being provided are to be documented monthly. The official further stated that if the services are not documented that could be an area for potential recoupment; however, the official said she is “*not fully abreast of the current recoupment processes for the DDD.*”

A DDD official reported that “*BQM, BALC, and the ISC agencies monitor providers. If it is apparent that services are not being performed and is reported to the Division, the Division would take **appropriate action to recover funds.***” (emphasis added) The same official also stated, “*If a CILA provider serves an individual for a portion of a day, that provider may bill and be paid the entire per diem for that day.*”

Auditors asked the DDD official on September 11, 2017, for a list of names of community CILA providers where DDD had taken action to recover funds, why the recovery was initiated, and the amount of the recovery for the audit period (FY12-FY16).

- Having not received a response, auditors followed up on October 25, 2017. On October 30, 2017, the DDD official said she was **consulting with DHS internal audit** before responding to auditors.
- **77 days after the original request** for recovery information, on November 27, 2017, the DDD official referred auditors to DHS’ Office of Contract Administration.



- Auditors contacted OCA and received the following response regarding fund recovery: *“OCA does not close out or recover any funding from the DDD CILA program (these are not considered to be Grant Funds but Fee for Service).”*

A DHS official reported that *“One of the requirements of the waiver is that providers assist people to get needed health care services. In most cases, that means support to get to doctor appointments as well as support to take needed medications, receive recommended treatments, and make necessary lifestyle changes. The supports **would be part of the overall supports paid as part of the CILA rate** and may be reflected in a slightly higher rate, depending on rate calculation.”* (emphasis added)

DHS is paying providers for CILA services. If the State is not getting the services for which it is paying, the State should seek to recover those funds.

Administrative rule (59 Ill. Adm. Code 120.70 (d)) describes that under a provider agreement, CILA provider agencies contractually agree to meet the fiscal, program, and reporting requirements of the Medicaid Waiver program. Providers are paid on a fee-for-service basis using a per diem rate. According to a DHS official in DDD, *“The rate established by the Division for the individual’s CILA program would include everything the agency is to provide for the individual under the CILA program.”* These rates are based on the use of a CILA individual rate model which includes:

- a base component – including but not limited to the Inventory for Client and Agency Planning (ICAP) score and site capacity;
- offset for reported income (for example, food stamps); and
- other factors such as room and board (for example, housing, telephone, property insurance, maintenance and housekeeping, and edible and non-edible goods), transportation, administration, and nursing.

Each individual in a CILA setting has a rate sheet which accounts for all of the above factors and outlines the amount the State will pay to the CILA provider agency for the necessary services. According to a DHS official the CILA provider will “pool” all of the funds received for all of the individuals in an agency’s CILA program.

When asked about DHS’ ability to fiscally monitor DD CILA provider agreements, a DDD official stated the CILA program is not subject to grants funds recovery. The official further stated the *“Division’s Bureau of Program Development and Medicaid Administration has been building and implementing a process for post-payment reviews.”*

According to the Associate Director of Program Development and Medicaid Administration, the unit does a post payment audit on a statistically valid sample. However, there is no onsite review and the unit does not check to ensure that a rate an individual receives for services on a plan were actually provided. She said if an individual is living in a residential capacity, the CILA provider is owed the rate associated with each of the individuals – **the program is not designed to get money back.**

On a related topic, when asked about review of services during the survey process, a BALC official said, *“If there was no evidence of service delivery at all, then there could be potential for recoupment.”*

Failure to require repayment for CILA services not provided increases the likelihood that State dollars were not spent in accordance with the Medicaid Waiver Program or may not have

served the purposes and goals of the CILA program. Further, when CILA funds are not appropriately spent, individuals participating in the CILA program are not receiving the services they need to be successful in the community.

<b>RECOVERY OF CILA FUNDS</b>	
<b>RECOMMENDATION NUMBER</b>  <b>17</b>	<i>DHS should not pay for services that are not provided to CILA clients by CILA providers. Additionally, DHS should consider implementing a formal process for recovery of CILA funds not spent in accordance with the CILA program.</i>
<b>DEPARTMENT OF HUMAN SERVICES RESPONSE</b>	<p>The Department partially agrees with the recommendation. The Division agrees that any time funding is not used for the proper purpose, it should be recovered. However, Division staff met with the auditor on more than one occasion to explain the CILA Rate Methodology. The auditor made assumptions about service provisions that were not necessarily accurate. For example, while a BALC survey might note a bathroom floor tile is in need of replacement, it does not mean that the CILA is providing inadequate services to the individuals in its care. The Division contends that unless BALC suspends a CILA agency’s license, the Department is required to continue to make payments. The Division does agree that it should work with BALC and others within the Illinois Department of Human Services to develop a structure for ensuring providers utilize funding for purposes intended.</p> <div style="border: 1px solid black; padding: 5px;"> <p><i><b>Auditor Comment #12:</b></i></p> <p><i>DHS oversimplified the issue with its response of a single bathroom floor tile. Auditors did not make assumptions about the BALC surveys. The BALC survey results speak for themselves with respect to whether conditions were appropriate for individuals living in the CILAs. This report, in Chapter Two, details severe environmental deficiencies in the CILA licensing reviews which questions whether the CILA providers, which were being compensated for maintenance and housekeeping as part of its rate, provided all the services which were included in the rate. As stated in this finding, while a DDD official reported that it does recover funds, the official could not produce documentation to show from whom and how much was recovered.</i></p> </div>

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## Chapter Four

# CILA TRANSITION FOLLOW-UP

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## CHAPTER CONCLUSIONS

During the period FY12-FY16, DHS **transitioned 408 individuals** from the eight State-Operated Developmental Centers (SODCs) **to CILA living arrangements**. The responsibility for providing follow-up service visits to individuals who transition from an SODC to the community is performed by several entities. These entities are the Independent Service Coordinators (ISCs), the Bureau of Transitional Services (BTS) within DHS, SODC staff, and a vendor (Community Resource Associates (CRA)) that DHS contracted with for SODC closure activities.

DHS contracted with **17 ISCs** whose primary role is to work with the individual, family, and/or guardian to identify the most appropriate living arrangement, be it State-operated facility or CILA. The 17 ISCs received **over \$28 million** for these services during the audit period. During audit testing of available documentation we found:

- **DHS failed to ensure** that Independent Service Coordinators (ISCs) maintained documentation on all required visits to individuals that transitioned from an SODC to a CILA.
- **ISCs only conducted 62 percent of the required weekly visits** to the individuals in CILAs. Additionally, **ISCs only conducted 82 percent of the required monthly visits** to the individuals in CILAs. However, ISCs did conduct 91 percent of the required quarterly visits to the individuals in CILAs.

DHS, through BTS, **failed to conduct** follow up visits with individuals that transitioned from SODCs to CILAs. Our sample testing found that **BTS only conducted 45 percent of the required weekly visits** to the individuals in CILAs. Additionally, **BTS only conducted 51 percent of the required monthly visits** to the individuals in CILAs.

**DHS failed to maintain documentation showing** that CRA conducted all transition follow-up visits with individuals that transitioned from SODCs during its contracts with DHS. Auditors requested documentation from DHS concerning all CRA activities, including transition follow-up visits conducted by CRA. However, information **provided to the auditors by DHS did not document all of CRA's required transition follow-up visits**. For instance, DHS' documentation of CRA's **follow-up visits** accounted for 56 percent (860 of 1,527) of the required weekly visits, and 11 percent (171 of 1,576) of the required monthly visits. CRA initially indicated to auditors that it had turned all of its documentation over to DHS. Upon further auditor inquiry, CRA did locate some documentation; however, that documentation also was not complete.

DHS failed to ensure that Independent Service Coordinators (ISCs) maintained all required consents for individuals selecting CILA as a living option. Our testing of 50 individuals that transitioned to a CILA during the audit period found **two instances where the ISC did not have the consent** for CILA services. Additionally, the consents we did review were **often not timely**. Some consents occurred after the individual transitioned, some consents were signed the

day of transition, and others were dated well in advance of the transition date. Based on our testing we concluded **only 20 percent of the consents were timely.**

DHS failed to ensure that either the individual in a CILA setting, or a guardian, participated in the development of all individual services plans (ISPs). This lack of oversight contributed to **nearly 27 percent of our sample where the plans were developed without input from the individual or guardian.**

## INTRODUCTION

House Resolution Number 34 directed the Auditor General, in part, to review the extent and timing of follow-up and monitoring by DHS of individuals transitioned from SODCs to CILAs, including its provision of follow-along services to support an individual’s transition into the new arrangement.

### TRANSITIONS FROM SODCs: FY12-FY16

During the period FY12-FY16, DHS transitioned 408 individuals from the eight SODCs to CILA living arrangements. Twenty-nine percent of the transitions were from the Jacksonville Developmental Center, a center that was closed in November 2012. Exhibit 4-1 breaks down the numbers of SODC transitions by facility during the audit period of FY12-FY16.

Exhibit 4-1 SODC CILA TRANSITIONS FY12-FY16						
SODC	FY12	FY13	FY14	FY15	FY16	Total
Jacksonville	23	97	N/A	N/A	N/A	120
Shapiro	13	13	16	27	8	77
Ludeman	10	13	11	12	11	57
Choate	12	9	9	20	5	55
Kiley	10	12	16	13	3	54
Murray	3	12	13	2	4	34
Mabley	0	4	2	1	0	7
Fox	1	0	0	2	1	4
<i>Total</i>	<i>72</i>	<i>160</i>	<i>67</i>	<i>77</i>	<i>32</i>	<i>408</i>
Note: Jacksonville SODC also transitioned 53 individuals to other SODCs, 21 individuals to ICF/DDs, 2 individuals to mental health facilities, and 1 to a personal home during FY12-FY13.						
Source: OAG developed from DHS information.						

It is essential that DHS operate an effective quality assurance/quality management system that ensures that people with developmental disabilities are safe and secure and the services that they receive meet essential standards. People with developmental disabilities are vulnerable to abuse, neglect, and exploitation. Consequently, it is important that their health and welfare be continuously monitored. It is important that follow-up visits are conducted.

On its website, DHS reports to consumers that *“For every individual transitioning from the state operated developmental center through the ACCT (Active Community Care Transition) process, extensive follow-along services are being provided in order to support the individual’s transition to the new service arrangement.”*

Additionally, in DHS published information to guardians, parents or family members, it defines all the “extensive” follow-along services provided to individuals transitioning from SODCs receive. In addition to detailing the number of visits the individual will receive, DHS states *“During these visits, staff will review medication changes, dietary changes, daily activities, social functioning, individual’s satisfaction, safety and behavior patterns.”* However, these assurances cannot be realized if the visits do not occur.

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## **RESPONSIBILITY FOR TRANSITION FOLLOW-UP**

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The responsibility for providing follow-up service visits to individuals who transition from an SODC to the community is performed by several entities. These entities are the Independent Service Coordinators (ISCs), BTS within DHS, and SODC staff. Additionally, when CRA was on contract with DHS, from February 2012 through January 2015, it also had transition responsibilities.

### **Independent Service Coordinators**

DHS contracted with **17 ISCs** whose primary role is to work with the individual, family, and/or guardian to identify the most appropriate living arrangement, be it State-operated facility or CILA. Once the arrangement is decided upon, the ISC works to get the individual placed in the appropriate setting. If an individual is already in a State-operated facility but chooses to transition to a CILA, the ISC will work with the **community agencies** to find the setting that meets the needs of the individual.

The 17 ISCs received **over \$28 million** for these services during the audit period. A list of ISCs, locations and payments under grants with DHS during FY12-FY16 are provided in Exhibit 4-2. The original ISC contracts have never been rebid. A Division of Developmental Disabilities (DDD) official told auditors that the ISC contracts will be bid in FY19. ISCs are supposed to **conduct visits to all individuals transitioned from SODCs to CILAs** and document those visits in written reports.

Exhibit 4-2 <b>INDEPENDENT SERVICE COORDINATORS FOR CILA PROGRAM                      FY12-FY16</b>		
<i>Agency</i>	<i>Location</i>	<i>FY12-FY16 Payments</i>
Access Services of Northern IL	Loves Park, IL	\$2,580,400
Central IL Service Access	Lincoln, IL	\$1,525,905
Champaign Co. Regional Planning Comm.	Urbana, IL	\$365,907
Community Alternatives Unlimited	Chicago, IL	\$8,699,238
Community Service Options	Chicago, IL	\$1,495,192
Community Service Options-Rock Island/Mercer Counties	East Moline, IL	\$314,022
Day One/PACT	Lisle, IL	\$2,574,338
Dev. Disabilities Services Metro East	Belleville, IL	\$1,014,676
Great Rivers Service Coordination	Jacksonville, IL	\$1,410,843
Livingston Co. Mental Health Board	Pontiac, IL	\$336,840
Options & Advocacy McHenry Co.	Crystal Lake, IL	\$402,219
Prairieland Service Coordination	Decatur, IL	\$759,429
Service, Inc.	Joliet, IL	\$835,684
Southern IL Case Coordination Services	Centralia, IL	\$2,246,849
Suburban Access, Inc.	Homewood, IL	\$2,195,181
West Central Service Coordination	Pittsfield, IL	\$692,573
Western IL Service Coordination	Macomb, IL	\$575,740
<i>Total</i>		<b>\$28,025,036</b>
Source: DHS Information.		

**Bureau of Transitional Services/SODC Staff**

On October 27, 2017, a DHS official reported that some time ago, DHS upper administration took transition monitoring oversight away from the SODCs and moved that responsibility to BTS. The official added that three or four months ago, the monitoring oversight was returned to the SODCs. Additionally, the official explained that during the time when the monitoring oversight responsibility belonged to BTS, there was no travel money, and as a result of not having a State budget, the visits were not done. The official reported DHS will not be able to produce documentation to support the completion of all required visits.

BTS’s monitoring oversight responsibility was slightly different than what it was at the SODCs, but the responsibilities of both are outlined in guidelines issued by the Department. Also, some SODCs were still doing follow-up to assist the providers even though they were not required to do so.

Auditors asked whether DHS has made an effort to try and coordinate transition follow-up across the ISCs, SODC staff and BTS staff. The official responded in the negative and that the three groups were separate entities. Auditors also asked whether the ISCs, SODC staff and

BTS staff reviewed different areas during visits. The official stated all groups reviewed the same areas.

### **Community Resource Associates**

On February 16, 2012, DHS executed a community services agreement with CRA. According to the Procurement Business Case, the purpose of the procurement was to ensure the safety of individuals with developmental disabilities as they transition to the community as part of the Rebalancing Plan through the closure of SODCs. The scope of services for this contract included CRA participating in weekly face-to-face visits for the first eight weeks with individuals that transitioned to CILAs. Additionally, monthly face-to-face meetings were required for the other ten months of the year after initial transition. CRA was also required, under the Deliverables section of the agreement, to submit written post-transition monitoring reports to DDD no less than five business days following each community site visit.

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## **TRANSITION FOLLOW-UP: INDEPENDENT SERVICE COORDINATORS**

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DHS failed to ensure that Independent Service Coordinators (ISCs) maintained documentation on all required visits to individuals that transitioned from an SODC to a CILA. Our sample testing of available documentation found that ISCs **only conducted 62 percent of the required weekly visits** to the individuals in CILAs. Additionally, ISCs **only conducted 82 percent of the required monthly visits** to the individuals in CILAs. And finally, ISCs conducted 91 percent of the required quarterly visits to the individuals in CILAs.

ISCs were required to document the visits with individuals that transitioned to CILAs from the SODCs. ISCs were to use Progress Notes for the eight weekly and six monthly face-to-face visits. Additionally, ISCs were to use the Individual Service and Support Advocacy (ISSA) Visiting Notes form to document the ISSA visits.

In order to test for compliance with the follow-up visit criteria, we randomly selected a sample of 50 individuals from the listing of SODC transitions supplied by DHS for the period FY12-FY16. We contacted all the ISCs that served the 50 individuals from our sample that transitioned to CILAs. We **requested the ISCs provide copies of all visits/reports** the ISC made to the individual.

We reviewed the documentation submitted by the ISCs for compliance with transition visit follow-up frequency for weekly, monthly, and quarterly (ISSA) visits made by the ISC. Our testing results for the random sample of 50 transitions to CILAs found:

- **Weekly Visits**
  - ISCs **should have conducted 284** weekly visits to the individuals.
  - ISCs **actually conducted only 175** weekly visits (62 percent).
  - 16 of 50 individuals (32 percent) **received all** the required weekly visits from ISC staff.
  - 15 of 50 individuals (30 percent) **received a partial number** of the required weekly visits from ISC staff.
  - 18 of 50 individuals (36 percent) **received none of the required weekly visits** from ISC staff.
  - 1 case was considered Not Applicable.

- **Monthly Visits**

- ISCs **should have conducted 212** monthly visits to the individuals.
- ISCs **actually conducted only 174** monthly visits (82 percent).
- 10 of 50 individuals (20 percent) **received all** the required monthly visits from ISC staff.
- 13 of 50 individuals (26 percent) **received a partial number** of the required monthly visits from ISC staff.
- 27 cases were considered Not Applicable mainly due to the time frame when the transition occurred.

- **Quarterly ISSA Visits**

- ISCs **should have conducted 458** quarterly visits to the individuals.
- ISCs **actually conducted 416** quarterly visits (91 percent).
- 28 of 50 individuals (56 percent) **received all** the required quarterly visits from ISC staff.
- 17 of 50 individuals (34 percent) **received a partial number** of the required quarterly visits from ISC staff.
- 2 of 50 individuals (4 percent) **received none of the required quarterly visits** from ISC staff.
- 3 cases were considered Not Applicable.

Prior to transitions from SODCs beginning July 1, 2013, ISCs were required to conduct **four weekly visits** following discharge from the SODC. **Routine quarterly** visits to the individuals were then conducted based on Individual Service and Support Advocacy (ISSA) services.

Beginning with individuals transitioned July 1, 2013, ISCs were required to conduct additional follow-up visits based on a memo (dated May 24, 2013) from the Director of the DDD. **A total of 18 face-to-face visits** were required. The visits were to occur at the individuals' homes and at their day programs. The breakdown of the 18 visits included:

- **8 weekly face-to-face visits for the first two months** post transition. Four of these visits were already funded via a DHS Pre-Admission Screening (PAS) grant. Additional required visits were funded at a rate of \$41.01 per hour with a 4-hour limit per visit.
- **10 monthly face-to-face visits**, approximately 30 days apart, post transition. ISCs could use 4 of 10 from the mandated quarterly ISSA visits. Additional funding for the remaining required 6 monthly visits would again be paid at a rate of \$41.01 per hour with a 4-hour limit per visit. The routine quarterly ISSA visits were to continue after the first year post transition.

The memo from the Director of DDD indicated that the routine, mandated quarterly visit documentation will continue to be subject to review by the Division's Bureau of Quality Management (BQM). The memo did not mention review of the other weekly and monthly documentation.

Follow-up visits are instrumental in ensuring individuals' success in transitioning from SODCs to CILA services. Failure to conduct all required visits increases the likelihood that the transition could fail.



<b>TRANSITION FOLLOW-UP: INDEPENDENT SERVICE COORDINATORS</b>	
<b>RECOMMENDATION NUMBER 18</b>	<i>DHS should review exceptions noted by auditors and take the steps necessary to ensure that ISCs conduct all required visits to those that transition from an SODC to a CILA. Additionally, in its review DHS should determine whether ISCs billed for any follow-up visits that do not have supporting documentation and seek reimbursement for any cases that were paid yet lacked support.</i>
<b>DEPARTMENT OF HUMAN SERVICES RESPONSE</b>	<p>The Department accepts the recommendation. The Division will review the exceptions noted by the auditors and determine whether ISCs were billed for any follow-up visits that do not have proper supporting documentation. If so determined, the Division will take steps to seek reimbursement.</p> <p>The Division is in the process of developing a Notice of Funding Opportunity for Independent Service Coordinator services for Fiscal Year 2020. Documentation of required visits will be a performance measure of successful applicants.</p>

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### **TRANSITION FOLLOW-UP: BUREAU OF TRANSITIONAL SERVICES**

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During the period FY12-FY16, DHS, through its Bureau of Transitional Services, failed to conduct follow-up visits with individuals that transitioned from SODCs to CILAs. Our sample testing found that **BTS only conducted 45 percent of the required weekly visits** to the individuals in CILAs. Additionally, **BTS only conducted 51 percent of the required monthly visits** to the individuals in CILAs.

A DHS official reported that in 2012 BTS took over monitoring for individuals who moved into the community from the SODCs. In September 2017, after this audit period, DHS changed the monitoring back to the SODCs.

That same official reported that prior to February 2012 SODC staff were responsible for follow-up for those that transitioned from an SODC to CILAs. However, according to another official DHS did *“not have a written procedure for the SODC responsibilities with monitoring transitions.”* (emphasis added) The official added that *“In the past, ISCs only visited weekly for four weeks (classified under PAS) and quarterly thereafter. I expect that SODCs had a similar charge but I am not for sure.”* DHS officials indicated that after BTS initiated responsibility for those transitioned from SODCs, some centers continued to do follow-up on individuals.

We selected a sample of 50 individuals that transitioned from an SODC to a CILA during the period FY12-FY16. We provided this listing to DHS staff and requested copies of all the follow-up visits conducted by SODC staff and BTS staff from the date of transition to the end of FY16. We compared documentation submitted by DHS for compliance with transition visit follow-up frequency both weekly and monthly made by BTS and SODCs. If documentation submitted by BTS **clearly showed** follow-up was conducted by SODC staff, **BTS was credited** with the follow up. However, if the follow-up documentation was an Individual Service and Support Advocacy (ISSA) report, then it was conducted by ISC staff and BTS was not credited for the visit. Our testing results for the random sample of 50 transitions to CILAs found:

- **Weekly Visits**
  - BTS **should have conducted 248** weekly visits to the individuals.
  - BTS **actually conducted only 112** weekly visits (45 percent).
  - 14 of 50 individuals (28 percent) **received all** the required weekly visits from BTS or SODC staff.
  - 18 of 50 individuals (36 percent) **received a partial number** of the required weekly visits from BTS or SODC staff.
  - 18 of 50 individuals (36 percent) **received none of the required weekly visits** from BTS or SODC staff.
- **Monthly Visits**
  - BTS **should have conducted 529** monthly visits to the individuals.
  - BTS **actually conducted only 269** monthly visits (51 percent).
  - 12 of 50 individuals (24 percent) **received all** the required monthly visits from BTS or SODC staff.
  - 24 of 50 individuals (48 percent) **received a partial number** of the required monthly visits from BTS or SODC staff.
  - 14 of 50 individual (28 percent) **received none of the required monthly visits** from BTS or SODC staff.
- **Overall**
  - 11 individuals had **no weekly or monthly visits** from BTS or SODC staff.
  - 8 individuals received no weekly visits from BTS staff, SODC staff, or Independent Service Coordinator staff.

A DHS official provided auditors with a document titled Role of the Bureau of Transitional Services Staff in Transition Follow-Up. The document lists all the activities BTS must conduct before, during and after transition. Exhibit 4-3 lists the activities.

Exhibit 4-3 <b>ROLE OF BTS STAFF IN TRANSITION FOLLOW-UP</b> <b>Procedures Dated February 1, 2012</b>	
1.	Participate in transition meetings with the SODC.
2.	Ensure that like-professionals between the SODC and receiving community-based service provider are communicating before the person is transitioned.
3.	Secure a copy of the Transition Plan and Clinical Transition Plan from the SODC at least four working days prior to the official transition date.
4.	Ensure that the person's Transition Plan and Clinical Transition Plan is forwarded to the receiving PAS/ISC/ISSA agency.
5.	Within two working days after transition: contact the receiving community-based service provider to share BTS contact information; determine how the individual is adjusting; and, schedule first on-site visit.
6.	<p><b>SODC's in Closure Status: Conduct weekly face-to-face visits for the first eight weeks post-transition and monthly telephone contact for ten additional months.</b></p> <p><b>All Other SODCs: Conduct weekly face-to-face visits for the first four weeks post-transition and monthly telephone contact for eleven additional months.</b></p> <p><b>Weekly face-to-face visits include residential and/or day program setting. When visiting the day program, also conduct the appropriate residential staff for follow-up information. Each face-to-face visit will be an hour of observation, at the minimum.</b></p>
7.	Contact the guardian after the first face-to-face visit. Ask guardian how the individual is doing and share information from the visit. Ask guardian if they can continue follow-up calls.
8.	Participate in the 30-day staffing. The staffing and the weekly visit can occur the same day either before or after the staffing.
Source: OAG developed from DHS Information.	

Another DHS official said *“The role and responsibilities of BTS staff change over time....The paperwork that BTS created was not required to be saved or scanned. The responsibilities of BTS to monitor an individual who transitioned to community services was one year. There was not a need to save BTS staff’s documentation for years.”* We would note that while the official appears to say the documentation was not required to be saved, **DHS did provide us documentation** to show reviews were made, **just not all that were required.**

Follow-up visits to those that transition to a CILA setting are instrumental in ensuring that there is successful transition. Failure of BTS staff to conduct and document the required visits is a violation of DHS policy.

<b>TRANSITION FOLLOW-UP: BUREAU OF TRANSITIONAL SERVICES</b>	
<b>RECOMMENDATION NUMBER</b>  <b>19</b>	<i>DHS should take the necessary steps to ensure that all required follow-up visits are conducted and documented by its staff.</i>
<b>DEPARTMENT OF HUMAN SERVICES RESPONSE</b>	<p>The Department partially agrees with the recommendation.</p> <p>At various times during the audit period, responsibility for follow-up on SODC transitions was assigned to central office or to the individual state operated facilities. The protocol may not always have been clear. Also, during the time frame of the audit, there were periods of time in which there was no state budget and travel was limited for the BTS central office staff.</p> <p>In 2017, certain BTS staff whose responsibility is transitions from state operated developmental centers, were reassigned to report to SODC Operations management staff. This change in assignment allowed the SODCs and the BTS staff to work more closely together. SODC Operations has developed protocol for transitions and follow-up. A transition monitoring form has been standardized and is available on the Departments OneNet. All SODC staff began monitoring as indicated in the transition policy effective November 9, 2017.</p>

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**TRANSITION FOLLOW-UP: COMMUNITY RESOURCE ASSOCIATES**

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**DHS failed to maintain documentation showing** that CRA conducted all transition follow-up visits with individuals that transitioned from SODCs during its contracts with DHS. Auditors requested documentation from DHS concerning all CRA activities, including transition follow-up visits conducted by CRA. However, information **provided to the auditors by DHS did not document all of CRA’s required transition follow-up visits**. For instance, **DHS’ documentation of CRA’s follow-up visits** accounted for 56 percent (860 of 1,527) of the required weekly visits, and 11 percent (171 of 1,576) of the required monthly visits. CRA initially indicated to auditors that it had turned all of its documentation over to DHS. Upon further auditor inquiry, CRA did locate some documentation; however, that documentation also was not complete.

As the entity responsible for oversight of the contract with CRA, **auditors requested all files from DHS relative to CRA activities** under the three contracts involving the CILA program. On May 24, 2017, DHS provided a thumb drive to auditors with CRA work product to substantiate DHS expenditures. The thumb drive was organized by individual name and the files for the individuals contained information on: person-centered plans, clinical assessments of the individuals, budget information, consents for reviewing individual’s records, and reports relative to follow-up visits conducted. A DHS official, on September 19, 2017, reported that after an exhaustive search, *“we have provided you with all documentation we have located, and believe we have thoroughly searched our records.”* (emphasis added)

The contracts with CRA ended in January 2015 and turnover has occurred within DHS since that time. Under the circumstances, the auditors can only summarize the results for documentation that was available at the time of our audit. The following bullets summarize the

auditors' analysis of CRA deliverables relative to transition follow-up for which DHS maintained documentation:

- Jacksonville Developmental Center
  - DHS maintained 85 percent (729 of 856) of the required weekly CRA follow-up visit documentation.
  - DHS maintained 9 percent (100 of 1,070) of the required monthly CRA follow-up visit documentation.
- Kiley Developmental Center
  - DHS maintained 25 percent (55 of 222) of the required weekly CRA follow-up visit documentation.
  - DHS maintained 15 percent (27 of 184) of the required monthly CRA follow-up visit documentation.
- Murray Developmental Center
  - DHS maintained .6 percent (1 of 162) of the required weekly CRA follow-up visit documentation.
  - DHS maintained 3 percent (5 of 196) of the required monthly CRA follow-up visit documentation.
- Choate Developmental Center
  - DHS maintained 24 percent (24 of 101) of the required weekly CRA follow-up visit documentation.
  - DHS maintained 51 percent (37 of 73) of the required monthly CRA follow-up visit documentation.
- Ludeman Developmental Center
  - DHS maintained 36 percent (18 of 50) of the required weekly CRA follow-up visit documentation.
  - DHS maintained 10 percent (2 of 21) of the required monthly CRA follow-up visit documentation.
- Mabley Developmental Center
  - DHS maintained 13 percent (2 of 16) of the required weekly CRA follow-up visit documentation.
  - DHS maintained 0 percent (0 of 17) of the required monthly CRA follow-up visit documentation.
- Shapiro Developmental Center
  - DHS maintained 24 percent (28 of 116) of the required weekly CRA follow-up visit documentation.
  - DHS maintained 0 percent (0 of 15) of the required monthly CRA follow-up visit documentation.
- Fox Developmental Center

- DHS maintained 75 percent (3 of 4) of the required weekly CRA follow-up visit documentation.
- Monthly visits for the one individual transitioned from Fox were not required based on the time from transition to the end of the CRA contract with DHS.

Auditors shared their analysis of DHS' documentation with CRA on May 14, 2018. In response, on May 24, 2018, CRA provided additional documentation to the auditors which was retrieved by its IT consultant and, according to CRA, "*confirms a 95% transition follow up rate for the duration of the CRA contract.*" However, the information provided by CRA also was not complete. According to CRA, "*Every visit conducted by CRA that was post transition, included a report involving transition monitoring activities. DHS informed CRA that it needed to develop a system whereby DHS would have access to these files. After some lengthy discussions, with [DHS officials], the use of a dropbox was approved....Upon the termination of the contract, all this information was given to DHS, including thumb drives with all the information. All CRA files were then scrubbed clean, so no private or other client information was retained by CRA. It must be noted again that DHS always had complete and full control and had immediate access to this information at all times.*"

The State Records Act (5 ILCS 160/8) requires the head of each agency to preserve records containing adequate and proper documentation of the organization, functions, policies, decisions, procedures, and essential transactions of the agency designed to furnish information to protect the legal and financial rights of the State and of persons directly affected by the agency's activities.

The initial contract with CRA, which contained requirements for conducting transition follow up visits, was paid in full by DHS on February 15, 2013. CRA received the total contract award of \$1,950,000. Again, this was to include the transition follow-up visits by CRA.

An email from CRA on January 3, 2013, indicated "*There is no contract for the remaining follow along at JDC [Jacksonville Developmental Center], for the minimum 8 weeks visit for each person. I am not complaining, and the State has treated us well during this process. I am formally requesting an additional \$225,000 for 2012....We cannot however continue our JDC follow along after next week, without knowing those expenses will be covered in addition to the contract extension.*"

That initial CRA contract was amended, 181 days after the end of the contract period, to include an additional payment of \$233,192. The amendment did not state any reason for the additional funds. In a Procurement Business Case (#14-80252) developed by DHS, it describes the procurement as "*The follow up services related to the closure of JDC **involve on site visits and monitoring** intended to facilitate the successful community transition of high need consumers.*" (emphasis added)

A CRA official reported that "*The additional funds were needed for activities both post transition follow-up and for individuals who transitioned out of Jacksonville and for pretransition activities for Murray Center, including planning time with DHS and related entities. Again, all activities were directed by DHS during this time.*"

Auditors note that neither CRA nor DHS provided any documentation showing this direction to conduct Murray Developmental Center activities during the contract for services at Jacksonville Developmental Center.

Exhibit A of the contract between DHS and CRA for the period beginning January 24, 2012, lists the Scope of Services CRA is expected to conduct. One item in the scope is to *“Participate in weekly face-to-face visits for the first 8 weeks and monthly face-to-face visits after the first 8 weeks for the first year; encourage and facilitate, as is possible, monthly contacts with guardian/family members for the first year after transfer.”* (emphasis added) The Deliverables section of the contract, Exhibit B, required CRA to *“Submit written post-transition monitoring reports to Division of Developmental Disabilities no less than five business days following each community site visit.”*

While the second and third contracts did not have the same transition visit language criteria for CRA, file documentation reviewed by auditors **showed the same follow-up visit practice** in contract years 2 and 3. Additionally, DHS developed Procurement Business Cases during the period covered by contracts 2 and 3 with CRA **which detailed work on follow-up visits**. Therefore, we utilized the criteria in all three years of the CRA involvement with DHS.

A DHS official reported that CRA had deliverables and budgets under the contracts that CRA had to accomplish. The official assumed the monitors at the time checked those. At a meeting with DHS on April 24, 2017, DHS was unable to provide any criteria for monitoring the CRA contracts. Failure by DHS to maintain documentation of its oversight of State contracts undermines its ability to demonstrate that the State received all the services for which it paid.

<b>TRANSITION FOLLOW-UP: COMMUNITY RESOURCE ASSOCIATES</b>	
<b>RECOMMENDATION NUMBER</b>  <b>20</b>	<i>DHS should take the steps necessary to maintain all documentation to support contractor efforts in conducting transition follow-up visits when those contractors are utilized in the CILA program.</i>
<b>DEPARTMENT OF HUMAN SERVICES RESPONSE</b>	DHS agrees that all documentation for any contractual obligations should be maintained, including contractor efforts in conducting transition follow-up visits when those contractors are utilized in the CILA program.

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### **TRANSITION CONSENT FOR CILA SERVICES**

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DHS failed to ensure that Independent Service Coordinators (ISCs) maintained all required consents for individuals selecting CILA as a living option. Our testing of 50 individuals that transitioned to a CILA during the audit period found **two instances where the ISC did not have the consent** for CILA services. Additionally, the consents we did review were **often not timely**. Some consents occurred after the individual transitioned, some consents were signed the day of transition, and others were dated well in advance of the transition date. Based on our testing we concluded **only 20 percent of the consents were timely**.

Administrative rules (59 Ill. Adm. Code 115.210(b)) state an individual or guardian must give consent for the individual to participate in CILA. A DHS official reported that ISCs would have record of guardian consent to make referrals to CILA. In order to test for compliance with the CILA Rule, we randomly selected a sample of 50 individuals from the listing of SODC transitions supplied by DHS for the period FY12-FY16.

We contacted all the ISCs that served the 50 individuals from our sample that transitioned to CILAs during the period FY12-FY16. Specifically, we explained that for an individual to be placed with a CILA the individual or guardian must give informed consent. We **requested the ISCs provide documentation** to show that the individual or their guardian provided this written consent. Our review of the documentation submitted by the ISCs found:

- **Consents for Service Choice of Supports and Services**
  - 94 percent (47 of 50) of the cases ISCs provided evidence of consent;
  - 4 percent (2 of 50) of the cases lacked any form of consent for CILA service selection;
  - The remaining case was for an individual that transitioned to a CILA out of the State of Illinois and thus had no ISC documentation.
  
- **Timeliness of Consents**
  - 20 percent (10 of 50) of the cases had consents that **we considered timely** (consents signed 50 days prior to transition);
  - 74 percent (37 of 50) of the cases we considered **untimely**:
  - 19 consents were **signed well in advance** of actual transition. The range of days prior to transition was 51 days to 2,547 days.
  - 9 consents were **signed the same day** the transition occurred.
  - 9 consents were **signed after the actual transition to a CILA**. The range of days after transition was 18 days to 739 days.
  - The remaining three cases did not have a consent form.

During the audit we surveyed all ISCs and inquired about monitoring by DHS. ISCs reported that the DHS/BQM performed annual site surveys at the ISCs. One ISC reported that historically BQM monitored the ISC agencies by coming unannounced once a year to review compliance with contracts, Medicaid Waiver, and Pre Admission Screening rules. In the past three years BQM has conducted reviews of ISC agencies in conjunction with its reviews of CILA provider agencies.

The administrative rules (59 Ill. Adm. Code 115.210(b)) set out specific rules for an individual to participate in CILA. Relative to consent the rule states “*The individual or guardian shall give informed consent to participate in a CILA, which **shall be documented in the individual's record.***” (emphasis added)

A DHS official reported “*Consents are often signed prior to a referral or contact with a provider. There is not a restriction on the timeframe. Within the State Operated Developmental Center system, most of these consents are redone on an annual basis.*” The official added, “*A consent to a particular placement could happen after the fact if the guardian was not available to sign the consent and a verbal was obtained at the time (with the written consent following the availability of a guardian). This could also happen in the event of a crisis or emergency where a community placement has to take place immediately.*”

Lack of consent for selecting CILA services is a violation of administrative rules. Further, when documentation supports consent being signed the day of transition or after transition it creates skepticism that the individual and/or guardian had actually desired CILA services.



<b>TRANSITION CONSENT FOR CILA SERVICES</b>	
<p><b>RECOMMENDATION NUMBER</b></p> <p><b>21</b></p>	<p><i>DHS should ensure that ISCs have copies of consent forms to participate in CILA. Additionally, DHS should consider determining and documenting what a timely consent should be and ensure that consents are updated to that timely requirement prior to transition from an SODC to a CILA.</i></p>
<p><b>DEPARTMENT OF HUMAN SERVICES RESPONSE</b></p>	<p>The Department partially agrees with the recommendation.</p> <p>For individuals residing in state operated developmental centers (SODC), the planning for community placement is part of each individual’s service plan. The plan can vary depending on the individual’s interests and abilities. Ideally, discharge planning should begin the day of SODC admission.</p> <p>The Mental Health and Developmental Disabilities Confidentiality Act allows the Department to exchange information, without guardian consent, with community agencies and other healthcare providers licensed, certified or receiving payments from it, but only for purposes admission, treatment, planning, coordinating care, discharge or governmentally mandated public health planning (740 ILCS 110/9.2). Although the Department will obtain consent when possible, the exchange of information with potential community providers can occur without written consent. Consent is required for the actual discharge from a SODC to a community placement, but it would not be out of the ordinary for the consent form to be signed on the date of the transition. This would not be evidence that there was a lack of a thought-out transition process and should not lead to that conclusion.</p> <p>When a consent is signed after the actual transition to a CILA, the reason could be delay in getting the written paperwork from the guardian. There are circumstances where an opening occurs in a desired placement, and the transition must occur quickly or the opening will be offered to someone else. The auditor’s recommendation does not reference what record, if any, of a guardian’s verbal consent was found.</p> <p>With respect to the auditor’s conclusions on timeliness of consents, the Department would maintain that the 19 consents signed well in advance of actual transition and 9 consents signed the same day as transition are not considered untimely. For the nine consents signed after the actual transition to CILA, the auditors note a range of 18 days to 739 days after transition. Without knowledge of the details behind each of these after the fact consents, the Division would consider 18 days to be acceptable, but 739 days to be unacceptable. The Department’s position is that at least 76% of the consents were timely, with the actual number probably being somewhat higher.</p> <p>In order to achieve a higher percentage of timely consents, the transition coordinators and other clinical employees at the SODCs will be in-serviced on the steps for obtaining a consent and ensuring appropriate documentation for discharge.</p>

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## TRANSITION PARTICIPATION IN INDIVIDUAL SERVICES PLAN DEVELOPMENT

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DHS failed to ensure that either the individual in a CILA setting, or a guardian, participated in the development of all individual services plans (ISPs). This lack of oversight contributed to **nearly 27 percent of our sample where the plans were developed without input from the individual or guardian.**

DHS contracts with **17 ISCs** whose primary role is to work with the individual, family, and/or guardian to identify the most appropriate living arrangement, be it a State-operated facility or a CILA. Once the arrangement is decided upon, the ISC works to get the individual placed in the appropriate setting. If an individual is already in a State-operated facility but chooses to transition to a CILA, the ISC will work with the **community agencies** to find the setting that meets the needs of the individual. The 17 ISCs received **over \$28 million** for these services during the audit period.

A DHS official informed auditors that *“Once services were initiated, a guardian signature is required on the ISP each year. The ISP would list the setting (CILA) along with the other services that are to be provided. Evidence of the approval would be with individual providers and ISCs.”*

A guardian for an individual in a CILA setting is normally a member of the individual’s family or a representative from the Office of the State Guardian.

In order to determine whether the individual and/or a guardian participated in development of an ISP we selected a random sample of 50 individuals that transitioned from SODCs to CILAs during the period FY12-FY16.

We contacted all the ISCs that served the 50 individuals from our sample that transitioned to CILAs during the period FY12-FY16. We **requested the ISCs provide copies** of all ISPs that include showing the guardian participated in the development of those plans **to show that the individual or their guardian provided this written consent.**

We reviewed all the documentation submitted by the ISCs. Overall, for our sample of 49 transitions (one individual transitioned to a CILA out of State), there were 150 ISPs that needed to be completed. Seventy-three percent (110 of 150) of the ISPs showed participation in plan development. Forty of the ISPs did not have signatures to show that the individual or guardian participated in the plan development. On an individual basis we found:

- 51 percent (25 of 49 cases) of the individuals sampled had complete information to show **all ISPs had participation from** the individual and/or guardian;
- 39 percent (19 of 49) of the individuals sampled showed partial compliance – a **portion of the ISPs showed participation** by the individual and/or guardian; and,
- 10 percent (5 of 49) of the individuals sampled had no ISPs which showed that the individual and/or guardian participated in the plan development.

A DHS official reported that BQM reviews include a review of the guardian approval as part of their waiver sample each year.

The administrative rules (59 Ill. Adm. Code 115.210(c)) set out specific rules for an individual to participate in CILA. Relative to participation in the development of plans the CILA Rule states *“The individual or guardian shall agree to participate in the development and*

*implementation of the individual integrated services plan, which shall be indicated by the individual's or guardian's signature on the plan or a note describing why there is no such signature.” (emphasis added)*

A DHS official said “*BQM’s review process does test for the participation of the guardian and individual at the planning meeting and examines the ISP to ensure that the guardian has signed it. BQM’s review includes a sample of 400 adults. We did find deficiencies in each year of the sample. Actions taken have included:*

- 1. Requirement that providers secure approval upon discovery.*
- 2. For providers with systemic issues, requirement that they develop a tracking/monitoring process to reduce future problems.*
- 3. Development of a checklist that requires the Independent Service Coordinator to review the plan to confirm all required components (including guardian participation and guardian approval) are present.*
- 4. Retraining of providers/ISCs to clarify expectations.”*

Failure to ensure individual or guardian participation in the development of an ISP is a violation of State regulations. Additionally, a lack of participation in the plan development increases the likelihood that the individual does not receive all the services necessary to allow the individual to succeed in the CILA setting.

<b>TRANSITION PARTICIPATION IN INDIVIDUAL SERVICES PLAN DEVELOPMENT</b>	
<b>RECOMMENDATION NUMBER  22</b>	<i>DHS should ensure that either an individual that transitions from an SODC to a CILA setting, or the individual’s guardian, participates in the development of every individual service plan.</i>
<b>DEPARTMENT OF HUMAN SERVICES RESPONSE</b>	<p>The Department disagrees with the recommendation.</p> <p>The Department has no information that would cause it to disagree that 27% of the Individual Service Plans reviewed by the auditors lacked indication of individual or guardian involvement, but does not consider this to be an issue. The auditors state that they relied on records of the Independent Service Coordination (ISC) agencies in order to determine whether individuals and/or their guardians provided input to the integrated service plans (ISP). It appears the basis for these determinations was whether the copy of the plan on file with the ISC contained the signatures of the individual/guardian.</p> <p>The ISCs may not have had a file copy of an ISP with guardian/individual signatures because until July 1, 2017, the ISCs did not develop the person’s ISP. During the entirety of the audit period, the provider was responsible for developing the ISP and holding the meeting. The fact that an individual or guardian failed to attend the ISP is not an indication that the plan was developed without any of their input.</p> <p>Lack of individual/guardian signatures on ISPs is a performance measure for the Division’s waiver unit and is also something reviewed by the Bureau of Quality Management (BQM). As noted in the auditor’s statement of underlying cause, BQM’s review includes a sample of 400</p>

<p><b>(Response Continued)</b></p>	<p>adults, and this deficiency has been found in each year of the sample.</p> <p>Within the SODCs, guardians and individuals are included in the transition process including but not limited to participation in the development of the individual service plan. SODC management notes that guardians/individuals will choose to not attend the review but indicate that the meeting should be held. The case manager obtains feedback from the individual and guardian prior to and following the review if they do not attend.</p> <p>State Operated Developmental Centers always attempt to include the individual’s guardian as a full participant in the development of their ward’s plan. However, in some cases, guardians participate by phone or by mail rather than in person. Also, some guardians do not immediately return forms or consents. The SODCs make every effort to obtain necessary documentation, and where it is not forthcoming, this is noted in the individual’s file.</p> <p>Effective July 1, 2017 the preparation of the individual’s annual plan became the responsibility of the ISC. This changeover is the result of the Centers for Medicare and Medicaid Services regulations on conflict-free case management. Also effective July 1, 2017 the Division implemented a new person-centered planning process for community-based Medicaid Waiver services. Discovery is the first component of Person Centered Planning and is designed to gather information about a person’s preferences, interests, abilities, preferred environments, activities and supports needed. The ISC agencies are responsible for facilitating the Discovery process and documenting what they gather in the Discovery Tool. The Discovery process is not a one-time event, but a series of information gathering activities. ISCs will gather information through discussions (face to face, phone, and electronic), observations, and record reviews (evaluations, assessments, case notes). The process should begin with the individual and then include the guardian, advocate or family and others chosen by the individual. It must also include the current provider. The information gathered during this process is used to develop the Personal Plan which summarizes key and critical areas of the person’s life.</p> <p>The ISC is responsible for developing the personal plan. The Personal Plan will be considered complete when the individual and guardian approve the services, identified outcomes and supporting information in the plan. If the individual is unable or unwilling to sign the Personal Plan, the ISC must document the reason why and the date the ISC reviewed the Plan with the individual. The Division has established guidelines for the ISCs in the event the guardian is unable to sign the Plan, unwilling to approve and sign the Plan or is unresponsive to requests for approval and signature. These guidelines are published on the Department’s website and have been disseminated statewide during the six months of training provided to the ISCs on their new role.</p> <p>BQM will continue to review these plans to ensure compliance with this requirement. It should also be noted that SODC is not a waiver setting. Therefore, BQM would not be reviewing ISPs for individuals in SODC</p>
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<p><b>(Response Continued)</b></p>	<p>settings.</p> <p><b><i>Auditor Comment #13:</i></b></p> <p><b><i>DHS responds that a lack of individual/guardian participation in the development of the individual services plan “is not an issue.” This position is troubling given that the CILA Rule requires such participation. DHS also states that ISCs may not have copies of the individual service plans in its files. This position is also troubling in that part of the responsibility of ISC oversight in the CILA Program is to review whether individuals receive services at the CILA sites.</i></b></p>
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## Chapter Five

# ROLE OF TRANSITION PLANNERS

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## CHAPTER CONCLUSIONS

DHS secured the services of Community Resource Associates (CRA) **under questionable procurement strategies**, first as an emergency then as a purchase of care contract. These strategies kept the services from being competitively procured and **made it impossible to tell** whether the State received the best deal for the funds paid. CRA was **paid over \$6 million** by DHS over the life of the contracts.

DHS was **unable to provide** auditors documentation to support its decision to close any State-Operated Developmental Centers (SODCs) during the period FY13-FY15. These **decisions were needed** for Community Resource Associates to conduct activities under two contracts with DHS for transition services. DHS paid **CRA \$3.9 million for these two contracts even though it had no documentation to support the need** for the services.

From 2012-2015, **CRA received full contractual payment, \$6.1 million**, from DHS for services under three contracts. The three contracts between DHS and CRA contained deliverables sections. However, **DHS could not provide support** for a number of deliverables that were outlined in those contracts.

DHS provided CRA over \$233,000 for services **more than 180 days after the contract term ended** for the contract to assist in the closure of the Jacksonville Developmental Center (JDC). The funds were for follow-up services related to on-site visits for the closure of JDC. However, **these services were already built into the original contract**, a contract that paid CRA all \$1,950,000 of the contract value.

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## INTRODUCTION

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House Resolution Number 34 directed the Auditor General to review **the role** of Community Resource Alliance, Community Resource Associates, and any other principal providers in transition planning and support and whether those contracts were adequately managed by DHS.

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## TRANSITION PLANNING AND SUPPORT MONITORING

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DHS officials indicated that there was only one contractor that provided transition planning and support for the CILA program, Community Resource Associates (CRA). Officials also told auditors that the decision to contract, and renew, with CRA was not made by DHS. Instead, an official from the Governor's Office made that decision. DHS contracted with CRA and processed payments to the vendor. The initial contract with CRA was processed as an emergency contract according to a DHS official.

CRA is a small independent firm based in Des Peres, Missouri. According to DHS information, in Illinois, CRA is the coordinating organization that manages the consortium of national and state professionals that implement a share of the Active Community Care Transition (ACCT) process. According to a DHS official, CRA flew in contractors to complete the services required in the contracts.

DHS, as part of the rebalancing of the system, contracted with CRA in FY12-FY15 to access professionals to assist in the closure activities of the SODC in Jacksonville, Illinois. When CRA was awarded the State contract with DHS it partnered with an individual from the Community Resource Alliance (Alliance) to head up the clinical and support part of the effort. Exhibit 5-1 lists the services that CRA was to provide the State.

Exhibit 5-1 <b>SCOPE OF WORK SERVICES FOR COMMUNITY RESOURCE ASSOCIATES</b>	
1.	Conduct independent Person-Centered assessment and planning process for each SODC resident to secure critical information for planning for the transition of care of the individual to the community.
2.	Gather clinical information from SODC staff and prepare Clinical Transition Plan to include electronic entry into Clinical Transition Plan, and entry of clinical data into database.
3.	Arrange and secure additional necessary independent assessments as part of the Resident Needs Evaluation.
4.	Gather clinical resident independent evaluation information for planning and preparing Transition Plans.
5.	Draft and facilitate Transition Plans for transition of care; facilitate service agreements between the individual/family and the provider and the State; and facilitate implementation of Individual Transition Plans and SODC resident transition of care.
6.	Fully collaborate with Illinois advocacy organizations.
7.	Establish and initiate RFI (Request for Information) process with providers of multiple types to determine their interest in meeting the needs of the individuals who will be transitioning, their capacity to do so, and their willingness to meet the transition process criteria.
8.	Review formal proposals to serve SODC residents from interested providers and work with specific interested providers to establish potential service and support plans as individuals and/or their families/guardians express interest.
9.	Listen to, and document, the guardian/family concerns about community living for their relative in public and private meetings and attempt to address those concerns.
10.	Provide the State with a mechanism for prioritization of individuals to be considered for transition based on expressed interest in movement and family/guardian willingness to explore community placement.
11.	Participate in weekly face-to-face visits for the first eight weeks and monthly face-to-face visits after the first eight weeks for the first year.
12.	Meet expenditure targets to maximize the use of program funding and assure accountability with respect to audit requirements.
13.	Contract with recognized experts that are able to provide the services and supports required under the agreement. Work with State agents responsible for oversight of providers involved with the transition process to assure that adequate and appropriate services are being implemented as intended.
Source: OAG developed from DHS contract information.	

DHS officials stated that over the life of the three contracts two DHS individuals that are no longer with DHS had oversight responsibility for CRA. However, email documentation showed extensive involvement by an individual from the Governor’s Office.

From FY12-FY15, CRA was paid over \$6 million by DHS, under three contracts, for efforts in transition services. The contracts are summarized below.



### Contract #1

A DHS official indicated that the first contract with CRA was for the transition of individuals for the closure of the Jacksonville Developmental Center (JDC). The contract **paid CRA \$150,000 per month** for services. CRA received a **total of \$2.2 million** under this agreement. The term of the agreement was January 24, 2012, through February 28, 2013 (after amendments).

CRA was to provide a number of services under the contract, the greatest of which was to conduct person-centered assessments for JDC residents to plan for the moving of the individuals to community settings. Additionally, once moved into a CILA, CRA was to visit (on a weekly basis for two months and then monthly for the first year) and document the progress of the individual. The contract laid out that changes in key personnel would have to be reported to DHS and procedures for reporting to DHS by CRA. However, **the contract did not have a budget** which could have shown how CRA was to spend the State monies. We found that in the FY15 contract with CRA there was a budget contained in the agreement suggesting there **should have been budgets with all the contracts**.

### Contracts #2 and #3

The second CRA contract, for FY13-FY14, resulted in payments totaling **over \$2.7 million**. The contract term, after extensions, was March 1, 2013 through June 30, 2014. The third CRA contract, for FY15, resulted in payments totaling **\$1.2 million**. The contract term was July 1, 2014 through January 31, 2015.

The contract for FY13/FY14 and the contract for FY15 were identical in scope of work and deliverables. CRA was to provide services in the following **four categories to support the closure of any SODC identified by DHS**:

- Resident Needs Evaluations and Clinical/Transition Support Services;
- Person-Centered Planning;
- Active Community Care Transition (ACCT) Provider Support and Interface; and,
- Project Support.

The attempt to close the Murray Developmental Center occurred during the time period detailed in Contracts #2 and #3. Lawsuit documents (as shown on the DHS website), filed on behalf of guardians who attempted to halt the closure, stated that the Governor's Office official instructed the acting director of Murray *"to keep CRA underneath the radar."*

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## DECISION TO CONTRACT WITH CRA

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DHS secured the services of Community Resource Associates (CRA) **under questionable procurement strategies**, first as an emergency then as a purchase of care contract. These strategies kept the services from being competitively procured and **made it impossible to tell** whether the State received the best deal for the funds paid. CRA was **paid over \$6 million** by DHS over the life of the contracts.

A DHS official stated **DHS did not make the decision** to contract with CRA. That **decision was made by the Governor's Office** at the time due to the closing of the Jacksonville Developmental Center (JDC). The official reported that the Governor's Transition Care Project

Manager and his supervisor, the Governor's Senior Health Policy Advisor, **were the decision makers that came to DHS with CRA.**

The contract with CRA **was not competitively procured** by DHS. A DHS official reported that the **communication on the decision** to not use competitive procurement came from the Governor's Office General Counsel. The DHS official added that the Governor's Office got the Department of Healthcare and Family Services Secretary and its legal counsel involved and the CRA work was processed as a purchase of care contract.

There were differences of opinion as to whether CRA should be utilized for the last of the three contracts. On December 24, 2013, the Governor's Senior Health Policy Advisor told another official of the Governor's Office that *"It's been handled as purchase of care for the last two cycles. DHS legal has wanted to bid it because of the controversy surrounding CRA and the facilities closing...I recommend [going with CRA] again for several reasons. First, they have done and will continue to do what we want. Second, their structure offers us the maximum flexibility...Third, there's not enough time to procure before Feb. 1."*

### **Emergency Procurement/Purchase of Care**

On January 25, 2012, the Auditor General received an Emergency Purchase Affidavit from the State Purchasing Officer at DHS to announce the hiring of CRA. The declaration of emergency for this procurement was **to prevent or minimize serious disruption in critical State services that affect health, safety or collection of substantial revenues.**

During the audit we questioned why DHS was using the Emergency designation for the CRA contract. The Illinois Procurement Code (Code) (30 ILCS 500/20-30 (a)) allows for an emergency in two circumstances: (1) when there exists a threat to public health or public safety, or (2) when immediate expenditure is necessary for repairs to State property in order to protect against further loss of or damage to State property, to prevent or minimize serious disruption in critical State services that affect health, safety, or collection of substantial State revenues, or to ensure the integrity of State records. That emergency period cannot exceed 90 days.

On February 16, 2012, DHS entered into a Community Services Agreement with CRA with an effective start date of January 24, 2012. The start date was **the day before** the Auditor General was notified of the emergency. The current Director of DDD told us that **sometimes there is a need for work to start without the executed contract.** The closure of JDC was on a **fast timetable.**

Given that CRA was brought in to assist in the closing of JDC, it appears that there was no threat to public health or safety which would have justified classifying this procurement as an emergency. Simply because the State was in a hurry to close JDC does not make the procurement an emergency.

On October 12, 2012, **261 days after declaring the need for an emergency,** DHS informed the Auditor General that DHS had spent \$0 on the emergency procurement with CRA and that payments to CRA were under the Community Services Agreement. Regardless of what DHS was calling its arrangement with CRA, by the time the Auditor General was notified in October 2012, DHS had paid CRA \$1.35 million.

After the emergency procurement was cancelled, DHS processed the CRA procurement as a purchase of care contract. The Code (30 ILCS 500/1-15.68) defines purchase of care as a contract with a person for the furnishing of medical, educational, psychiatric, vocational,

rehabilitative, social or human services directly to a recipient of a State aid program. Additionally, the Code (30 ILCS 500/1-10 (b)(3)) exempts purchase of care contracts from the requirements of the Code.

State officials appear to have questioned that CRA was the only vendor that could provide the closure services. In a December 14, 2012 email from the Governor’s Senior Health Policy Advisor to the Governor’s Transition Care Project Manager, he stated *“I would also like to see the justification for not soliciting this through a procurement process. I understand the urgency of starting Murray, which we can with CRA, with or without a year’s renewal. But given the interest in this from those who support as well as those who oppose the closings, we need to understand clearly, why this group is the best and only qualified set of assessors and person centered planners.”* (emphasis added) Understanding why CRA was the only capable vendor should have been asked prior to this email, 302 days after contract execution.

### **Lack of Adequate Planning**

The CRA contract was hastily developed by DHS which appears to be due to a lack of adequate planning. Our review of records during the audit found:

- DHS correspondence on April 24, 2012, 68 days after the CRA contract was executed on February 16, 2012, has a DDD fiscal official telling the DDD Director that the CRA contract was put together by DHS legal with the scope of service and deliverables coming from the Transition Care Project Manager in the Governor’s Office. The fiscal official stated *“The contract was rushed through and I never looked at it closely. I have now looked at it and have some questions.”* Those questions included verifying contract deliverables and how the advanced payments to CRA were to be reconciled. These questions should have been addressed prior to DHS committing State resources to a contractor without sufficient oversight built into the agreement.
- The former Deputy Director of Clinical Services in DDD, identified as having some monitoring responsibility over CRA, stated in a February 27, 2012 email relative to an AFSCME (American Federation of State, County and Municipal Employees) request that *“I’m not sure if we know the rate of pay for each CRA staff, as that was not spelled out in the contract.”*
- In discussing a renewal for CRA for year two, the Governor’s Senior Health Policy Advisor stated on December 14, 2012, *“The main concerns about CRA are salaries and travel. I can’t really tell from the sheets you gave me last week how much the key personnel are earning, overall or from this grant. Given the public’s concern and news media interest, we have to be clear about how much the principals are earning on this. Since many staff are from out of state, travel also becomes a concern. We need to see that spelled out more clearly. **The final grant doesn’t have to include these items necessarily, but we need to be clear internally about what we are purchasing and at what rate.**”* (emphasis added) Adequate planning in year one of the contract would have identified these costs, costs for which CRA had been paid \$1.65 million by the State by the time this email was written.

On May 24, 2018, after we shared this section of the report with CRA, it reported, *“CRA was very aware from the beginning of the contract about the sensitivity regarding payments to CRA. CRA was subject to three independent certified audits during its contract with the State of*

*Illinois. All of the audits demonstrated CRA was in compliance with GAAP (Generally Accepted Accounting Principles). CRA kept very detailed records during its work in IL. Each CRA principals, subcontractors and other ancillary support staff were required to turn in detailed monthly timesheets [that] indicated the nature, scope and time spent on activities. While it is true that CRA did receive a monthly advance, all of this work was documented and substantiated the billings in every way.”*

### **Procurement Business Case Rationale**

DHS developed multiple Procurement Business Cases (PBCs) for the work CRA conducted. These PBCs did not always contain valid arguments or accurate information.

The initial PBC was developed as an emergency and approved by DHS and GOMB (Governor’s Office of Management and Budget) by February 9, 2012. DHS subsequently determined the emergency designation was not appropriate. In this PBC, DHS states *“These services will help these individuals transition to the community which is less costly and also qualifies for federal funding under Medicaid.”*

An extension for the PBC was developed by DHS in September 2012. Under this PBC, which was a request for a purchase of service agreement, DHS stated *“There is a **heavy threat of decertification** of JDC which would result in the loss of Federal reimbursement during the closure process. The procurement of these services will help to ensure that decertification does not occur.”* (emphasis added) We asked for evidence to support this claim of “heavy threat of decertification.” A DDD official indicated that “There would definitely have been letters about the [decertification].” However, the official **could only provide a January 28, 2009** letter from the Department of Public Health indicating issues with an inspection of JDC and the need to address the issues or termination of Medicaid participation **if compliance is not achieved**.

At the exit conference on May 23, 2018, DHS provided a copy of a July 1, 2010 correspondence from the Long Term Care Certification Branch Manager to the administrator of JDC. The correspondence references issues of non-compliance with the Life Safety Code at JDC. Further, the correspondence explained that failure to correct deficiencies would result in the termination of JDC participation in the Medicaid Program as an ICF/MR. JDC was required to submit a plan of correction. The correspondence also stated:

*‘If we accept your allegation of compliance and plan of correction, representatives of CMS or IDPH will revisit your facility to verify necessary corrections. If CMS or IDPH determines that the reasons for termination remain, **you will be informed in writing of the termination of your provider agreement**. If corrections have been made and compliance with the conditions of participation has been achieved, the termination procedures will not be pursued.”* (emphasis added) DHS provided no documentation to show that a written termination had been submitted for JDC.

Another PBC relative to the CRA work for the Murray Developmental Center was developed and approved by DHS and GOMB in February 2013. Under this PBC, DHS stated *“There is a **heavy threat of decertification** of MDC which would result in the loss of Federal reimbursement during the closure process.”* Once again we asked for documentation. The DDD official responded *“Neither [current DDD Director] nor I could remember any [decertification] actions against Murray. Here is more definitive information. As a result of their annual surveys from 2000 to present, they have had only one COP (condition of participation) and that was in*

2002 and was based on health care services. Illinois Department of Public Health did not cite any immediate jeopardies during that time frame.”

The Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires all State agencies, including DHS, to establish and maintain a system, or systems, of internal fiscal and administrative controls. These controls should provide assurance that resources are utilized efficiently, effectively, and in compliance with applicable law. These controls should include being able to provide accurate support for decisions on DHS contractors.

The DHS Agency Procurement Officer stated that given auditors were not able to obtain documentation of the threat of decertification and that none was provided with the PBC, the rationale on the PBC about decertification was not accurate. Additionally, when PBCs are not supported by accurate information the decision-makers that approve the PBCs are put at a disadvantage.

<b>DECISION TO CONTRACT WITH CRA</b>	
<b>RECOMMENDATION NUMBER  23</b>	<i>DHS should ensure that staff accurately portrays the need for procurements that are presented in the Procurement Business Cases. Additionally, DHS should only contract with vendors using valid procurement strategies.</i>
<b>DEPARTMENT OF HUMAN SERVICES RESPONSE</b>	<p>DHS agrees that the need for procurements that are presented in the Procurement Business Cases should be portrayed accurately, and that only valid procurement strategies should be used to contract with vendors.</p> <p>DHS disagrees with the Office of Auditor General’s contention that there was no risk of decertification at the Jacksonville Developmental Center (JDC). During the course of the audit, DHS provided copies of emails that referenced potential decertification efforts at JDC. At the time of the exit conference, DHS provided OAG a copy of a July 1, 2010 letter from the Centers for Medicare and Medicaid Services to the then-administrator of the Jacksonville Developmental Center. This letter referenced non-compliance with various provisions of the National Fire Protection Association during surveys in 2008 and 2009. Reference was made to requests for waivers as part of the proposed plans of correction. These requests for waivers were denied. On June 3, 2010 another Life Safety survey was conducted that identified 67 deficiencies, an increase from the 63 Life Safety deficiencies identified the previous year. The Division was told that failure to take action to correct these deficiencies would result in the initiation of the process to terminate participation in the Medicaid program as an ICF/MR. DHS believes that three consecutive years of failing Life Safety Code surveys at JDC justifies a decision to close that facility.</p> <p>Then-Governor Quinn announced the closure of Murray Center in early 2012. DHS is unaware of the criteria used to make this decision but there were no decertification efforts regarding Murray.</p>

<p><b>(Response Continued)</b></p>	<p><b>Auditor Comment #14:</b></p> <p><i>The finding relates to the decision to contract with CRA. DHS’ response makes this an issue relative to the ability to close an SODC. We do not take issue with the ability to close an SODC. We do take issue with DHS using as a rationale for contracting with CRA the “threat” of decertification of the Jacksonville Developmental Center (JDC). As stated in the finding, DHS did provide correspondence with concerns about JDC but no document that decertification was being implemented. These documents were two years prior to contracting with CRA.</i></p>
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### NEED FOR CRA SERVICES

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DHS was **unable to provide** auditors documentation to support its decision to close any State-Operated Developmental Centers (SODCs) during the period FY13-FY15. These **decisions were needed** for Community Resource Associates (CRA) to conduct activities under two contracts with DHS for transition services. DHS paid **CRA \$3.9 million** for these two contracts even though it had **no documentation to support the need** for the services.

DHS hired a contract firm, CRA, **to assist in closing** SODCs as part of the Governor’s Rebalancing Initiative. These services were provided under three contracts with DHS. Our examination of the contracts and available documentation led us to **question the need for CRA services** between FY13-FY15.

A CRA official reported that in late 2011 he received a call from a DHS official and the Governor’s Transition of Care Project Manager. The State officials indicated they were looking for a team to assist in the rebalancing initiative. The CRA official indicated that he was told the “State was **looking at several different companies** and wanted to find out who might be interested in pursuing such an effort.” (emphasis added)

According to the CRA official, the Governor’s Transition of Care Project Manager had worked with the same organization as the CRA official in Wisconsin in the mid-1980s. A DHS official reported that the Governor’s Office official was always involved in monitoring the contract, from beginning to end.

CRA was under contract for the period January 24, 2012, through January 31, 2015. This encompassed three separate contracts. **CRA was paid almost \$6.1 million** for services by DHS. Exhibit 5-2 shows how much in each fiscal year CRA received from DHS.

Exhibit 5-2 COMMUNITY RESOURCE ASSOCIATES PAYMENTS BY DHS FY12-FY15		
<i>Contract</i>	<i>Amount Paid</i>	<i>Fiscal Years</i>
Closure of Jacksonville Developmental Center	\$2,183,192	12/13
Closure of any SODC Identified by DHS	\$2,701,900	13/14
Closure of any SODC Identified by DHS	\$1,182,125	15
<i>Total</i>	<i>\$6,067,217</i>	

Source: OAG developed from Comptroller information.

For CRA to conduct activities under the contracts for FY13-FY15, **DHS was required to identify** SODCs that were set for closure. Even though CRA received \$3.9 million for services, **DHS was unable to provide** auditors with evidence that showed the centers where CRA was working were slated for closure.

The strategy for facility closures may have been completed but the sharing of that information was controlled by the Governor’s Office. A November 1, 2011 email between officials in the Governor’s Office states *“I need to meet with our GOMB DHS people tomorrow and work through this closure issue. We definitely need the agencies [sic] long term closure plan with suggestions on how to implement it.”* That same day one of the officials informed a number of officials from the Governor’s Office and DHS that *“The legislators seemed to want us to hand them what would be an explosive document by naming the specific facilities that would be closed in FY13 and beyond. Instead I think we should be able to say that we would go from xxx number of beds in DD to yyyy number of beds in a 3-year period.”*

DHS provided auditors with CRA files on 190 individuals for seven SODCs **that did not transition** to CILAs. The breakdown of those 190 cases is presented in Exhibit 5-3. Paying CRA for work on individuals that did not transition at SODCs where there was no documentation to support closure is a questionable use of State funds by DHS.

When asked about documentation to support activities at other SODCs, a CRA official stated, *“Any documentation that DHS generated to CRA would be in the possession of DHS. CRA was instructed to work under the direction of DHS to conduct assessments at other SODCs. Whether or not these SODCs were targeted for closure would, again, be a question for DHS.”* However, when asked by auditors, DHS lacked documentation to support closure activities at other SODCs.

In response to an inquiry from auditors, DHS officials stated that **certainly DHS had the staff who could have done the assessments** and transition the individuals to CILA settings. The officials added that there could have been the possibility that the DHS staff at the SODCs may have thought that no provider could do the service as well as the SODCs and that may have impacted the assessment on whether the individual needed to transition to a CILA.

However, throughout the audit period of FY12-FY16, **DHS staff successfully transitioned 194 individuals** from SODCs to CILAs. Exhibit 5-3 presents the number of transitions that DHS staff completed without CRA assistance.

On May 24, 2018, after we shared this section of the report with CRA, it reported, “*most of the individuals that went to CILA providers working with DHS were individuals with minimal support needs, few behavioral or medical challenges and fit into existing 8-bed CILA openings.*”

On June 13, 2017, we requested documentation to support the closure of specific SODCs. DHS never provided any documentation.

Failure to maintain documentation to show the need for contractual services shows a lack of effective oversight by DHS. Also, even though a Governor’s Office official was providing some oversight activity for the contracts with CRA, **DHS was ultimately responsible for oversight** as it was the contractual entity with CRA. Finally, allowing nearly \$4 million in payments when DHS could not document the actual closing of SODCs **does not appear to be a prudent use** of State funds.

Exhibit 5-3 DHS STAFF SODC TRANSITIONS CRA WORK WITH NO CILA TRANSITION FY12-FY16		
SODC	Transitions by DHS Staff	CRA Files on Individuals that Did Not Transition
Shapiro	55	55
Ludeman	38	35
Choate	37	16
Jacksonville	26	0
Kiley	20	16
Murray	11	53
Mabley	4	9
Fox	3	6
<i>Total</i>	<i>194</i>	<i>190</i>
Source: OAG developed from DHS information.		

NEED FOR CRA SERVICES	
<b>RECOMMENDATION NUMBER</b>  <b>24</b>	<i>DHS should only contract with vendors for which there is a demonstrated need for the services. Also, DHS should maintain the necessary documentation to show how State funds should be expended.</i>
<b>DEPARTMENT OF HUMAN SERVICES RESPONSE</b>	<p>DHS disagrees that no documentation was provided to support the closure of a specific developmental center. During the audit period, DHS provided OAG documentation related to Jacksonville Center’s inability to pass two consecutive Life Safety surveys. In May 2018, DHS found a copy of a letter from Illinois Department of Public Health informing them of a potential decertification following a third failed Life Safety survey. We believe this is adequate evidence to show that there was potential for an SODC to close. Later, in early 2012, Governor Quinn announced the planned closure of Murray Center. The decision to close any state facility is a difficult one to make, and many factors must be taken into consideration. DHS is unaware of the criteria used to make that decision, but there were no decertification efforts regarding Murray.</p> <p>The Auditor General is correct in its statement that DHS did not make the decision to contract with CRA. DHS does have various</p>



<p><b>(Response Continued)</b></p>	<p>documentation of CRA activities, but much of it was provided upon request of staff in the Governor’s Office who were primarily responsible for managing CRA’s activities. What documentation the Department has, however, appears to be incomplete and not necessarily tied to contract deliverables.</p> <div style="border: 1px solid black; padding: 5px;"> <p><b>Auditor Comment #15:</b>  <i>DHS’ response is inaccurate. The finding does not relate to the JDC closure. The finding relates to the last two contracts that DHS signed with CRA which required DHS to identify what SODCs were set for closure. DHS was not able to provide auditors with any such decision documentation. Regardless of whether the Governor’s Office was involved, DHS had the contractual responsibility to maintain such documentation. DHS then paid CRA \$3.9 million for services. When spending taxpayer funds on a contractor we would believe that DHS should have documentation to show the need for those expenditures.</i></p> </div>
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### DHS OVERSIGHT OF CRA

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From 2012-2015, **CRA received full contractual payment, \$6.1 million**, from DHS for services under three contracts. The three contracts between DHS and CRA contained a deliverables sections. However, **DHS could not provide support** for a number of deliverables that were outlined in those contracts.

It is unclear why possible changes to the work had not been made to the agreements because **no changes were memorialized**. We were able to review documentation to support some of the deliverables but for others DHS could not provide documentation on the deliverables. CRA was paid a monthly fee during the terms of the contracts and not based on the completion of contractual deliverables.

Auditors requested documentation from DHS concerning all CRA activities, including the deliverables required by the contracts. However, information **provided to the auditors by DHS did not document all of CRA’s required deliverables**. For instance, **DHS’ documentation of CRA’s follow-up visits** accounted for 56 percent (860 of 1,527) of the required weekly visits, and 11 percent (171 of 1,576) of the required monthly visits. CRA initially indicated to auditors that it had turned all of its documentation over to DHS. Upon further auditor inquiry, CRA did locate some documentation; however, that documentation also was not complete.

There were **other contract deliverables, in addition to transition follow-up visits**, that CRA was to provide pursuant to contracts. On September 12, 2017, we requested information on deliverables that we did not have any documentation to support. On September 19, 2017, a DDD official responded that *“Last month [DDD Director] advised you that the Division would conduct an exhaustive search for additional information on CRA...As a result, we have provided you with all documentation we have located, and believe we have thoroughly searched our records.”*

Various State officials expressed concern over the activities and oversight surrounding the contract with CRA. For instance:

- The Governor’s Office was aware of the delays in closing JDC. An Associate General Counsel for the Governor wanted confirmation from the Governor’s Transition of Care Project Manager that *“CRA has only moved out a couple of people from Jacksonville so far, when we are supposed to be at 20 residents per month.”* Another official, the Governor’s Senior Health Policy Advisor responded that they were aware and *“knows the delay is a serious problem and he is determining whether additional resources are necessary. BTW, the two who have moved were already in the queue so they’re not really attributable to this effort. But we count them just the same.”* (emphasis added) This March 16, 2012 correspondence was just 52 days into the contract.
- Four months later, on July 18, 2012, the Governor’s Senior Health Policy Advisor reported that *“CRA has not met monthly targets for transitions since they started. They might in July but that would be a first.”*
- DHS officials discussed CRA year-one deliverables in an email string on January 16-17, 2013. DHS Chief Financial Officer at the time informed the other officials that *“We have not addressed that there was a major change in the scope of the contract that was verbally approved by [an official in the Governor’s Office] and the change was not written as required [by the contract].”*

DHS appeared to request that CRA conduct activities which were outside the normal activities that CRA was conducting, the transition of individuals from SODCs. On February 27, 2014, DHS amended the CRA contract which began March 1, 2013, to extend the contract from February 28, 2014, through the end of the State fiscal year on June 30, 2014. The extension not only came with **\$675,500 in additional funds**, it came with a **new set of deliverables**.

- The extension detailed that CRA was to provide **supervision and care for children and adults** in a group setting for a portion of the day, **typically before and/or after school or day program**. Through the provision for supervision and care for children and adults in a group setting for a portion of the day, CRA was to provide social interaction and increased inclusion and exposure to the community.
- On November 29, 2017, a CRA official relative to our question about these services reported that *“CRA believes that this wording was included in error. The intent of the amendment from February 28, 2014, to June 30, 2014, was to continue the work that had been started before that date. CRA was clearly never a direct provider of services for children and adults in a group setting. All of its work was based on the original contract that was developed by DHS.”*

**CRA conducted services on individuals that it should not have at JDC.** According to the current Director of DDD, if the individual from JDC did not seek to transition to a CILA, CRA would not be needed since there would have been no person-centered plan. However, we found for the 51 JDC instances where an individual went to another SODC there was evidence that CRA had been involved from the CRA program/clinical files.

On May 24, 2018, after we shared this section of the report with CRA, it reported, *“This backward look oversimplifies and inaccurately states what happened during that period. While the current Director of DDD is correct in his statement, he was not present during this time and was not aware of the actual unfolding of events that occurred. CRA was directed to conduct person centered assessments on everyone at the beginning of the process.”*

The Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires all State agencies, including DHS, to establish and maintain a system, or systems, of internal fiscal and administrative controls. These controls should provide assurance that resources are utilized efficiently, effectively, and in compliance with applicable law. These controls should include conducting effective oversight of contractor activities and obtaining documentation that supports the completion of the contract deliverables.

DHS did not make the decision to contract with CRA. That decision was made by the Governor’s Office at the time due to the closing of the Jacksonville Developmental Center. Two individuals from the Governor’s Office were the decision-makers that came to DHS with CRA.

DHS, as the signatory to the CRA contract, was responsible for the oversight of these activities. Failure to memorialize any potential changes to the contracts puts State resources at risk of being misused.

<b>DHS OVERSIGHT OF CRA</b>	
<b>RECOMMENDATION NUMBER  25</b>	<i>DHS should take the steps necessary to maintain complete documentation to ensure that State funds are protected and contractors provide the deliverables detailed in contractual agreements.</i>
<b>DEPARTMENT OF HUMAN SERVICES RESPONSE</b>	DHS agrees it is necessary to maintain complete documentation to ensure State funds are protected and contractors provide the deliverables detailed in contractual agreements. DHS will review the exceptions noted, evaluate our documentation and initiate collection proceedings if warranted.

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### **CRA ADDITIONAL FUNDS**

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DHS provided CRA over \$233,000 for services **more than 180 days after the contract term ended** for the contract to assist in the closure of the Jacksonville Developmental Center (JDC). The funds were for follow-up services related to on-site visits for the closure of JDC. However, **these services were already built into the original contract**, a contract that paid CRA all \$1,950,000 of the contract value.

CRA and DHS executed a contract for services with a term, as amended, between January 24, 2012, and February 28, 2013. The contract required monthly payments, in advance, for the services CRA was to perform.

The total dollar value of the contract was \$1,950,000. As of January 7, 2013, DHS had **paid CRA in full** for the contract. That contract **required on-site visits** by CRA to individuals that transitioned from JDC for the first year after transition. These visits were to be documented by CRA.

On May 24, 2018, after we shared this section of the report with CRA, it reported, “CRA provided a very detailed set of documentation to DHS for the need for the additional funds. It is not outside contract protocol to request an adjustment to the contract if additional work not originally envisioned, or if the scope of work desired changes. That was clearly the case with this request. DHS obviously agreed, and, given the significant documentation provided, agreed to provide additional funding, which was the right thing to do.”

On August 19, 2012, the DHS Agency Purchasing Officer (APO) approved a Procurement Business Case (PBC) for the payment of funds to CRA for services related to the closure of JDC **for on-site visits and monitoring**. However, the APO did question the need for the payment and asked other DHS officials for support.

The support provided was a Profit and Loss statement for CRA for the period January 2012 through February 2013. This statement showed a net loss during the period of \$217,601. The statement does not have backup to show how the expenses were determined. The statement also shows that CRA was doing work on the Murray Developmental Center. Work at Murray was not authorized by the initial contract with CRA.

The APO told auditors on September 29, 2017, *“The profit and loss statement, nor [his] response, was what I wanted. But I knew I had to approve the PBC and I was trying to document where the money was being spent.”*

The Governor’s Transition of Care Project Manager explained to the Governor’s Senior Health Policy Advisor on December 21, 2012, that *“CRA did last June explain that their costs for assessments were running higher than estimated....The salaries of the principals was certainly an issue. We had in the proposal from CRA the amount of \$1500/day for 3 ½ days per week for compensation.”* The same official stated *“They have been consistently spending more than what we funded each month to perform many of the functions we have requested.”*

Our examination also found that CRA conducted work (development of person-centered plans) at least at Mabley Developmental Center (1 individual), Kiley Developmental Center (4 individuals), Ludeman Developmental Center (2 individuals), and Murray Developmental Center (39 individuals) while it was under contract for the JDC work.

On August 28, 2013, 181 days after the contract term ended between DHS and CRA, DHS processed a payment to CRA for \$233,192.

The Scope of Services section of the **contract required CRA to participate** in face-to-face visits for the first eight weeks and monthly face-to-face visits after the first eight weeks for the first year for those that transitioned from JDC. Additionally, the Deliverables section of the contract required CRA to *“Submit written post-transition monitoring reports to the Division of Developmental Disabilities no less than five business days following each community site visit.”*

CRA was conducting activities at other SODCs which were not part of the contract for services to assist in the closure of JDC. According to a CRA official, *“the additional funds were needed for activities both post transition follow-up and for individuals who transitioned out of Jacksonville and for pretransition activities for Murray Center, including planning time with DHS and related entities.”* However, auditors note that transition follow-up activities were already in the contract and if activities for Murray Developmental Center were directed, these activities were not memorialized in the contract.

DHS making payment to CRA for additional monies without a full accounting with supporting documentation for costs already incurred places State funds at risk to be spent not in accordance with contract.

<b>CRA ADDITIONAL FUNDS</b>	
<b>RECOMMENDATION NUMBER  26</b>	<i>DHS should document the need for contractual amendments, including the additional services to be performed and associated rates.</i>
<b>DEPARTMENT OF HUMAN SERVICES RESPONSE</b>	DHS agrees the need for contractual amendments should be documented. DHS will review the exceptions noted, evaluate our documentation and initiate collection proceedings if warranted.



# **APPENDICES**

**APPENDIX A**  
**HOUSE OF REPRESENTATIVES**  
**RESOLUTION NUMBER 34**



State of Illinois  
House of Representatives  
100th General Assembly  
House Resolution No. 34  
Offered by Representative Charles Meier

WHEREAS, The Illinois Department of Human Services (DHS) has seven State-operated developmental centers (SODCs) serving approximately 1,800 residents; and  
WHEREAS, Individuals also receive services in community-based settings through Community Integrated Living Arrangements (CILAs), which house one to eight residents each; and  
WHEREAS, In 2012, then-Governor Quinn announced a "rebalancing initiative" with the goal of moving individuals from SODCs to community settings; and  
WHEREAS, In 2012, the SODC in Jacksonville was closed and the majority of its residents were transitioned to CILAs; and

WHEREAS, The Warren G. Murray Developmental Center in Centralia was also slated for closure and some residents were transitioned out of the facility; therefore, be it  
RESOLVED, BY THE HOUSE OF REPRESENTATIVES OF THE ONE HUNDREDTH GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, that the Auditor General is directed to conduct a performance audit of the oversight of the Community Integrated Living Arrangements (CILAs) program at the Department of Human Services; and be it further  
RESOLVED, That the audit include but not be limited to the following:

- (1) A review of the process for licensing community mental health or developmental services agencies and certifying community-integrated living arrangements for persons with mental illnesses or persons with developmental disabilities;
- (2) A determination whether oversight and monitoring of licensed agencies and certified providers complies with statutory and regulatory requirements, including site visits, and inspections of records and premises;
- (3) A review of the extent and timing of follow-up and monitoring by DHS of individuals transitioned from SODCs to CILAs, including its provision of follow-along services to support an individual's transition into the new service arrangement;
- (4) A review of the role of Community Resource Alliance, Community Resource Associates, and any other principal providers in transition planning and support and whether those contracts were adequately managed by DHS;
- (5) A review of the status of the Money Follows the Person (MFP) initiative, including Individual Budgets and reimbursements received from the federal government; and
- (6) A review of DHS procedures for receiving and investigating complaints against licensees and providers, including any denial or revocation of licenses or actions taken against providers; and be it further

RESOLVED, That the Illinois Department of Human Services and any other agency or entity having information relevant to this audit, cooperate fully and promptly with the Auditor General during this review; and be it further

RESOLVED, That the Auditor General commence this audit as soon as possible and report the findings and recommendations upon completion in accordance with the provisions of Section 3-14 of the Illinois State Auditing Act.

**APPENDIX B**  
**AUDIT SAMPLING METHODOLOGY**

# AUDIT SAMPLING METHODOLOGY

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This audit was conducted in accordance with generally accepted government auditing standards and the audit standards promulgated by the Office of the Auditor General at 74 Ill. Adm. Code 420.310. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives. Our sampling methodology for our fieldwork testing is presented below.

## **Transition Follow-Up Testing Selection Methodology**

In order to test for the required CILA transition follow up visits by various oversight entities we randomly selected a sample of 50 individuals that transitioned from SODCs to CILAs during the period FY12-FY16. Utilizing the master listing of CILA transitions provided by DHS we added a unique identifier for each individual that appeared on the master listing. We then obtained a listing of 2 sets of 50 statistical random numbers between the number 1 and 485. Utilizing the random numbers, we selected a sample of 50 individuals that transitioned to a CILA. Individuals that transitioned elsewhere were skipped for this selection

Our testing focused on: (1) whether informed consent was given to transition to the CILA by the individual or guardian; (2) whether service plans for the individuals included the participation of the individual and guardian; and, (3) whether all transition follow up visits were conducted by DHS and ISCs. Our testing results were not intended to be extrapolated to the population of visits conducted for all transitions. The results reported are solely from the sample of 50 individuals.

## **License Testing Selection Methodology**

We selected a judgmental sample of 25 community providers to test the licensing standards to ensure compliance with the CILA Rule and Act. Five of these providers were the selections from our discovery audit testing. The basis for the selections for the judgmental sample was providers that had: large number of notices of violation resulting from a survey; notices of violation repeated one or more times; low Bureau of Accreditation, Licensure and Certification (BALC) survey scores and/or lower scores on subsequent surveys; notices of violation which should have been issued based on the survey results, but have no evidence in the data; and, surveys completed more than 1 time every 3 years.

The providers selected were:

- Breath of Life Professional Services
- Cornerstone Services

- Epilepsy Foundation of North Central Illinois
- Southwest Disabilities Services and Support
- St. Coletta of Wisconsin
- American Residential Care
- Assertive Mission
- Beverly Hills Home Care
- Community Alternatives Illinois
- Centerstone of Illinois
- Center for Disability Services
- Centers for Residential Alternatives
- Divine Center
- Golden Community Living Center
- Hoyleton Youth and Family Services
- Joseph Rehabilitation Center
- Kwanza Suites Corporation
- Millennium Gardens
- Neighborhood Opportunities
- Neumann Family Services
- New Foundation Center
- Progressive Housing
- Rehabilitation and Vocational Education
- Royal Living Center
- Soledad Social Services Corporation

Our testing focused on the standards specifically identified in the CILA Licensure and Certification Act (210 ILCS 135/4 through 135/6) and administrative rule (59 Ill. Adm. Code 115.410 through 115.440) including: submission of an application; issuance of a 3-year license; temporary licensing; license renewal application, site visits and record inspection; notices of violations; investigations; and license revocation. Our testing results were not intended to be extrapolated to the population of licensing standards for all reviews. The results reported are solely from the sample of the 25 providers.

### **Review of Community Resource Associates (CRA)**

During fieldwork we tested the activities conducted by CRA during the audit period compared to the contracts signed with DHS to ascertain whether deliverables were met. Additionally, we examined CRA documentation to ascertain whether CRA had prior approval from individuals or their guardians before reviewing records under the contracts for transition. We examined **all CRA clinical files provided by DHS** and compared those to the listing of individuals that had transitioned from SODCs during the audit period.

**APPENDIX C**

**CILA COMMUNITY AGENCIES STATE  
SPENDING AND CLIENTS**

**FY12-FY16**

Appendix C  
**CILA COMMUNITY AGENCIES STATE SPENDING AND CLIENTS**  
FY12-FY16

<i>Community Agency</i>	<i>City</i>	<i>DD MH Both</i>	<i>Payments FY12-FY16</i>	<i>Years of CILA During FY12-FY16</i>	<i>Average Clients FY12-FY16</i>
A Step Forward	Decatur	DD	\$1,393,366	4	8
A+ Autism Solutions	Chicago	DD	\$113,393	1	4
Abilities Plus	Kewanee	DD	\$3,092,572	5	15
Abraham Lincoln Center	Chicago	DD	\$1,404,487	2	32
Achieve Development Association	Skokie	DD	\$3,704,229	5	19
Achievement Unlimited	Galesburg	DD	\$73,574,234	5	381
Active Visions	Chicago	DD	\$14,338,107	5	79
Ada S. McKinley Community Service	Chicago	DD	\$9,874,110	5	57
Alexian Brothers Center for Mental Health	Arlington Heights	MH	\$827,020	5	8
Alpha Omega Consulting	Decatur	DD	\$3,659,073	4	32
Alvin Eades Center	Jacksonville	DD	\$1,056,352	5	6
American Residential Care	Schaumburg	DD	\$1,567,286	5	8
Apostolic Christian Home for the Handicapped	Morton	DD	\$9,650,591	5	49
ARC Community Support Systems	Teutopolis	DD	\$4,264,022	4	37
Aspen Homes	Skokie	DD	\$59,254	1	15
Aspire	Hillside	DD	\$17,656,469	5	105
Assertive Mission	Highland Park	DD	\$974,261	5	5
Association for DD in Woodford County	Eureka	DD	\$2,509,084	5	14
Association for Individual Development	Aurora	DD	\$33,548,301	5	213
Association for the Betterment of Retarded Adults	Sheldon	DD	\$2,017,560	5	8
Association House of Chicago	Chicago	DD	\$1,375,607	5	8
At Home Mission	Morton Grove	DD	\$15,057	1	1
Austin Special Chicago	Chicago	DD	\$2,757,804	3	24
Avancer Homes	Genoa	DD	\$5,691,700	2	101
Avancer	Genoa	DD	\$15,013,320	4	96
Avenues to Independence	Park Ridge	DD	\$4,145,736	5	32
Bartlett Learning Center	Wheaton	DD	\$1,096,750	5	7
Bethesda Lutheran Communities	Plainfield	DD	\$12,609,171	2	164
Bethesda Lutheran Homes	Plainfield	DD	\$12,931,509	3	117
Bethshan Association	Palos Heights	DD	\$12,689,951	5	74
Beverly Hills Home Care	Chicago	DD	\$2,364,681	5	12
BeverlyFarm Living Options	Godfrey	DD	\$192,077	2	3
Blue Island Citizens for Persons with DD	Blue Island	DD	\$10,894,839	5	65

Appendix C  
**CILA COMMUNITY AGENCIES STATE SPENDING AND CLIENTS**  
FY12-FY16

<i>Community Agency</i>	<i>City</i>	<i>DD MH Both</i>	<i>Payments FY12-FY16</i>	<i>Years of CILA During FY12-FY16</i>	<i>Average Clients FY12-FY16</i>
Breath of Life Professional Services	Oak Brook	DD	\$748,308	5	2
Bridgeway	Galesburg	DD	\$6,145,350	5	35
Brooke Hill Management	Mt. Carmel	DD	\$3,407,635	5	20
Cardinal House	Anna	DD	\$2,013,299	3	21
Career Development Center	Fairfield	DD	\$436,265	5	5
Caring Hands CILA of Illinois	Park Forest	DD	\$240,428	1	10
CCAR Industries	Charleston	DD	\$13,016,513	5	79
Center for Disability Services	Joliet	DD	\$2,250,532	2	28
Center for Residential Alternatives	Chicago	DD	\$2,565,105	5	19
Center on Deafness	Northbrook	DD	\$2,758,515	5	15
Centerstone of Illinois	West Frankfort	Both	\$5,516,857	2	75
Cerebral Palsy of Southwestern Illinois	Belleville	DD	\$3,698,262	5	26
Chamness Care	Jonesboro	DD	\$13,087,913	5	57
Charleston Transitional Facility	Champaign	DD	\$15,691,227	2	207
Christian County Mental Health Association	Taylorville	Both	\$5,503,712	5	33
Christian Social Services of Illinois	Belleville	DD	\$651,447	2	8
CILA Corporation	Flora	DD	\$16,588,846	5	75
Circle Family Healthcare Network	Chicago	MH	\$1,444,723	5	7
Circle of Support	Park Ridge	DD	\$2,290,780	5	29
Clearbrook	Arlington Heights	DD	\$37,183,760	5	228
Coleman Tri-County Services	Harrisburg	DD	\$4,439,655	5	29
Coles County Mental Health Association	Mattoon	MH	\$861,629	5	12
Community Alternatives Illinois	Tilton	DD	\$34,667,529	5	161
Community Counseling Center of Chicago	Chicago	MH	\$2,776,727	5	16
Community Integrated Living	Anna	DD	\$4,838,507	5	32
Community Link	Breese	DD	\$7,499,931	5	46
Community Living Options	Jacksonville	DD	\$3,133,704	3	32
Community Mental Health Council	Chicago	MH	\$190,342	1	4
Community Support Services	Brookfield	DD	\$7,791,595	5	55
Community Support Systems	Teutopolis	DD	\$1,013,345	1	38
Community Workshop and Training Center	Peoria	DD	\$980,715	2	19
Compassion CILA Homes	Richton Park	DD	\$8,894	1	1
Cornerstone Services	Joliet	Both	\$42,078,196	5	232
Counseling Center of Lakeview	Chicago	MH	\$156,003	1	3

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**CILA COMMUNITY AGENCIES STATE SPENDING AND CLIENTS**  
FY12-FY16

<i>Community Agency</i>	<i>City</i>	<i>DD MH Both</i>	<i>Payments FY12-FY16</i>	<i>Years of CILA During FY12-FY16</i>	<i>Average Clients FY12-FY16</i>
Covenant Enabling Residences of Illinois	Oak Forest	DD	\$1,263,825	5	11
Community Residential Alternatives	Champaign	DD	\$1,069,909	5	7
Crescent Development Group	Nashville	DD	\$102,397	2	4
Crosspoint Human Services	Danville	Both	\$1,677,054	5	13
CTF Illinois	Champaign	DD	\$25,083,389	3	212
CuBBull	Canton	DD	\$427,830	5	1
Developmental Services Center	Champaign	DD	\$9,853,465	5	53
Developmental Foundations	Champaign	DD	\$6,649,665	5	40
Development & Planning Services	Mt. Vernon	DD	\$3,087,998	3	31
Devora's Dream	Wilmette	DD	\$91,065	2	1
Diane Home Care	Skokie	DD	\$9,469,315	5	46
Divine Center	Chicago	DD	\$1,165,163	5	7
Dominion CILA Homes	Lansing	DD	\$572,255	3	6
Double K Community Services	Matteson	DD	\$298,448	1	15
Dubois-Douglas Centres	Matteson	DD	\$11,907,364	5	53
DuPage County Health Department	Wheaton	Both	\$3,690,803	5	32
Easter Seals of Will County	Joliet	DD	\$4,428,167	2	61
Easter Seals Joliet Region	Joliet	DD	\$7,375,863	3	67
Ecker Center for Mental Health	Elgin	MH	\$1,451,458	5	7
El Valor Corporation	Chicago	DD	\$4,595,926	5	28
Elm City Rehabilitation Center	Jacksonville	DD	\$1,604,581	4	7
Envision Unlimited	Chicago	DD	\$37,999,295	5	229
Epic	Peoria	DD	\$20,245,456	4	140
Epilepsy Association of Rock Valley	Rockford	DD	\$150,095	2	7
Epilepsy Foundation of SW Illinois	Belleville	DD	\$751,726	1	20
Epilepsy Foundation of Greater Southern Illinois	Belleville	DD	\$3,348,921	4	23
Epilepsy Foundation of North Central Illinois	Rockford	DD	\$146,869	2	9
Esperanza Community Services	Chicago	DD	\$4,268,127	5	23
Families Building Dreams	Northbrook	DD	\$614,748	2	10
Family Association Plus	Harvey	DD	\$1,583,520	5	7
Family Counseling Center	Golconda	DD	\$5,555,917	5	34
FAYCO Enterprises	Vandalia	DD	\$9,793,436	5	53
Five Star Industries	DuQuoin	DD	\$7,174,262	5	49
Frances House	Galesburg	DD	\$383,777	1	8
Friendship In-Home Services	Rock Island	DD	\$261,556	3	5
Futures Unlimited	Pontiac	DD	\$4,810,843	5	25



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**CILA COMMUNITY AGENCIES STATE SPENDING AND CLIENTS**  
FY12-FY16

<i>Community Agency</i>	<i>City</i>	<i>DD MH Both</i>	<i>Payments FY12-FY16</i>	<i>Years of CILA During FY12-FY16</i>	<i>Average Clients FY12-FY16</i>
Garden Center for Handicapped	Chicago	DD	\$5,430,319	3	51
Garden Center Services	Chicago	DD	\$4,679,021	2	62
Gateway Services	Princeton	DD	\$7,462,019	5	45
Gentle Hands Rehabilitation	Matteson	DD	\$106,670	1	5
Glen Brook of Vienna	Vienna	DD	\$747,305	3	9
Glenkirk	Northbrook	DD	\$31,087,826	5	146
Golden Community Living Center	South Holland	DD	\$194,577	5	1
Goldie Floberg	Rockton	DD	\$9,317,369	5	38
Good Shepherd Manor	Momence	DD	\$14,637,552	5	105
Grow in Illinois	Champaign	MH	\$749,175	5	4
Habilitative Systems	Chicago	Both	\$5,836,943	5	39
Hazel Bland Promise Center	Belleville	DD	\$1,597,004	5	10
Health Care Management Corporation	Salem	DD	\$4,869,285	4	35
Heart to Heart Services	University Park	DD	\$1,234,894	5	5
Heartland Human Services	Effingham	MH	\$1,854,206	5	22
Help at Home	Chicago	DD	\$336,089	2	7
Helping Hand Center	Countryside	DD	\$14,069,736	5	85
Heroes of the Game	Rockford	DD	\$321,445	3	1
Homes of Hope	Normal	DD	\$3,453,813	5	18
Horizon House of Illinois Valley	Peru	DD	\$17,914,968	5	94
Hoyleton Youth and Family Services	Hoyleton	DD	\$1,049,049	4	9
Human Resources Center of Edgar and Clark Counties	Paris	DD	\$984,971	5	6
Human Service Center	Peoria	MH	\$1,291,309	3	41
Human Service Center of South Metro-East	Red Bud	DD	\$1,232,708	5	10
Human Support Services	Waterloo	DD	\$3,233,873	5	21
Illinois Mentor	Frankfort	DD	\$5,760,778	2	83
Illinois Mentor Community Services	Frankfort	DD	\$7,327,463	2	161
Independent Living Services	Anna	DD	\$9,571,394	5	49
Individual Advocacy Group	Romeoville	DD	\$54,824,646	5	214
Janaston Management and Development Corporation	Chicago	DD	\$5,879,248	5	31
Janet Wattles Center	Rockford	MH	\$54,820	2	0
Jefferson County Comprehensive Services	Mt. Vernon	DD	\$887,362	5	12
Jewish Child and Family Service	Chicago	DD	\$984,360	2	12
Jewish Childrens Bureau	Chicago	DD	541,849	3	5

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**CILA COMMUNITY AGENCIES STATE SPENDING AND CLIENTS**  
FY12-FY16

<i>Community Agency</i>	<i>City</i>	<i>DD MH Both</i>	<i>Payments FY12-FY16</i>	<i>Years of CILA During FY12-FY16</i>	<i>Average Clients FY12-FY16</i>
JJR Enterprises	Mt. Vernon	DD	\$1,080,364	2	28
Joseph Rehabilitation Center	Tinley Park	DD	\$3,416,529	5	21
Kankakee County Training Center for the Disabled	Bradley	DD	\$9,990,120	5	60
Karriems Developmental Services	Markham	DD	\$2,970,237	5	15
Kaskaskia Workshop	Centralia	DD	\$1,866,341	5	12
Kreider Services	Dixon	DD	\$19,628,644	5	105
Krypton	Metropolis	DD	\$1,892,629	3	16
Kwanza Suites Corporation	Evergreen Park	DD	\$900,753	5	5
L'Arche Chicago	Oak Park	DD	\$1,718,470	5	8
L F Walls Corporation	Matteson	DD	15,129	1	5
Lake County Health Department, Behavioral Health Services	Waukegan	MH	\$1,414,900	5	7
Lansing Association for Retarded Citizens	Lansing	DD	\$8,328,577	5	41
Lawrence/Crawford Association for Exceptional Citizens	Robinson	DD	\$929,264	5	6
LEEDA Services of Illinois	Chicago	DD	\$27,889,043	5	124
Lester & Rosalie Anixter Center	Chicago	Both	\$21,904,525	5	114
Liberty Enterprises	Marion	DD	\$751,431	2	14
Lincoln Square	Anna	DD	\$1,608,791	3	16
Little City Foundation	Palatine	DD	\$19,235,131	5	108
Little Friends	Naperville	DD	\$14,956,937	5	101
Living in a Family Environment Corporation	Makanda	DD	\$772,017	2	11
Lutheran Social Services of Illinois	Chicago	Both	\$8,915,826	5	58
Luvkare Enterprises	Richton Park	DD	\$1,219,890	2	15
Macon Resources	Decatur	DD	\$11,331,467	5	75
Malcom Eaton Enterprises	Freeport	DD	\$1,819,218	5	11
Marcfirst	Normal	DD	\$11,995,442	5	72
Marion County Horizon Center	Salem	DD	\$2,786,126	3	26
McLean County Center for Human Services	Bloomington	MH	\$288,665	5	2
Mental Health and Deafness Resources	Rolling Meadows	DD	\$372,855	4	3
Mental Health Centers of Central Illinois	Springfield	DD	\$1,423,586	4	12
Metropolitan Family Services	Chicago	MH	\$2,728,848	5	13
Midwest Care	Cicago	DD	\$3,298,650	5	17
Milestone	Loves Park	DD	\$33,610,297	5	195

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**CILA COMMUNITY AGENCIES STATE SPENDING AND CLIENTS**  
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<i>Community Agency</i>	<i>City</i>	<i>DD MH Both</i>	<i>Payments FY12-FY16</i>	<i>Years of CILA During FY12-FY16</i>	<i>Average Clients FY12-FY16</i>
Millennium Gardens	Flossmoor	DD	\$4,400,381	5	28
Misericordia Heart of Mercy	Chicago	DD	\$7,813,660	5	55
Morning Glory Community Center	Chicago	DD	\$23,031	1	1
Mosaic	Macomb	DD	\$45,011,655	5	229
Moultrie County Beacon	Sullivan	Both	\$8,993,717	5	44
Mulford Homes	Skokie	DD	\$627,037	3	5
National Mentor Holdings	Frankfort	DD	\$3,375,261	1	102
Neighborhood Opportunities	Kankakee	DD	\$2,545,954	4	21
Neighborhood Services	Des Plaines	DD	\$5,070,220	5	23
Neumann Family Services	Chicago	Both	\$34,309,511	5	156
New Foundation Center	Northfield	MH	\$2,079,398	5	23
New Hope Center	Dolton	DD	\$13,610,665	5	73
New Life Residence	Country Club Hills	DD	\$57,710	1	2
Nia Comprehensive Center for DD	Chicago	DD	\$31,938	2	4
North Central Behavioral Health Systems	LaSalle	MH	\$1,676,125	5	7
Northpointe Achievement Center	Zion	DD	\$7,749,681	3	67
Northpointe Resources	Zion	DD	\$5,563,227	2	76
NuCare	Hazel Crest	DD	\$1,648,363	5	8
Oak Leyden Developmental Services	Oak Park	DD	\$11,798,800	5	54
Open Door Rehabilitation Center	Sandwich	DD	\$10,953,832	5	71
Opportunity House	Sycamore	DD	\$9,834,200	5	64
Orchard Village	Skokie	DD	\$16,325,737	5	99
Our Directions	Herrin	DD	\$3,549,940	5	19
PACTT Learning Center	Chicago	DD	\$3,017,064	5	13
PARC	Peoria	DD	\$4,480,115	1	132
Parents & Friends of the Community Integration Service	Belleville	DD	\$3,057,338	5	16
Park Lawn School & Activity Center	Oak Lawn	DD	\$7,865,958	5	12
Pathway House	Johnston City	DD	\$2,348,502	5	10
Pathway Services Unlimited	Jacksonville	DD	\$22,407,518	5	101
Patterson House	Decatur	DD	\$580,826	2	7
Piatt County Mental Health Center	Monticello	DD	\$1,043,753	5	10
Pillars	LaGrange	MH	\$400,287	5	5
Pilot House	Anna	DD	\$2,017,204	4	16
Pilsen-Little Village CMHC	Chicago	MH	\$1,456,975	5	8
Pinnacle Opportunities	Jacksonville	DD	\$1,138,013	4	8

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FY12-FY16

<i>Community Agency</i>	<i>City</i>	<i>DD MH Both</i>	<i>Payments FY12-FY16</i>	<i>Years of CILA During FY12-FY16</i>	<i>Average Clients FY12-FY16</i>
Pioneer Center for Human Services	McHenry	DD	\$11,149,994	5	77
Pioneer Concepts	Jacksonville	DD	\$911,263	2	14
Presence Behavioral Health, Pro Care Centers	Broadview	MH	\$1,957,748	4	18
Progress Management	Carterville	DD	\$5,942,122	5	34
Progressive Housing	Olympia Fields	DD	\$27,362,199	5	135
Proviso Family Services	Broadview	MH	\$481,283	1	16
R&J Enterprises Country Living	Anna	DD	\$5,116,747	5	22
Random Act of Kindness Developmental Agency	Chicago	DD	\$1,048,377	5	8
Ray Graham Association for People with Disabilities	Downers Grove	DD	\$23,445,812	5	131
RCAP Enterprise	Edelstein	DD	\$3,893,230	5	22
Redempta Services	Richton Park	DD	\$247,818	2	7
Rehabilitation and Vocational Education	Anna	DD	\$1,130,807	4	10
Residential Developers	Champaign	DD	\$27,146,647	5	143
Residential Options	Alton	Both	\$10,574,427	5	65
Rimland Services	Evanston	DD	\$18,069,222	5	74
Rincker Residential	Bridgeport	DD	\$2,049,065	3	21
Riverside Foundation	Lincolnshire	DD	\$332,985	1	8
Rock River Valley Self Help Enterprises	Sterling	DD	\$1,363,922	5	8
Rosecrance	Rockford	MH	\$2,121,604	5	16
Royal Living Center	New Baden	DD	\$6,418,330	4	31
RRAF	Lombard	DD	\$49,422	3	1
Saze Community Services, Inc.	Palatine	DD	\$131,911	1	5
Search	Chicago	DD	\$14,778,281	2	181
Search Developmental Center	Chicago	DD	\$20,252,643	3	170
Seguin Services	Cicero	DD	\$17,747,943	2	235
Sertoma Centre	Alsip	DD	\$12,348,986	5	75
Shamrock Services	Mt. Vernon	DD	\$7,214,692	5	34
Shelby County Community Services	Shelbyville	Both	\$3,373,138	5	26
Shine On Me	Park Forest	DD	\$10,445	1	1
SHORE Community Services	Skokie	DD	\$3,445,685	5	15
Sinnissippi Centers	Dixon	MH	\$1,001,348	5	7
Skystar Residential Services	DeSoto	DD	\$6,721,219	5	32
Soledad Social Services Corporation	Chicago	DD	\$3,469,520	5	16
South Chicago Parents and Friends	Chicago	DD	\$823,641	5	8

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<i>Community Agency</i>	<i>City</i>	<i>DD MH Both</i>	<i>Payments FY12-FY16</i>	<i>Years of CILA During FY12-FY16</i>	<i>Average Clients FY12-FY16</i>
South Side Office of Concern	Peoria	DD	\$125,847	2	6
Southeastern Residential Alternatives	Harrisburg	DD	\$11,736,902	5	61
Southern Illinois Community Support Services	New Baden	DD	\$7,678,876	5	35
SouthStar Services	Chicago Heights	DD	\$7,208,327	5	48
Southwest Community Services	Tinley Park	DD	\$186,081	2	5
Southwest Disabilities Services and Support	Chicago Heights	DD	\$10,059,439	5	54
SPARC	Springfield	DD	\$8,893,176	3	81
Specialized Training for Adult Rehabilitation	Murphysboro	DD	\$4,868,893	5	26
Springfield Arc	Springfield	DD	\$7,453,754	2	106
St. Coletta of Wisconsin	Jefferson	DD	\$12,427,200	5	65
St. Coletta's of Illinois	Tinley Park	DD	\$33,272,796	5	146
Streator Unlimited	Streator	DD	\$5,461,271	5	30
Support Systems and Services	Fairview Heights	DD	\$17,716,641	5	87
Sylvia Homes	Mount Prospect	DD	\$895,363	4	7
TASH Incorporated	Murphysboro	DD	\$2,679,582	5	13
Tazewell County Resource Centers	Tremont	DD	\$7,675,320	5	36
Tazewood Mental Health Center	Pekin	DD	\$34,582	1	5
TDL Group	Mt. Vernon	DD	\$9,452,197	4	73
The ARC of Iroquois County	Watseka	DD	\$17,248,675	5	85
The ARC of the Quad Cities	Rock Island	DD	\$15,301,350	5	94
The H Group BBT	West Frankfort	Both	\$5,310,704	3	61
The Hope School	Springfield	DD	\$253,998	5	1
The Lambs Farm	Libertyville	DD	\$1,819,327	5	30
There's No Place Like Home	St. Anne	DD	\$484,349	4	2
Thresholds	Chicago	MH	\$4,530,155	5	30
Topview Corporation	Homewood	DD	\$226,854	2	3
TRADE Industries	McLeansboro	DD	\$3,745,373	5	18
Transitions of Western Illinois	Quincy	DD	\$5,395,043	5	32
TRI-CARE	Chicago	DD	\$5,892,476	5	26
Trilogy	Chicago	MH	\$2,663,807	5	21
Trinity Services	NewLenox	Both	\$116,740,180	5	545
UCP Land of Lincoln	Springfield	DD	\$13,595,783	5	55
UCP of Illinois Prairieland	Joliet	DD	\$3,943,382	3	31
UCP Seguin of Greater Chicago	Cicero	DD	\$34,881,266	3	281

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<i>Community Agency</i>	<i>City</i>	<i>DD MH Both</i>	<i>Payments FY12-FY16</i>	<i>Years of CILA During FY12-FY16</i>	<i>Average Clients FY12-FY16</i>
Universal Living Care	Dolton	DD	\$7,377	1	2
Villa House	Johnston City	DD	\$2,229,547	5	13
Village Inn of Cobden	Cobden	DD	\$2,759,374	5	15
Wabash Area Vocational Enterprises	Mt. Carmel	DD	\$2,411,028	5	14
Warren Achievement Center	Monmouth	DD	\$8,098,219	5	48
Washington County Vocational Workshop	Nashville	DD	\$973,186	5	7
Westside MR Children's Aid	Chicago	DD	\$794,658	2	12
William M. BeDell Achievement and Resource Center	Wood River	DD	\$5,248,623	5	24
Willowglen Academy of Illinois	Freeport	DD	\$8,810,033	5	44
	<i>Total</i>		<i>\$2,046,464,544</i>		

Source: OAG compiled from DHS information.

**APPENDIX D**

**CILA COMMUNITY AGENCIES LICENSING  
SURVEY RESULTS**

**FY12-FY16**

Appendix D  
**CILA COMMUNITY AGENCIES LICENSING SURVEY RESULTS**  
FY12-FY16

NOTE: Percentages indicate level of compliance for survey

<i>Community Agency</i>	<i>City</i>	<i>FY12</i>	<i>FY13</i>	<i>FY14</i>	<i>FY15</i>	<i>FY16</i>
A Step Forward	Decatur			99.29%		
A+ Autism Solutions	Chicago					96.85%
Abilities Plus	Kewanee	98.00%			91.42%	
Achieve Development Association	Skokie				94.70%	
Achievement Unlimited	Galesburg		97.25%			94.54%
Active Visions	Chicago	97.00%			98.87%	
Ada S. McKinley Community Service	Chicago	92.78%			91.61%	
Alexian Brothers Center for Mental Health	Arlington Heights		92.96%			95.81%
Alpha Omega Consulting	Decatur			87.58%		
Alvin Eades Center	Jacksonville		99.33%			99.27%
American Residential Care	Schaumburg		97.34%			84.36%
Anixter Center, Lester and Rosalie	Chicago	88.99%			96.00%	
Apostolic Christian Home for the Handicapped	Morton	99.54%			99.06%	
ARC Community Support Systems	Teutopolis	92.88%			98.48%	
ARC of Iroquois County	Watseka	99.27%			99.53%	
ARC of the Quad Cities Area	Rock Island	97.81%			96.36%	
Aspire	Hillside	96.46%			92.38%	
Assertive Mission	Highland Park			83.86%		
Association for DD in Woodford County	Eureka	98.02%			98.03%	
Association for Individual Development	Aurora		92.48%		93.04%	
Association for the Betterment of Retarded Adults	Sheldon	99.17%			98.94%	
Association House of Chicago	Chicago			91.59%		
Austin Special Chicago	Chicago		97.49%			97.00%
Avancer	Genoa		89.00%			
Avancer Homes	Genoa					94.00%
Avenues to Independence	Park Ridge	95.87%			95.56%	
Bartlett Learning Center	Wheaton	94.14%			90.68%	
Bethesda Lutheran Communities	Plainfield	98.86%			94.98%	
Bethshan Association	Palos Heights	98.85%				
Beverly Hills Home Care	Chicago		87.95%			84.11%
BeverlyFarm Living Options	Godfrey					92.64%
Blue Island Citizens for Persons with DD	Blue Island	99.11%			95.77%	
Breath of Life Professional Services	Oak Brook		73.92%			
Bridgeway	Galesburg	95.30%			97.06%	



Appendix D  
**CILA COMMUNITY AGENCIES LICENSING SURVEY RESULTS**  
FY12-FY16

NOTE: Percentages indicate level of compliance for survey

<i>Community Agency</i>	<i>City</i>	<i>FY12</i>	<i>FY13</i>	<i>FY14</i>	<i>FY15</i>	<i>FY16</i>
Brooke Hill Management	Mt. Carmel		99.77%			99.07%
Career Development Center	Fairfield		96.92%		99.44%	
CCAR Industries	Charleston	97.10%			98.13%	
Center for Disability Services	Joliet		89.51%			81.15%
Center on Deafness	Northbrook	92.54%			94.61%	
Centers for Residential Alternatives	Chicago	82.62%	95.20%		82.41%	
Centerstone of Illinois	West Frankfort	90.48%	86.05%		94.77%	
Chamness Care	Jonesboro	93.02%			96.72%	
Christian County Mental Health Association	Taylorville		100.00%			100.00%
Christian Social Services of Illinois	Belleville				93.36%	
CILA Corporation	Flora				96.49%	
Circle Family Healthcare Network	Chicago	94.58%			88.10%	
Circle of Support	Park Ridge	94.12%			95.96%	
Clearbrook	Arlington Heights	97.07%			97.96%	
Coleman Tri-County Services	Harrisburg	98.33%			100.00%	
Coles County Mental Health Association	Mattoon	87.54%			94.81%	
Community Alternatives Illinois	Tilton	95.33%			87.70%	
Community Counseling Center of Chicago	Chicago	94.76%			72.08%	
Community Integrated Living	Anna		96.51%		93.72%	
Community Link	Breese	97.11%			99.04%	
Community Living Options	Jacksonville				100.00%	
Community Residential Alternatives	Champaign		99.09%			96.99%
Community Support Services	Brookfield	94.12%			96.19%	
Community Workshop and Training Center	Peoria					100.00%
Comprehensive Connections	Mt. Vernon	86.27%			97.24%	
Cornerstone Services	Joliet		94.58%			83.44%
Covenant Enabling Residences of Illinois	Oak Forest	94.84%				93.14%
CP of Southwestern Illinois	Belleville	95.64%			97.86%	
Crescent Development Group	Nashville	88.27%				
Crosspoint Human Services	Danville	84.97%			93.44%	
CTF Illinois	Champaign		98.90%			98.51%
CuBBull	Canton			94.44%		
Developmental Foundations	Champaign			99.12%		
Development & Planning Services	Mt. Vernon				99.05%	
Developmental Services Center	Champaign	98.41%			98.68%	

Appendix D  
**CILA COMMUNITY AGENCIES LICENSING SURVEY RESULTS**  
 FY12-FY16

NOTE: Percentages indicate level of compliance for survey

<i>Community Agency</i>	<i>City</i>	<i>FY12</i>	<i>FY13</i>	<i>FY14</i>	<i>FY15</i>	<i>FY16</i>
Devora's Dream	Wilmette					98.20%
Diane Home Care	Skokie	89.84%				
Divine Center	Chicago		62.71%			92.44%
Dominion CILA Homes	Lansing				81.50%	
Dubois-Douglas Centres	Matteson	75.52%			86.59%	
DuPage County Health Department	Wheaton	89.27%			96.04%	
Easter Seals Joliet Region	Joliet	92.95%			92.81%	
Ecker Center for Mental Health	Elgin	100.00%			96.80%	
El Valor Corporation	Chicago			69.42%		
Elm City Rehabilitation Center	Jacksonville		97.51%			97.31%
Envision Unlimited	Chicago	85.27%			92.07%	
Epic	Peoria	94.66%			96.38%	
Epilepsy Foundation of Greater Southern Illinois	Belleville	94.66%			82.52%	
Epilepsy Foundation of North Central Illinois	Rockford		94.12%			
Esperanza Community Services	Chicago	93.07%			94.77%	
Families Building Dreams	Northbrook					96.09%
Family Association Plus	Harvey			95.44%		
Family Counseling Center	Golconda		99.68%			100.00%
FAYCO Enterprises	Vandalia	89.54%			93.73%	
Five Star Industries	DuQuoin	96.41%			95.03%	
Frances House	Galesburg					99.04%
Friendship In-Home Services	Rock Island				90.71%	
Futures Unlimited	Pontiac		99.38%			96.35%
Garden Center Services	Chicago			91.10%		
Gateway Services	Princeton		97.79%			97.66%
Glen Brook of Vienna	Vienna				96.20%	96.28%
Glenkirk	Northbrook	94.49%			96.92%	
Golden Community Living Center	South Holland	90.24%		81.00%		
Goldie Floberg	Rockton			98.47%		
Good Shepherd Manor	Momence	95.81%			92.74%	
Grow in Illinois	Champaign			61.33%		
Habilitative Systems	Chicago	96.25%			95.42%	
Hazel Bland Promise Center	Belleville	83.61%			96.60%	
Health Care Management Corporation	Salem			97.62%		95.80%
Heart to Heart Services	University Park	98.13%			65.96%	
Heartland Human Services	Effingham	81.02%			98.97%	
Help at Home	Chicago					92.17%
Helping Hand Center	Countryside	98.75%			98.05%	
Heroes of the Game	Rockford			99.10%		

Appendix D  
**CILA COMMUNITY AGENCIES LICENSING SURVEY RESULTS**  
FY12-FY16

NOTE: Percentages indicate level of compliance for survey

<i>Community Agency</i>	<i>City</i>	<i>FY12</i>	<i>FY13</i>	<i>FY14</i>	<i>FY15</i>	<i>FY16</i>
Homes of Hope	Normal					99.54%
Hope Institute for Children and Families	Springfield		86.57%			96.60%
Horizon House of Illinois Valley	Peru		96.80%			94.87%
Hoyleton Youth and Family Services	Hoyleton		66.33%			
Human Resources Center of Edgar and Clark Counties	Paris		99.50%			100.00%
Human Service Center	Peoria		97.80%			
Human Service Center of South Metro-East	Red Bud	100.00%			100.00%	
Human Support Services	Waterloo		97.99%		97.18%	
Illinois Mentor Community Services	Frankfort				96.43%	
Illinois Mentor	Frankfort	77.00%				
Independent Living Services	Anna	99.31%			99.54%	
Individual Advocacy Group	Romeoville			97.63%		
Janaston Management and Development Corporation	Chicago	96.43%			93.13%	
Jewish Child and Family Service	Chicago		76.59%			100.00%
JJR Enterprises	Mt. Vernon	93.09%				
Joseph Rehabilitation Center	Tinley Park		49.00%	79.60%		93.17%
Kankakee County Training Center for the Disabled	Bradley	90.02%			91.31%	
Karriems Developmental Services	Markham		95.60%			98.11%
Kaskaskia Workshop	Centralia		99.75%			98.56%
Kreider Services	Dixon	97.63%			98.39%	
Krypton	Metropolis				95.90%	
Kwanza Suites Corporation	Evergreen Park	70.74%			88.81%	
L'Arche Chicago	Oak Park			87.13%		93.65%
Lake County Health Department, Behavioral Health Services	Waukegan			96.80%		
Lambs Farm	Libertyville		98.38%			94.83%
Lansing Association for Retarded Citizens	Lansing	98.99%			94.29%	
Lawrence/Crawford Association for Exceptional Citizens	Robinson		98.87%		99.76%	
LEEDA Services of Illinois	Chicago			100.00%		
Liberty Enterprises	Marion				97.65%	
Lincoln Square	Anna				97.17%	
Little City Foundation	Palatine			86.73%		
Little Friends	Naperville	96.36%				94.50%

Appendix D  
**CILA COMMUNITY AGENCIES LICENSING SURVEY RESULTS**  
FY12-FY16

NOTE: Percentages indicate level of compliance for survey

<i>Community Agency</i>	<i>City</i>	<i>FY12</i>	<i>FY13</i>	<i>FY14</i>	<i>FY15</i>	<i>FY16</i>
Living in a Family Environment Corporation	Makanda					98.08%
Lutheran Social Services of Illinois	Chicago		79.80%			94.52%
Luvkare Enterprises	Richton Park	96.90%				
Macon Resources	Decatur	100.00%			100.00%	
Malcom Eaton Enterprises	Freeport		98.62%			94.97%
Marcfirst	Normal	96.94%			94.67%	
Marion County Horizon Center	Salem			99.12%		93.11%
McLean County Center for Human Services	Bloomington	95.68%			98.68%	
Mental Health and Deafness Resources	Rolling Meadows		98.66%			
Mental Health Centers of Central Illinois	Springfield		99.69%			100.00%
Metropolitan Family Services	Chicago	98.63%			85.90%	
Midwest Care	Chicago		100.00%			98.74%
Milestone	Loves Park	97.71%			99.10%	
Millennium Gardens	Flossmoor	95.68%			86.60%	
Misericordia Heart of Mercy	Chicago			99.28%		
Morning Glory Community Center	Chicago		94.00%			
Mosaic	Macomb			91.99%		
Moultrie County Beacon	Sullivan		98.90%			99.77%
Mulford Homes	Skokie				96.34%	
Neighborhood Opportunities	Kankakee	88.55%			88.45%	
Neighborhood Services	Des Plaines	92.78%			72.34%	
Neumann Family Services	Chicago	88.07%			80.14%	
New Foundation Center	Northfield		87.54%			86.99%
New Hope Center	Dolton	93.42%			93.94%	
New Life Residence	Country Club Hills	51.68%				
Nia Comprehensive Center for DD	Chicago	90.07%				
North Central Behavioral Health Systems	LaSalle			98.99%		
Northpointe Resources	Zion	70.65%			83.44%	
NuCare	Hazel Crest		89.23%			90.09%
Oak Leyden Developmental Services	Oak Park			88.27%		
Open Door Rehabilitation Center	Sandwich	92.33%			97.13%	
Opportunity House	Sycamore	98.18%			100.00%	
Orchard Village	Skokie			98.75%		
Our Directions	Herrin			100.00%		
PACTT Learning Center	Chicago		90.28%			93.57%
Parents & Friends of the Community Integration Service	Belleville		95.19%			98.81%

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**CILA COMMUNITY AGENCIES LICENSING SURVEY RESULTS**  
FY12-FY16

NOTE: Percentages indicate level of compliance for survey

<i>Community Agency</i>	<i>City</i>	<i>FY12</i>	<i>FY13</i>	<i>FY14</i>	<i>FY15</i>	<i>FY16</i>
Park Lawn School & Activity Center	Oak Lawn	99.34%			99.02%	
Pathway House	Johnston City		96.52%		95.70%	
Pathway Services Unlimited	Jacksonville	99.55%			98.62%	
Patterson House	Decatur				100.00%	
Piatt County Mental Health Center	Monticello			98.32%		
Pillars	LaGrange		93.43%			95.02%
Pilot House	Anna				95.81%	
Pilsen-Little Village CMHC	Chicago			100.00%		
Pinnacle Opportunities	Jacksonville		98.18%			99.01%
Pioneer Center for Human Services	McHenry	98.08%			81.41%	
Pioneer Concepts	Jacksonville				93.49%	
Presence Behavioral Health, Pro Care Centers	Broadview	98.33%			97.11%	
Progress Management	Carterville		96.95%		99.06%	
Progressive Housing	Olympia Fields	88.22%			96.05%	
R&J Enterprises Country Living	Anna	98.09%			99.05%	
Random Act of Kindness Developmental Agency	Chicago			99.05%		96.39%
Ray Graham Association for People with Disabilities	Downers Grove	98.13%			89.13%	
RCAP Enterprise	Edelstein	97.59%			98.09%	
Redempta Services	Richton Park					97.25%
Rehabilitation and Vocational Education	Anna		50.41%			96.72%
Residential Developers	Champaign			99.54%		
Residential Options	Alton		99.36%			
Rimland Services	Evanston		97.39%			93.39%
Rincker Residential	Bridgeport		99.31%			
Rock River Valley Self Help Enterprises	Sterling		96.55%		100.00%	
Rosecrance	Rockford	96.35%			94.85%	
Royal Living Center	New Baden		98.19%			99.23%
RRAF	Lombard	100.00%				
Search	Chicago		98.95%			97.54%
Sertoma Centre	Alsip		98.17%			97.44%
Shamrock Services	Mt. Vernon			99.55%		
Shelby County Community Services	Shelbyville			87.42%		
Shine On Me	Park Forest					96.79%
SHORE Community Services	Skokie			91.33%		
Sinnissippi Centers	Dixon		94.09%		100.00%	

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**CILA COMMUNITY AGENCIES LICENSING SURVEY RESULTS**  
FY12-FY16

NOTE: Percentages indicate level of compliance for survey

<i>Community Agency</i>	<i>City</i>	<i>FY12</i>	<i>FY13</i>	<i>FY14</i>	<i>FY15</i>	<i>FY16</i>
Skystar Residential Services	DeSoto			86.08%		
Soledad Social Services Corporation	Chicago		83.26%			89.76%
South Chicago Parents and Friends	Chicago		81.77%		99.32%	
South Side Office of Concern	Peoria	95.12%				
Southeastern Residential Alternatives	Harrisburg		95.24%			98.64%
Southern Illinois Community Support Services	New Baden	80.00%			94.04%	
SouthStar Services	Chicago Heights	86.67%			90.85%	
Southwest Community Services	Tinley Park				87.41%	
Southwest Disabilities Services and Support	Chicago Heights	97.15%			94.96%	
SPARC	Springfield	73.78%			92.36%	
Specialized Training for Adult Rehabilitation	Murphysboro	97.76%			99.38%	
St. Coletta of Wisconsin	Jefferson		84.97%			91.33%
St. Coletta's of Illinois	Tinley Park	95.13%			89.05%	
Streator Unlimited	Streator	100.00%			99.07%	
Support Systems and Services	Fairview Heights		98.16%			97.91%
Sylvia Homes	Mount Prospect		91.67%		96.63%	
TASH Incorporated	Murphysboro	71.81%		94.42%		
Tazewell County Resource Centers	Tremont	96.41%		95.95%		
TDL Group	Mt. Vernon		98.12%			
There's No Place Like Home	St. Anne		98.43%		99.26%	
Thresholds	Chicago	88.97%			81.88%	
Topview Corporation	Homewood				94.07%	
TRADE Industries	McLeansboro	99.00%			99.68%	
Transitions of Western Illinois	Quincy			91.06%		
TRI-CARE	Chicago			92.14%		
Trilogy	Chicago	98.40%			96.82%	
Trinity Services	NewLenox			95.82%		
UCP Land of Lincoln	Springfield	92.90%			85.52%	
UCP Seguin of Greater Chicago	Cicero	88.25%			92.61%	
Villa House	Johnston City	99.52%			99.30%	
Village Inn of Cobden	Cobden		89.41%		96.84%	
Wabash Area Vocational Enterprises	Mt. Carmel			99.76%		
Warren Achievement Center	Monmouth			97.51%		
Washington County Vocational Workshop	Nashville			100.00%		96.49%

Appendix D  
**CILA COMMUNITY AGENCIES LICENSING SURVEY RESULTS**  
 FY12-FY16

NOTE: Percentages indicate level of compliance for survey

<i>Community Agency</i>	<i>City</i>	<i>FY12</i>	<i>FY13</i>	<i>FY14</i>	<i>FY15</i>	<i>FY16</i>
William M. BeDell Achievement and Resource Center	Wood River	95.71%			98.78%	
Willowglen Academy of Illinois	Freeport	93.07%			97.00%	
<i>Number of Surveys Conducted</i>		<i>110</i>	<i>70</i>	<i>43</i>	<i>126</i>	<i>65</i>
Source: OAG compiled from DHS information.						

**APPENDIX E**

**CILA COMMUNITY AGENCIES**  
**SUBSTANTIATED ALLEGATIONS OF ABUSE**  
**AND NEGLECT**

**FY12-FY16**



Appendix E  
**CILA COMMUNITY AGENCIES SUBSTANTIATED ALLEGATIONS OF ABUSE AND NEGLECT**  
FY12-FY16

<i>Community Agency</i>	<i>City</i>	<i>FY12</i>	<i>FY13</i>	<i>FY14</i>	<i>FY15</i>	<i>FY16</i>	<i>Total</i>
Abilities Plus	Kewanee	1	0	0	0	0	1
Achievement Unlimited	Galesburg	3	9	13	21	9	55
Active Visions	Chicago	0	0	1	0	1	2
Ada S. McKinley Community Service	Chicago	1	1	0	0	0	2
Alpha Omega Consulting	Decatur	0	0	0	1	0	1
Anixter Center, Lester and Rosalie	Chicago	1	4	1	2	1	9
ARC Community Support Systems	Teutopolis	0	0	0	1	0	1
Arc of Iroquois County	Watseka	5	1	1	0	2	9
Arc of the Quad Cities Area	Rock Island	1	1	1	1	5	9
Aspen Homes	Skokie	1	0	0	0	0	1
Aspire	Hillside	0	0	0	2	2	4
Association for DD in Woodford County	Eureka	0	0	1	0	0	1
Association for Individual Development	Aurora	2	0	7	9	6	24
Avancer	Genoa	0	2	15	0	0	17
Avancer Homes	Genoa	0	0	0	2	2	4
Avenues to Independence	Park Ridge	1	0	1	0	0	2
Bartlett Learning Center	Wheaton	1	0	1	0	0	2
Bethesda Lutheran Communities	Plainfield	0	0	0	1	3	4
Bethesda Lutheran Homes	Plainfield	5	5	3	0	0	13
Blue Island Citizens For Persons w/DD	Blue Island	1	2	1	0	0	4
Bridgeway	Galesburg	1	1	2	0	1	5
Brooke Hill Management	Mt. Carmel	0	0	0	0	1	1
Cardinal House	Anna	0	0	1	0	0	1
CCAR Industries	Charleston	4	3	0	1	4	12
Center for Disability Services	Joliet	0	0	0	3	2	5
Centers for Residential Alternatives	Chicago	0	0	1	0	0	1
Centerstone of Illinois	West Frankfort	0	0	1	1	0	2
Cerebral Palsy of Southwestern Illinois	Belleville	2	1	1	2	0	6
Chamness Care	Jonesboro	0	1	1	0	0	2
Charleston Transitional Facility	Champaign	5	6	0	0	0	11
Christian Social Services of Illinois	Belleville	0	0	0	0	1	1
CILA Corporation	Flora	2	1	2	1	0	6
Clearbrook	Arlington Heights	2	1	1	6	3	13
Community Alternatives Illinois	Tilton	5	4	4	18	25	56
Community Integrated Living	Anna	0	1	1	1	0	3
Community Link	Breese	1	3	4	0	2	10
Community Living Options	Jacksonville	0	0	1	0	0	1
Community Support Services	Brookfield	1	1	0	1	0	3
Cornerstone Services	Joliet	5	1	7	4	3	20
Covenant Enabling Residences of Illinois	Oak Forest	0	0	1	0	0	1
CTF Illinois	Champaign	0	0	5	9	3	17
Development & Planning Services	Mt. Vernon	0	0	0	1	0	1

Appendix E  
**CILA COMMUNITY AGENCIES SUBSTANTIATED ALLEGATIONS OF ABUSE AND NEGLECT  
FY12-FY16**

<i>Community Agency</i>	<i>City</i>	<i>FY12</i>	<i>FY13</i>	<i>FY14</i>	<i>FY15</i>	<i>FY16</i>	<i>Total</i>
Developmental Services Center	Champaign	2	0	1	0	0	3
Diane Home Care	Skokie	0	0	1	0	0	1
Divine Center	Chicago	0	0	1	0	0	1
Double K Community Services	Matteson	1	0	0	0	0	1
Dubois-Douglas Centres	Matteson	0	2	1	3	1	7
Easter Seals Joliet Region	Joliet	0	0	0	1	1	2
Easter Seals of Will County	Joliet	3	1	0	0	0	4
El Valor Corporation	Chicago	1	1	0	0	0	2
Elm City Rehabilitation Center	Jacksonville	0	0	0	1	1	2
Envision Unlimited	Chicago	3	1	5	6	2	17
Epic	Peoria	0	2	6	1	13	22
Epilepsy Foundation of Greater Southern Illinois	Belleville	0	0	2	2	1	5
Epilepsy Foundation of Southwestern Illinois	Belleville	1	0	0	0	0	1
Esperanza Community Services	Chicago	0	0	1	0	1	2
Family Association Plus	Harvey	0	0	0	1	0	1
Family Counseling Center	Golconda	0	0	1	1	0	2
FAYCO Enterprises	Vandalia	3	4	1	3	4	15
Five Star Industries	DuQuoin	4	3	5	4	4	20
Friendship Manor	Rock Island	0	0	0	1	0	1
Garden Center for Handicapped	Chicago	1	1	0	0	0	2
Gateway Services	Princeton	1	4	1	1	1	8
Glenkirk	Northbrook	2	3	4	4	4	17
Golden Community Living Center	South Holland	0	0	1	0	0	1
Goldie Floberg	Rockton	9	9	3	2	1	24
Good Shepherd Manor	Momence	0	0	0	1	0	1
Habilitative Systems	Chicago	0	1	0	0	0	1
Health Care Management Corporation	Salem	0	0	0	2	0	2
Homes of Hope	Normal	0	0	0	1	0	1
Horizon House of Illinois Valley	Peru	3	1	3	0	3	10
Hoyleton Youth and Family Services	Hoyleton	1	0	1	1	0	3
Human Support Services	Waterloo	0	0	0	0	2	2
Illinois Mentor Community Services	Frankfort	0	0	0	0	3	3
Illinois Mentor	Frankfort	0	3	1	3	0	7
Independent Living Services	Anna	0	0	2	5	0	7
Individual Advocacy Group	Romeoville	3	4	7	2	2	18
Joseph Rehabilitation Center	Tinley Park	0	1	2	0	1	4
Kankakee County Training Center for the Disabled	Bradley	1	0	1	1	0	3
Kreider Services	Dixon	2	2	5	3	1	13
Krypton	Metropolis	0	0	0	0	1	1
Lansing Association for Retarded Citizens	Lansing	1	0	0	1	0	2
LEEDA Services of Illinois	Chicago	1	0	1	1	1	4

Appendix E  
**CILA COMMUNITY AGENCIES SUBSTANTIATED ALLEGATIONS OF ABUSE AND NEGLECT**  
FY12-FY16

<i>Community Agency</i>	<i>City</i>	<i>FY12</i>	<i>FY13</i>	<i>FY14</i>	<i>FY15</i>	<i>FY16</i>	<i>Total</i>
Lincoln Square	Anna	0	0	0	0	1	1
Little City Foundation	Palatine	3	2	2	1	2	10
Little Friends	Naperville	3	2	0	0	2	7
Lutheran Social Services of Illinois	Chicago	2	0	0	1	3	6
Macon Resources	Decatur	2	1	0	1	0	4
Malcolm Eaton Enterprises	Freeport	0	1	4	0	0	5
Marcfirst	Normal	2	2	4	2	1	11
Marion County Horizon Center	Salem	0	0	0	1	2	3
Milestone	Loves Park	1	1	0	2	0	4
Mosaic	Macomb	11	8	7	8	4	38
Moultrie County Beacon	Sullivan	2	1	1	2	2	8
Neighborhood Opportunities	Kankakee	0	1	0	0	0	1
Neighborhood Services	Des Plaines	0	2	0	1	0	3
Neumann Family Services	Chicago	6	10	12	12	10	50
New Hope Center	Dolton	2	1	2	0	3	8
Northpointe Achievement Center	Zion	4	0	2	0	0	6
Northpointe Resources	Zion	0	0	0	5	2	7
Oak Leyden Developmental Services	Oak Park	1	0	1	0	0	2
Open Door Rehabilitation Center	Sandwich	1	0	1	1	1	4
Opportunity House	Sycamore	0	1	2	2	0	5
Orchard Village	Skokie	2	2	2	1	0	7
PACTT Learning Center	Chicago	0	0	0	1	1	2
PARC	Peoria	2	0	0	0	0	2
Parents & Friends of the Community Integration Service	Belleville	0	0	0	0	1	1
Park Lawn School & Activity Center	Oak Lawn	2	0	0	0	0	2
Pathway House	Johnston City	0	1	0	1	2	4
Pathway Services Unlimited	Jacksonville	1	1	3	5	4	14
Pioneer Center for Human Services	McHenry	1	1	0	0	0	2
Progress Management	Carterville	1	3	1	3	1	9
Progressive Housing	Olympia Fields	6	5	6	7	4	28
R&J Enterprises Country Living	Anna	0	1	0	0	1	2
Random Act of Kindness Developmental Agency	Chicago	0	0	0	1	0	1
Ray Graham Association for People with Disabilities	Downers Grove	4	2	3	7	5	21
RCAP Enterprise	Edelstein	2	1	2	4	0	9
Rehabilitation and Vocational Education	Anna	0	3	0	3	3	9
Residential Developers	Champaign	3	2	7	2	0	14
Residential Options	Alton	1	2	1	3	0	7
Rimland Services	Evanston	0	0	2	1	1	4
Royal Living Center	New Baden	0	2	5	2	5	14
Search	Chicago	0	0	0	3	2	5
Search Developmental Center	Chicago	3	4	3	0	0	10

Appendix E  
**CILA COMMUNITY AGENCIES SUBSTANTIATED ALLEGATIONS OF ABUSE AND NEGLECT**  
FY12-FY16

<i>Community Agency</i>	<i>City</i>	<i>FY12</i>	<i>FY13</i>	<i>FY14</i>	<i>FY15</i>	<i>FY16</i>	<i>Total</i>
Seguin Services	Cicero	13	7	0	0	0	20
Sertoma Centre	Alsip	2	0	0	0	0	2
Shamrock Services	Mt. Vernon	2	0	2	1	2	7
Shelby County Community Services	Shelbyville	0	1	0	0	0	1
SHORE Community Services	Skokie	0	0	1	1	0	2
Skystar Residential Services	DeSoto	0	0	2	0	0	2
South Chicago Parents & Friends	Chicago	0	0	0	1	0	1
Southeastern Residential Alternatives	Harrisburg	4	0	1	3	1	9
Southern Illinois Community Support Services	New Baden	2	1	2	2	0	7
SouthStar Services	Chicago Heights	0	2	0	0	0	2
Southwest Disabilities Services and Support	Chicago Heights	0	2	1	1	0	4
SPARC	Springfield	5	12	10	2	3	32
Specialized Training for Adult Rehabilitation	Murphysboro	0	0	0	0	1	1
St. Coletta of Wisconsin	Jefferson	1	3	3	5	5	17
St. Coletta's of Illinois	Tinley Park	3	1	3	3	1	11
Streator Unlimited	Streator	0	1	0	0	1	2
Support Systems and Services	Fairview Heights	2	1	0	6	2	11
Sylvia Homes	Mount Prospect	0	1	0	0	0	1
TASH Incorporated	Murphysboro	0	1	0	0	0	1
Tazewell County Resource Centers	Tremont	5	0	0	1	0	6
TDL Group	Mt. Vernon	0	1	1	1	2	5
The H Group BBT	West Frankfort	2	1	0	0	0	3
There's No Place Like Home	St. Anne	0	0	0	0	1	1
TRADE Industries	McLeansboro	0	0	0	1	1	2
Transitions of Western Illinois	Quincy	1	0	2	0	0	3
Trinity Services	New Lenox	9	17	12	7	1	46
UCP Land of Lincoln	Springfield	3	5	8	9	0	25
UCP Seguin of Greater Chicago	Cicero	0	0	11	13	8	32
UCP of Illinois Prairieland	Joliet	1	2	1	0	0	4
Villa House	Johnston City	1	0	0	1	1	3
Village Inn of Cobden	Cobden	0	1	1	0	0	2
Warren Achievement Center	Monmouth	0	1	2	0	0	3
Willowglen Academy of Illinois	Freeport	9	3	3	4	2	21
	<i>Totals</i>	<i>227</i>	<i>219</i>	<i>275</i>	<i>285</i>	<i>219</i>	<i>1,225</i>

Source: OAG compiled from DHS information.

**APPENDIX F**

**NUMBER OF CILA SITES BY COMMUNITY  
AGENCY**

**MAY 9, 2017**

Appendix F  
**NUMBER OF CILA SITES BY COMMUNITY AGENCY**  
 May 9, 2017

<i>Community Agency</i>	<i># Sites</i>	<i>Community Agency</i>	<i># Sites</i>
A New Age Human Services Corporation	1	Cherubim DTP and CILA Programs	1
A Step Forward	6	Christian County MH Association	9
A+ Autism Solutions	2	Christian Social Services of Illinois	4
Abilities Plus	3	CILA Corporation	9
Access Community Experience	1	Circle Family Healthcare Network	2
Achieve Development Association	3	Circle of Support	43
Achievement Unlimited	64	Clearbrook	107
Active Visions	29	Coleman Tri-County Services	18
Ada S. McKinley Community Service	8	Coles County MH Association	2
Alexian Brothers Center for Mental Health	1	Community Alternatives Illinois	69
Alpha Omega Consulting	11	Community Counseling Center Chicago	2
Alvin Eades Center	1	Community Integrated Living	7
American Residential Care	2	Community Link	10
Anixter Center, Lester and Rosalie	20	Community Living Options	5
Apostolic Christian Home f/t Handicapped	14	Community Residential Alternatives	1
ARC of Iroquois County	19	Community Support Services	52
ARC of the Quad Cities Area	25	Community Support Systems	14
Aspire	19	Community Workshop/Training Center	3
Assn. f/t Betterment of Retarded Adults	3	Compassion CILA Homes	1
Association for DD in Woodford County	2	Comprehensive Connections	9
Association for Individual Development	91	Cornerstone Services	76
Association House of Chicago	1	Covenant Enabling Residences of IL	3
At Home Mission	2	CP of Southwestern Illinois	6
Aurora Home Care	2	Crosspoint Human Services	4
Austin Special Chicago	3	CTF Illinois	39
Avancer Homes	18	CuBBull	1
Avenues to Independence	6	Developmental Foundations	13
Bartlett Learning Center	1	Developmental Services Center	11
Bethesda Lutheran Communities	22	Devora's Dream	1
Bethshan Association	14	Diane Home Care	9
Beverly Hills Home Care	2	Disability Services of Illinois	9
BeverlyFarm Living Options	3	Divine Center	2
Blue Island Citizens for Persons with DD	19	Dominion CILA Homes	2
Breath of Life Professional Services	1	Dubois-Douglas Centres	10
Bridgeway	8	DuPage County Health Department	4
Brooke Hill Management	3	Easter Seals Joliet Region	17
Career Development Center	4	El Valor Corporation	8
Caring Hands CILA of Illinois	3	Elm City Rehabilitation Center	3
CCAR Industries	40	Envision Unlimited	93
Center for Disability Services	5	Epic	59
Center on Deafness	2	Epilepsy Foundation of Greater Southern IL	9
Centers for Residential Alternatives	7	Esperanza Community Services	4
Centerstone of Illinois	20	Families Building Dreams	4
Chamness Care	13	Family Association Plus	1

Appendix F  
**NUMBER OF CILA SITES BY COMMUNITY AGENCY**  
 May 9, 2017

<i>Community Agency</i>	<i># Sites</i>	<i>Community Agency</i>	<i># Sites</i>
Family Counseling Center	8	Kwanza Suites Corporation	2
FAYCO Enterprises	14	L'Arche Chicago	3
Five Star Industries	14	Lake County Health Department	5
Frances House	2	Lambs Farm	8
Futures Unlimited	6	Lansing Association for Retarded Citizens	11
Garden Center Services	15	Lawrence/Crawford Association for Exceptional Citizens	1
Gateway Services	12	LEEDA Services of IL	21
Genesis CILA Homes	1	Liberty Enterprises	3
Gentle Hands Rehabilitation	1	Lincoln Square	2
Glen Brook of Vienna	3	Little City Foundation	19
Glenkirk	31	Little Friends	37
Goldie Floberg	11	Living in a Family Environment Management Corporation	3
Good Shepherd Manor	12	Locust Street Resource Center	2
Habilitative Systems	7	Lutheran Social Services of IL	18
Hawkins CILA Care Corporation	1	Macon Resources	27
Health Care Management Corporation	11	Malcolm Eaton Enterprises	1
Heart to Heart Services	1	Marcfirst	13
Heartland Human Services	3	Marion County Horizon Center	14
Help at Home	17	McLean County Center for Human Services	1
Helping Hand Center	27	Mental Health Centers of Central IL	3
Heroes of the Game	1	Metropolitan Family Services	1
Homes of Hope	5	Midwest Care	6
Hope Institute for Children and Families	1	Milestone	48
Horizon House of IL Valley	17	Millennium Gardens	5
Huma Sadiq D.B.A. AMMA Care	1	Misericordia Heart of Mercy	10
Human Resources Center	2	Mosaic	69
Human Service Center of South Metro East	2	Moultrie County Beacon	14
Human Support Services	5	Mulford Homes	4
IL Mentor Community Services	108	MYSI Corporation	1
Independent Living Services	8	Neumann Family Services	25
Individual Advocacy Group	90	New Foundation Center	1
Janaston Management and Development Corporation	7	New Star	36
Jewish Child and Family Service	3	North Central Behavioral Health	1
Joseph Rehabilitation Center	4	Northpointe Resources	13
Kankakee County Training Center for the Disabled	11	NuCare	3
Karriems Developmental Services	3	Oak Leyden Developmental Services	14
Kaskaskia Workshop	4	Open Door Rehabilitation Center	22
Kreider Services	24	Opportunity House	24
Krypton	4	Orchard Village	27

Appendix F  
**NUMBER OF CILA SITES BY COMMUNITY AGENCY**  
 May 9, 2017

<i>Community Agency</i>	<i># Sites</i>	<i>Community Agency</i>	<i># Sites</i>
Ottawa Friendship House	2	South Chicago Parents & Friends	9
Our Directions	3	Southeastern Residential Alternatives	10
PACTT Learning Center	2	Southern Illinois Community Support Services	9
Parents and Friends of the Community Integration Service	5	SPARC	28
Park Lawn School & Activity Center	8	Specialized Training for Adult Rehab	10
Pathway House	2	St. Coletta of Wisconsin	10
Pathway Services Unlimited	19	St. Coletta's of Illinois	25
Patterson House	2	Streator Unlimited	5
Piatt County MH Center	10	Support Systems and Services	36
Pillars	3	Sylvia Homes	2
Pilot House	3	T.O.C. Incorporated of Illinois	1
Pilsen-Little Village CMHC	1	TASH Incorporated	3
Pinnacle Opportunities	1	Tazewell County Resource Centers	6
Pioneer Center for Human Services	21	TDL Group	20
Pioneer Concepts	2	There's No Place Like Home	2
Presence Behavioral Health	3	Thresholds	5
Progress Management	11	Topview Corporation	1
Progressive Housing	21	TRADE Industries	6
R&J Enterprises Country Living	7	Transitions of Western Illinois	13
Random Act of Kindness Developmental Agency	3	TRI-CARE	7
		Trilogy	3
Ray Graham Association for People with Disabilities	26	Trinity Services	118
		UCP Land of Lincoln	17
RCAP Enterprise	4	UCP Seguin of Greater Chicago	97
Redempta Services	3	Villa House	3
Rehabilitation and Vocational Education	3	Village Inn of Cobden	2
Residential Developers	31	Wabash Area Vocational Enterprises	2
Residential Options	14	Warren Achievement Center	8
Rimland Services	18	Washington County Vocational Workshop	1
Riverside Foundation	3		
Rock River Valley Self Help Enterprises	1	William M. BeDell Achievement and Resource Center	7
Rosecrance	2		
Royal Living Center	6	Willowglen Academy of Illinois	5
Saze Community Services Inc.	1	<i>TOTAL</i>	<i>3,097</i>
Search	31		
Sertoma Centre	19		
Shamrock Services	16		
Shelby County Community Services	4		
Shine On Me	1		
SHORE Community Services	5		
Sinnissippi Centers	4		
Skystar Residential Services	6		
Soledad Social Services Corporation	4		

Source: OAG developed from DHS information.



**APPENDIX G**

**CILA COMMUNITY AGENCIES REVIEWED  
BY BUREAU OF QUALITY MANAGEMENT**

**FY12-FY16**

Appendix G  
**CILA COMMUNITY AGENCIES REVIEWED BY THE BUREAU OF QUALITY  
MANAGEMENT**  
FY12-FY16

NOTE: Percentage not calculated in FY16. "X" indicates a review was conducted

<i>Community Agency</i>	<i>Corporate Location and/or Locations Visited</i>	<i>FY12</i>	<i>FY13</i>	<i>FY14</i>	<i>FY15</i>	<i>FY16</i>	<i># BQM Surveys</i>	<i>#Years in Program FY12- FY16</i>
A Step Forward	Decatur			80%		X	2	4
A+ Autism Solutions	Chicago						0	1
Abilities Plus	Kewanee			90%		X	2	5
Abraham Lincoln Center	Chicago						0	2
Achieve Development Association	Skokie			73%	90%		2	5
Achievement Unlimited	Sterling, Silvis, Danville, Galesburg, Quincy, Havana, Abingdon	87%	92%	99%	83%	X	5	5
Active Visions	Chicago, Niles	100%		95%	96%	X	4	5
Ada S. McKinley Community Service	Chicago	87%	88%	81%	93%	X	5	5
Alpha Omega Consulting	Decatur				85%		1	4
Alvin Eades Center	Jacksonville		85%	84%	97%		3	5
American Residential Care	Schaumburg						0	5
Anixter Center, Lester and Rosalie	Chicago	79%	94%	100%	97%	X	5	5
Apostolic Christian Home for the Handicapped	Morton	87%	94%	96%		X	4	5
ARC of Iroquois County	Watseka	98%	99%	93%	96%	X	5	5
ARC of the Quad Cities	Rock Island	92%		97%	94%		3	5
Aspen Homes	Skokie						0	1
Aspire of Illinois	Westchester, Hillside, Bellwood, Berkley, LaGrange, Brookfield, Forest Park, Maywood, Franklin Park	96%	97%	90%	98%	X	5	5
Assertive Mission	Highland Park						0	5
Association for DD in Woodford County	Eureka	83%		90%			2	5

Appendix G  
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MANAGEMENT**

FY12-FY16

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<i>Community Agency</i>	<i>Corporate Location and/or Locations Visited</i>	<i>FY12</i>	<i>FY13</i>	<i>FY14</i>	<i>FY15</i>	<i>FY16</i>	<i># BQM Surveys</i>	<i>#Years in Program FY12-FY16</i>
Association for Individual Development	Aurora, Elgin, Yorkville, St. Charles, Geneva, Batavia	85%	94%	94%	94%	X	5	5
Association for the Betterment of Retarded Adults	Sheldon	98%				X	2	5
Association House of Chicago	Chicago	80%				X	2	5
At Home Mission	Morton Grove						0	1
Austin Special Chicago	Chicago			96%	100%		2	3
Avancer	Genoa, Davis Junction, Cortland	85%	90%	83%	96%	X	5	5
Avenues to Independence	Park Ridge, Des Plaines	94%	91%		89%	X	4	5
Bartlett Learning Center	Warrenville		75%	72%			2	5
Bethesda Lutheran Communities	Marengo, Cortland, Freeport, Springfield, Sugar Grove, Yorkville, Peoria	83%	91%	96%	98%	X	5	5
Bethshan Association	Palos Heights, Orland Park		94%	98%	96%	X	4	5
Beverly Hills Home Care	Chicago						0	5
BeverlyFarm Living Options	Godfrey						0	2
Blue Island Citizens for Persons with DD	Blue Island		96%	95%		X	3	5
Breath of Life Professional Services	Oak Brook			47%			1	5
Bridgeway	Galesburg, Bridgeway	94%	89%			X	3	5
Brooke Hill Management	Eldorado					X	1	5
Cardinal House	Anna	86%			80%		2	3
Career Development Center	Fairfield						0	5
Caring Hands CILA of Illinois	Park Forest						0	1

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<i>Community Agency</i>	<i>Corporate Location and/or Locations Visited</i>	<i>FY12</i>	<i>FY13</i>	<i>FY14</i>	<i>FY15</i>	<i>FY16</i>	<i># BQM Surveys</i>	<i>#Years in Program FY12-FY16</i>
CCAR Industries	Charleston	98%	98%			X	3	5
Center for Disability Services	Joliet	85%	68%				2	5
Center on Deafness	Northbrook, Glenview, Highland Park	64%		90%		X	3	5
Centers for Residential Alternatives	South Holland	67%			93%		2	5
Centerstone of IL	West Frankfort				95%		1	2
Cerebral Palsy of Southwestern IL	Belleville			89%	95%	X	3	5
Chamness Care	Jonesboro, Karnak, Metropolis	91%	94%	97%	97%	X	5	5
Charleston Transitional Facility	Charleston, Country Club Hills, Crete, Homewood, Champaign, Lincoln	95%	97%	98%	98%	X	5	5
Christian County Mental Health Association	Taylorville	93%		90%		X	3	5
Christian Social Services of Illinois dba Caritas Family Solutions	Belleville						0	2
CILA Corporation	Flora	96%	86%	95%	89%	X	5	5
Circle of Support	Chicago				98%	X	2	5
Clearbrook	Arlington Heights, Hoffman Estates, Rolling Meadows, Schaumburg, Palatine	86%	89%	93%	97%	X	5	5
Coleman Tri-County Services	Harrisburg	95%			98%	X	3	5
Community Alternatives Illinois	Tilton, Danville, Centralia, Olney	90%	90%	93%	89%	X	5	5
Community Integrated Living	Anna			83%		X	2	5
Community Link	Breese, Carlyle, Germantown, Aviston, Highland		86%	91%	98%	X	4	5
Community Living Options	Clinton, Jacksonville				97%	X	2	3

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<i>Community Agency</i>	<i>Corporate Location and/or Locations Visited</i>	<i>FY12</i>	<i>FY13</i>	<i>FY14</i>	<i>FY15</i>	<i>FY16</i>	<i># BQM Surveys</i>	<i>#Years in Program FY12-FY16</i>
Community Residential Alternatives	Lincoln	83%					1	5
Community Support Services	Brookfield, Justice	95%			93%	X	3	5
Community Support Systems	Teutopolis	81%	96%				2	5
Community Workshop and Training Center	Peoria, Pekin, Chillicothe		98%		88%		2	2
Compassion CILA Homes	Richton Park						0	1
Cornerstone Services	Joliet, Minooka, Romeoville	92%	95%	98%	98%	X	5	5
Covenant Enabling Residences of Illinois	Oak Forest						0	5
Crescent Development Group	Nashville						0	2
Crosspoint Human Services	Hoopeston					X	1	5
CuBBull	Canton						0	5
Development & Planning Services	Mt. Vernon						0	3
Developmental Foundations	Champaign		96%			X	2	5
Developmental Services Center	Champaign	84%	95%	96%		X	4	5
Devora's Dream	Wilmette						0	2
Diane Home Care	Skokie	88%		97%	98%		3	5
Divine Center	Calumet City, Chicago			89%		X	2	5
Dominion CILA Homes	Lansing						0	3
Double K Community Services	Matteson	83%					1	1
Dubois-Douglas Centres	Matteson, Chicago Heights, Chicago, Dolton, Sauk Village	78%	89%	97%	94%		4	5
DuPage County Health Department	Wheaton	75%					1	5

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<i>Community Agency</i>	<i>Corporate Location and/or Locations Visited</i>	<i>FY12</i>	<i>FY13</i>	<i>FY14</i>	<i>FY15</i>	<i>FY16</i>	<i># BQM Surveys</i>	<i>#Years in Program FY12-FY16</i>
Easter Seals Joliet Region	Joliet	94%	97%		96%	X	4	5
El Valor Corporation	Chicago, Cicero				91%	X	2	5
Elm City Rehabilitation Center	Jacksonville			84%		X	2	4
Envision Unlimited	Chicago	93%	80%	98%	90%	X	5	5
Epilepsy Foundation of North Central Illinois	Rockford			41%		X	2	4
Epilepsy Foundation of Greater Southern Illinois	Belleville	94%			87%	X	3	5
Esperanza Community Services	Chicago			78%	72%		2	5
Families Building Dreams	Northbrook						0	2
Family Association Plus	Harvey				67%		1	5
Family Counseling Center	Golconda			95%		X	2	5
FAYCO Enterprises	Vandalia	94%	96%		97%	X	4	5
Five Star Industries	DuQuoin	100%		96%	87%	X	4	5
Frances House	Galesburg						0	1
Friendship Manner dba Friendship In-Home Services	Rock Island						0	3
Futures Unlimited	Pontiac						0	5
Garden Center Services	Burbank	91%				X	2	5
Gateway Services	Princeton	89%		88%		X	3	5
Gentle Hands Rehabilitation	Matteson						0	1
Glen Brook of Vienna	Vienna						0	3
Glenkirk	Northbrook, Glenview, Highland Park, Buffalo Grove, Mundelein	100%	91%	98%	98%	X	5	5
Golden Community Living Center	South Holland						0	5
Goldie Floberg	Rockton		92%	95%		X	3	5
Good Shephard Manor	Momence	95%	92%	74%	97%	X	5	5

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<i>Community Agency</i>	<i>Corporate Location and/or Locations Visited</i>	<i>FY12</i>	<i>FY13</i>	<i>FY14</i>	<i>FY15</i>	<i>FY16</i>	<i># BQM Surveys</i>	<i>#Years in Program FY12-FY16</i>
Habilitative Systems	Chicago	80%	75%			X	3	5
Hazel Bland Promise Center	Belleville			60%			1	5
Health Care Management Corporation	Salem						0	4
Heart to Heart Adult Day Care	University Park		79%				1	5
Help at Home	Chicago						0	2
Helping Hand Center	Countryside, Lyons, LaGrange, Brookfield	94%	89%	92%			3	5
Heroes of the Game	Rockford			89%			1	3
Homes of Hope	Normal	87%		97%			2	5
Horizon House of Illinois Valley	Peru, LaSalle	80%	100%	85%	94%	X	5	5
Hoyleton Youth and Family Services	Hoyleton		59%			X	2	4
Human Resources Center of Edgar and Clark Counties	Paris				94%	X	2	5
Human Service Center of South Metro-East	Red Bud						0	5
Human Support Services	Waterloo			89%	88%	X	3	5
Illinois Mentor Community Services	Matteson	67%	98%		95%	X	4	4
Independent Living Services	Anna, Metropolis		88%	92%	84%	X	4	5
Individual Advocacy Group	Romeoville, Oswego, Hazel Crest, Frankfort	95%	97%	98%	98%	X	5	5
Janaston Management and Development Corporation	Chicago	86%	92%	78%	86%	X	5	5
Jefferson County Comprehensive Services dba Comprehensive Connections	Mt. Vernon		50%		92%	X	3	5

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FY12-FY16

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<i>Community Agency</i>	<i>Corporate Location and/or Locations Visited</i>	<i>FY12</i>	<i>FY13</i>	<i>FY14</i>	<i>FY15</i>	<i>FY16</i>	<i># BQM Surveys</i>	<i>#Years in Program FY12-FY16</i>
Jewish Child and Family Service	Chicago		74%		90%	X	3	5
JJR Enterprises	Belleville	95%					1	2
Joseph Rehabilitation Center	Tinley Park		57%			X	2	5
Kankakee County Training Center for the Disabled	Bradley, Kankakee, Bourbonnais	78%		96%	97%	X	4	5
Karriems Developmental Services	Hazel Crest		100%				1	5
Kaskaskia Workshop	Centralia						0	5
Kreider Services	Dixon, Rock Falls	91%	94%	94%	95%	X	5	5
Krypton	Metropolis					X	1	3
Kwanza Suites Corporation	Evergreen Park						0	5
L'Arche Chicago	Chicago			67%			1	5
Lambs Farm	Libertyville	95%	95%	94%	95%	X	5	5
L F Walls Corporation	Matteson						0	1
Lansing Association for Retarded Citizens	Lansing		93%	91%		X	3	5
Lawrence/Crawford Association for Exceptional Citizens	Robinson		81%			X	2	5
LEEDA Services of Illinois	Chicago	98%	98%	97%	95%	X	5	5
Liberty Enterprises	Marion						0	2
Lincoln Square	Jonesboro					X	1	3
Little City Foundation	Palatine, Roselle, Arlington Heights, Hanover Park, Schaumburg, Algonquin	80%	89%	85%	85%	X	5	5
Little Friends	Naperville	89%	90%	93%	94%	X	5	5
Living in a Family Environment Corporation	Makanda						0	2
Lutheran Social Services of Illinois	Des Plaines		85%	87%	93%	X	4	5
Luvkare Enterprises	Chicago		66%				1	2
Macon Resources	Decatur	98%	98%	97%	97%	X	5	5



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FY12-FY16

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<i>Community Agency</i>	<i>Corporate Location and/or Locations Visited</i>	<i>FY12</i>	<i>FY13</i>	<i>FY14</i>	<i>FY15</i>	<i>FY16</i>	<i># BQM Surveys</i>	<i>#Years in Program FY12-FY16</i>
Malcom Eaton Enterprises	Freeport						0	5
Marcfirst	Normal	86%		99%	98%	X	4	5
Marion County Horizon Center	Salem, Olney				82%	X	2	3
Mental Health and Deafness Resources	Northbrook		75%				1	4
Mental Health Centers of Central IL	Springfield, Lincoln	91%		89%		X	3	4
Midwest Care	Chicago	98%		98%			2	5
Milestone	Rockford, Loves Park	96%	98%	96%	95%	X	5	5
Millennium Gardens	South Holland	82%		92%			2	5
Misericordia Heart of Mercy	Chicago	88%	95%			X	3	5
Morning Glory Community Centre of Illinois	Chicago		56%				1	1
Mosaic	Macomb, Rockford, Bushnell	90%	90%	91%	97%	X	5	5
Moultrie County Beacon	Sullivan, Bethany	99%					1	5
Mulford Homes	Skokie						0	3
National Mentor Holdings	Matteson			88%			1	1
Neighborhood Opportunities	Kankakee		45%	88%			2	4
Neighborhood Services	Chicago, Kankakee			74%	94% 93%		2	5
Neumann Family Services	Chicago	94%	85%		91%	X	4	5
New Hope Center	Dolton	100%		97%	91%	X	4	5
New Life Residence	Country Club Hills						0	1
Nia Comprehensive Center for DD	Chicago						0	2
Northpointe Resources	Zion, Wildwood, Winthrop Harbor		82%	94%	89%	X	4	5
NuCare	Hazel Crest		95%				1	5
Oak Leyden Developmental Services	Oak Park, Melrose Park, Franklin Park			82%	90%	X	3	5
Open Door Rehabilitation Center	Sandwich		83%	91%	94%		3	5

Appendix G  
**CILA COMMUNITY AGENCIES REVIEWED BY THE BUREAU OF QUALITY  
MANAGEMENT**

FY12-FY16

NOTE: Percentage not calculated in FY16. "X" indicates a review was conducted

<i>Community Agency</i>	<i>Corporate Location and/or Locations Visited</i>	<i>FY12</i>	<i>FY13</i>	<i>FY14</i>	<i>FY15</i>	<i>FY16</i>	<i># BQM Surveys</i>	<i>#Years in Program FY12-FY16</i>
Opportunity House	Sycamore, DeKalb	82%	89%	95%	94%		4	5
Orchard Village	Skokie, Morton Grove	97%	100%	92%	98%	X	5	5
Our Directions	Herrin						0	5
PACCT Learning Center	Elmwood Park, Oak Park					X	1	5
PARC	Peoria, East Peoria	90%	95%	81%	92%	X	5	5
Parents & Friends of the Community Integration Service	Belleville		74%				1	5
Park Lawn School & Activity Center	Oak Lawn, Alsip, Worth, Tinley Park			93%	92%	X	3	5
Pathway House	Johnston City		70%				1	5
Pathway Services Unlimited	Jacksonville	88%	96%	96%		X	4	5
Patterson House	Decatur						0	2
Piatt County Mental Health Center	Monticello					X	1	5
Pilot House	Cairo				90%	X	2	4
Pinnacle Opportunities	Galesburg			85%			1	4
Pioneer Center for Human Services	McHenry, Harvard, Woodstock, Cary		86%	83%	81%	X	4	5
Pioneer Concepts	Jacksonville						0	2
Progress Management	Cartersville, Colp, Johnston City	85%			99%	X	3	5
Progressive Housing	Olympia Fields, Hazel Crest, Park Forest	91%	88%	99%	92%	X	5	5
R&J Country Living	Anna		70%				1	5
Random Act of Kindness Developmental Agency	Chicago						0	5
Ray Graham Association for People with Disabilities	Downers Grove, Lombard, Burr Ridge, Woodridge, Lisle, Bensenville, Bloomingdale, Addison, Villa Park, Naperville, West Chicago, Elmhurst	92%	97%	99%	96%	X	5	5

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<i>Community Agency</i>	<i>Corporate Location and/or Locations Visited</i>	<i>FY12</i>	<i>FY13</i>	<i>FY14</i>	<i>FY15</i>	<i>FY16</i>	<i># BQM Surveys</i>	<i>#Years in Program FY12-FY16</i>
RCAP Enterprise	Edelstein			80%			1	5
Redempta Services	Richton Park						0	2
Rehabilitation and Vocational Education	Sterling		72%				1	4
Residential Developers	Champaign, Danville, Rantoul, Monticello	90%	96%	98%	96%	X	5	5
Residential Options	Alton		78%	99%		X	3	5
Rimland Services	Evanston, Des Plaines	83%		82%	98%		3	5
Rincker Residential	Bridgeport	87%					1	3
Riverside Foundation	Lincolnshire						0	1
Rock River Valley Self Help Enterprises	Sterling					X	1	5
Royal Living Center	New Baden, Trenton, Lebanon		67%	92%	88%	X	4	4
RRAF	Elmhurst					X	1	3
Saze Community Services	Palatine						0	1
Search	Chicago, Skokie, Mt. Prospect, Morton Grove, Arlington Heights	100%	91%	91%	99%	X	5	5
Seguin Services	Cicero	95%	97%				2	2
Sertoma Centre	Alsip, Oak Lawn, Garden Home, Calumet City	98%			94%	X	3	5
Shamrock Services	Mt. Vernon	92%		88%		X	3	5
Shelby County Community Services	Shelbyville		74%	93%	92%	X	4	5
Shine On Me	Park Forest						0	1
SHORE Community Services, Inc.	Skokie	98%				X	2	5
Skystar Residential Services	DeSoto	86%		74%	81%		3	5
Soledad Social Services Corporation	Chicago		47%				1	5
South Chicago Parents and Friends	Chicago					X	1	5
South Side Office of Concern	Peoria		67%				1	2

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SouthStar Services	Chicago Heights	89%	94%			X	3	5
Southeastern Residential Alternatives	Harrisburg	90%	93%	94%		X	4	5
Southern Illinois Community Support Services	Belleville, Breese, New Baden, Mascoutah		85%		86%	X	3	5
Southwest Community Services	Frankfort, Peotone, Glenwood, New Lenox					X	1	2
Southwest Disabilities Services and Support	Chicago Heights, Dolton, Harvey, Matteson	91%			73%		2	5
SPARC	Springfield	84%	98%	98%	93%	X	5	5
Specialized Training for Adult Rehabilitation	Murphysboro	98%	96%	95%		X	4	5
St. Coletta of Wisconsin	Palatine			67%		X	2	5
St. Coletta's of Illinois	Tinley Park, Homer Glen, Lockport, Monee, Markham	96%	89%	89%	92%	X	5	5
Streator Unlimited	Sterling			81%			1	5
Support Systems and Services	Belleville	78%		93%	95%	X	4	5
Sylvia Homes	Mount Prospect						0	4
TASH Incorporated	Murphysboro	65%					1	5
Tazewell County Resource Centers	Tremont, Pekin, East Peoria	88%		95%	92%	X	4	5
Tazwood MHC	Pekin	76%					1	1
TDL Group	Mt. Vernon				92%	X	2	4
The H Group BBT	West Frankfort			83%		X	2	3
The Hope School	Springfield					X	1	5
There's No Place Like Home	Kankakee, St. Anne			94%			1	4
Topview Corporation	Homewood						0	2
TRADE Industries	McLeansboro	68%	80%	98%		X	4	5
Transitions of Western Illinois	Quincy			89%	85%	X	3	5
TRI-CARE	Chicago						0	5
Trinity Services	New Lenox, Joliet	92%	98%	93%	94%	X	5	5
UCP Land of Lincoln	Springfield	79%	94%	95%		X	4	5
			88%					

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<i>Community Agency</i>	<i>Corporate Location and/or Locations Visited</i>	<i>FY12</i>	<i>FY13</i>	<i>FY14</i>	<i>FY15</i>	<i>FY16</i>	<i># BQM Surveys</i>	<i>#Years in Program FY12- FY16</i>
UCP Seguin of Greater Chicago	Cicero, Berwyn			98%	99%	X	3	3
Universal Living Care	Dolton						0	1
Villa House	Herrin		75%				1	5
Village Inn of Cobden	Anna		83%				1	5
Wabash Area Vocational Enterprises	Mt. Carmel			93%		X	2	5
Warren Achievement Center	Monmouth						0	5
Washington County Vocational Workshop	Venedy					X	1	5
West Side MR Children's Aid	Chicago	97%					1	2
William M. BeDell Achievement and Resource Center	Wood River	97%	89%		95%	X	4	5
Willowglen Academy of Illinois	Freeport	100%	95%			X	3	5

Source: OAG compiled from DHS information.

**APPENDIX H**  
**AGENCY RESPONSES**

Letterhead from Illinois Department of Human Services  
100 South Grand Avenue, East, Springfield, Illinois 62762  
401 South Clinton Street, Chicago, Illinois 60607

May 30, 2018

Mr. Mike Maziarz  
Illinois Office of the Auditor General  
740 East Ash St.  
Springfield, IL 62703

Dear Mr. Maziarz,

Attached, please find the Department's official responses to the findings identified during the OAG Performance Audit of the oversight of the Community Integrated Living Arrangements (CILA) program at the Department of Human Services.

If you have any questions or concerns, you may reach me at [Amy.DeWeese@Illinois.gov](mailto:Amy.DeWeese@Illinois.gov), (217) 558-6931 or (217) 720-9370.

Sincerely,  
Amy De Weese, CPA  
Chief Internal Auditor

**Finding Name:**

Failure to Develop State Plan for CILAs

**Cause:**

An official from the Division of Developmental Disabilities (DDD) told auditors that DHS has never completed the State distribution for CILAs. The Statute has been flagged for change during the next legislative session.

**Recommendation Number 1:**

DHS should comply with State law and develop a State Plan for the distribution of CILA services throughout the State of Illinois.

**DHS Response**

The Department disagrees with the recommendation. The Department believes that CILA services are distributed throughout the State in a manner that reflects the wants and needs of individuals receiving services.

To the effect the initial “State Plan” was to allocate CILA sites within each DMHDD region, once CILA became part of the Medicaid Waiver program, federal guidelines on individual choice were required to be followed. Once Medicaid Waiver coverage began, CILA capacities are awarded to individuals, not providers. Individuals choose where they will live; the Division does not make that choice.

Since the time of passage of the CILA Act, many other types of community options have been developed for the population served by the Division. The 2014 Centers for Medicare and Medicaid Services Rule governing Medicaid Waiver programs applies to the Home-Based Services (HBS) program, as well as other waiver programs such as CILA and Developmental Training. This Rule outlines the expectations that all recipients of Waiver funded services participate to the fullest extent possible in planning their services and experience the community to the same degree as all others in their community, regardless of disability.

HBS should also be taken into consideration in determining compliance with community integration. The statistics provided by the OAG only take into consideration 24 hour shift staff provider agency CILA, and not other forms of community integrated programs. Out of the ten counties listed by OAG as not having CILA, nine of those counties are home to individuals receiving Adult HBS. These include:

- Brown - 2
- Edwards – 2
- Ford – 3
- Green – 13
- Hancock – 22
- Mercer – 1



Pike – 15  
Putnam – 4  
Scott – 3

Only Henderson County is bereft of any community integrated programs funded by the Division. An Excel spreadsheet that lists the number of HBS settings by County was provided to the auditor, to detail a comparison to OAG’s listing.

It should also be noted that in the current climate, families and individuals are choosing HBS over the traditional CILA when offered Waiver services. Following the most recent selection from our Priority of Urgency of Need for Services (PUNS) Database, 72% of individuals selected HBS while 22% selected traditional CILA (the remaining 6% chose day program only). When possible, individuals and their families choose to remain in the family home and utilize their funding to purchase an array of community day services in addition to other needed services.

Section 10(a) required the Department to promulgate guidelines as rules pursuant to the Illinois Administrative Procedure Act. Section 115.310 of 59 Ill. Adm. Code is captioned “Geographic location of community-integrated living arrangements.” Sub-paragraph (a) states that:

“CILA sites shall be located to enable individuals to participate in and be integrated into their community and neighborhood. Homes shall be typical of homes in the community and residential neighborhood and their inclusion should not appreciably alter the characteristics of the neighborhood.”

Sub-paragraph (b) states that:

“CILA sites shall be located to promote integration of individuals with mental disabilities within the range of communities throughout the State, and to avoid concentrating individuals in CILAs in a neighborhood or community.”

The OAG analyzed the current distribution of CILAs by county, and decided that the Division is out of compliance because ten counties within the State do not have CILA settings licensed by the Bureau of Accreditation, Licensure and Certification. Neither the statute nor the Administrative Rule specifies that this distribution throughout the state equate to CILAs in every county.

***Auditor Comment #1:***

***DHS responds that the OAG analyzed current CILA distributions and decided DHS was out of compliance because ten counties had no CILA settings. DHS is incorrect. Auditors did use DHS’ own data to illustrate where CILAs were located within counties around the State of Illinois. The CILA Act requires DHS to adopt a State Plan for the distribution of CILAs around the State. Auditors concluded that DHS, by its own admission, had not developed a State Plan. This failure to develop a State Plan is what illustrates DHS non-compliance with the CILA Act.***

Section 10(a) of the CILA Act was passed in the 86th General Assembly (1989-1990). At the time of passage, CILA was not a part of the Medicaid Waiver programs, and there were no other funding options for non-institutional residential settings for individuals with developmental/intellectual disabilities. Throughout the early 1990s the Division, then a part of the Illinois Department of Mental Health and Developmental Disabilities (DMHDD) developed CILA allocations that ensure CILA capacities were awarded within each DMHDD region.

No Division staff members were in their current roles during that period of time. We can only assume that the allocation within each DMHDD region was the “State Plan”. In addition, the statutory language does not reference a written or published plan.

***Auditor Comment #2:***

***We find it interesting that DHS does not believe a State Plan needed to be in writing especially given that DHS now “can only assume that the allocation within each DMHDD region was the ‘State Plan.’” DHS reports that no Division staff members were in their current roles during the time the legislation requiring the Plan was enacted. Absence of institutional knowledge appears to be a good argument for the State Plan being in writing.***

**Finding Name:**

Inaccurate Licensing Information and Substantiated Abuse Allegations Reported to Public

**Cause:**

A BALC official reported that for several years, DDD has been publishing BALC information because BALC did not have an approved webpage master.

**Recommendation Number 2:**

DHS should take the steps necessary to ensure that information published on its public website relative to monitoring of the CILA program is complete and accurate. Additionally, DHS should comply with the Community Integrated Living Arrangements Licensure and Certification Act and adopt rules for the posting of information.

**DHS Response:**

The Department partially agrees with the recommendation. During the summer of 2016, the Department became aware of discrepancies in data reported on its website. After being questioned by a Chicago Tribune reporter as to why summary information on Abuse/Neglect/Exploitation reports posted by the Division of Developmental Disabilities conflicted with the detailed reports received by the Tribune, the Division discovered that an error had occurred in the transmission process. The Office of Inspector General sent a data file to the Division, and the Division failed to recognize that all the data was not captured.

This error was corrected by the Department several months before the Office of Auditor General began its audit, but the Department acknowledges that during the years covered by the audit, there had been a discrepancy.

Additionally, in November of 2016, the Office of the Secretary convened regular meetings that included management from Division of Developmental Disabilities, Office of Inspector General and Bureau of Accreditation, Licensure and Certification.

After learning of the dropped data, the Division took the following steps:

- All columns now have totals, so it will be easy to determine if data was dropped during transmission;
- OIG staff now review the DDD report before it is posted on the website. DDD provides only the “census numbers” and “provider names”. The bulk of the information comes from the OIG, and they can quickly verify the accuracy. After the OIG verifies the numbers, the updated reports are posted;
- In the event of a change in a provider’s licensing status such as a merger with another provider or change in the FEIN number, BALC will ensure timely notification to the OIG and DDD, so this can be reconciled when new quarterly numbers are ready for posting;
- All reports now have a disclaimer indicating there can be a small discrepancy due to the way the reports are created. There is also information detailing who to contact if there are questions regarding the report. DDD’s source data is derived from CILA billings and the OIG source data is obtained from complaints. In less than one percent of the cases there may be a mismatch;
- All new data files received from the OIG are maintained in separate folders, by quarter, by fiscal year to better ensure the same mistake will not be repeated;
- IDHS is working on a Quality Score Card which will encompass data from the OIG, BALC and DDD for providing detailed information by provider in a user-friendly format that will allow families and the public to be better informed about a particular provider;
- BALC, the OIG and DDD instituted formal quarterly meetings. In addition, representatives from BALC and DDD meet monthly to discuss any areas of concern or interest.

The BALC database manager will provide updated survey results quarterly to the Division of Developmental Disabilities personnel for posting on the DDD webpage. This practice began 2/20/2018 followed by an update on 4/25/2018. The BALC Process and Procedure Manual will be updated to include the process and frequency.

***Auditor Comment #3:***

***The DHS response references a problem with Inspector General information that was identified by the Chicago Tribune. That inaccurate information was published by the Division of Developmental Disabilities but the problem was corrected prior to the OAG starting this audit. Auditors identified inaccurately published licensing survey results to DHS on July 5, 2017. This predates the new BALC practice of February 20, 2018 by 230 days.***

**Finding Name:**

Survey Scoring Tool Inconsistencies

**Cause:**

A BALC official stated, “The forms predate me so I cannot answer why they were excluded. I can state that the move to revoke is not something that our Bureau takes lightly. The decision to revoke is made from review of the data (past and present), discussion with the bureau’s surveyors and administration and the Office of Clinical Administrative and Program Supports administrator before the decision to revoke is made. ”

**Recommendation Number 3:**

DHS should take actions necessary to make survey scoring documents consistent with criteria provided by the Administrative Rules.

**DHS Response:**

The Department disagrees with the recommendation. While the Bureau agrees that it can list level VI – revocation on the tool, it is a level that is not automatically issued at the surveyor level during the exit conference process of the survey. It is a level that can be earned by more than a low survey score. The Bureau’s review process is an appropriate step prior to revoking a license. The Bureau will list the Level 6 and its definition along with the other levels on the survey tool.

***Auditor Comment #4:***

***Auditors never reported that Level 6 revocation should be automatically issued. We simply point out the inconsistency of the licensing scoring instrument with the Administrative Rule.***

**Finding Name:**

Lack of OIG Reporting to Licensing

**Cause:**

An OIG official communicated to the Auditors on June 13, 2017, that there has been a change in the Rule since the news (Chicago Tribune) articles in early 2017. The official further stated that OIG used to forward all substantiated cases to BQM only. The official added that there is a new process which indicated that all substantiated cases should be forwarded to BQM and BALC.

**Recommendation Number 4:**

DHS should ensure that BALC, as the Bureau Charged with licensing CILA provider agencies, receives all OIG investigative reports and findings as they relate to the CILA program. BALC should determine the necessary follow-up to ensure CILA provider agencies are compliant with the Rule.

**DHS Response:**

The Department disagrees with the recommendation. Prior to 2017 the OIG, DDD and BALC attempted to improve communication. Since November of 2016 the Secretary's office convenes regular meetings among the OIG, DDD and BALC in order to review data across these three domains and ensure communication lines are open. In addition, the BALC receives intakes, non-reportable referrals (soon after the report is made to the OIG) and approved written responses from the DDD, since November 2016. BALC then utilizes the information for necessary follow up.

***Auditor Comment #5:***

***The DHS response references a new communication process after the audit period of FY12-FY16. Given that our sample of only 25 CILA provider licensing files at BALC found BALC was missing information on 54 percent of the OIG cases, and BALC only followed up on 3 percent of the cases it did have information on, we will follow up on this new process in a subsequent audit of DHS.***

**Finding Name:**

Renewal Applications and Annual Reviews

**Cause:**

Late submission of CILA provider agency renewal applications is due to an oversight on the part of the agency.

**Recommendation Number 5:**

DHS should ensure that all annual reviews are timely completed and require CILA provider agencies to timely submit annual renewal applications.

**DHS Response:**

The Department accepts the recommendation. BALC has been authorized to hire personnel for a position that was vacant. The position will be responsible for data review and entry. In addition, the position will also be responsible for corresponding with providers to ensure timely processing. BALC is working with DoIT in attempt to digitize the licensure and renewal processes. If the process is digitized, it will significantly decrease data entry and human error and is expected to also improve timeliness. The discussion on the feasibility of the process is in the beginning phases.

**Finding Name:**

Notice of Violation Deficiencies

**Cause:**

A BALC official stated that the reason why the Department did not require Notice of Violations (NOV) to be issued during surveys was because "At that time our protocol was that the agency needed to bring their rating back up to 90% compliance of showing as being in Good Standing with the department through the implementation of their Plan of Correction, which is what they had demonstrated during that audit review, causing no citation to be issued." In addition, the official reported, "Unfortunately, we have accepted repeated violations that were either exactly the same, and very often the same standard, different location or individual. We are attempting to rectify this leniency."

**Recommendation Number 6:**

- Ensure that all violations are issued to CILA providers when noncompliance with the CILA Rule is found;
- Take action against provider's license when there are multiple repeat violations; and
- Maintain a complete and accurate database that can be used during the survey process.

**DHS Response:**

The Department accepts the recommendation. Mid-year 2013, BALC began to conduct re-surveys of all violations noted. Once all violations are reviewed, the survey is rescored for the purposes of assuring the agency has reached a level that is in good standing with the Department only, a new NOV is issued if there are repeated violations, and there is a focus survey within 12 months. The bureau's administrator or designee will complete a QA review of a sample of providers' compliance survey results on a monthly basis. The bureau has posted the supervisor's positions in both Springfield and Chicago that will have the responsibility to complete the QA. There are temporary assignments in the positions at present.

**Finding Name:**

Lack of Documentation for Immediate Corrections and Plan of Correction Weaknesses

**Cause:**

A BALC official stated that she cannot state exactly why surveys were completed without following the BALC process. The official also stated that "BALC is to confirm that issues identified as needing immediate correction occurs, if possible."

**Recommendation Number 7:**

DHS should ensure that BALC surveyors document when conditions are found that require immediate correction and follow policy and not complete the survey until those corrections are made by the CILA providers. Additionally, DHS should develop reporting requirements for providers to submit to verify corrections are made when plans of correction are not required.

**DHS Response:**

The Department accepts the recommendation. BALC corrected this process in 2017. The surveyor now denotes a repeated violation on the Notice of Violation by an asterisk being placed next to the standard number. The Face Sheet of the Survey Results Form (Notice of Violations) has also been updated to inform the reader of the denotation. BALC will update its process and procedure manual and inform providers of the requirement to attest that corrections were made and will be reviewed through the agency's QA process. The document will become part of the provider's file maintained at the bureau. It will also inform providers that those corrections will be reviewed during the BALC onsite visit.

**Finding Name:**

Licensing Survey Process Results

**Cause:**

Oversight on the part of BALC caused certain required surveys not to be completed, required Plans of Corrections (POC) not to be submitted and BALC to not approve all POCs.

**Recommendation Number 8:**

DHS should follow its required licensure survey process and ensure:

- All surveys are timely completed;
- All plans of correction, when required, are timely submitted; and
- All plans of correction are approved.

Additionally, DHS should consider having BALC conduct additional reviews when CILA providers merge with other providers.

**DHS Response:**

The Department accepts the recommendation. BALC's licensing process is a paper process. The process lacked the personnel needed to meet all requirements, but worked diligently to carry the load throughout the years. The State Statute has mandated onsite visits and documenting of reviews every two years instead of every three years. BALC has begun to issue two year licenses. It will also place merging agencies on its list of possible reasons to have health and safety inspections conducted on a no-survey year.

**Finding Name:**

Failure to Adopt Rules for Initiation of License Review

**Cause:**

BALC officials were asked whether rules had been developed to address the requirement in the Act. An official confirmed that there is no rule for when to initiate the review.

**Recommendation Number 9:**

DHS should take steps necessary to ensure all areas responsible for CILA Program oversight share information with BALC. Additionally, DHS should adopt rules to establish the process for when it will determine to initiate a review of a CILA provider and the timeframe to initiate that review.

**DHS Response:**

The Department disagrees with the recommendation. Since November 2016, the IDHS Secretary has convened meetings with BALC, DDD and the OIG in order to ensure the sharing of information and to maintain open lines of communication. These meetings were scheduled every two weeks initially and one of the results was the Quality Scorecard.

BALC schedules its surveys according to expiration. Surveys can be and are conducted as a result of complaints. At minimum, a health and safety inspection is conducted as result of a complaint. Both may issue a notice of violation or higher sanction if warranted.

***Auditor Comment #6:***

***Based on its response, DHS apparently missed the point of the recommendation to comply with the CILA Act and develop rules on when to conduct licensing surveys when there are CILA providers with multiple violations or OIG allegations. We believe the CILA Act provides strong controls for DHS in oversight of the CILA Program with which DHS should consider complying.***

**Finding Name:**

License Revocation Issues

**Cause:**

A BALC official told us with respect to Joseph Rehabilitation Center "I do not remember if I was informed why the Department didn't move forward with the recommendation to revoke. None of the former, most senior level administrators are here for me to gain clarification."

**Recommendation Number 10:**

DHS should enforce the license revocation section of the CILA Rule and should document why DHS would enter into settlement agreements when conditions have been found that necessitate license revocation.

**DHS Response:**

The Department disagrees with the recommendation. At the time that BALC entered into the settlement, there was a different OCAPS Manager who was also the Acting Bureau Chief of BALC. The current chief was informed of the settlement, and was not a part of the process. The



bureau has since acted when necessary to ensure the health and safety of individuals including recommendation for revocation of a license.

**Auditor Comment #7:**

***Administrative Rule provides DHS the tools necessary to revoke a license when CILA providers take actions detrimental to the individuals they serve, such as failing to fix noted problems, providing false information to surveyors and refusing to participate in the survey process. DHS should document why it is not revoking a license when conditions exist that could support revocation.***

**Finding Name:**

CILA Oversight by Bureau of Quality Management

**Cause:**

A BQM official told auditors that the look back process was not set out in statute or rule. There is just a general agreement with DDD that we need to visit each provider.

**Recommendation Number 11:**

DHS should formalize the back reviews into policy, procedure, or rule. Additionally, DHS should ensure that BQM conducts CILA reviews of all providers in accordance with practice.

**DHS Response:**

The Department partially agrees with the recommendation. Other than the recommendation to formalize back reviews into policy, procedure or rule, DHS disagrees with this finding.

The Bureau of Quality Management (BQM) has provided the Office of the Auditor General with documentation supporting the disagreement. However, the OAG has made a decision to draw a different conclusion with which the Division disagrees.

The disagreement appears to stem from a division reorganization that took place in May 2016. Prior to that time, staff classified as Health Facilities Surveillance Nurses were employees of the Bureau of Quality Management. In May of 2016, the Health Facilities Surveillance Nurses were moved to the Bureau of Clinical Services in order to ensure they report to the Statewide Nursing Coordinator, rather than a non-nursing professional. The OAG has not included review visits that were made by the Health Facilities Surveillance Nurses even though they were housed in BQM. The nurses are the only DDD staff who can conduct medication administration reviews, but they were, and continue to be, utilized for quality reviews of providers.

By considering the nursing reviewers as part of BQM, which they were for all but two months of the audit period, only one of the providers in the OAG sample was overlooked for a visit which accounts for 2% of the sample.

Also, there is currently no rule or formal direction that requires BQM to make visits every three years. This was a practice that was recommended by a former bureau chief at a time when BQM's workload was less intense.

**Auditor Comment #8:**

***DHS is inaccurate with respect to the disagreement with auditors being the division reorganization that took place in May 2016. Auditors provided DHS exceptions to the practice of BQM conducting a CILA review every three years. DHS believes that the medication reviews conducted by the nurses were the equivalent of a CILA review that BQM conducts. We do not agree. The medication and CILA reviews are of different issues and scopes and have different review instruments. Additionally, while the BQM reviews of CILA resulted in percentage compliance scores, the medication reviews did not. The importance of the BQM 3-year CILA review is due to the low percentage chance of small CILA providers being included in the Medicaid waiver sample which BQM conducts.***

**Finding Name:**

Lack of Shared Information between BQM and BALC

**Cause:**

A BALC official said that the bureau "may receive a complaint from the Division [of Developmental Disabilities] regarding major concerns they found at a home/site...It is not routine, that BALC receives the reports."

**Recommendation Number 12:**

DHS should take the steps necessary to ensure that BQM shares its CILA oversight with BALC.

**DHS Response:**

The Department disagrees with the recommendation. At the direction of the DHS Secretary, in November 2016, DDD, BALC and the OIG began meeting to ensure that data were shared and lines of communication were open. In addition, BALC, DDD and BQM began meeting monthly in early 2017. These meetings are on-going. BALC and BQM regularly exchange information regarding providers.

Monthly BALC and BQM meetings have been in place for approximately one year. The Bureaus share information regarding issues with providers and other pertinent operational information.

**Auditor Comment #9:**

*It appears that while DHS disagrees with the recommendation it has taken action to address concerns noted during the audit period. Additionally, we would point out that on March 1, 2018, a BALC official, as stated in the report, responding to an auditor question stated the Bureau “may receive a complaint from the Division [of Developmental Disabilities] regarding major concerns they found at a home/site....It is not routine, that BALC receives reports.”*

**Finding Name:**

Protection of Individual’s Personal Funds

**Cause:**

Client funds are not audited because it appears that no entity within DHS has oversight responsibility for the area.

**Recommendation Number 13:**

DHS should incorporate testing of individual's personal funds maintained by CILA providers during monitoring activities. Additionally, DHS should ensure that BALC has access to all pertinent Department reviews when conducting licensing reviews.

**DHS Response:**

The Department accepts the recommendation. BALC is updating its compliance survey tools to incorporate a test for provider policies and practices for issuing and managing recipient’s personal funds. BALC will report violations to the OIG according to the Rule 50 A/N/E mandate.

**Finding Name:**

Tier Reporting

**Cause:**

An official from SODC Operations reported that "State Operated Developmental Centers (SODC's) have been required to submit the number of individuals on each Transition Tier to SODC Operations for publication on the IDHS OneNet."

**Recommendation Number 14:**

DHS should take the steps necessary to be able to verify the SODC individuals that comprise the Tier Reporting system.

**DHS Response:**

The Department disagrees with the recommendation. The OAG states that “absent the identifying information, it calls into question the validity of the reported figures.” At the time these numbers were being reported on the OneNet, they were considered to be fluid numbers and stand-alone from one period to the next. Therefore, it was not deemed necessary to maintain detailed background on the individuals within each of the Transition Tiers. Only the number of individuals in each of the tiers was tracked. The information was posted on the OneNet, and replaced with new information when updated. This information was not saved and could not be recreated for the Auditors.

Even though an individual may be classified as being on a certain tier, it would not preclude inquiries regarding placement and/or notifying a guardian about and encouraging the guardian to visit a potential placement site. This may result in placement for an individual not on Tier 1. Therefore, whether a person was on Tier 1, Tier 2 or Tier 3 at any given time has no correlation to placement. Copies of these are not maintained. Each month’s information is deleted when the next month is available.

The Division believes it would be redundant to maintain data on the changes in tier reports. In addition, each center maintains detailed information on placement potential and activities within each individual’s file. To the best of our knowledge, the OAG did not request this information from the State Operated Developmental Centers (SODCs).

***Auditor Comment #10:***

***The DHS response is inaccurate. DHS states in its response that each center maintains detailed information on placement and questions whether auditors requested the names from the SODCs. Auditors originally requested the names from the Division of Developmental Disabilities (Chief of Staff) on September 21, 2017. On October 30, 2017, the official told auditors that she understood that auditors contacted SODC Operations for the names associated with the reports.***

***As stated in the report, in response to our request for names associated with the Tier reports, an official from SODC Operations (Associate Deputy Director) reported that “State Operated Developmental Centers (SODC’s) have been required to submit the number of individuals on each Transition Tier (I, II and III) to SODC Operations for publication on the IDHS One Net. Centers were not required to report the names of individuals on each Tier. Tier levels are fluid with individuals moving back and forth between tiers due to medical or behavioral issues. They may also move back and forth based on guardian consent and/or refusal to seek placement from a guardian. These lists had not been required to be retained and are no longer available. Therefore the SODC’s will not be able to comply with this request.”***

**Finding Name:**

Lack of Fiscal/Administrative Reviews Reported to Licensing

**Cause:**

An OCA official reported that administrative reviews conducted by OCA are not sent BALC.

**Recommendation Number 15:**

DHS should review the process for how OCA is directed to review CILA providers to determine whether there should be formal procedures for requested reviews. Additionally, DHS should ensure that OCA fiscal administrative review results are submitted to BALC.

**DHS Response:**

The Department agrees with the recommendation. The Office of Contract Administration (OCA) does provide the Division of Developmental Disabilities with copies of its fiscal administrative rules. These have been shared with division management staff for review. The Division agrees that it would be helpful for BALC to have access to this information, and is willing to cooperate with the OCA in whatever manner it wishes to share this information with BALC. In the meantime, the Division is forwarding these reports to BALC.

**Finding Name:**

Changes in CILA Procedures not Incorporated into Rule

**Cause:**

A DHS official said that changing the Administrative rule is an elongated and intensive process.

**Recommendation Number 16:**

DHS should revise its administrative rules for CILA to coincide with federal guidance.

**DHS Response:**

The Department partially agrees with the recommendation.

The Division agrees with the recommendation that “DHS should revise its administrative rules for CILA to coincide with federal guidance” but does not agree that the recommendation is applicable to the facts. As stated, the Centers for Medicare and Medicaid Services published new Home and Community Based Regulations that were to become effective March 17, 2014. These new guidelines related to conflict of interest free case management, person centered planning and settings. However, the Division disagrees that it was operating outside Federal guidelines until July 1, 2017. In the last sentence of the report related to this finding, the OAG notes “...operating the CILA program under rules inconsistent with federal regulations risks the certification of the State’s Medicaid waiver.” Rather, The Division was required to operate within/under its approved Home and Community Based Waiver until such time as the new language for the waiver was approved. Also, it should be noted that the effective date for the settings portion of this rule has now been extended to March 17, 2022.

A key element of conflict-free case management was the designation of the Independent Service Coordination (ISC) agencies as the entity responsible for preparing each individual’s service

plan. In anticipation of the changes required by the Centers for Medicare and Medicaid Services, the Division created the Life Choices Initiative. This Initiative consisted of several workgroups involving division staff, ISC agency staff, provider staff, advocates, stakeholders, and individuals and their families. A steering committee consisting of division executive management staff met on a regular basis to review recommendations of the workgroup and other issues related to the guidelines. The concept of Life Choices as an “initiative” eventually evolved into the way the Division operates.

The Division made a concerted effort to conduct training on person centered planning for all the ISC agency staff. With the assistance of the National Association of State Directors of Developmental Disabilities Services, through a grant from the Illinois Council on Developmental Disabilities, a professional trainer/facilitator assisted with this training. This training was piloted early in calendar year 2017 and then later rolled out statewide. Guidelines, frequently asked questions, sample forms, etc. were posted to the website and their existence was made known to the ISCs through various communication venues.

Illinois statute requires the Division to work with the DD Regulatory Advisory Board to make changes to its CILA Rule. While the Division is not required to seek approval of the Regulatory Advisory Board, it must seek its advice and explain in writing to the Board when that advice is not followed. Under the leadership of the former Associate Director of the Division, this Advisory Board’s work proceeded thoroughly but slowly. Every section of the rule required scrutiny. The draft red-lined version of the rule consists of 120 pages. Because the rule had not yet been approved by JCAR, the Division and the Bureau of Accreditation, Licensure and Certification agreed on how it would interpret the CILA Rule requirements on providers and ISCs as a result of the July 1, 2017 change to a conflict-free case management system. This information was provided to ISCs and to providers.

***Auditor Comment #11:***

***DHS does not believe the recommendation is applicable to the facts. The facts, as stated in the audit report, are that the Centers for Medicare and Medicaid Services published Home and Community-Based Regulations on January 16, 2014. These regulations became effective March 17, 2014. DHS made changes to CILA Program operations effective July 1, 2017, without a corresponding change to the Administrative Code. As of the date of the DHS responses to this audit, May 30, 2018, it has still not made revisions to its Rules. Regarding ISCs being aware of the changes in July 2017, not every ISC believed it was fully informed.***

**Finding Name:**

Recovery of CILA Funds.

**Cause:**

A DHS official reported that "One of the requirements of the waiver is that providers assist people to get needed health care services."

**Recommendation Number 17:**

DHS should not pay for services that are not provided to CILA clients by CILA providers. Additionally, DHS should consider implementing a formal process for recovery of CILA funds not spent in accordance with the CILA Program.

**DHS Response:**

The Department partially agrees with the recommendation. The Division agrees that any time funding is not used for the proper purpose, it should be recovered. However, Division staff met with the auditor on more than one occasion to explain the CILA Rate Methodology. The auditor made assumptions about service provisions that were not necessarily accurate. For example, while a BALC survey might note a bathroom floor tile is in need of replacement, it does not mean that the CILA is providing inadequate services to the individuals in its care. The Division contends that unless BALC suspends a CILA agency's license, the Department is required to continue to make payments. The Division does agree that it should work with BALC and others within the Illinois Department of Human Services to develop a structure for ensuring providers utilize funding for purposes intended.

***Auditor Comment #12:***

***DHS oversimplified the issue with its response of a single bathroom floor tile. Auditors did not make assumptions about the BALC surveys. The BALC survey results speak for themselves with respect to whether conditions were appropriate for individuals living in the CILAs. This report, in Chapter Two, details severe environmental deficiencies in the CILA licensing reviews which questions whether the CILA providers, which were being compensated for maintenance and housekeeping as part of its rate, provided all the services which were included in the rate. As stated in this finding, while a DDD official reported that it does recover funds, the official could not produce documentation to show from whom and how much was recovered.***

**Finding Name:**

Transition follow-up: Independent Service Coordinators

**Cause:**

The memo from the Director of DDD indicated that the routine, mandated quarterly visit documentation will continue to be subject to review by the Division's Bureau of Quality Management (BQM).

**Recommendation Number 18:**

DHS should review exceptions noted by auditors and take the steps necessary to ensure that Independent Service Coordinators (ISCs) conduct all required visits to those that transition from an SODC to a CILA. Additionally, in its review, DHS should determine whether ISCs were

billed for any follow up visits for which there is no supporting documentation and seek reimbursement for any cases that were paid yet lacked proper support.

**DHS Response:**

The Department accepts the recommendation. The Division will review the exceptions noted by the auditors and determine whether ISCs were billed for any follow-up visits that do not have proper supporting documentation. If so determined, the Division will take steps to seek reimbursement.

The Division is in the process of developing a Notice of Funding Opportunity for Independent Service Coordinator services for Fiscal Year 2020. Documentation of required visits will be a performance measure of successful applicants.

**Finding Name:**

Transition Follow-up: Bureau of Transitional Services

**Cause:**

A DHS official said that the role and responsibilities of the Bureau of Transitional Services (BTS) staff change over time and that the paperwork that BTS created was not required to be saved or scanned.

**Recommendation Number 19:**

DHS should take the necessary steps to ensure that all required follow-up visits are conducted and documented by staff.

**DHS Response:**

The Department partially agrees with the recommendation.

At various times during the audit period, responsibility for follow-up on SODC transitions was assigned to central office or to the individual state operated facilities. The protocol may not always have been clear. Also, during the time frame of the audit, there were periods of time in which there was no state budget and travel was limited for the BTS central office staff.

In 2017, certain BTS staff whose responsibility is transitions from state operated developmental centers, were reassigned to report to SODC Operations management staff. This change in assignment allowed the SODCs and the BTS staff to work more closely together. SODC Operations has developed protocol for transitions and follow-up. A transition monitoring form has been standardized and is available on the Departments OneNet. All SODC staff began monitoring as indicated in the transition policy effective November 9, 2017.



**Finding Name:**

Transition Follow-up: Community Resource Associates

**Cause**

A DHS official reported that CRA had deliverables and budgets under the contracts that CRA had to accomplish. The official assumed the monitors at the time checked those. At a meeting with DHS on April 24, 2017, DHS was unable to provide any criteria for monitoring the CRA contracts. Failure by DHS to maintain documentation of its oversight of State contracts undermines its ability to demonstrate that the State received all the services for which it paid

**Recommendation Number 20:**

DHS should take the steps necessary to maintain all documentation to support contractor efforts in conducting transition follow-up visits when those contractors are utilized in the CILA program.

**DHS Response:**

DHS agrees that all documentation for any contractual obligations should be maintained, including contractor efforts in conducting transition follow-up visits when those contractors are utilized in the CILA program.

**Finding Name:**

Transition Consent for CILA

**Cause:**

A DHS official reported that, "Consents are often signed prior to a referral or contact with a provider. There is not a restriction on the timeframe. Within a State Operated Developmental Center system, most of these consents are redone on an annual basis." The Official added, "A consent to a particular placement could happen after the fact if the guardian was not available to sign the consent and a verbal was obtained at the time (with the written consent following the availability of a guardian). This could also happen in the event of a crisis or emergency where a community placement has to take place immediately."

**Recommendation Number 21:**

DHS should ensure that Independent Service Coordinators (ISCs) have copies of consent forms to participate in CILA. Additionally, DHS should consider determining and documenting what a timely consent should be and ensure that consents are updated to that timely requirement prior to transition from a SODC to a CILA.

**DHS Response:**

The Department partially agrees with the recommendation.

For individuals residing in state operated developmental centers (SODC), the planning for community placement is part of each individual's service plan. The plan can vary depending on the individual's interests and abilities. Ideally, discharge planning should begin the day of SODC admission.

The Mental Health and Developmental Disabilities Confidentiality Act allows the Department to exchange information, without guardian consent, with community agencies and other healthcare providers licensed, certified or receiving payments from it, but only for purposes admission, treatment, planning, coordinating care, discharge or governmentally mandated public health planning (740 ILCS 110/9.2). Although the Department will obtain consent when possible, the exchange of information with potential community providers can occur without written consent. Consent is required for the actual discharge from a SODC to a community placement, but it would not be out of the ordinary for the consent form to be signed on the date of the transition. This would not be evidence that there was a lack of a thought-out transition process and should not lead to that conclusion.

When a consent is signed after the actual transition to a CILA, the reason could be delay in getting the written paperwork from the guardian. There are circumstances where an opening occurs in a desired placement, and the transition must occur quickly or the opening will be offered to someone else. The auditor's recommendation does not reference what record, if any, of a guardian's verbal consent was found.

With respect to the auditor's conclusions on timeliness of consents, the Department would maintain that the 19 consents signed well in advance of actual transition and 9 consents signed the same day as transition are not considered untimely. For the nine consents signed after the actual transition to CILA, the auditors note a range of 18 days to 739 days after transition. Without knowledge of the details behind each of these after the fact consents, the Division would consider 18 days to be acceptable, but 739 days to be unacceptable. The Department's position is that at least 76% of the consents were timely, with the actual number probably being somewhat higher.

In order to achieve a higher percentage of timely consents, the transition coordinators and other clinical employees at the SODCs will be in-serviced on the steps for obtaining a consent and ensuring appropriate documentation for discharge.

**Finding Name:**

Transition Participation in Integrated Service Plan Development

**Cause:**

A DHS official informed the Auditors that, "Once services were initiated, a guardian signature is required on the ISP each year. The ISP would list the setting (CILA) along with other services

that are to be provided. Evidence of the approval would be with individual providers and ISCs.” In addition, a DHS official reported that BQM reviews include a review of the guardian approval as part of their waiver sample each year.

**Recommendation Number 22:**

DHS should ensure that either an individual that transitions from an SODC to a CILA setting, or the individual's guardian, participate in the development of every integrated service.

**DHS Response:**

The Department disagrees with the recommendation.

The Department has no information that would cause it to disagree that 27% of the Individual Service Plans reviewed by the auditors lacked indication of individual or guardian involvement, but does not consider this to be an issue. The auditors state that they relied on records of the Independent Service Coordination (ISC) agencies in order to determine whether individuals and/or their guardians provided input to the integrated service plans (ISP). It appears the basis for these determinations was whether the copy of the plan on file with the ISC contained the signatures of the individual/guardian.

The ISCs may not have had a file copy of an ISP with guardian/individual signatures because until July 1, 2017, the ISCs did not develop the person’s ISP. During the entirety of the audit period, the provider was responsible for developing the ISP and holding the meeting. The fact that an individual or guardian failed to attend the ISP is not an indication that the plan was developed without any of their input.

Lack of individual/guardian signatures on ISPs is a performance measure for the Division’s waiver unit and is also something reviewed by the Bureau of Quality Management (BQM). As noted in the auditor’s statement of underlying cause, BQM’s review includes a sample of 400 adults, and this deficiency has been found in each year of the sample.

Within the SODCs, guardians and individuals are included in the transition process including but not limited to participation in the development of the individual service plan. SODC management notes that guardians/individuals will choose to not attend the review but indicate that the meeting should be held. The case manager obtains feedback from the individual and guardian prior to and following the review if they do not attend.

State Operated Developmental Centers always attempt to include the individual’s guardian as a full participant in the development of their ward’s plan. However, in some cases, guardians participate by phone or by mail rather than in person. Also, some guardians do not immediately return forms or consents. The SODCs make every effort to obtain necessary documentation, and where it is not forthcoming, this is noted in the individual’s file.

Effective July 1, 2017 the preparation of the individual’s annual plan became the responsibility of the ISC. This changeover is the result of the Centers for Medicare and Medicaid Services regulations on conflict-free case management. Also effective July 1, 2017 the Division implemented a new person-centered planning process for community-based Medicaid Waiver

services. Discovery is the first component of Person Centered Planning and is designed to gather information about a person's preferences, interests, abilities, preferred environments, activities and supports needed. The ISC agencies are responsible for facilitating the Discovery process and documenting what they gather in the Discovery Tool. The Discovery process is not a one-time event, but a series of information gathering activities. ISCs will gather information through discussions (face to face, phone, and electronic), observations, and record reviews (evaluations, assessments, case notes). The process should begin with the individual and then include the guardian, advocate or family and others chosen by the individual. It must also include the current provider. The information gathered during this process is used to develop the Personal Plan which summarizes key and critical areas of the person's life.

The ISC is responsible for developing the personal plan. The Personal Plan will be considered complete when the individual and guardian approve the services, identified outcomes and supporting information in the plan. If the individual is unable or unwilling to sign the Personal Plan, the ISC must document the reason why and the date the ISC reviewed the Plan with the individual. The Division has established guidelines for the ISCs in the event the guardian is unable to sign the Plan, unwilling to approve and sign the Plan or is unresponsive to requests for approval and signature. These guidelines are published on the Department's website and have been disseminated statewide during the six months of training provided to the ISCs on their new role.

BQM will continue to review these plans to ensure compliance with this requirement. It should also be noted that SODC is not a waiver setting. Therefore, BQM would not be reviewing ISPs for individuals in SODC settings.

***Auditor Comment #13:***

***DHS responds that a lack of individual/guardian participation in the development of the individual services plan "is not an issue." This position is troubling given that the CILA Rule requires such participation. DHS also states that ISCs may not have copies of the individual service plans in its files. This position is also troubling in that part of the responsibility of ISC oversight in the CILA Program is to review whether individuals receive services at the CILA sites.***

**Finding Name:**

Decision to Contract with CRA

**Cause**

The DHS Agency Procurement Officer stated that given auditors were not able to obtain documentation of the threat of decertification and that none was provided with the PBC, the rationale on the PBC about decertification was not accurate.

**Recommendation Number 23:**

DHS should ensure that staff accurately portrays the need for procurements that are presented in the Procurement Business Cases. Additionally, DHS should only contract with vendors using valid procurement strategies.

### **DHS Response**

DHS agrees that the need for procurements that are presented in the Procurement Business Cases should be portrayed accurately, and that only valid procurement strategies should be used to contract with vendors.

DHS disagrees with the Office of Auditor General’s contention that there was no risk of decertification at the Jacksonville Developmental Center (JDC). During the course of the audit, DHS provided copies of emails that referenced potential decertification efforts at JDC. At the time of the exit conference, DHS provided OAG a copy of a July 1, 2010 letter from the Centers for Medicare and Medicaid Services to the then-administrator of the Jacksonville Developmental Center. This letter referenced non-compliance with various provisions of the National Fire Protection Association during surveys in 2008 and 2009. Reference was made to requests for waivers as part of the proposed plans of correction. These requests for waivers were denied. On June 3, 2010 another Life Safety survey was conducted that identified 67 deficiencies, an increase from the 63 Life Safety deficiencies identified the previous year. The Division was told that failure to take action to correct these deficiencies would result in the initiation of the process to terminate participation in the Medicaid program as an ICF/MR. DHS believes that three consecutive years of failing Life Safety Code surveys at JDC justifies a decision to close that facility.

Then-Governor Quinn announced the closure of Murray Center in early 2012. DHS is unaware of the criteria used to make this decision but there were no decertification efforts regarding Murray.

***Auditor Comment #14:***

***The finding relates to the decision to contract with CRA. DHS’ response makes this an issue relative to the ability to close an SODC. We do not take issue with the ability to close an SODC. We do take issue with DHS using as a rationale for contracting with CRA the “threat” of decertification of the Jacksonville Developmental Center (JDC). As stated in the finding, DHS did provide correspondence with concerns about JDC but no document that decertification was being implemented. These documents were two years prior to contracting with CRA.***

**Finding Name:**

Need for CRA Services

**Cause**

On June 13, 2017, we requested documentation to support the closure of specific SODCs. DHS never provided any documentation.

**Recommendation Number 24:**

DHS should only contract with vendors for which there is a demonstrated need for the services. Also, DHS should maintain the necessary documentation to show how State funds should be expended.

**DHS Response**

DHS disagrees that no documentation was provided to support the closure of a specific developmental center. During the audit period, DHS provided OAG documentation related to Jacksonville Center’s inability to pass two consecutive Life Safety surveys. In May 2018, DHS found a copy of a letter from Illinois Department of Public Health informing them of a potential decertification following a third failed Life Safety survey. We believe this is adequate evidence to show that there was potential for an SODC to close. Later, in early 2012, Governor Quinn announced the planned closure of Murray Center. The decision to close any state facility is a difficult one to make, and many factors must be taken into consideration. DHS is unaware of the criteria used to make that decision, but there were no decertification efforts regarding Murray.

The Auditor General is correct in its statement that DHS did not make the decision to contract with CRA. DHS does have various documentation of CRA activities, but much of it was provided upon request of staff in the Governor’s Office who were primarily responsible for managing CRA’s activities. What documentation the Department has, however, appears to be incomplete and not necessarily tied to contract deliverables.

***Auditor Comment #15:***

***DHS’ response is inaccurate. The finding does not relate to the JDC closure. The finding relates to the last two contracts that DHS signed with CRA which required DHS to identify what SODCs were set for closure. DHS was not able to provide auditors with any such decision documentation. Regardless of whether the Governor’s Office was involved, DHS had the contractual responsibility to maintain such documentation. DHS then paid CRA \$3.9 million for services. When spending taxpayer funds on a contractor we would believe that DHS should have documentation to show the need for those expenditures.***

**Finding Name:**

DHS Oversight of CRA

**Cause**

DHS did not make the decision to contract with CRA. That decision was made by the Governor’s Office at the time due to the closing of the Jacksonville Developmental Center. Two individuals from the Governor’s Office were the decision-makers that came to DHS with CRA.

**Recommendation Number 25:**

DHS should take the steps necessary to maintain complete documentation to ensure that State funds are protected and contractors provide the deliverables detailed in contractual agreements.

**DHS Response**

DHS agrees it is necessary to maintain complete documentation to ensure State funds are protected and contractors provide the deliverables detailed in contractual agreements. DHS will review the exceptions noted, evaluate our documentation and initiate collection proceedings if warranted.

**Finding Name:**

CRA Additional Funds

**Cause**

CRA was conducting activities at other SODCs which were not part of the contract for services to assist in the closure of JDC. According to a CRA official, “the additional funds were needed for activities both post transition follow-up and for individuals who transitioned out of Jacksonville and for pretransition activities for Murray Center, including planning time with DHS and related entities.” However, auditors note that transition follow-up activities were already in the contract and if activities for Murray Developmental Center were directed, these activities were not memorialized in the contract

**Recommendation Number 26:**

DHS should document the need for contractual amendments, including the additional services to be performed and associated rates.

**DHS Response**

DHS agrees the need for contractual amendments should be documented. DHS will review the exceptions noted, evaluate our documentation and initiate collection proceedings if warranted.