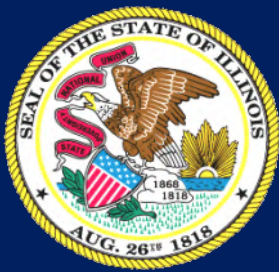


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State of Illinois  
Office of the Auditor General

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Performance Audit of the  
**Department of Human Services’  
Oversight and Monitoring of the  
Community Integrated  
Living Arrangement Program**

August 28, 2024

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**Frank J. Mautino**  
*Auditor General*

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OFFICE OF THE AUDITOR GENERAL  
FRANK J. MAUTINO

*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 Community Integrated Living Arrangement program.

The audit was conducted pursuant to Legislative Audit Commission Resolution Number 164. 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 Sections 3-14 and 3-15 of the Illinois State Auditing Act.

**SIGNED ORIGINAL ON FILE**

FRANK J. MAUTINO  
Auditor General

Springfield, Illinois  
August 2024





## Performance Audit of the Community Integrated Living Arrangement Program

### Background:

Legislative Audit Commission Resolution Number 164, adopted March 14, 2023, directed the Auditor General to conduct a performance audit of the Department of Human Services' (DHS) oversight and monitoring of the Community Integrated Living Arrangement (CILA) program. CILAs are living arrangements certified by a community mental health or developmental services agency where eight or fewer recipients with mental illness or recipients with a developmental disability reside under the supervision of the agency.

DHS, through its Bureau of Accreditation, Licensing, and Certification (BALC), is responsible for the licensing of CILA providers. Other DHS areas join BALC in monitoring and oversight of the CILA program.

There were 235 CILA providers specializing in care for individuals with developmental disabilities in operation as of July 13, 2023. For the period FY21-FY23, the State expended more than \$2.2 billion on CILAs.

### Key Findings:

#### CILA Licensing Process

- In accordance with the CILA rule, DHS conducts licensing surveys of CILA programs. During the COVID-19 pandemic, DHS implemented a temporary self-assessment process for licensing. However, DHS failed to ensure that all CILA providers followed protocols relative to **self-assessments**. **Thirty-six percent of our sample population had no self-assessment** during the period beginning July 2020 through May 2021, a period determined by DHS. **The average number of days between BALC surveys for those CILA providers without self-assessments was 889 days**. Additionally, BALC officials also failed to conduct all of its monitoring activities during the self-assessment period by not completing all required interviews of residents, guardians, and CILA staff.
- DHS failed to conduct BALC licensing surveys in a thorough, accurate, and timely manner. We found instances of BALC **not following established criteria** in the review of CILA providers for determining whether a license should be renewed.
- DHS serves a Notice of Violation (NOV) when deficiencies are noted during a survey. We noted several issues with the use of NOV forms:
  - DHS failed to report violations identified in self-assessments and BALC reviews on a NOV form. In the case of one self-assessment, **DHS did not issue an NOV despite a provider self-reporting nine violations**. Sixteen out of forty-seven NOVs in our sample had violations noted during full and focus surveys that were **not included on the NOV**.
  - Additionally, violations reported on NOVs **were not entered into the DHS's NOV database**. Seven out of sixteen self-assessments received an NOV with violations and had some or all violations missing from the NOV database. Additionally, 14 of 47 BALC surveys had some or all violations from the NOV not entered into the NOV database.

- CILA providers are required to report suspected instances of abuse or neglect against individuals to the DHS Office of the Inspector General (OIG). However, DHS failed to ensure that BALC surveyors reviewed whether the timeliness of CILA providers reporting of OIG incidents complied with reporting requirements. We found **34 instances**, at five providers, where evidence **showed noncompliant reporting yet the scoring did not parallel the late reporting**.
- DHS allowed a CILA provider to remain serving residents on a continued license even though its original license had been **expired for nearly 900 days**. While **DHS had no documentation in its file** for the provider and the providers dispute with the Office of the State Fire Marshal, **DHS issued three continuations** for the CILA license.

## DHS Monitoring of the CILA Program

- A DHS CILA monitoring unit has **operated for five fiscal years under a draft policy and procedure manual**. Additionally, a DHS licensing unit had a policy and procedure manual that **had conflicting requirements** related to survey requirements.
- DHS failed to enforce admissions restrictions on CILA providers that were on probation based on unacceptable licensing survey scores. The failure led to five individuals from our sample being **admitted to providers that failed to achieve minimally acceptable scores** from BALC officials.
- DHS failed to **assign division monitors** to oversee corrective actions by CILA providers with the worst licensing survey scores. This failure is a violation of administrative rule.
- DHS **failed to sanction a CILA provider that repeatedly refused to cooperate with OIG investigations** of allegations against the provider. Our examination of OIG investigative reports found **22 instances** where the provider violated State law or rule by not cooperating with OIG investigations. DHS **could not provide any documentation** to show it took any actions against the provider for a failure to cooperate.
- DHS failed to **consistently apply** CILA rules to all providers that failed to correct noted deficiencies. While some providers had CILA licenses revoked, **others were allowed to continue in the program** despite not correcting deficiencies. Additionally, for providers allowed to remain in the program, DHS **did not have documentation** to support plans of correction for the uncorrected deficiencies.

## Emergency Call Notifications

- Public Act 101-0075 required facilities licensed under the CILA Act to notify DHS when emergency calls are made from the facility. The Public Act also required DHS to adopt rules to implement the new requirement. However, DHS failed to follow State statute and develop administrative rules for emergency notifications made from CILA locations. While DHS did revise the CILA Rule **1,246 days after the effective date of the emergency notification requirement**, that revision **failed to contain a definition of “emergency call” or any penalties for non-compliance**.
- DHS developed the Critical Incident Reporting Analysis System (CIRAS) to capture electronic reports from providers and Independent Service Coordinators (ISCs) for critical incidents involving individuals with developmental disabilities. However, DHS failed to hold CILA providers that were not compliant with CIRAS reporting requirements accountable. Over the period FY20-FY23, **41 percent of CIRAS incident reports were not made within the required two working day requirement**. Failure to enforce the reporting requirements resulted in one CILA provider taking **563 days, on average, to report FY20 incidents**.
- DHS failed to enforce its own procedures relative to **CILA providers maintaining the requisite number of reporters** for the CIRAS system.
- All CIRAS submissions require either a next day follow up or a 10-day follow up. However, DHS failed to take steps necessary to ensure ISCs conducted follow up activities as required by Department procedure. This resulted in 76 percent of the **next day follow up** to cases either not being conducted or not conducted timely. Additionally, **10,617 cases that required 10-day follow up were not conducted** by the ISC. For the 10-day follow up, 28 percent of the cases were not initially followed up timely. Finally, DHS **could not provide sufficient documentation to support its own compliance** with the procedures for following up with ISCs.
- DHS has implemented a process for reporting critical incidents that **results in under-reporting**. DHS requirements for abuse, neglect, and exploitation require reporters to send those allegations to OIG. However, when OIG is unable to substantiate the allegations, the information is not included in the reporting of critical incidents in the CIRAS database. CILA providers and ISCs have **reporting understandings that differ** from the DHS reporting criteria.

## Key Recommendations:

The audit report contains 15 recommendations directed to DHS:

- DHS should ensure that BALC consistently applies licensing protocols, such as self-assessments, even during times of unprecedented events, such as COVID-19, to all CILA providers.
- DHS should ensure BALC surveys are conducted in a thorough, accurate, and timely manner.

- DHS should ensure all violations noted during a BALC licensing survey are included in the Notice of Violation (NOV) and the NOV database.
- DHS should ensure that its surveyors comply with agency guidance and review OIG reports for timely reporting before starting a licensing survey. Additionally, if DHS does not consider BALC surveyors to be responsible for checking CILA provider compliance with OIG reporting timeliness, DHS should seek changes to the CILA Rule and its own Compliance Checklist.
- DHS should revise its licensing policies and procedures to include an acceptable number of license continuations. Additionally, DHS should define what a “short-term extension” means in relation to licensing. Finally, when a CILA provider does not present acceptable Office of the State Fire Marshal documentation during a licensing survey, DHS should enforce penalties that include admissions holds on the provider.
- DHS should finalize, formalize, and approve the Bureau of Quality Management policy and procedure manual so that monitoring of CILA providers is consistent. Additionally, DHS should make corrections needed in the BALC policy and procedure manual so that staff conducting licensing surveys have correct and approved procedures to guide actions.
- DHS should take steps necessary to comply with rules and ensure that admissions are not made to a CILA provider that is on probation.
- DHS should comply with administrative rule and assign a monitor to oversee corrective actions for CILA providers that are on a restricted license.
- DHS should develop a reporting mechanism where instances of noncooperation by CILA providers are reported to the Division of Developmental Disabilities. Additionally, when providers violate State law and administrative rule by failing to cooperate with the OIG, DHS should impose appropriate sanctions on the provider as allowed for in the Department of Human Services Act (20 ILCS 1305/1-17(p)(iv)).
- DHS should develop criteria for CILA providers relative to circumstances of license revocation. Additionally, DHS should consistently apply those criteria to all CILA providers.
- DHS should comply with the CILA Act and develop administrative rules for emergency notifications that clearly define what an emergency call is and the penalties to providers for failure to comply.
- DHS should develop sanctions for CILA providers that are non-compliant with CIRAS reporting requirements. If DHS believes it already has appropriate sanctions available, it should enforce those sanctions.
- DHS should ensure that CILA providers maintain the correct number of designated reporters and should develop a procedure that includes sanctions if a CILA provider does not maintain the correct number of designated reporters.
- DHS should ensure that ISCs comply with the requirements in the CIRAS Manual for follow up to critical incidents. Also, DHS should document its own compliance with the CIRAS Manual relative to next day contacts for applicable incidents.
- DHS should consider revising the reporting requirements in the CIRAS Manual to allow allegations reported to OIG, if they include elements that relate to critical incident reporting, to be also reported to CIRAS. If DHS chooses not to revise the requirements, then DHS should clarify the current reporting requirements for CILA providers and ISCs so that they are compliant with policy.

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





## Report Digest

On March 14, 2023, the Legislative Audit Commission (LAC) adopted Resolution Number 164 directing the Auditor General to conduct a program audit of the Department of Human Services’ (DHS) oversight and monitoring of the Community Integrated Living Arrangement (CILA) program. The Resolution contained several issues to examine. Our assessment of these issues is shown in Digest Exhibit 1. (page 1)

Digest Exhibit 1 <b>ASSESSMENT OF AUDIT DETERMINATIONS</b>	
<b>Audit Determinations</b>	<b>Auditor Assessment</b>
<i>An examination of the process for licensing developmental services agencies and certifying CILAs for persons with developmental disabilities;</i>	<ul style="list-style-type: none"> <li>• Auditors found the licensing process of provider agencies by DHS had significant deficiencies. (pages 7-31)</li> </ul>
<i>An examination of whether oversight and monitoring of licensed CILA providers complies with statutory and regulatory requirements, including site visits and inspections of records and premises.</i>	<ul style="list-style-type: none"> <li>• Auditors found monitoring by DHS of the CILA program lacked updated policies, consistent application of policies, and a CILA provider that repeatedly refused to cooperate with Office of the Inspector General investigations. (pages 32-46)</li> </ul>
<i>An examination of whether the DHS notification process for emergency calls complies with applicable laws, rules, and procedures.</i>	<ul style="list-style-type: none"> <li>• Auditors found DHS had not complied with State law in promulgating rules for emergency calls made from CILA locations. Additionally, DHS failed to hold providers accountable when the providers did not report critical incidents to DHS. Finally, the DHS system for reporting critical incidents results in under-reporting. (pages 47-66)</li> </ul>

Source: OAG assessment of the audit determinations contained in LAC Resolution Number 164.

### Background

CILAs are living arrangements certified by a community mental health or developmental services agency where eight or fewer recipients with mental illness or recipients with a developmental disability reside under the supervision of the agency. The Community Integrated Living Arrangements Licensure and Certification Act (210 ILCS 135), also known as the CILA Act, governs CILAs. The purpose of the CILA Act “*is to promote the operation of community-integrated living arrangements for the supervision of persons with mental illness and persons with a developmental disability by licensing community health or developmental services agencies to provide an array of community-integrated living arrangements for such individuals.*” (pages 1-2)

### Developmental Disabilities CILAs

According to Bureau of Accreditation, Licensure, and Certification (BALC) information, there were **235 CILA providers specializing in care for individuals with developmental disabilities (DD)** in operation as of July 13,

2023. The **number of residents served** in the DD CILA program has remained relatively stable for the period FY21-FY23. The adjacent text box provides end of year counts for CILA residents for FY21-FY23. (page 2)

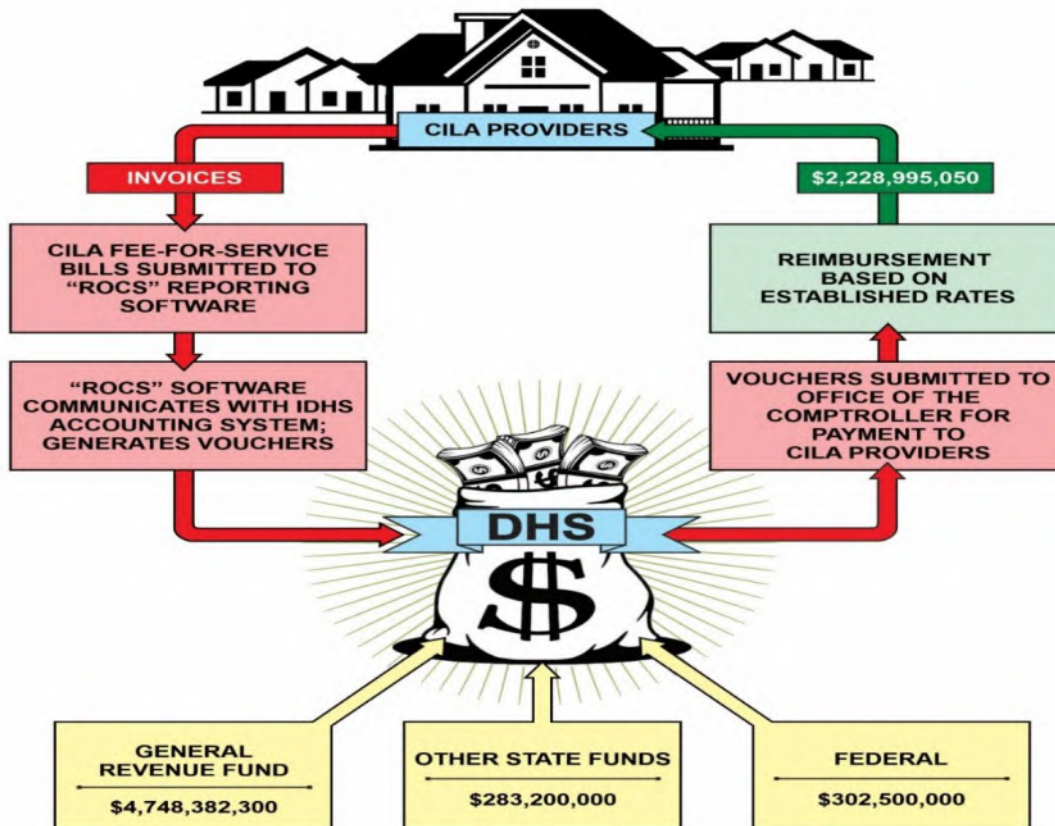
DD CILA Residents	
FY21	– 11,277
FY22	– 11,132
FY23	– 11,006

**Funding for the CILA Program**

CILAs are funded from a handful of appropriations, both State and federal. **The appropriations fund other services on top of CILAs.** For the period FY21-FY23, **the State expended over \$2.2 billion on CILAs.**

CILA funding is considered a fee-for-service and is typically **billed on a monthly basis.** While each CILA resident has an **individually determined CILA rate based on their assessed needs,** each of those **rates fund a portion of the operating cost of a CILA.** Digest Exhibit 2 provides information showing the flow of funds for the CILA program. (pages 3-5)

Digest Exhibit 2  
**FLOW OF FUNDING FOR COMMUNITY-BASED SERVICES INCLUDING CILAS**  
 FY21-FY23



Note: DHS does not have appropriated funding specifically for the CILA program. The DHS appropriation language is for all community-based services provided to individuals with intellectual and developmental disabilities.

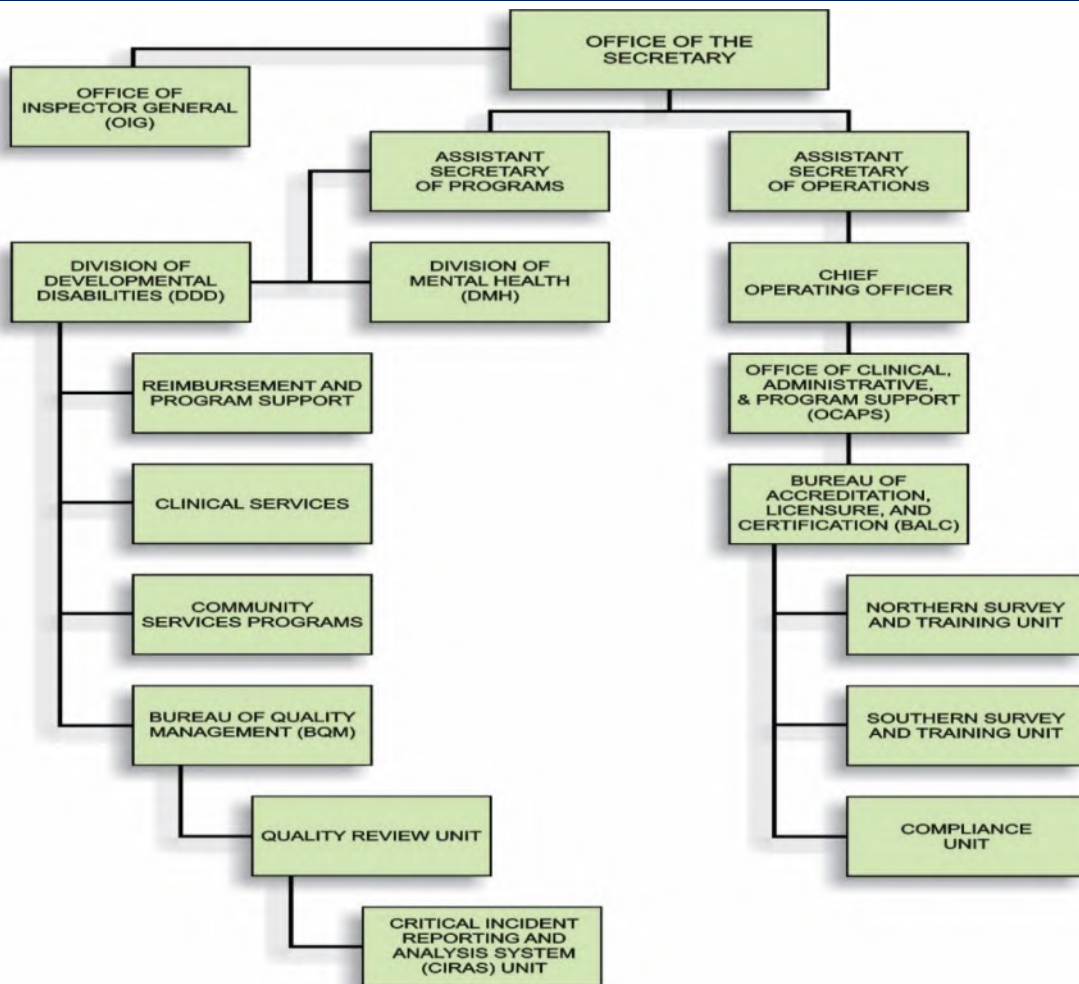
Source: OAG developed from DHS information.

## Department of Human Services

The CILA Act (210 ILCS 135) provides that DHS is the entity charged with the licensure of providers for the CILA program. DHS is responsible for a wide variety of human service programs. The adjacent text box details the DHS Mission Statement. Digest Exhibit 3 provides an organizational chart for the DHS areas associated with CILAs. The major units involved with the CILA program are BALC, the Division of Developmental Disabilities (DDD), the Bureau of Quality Management (BQM), and the Office of the Inspector General (OIG). (pages 5-6)

**DHS Mission Statement**  
*To provide equitable access to human/social services, support, programs, and resources to enhance the lives of all who are served by DHS.*

Digest Exhibit 3  
**DHS ORGANIZATIONAL UNITS INVOLVED WITH CILA**  
 FY21-FY23



Source: OAG developed from DHS information.

## CILA Licensing Process

BALC has the responsibility to ensure that community agencies conform to established standards that indicate their appropriateness to be included as partners in achieving the DHS mission. The CILA Act (210 ILCS 135/4(b)) requires that **the licensure system be administered by a unit within DHS, which shall be administratively independent of units responsible for funding agencies.** (page 7)

### Inconsistent Self-Assessments

During the COVID-19 pandemic, DHS published, on July 22, 2020, a memorandum titled Temporary Self-Assessment Process and New Site Inspection Process. The memo notified providers of the plan to accommodate licensing based on the COVID-19 challenges. The memo stated, *“The self-assessment process is being utilized as a method for compliance with rule and to ensure health and safety of the individuals we all serve.”*

DHS failed to ensure that all CILA providers followed protocols relative to self-assessments. Thirty-six percent of our sample population **had no self-assessment during the period beginning July 2020 through May 2021, a period determined by DHS. The average number of days between BALC surveys for those CILA providers without self-assessments was 889 days.**

Additionally, BALC officials also failed to conduct all of its monitoring activities during the self-assessment period by not completing all required interviews of residents, guardians, and CILA staff.

Digest Exhibit 4 provides a time analysis for the 25 providers in our sample in relation to the self-assessments. Our analysis found:

- 36 percent (9 of 25) of our licensing sample **had no self-assessment conducted** on its operations;
- 78 percent (7 of 9) of the providers with no self-assessment **did have a BALC licensing survey prior to and after** the self-assessment period;
- **891 days was the average time between BALC licensing surveys for the seven providers;** and
- 22 percent (2 of 9) of the providers without a self-assessment also **did not have** a BALC licensing survey prior to the self-assessment period. (pages 9-12)

Digest Exhibit 4  
**SELF-ASSESSMENT TIME ANALYSIS**  
 Audit Sample Testing of 25 CILA Providers

Provider	Previous Full Review Date	Self-Assessment Date	Next Full Review Date	Days Between Full Reviews
Abundant Possibilities	N/A	N/A	09/20/22	N/A
Arrowleaf	10/22/18	09/08/20	05/17/21	938
Avancer Homes	09/12/18	N/A	01/11/21	852
Broadstep Academy-IL	05/31/18	07/14/20	05/10/21	1,075
Brownstone Services	10/10/19	N/A	01/25/21	473
Caring Hands of Illinois	11/20/19	09/08/20	11/22/21	733
Compassionate Living Home	N/A	07/20/20	01/05/22	N/A
Divine Center	12/04/18	N/A	08/15/22	1,350
Family Association Plus	10/30/19	08/10/20	02/22/22	846
Harmony House CILA	01/15/20	N/A	05/18/22	854
Heroes of the Game	N/A	N/A	05/23/22	N/A
Homes of Hope	03/14/19	N/A	07/06/21	845
Joseph Rehabilitation Center	03/28/17	08/10/20	11/08/21	1,686
Kwanza Suites Corporation	01/04/18	06/29/20	04/12/21	1,194
Liberty Enterprises	01/14/20	N/A	05/09/22	846
Lutheran Social Services of Illinois	11/13/18	08/24/20	04/04/22	1,238
Millennium Gardens	08/29/18	07/07/20	04/26/21	971
Patterson House	01/06/20	N/A	10/17/22	1,015
Pinnacle Opportunities	10/18/18	09/09/20	12/16/21	1,155
Random Acts of Kindness	04/10/19	07/20/20	07/19/21	831
Royal Living Center	07/27/18	08/24/20	08/08/22	1,473
Shore Community Services	03/16/17	07/20/20	08/09/21	1,607
Trilogy	12/27/17	09/08/20	02/22/22	1,518
Universal Homes	10/07/19	08/10/20	05/02/22	938
Victory Homes	08/07/19	08/03/20	07/11/22	1,069

Note: The BALC files for Abundant Possibilities and Compassionate Living Home contained no prior full survey on the Pre-Survey Checklists. The BALC file for Heroes of the Game contained no Pre-Survey Checklist nor evidence of a prior full survey.

Note: An agency in good standing should be seen within 730 days (every 2 years).

Source: OAG developed from BALC licensing.

**Licensing Deficiencies**

DHS failed to conduct BALC licensing surveys in a thorough, accurate, and timely manner. We found instances of BALC **not following established criteria** in the review of CILA providers for determining whether a license should be renewed.

DHS’ BALC licensing files showed that not all follow-up surveys or focus reviews were completed in a timely manner prior to required deadlines. There were **34 full licensing surveys conducted** for the 25 providers in our sample. Thirty-five percent (12 of 34) of the surveys **were conducted late**. Three examples of the late follow-up surveys include:

- Patterson House had a full survey in January 2020. The next full survey should have been conducted 2 years later, but instead it was conducted **about 9 months late** in October 2022.
- Avancer had a full survey in September 2018. The next full survey should have been conducted 2 years later, but instead it was not conducted until January 2021. There also was not a self-assessment on file for Avancer.
- Homes of Hope had a full survey in March 2019. The next full survey should have been conducted 2 years later, but instead it was conducted **about 4 months late**.

**BALC licensing files did not contain the required documentation for BALC full surveys and focus reviews.** Auditors found that some documents were incomplete while others were complete, but appeared to be duplicated.

Out of the 34 full surveys, auditors found that some BALC documents **appeared to be duplicated or contain duplication** across surveyor assessments and therefore evaded survey standards.

For example, in one full survey of Broadstep Academy-IL, two surveyors conducted staff interviews. One BALC surveyor interviewed five people at two different locations **all with the same responses and the same typo in the response to the same question.** The other BALC surveyor interviewed six people at two locations with all the same responses excluding individuals and medication taken.

Auditors found **several errors in DHS’ Compliance Checklist scoring** used for the CILA level licensing determination on the 34 **full surveys.**

Twenty-four full survey compliance checklists (71%) **were not scored correctly.** Examples of mistakes in scoring include:

- criteria deemed “N/A” when “N/A” **was not an option** for the criteria;
- criteria compliance determined to be unacceptable but then assigned points as if the criteria was “N/A”; and
- points awarded on the Compliance Checklist **did not match the final calculations** on the Compilation Scoresheet.

Fifty-nine percent (20 of 34) of the compliance percentage calculations calculated by auditors were different from the compliance percentage calculated by DHS with three of these **resulting in a different CILA licensing level.** (pages 13-21)

### **Notice of Violation Deficiencies**

DHS failed to report violations identified in self-assessments and BALC reviews on a Notice of Violations (NOVs) form. In the case of one self-assessment, **DHS did not issue an NOV despite a provider self-reporting nine violations.** Sixteen out of forty-seven NOVs in our sample had violations noted during full and focus surveys that were **not included on the NOV.** Additionally, violations reported on NOVs **were not entered into the DHS NOV database.** Seven out of

sixteen self-assessments received an NOV with violations and had some or all violations missing from the NOV database. Additionally, in our sample, 14 of 47 BALC surveys had some or all violations from the NOV not entered into the NOV database. (pages 21-25)

### **BALC Review of OIG Reporting Timeliness**

DHS failed to ensure that BALC surveyors reviewed whether the timeliness of CILA providers reporting of the Office of the Inspector General (OIG) incidents complied with reporting requirements. We found **34 instances**, at five providers, where evidence **showed noncompliant reporting, yet the scoring did not parallel the late reporting.**

BALC utilizes a CILA licensing survey instrument titled Compliance Checklist to test provider compliance with the CILA Rule. One section of the CILA Rule (59 Ill. Adm. Code 115.320(g)(3)) relates to “unusual incidents” and contains a requirement for CILA providers to “*ensure that suspected instances of abuse or neglect against individuals in programs which are licensed by [DHS] are reported to the Office of the Inspector General.*” The checklist lists each standard and then provides the surveyor with a guideline to follow when evaluating the provider on the standard. For the section described above, the guideline for the surveyor states, “***Review any OIG reports before going to survey to check reporting time of within 4 hours after discovery of incident.***” [Emphasis added.]

We examined cases where the incident date for an OIG reported case **exceeded** the 4-hour reporting requirement for **completed cases** by the OIG for our discovery sample of providers. We found **34 cases** where the provider had not reported the incident to the OIG in accordance with statute and administrative rule.

For those non-compliant completed cases, we compared the start date for the BALC survey to the OIG date of final report and calculated the number of days that BALC licensing surveyors had to review cases before starting the licensing survey. The time BALC surveyors had to review the **closed OIG cases ranged from 13 to 437 days.**

The results of our analysis **question the scoring on the BALC licensing surveys.** Digest Exhibit 5 details the 34 cases from our analysis. For example:

- **Cases 1 and 2** in Digest Exhibit 5 are allegations against the same CILA provider. The incidents were reported to the OIG **19 and 2 days after** the incident occurred which is **outside the 4-hour requirement.** The date of the final OIG reports were April 6, 2021, and October 29, 2020. The BALC survey began July 19, 2021, in both cases. **BALC surveyors had 104 and 263 days to review those reports** prior to starting the survey. It does not appear they did that review because on the Compliance Checklist the surveyor said the standard was not applicable.
- **Cases 9 through 25** in Digest Exhibit 5 all relate to the same provider with a BALC survey commencing on August 22, 2022. **All 17 of the cases had noncompliant reporting** dates by the CILA provider to the OIG. BALC

surveyors again had ample time to review the reports, ranging from **14 to 437 days**. Yet the surveyors scored the provider as substantial compliance (2 out of 3 points) when 17 incidents were not timely reported.

- **Cases 26 through 34** in Digest Exhibit 5 are the same provider as the previous bullet point. **All nine cases were not reported timely** and even though BALC surveyors again had ample time to review the OIG reports, the surveyors **still listed the standard as not applicable**. (pages 25-28)

Digest Exhibit 5  
**TIMELY REPORTING ANALYSIS BY CILA PROVIDERS TO OIG**  
 Audit Sample Testing of 5 CILA Providers

Case #	Incident Date	Report Date to OIG	Date of Final OIG Report	Days Between Final OIG Report and Start of BALC Survey	Start Date of BALC Survey	Point Scores on BALC Survey
1	08/08/20	08/27/20	04/06/21	104	07/19/21	N/A
2	08/19/20	08/21/20	10/29/20	263	07/19/21	N/A
3	08/28/22	08/29/22	04/21/23	87	07/17/23	3/3
4	11/04/20	11/05/20	04/06/21	41	05/17/21	3/3
5	03/01/20	09/22/20	11/24/20	48	01/11/21	2/3
6	11/28/20	12/03/20	10/20/21	19	11/08/21	N/A
7	04/09/21	04/19/21	09/22/21	47	11/08/21	N/A
8	10/05/20	10/06/20	04/27/21	13	05/10/21	3/3
9	02/21/21	02/23/21	06/25/21	423	08/22/22	2/3
10	02/28/21	03/01/21	06/11/21	437	08/22/22	2/3
11	03/01/21	03/02/21	06/25/21	423	08/22/22	2/3
12	03/26/21	03/29/21	07/13/21	405	08/22/22	2/3
13	05/22/21	05/27/21	09/09/21	347	08/22/22	2/3
14	05/27/21	07/06/21	09/09/21	347	08/22/22	2/3
15	08/23/21	08/26/21	01/11/22	223	08/22/22	2/3
16	09/27/21	09/29/21	05/24/22	90	08/22/22	2/3
17	10/08/21	10/12/21	12/23/21	242	08/22/22	2/3
18	10/15/21	10/18/21	01/06/22	228	08/22/22	2/3
19	01/25/22	01/26/22	03/24/22	151	08/22/22	2/3
20	03/20/22	03/22/22	05/31/22	83	08/22/22	2/3
21	05/09/21	05/10/21	02/25/22	178	08/22/22	2/3
22	06/18/21	06/21/21	01/20/22	214	08/22/22	2/3
23	07/25/21	07/26/21	01/20/22	214	08/22/22	2/3
24	08/07/21	08/09/21	12/16/21	249	08/22/22	2/3
25	02/05/22	02/22/22	08/08/22	14	08/22/22	2/3
26	02/14/22	02/15/22	11/23/22	19	12/12/22	N/A
27	03/07/22	03/08/22	10/31/22	42	12/12/22	N/A
28	06/23/22	06/27/22	11/18/22	24	12/12/22	N/A
29	06/26/22	07/02/22	10/11/22	62	12/12/22	N/A
30	06/27/22	07/01/22	10/25/22	48	12/12/22	N/A
31	09/21/22	09/27/22	11/23/22	19	12/12/22	N/A
32	04/07/22	04/11/22	06/10/22	185	12/12/22	N/A
33	05/03/22	05/04/22	06/02/22	193	12/12/22	N/A
34	06/19/22	06/22/22	11/28/22	14	12/12/22	N/A

Source: OAG developed from DHS information.



### **CILA License Continuations**

DHS allowed a CILA provider to **remain serving residents on a continued license even though the provider’s original license had been expired for nearly 900 days**. Even though **DHS had no documentation in its file** for the provider and the providers dispute with the Office of the State Fire Marshal, **DHS issued three continuations** for the CILA license. (pages 28-31)

### **DHS Monitoring of the CILA Program**

The Division of Developmental Disabilities, the Bureau of Quality Management, and the Office of the Inspector General conduct the main monitoring of the CILA program, outside of the licensing process.

#### **Monitoring Policy and Procedure Manuals**

A DHS CILA monitoring unit has **operated for five fiscal years under a draft policy and procedure manual**. Additionally, a DHS licensing unit had a policy and procedure manual that had **conflicting requirements** related to survey requirements.

Updated and approved policy and procedure manuals are an effective internal control for organizations that monitor programs such as CILA. When policies and procedures are not in finalized approved form, employees may find themselves unclear of their roles and responsibilities, which may impact productivity and efficiency. This could also lead to the inconsistent treatment of providers. Additionally, lack of guidelines can lead to a lack of accountability. (pages 35-36)

#### **CILA Admissions During Probation Period**

DHS failed to enforce admissions restrictions on CILA providers that were on probation based on unacceptable licensing survey scores. The failure led to five individuals from our sample being **admitted to providers that failed to achieve minimally acceptable scores** from BALC officials.

Probation is a situation where compliance with minimally acceptable standards necessitates immediate corrective action to ensure that individuals’ life, safety, or quality of care are not in jeopardy. When a CILA provider receives a licensing survey score of a Level 4 or worse, the **provider is to be placed in a probationary period for a period limited to 90 days**. During the probationary period, the provider must make changes sufficient to bring the agency **back into good standing** with DHS.

DHS allowing CILA admissions to providers while they are on probation not only violates administrative rule but risks the individual being admitted receiving substandard care from a provider that did not achieve adequate licensing standard scores. (pages 36-38)

### **CILA Corrective Action Monitors**

DHS failed to **assign division monitors** to oversee corrective actions by CILA providers with the worst licensing survey scores. This failure is a violation of administrative rule.

When a CILA provider, during the licensing survey process, receives a score equivalent to a Level 5, it must take corrective action to come back into good standing within 60 days of the exit conference for the licensing survey. During that period, **DDD is required to assign** a monitor to oversee the progress of the CILA provider in taking the corrective actions.

Auditors reviewed all surveys as part of licensing testing. In our sample of 25 CILA providers, there were 34 instances of full surveys conducted by BALC. **Fifteen percent (5 of 34) of the full surveys resulted in Level 5 scoring and the need for a monitor.** The five providers were:

- Broadstep Academy-IL;
- Family Association Plus;
- Random Acts of Kindness;
- Joseph Rehabilitation Center; and
- Kwanza Suites Corporation.

Only two of the five providers were assigned a monitor as required by administrative rule. (pages 38-39)

### **Lack of Cooperation with OIG Investigations by CILA Provider**

DHS **failed to sanction a CILA provider that repeatedly refused to cooperate with OIG investigations** of allegations against the provider. Our examination of OIG investigative reports found **22 instances** where the provider violated State law or rule by not cooperating with OIG investigations. DHS could **not provide any documentation** to show it took any actions against the provider for a failure to cooperate.

During the audit, we selected five CILA providers for discovery testing. One of those was Broadstep Academy-IL (Broadstep), a provider that **received over \$23.6 million** for CILA services for the period FY21-FY23.

We requested and received OIG cases for the five providers for the period July 1, 2020, to June 30, 2023. We examined the OIG case files for the providers and found that Broadstep **appears to have violated both State law and State rule** in the investigations of the cases. Digest Exhibit 6 details the **22 instances of noncooperation by the provider.** (pages 40-43)

Digest Exhibit 6  
**NONCOOPERATION WITH OIG INVESTIGATIONS**  
 Broadstep Academy-IL

**Criteria: Agencies must provide OIG with all written statements and any documents in a timely manner.**

OIG Case #	Date Case Reported to OIG	Documentation Issues Noted by OIG
1222-0448	05/27/22	Failed to provide Case Notes and Nursing Notes to assist OIG with its investigation.
1222-0460	06/02/22	Failed to provide Case Notes, General Events Reports, or Behavior Logs to assist OIG with its investigation.
1222-0475	06/10/22	Failed to provide Case Notes and Nursing Notes to assist OIG with its investigation.
1222-0487	06/16/22	Failed to provide Case Notes, Nursing Notes, and Dentist Orders to assist OIG with its investigation.
1223-0013	07/08/22	Failed to provide Case Notes, Nursing Notes, General Events Reports, or Training Records to assist OIG with its investigation.
1223-0014	07/08/22	Failed to provide Case Notes, Nursing Notes, and Shower Logs to assist OIG with its investigation.
1223-0097	08/30/22	Failed to provide Case Notes, Nursing Notes, or General Events Reports to assist OIG with its investigation.
1023-0125	09/27/22	Failed to provide any Repositioning documents that were required to be logged to assist OIG with its investigation.
1222-0358	04/11/22	Failed to provide Staff Schedule, Case Notes, and Nursing Notes to assist OIG with its investigation.
1222-0441	05/24/22	Failed to provide Staff Schedule to assist OIG with its investigation.
1222-0450	05/26/22	Failed to provide Case Notes and General Events Reports to assist OIG with its investigation.

**Criteria: Agencies are required to report allegations to OIG within 4 hours.**

OIG Case #	Date Case Reported to OIG	Incident Date	OIG Recommendation
1222-0498	06/22/22	06/19/22	Broadstep Academy address DSP late reporting of allegation.
1223-0222	11/16/22	11/11/22	Broadstep Academy address DSP late reporting of allegation.
1022-0246	03/22/22	03/21/22	Broadstep Academy address DSP late reporting of allegation.
1021-0185	03/01/21	02/28/21	Broadstep Academy address DSP late reporting of allegation.
1021-0206	03/29/21	03/26/21	Broadstep Academy address DSP late reporting of allegation.

**Criteria: Agencies required to provide information, including relevant documents and photographs.**

OIG Case #	Date Case Reported to OIG	Information Deficiencies Noted by OIG
1022-0354	06/27/22	Broadstep failed to provide photographs or a medical assessment.
1023-0001	07/02/22	Broadstep failed to provide photographs or a medical assessment.
1023-0019	07/16/22	Broadstep failed to have statements taken for the investigation.
1021-0214	04/02/21	Broadstep failed to provide photographs and photographic logs.

**Criteria: Cooperation with OIG Investigation.**

OIG Case #	Date Case Reported to OIG	Deficiencies Noted by OIG
1023-0002	07/04/22	Broadstep failed to fully cooperate with OIG investigation by refusing to answer questions.
1023-0123	9/27/22	Broadstep failed to fully cooperate with OIG investigation by refusing to answer questions.

Note: DSP means Direct Service Provider

Source: OAG developed from OIG information.

### Inconsistent License Revocation

DHS failed to **consistently apply** CILA rules to all providers that failed to correct noted deficiencies. While some providers had CILA licenses revoked, **others were allowed to continue in the program** despite not correcting deficiencies. Additionally, for providers allowed to remain in the program, DHS **did not have documentation** to support plans of correction for the uncorrected deficiencies.

During our licensing testing, we found two CILA providers with issues surrounding a **failure to correct deficiencies**. The facts, from DHS documentation, are provided below:

- Family Association Plus: **Received nearly \$1.3 million between FY21-FY23 for one agency controlled site with a capacity of seven residents**
  - On March 4, 2022, received notice from BALC of **47 instances of violating the CILA Rule**;
  - All violations in the Notice of Violations were addressed in the provider’s plan of correction, which was **to be implemented by April 4, 2022**;
  - On March 23, 2022, BALC found the POC acceptable and **approved the plan**;
  - On June 1, 2022, in a focus review follow-up, BALC found **40 percent (19 of 47) of the violations had not been corrected**;
  - The BALC file for this provider **did not contain a POC** for the focus review violations even though one **was required** with a submission deadline of July 1, 2022;
  - Our license testing exceptions, **which noted the lack of a POC**, went to DHS on March 20, 2024;
  - DHS responded to our BALC Reviews exceptions on May 6, 2024;
  - DHS **did not dispute** the lack of a POC exception;
  - **On October 19, 2022, DHS informed Family Association Plus that its license had been renewed through February 28, 2024.**
- Caring Hands CILA of Illinois: **Received nearly \$1.3 million between FY21-FY23 for one agency controlled site with a capacity of seven residents**
  - On November 29, 2021, received notice from BALC of **35 instances of violating the CILA Rule**;
  - Thirty-seven percent (13 of 35) of the violations **were not addressed in the provider’s POC**, which was **to be implemented in January 2022**;
  - On January 18, 2022, BALC found the POC acceptable and **approved the plan even though it did not address all of the CILA Rule violations**;
  - On March 10, 2022, in a focus review follow-up, BALC found **20 repeat findings indicating violations had not been corrected**;

- The BALC file for this provider **did not contain a POC** for the focus review violations even though one **was required** with a submission deadline of April 11, 2022;
- Our license testing exceptions, **which noted the lack of a POC**, went to DHS on March 20, 2024;
- DHS responded to our BALC Reviews exceptions on May 6, 2024;
- DHS **did not dispute** the lack of a POC exception;
- **On October 20, 2022, DHS informed Caring Hands CILA of Illinois that its license had been renewed through November 30, 2023.**

When DHS does not consistently apply sanctions to CILA providers, it **questions the equality of the monitoring efforts** for the CILA program. Additionally, when CILA providers acquire large numbers of CILA Rule violations and do not take the steps to address and fix the violations it **calls into question the care the residents of those CILAs receive.** (pages 43-46)

### Emergency Call Notifications

Public Act 101-0075 added the following requirement to the CILA Act (210 ILCS 135/13.2):

*“Any facility licensed under this Act shall notify [DHS] when emergency calls are made from the facility.” “[DHS] shall adopt any rules necessary to implement this Section, including, but not limited to, reporting procedures and protocols and penalties for failing to report.” [Emphasis added.] (page 47)*

### Failure to Develop Emergency Call Administrative Rules

DHS failed to follow State statute and develop administrative rules for emergency notifications made from CILA locations.

The amendment to the CILA Act was passed July 12, 2019, and was effective January 1, 2020. DHS updated the administrative rules relative to CILAs with an effective date of May 31, 2023. **It took DHS 1,246 days since the effective date of the emergency notification requirement to update its rule, and the rule did not include the definition of an “emergency call” nor were penalties for non-compliance detailed.**

DHS’ failure to develop administrative rules related to emergency notifications is a violation of State statute and could lead to inconsistent reporting. Additionally, the lack of penalties for non-compliance of reporting by CILA providers only **increases the possibility that cases are not reported and individuals may remain in or be placed in a harmful environment.** (pages 47-49)

### CIRAS Report Timeliness

DHS failed to hold CILA providers that were not compliant with the Critical Incident Reporting Analysis System (CIRAS) reporting requirements accountable. Over the period FY20-FY23, **41 percent of CIRAS incident reports were not**

**made within the required two working day requirement.** Failure to enforce the reporting requirements resulted in one CILA provider taking **563 days, on average, to report FY20 incidents.**

DDD developed CIRAS to capture electronic reports from providers and Independent Service Coordinators (ISCs) for **critical incidents** involving individuals with developmental disabilities in the State’s Medicaid Waiver program. DHS uses the CIRAS system as the monitoring source for the emergency notification requirements in the CILA Act (210 ILCS 135/13.2). Definitions of the 11 types of critical incidents are provided in the CIRAS Manual. Auditors note that **none of the definitions developed by DHS defines “emergency calls.”**

We analyzed the data and found **38,494 total incidents reported to CIRAS** during FY20-FY23. The total CIRAS reports increased each year during the reporting period. Digest Exhibit 7 breaks down the reports by fiscal year and whether the report was timely or untimely.

Digest Exhibit 7  
**NUMBER OF TIMELY AND UNTIMELY CIRAS INCIDENTS REPORTED**  
 FY20-FY23

FY	Unable to Determine <sup>1</sup>	Timely	Untimely	Total
FY20	2	3,934	3,327	7,263
FY21	1	4,526	3,468	7,995
FY22	0	7,130	4,271	11,401
FY23	2	7,172	4,661	11,835
Total	5	22,762	15,727	38,494

Note: <sup>1</sup> Data entry error in CIRAS database, report date occurred prior to incident date.

Source: OAG developed from DHS CIRAS database.

We compared the report date to the incident date to determine **whether the provider was timely** based on compliance with the CIRAS Manuals two working day requirement. We found:

- 59 percent of the incidents were reported timely to CIRAS, and
- 41 percent of the incidents were not reported timely.

We analyzed how long it took providers to actually report incidents into CIRAS. For providers that were untimely based on criteria in the CIRAS Manual, 26 percent (10,162 of 38,494) of the reports were made from 3 to 7 days after the incident. For **87 incident reports, the provider took over one year to report the incidents to CIRAS.** Digest Exhibit 8 provides a **breakdown by period** for the untimely reporting.

Digest Exhibit 8  
**TIMELINESS REPORTING OF CIRAS INCIDENTS**  
 FY20-FY23

Time	# Incident Reports	Percentage of Incident Reports
Within 2 days (timely)	22,762	59.13%
3-7 days	10,162	26.40%
8-30 days	3,935	10.22%
31-60 days	806	2.09%
61-180 days	625	1.62%
181-365 days	112	0.29%
Over One Year	87	0.23%
Unable to Determine <sup>1</sup>	5	0.01%
Total	38,494	100.00%

Note: <sup>1</sup> Data entry error in CIRAS database, report date occurred prior to incident date.

Source: OAG developed from DHS CIRAS database.

Some of the providers in our license-testing sample had difficulties complying with the two working day requirement. We found:

- Lutheran Social Services of Illinois (LSSI) reported 20 incidents applicable in FY20. **It took the provider, on average, 563 days to report the incidents.** In FY21, LSSI averaged 410 days to report the 46 incidents applicable to FY21.
- Shore Community Services reported four incidents applicable to FY22. However, **it took Shore Community Services an average of 142 days to make the reports.**

We asked DHS if it has ever penalized a CILA provider for failing to report emergency calls. On December 7, 2023, DHS reported, **“DDD has not penalized a CILA provider for failure to report emergency calls.”** [Emphasis added.]

Our review of BQM waiver reviews for CILA provider Broadstep Academy-IL found 27 instances where BQM discovered that the provider did not comply with CIRAS reporting requirements. In 2 instances, the BQM reviewer **instructed the provider to enter the incident in CIRAS.** In 14 instances, the BQM reviewer, on the applicable review form, **instructed the provider that, “Going forward, begin entering any incident that meets CIRAS reporting requirements.”** [Emphasis added]

Failure to report incidents to CIRAS in a timely manner is a violation of DHS policy. Further, non-compliance with reporting requirements can affect the safety and health of individuals entrusted with care in the CILA homes. (pages 49-54)

**Emergency Notification Designated Reporter Deficiencies**

DHS failed to enforce its own procedures relative to **CILA providers maintaining the requisite number of reporters** for the CIRAS system.

The CIRAS Manual states, *“At a minimum, two (2) designated agency reporters must be registered for CIRAS per agency to assure staff are always available for timely reporting of incidents.”*

Our analysis of the designated reporter compliance with the CIRAS manual found a number of issues. The analysis is summarized in Digest Exhibit 9. We found:

- 43 percent (10 of 23) of the CILA providers in our sample testing **never designated a 2<sup>nd</sup> CIRAS reporter**, according to DHS provided documentation;
- Broadstep Academy-IL had no designated reporters as of January 1, 2020; **it took Broadstep 1,253 and 1,254 days to designate reporters** after the effective date of the emergency notification requirements of the CILA Act; and
- Brownstone Services also had no designated reporters as of January 1, 2020; **it took Brownstone 953 and 1,107 days to designate reporters** after the effective date of the emergency notification requirements of the CILA Act. (pages 54-57)

Digest Exhibit 9  
**CIRAS REQUIRED NUMBER OF DESIGNATED REPORTERS**  
 Audit Testing Sample of 25 CILA Providers

Provider	# Reporters by 1/1/20	# days after 1/1/20		FY21-FY23 CILA Payments
		Named 1st Reporter	Named 2nd Reporter	
Arrowleaf	2	N/A	N/A	\$5,547,015
Avancer Homes	1	N/A	665	\$16,584,534
Broadstep Academy-IL	0	1,253	1,254	\$23,638,148
Joseph Rehabilitation Center	1	N/A	NONE	\$4,900,319
Random Acts of Kindness	2	N/A	N/A	\$2,860,736
Shore Community Services	2	N/A	N/A	\$3,912,662
Caring Hands CILA of Illinois	1	N/A	NONE	\$1,168,464
Family Association Plus	0	597	597	\$1,282,334
Lutheran Social Services of Illinois	0	815	815	\$10,008,858
Royal Living Center	2	N/A	N/A	\$7,834,810
Kwanza Suites Corporation	1	N/A	NONE	\$449,646
Divine Center	1	N/A	NONE	\$1,096,557
Patterson House	2	N/A	N/A	\$2,225,274
Millennium Gardens	1	N/A	NONE	\$3,977,995
Liberty Enterprises	1	N/A	1,170	\$3,041,634
Harmony House CILA	1	N/A	NONE	\$3,178,710
Compassionate Living Home	0	609	NONE	\$1,372,223
Brownstone Services	0	953	1,107	\$1,343,750
Heroes of the Game	1	N/A	NONE	\$639,474
Pinnacle Opportunities	0	482	708	\$1,292,636
Victory Homes	1	N/A	NONE	\$1,839,256
Homes of Hope	2	N/A	N/A	\$4,673,090
Universal Homes	0	479	NONE	\$3,520,094

Note: Trilogy is a mental health CILA so is not included in this Exhibit. Abundant Possibilities was a new provider that was licensed in 2021.

Source: OAG developed from DHS information.



**DHS Monitoring of CIRAS Follow Up by ISCs**

DHS failed to take steps necessary to ensure ISCs conducted follow up activities as required by Department procedure. This resulted in 76 percent of the **next day follow up** to cases either not being conducted or not conducted timely.

Additionally, **10,617 cases that required 10-day follow up were not conducted** by the ISC. For the 10-day follow up, 28 percent of the cases were not initially followed up timely. Finally, DHS **could not provide sufficient documentation to support its own compliance** with the procedures for following up with ISCs.

The CIRAS Manual states, *“All CIRAS submissions require a follow-up entry by the ISC within 10 working days of the original report.”* The Manual also states, for incidents reported as Law Enforcement, Missing Individual, and Unscheduled Hospitalization, that these, *“will be flagged as priority for review within one working day upon receipt of the email and require follow-up action and documentation.”*

The CIRAS Manual also lays out DDD staff responsibilities for individual incident review. For **incidents involving death, law enforcement, and missing individuals** the Manual states, *“DDD staff will contact ISCs within one working day following receipt of the e-mail to ensure necessary action is underway and continue to monitor the situation until it is resolved.”* [Emphasis added.]

**Follow Up by ISCs**

We found **multiple issues of non-compliance in next day follow up** for certain critical incidents that involved law enforcement, missing individuals, and unscheduled hospitalizations. Seventy-eight percent (30,052 of 38,494) of the cases did not require next day follow up due to **not being cases** involving law enforcement, a missing individual, or an unscheduled hospitalization. Digest Exhibit 10 details, for the nine ISCs in the database, whether the cases had timely follow-up, did not have timely follow-up, or were not followed up at all by the ISCs. The 2,918 not timely cases were late between 2 and 200 days.

Digest Exhibit 10  
**NEXT DAY CRITICAL INCIDENT FOLLOW UP COMPLIANCE BY ISCs**  
 FY20-FY23

ISC	Timely	Not Timely	Not Followed Up	Total
Central Illinois Service Access	81	247	250	578
Champaign County Regional Planning Commission	29	116	507	652
Community Alternatives Unlimited	586	466	416	1,468
Community Service Options	40	245	241	526
Developmental Disability Services of Metro East	0	4	6	10
PrairieLand	616	663	590	1,869
Service, Inc.	50	767	850	1,667
Southern Illinois Case Coordination Services	512	54	293	859
Suburban Access	125	356	332	813
<b>Total</b>	<b>2,039</b>	<b>2,918</b>	<b>3,485</b>	<b>8,442</b>

Source: OAG developed from DHS CIRAS database.

We also found **multiple issues of non-compliance in the required 10-day follow up** by the ISCs. We removed the 8,442 cases specific to the next day follow up requirement from the total adult waiver cases. This left 30,052 cases that required the 10-day follow up by the ISCs. **The database showed that 10,617 of the cases had no associated follow up notes meaning the ISCs had not followed-up on these incidents.** Other cases (19,435) had follow up but it was not always timely. Our analysis found:

- 71.96 percent (13,985 of 19,435) of the cases had initial follow up within 10 days;
- 18.82 percent (3,657 of 19,435) of the cases had initial follow up between 11-30 days;
- 4.92 percent (956 of 19,435) of the cases had initial follow up between 31-60 days;
- 2.50 percent (486 of 19,435) of the cases had initial follow up between 61-90 days;
- 1.78 percent (345 of 19,435) of the cases had initial follow up between 91-180 days; and
- .03 percent (6 of 19,435) of the cases had initial follow up between 181-365 days.

### Follow Up by DDD

When an incident is reported that is **categorized as death, law enforcement, or missing individual** in CIRAS, DDD will receive notification from the system. The CIRAS Manual also **requires DDD to make contact the next day with the ISC** to ensure action is underway for follow-up.

For the period FY20-FY23, the CIRAS database noted 1,772 cases where death, law enforcement or missing individual described the incident. While DHS states it contacts the ISCs the next day, DHS could **not provide sufficient documentation** to back up that claim. Digest Exhibit 11 breaks the number of cases down by category. In the case of the three specific types, we found:

- 26.6 percent (471 of 1,772) of the cases were followed up timely by the ISCs;
- 32.7 percent (580 of 1,772) of the cases were not followed up timely by the ISCs; and
- 40.7 percent (721 of 1,772) of the cases had no follow up conducted by the ISCs.

Digest Exhibit 11  
**NEXT DAY CRITICAL INCIDENT FOLLOW UP COMPLIANCE BY ISCs**  
 FY20-FY23

Incident Type	Timely	Not Timely	Not Followed Up	Total
Death	91	117	144	352
Law Enforcement	185	167	231	583
Missing Individual	195	296	346	837
<b>Total</b>	471	580	721	1,772

Source: OAG developed from DHS CIRAS database.

**Given that nearly 75 percent of the death, law enforcement, and missing individual cases were either not followed up on by the ISC or the ISC was not timely in its follow up, DHS would be well served to document the contacts to be able to show it followed procedure in the manual.** (pages 57-61)

**CIRAS Incident Under-Reporting**

DHS has implemented a process for reporting critical incidents that **results in under-reporting**. DHS requirements for abuse, neglect, and exploitation require reporters to send those allegations to OIG. However, when OIG is unable to substantiate the allegations, the information is not included in the reporting of critical incidents in the CIRAS database. CILA providers and ISCs have **reporting understandings that differ** from the DHS reporting criteria.

Critical incidents are the alleged, suspected, or actual occurrence of an incident when there is reason to believe **the health or safety of an individual may be adversely affected** or an individual may be placed at a reasonable risk of harm. During the period FY21-FY23, CILA providers reported 29,529 incidents to the CIRAS database.

During the audit, we sampled 25 CILA providers for the licensing activities conducted by BALC. We reviewed the OIG records of five of these providers to determine if OIG allegation cases were reported to the CIRAS database. Our analysis, for the five providers, showed there were **31 instances** where allegations of abuse or neglect were **investigated by the OIG and not proven to be substantiated yet contained CIRAS reportable conditions**. See Digest Exhibit 12 for a listing of these 31 instances where the incidents **were not reported in CIRAS** but were reported to OIG; however, OIG did not substantiate the allegation. Additionally, **42 percent** (13 of 31) of the OIG cases **involved a 911 call**.

Digest Exhibit 12  
**CRITICAL INCIDENTS NOT REPORTED IN CIRAS**  
 FY21-FY23

Case #	Incident Date	Report Date to OIG	OIG Allegation	OIG Finding	Applicable CIRAS Category
1	02/17/21	02/17/21	Physical Abuse	Unsubstantiated *	Medical Emergency
2	07/10/22	07/19/22	Neglect	Unsubstantiated	Unknown Injury
3	09/27/22	10/06/22	Neglect	Unsubstantiated	Unknown Injury
4	07/13/20	07/13/20	Physical Abuse	Unsubstantiated	Unknown Injury
5	02/21/21	02/23/21	Physical Abuse	Unsubstantiated	Unknown Injury
6	03/27/21	03/29/21	Physical Abuse	Unsubstantiated *	Peer-to-Staff Act
7	04/02/21	04/02/21	Physical Abuse	Unsubstantiated *	Unknown Injury
8	10/01/21	10/01/21	Neglect	Unsubstantiated *	Medical Emergency
9	10/21/21	10/21/21	Physical Abuse	Unsubstantiated	Unknown Injury
10	03/20/22	03/22/22	Physical Abuse	Unsubstantiated *	Unscheduled Hospitalization
11	06/27/22	07/01/22	Mental Abuse	Unsubstantiated *	Peer-to-Staff Act
12	10/05/22	10/05/22	Neglect	Unsubstantiated	Known Injury
13	06/18/21	06/21/21	Neglect	Unsubstantiated	Peer-to-Peer Act
14	10/31/21	11/01/21	Physical Abuse	Unfounded	Peer-to-Peer Act
15	04/07/22	04/11/22	Physical Abuse	Unfounded	Known Injury
16	04/11/22	04/11/22	Neglect	Unsubstantiated	Unknown Injury
17	04/27/22	04/28/22	Neglect	Unsubstantiated	Unscheduled Hospitalization
18	05/13/22	05/16/22	Physical Abuse	Unfounded	Peer-to-Peer Act
19	Unknown	05/27/22	Physical Abuse	Unsubstantiated *	Unknown Injury
20	Unknown	06/10/22	Physical Abuse	Unsubstantiated *	Unknown Injury
21	11/11/22	11/11/22	Neglect	Unsubstantiated	Unknown Injury
22	02/13/23	02/21/23	Neglect	Unfounded	Unknown Injury
23	03/23/23	03/23/23	Mental Abuse	Unsubstantiated	Unscheduled Hospitalization
24	12/03/20	12/03/20	Physical Abuse	Unsubstantiated *	Unscheduled Hospitalization
25	04/09/21	04/19/21	Neglect	Unfounded	Unscheduled Hospitalization
26	10/10/22	10/10/22	Physical Abuse	Unsubstantiated	Known Injury
27	08/08/20	08/27/20	Physical Abuse	Unfounded	Unscheduled Hospitalization
28	08/19/20	08/21/20	Physical Abuse	Unfounded	Unscheduled Hospitalization
29	Unknown	09/11/20	Physical Abuse	Unfounded	911 Call
30	04/25/22	04/25/22	Neglect	Unfounded	Unscheduled Hospitalization
31	08/28/22	08/29/22	Physical Abuse	Unsubstantiated	Unscheduled Hospitalization

Note: \* Unsubstantiated with issues.

Source: OAG developed from DHS OIG information.

Case 21 from Digest Exhibit 12 illustrates the **under-reporting of incidents in CIRAS**. In this case:

- OIG received a **neglect allegation** call on November 11, 2022, relative to a resident of Broadstep Academy-IL.
- The resident got up, took medications around 7:00 a.m., and then rested in a recliner.
- Around 10:00 a.m., a direct service provider told the resident it was time to get dressed.
- The resident lifted an arm and began to cry.
- The resident was taken to the hospital emergency room for a medical assessment.

- The diagnosis was a dislocated elbow, which was reset and placed in a soft cast.
- Since the incident was reported to OIG, **there was no reporting of the unknown injury into CIRAS.**
- The OIG investigation concluded the allegation was **unsubstantiated.**

Case 3 from Digest Exhibit 12 also illustrates the **under-reporting of incidents in CIRAS.** In this case:

- OIG received a **neglect allegation** call on October 6, 2022, relative to a resident of Avancer Homes.
- The resident has limited verbal skills, uses a wheelchair for mobility, and a lift for transfers.
- On September 27, 2022, on the way to the doctor, the resident complained of shoulder pain.
- The resident received an x-ray of the shoulder.
- On October 5, 2022, the doctor called the provider, provided the diagnosis of a dislocated shoulder, and referred the resident to an orthopedic doctor for treatment.
- Since the incident was reported to OIG, **there was no reporting of the unknown injury into CIRAS.**
- The OIG investigation concluded the allegation was **unsubstantiated.**

To determine how much the under-reporting may affect monitoring of CILAs we summarized the OIG database provided by DHS. During the period FY21-FY23, the database showed 3,348 **cases that were closed** by the OIG. **Seventy-six percent** (2,558 of 3,348) of the closed case allegations were **proven by OIG to be unfounded or unsubstantiated.** If CILA providers and ISCs utilized the CIRAS criteria developed by DHS, there could have been a substantial number of incidents missing from the CIRAS database.

On November 21, 2023, a DHS official reported, *“Incidents reported to OIG are not reported in the CIRAS system. This is the policy as we don’t want even the perception that we are interfering in the investigation being conducted by OIG.”*

**Under reporting of incidents to CIRAS does not protect the health and well-being of residents in the CILA program, residents DHS is charged with protecting.** (pages 61-66)

## Audit Recommendations

The audit report contains 15 recommendations directed to DHS. DHS accepted the recommendations. The complete response from DHS is included in this report as Appendix G.

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

**SIGNED ORIGINAL ON FILE**

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JOE BUTCHER  
Division Director

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

**SIGNED ORIGINAL ON FILE**

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FRANK J. MAUTINO  
Auditor General

FJM:MAZE

## Contents

Report Highlights	
Report Digest	v
Glossary and Acronyms	
Introduction	1
Background	1
Funding for the CILA Program	3
Department of Human Services	5
CILA Licensing Process	7
DHS Monitoring of the CILA Program	32
Emergency Call Notifications	47
Appendix A – Legislative Audit Commission Resolution Number 164	67
Appendix B – Audit Scope and Methodology	69
Appendix C – CILA Providers, Survey Results, and Number of Sites	73
Appendix D – Developmental Disability CILA Provider Payments	79
Appendix E – OIG Allegations Against CILA Providers	85
Appendix F – CIRAS Reports Made by CILA Providers	91
Appendix G – Agency Responses	97
<b>Recommendations</b>	
Recommendation 1 – Inconsistent Self-Assessments	12
Recommendation 2 – Licensing Deficiencies	21
Recommendation 3 – Notice of Violation Deficiencies	25
Recommendation 4 – BALC Review of OIG Reporting Timeliness	28
Recommendation 5 – CILA License Continuations	31
Recommendation 6 – Monitoring Policy and Procedure Manuals	36
Recommendation 7 – CILA Admissions During Probation Period	38
Recommendation 8 – CILA Corrective Action Monitors	39
Recommendation 9 – Lack of Cooperation with OIG Investigations by CILA Provider	43
Recommendation 10 – Inconsistent License Revocation	46
Recommendation 11 – Failure to Develop Emergency Call Administrative Rules	49

## Contents

Recommendation 12 – CIRAS Report Timeliness	54
Recommendation 13 – Emergency Notification Designated Reporter Deficiencies	57
Recommendation 14 – DHS Monitoring of CIRAS Follow Up by ISCs	61
Recommendation 15 – CIRAS Incident Under-Reporting	66



## Glossary and Acronyms

<b>Abuse</b>	Any physical injury, sexual abuse, or mental injury inflicted on an individual other than by accidental means.
<b>Agency</b>	A community mental health or developmental services organization licensed by DHS which is a sole proprietorship, association, partnership, corporation or organization, public or private, either for-profit or not-for-profit, that certifies CILAs for individuals with a mental disability.
<b>Agency Controlled CILA</b>	Sites that are owned, leased, rented, and/or managed by the licensed CILA agency or related affiliate regardless of the program, funding source, or provider. This includes all forms of CILA services [24-hour, host, family intermittent, and intermittent].
<b>Allegation</b>	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.
<b>Array of Services</b>	A range of activities and interventions designed to provide treatment, habilitation, training, rehabilitation, and other community integrative supports.
<b>BALC</b>	Bureau of Accreditation, Licensure, and Certification - DHS Bureau that licenses CILAs and is responsible for surveys to ensure compliance with the CILA Rule.
<b>BQM</b>	Bureau of Quality Management - DHS Bureau tasked with quality enhancement, including the review of program curricula and staff credentials at CILA provider agencies.
<b>CILA</b>	Community Integrated Living Arrangement (CILA) is a living arrangement certified by an agency where eight or fewer individuals with a mental disability reside together in a home under the supervision of the agency and are provided an array of services.
<b>CIRAS</b>	The Critical Incident Reporting Analysis System (CIRAS) is used to capture electronic reports from providers and Independent Service Coordination agencies for critical incidents involving individuals with developmental disabilities.
<b>Complaint</b>	An allegation of abuse, to include financial exploitation or neglect, reported directly to the OIG Hotline.
<b>Developmental Disability</b>	A disability that is attributable to mental retardation, cerebral palsy, epilepsy, or autism; or to any other

## Glossary and Acronyms

	condition that results in an impairment that is similar to that caused by mental retardation and requires services similar to those required for individuals with mental retardation.
<b>DHS</b>	The Department of Human Services.
<b>Financial Exploitation</b>	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.
<b>Guardian</b>	The plenary or limited guardian or conservator of the individual appointed by the court for an individual over age 18 so long as the limited guardian's duties encompass concerns related to service requirements, or the natural or adoptive parent of a minor or a person acting as a parent of a minor.
<b>Individual</b>	Any person receiving mental health services, developmental disabilities services, or both from a facility or agency.
<b>Individually Controlled CILA</b>	Sites owned, leased, rented, and/or managed by the person funded for CILA services or their guardian as applicable. The person may choose the provider delivering services to him/her at the home and may change providers without having to leave the CILA home, if desired.
<b>Mental Abuse</b>	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.
<b>Neglect</b>	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.
<b>Notice of Violation (NOV)</b>	A report submitted to an agency by BALC listing the agency's deficiencies noted during a survey.

## Glossary and Acronyms

<b>OIG</b>	The Office of the Inspector General in the Illinois Department of Human Services.
<b>Physical Abuse</b>	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.
<b>Plan of Correction (POC)</b>	A written plan submitted by an agency to BALC, in response to a notice of violation, that describes the steps that agency will take in order to bring a program or services into compliance, and the time-frames for the completion of each step.
<b>ROCS</b>	The Reporting of Community Services (ROCS) software that CILA providers bill for CILA services. ROCS communicates information to the DHS accounting system and generates vouchers, which are submitted to the Illinois Office of the Comptroller for payment/warrant issuance to CILA providers.
<b>Sexual Abuse</b>	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.
<b>Substantial Compliance</b>	An evaluation result that determines that a surveyed program meets the requirements sufficiently to be at a Level 1, 2, or 3 and in good standing.
<b>Substantiated</b>	OIG investigative finding in which there is a preponderance of the evidence to support the allegation.
<b>Survey</b>	A process conducted by BALC to determine the degree of compliance with licensure requirements.
<b>Unfounded</b>	OIG investigative finding in which there is no credible evidence to support the allegation.
<b>Unsubstantiated</b>	OIG investigative finding in which there is credible evidence, but less than a preponderance of evidence, to support the allegation.



## Introduction

On March 14, 2023, the Legislative Audit Commission (LAC) adopted Resolution Number 164 directing the Auditor General to conduct a performance audit of the Department of Human Services' (DHS) oversight and monitoring of the Community Integrated Living Arrangement (CILA) program. The Resolution asked the Auditor General to conduct:

- an examination of the process for licensing developmental services agencies and certifying CILAs for persons with developmental disabilities;
- an examination of whether oversight and monitoring of licensed CILA providers complies with statutory and regulatory requirements, including site visits and inspections of records and premises; and
- an examination of whether the DHS notification process for emergency calls complies with applicable laws, rules, and procedures.

## Background

CILAs are living arrangements certified by a community mental health or developmental services agency where eight or fewer recipients with mental illness or recipients with a developmental disability reside under the supervision of the agency. Exhibit 1 presents examples of the types of CILAs.

Exhibit 1  
TYPES OF CILAs

Type of CILA	Description
Adult Foster Care	A living arrangement for recipients in residences of families unrelated to them to provide family care 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 arrangements for two unrelated adults outside the family home.
Supported Residential Care	A living arrangement where recipients are supervised by on-site staff, but the supervision is less than 24-hours per day.
Special Needs Care	A living arrangement where the recipients are supervised by on-site staff at a rate based on the specific needs of the recipients.

Source: OAG developed from the CILA Act (210 ILCS 135/3(d)).

The Community Integrated Living Arrangements Licensure and Certification Act (210 ILCS 135), also known as the CILA Act, governs CILAs. The purpose of the CILA Act *“is to promote the operation of community-integrated living arrangements for the supervision of persons with mental illness and persons with a developmental disability by licensing community health or developmental services agencies to provide an array of community-integrated living arrangements for such individuals.”*

**Developmental Disabilities CILAs**

According to Bureau of Accreditation, Licensure, and Certification (BALC) information, there were **235 CILA providers specializing in care for individuals with developmental disabilities (DD)** in operation as of July 13, 2023. DD CILA sites are either agency-controlled in provider owned facilities or individually controlled facilities owned by private citizens. The 235 providers operated **2,026 agency-controlled sites** and **1,140 individually controlled sites**. Trinity Services, Inc. operates the most agency-controlled CILA sites at 109. Clearbrook operates 112 individually controlled CILA sites. Appendix C lists all 235 CILA providers along with the number of agency and individually controlled sites.

The **number of residents served** in the DD CILA program has remained relatively stable for the period FY21-FY23. The adjacent text box provides end of year counts for CILA residents for FY21-FY23.

DD CILA Residents
FY21 – 11,277
FY22 – 11,132
FY23 – 11,006

**Mental Health CILAs**

As stated in the CILA Act, DHS also operates CILAs that serve individuals with mental illness. According to DHS documentation, there were 26 CILAs that were designated as mental health CILAs during the period FY20-FY23. These 26

CILAs served **between 331 and 385 individuals** each year. Exhibit 2 presents the CILAs and individual served counts for FY20-FY23.

Exhibit 2  
**MENTAL HEALTH CILA PROVIDERS AND INDIVIDUALS SERVED**  
 FY20-FY23

Provider	FY20 Individuals Served	FY21 Individuals Served	FY22 Individuals Served	FY23 Individuals Served
Alexian Brothers	10	9	8	8
Anixter Center Lester & Rosalie	7	6	6	6
Centerstone	7	7	7	7
Coles County Lifelinks	8	8	9	8
Christian County	4	4	4	3
Cornerstone	13	12	13	12
Crosspoint	9	9	8	6
DuPage County	31	32	32	32
Envision Unlimited	28	28	34	30
Habilitative Services	7	7	7	7
Heartland Human Services	24	19	16	19
Lake County	8	8	8	8
Lutheran Social Services	8	8	10	9
McLean County	2	2	2	2
Metropolitan Family Services	19	19	11	13
North Central Behavioral Health Systems	9	7	5	7
Pillars	4	3	2	2
Pilsen	11	8	8	9
Presence Behavioral Health	18	20	18	18
Residential Options	27	24	23	20
Rosecrance	16	16	14	16
Shelby County	10	10	10	7
Sinnissippi Centers	9	9	8	N/A
Thresholds	58	55	52	59
Trilogy	19	8	10	7
Trinity	19	18	14	16
<b>Totals</b>	<b>385</b>	<b>356</b>	<b>339</b>	<b>331</b>

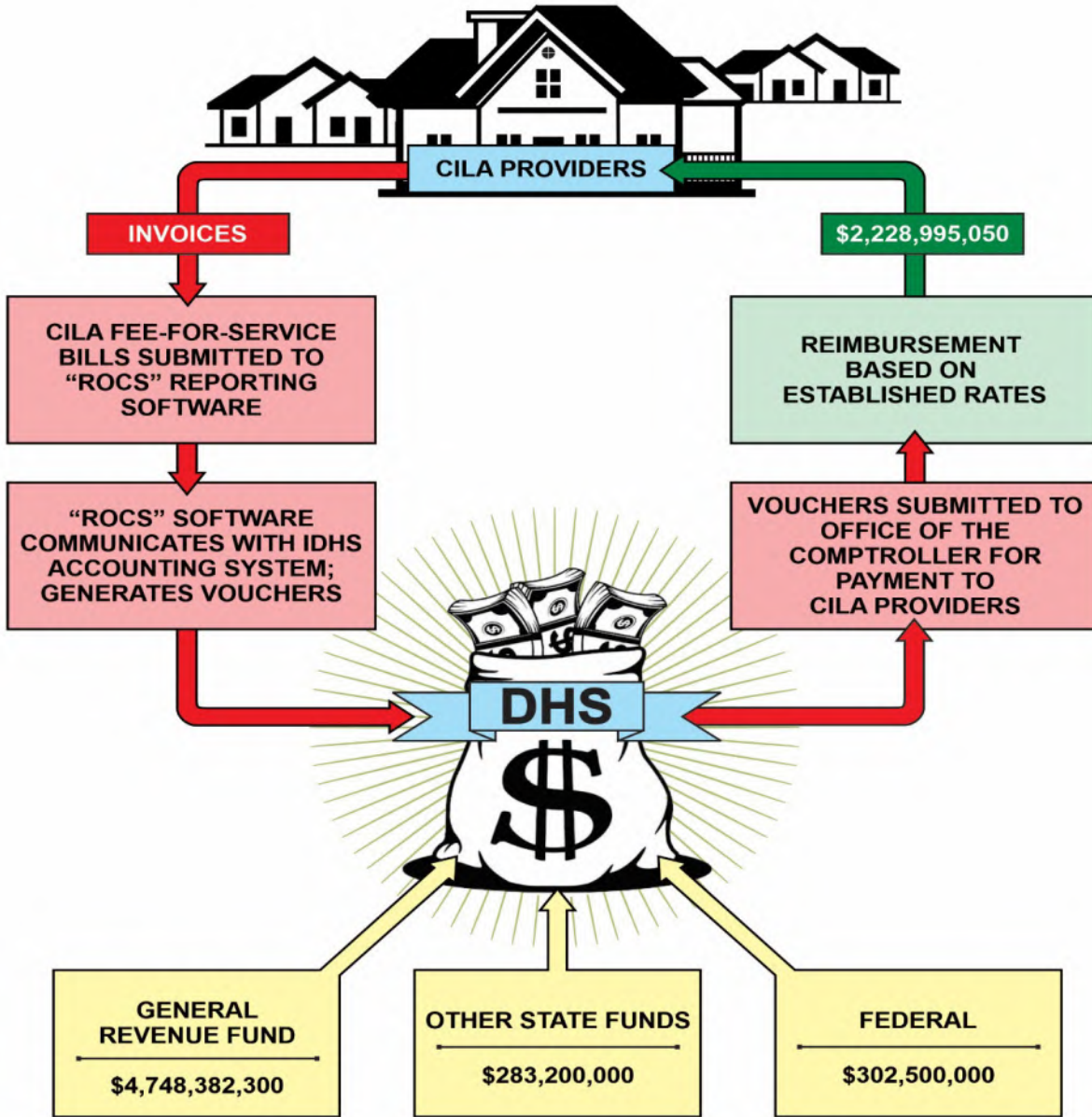
Source: OAG developed from DHS information.

**Funding for the CILA Program**

CILAs are funded from a handful of appropriations, both State and federal. **The appropriations fund other services on top of CILAs.** For the period FY21-FY23, **the State expended over \$2.2 billion on CILAs.** Appendix D lists all the CILA provider payments for the period FY21-FY23 for CILAs that are funded to provide developmental disability services. CILA funding is considered a fee-for-service and is typically **billed on a monthly basis.** While each CILA resident has an **individually determined CILA rate based on their assessed needs,** each of

those rates fund a portion of the operating cost of a CILA. Exhibit 3 provides information showing the flow of funds for the CILA program.

Exhibit 3  
**FLOW OF FUNDING FOR COMMUNITY-BASED SERVICES INCLUDING CILAS**  
 FY21-FY23



Note: DHS does not have appropriated funding specifically for the CILA program. The DHS appropriation language is for all community-based services provided to individuals with intellectual and developmental disabilities.

Source: OAG developed from DHS information.

**General Revenue Fund (GRF)** appropriations make up the majority of CILA funding. Specific GRF appropriations for CILA are:



- for grants and administrative expenses for Community-Based Services for Persons with Developmental Disabilities and for Intermediate Care Facilities for the Developmentally Disabled and Alternative Community Programs;
- for grants and administrative expenses associated with provisions of Specialized Services to Persons with Developmental Disabilities;
- for grants and administrative expenses associated with Developmental Disability Quality Assurance Waiver;
- for grants and administrative expenses associated with Developmental Disability Community Transitions or State Operated Facilities; and
- for grants and administrative costs associated with young adults transitioning from the Department of Children and Family Services to the Developmental Disability Service System.

The **federally-funded** appropriation for CILA comes from the Community Developmental Disability Services Medicaid Trust Fund, and the appropriation is for grants and administrative expenses associated with Community-Based Services for Persons with Developmental Disabilities.

**Other State-funded** appropriations are also used for CILA funding. These two appropriations are:

- for grants and administrative expenses associated with developmental and/or mental health programs paid from the Health and Human Services Medicaid Trust Fund and
- for grants and administrative expenses associated with Community-Based Services for persons with developmental disabilities and system rebalancing initiatives paid from the Department of Human Services Community Services Fund.

CILA providers bill for CILA services by reporting data through the Reporting of Community Services (ROCS) software. ROCS communicates information to the DHS accounting system and generates vouchers that are submitted to the Illinois Office of the Comptroller for payment/warrant issuance to CILA providers.

## Department of Human Services

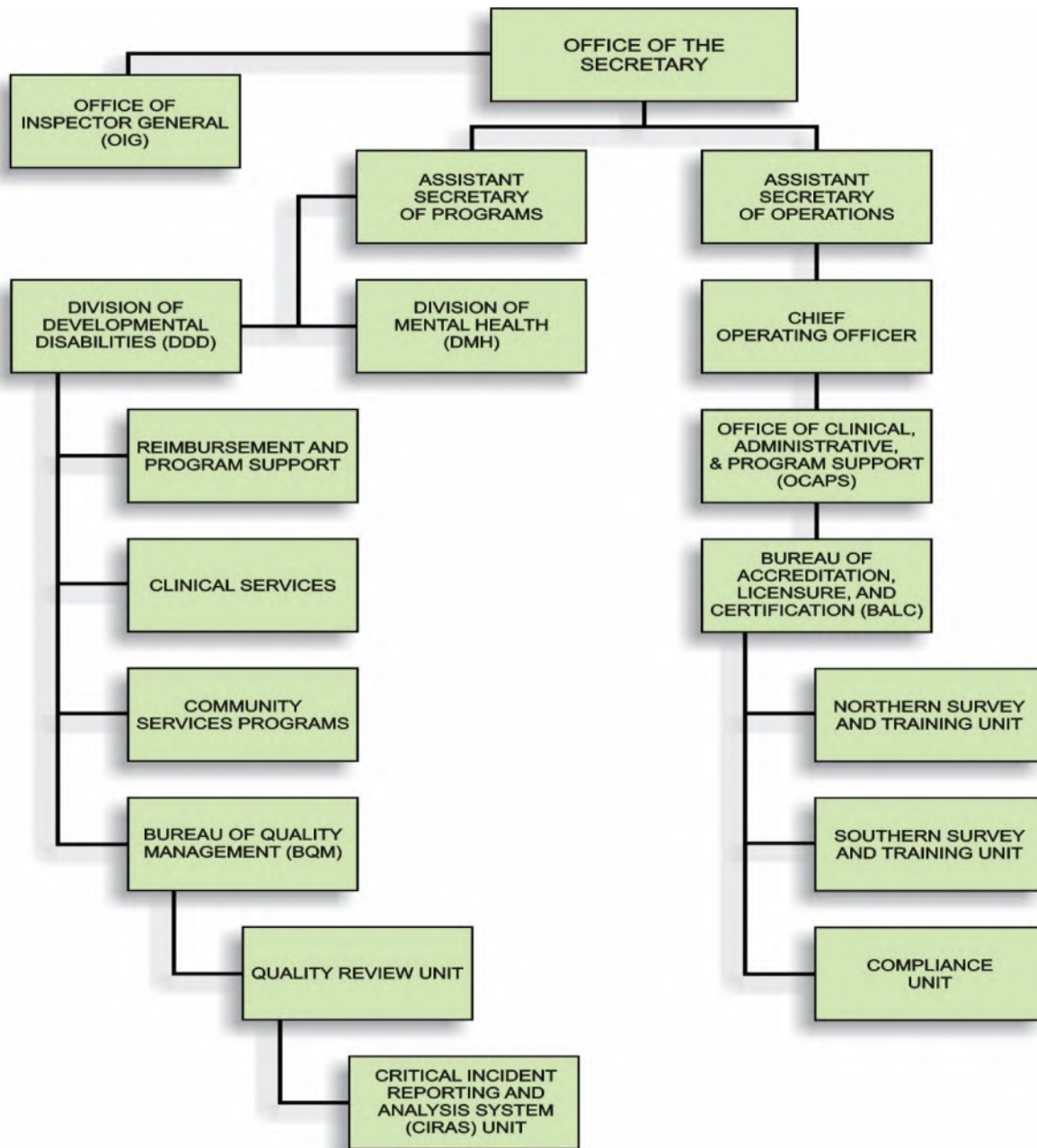
The CILA Act (210 ILCS 135) provides that DHS is the entity charged with the licensure of providers for the CILA program. According to DHS documentation, in FY23, the Department was comprised of over 13,000 employees under the direction of an agency Secretary. DHS is responsible for a wide variety of human service programs. The adjacent text box details the DHS Mission Statement. Exhibit 4 provides an organizational chart for the DHS areas associated with CILAs. The major units involved with

### DHS Mission Statement

*To provide equitable access to human/social services, support, programs, and resources to enhance the lives of all who are served by DHS.*

the CILA program are BALC, the Division of Developmental Disabilities (DDD), the Bureau of Quality Management (BQM), and the Office of the Inspector General (OIG). Brief discussions of those areas are provided later in the report below.

Exhibit 4  
**DHS ORGANIZATIONAL UNITS INVOLVED WITH CILA**  
 FY21-FY23



Source: OAG developed from DHS information.

## CILA Licensing Process

DHS failed to ensure that all CILA providers followed protocols relative to **self-assessments**. Thirty-six percent of our sample population **had no self-assessment during the period beginning July 2020, a period determined by DHS. The average number of days between BALC licensing surveys for those CILA providers without self-assessments was 889 days.** Additionally, BALC officials also failed to conduct all of its monitoring activities during the self-assessment period by not completing all required interviews of residents, guardians, and CILA staff.

DHS failed to conduct BALC licensing surveys in a thorough, accurate, and timely manner. We found instances of BALC **not following established criteria** in the review of CILA providers for determining whether a license should be renewed.

DHS failed to report violations identified in self-assessments and BALC reviews on a Notice of Violations (NOVs) form. In the case of one self-assessment, **DHS did not issue an NOV despite a provider self-reporting nine violations.** Sixteen out of forty-seven NOVs in our sample had violations noted during full and focus surveys that were **not included on the NOV.** Additionally, violations reported on NOVs **were not entered into the DHS's NOV database.** Seven out of sixteen self-assessments received an NOV with violations, and had some or all violations missing from the NOV database. Additionally, 14 of 47 BALC surveys had some or all violations from the NOV not entered into the NOV database.

DHS failed to ensure that BALC surveyors reviewed whether the timeliness of CILA providers reporting of OIG incidents complied with reporting requirements. We found **34 instances**, at five providers, where evidence **showed noncompliant reporting, yet the scoring did not parallel the late reporting.**

DHS allowed a CILA provider to **remain serving residents on a continued license even though the provider's original license had been expired for nearly 900 days.** Even though **DHS had no documentation in its file** for the provider and the providers dispute with the Office of the State Fire Marshal (OSFM), **DHS issued three continuations** for the CILA license.

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LAC Resolution Number 164 asked us to examine the process for licensing developmental services agencies and certifying CILAs for persons with developmental disabilities.

### Bureau of Accreditation, Licensure, and Certification (BALC)

BALC has the responsibility to ensure that community agencies conform to established standards that indicate their appropriateness to be included as partners in achieving the DHS mission. BALC has a responsibility to the recipients of services to ensure to the best of its ability that those individuals are receiving services from community agencies that have been reviewed according to licensure or certification rules and determined to be meeting those standards.

The CILA Act (210 ILCS 135/4(b)) requires that **the licensure system be administered by a unit within DHS, which shall be administratively independent of units responsible for funding agencies.** BALC, on the DHS website, advertises itself to *“be the defensive line, protecting the recipients of service and those paying for those services from agencies not qualified to be*

*partners in achieving the mission.*” Exhibit 5 presents the guiding principles BALC utilizes in its operations.

Exhibit 5  
**BALC GUIDING PRINCIPLES**

Principle
Everyone with whom BALC works deserves to be treated with respect and consideration.
Standards that have been developed will be consistently, uniformly, and fairly applied.
Agencies that do not meet standards and demonstrate inability or unwillingness to improve will not be allowed to continue this partnership.
Information will be shared with everyone within DHS who would benefit.
Timely processes are necessary to achieve the Department’s mission.
BALC staff training is an integral component of continual improvement.
BALC documentation will justify its findings and recommendations.
BALC processes and procedures will facilitate improving the human condition.

Source: OAG developed from DHS documentation.

BALC ensures the above principles by conducting licensing surveys of CILA programs in accordance with the CILA Rule (59 Ill. Adm. Code 115) and conducting certification surveys of developmental training programs in accordance with Rule 119 (59 Ill. Adm. Code 119).

**BALC Organizational Transfer**

On September 27, 2023, DHS informed us that BALC had transitioned into DDD, effective September 16, 2023. Previously, BALC was located within the Office of Clinical Administrative and Program Support. The CILA Act (210 ILCS 135/4(b)(3)) requires, “*The licensure system shall be administered by a quality assurance unit within the Department which shall be administratively independent of units responsible for funding of agencies or community services.*” [Emphasis added.] During the previous CILA audit, when we brought up the idea of BALC being in DDD so that there could be coordination in oversight and monitoring, DHS’ position was **the CILA Act did not allow that to occur.**

**COVID-19 Impact on Licensing Surveys**

The COVID-19 pandemic had an influence on the ability to review, or survey, CILA provider locations. BALC set up temporary certification procedures and notified CILA providers in a memo dated July 22, 2020. While BALC reserved the right to utilize on-site visits, the memo outlined the temporary self-assessment process.

BALC began its **CILA provider self-assessment process in June 2020**. These self-assessments by the CILA providers were not utilized to renew any CILA licenses but were a way for BALC and DHS to be in contact with CILA providers during the early stages of the COVID-19 pandemic. BALC went back to licensing renewal reviews making use of **virtual surveys in May 2021**. Virtual surveys utilized virtual technology means for tours of facilities by the BALC surveyors in conjunction with CILA provider staff in the individual home locations. Documentation for the licensing surveys were uploaded to BALC for

review. BALC went back to the traditional **on-site license surveys in June 2022** by BALC surveyors being on-site at individual CILA locations.

### **Inconsistent Self-Assessments**

DHS failed to ensure that all CILA providers followed protocols relative to self-assessments. Thirty-six percent of our sample population **had no self-assessment during the period beginning July 2020 through May 2021, a period determined by DHS. The average number of days between BALC surveys for those CILA providers without self-assessments was 889 days.**

Additionally, BALC officials also failed to conduct all of its monitoring activities during the self-assessment period by not completing all required interviews of residents, guardians, and CILA staff.

During the COVID-19 pandemic, DHS published, on July 22, 2020, a memorandum titled Temporary Self-Assessment Process and New Site Inspection Process. The memo notified providers of the plan to accommodate licensing based on the COVID-19 challenges. The memo stated, *“The self-assessment process is being utilized as a method for compliance with rule and to ensure health and safety of the individuals we all serve.”*

While the self-assessment process was the preferred process for licensing reviews, the memo also stated, *“BALC Surveyors **may utilize on-site visits as determined to be needed.**”* [Emphasis added.]

The self-assessment procedure **differed** from the normal BALC licensing survey process in that the surveyors did not assign points to individual criteria through the use of a compliance checklist. BALC sent the providers three spreadsheets to complete (the sites checklist, the staff checklist, and the records checklist). The checklists had questions related to sections of the CILA Rule along with areas to provide answers (Yes, No, N/A). Some answers necessitated explanation according to the checklists.

**BALC surveyors, while not on site, had a role in the self-assessments.** BALC officials were to complete interviews with residents that lived in the CILAs, the guardians for those residents, and staff that worked at the CILAs. Additionally, with the assistance of provider officials, BALC completed site inspections using video technology.

To test licensing compliance, we selected 25 CILA providers and obtained BALC licensing files for the sample.

The importance of the self-assessment relates to the timing between BALC licensing surveys of the CILA providers. Without an efficient, complete, and truthful self-assessment, DHS waited an extended time for **evidence of how the provider was operating**. Exhibit 6 provides a time analysis for the 25 providers in relation to the self-assessments. Our analysis found:

- 36 percent (9 of 25) of our licensing sample **had no self-assessment conducted** on its operations;

- 78 percent (7 of 9) of the providers with no self-assessment **did have a BALC licensing survey prior to and after** the self-assessment period;
- **891 days was the average time between BALC licensing surveys for the seven providers;** and
- 22 percent (2 of 9) of the providers without a self-assessment also **did not have a BALC licensing survey prior to the self-assessment period.**

Exhibit 6  
**SELF-ASSESSMENT TIME ANALYSIS**  
 Audit Testing Sample of 25 CILA Providers

Provider	Previous Full Review Date	Self-Assessment Date	Next Full Review Date	Days Between Full Reviews
Abundant Possibilities	N/A	N/A	09/20/22	N/A
Arrowleaf	10/22/18	09/08/20	05/17/21	938
Avancer Homes	09/12/18	N/A	01/11/21	852
Broadstep Academy-IL	05/31/18	07/14/20	05/10/21	1,075
Brownstone Services	10/10/19	N/A	01/25/21	473
Caring Hands of Illinois	11/20/19	09/08/20	11/22/21	733
Compassionate Living Home	N/A	07/20/20	01/05/22	N/A
Divine Center	12/04/18	N/A	08/15/22	1,350
Family Association Plus	10/30/19	08/10/20	02/22/22	846
Harmony House CILA	01/15/20	N/A	05/18/22	854
Heroes of the Game	N/A	N/A	05/23/22	N/A
Homes of Hope	03/14/19	N/A	07/06/21	845
Joseph Rehabilitation Center	03/28/17	08/10/20	11/08/21	1,686
Kwanza Suites Corporation	01/04/18	06/29/20	04/12/21	1,194
Liberty Enterprises	01/14/20	N/A	05/09/22	846
Lutheran Social Services of Illinois	11/13/18	08/24/20	04/04/22	1,238
Millennium Gardens	08/29/18	07/07/20	04/26/21	971
Patterson House	01/06/20	N/A	10/17/22	1,015
Pinnacle Opportunities	10/18/18	09/09/20	12/16/21	1,155
Random Acts of Kindness	04/10/19	07/20/20	07/19/21	831
Royal Living Center	07/27/18	08/24/20	08/08/22	1,473
Shore Community Services	03/16/17	07/20/20	08/09/21	1,607
Trilogy	12/27/17	09/08/20	02/22/22	1,518
Universal Homes	10/07/19	08/10/20	05/02/22	938
Victory Homes	08/07/19	08/03/20	07/11/22	1,069

Note: The BALC files for Abundant Possibilities and Compassionate Living Home contained no prior full survey on the Pre-Survey Checklists. The BALC file for Heroes of the Game contained no Pre-Survey Checklist nor evidence of a prior full survey.

Note: An agency in good standing should be seen within 730 days (every 2 years).

Source: OAG developed from BALC licensing.

Our review noted **inconsistencies in self-assessments attributable to both the CILA providers and to BALC survey staff**. These inconsistencies, for the 16 self-assessments that were conducted, are noted below:

- BALC allowed two providers to not complete the staff checklist;
- BALC allowed two providers to not complete the records checklist;
- BALC allowed one provider to not complete a sites checklist;
- BALC allowed two providers to not provide additional commentary when the checklists directed such action;
- BALC did not conduct individual resident interviews in 10 instances; further, two instances where interviews were conducted had evidence of duplication in the interviews;
- BALC did not conduct guardian interviews in two instances, further, two instances where interviews were conducted had evidence of duplication in the interviews;
- BALC did not conduct virtual site inspections in six instances; and
- BALC did not require three providers to submit plans of correction even though Notices of Violation (NOV) were issued.

The provider self-assessments **may have not been as thorough** as the BALC licensing surveys in all cases. Exhibit 8 shows the BALC levels for compliance, with the CILA standards. Level 1 indicates full compliance and Level 5 indicates unsatisfactory compliance. One of the providers in our sample, Random Act of Kindness, conducted a self-assessment **in July 2020 and reported being in full compliance**. However, BALC reviews we examined found:

- April 2019 – BALC survey noted a Level 4 rating;
- July 2021 – BALC survey noted a Level 5 rating;
- September 2021 – BALC focus review noted a Level 4 rating; and
- March 2022 – BALC focus review noted a Level 3 rating.

DHS reported that no penalties were given to agencies that did not have documentation or self-reported issues, which affected the quality assessment. DHS added that providers were allowed to complete self-assessments and distribute them to BALC as requested to assist with the health and safety of individuals.

DHS detailed the self-assessment process and the remote site inspection process in a correspondence published by DHS on July 22, 2020. Auditors note that while the new process was published July 22, 2020, DHS was **conducting self-assessments prior to that date** as shown in Exhibit 6.

On April 29, 2024, DHS reported, *“Currently, measures are being put in place to review individual interviews on a weekly basis by the BALC compliance unit.”* Further, DHS reported, *“Currently, measures are being put in place to review*

*guardian interviews on a weekly basis by the BALC compliance unit.” Lastly, DHS stated, “Site Inspection sheets are reviewed for completeness by BALC compliance unit from 2024 on.”*

Allowing CILA providers to not complete or not fully complete self-assessments violated the process DHS developed and allowed for inconsistent treatment among providers. Additionally, BALC’s role is assuring community agencies conform to established standards, and when BALC staff do not follow licensing protocols, there exists the possibility that the health and safety of the CILA residents is impacted.

Inconsistent Self-Assessments	
<b>RECOMMENDATION NUMBER</b>  <b>1</b>	<b><i>DHS should ensure that BALC consistently applies licensing protocols, such as self-assessments, even during times of unprecedented events, such as COVID-19, to all CILA providers.</i></b>

**DHS Response:**

The Department accepts the recommendation. The COVID pandemic significantly altered BALC’s ability to survey providers in a similar manner due to health and safety reasons for both the individuals within the CILA homes and BALC staff. As a result of working during the pandemic, BALC has implemented procedures for the compliance unit to review surveyors’ submissions and, going forward, will conduct annual reviews of the northern and southern regions to ensure providers are being held to the same licensing protocols/standards statewide.

**BALC Survey Process**

The BALC licensing survey process is comprised of a surveyor going to a CILA provider and reviewing records relative to the CILA Rule (59 Ill. Adm. Code 115) for compliance. To complete a BALC licensing survey, a number of forms and actions are completed. Exhibit 7 lists the forms and describes the information gathered.



Exhibit 7  
**BALC REQUIRED SURVEY FORMS**

<b>BALC Form</b>	<b>Description</b>
CILA Records Checklist	BALC surveyor selects a sample of residents from various CILA sites and checks the resident files against criteria from the CILA Rule.
CILA Compliance Checklist	BALC surveyor, for the sample of residents, numerically scores compliance with the CILA Rule on a scale from full compliance to not applicable.
CILA Compilation Sheet	BALC surveyor transfers points awarded from the Compliance Checklist to develop a calculation resulting in a Level Award for the survey.
CILA/HF Site Inspection	BALC surveyor completes a physical site inspection on various sites operated by the CILA provider. The form requires explanations from the surveyor.
Observation-CILA	BALC surveyor visits individual sites and documents the interaction between staff and residents.
Guardian Interviews Individual Resident Interviews Staff Interviews	BALC surveyor gathers information on how informed the guardians are, how the resident selected the provider home, and the knowledge level of the staff providing care.
Staff Training/Background Check	BALC surveyor reviews files to ensure all staff have proper training in completion of assessments and required background checks.
Survey Report Form/Notice of Violations	BALC surveyor summarizes all violations of the CILA Rule into a document that is delivered to the CILA provider at the exit conference and is the basis for the provider Plan of Correction.

Source: OAG developed from BALC documentation.

**BALC Surveys and CILA Levels**

We reviewed the BALC Process and Procedure Manual regarding provider surveys. A DHS official noted that currently BALC reviews six individual records, conducts six individual interviews, conducts six guardian interviews, and interviews three staff members. However, there was conflicting information regarding the number of records to be reviewed and the number of interviews to be conducted. DHS confirmed that there was an **error in the manual**.

A CILA Level is assigned (Level 1 through Level 5) based on the provider’s survey score. The survey score is based on compliance with the CILA Rule as assessed through the BALC survey instrument. The CILA Level also determines when BALC is required to conduct its next survey of the provider’s compliance with CILA standards. Exhibit 8 lists the CILA licensure levels assigned by BALC, when a Plan of Correction (POC) is required, and when the next survey is due.

Exhibit 8  
**CILA SURVEY FREQUENCY**

CILA Level	Compliance with CILA Standards	POC Required?	Survey Requirement
Level 1 [100%]	Full Compliance	No	2 years after survey
Level 2 [93%-99%]	Acceptable Compliance	Yes	2 years after survey
Level 3 [80%-92%]	Partial Compliance-DHS issues administrative warning	Yes	1 year after survey
Level 4 [70%-79%]	Minimal Compliance-DHS issues a probationary license	Yes	Within 90 days, plus 1 year after survey
Level 5 [0%-69%]	Unsatisfactory Compliance-DHS issues a restricted license	Yes	Within 60 days, plus 1 year after survey

Source: OAG summary of DHS BALC Process and Procedure Manual and DHS website.

A POC is needed whenever the CILA score is less than 100 percent, which means Level 2 through Level 5 CILAs require a POC. According to the BALC Process and Procedure Manual, a POC should:

- address how each specific citation on the NOV has been or will be corrected;
- address how the agency will correct any overall systemic problems, which led to citations;
- provide dates on which the agency will begin using each component of its POC and the date(s) on which the agency expects to show results;
- identify specific staff person(s) by name, title, or position, who will be responsible for each component of the POC; and
- state how the agency will determine if the corrections are successful or need to be modified and the staff person(s) responsible for making the determination.

A CILA provider has 30 calendar days to provide a POC in response to the survey report. If a POC is not received in the prescribed time frame, an email reminder is sent to the provider. The Process and Procedure Manual notes that a POC will not be accepted until the plan meets all requirements. **An agency that does not submit the required POC within the designated time frame will be considered out of compliance with the standards and subject to sanctions, including revocation of a license/certificate.**

The CILA Level also determines when the next survey of the provider should be conducted. If a CILA receives a **Level 4** rating, a follow-up survey must be conducted **within 90 days**. If a CILA receives the lowest rating of **Level 5**, a follow-up survey must be conducted **within 60 days**. The purpose of the follow-up surveys, or “focus reviews,” conducted for Levels 4 and 5 is to see if the provider has done enough internal corrections to get them to the next level. According to the manual, after this 60 or 90 day focus review, the CILA will receive its next survey within a year of the initial full review.

If a provider receives a Level 3 rating, then DHS is required to conduct a follow-up survey within a year from the survey. If the CILA receives a Level 1 or 2 rating, then the next survey will be in 2 years.

**Licensing Deficiencies**

DHS failed to conduct BALC licensing surveys in a thorough, accurate, and timely manner. We found instances of BALC **not following established criteria** in the review of CILA providers for determining whether a license should be renewed.

DHS’ BALC licensing files showed that not all follow-up surveys or focus reviews were completed in a timely manner prior to required deadlines. There were **34 full licensing surveys conducted** for the 25 providers in our sample. Thirty-five percent (12 of 34) of the surveys **were conducted late**. Exhibit 9 provides a list of the 12 late licensing surveys. Three examples of the late follow-up surveys include:

- Patterson House had a full survey in January 2020. The next full survey should have been conducted 2 years later, but instead it was conducted **about 9 months late** in October 2022.
- Avancer had a full survey in September 2018. The next full survey should have been conducted 2 years later, but instead it was not conducted until January 2021. There also was not a self-assessment on file for Avancer.
- Homes of Hope had a full survey in March 2019. The next full survey should have been conducted 2 years later, but instead it was conducted **about 4 months late**.

Exhibit 9  
**LATE LICENSING SURVEYS**

Provider	Prior Survey Date	Expected Survey Date	Actual Survey Date
Avancer	09/12/18	09/12/20	01/11/21
Broadstep Academy-IL	05/10/21	05/10/22	08/22/22
Brownstone Services	10/10/19	01/08/20	01/25/21
Brownstone Services	01/25/21	01/25/23	04/17/23
Harmony House	01/15/20	01/15/22	05/18/22
Homes of Hope	03/14/19	03/14/21	07/06/21
Joseph Rehabilitation	11/16/21	11/16/22	03/20/23
Kwanza Suites Corporation	01/04/18	04/04/18	06/29/20
Liberty Enterprises	01/14/20	01/14/22	05/09/22
Patterson House	01/06/20	01/06/22	10/17/22
Royal Living Center	07/27/18	07/27/19	08/24/20
Shore Community Services	03/16/17	03/16/19	07/20/20

Source: OAG developed from DHS licensing information.

**BALC licensing files did not contain the required documentation for BALC full surveys and focus reviews.** Auditors found that some documents were incomplete while others were complete, but appeared to be duplicated.

### **Full Survey Process Deficiencies**

Out of 34 full surveys, auditors found the following **issues with completeness** of BALC full survey licensing documentation:

- 9 percent (3 of 34) **did not review the appropriate number of individual records;**
- 9 percent (3 of 34) **did not contain the staff training/background check form** or the form was incomplete;
- 29 percent (10 of 34) contained CILA Records Checklists, which **had unanswered questions;**
- 3 percent (1 of 34) **did not have any staff interviews** in the file;
- 88 percent (30 of 34) **did not conduct the appropriate number of individual interviews**, including 9 surveys which **did not have any individual interviews** in the file;
- 82 percent (28 of 34) **did not have the appropriate number of guardian interviews** including 6 surveys that **did not have any guardian interviews** in the file; and
- 50 percent (17 of 34) **had site inspections that were not fully completed** meaning the inspections had **unanswered questions or lack of required comments.**

Out of the 34 full surveys, auditors found that some BALC documents **appeared to be duplicated or contain duplication** across surveyor assessments and therefore evaded survey standards. Auditors found evidence of duplication in one CILA Records Checklist. In a full survey for Harmony House, the CILA Records Checklist was filled out for ten different individuals. Four individuals' information such as date of birth, dental exam dates, doctor exam dates, etc. appeared to have been copied from another set of four individuals' records.

Auditors also found **evidence of duplication** and therefore evasion of survey standards in several staff, individual, and guardian interviews. The following interviews appeared to have staff, individual, and guardian responses copied across the respective interviews:

- 21 percent (7 of 34) of the surveys had duplicated staff interviews;
- 15 percent (5 of 34) of the surveys had duplicated individual interviews; and
- 12 percent (4 of 34) of the surveys had duplicated guardian interviews.

For example, in one full survey of Broadstep Academy-IL, two surveyors conducted staff interviews. One BALC surveyor interviewed five people at two different locations **all with the same responses and the same typo in the**

**response to the same question.** The other BALC surveyor interviewed six people at two locations with all the same responses excluding individuals and medication taken.

A survey of Arrowleaf had the **same typo in the guardian response in six different guardian interviews**, as well as other responses that also appeared to be duplicated.

Auditors also found evidence of **duplication in program observation forms** completed by BALC surveyors in two full surveys:

- A BALC surveyor reported conducting two virtual program observations for two Broadstep Academy-IL homes on August 23, 2022, at 12:40 pm. Responses appeared to be duplicated for two different sites.
- A BALC surveyor reported conducting seven virtual program observations for Avancer on January 11, 2021, with **two observations occurring at the exact same time** at 9:48 am, and another two observations occurring at 10:56 am. All seven observation forms **have the same observations noted**. Another BALC surveyor reported conducting four virtual program observations for Avancer on the same day with two observations occurring at the same time of 10:22 am. All four observation forms have the same observations noted.

### Focus Review Process Deficiencies

Auditors found that there were **13 focus reviews conducted for the 25 providers in the sample**. An additional five full surveys **should have had** a corresponding focus review but did not. For example, Trilogy received a Level 3 in its full survey conducted in February 2022. As a result, a focus review should have been initiated by March 30, 2023; however, there was **no focus review in Trilogy's BALC licensing file**. For two of the five, BALC conducted a full survey of the provider, which would be more comprehensive, but three and five months **after the time when the focus surveys were due**.

Out of the 13 focus reviews, auditors found the following issues with **completeness** of BALC focus review licensing documentation:

- 38 percent (5 of 13) of the focus reviews were **not initiated before the deadline**;
- 23 percent (3 of 13) of the focus reviews **did not review the appropriate number of individual records**;
- 54 percent (7 of 13) of the focus reviews **did not review the appropriate number of staff files**, including one which did not have evidence of review of any staff files; and
- 31 percent (4 of 13) of the focus reviews **did not have documentation of site inspections**.

### Plan of Correction Deficiencies

Auditors also found a number of other licensing **deficiencies with Plans of Corrections (POCs) and BALC Compliance Scoring.**

POCs **were required** for 29 of the 34 **full surveys**. Out of the 29 POCs:

- 7 percent (2 of 29) of the POCs were **not submitted in a timely manner** by the provider;
- 55 percent (16 of 29) of the POCs **were not followed up on by BALC**. There were no corresponding focus reviews following these 16 POCs; and
- 14 percent (4 of 29) of the POCs **did not address all citations listed on the provider’s Notice of Violation; however, all three POCs were approved by BALC.**

Plans of Correction were required for 11 out of 13 **focus surveys**. Out of the 11 required Plan of Correction:

- 9 percent (1 of 11) of the POCs were **not submitted in a timely manner** by the provider;
- 9 percent (1 of 11) of the POCs **noted review and approval of a POC, but the POC was not in the file;**
- 91 percent (10 of 11) of the POCs had **no evidence of follow-up on the POC;** and
- 9 percent (1 of 11) of the POCs **did not address all citations listed on the provider’s Notice of Violation; however, the POC was approved by BALC.**

### Scoring Deficiencies

Auditors found **several errors in DHS’ Compliance Checklist scoring** used for the CILA level licensing determination on the 34 **full surveys**.

Twenty-four full survey Compliance Checklists (71%) **were not scored correctly**. Examples of mistakes in scoring include:

- criteria deemed “N/A” when “N/A” **was not an option** for the criteria;
- criteria compliance determined to be unacceptable but then assigned points as if the criteria was “N/A”; and
- points awarded on the Compliance Checklist **did not match the final calculations** on the Compilation Scoresheet.

Fifty-nine percent (20 of 34) of the compliance percentage calculations calculated by auditors were different from the compliance percentage calculated by DHS with three of these **resulting in a different CILA licensing level:**

- Universal Homes – BALC determined Level 1, auditors determined Level 2;
- Avancer – BALC determined Level 2, auditors determined Level 3; and

- Shore Community Services – BALC determined Level 4, auditors determined Level 5.

Auditors found only one compliance checklist with scoring issues for a **focus survey**; however, 8 out of the 13 focus surveys **did not have a compliance checklist, so auditors could not verify DHS’ calculations/scoring.**

The **required frequency of licensing surveys** is detailed in the CILA Rule (59 Ill. Adm. Code 115.440(c)). A provider that received a Level 3 during a full licensing survey should be followed up on one year after the original full survey. A provider that received a Level 4 or Level 5 during a full survey should be followed up on in 90 or 60 days, respectively. Additionally, DHS’ BALC Process and Procedure Manual sets the requirements for the number of individual and staff files to be reviewed and interviews that should be conducted.

The CILA Rule (59 Ill. Adm. Code 115.440(c)) requires providers with a Level 3 compliance or higher to **submit a Plan of Correction within a specified timeframe.** Additionally, the BALC Process and Procedure Manual states a Plan of Correction **must address how each specific citation on the NOV has been or will be corrected.**

DHS offered cause statements for the deficiencies noted by auditors in the licensing testing:

- DHS noted that sometimes less interviews are conducted based on individual, staff, and guardian availability; however, auditors confirmed in all exceptions noted that there were additional individuals that could have been interviewed. In response to auditors noting **duplication within interviews**, DHS stated, *“Surveys are now being reviewed by our compliance unit for accuracy and to prevent duplicates.”*
- On May 6, 2024, DHS reported the five missed focus reviews were **due to COVID-19 backlogs** with the exception of Broadstep Academy-IL, which missed its focus review due to being in the process of a merger.
- On August 24, 2023, when auditors asked DHS about **duplication in some program observation forms**, DHS reported, *“We are going to look into how this happened. As a result, we put the employee on reassignment while we look into it. We are looking into whether the work was done.”*
- When auditors asked DHS about **incomplete site inspection forms**, DHS reported, *“We agree these forms should be fully completed. We are looking to implement internal controls to ensure completion. Some of those option[s] being explored include moving comment boxes directly below each question that may require an answer instead of one comment box at the bottom of the second page, moving survey forms to a platform that will not allow for boxes to go unchecked, using conditional logic that will not allow the survey to be completed without full answers, and other ideas.”*
- In response to auditor inquiry of **comments missing from site inspection forms**, DHS stated, *“We recognize there is a design flaw in the document that*

*has resulted in some instances of the comment section not being completed. BALC will enforce the importance of accurately filling out the surveys. We will also redesign the forms so each question that requires a comment section has one immediately below that question instead of at the bottom of the document. This should reduce human error and ensure that the forms are completed accurately.”* Later in the audit, DHS stated, *“Site Inspection sheets are reviewed for completeness by BALC Compliance unit from 2024 on.”*

- Relative to **accepting a late Plan of Correction**, DHS stated, *“During the pandemic, it was challenging for providers to stay on top of clerical duties while they were caring for individuals during a pandemic-induced staffing shortage. BALC understood the necessity to extend deadlines for providers when necessary. Since the pandemic, we have updated the database to send providers automated messages to the director of a provider when an upcoming POC is due.”*
- When auditors reported there was **no evidence of follow up for the Plan of Corrections**, DHS stated, *“BALC follows up on POCs during the next audit”* for many cases. However, there was no evidence in the BALC files that the corrective action and implementation date specified in the Plan of Correction was followed up on.
- Specific to no follow-up to the POC for the January 2021 focus survey of Harmony House, DHS agreed stating, *“OAG is correct, there is no follow up regarding the POC, and the agency has not been surveyed again to determine compliance with the POC.”*
- When auditors asked DHS about **discrepancies with scoring criteria** on the Compliance Checklist as “N/A,” DHS replied, *“Black-out annotation on checklist may not be a clear determination of if N/A is allowed in all survey situations in the future as sheet is being re-done for new rule.”*
- When auditors inquired about Compliance Checklist scoring issues, DHS reported, *“In 2021 and 2022 BALC was transitioning from paper and pen scoring to electronic forms after returning to the field. Many forms required manual calculations across multiple pages and then duplicated on multiple files and documents. Some errors were made as part of the transition and due to high survey/work volume and low survey staff. Detailed document review was not always possible due to staff bandwidth...Most survey forms are now imbedded with automatic calculations which has cut down on the frequency of error...A new compliance unit of 6 full time state employees now review survey documents for accuracy and bring inconsistencies to survey manager’s attention. This review is in addition to the survey manager’s regular review of their own staff’s daily work.”*

BALC is charged with the responsibility of ensuring that community agencies that provide services to individuals have been reviewed according to licensure or certification rules and that the community agencies meet reasonable standards and expectations of providing quality services. If community agencies are not



meeting DHS standards, then the individuals they serve **could be at risk** of insufficient or poor care.

**Licensing Deficiencies**

**RECOMMENDATION NUMBER**

*DHS should ensure BALC surveys are conducted in a thorough, accurate, and timely manner.*

**2**

**DHS Response:**

The Department accepts the recommendation. The COVID pandemic significantly impacted BALC’s regular survey process and some of the response times that occurred. In addition, during the period under review, BALC faced significant staffing shortages. BALC has since added additional lead surveyors and staffed vacant positions. When BALC reorganized to DDD in September 2023, there were eleven vacancies and as of July 2024 only one headcount position remains vacant. Also, in FY24, BALC engaged two temporary staffing firms to address short-term staffing challenges.

BALC has improved tracking tools by creating a priority list that indicates the last date of surveys conducted for CILAs and juxtaposes them against the upcoming expiration dates of licenses for each provider. This will reduce lapses to ensure renewals are completed within 730 days or 2 years for CILA providers in good standing.

The BALC Compliance Unit reviews the site inspection sheets of each survey for accuracy and identifies discrepancies which are corrected prior to finalizing them within the BALC database.

The Department has addressed issues identified regarding the duplication of forms through review, training, and discipline.

**Notice of Violation Deficiencies**

DHS failed to report violations identified in self-assessments and BALC reviews on a Notice of Violations (NOVs) form. In the case of one self-assessment, **DHS did not issue an NOV despite a provider self-reporting nine violations.** Sixteen out of forty-seven NOVs in our sample had violations noted during full and focus surveys that were **not included on the NOV.** Additionally, violations reported on NOVs **were not entered into the DHS NOV database.** Seven out of sixteen self-assessments received an NOV with violations and had some or all violations missing from the NOV database. Additionally, in our sample, 14 of 47 BALC surveys had some or all violations from the NOV not entered into the NOV database.

To begin the license survey process, the BALC Manual directs the lead surveyor to review the provider’s previous year BALC file. The BALC Manual also states, *“the lead will review the most recent full or focus survey NOV and Plan of Correction.”*

When BALC surveyors determine a CILA provider is incompliant with the CILA Act (210 ILCS 135) or CILA Rule (59 Ill. Adm. Code 115), a Notice of Violation (NOV) is submitted to the CILA provider by BALC listing the CILA agency’s deficiencies noted during a survey. When a NOV is issued, providers are required to submit a Plan of Correction (POC) to BALC.

To test BALC’s compliance with developing NOV’s, we selected a sample of 25 CILA providers out of the total 235 CILA providers and obtained BALC licensing files. Auditors assessed the NOV’s resulting from self-assessments, full surveys, and focus surveys.

During the COVID-19 pandemic, DHS published, on July 22, 2020, a memorandum titled Temporary Self-Assessment Process and New Site Inspection Process. BALC utilized self-assessments completed by CILA providers as a method for compliance with rule. The memo stated, “*During the self-assessment a Notice of Violations (NOV) can still be issued. BALC will continue to work with agencies to ensure [agencies] correct any violations indicated on the NOV.*”

Our analysis found **BALC did not issue an NOV for all violations despite the providers self-reporting violations on the self-assessment**. Out of our sample of 25 providers, 16 providers had a self-assessment. One provider, Royal Living Center, disclosed nine violations in its self-assessment, yet no violations were listed on the Survey Report Form/Notice of Violations.

On August 27, 2020, **Royal Living Center reported the following nine violations on its self-assessment:**

- 115.210 (b) past due consent forms;
- 115.210 (c) unsigned Implementation Strategies by the guardians and individuals;
- 115.230 (e)(5)A) missing dental and physical exams;
- 115.230 (e)(5)B) past due Specific Level of Functioning (SLOF) and Inventory of Client and Agency Planning (ICAP) in individual records;
- 115.240 (m) lack of documentation that the individual and guardians had been informed of all medications risks;
- 115.250 (b) past due rights statements for individuals;
- 115.320 (c)(3) behavioral plans that were not reviewed every six months;
- 115.320 (h)(3)F) missing consent forms for emergency medical services; and
- 115.320 (h)(3)G) past due release of information forms.

Additionally, Royal Living Center responded “no” to the following questions on the same self-assessment:

- Have all staff been properly trained in COVID-19 procedures?
- In light of COVID-19 have staff been trained regarding a sanitizing plan?

When auditors inquired why BALC did not issue an NOV with violations, DHS stated, “*No penalties were given to agencies that did not have documentation or self-reported issues which affected quality assessment. As such, providers were allowed to complete self-assessments and distribute them to BALC as requested to assist with the health and safety of individuals.*”

Since no violations were issued by BALC, a Plan of Correction was not required from Royal Living Center for the self-assessment.

For surveys conducted by BALC, surveyors utilize the Compliance Checklist to determine a provider’s compliance level and to identify violations. Our analysis found deficiencies noted on the Compliance Checklist that were not included on the NOV.

There were 47 full and focus surveys conducted by BALC for the 25 providers in the audit sample. Sixteen out of forty-seven surveys had violations identified during the review that were not included on the NOV. Exhibit 10 shows surveys with missing violations on the NOV and a count of the violations not reported on the NOV. The number of violations missing from the NOV ranged from 1 to 9 violations. Because these violations were not copied to the NOV, they were also not addressed in the providers’ Plan of Correction.

**Exhibit 10**  
**SURVEYS WITH VIOLATIONS NOT INCLUDED ON THE NOV**  
 Audit Testing Sample of 25 CILA Providers

Provider	Survey Date	Survey Type	Count of Violations Missing from NOV
Abundant Possibilities	09/20/22	Full	3
Avancer Homes	01/11/21	Full	1
Broadstep Academy-IL	05/11/21	Full	9
Broadstep Academy-IL	08/22/22	Full	1
Broadstep Academy-IL	12/12/22	Focus	2
Brownstone Services	01/25/21	Full	2
Brownstone Services	04/17/23	Full	1
Compassionate Living Home	01/05/22	Full	2
Family Association Plus	02/22/22	Full	1
Family Association Plus	05/25/22	Focus	1
Harmony House CILA	05/18/22	Full	3
Joseph Rehabilitation Center	11/08/21	Full	2
Joseph Rehabilitation Center	03/20/23	Full	2
Random Acts of Kindness	07/19/21	Full	1
Trilogy	02/22/22	Full	1
Universal Homes	05/02/22	Full	3

Source: OAG developed from DHS licensing information.

When auditors inquired about Broadstep Academy’s May 2021 NOV, which was missing nine violations, the Department stated, “*Items included on the compliance checklist were not transferred to the NOV. There is no POC on file for this survey.*”

BALC records NOV citations from surveys in a database. Auditors assessed this database for accuracy and completeness. The NOV database did not contain all violations from BALC surveys. Exhibit 11 lists the surveys with missing violations in the NOV database. Our analysis found:

- 44 percent (7 of 16) of self-assessments received an NOV with violations and had some or all violations missing from the NOV database. Seventy-one percent (5 of 7) of these seven self-assessments had no violations from the self-assessment entered into the NOV database.
- 30 percent (14 of 47) of BALC surveys had some or all violations from the NOV not entered into the NOV database. Thirty-six percent (5 of 14) of these BALC surveys had no violations from the survey entered into the NOV database.

In nine instances, DHS stated said they were going to add citations to the NOV database as a result of our testing.

Exhibit 11  
**SURVEYS WITH VIOLATIONS MISSING FROM THE NOV DATABASE**  
 Audit Testing Sample of 25 CILA Providers

Provider	Survey Date	Survey Type	Number of Violations Missing from Database
Arrowleaf	09/08/20	Self-Assessment	4
Avancer Homes	01/11/21	Full	2
Broadstep Academy-IL	12/12/22	Focus	18
Divine Center	03/09/20	Focus	1
Family Association Plus	05/25/22	Focus	2
Harmony House CILA	01/15/20	Full	1
Harmony House CILA	05/18/22	Full	6
Joseph Rehabilitation Center	08/10/20	Self-Assessment	1
Joseph Rehabilitation Center	11/08/21	Full	1
Kwanza Suites Corporation	06/29/20	Self-Assessment	2
Kwanza Suites Corporation	04/12/21	Full	3
Kwanza Suites Corporation	07/15/21	Focus	1
Lutheran Social Services of Illinois	08/24/20	Self-Assessment	6
Lutheran Social Services of Illinois	07/18/22	Focus	4
Patterson House	10/17/22	Full	1
Random Acts of Kindness	03/10/22	Focus	27
Royal Living Center	08/08/22	Full	3
Shore Community Services	07/20/20	Self-Assessment	2
Trilogy	09/08/20	Self-Assessment	5
Universal Homes	08/10/20	Self-Assessment	6
Victory Homes	07/11/22	Full	1

Source: OAG developed from DHS licensing information.

The CILA Act (210 ILCS 135/4(g)(2)) states, “If the Department determines that an agency licensed under this Act is not in compliance with this Act or the rules and regulations promulgated under this Act, the Department shall serve a notice of violation upon the licensee. Each notice of violation shall be prepared in writing and shall specify the nature of the violation, the statutory provision or rule alleged to have been violated, and that the licensee submit a plan of correction to the Department if required.”

In response to violations missing from survey NOVs, DHS reported, “*The information was not transferred correctly between the compliance checklist and the NOV.*”

Citations being accurately reported on NOVs are important to the CILA licensing process, since NOVs are used by DHS to monitor provider compliance of the CILA program.

Notice of Violation Deficiencies	
<b>RECOMMENDATION NUMBER</b>	<b>DHS should ensure all violations noted during a BALC licensing survey are included in the Notice of Violation (NOV) and the NOV database.</b>
<b>3</b>	

**DHS Response:**

The Department accepts the recommendation. In FY25, BALC will work with DoIT to restructure its Notice of Violation forms into one continuous document, which will be known as the “Notice of Deficiency Form” to reflect the nomenclature changes in the amended rule. The updated form will present the deficiencies in a streamlined format on one document which is expected to reduce discrepancies and duplication when transferred to the BALC database. Additionally, the BALC Compliance Unit has begun to review the Notice of Violations/Deficiencies and will correct any errors or discrepancies within the documents.

**BALC Review of OIG Reporting Timeliness**

DHS failed to ensure that BALC surveyors reviewed whether the timeliness of CILA providers reporting of the Office of the Inspector General (OIG) incidents complied with reporting requirements. We found **34 instances**, at five providers, where evidence **showed noncompliant reporting, yet the scoring did not parallel the late reporting.**

BALC utilizes a CILA licensing survey instrument titled Compliance Checklist to test provider compliance with the CILA Rule (59 Ill. Adm. Code 115). The checklist provides the surveyor an instrument to score provider compliance with each section of the CILA Rule. One section of the CILA Rule (59 Ill. Adm. Code 115.320(g)(3)) relates to “unusual incidents” and contains a requirement for CILA providers to “*ensure that suspected instances of abuse or neglect against individuals in programs which are licensed by [DHS] are reported to the Office of the Inspector General.*” The checklist lists each standard and then provides the surveyor with a guideline to follow when evaluating the provider on the standard. For the section described above, the guideline for the surveyor states, “**Review any OIG reports before going to survey to check reporting time of within 4 hours after discovery of incident.**” [Emphasis added.]

The DHS Act (20 ILCS 1305/1-17(k)(1)) details that, “*If an employee witnesses, is told of, or has reason to believe an incident of mental abuse, physical abuse, sexual abuse, neglect or financial exploitation has occurred, the employee, agency, or facility shall report the allegation by phone to the Office of the Inspector General hotline according to the agency’s or facility’s procedures, but*

*in no event later than 4 hours after the initial discovery of the incident.”*  
[Emphasis added.]

On August 8, 2023, we requested, from DHS, **copies of the OIG investigations** that were completed as well as the allegations that had not yet resulted in a completed investigation for the five CILA providers in our discovery sample (Arrowleaf, Avancer, Broadstep Academy-IL, Joseph Rehabilitation Center, and Random Acts of Kindness). The **five providers in our judgmental discovery sample were a part of the 235 CILA providers** during the audit period.

We examined cases where the incident date for an OIG reported case **exceeded** the 4-hour reporting requirement for **completed cases** by the OIG for our discovery sample of providers. We found **34 cases** where the provider had not reported the incident to the OIG in accordance with statute and administrative rule.

For those non-compliant completed cases, we compared the start date for the BALC survey to the OIG date of final report and calculated the number of days that BALC licensing surveyors had to review cases before starting the licensing survey. The time BALC surveyors had to review the **closed OIG cases ranged from 13 to 437 days**.

Finally, we analyzed how the BALC surveyors scored this requirement on the Compliance Checklist. When scoring standards on the Compliance Checklist, surveyors can choose from:

- Full compliance;
- Substantial compliance;
- Minimal compliance;
- Unacceptable compliance; and
- Non-applicable.

The results of our analysis **question the scoring on the BALC licensing surveys**. Exhibit 12 details the 34 cases from our analysis. For example:

- **Cases 1 and 2** in Exhibit 12 are allegations against the same CILA provider. The incidents were reported to the OIG **19 and 2 days after** the incident occurred which is **outside the 4-hour requirement**. The date of the final OIG reports were April 6, 2021, and October 29, 2020. The BALC survey began July 19, 2021, in both cases. **BALC surveyors had 104 and 263 days to review those reports** prior to starting the survey. It does not appear they did that review because on the Compliance Checklist the surveyor said the standard was not applicable.
- **Cases 9 through 25** in Exhibit 12 all relate to the same provider with a BALC survey commencing on August 22, 2022. **All 17 of the cases had noncompliant reporting** dates by the CILA provider to the OIG. BALC surveyors again had ample time to review the reports, ranging from **14 to 437**

days. Yet the surveyors scored the provider as substantial compliance (2 out of 3 points) when 17 incidents were not timely reported.

- **Cases 26 through 34** in Exhibit 12 are the same provider as the previous bullet point. **All nine cases were not reported timely** and even though BALC surveyors again had ample time to review the OIG reports, the surveyors **still listed the standard as not applicable**.

Exhibit 12  
**TIMELY REPORTING ANALYSIS BY CILA PROVIDERS TO OIG**  
 Audit Testing Sample of 5 CILA Providers

Case #	Incident Date	Report Date to OIG	Date of Final OIG Report	Days Between Final OIG Report and Start of BALC Survey	Start Date of BALC Survey	Point Scores on BALC Survey
1	08/08/20	08/27/20	04/06/21	104	07/19/21	N/A
2	08/19/20	08/21/20	10/29/20	263	07/19/21	N/A
3	08/28/22	08/29/22	04/21/23	87	07/17/23	3/3
4	11/04/20	11/05/20	04/06/21	41	05/17/21	3/3
5	03/01/20	09/22/20	11/24/20	48	01/11/21	2/3
6	11/28/20	12/03/20	10/20/21	19	11/08/21	N/A
7	04/09/21	04/19/21	09/22/21	47	11/08/21	N/A
8	10/05/20	10/06/20	04/27/21	13	05/10/21	3/3
9	02/21/21	02/23/21	06/25/21	423	08/22/22	2/3
10	02/28/21	03/01/21	06/11/21	437	08/22/22	2/3
11	03/01/21	03/02/21	06/25/21	423	08/22/22	2/3
12	03/26/21	03/29/21	07/13/21	405	08/22/22	2/3
13	05/22/21	05/27/21	09/09/21	347	08/22/22	2/3
14	05/27/21	07/06/21	09/09/21	347	08/22/22	2/3
15	08/23/21	08/26/21	01/11/22	223	08/22/22	2/3
16	09/27/21	09/29/21	05/24/22	90	08/22/22	2/3
17	10/08/21	10/12/21	12/23/21	242	08/22/22	2/3
18	10/15/21	10/18/21	01/06/22	228	08/22/22	2/3
19	01/25/22	01/26/22	03/24/22	151	08/22/22	2/3
20	03/20/22	03/22/22	05/31/22	83	08/22/22	2/3
21	05/09/21	05/10/21	02/25/22	178	08/22/22	2/3
22	06/18/21	06/21/21	01/20/22	214	08/22/22	2/3
23	07/25/21	07/26/21	01/20/22	214	08/22/22	2/3
24	08/07/21	08/09/21	12/16/21	249	08/22/22	2/3
25	02/05/22	02/22/22	08/08/22	14	08/22/22	2/3
26	02/14/22	02/15/22	11/23/22	19	12/12/22	N/A
27	03/07/22	03/08/22	10/31/22	42	12/12/22	N/A
28	06/23/22	06/27/22	11/18/22	24	12/12/22	N/A
29	06/26/22	07/02/22	10/11/22	62	12/12/22	N/A
30	06/27/22	07/01/22	10/25/22	48	12/12/22	N/A
31	09/21/22	09/27/22	11/23/22	19	12/12/22	N/A
32	04/07/22	04/11/22	06/10/22	185	12/12/22	N/A
33	05/03/22	05/04/22	06/02/22	193	12/12/22	N/A
34	06/19/22	06/22/22	11/28/22	14	12/12/22	N/A

Source: OAG developed from DHS information.

On March 5, 2024, DHS reported, “BALC does not review *OIG timely reporting in their surveys.*” Auditors point out that **BALC surveyors are to evaluate compliance with the 4-hour OIG reporting requirement, or the surveyors at least are supposed to evaluate that issue.**

When BALC licensing surveyors do not review OIG reports before conducting survey activities, it can call into question the scoring of the licensing survey. Additionally, failure to review the OIG reports is a violation of DHS’ own guidance for the licensing survey.

**BALC Review of OIG Reporting Timeliness**

**RECOMMENDATION NUMBER**

**4**

***DHS should ensure that its surveyors comply with agency guidance and review OIG reports for timely reporting before starting a licensing survey. Additionally, if DHS does not consider BALC surveyors to be responsible for checking CILA provider compliance with OIG reporting timeliness, DHS should seek changes to the CILA Rule and its own Compliance Checklist.***

**DHS Response:**

The Department accepts the recommendation. The Department will establish a documented internal process for ensuring review of OIG reports for timeliness. Discussion about the process will occur at bi-weekly meetings between OIG, BALC, and BQM, which began as a response to the previous CILA audit as a way to share information and coordinate where necessary.

**CILA License Continuations**

DHS allowed a CILA provider to **remain serving residents on a continued license even though the provider’s original license had been expired for nearly 900 days.** Even though **DHS had no documentation in its file** for the provider and the providers dispute with the Office of the State Fire Marshal (OSFM), **DHS issued three continuations** for the CILA license.

The BALC policy and procedure manual details that **if all OSFM clearance reports are not received when a license/certification expires** or if there are fire code violations, DHS sends a letter to the agency notifying them of the pending fire clearances and if there are violations requesting a copy of a mitigation plan for those violations. If a mitigation plan is not received, **DHS can institute penalties** such as an admissions hold. The manual further states, “*When clearance reports are missing for a program at the time of license expiration, a short-term extension may be given to the provider at the discretion of the BALC Chief.*” The manual **does not define “short-term.”** However, on August 1, 2024, at its exit conference, DHS stated that in practice, BALC defines short-term extensions as six months.

During our licensing testing, we examined all BALC file documentation for a sample of 25 CILA providers. One of those providers, Pinnacle Opportunities, contained no evidence of a renewed license but did contain a number of **license continuations issued by BALC.** The correspondence sent to the provider that referenced the license continuation stated, “*BALC is adding six months additional*



*time to your Licenses and Certifications that are listed as expired below. This is to allow time for you to come into full compliance with your BALC license Survey and/or OSFM compliance. This continuation letter will allow you to continue to operate and bill through [date] for the programs listed as expired.” Exhibit 13 provides a timeline of activities around this provider and the license continuations granted by BALC.*

Exhibit 13  
**TIMELINE OF PINNACLE OPPORTUNITIES LICENSE CONTINUATIONS**

Date	Action	Days Since License Expiration
10/18/18	BALC Full Survey	N/A
09/09/20	Self-Assessment	N/A
11/30/20	Provider License Expiration	N/A
12/16/21	BALC Full Survey	N/A
05/17/22	License Continuation	533
11/07/22	License Continuation	707
01/03/23	BALC Focus Survey	N/A
05/02/23	License Continuation	883

Source: OAG developed from BALC information.

Auditors pointed out to DHS that we **saw no OSFM documentation** in the Pinnacle Opportunities files we received from BALC. DHS responded, *“The current BALC administration was not directly involved with the dispute with Pinnacle Opportunities. As such, we do not have in our possession the OSFM documentation.”*

The Compliance Checklist for the BALC full survey that initiated on December 16, 2021, references Environmental Management of Living Arrangements under section 115.300(b) of the CILA Rule. Guidance for the BALC surveyors, as stated on the checklist is that *“The fire clearance letter must be less than 12 months old on the date of the on-site inspection.”* Based on Exhibit 13, BALC **conducted two licensing surveys** since the license expiration for Pinnacle Opportunities, and the file **had no OSFM certification documentation** associated with either survey. However, BALC allowed residents to continue to live in the CILA.

On February 2, 2024, DHS reported, *“During FY24, Pinnacle corrected the OSFM citations and their license was fully renewed.”* No documentation was provided to auditors on this claim, but we would note that even on the first day of FY24, **the provider had not complied with administrative rules for a period of 943 days, and DHS allowed the operation of the CILA, without OSFM certification documentation, during this period of noncompliance.**

Pinnacle Opportunities was not the only provider where we noticed the multiple “short-term” license continuations. During testing work, we found:

- Millennium Gardens – **Operated on a continued license for 32 months:**
  - April 30, 2020, license **expired;**

- May 4, 2021, license continuation due to five missing fire clearances;
- May 17, 2022, license continuation;
- November 7, 2022, license continuation;
- January 10, 2023, license **renewed** to April 30, 2023;
- April 3, 2023, license continuation **due to BALC not having conducted survey.**
- Patterson House – **Operated on a continued license for 32 months:**
  - February 28, 2020, license **expired**;
  - May 17, 2022, license continuation;
  - November 7, 2022, license continuation;
  - November 15, 2022, license **renewed** to October 31, 2024.

The administrative requirements section of the CILA Rule (59 Ill. Adm. Code 115.320) requires compliance with life safety standards and requirements. Section 115.320(c)(6) of the CILA Rule states, *“All program facilities shall be in compliance with applicable State licensure requirements and local ordinances with regard to fire, building, zoning, sanitation, health, and safety requirements.”*

Additionally, section 115.300(b) of the CILA Rule requires, *“An agency shall make available the report of an inspection that has been made by the local authorities or the Office of the State Fire Marshal prior to providing services to any individual in any CILA site.”*

On December 19, 2023, DHS reported, *“BALC does not have a limitation on the number of license continuations it may issue written in policy and procedures. Continuations are issued if the provider cannot be fully renewed. . . .Specific to Pinnacle Opportunities, this **agency’s homes** are...currently disputing and appealing a [sic] OSFM determination in a number of the homes, so this agency has truly not met the full license renewal requirements since 11/30/2020 and a fully renewed license is not allowed by our policy and procedures.”* [Emphasis added.] Auditors note that while the DHS explanation mentions “homes,” Pinnacle Opportunities, as reported by DHS and shown in Appendix C to this report, only have one CILA agency controlled home.

Not having OSFM information on the dispute with Pinnacle Opportunities, yet still allowing the provider to operate under a license to care for CILA residents, can **potentially lead to harm coming to the CILA residents.**

**CILA License Continuations**

**RECOMMENDATION  
NUMBER**

**5**

*DHS should revise its licensing policies and procedures to include an acceptable number of license continuations. Additionally, DHS should define what a “short-term extension” means in relation to licensing. Finally, when a CILA provider does not present acceptable OSFM documentation during a licensing survey, DHS should enforce penalties that include admissions holds on the provider.*

**DHS Response:**

The Department accepts the recommendation. The COVID pandemic significantly impacted the surveying process during the audit period.

BALC has implemented a new mitigation and penalties process regarding license continuations to address OSFM violations and clarify for providers. The penalties process has three progressive levels of sanctions, including admissions hold, suspension of payment and de-certification/license revocation. Providers can be penalized for failure to submit mitigation plans and/or if they fail their re-inspection survey. DDD will do additional training on this policy going forward.

BALC will update its policies and procedures in FY25 to ensure that they reflect this guidance and an agreed upon standard regarding the number of license continuations that can be issued to providers statewide. BALC also plans to incorporate a process to conduct higher level reviews if/when circumstances arise in which providers may need a substantial amount of time to address OSFM violations.

## DHS Monitoring of the CILA Program

A DHS CILA monitoring unit has **operated for five fiscal years under a draft policy and procedure manual**. Additionally, a DHS licensing unit had a policy and procedure manual that **had conflicting requirements** related to survey requirements.

DHS failed to enforce admissions restrictions on CILA providers that were on probation based on unacceptable licensing survey scores. The failure led to five individuals from our sample being **admitted to providers that failed to achieve minimally acceptable scores** from BALC officials.

DHS failed to **assign division monitors** to oversee corrective actions by CILA providers with the worst licensing survey scores. This failure is a violation of administrative rule.

DHS **failed to sanction a CILA provider that repeatedly refused to cooperate with OIG investigations** of allegations against the provider. Our examination of OIG investigative reports found **22 instances** where the provider violated State law or rule by not cooperating with OIG investigations. DHS could **not provide any documentation** to show it took any actions against the provider for a failure to cooperate.

DHS failed to **consistently apply** CILA rules to all providers that failed to correct noted deficiencies. While some providers had CILA licenses revoked, **others were allowed to continue in the program** despite not correcting deficiencies. Additionally, for providers allowed to remain in the program, DHS **did not have documentation** to support plans of correction for the uncorrected deficiencies.

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LAC Resolution Number 164 asked us to examine whether oversight and monitoring of licensed CILA providers complied with statutory and regulatory requirements, including site visits and inspections of records and premises. We found a number of instances of substandard monitoring of the CILA program. Those issues are detailed below.

The Division of Developmental Disabilities, the Bureau of Quality Management and the Office of the Inspector General conduct the main monitoring of the CILA program, outside of the licensing process. Those functional units are discussed below.

### Division of Developmental Disabilities

The DHS Division of Developmental Disabilities (DDD) **oversees** the Illinois system of programs and services specifically designed for individuals with developmental disabilities. Persons with developmental disabilities include persons with intellectual disabilities and related conditions such as cerebral palsy, epilepsy, and autism. DDD is currently overseen by a Director, who has been with DHS since late June 2023. Prior to the current director, the former DDD Chief of Staff was the interim director from June 2022 to June 2023.

DDD works as a partner with many local entities statewide to offer an extensive **array of services** that enable persons with developmental disabilities to reside with their families or in other community living situations and to attain their

wants and needs. Exhibit 14 describes the services DDD funds for children and adults.

**Exhibit 14  
SERVICES FUNDED BY DDD FOR ADULTS AND CHILDREN**

Service Area	Description
Day Program Services	Services for adults are provided by community-based agencies and organizations to individuals throughout Illinois. These services are designed to enhance a person’s skill levels in major life areas, work-related activities, and employment skills.
Residential Services	Services that are provided in a variety of settings including ICFs/DD, Supported Living Arrangements, Special Home Placements, Community Living Facilities, Children’s Group Homes, Child Care Institutions, and CILAs.
Home Based Support Services (HBS)	Services that are an option within the Adult Medicaid Waiver and the Children’s Support Waiver. HBS includes individually designed, separately covered services, or the assessment of the need for these services, to assist individuals to live in a private family home or private house or apartment that they own or lease. Individuals and guardians may choose from an array of services, up to a monthly dollar cost maximum set by DHS that best meets the evolving needs of the individual.
Other Support Services	Services funded by DDD for respite [short-term relief to caregiver], nursing, therapies, transportation, adaptive equipment, and homes and vehicle modifications.

Source: OAG developed from DHS documentation.

**Bureau of Quality Management**

The Bureau of Quality Management (BQM), which is organizationally under DDD, is made up of two sections: Quality Review and Quality Enhancement. Staff in the Quality Review section review waiver providers and observe the people that are served in waiver services. The Deputy Director of Community Services, who has been with DHS since May 2021, oversees three units, BQM being one of them. Prior to this, the Deputy Director worked for one of the providers. The Administrator of Quality Management, moved to this position in February 2023 but started at DHS in November 2021. The Administrator was with the State of New Jersey before DHS.

**BQM staff complete review tools to evaluate compliance with the Home and Community Based Services Waivers, as well as the contractual agreements between DHS and provider agencies.**

To complete that review process, BQM selects a random, **statistically valid sample** of waiver participants (individuals). BQM reviewers conduct unannounced on-site reviews and desk audits to review documentation. BQM reviewers also:

- provide technical assistance and complete focused reviews of specific providers at the request of the Office of the Inspector General (OIG) or other entities, and
- conduct quality reviews of all new providers during the agency’s first year of providing direct services.

### COVID-19 Impact on BQM Oversight

BQM reported the Bureau had to conduct virtual site visits during the COVID-19 pandemic. The waiver sample was pulled like normal, with the assistance of the Department of Innovation Technology, and the surveys were still unannounced, but CILA workers would have to **video record inspection sites**. Eventually, BQM moved to a hybrid version, where COVID-19 cases were assessed the week before a visit; if there was no outbreak, BQM could conduct an on-site visit. Site visits are now fully on-site.

The former DDD Chief of Staff reported that restrictions started around April 2020, and Appendix K (a federal waiver document that allowed flexibilities in response to COVID-19) was approved in May 2020. The restrictions ended in June or July of 2022, but periodic COVID-19 flare-ups have forced BQM to do hybrid or fully remote site visits for a time, especially during the winter. They have been doing on-site visits since late February/early March of 2023.

### Office of the Inspector General

The DHS Act (20 ILCS 1305/1-17) gives the DHS Office of the Inspector General (OIG) statutory responsibility to **conduct investigations into allegations of abuse and neglect** at DHS Developmental Centers and Mental Health Centers, as well as community agencies funded, licensed or certified by DHS to provide mental health or developmental disability services. Appendix E details OIG allegations against CILA providers for the period FY21-FY23.

For the period FY21-FY23, OIG reported **4,782 allegations against CILA providers** that were in some stage of investigation, from ongoing to closed.

OIG investigations result in the following conclusions:

- **Substantiated Allegation** – There is a preponderance of the evidence to verify the substance of the allegation.
- **Unsubstantiated Allegation** – There is credible evidence, but less than a preponderance of evidence to verify the substance of the allegation.
- **Unfounded Allegation** – There is no credible evidence to verify the substance of the allegation.
- **Recommendation** – An admonition rendered by the OIG, separate from a finding, that requires action by the facility, agency, or Department to correct a systemic issue, problem, or deficiency identified during an investigation.

### COVID-19 Impact on OIG Oversight

OIG officials reported that COVID-19 changed investigations drastically. OIG began conducting investigations remotely over the phone. Investigations were remote through the end of FY20 into FY21. Since then, most investigations are done on-site, but with staffing shortages, there are still some remote investigations. OIG has been hiring people on 75-day contracts and recruiting people who used to work at OIG to come back.

The Inspector General reported there were less allegation reports filed during COVID-19 due to sites closing down. This was potentially because no supervisors or families were going on-site. This could also be the result of less incidents being reported due to less experienced staff working in the CILAs (due to high turnover). Some of the CILA population is not communicative, so if people were not going to the sites during COVID-19, some cases may not have been reported. The Inspector General added the number of cases during COVID-19 dropped but are now going back up.

### Monitoring Policy and Procedure Manuals

A DHS CILA monitoring unit has **operated for five fiscal years under a draft policy and procedure manual**. Additionally, a DHS licensing unit had a policy and procedure manual that had **conflicting requirements** related to survey requirements.

Updated and approved policy and procedure manuals are an effective internal control for organizations that monitor programs such as CILA.

On June 13, 2023, at the beginning of the audit, we requested the policy and procedure manuals for BALC and BQM that are used in monitoring providers in the CILA program. BALC conducts licensing reviews of CILA providers and BQM reviews compliance with the Home and Community Based Services Waivers, as well as the contractual agreements between DHS and provider agencies.

The BQM policy and procedure manual provided to auditors was stamped “DRAFT.” We followed up with DHS to determine when the “draft” version was first utilized by BQM. DHS, on January 25, 2024, stated, *“At this time, BQM utilizes the draft BQM Manual. The draft BQM Manual was first developed and began being used in **FY2020**. Since it was first used, BQM continues to update the Manual and it is reviewed by staff including new reviewers.”* [Emphasis added.] DHS anticipated the draft manual to be utilized into **mid-2024**.

The **purpose** of the BQM Manual is to provide employees with a set of principles, rules, and guidelines that will clarify operations and actions. The BQM draft manual has multiple sections dealing with new employees, bureau information, and how to conduct review processes.

The BALC Policy and Procedure Manual provided by DHS had a number of **“track changes” entries** that made it appear that the Manual was not in final form. One such track change was the date on the manual that changed from June 9, 2022, to July 15, 2022. During the course of this audit, we found a discrepancy between two sections of the manual relative to the number of records a surveyor must complete. DHS **agreed** that the manual was in error.

The Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires all State agencies to *“establish and maintain a system, or systems, of internal fiscal and administrative controls.”* **These controls should include developing formalized and finalized policy and procedure manuals.**

DHS reported, “During the audit period, BQM and DDD overall were dealing with a pandemic as well as staffing changes within BQM which slowed the process of finalizing the Manual.” Auditors note that the **BQM draft was being utilized for five fiscal years without being formalized and finalized.**

When policies and procedures are not in finalized approved form, employees may find themselves unclear of their roles and responsibilities, which may impact productivity and efficiency. This could also lead to the inconsistent treatment of providers. Additionally, lack of guidelines can lead to a lack of accountability.

**Monitoring Policy and Procedure Manuals**

**RECOMMENDATION NUMBER**

**6**

***DHS should finalize, formalize, and approve the BQM policy and procedure manual so that monitoring of CILA providers is consistent. Additionally, DHS should make corrections needed in the BALC policy and procedure manual so that staff conducting licensing surveys have correct and approved procedures to guide actions.***

**DHS Response:**

The Department accepts the recommendation. The BQM policy and procedure Manual will be updated as the BQM Procedure Manual. It will be finalized by October 1, 2024, and be accessible by all staff. BQM will update the Manual as needed.

BALC will update its policy and procedures Manual in FY25 to provide best practices procedures that will provide uniformity for surveys statewide. BALC will review the Manual as needed and make changes when appropriate.

**CILA Admissions During Probation Period**

DHS failed to enforce admissions restrictions on CILA providers that were on probation based on unacceptable licensing survey scores. The failure led to five individuals from our sample being **admitted to providers that failed to achieve minimally acceptable scores** from BALC officials.

Probation is a situation where compliance with minimally acceptable standards necessitates immediate corrective action to ensure that individuals’ life, safety, or quality of care are not in jeopardy. When a CILA provider receives a licensing survey score of a Level 4 or worse, the **provider is to be placed in a probationary period for a period limited to 90 days.** During the probationary period, the provider must make changes sufficient to bring the agency **back into good standing** with DHS.

The CILA Rule includes a section on license sanctions and revocation (59 Ill. Adm. Code 115.440). Within that section, part “g” details sanctions that will be imposed on providers that fail to achieve good standing during licensing surveys. The rule states, “*The admission of new individuals shall be prohibited during the probationary period.*” [Emphasis added.] We verified with DHS, based on the BALC process and procedure manual, that Level 5 licensing surveys also precipitate a probation period of 90 days.



During the audit, we selected a sample of 25 CILA providers and obtained the complete BALC file for the providers, including all surveys conducted on the providers for the period FY20-FY23. Additionally, for that same sample, we obtained the admissions records for the providers for the period FY20-FY23.

To test whether providers admitted individuals while the providers were on probation we compared the providers licensing survey scores to the admission lists. We found five instances where **DHS violated administrative rule by allowing providers on probation to admit new individuals**. See Exhibit 15 for information on our exceptions. The Exhibit also shows that the probation periods for 3 of 5 exceptions were scheduled to be over before BALC could even review the progress on correcting violations in the subsequent focus review.

**Our sample testing encompassed 25 CILA provider licensing files. For the period FY20-FY23, there were 235 total CILA providers.**

Exhibit 15  
**ADMISSIONS DURING PROBATION PERIOD**  
 Audit Testing Sample of 25 CILA Providers

Case #	Provider	First Date of Billing (Admission)	Provider Level at Billing (Admission)	Provider in Good Standing at Admission	Ending Date of BALC Survey	End of Probation Date	Next BALC Focus Review Start Date
16	Broadstep Academy-IL	09/30/22	5	No	08/26/22	11/24/22	12/12/22
59	Broadstep Academy-IL	09/06/22	5	No	08/26/22	11/24/22	12/12/22
144	Brownstone Services	09/17/20	4	No	10/10/19	01/08/20	No Focus Reviews in file <sup>1</sup>
147	Caring Hands CILA of IL	11/29/21	4	No	11/24/21	02/22/22	03/07/22
210	Shore Community Services	11/01/21	4	No	08/17/21	11/15/21	11/02/21

Note: <sup>1</sup> Brownstone Services' next BALC review was a full survey conducted in January 2021. There was no 90-day focus review after the initial survey and Level 4 determination. DHS stated, "This is due to staff oversight and understaffing."

Source: OAG developed from DHS information.

On April 10, 2024, DHS reported that for one of the exceptions DDD allowed transitions because the individual went from a Broadstep child group home to a regular CILA. For another exception, DHS indicated the admission was "due to staff oversight and understaffing."

DHS allowing CILA admissions to providers while they are on probation not only violates administrative rule but risks the individual being admitted receiving substandard care from a provider that did not achieve adequate licensing standard scores.

**CILA Admissions During Probation Period**

**RECOMMENDATION NUMBER**

**7**

***DHS should take steps necessary to comply with rules and ensure that admissions are not made to a CILA provider that is on probation.***

**DHS Response:**

The Department accepts the recommendation. DHS has begun updating its sanctions policy and process, consistent with administrative rule. The Department will finalize the policy and share through information bulletins, including clarifying when admission holds must be enforced.

**CILA Corrective Action Monitors**

DHS failed to **assign division monitors** to oversee corrective actions by CILA providers with the worst licensing survey scores. This failure is a violation of administrative rule.

When a CILA provider, during the licensing survey process, receives a score equivalent to a Level 5, it must take corrective action to come back into good standing within 60 days of the exit conference for the licensing survey. During that period, **DDD is required to assign** a monitor to oversee the progress of the CILA provider in taking the corrective actions.

During the audit, we asked DHS for documentation *“that supports who the Division assigned to monitor”* the CILA providers from our sample of 25 providers that had scored a Level 5 on the BALC licensing review. While DHS responded that one official was the monitor for Joseph Rehabilitation and for Shore Community Services, and another official was assigned as the monitor for Broadstep Academy-IL, **no documentation was ever provided.**

Auditors reviewed all surveys as part of licensing testing. In our sample of 25 CILA providers, there were 34 instances of full surveys conducted by BALC. **Fifteen percent (5 of 34) of the full surveys resulted in Level 5 scoring and the need for a monitor.** The five providers were:

- Broadstep Academy-IL;
- Family Association Plus;
- Random Acts of Kindness;
- Joseph Rehabilitation Center; and
- Kwanza Suites Corporation.

Only two of the five providers were assigned a monitor as required by administrative rule. Auditors also did not understand why DHS says it assigned a monitor to Shore Community Services as that provider only received a Level 4 licensing score and not the Level 5 that is needed for monitor assignment. Three of the five providers were not assigned a monitor. DHS did not assign a monitor to Random Acts of Kindness when that provider could have benefitted from a

monitor. In July 2021, the provider scored a Level 5. During the 60-day focus review in September 2021, the provider scored a Level 4. This provider appears to have **had difficulty implementing its POC**. DHS also failed to assign a monitor to Family Association Plus and Kwanza Suites Corporation (Kwanza). Family Association Plus was found to be in good standing after its 60-day focus review. DHS tried to conduct a 60-day focus review of Kwanza; however, Kwanza would not cooperate, so the review could not be conducted. If a monitor had been assigned, DHS would have been able to either prompt change or to know sooner that Kwanza was not cooperating and therefore move more quickly to revoke its license.

DHS did describe that it typically provides oversight as needed for providers. Further, that oversight will often include multiple bureaus/units based on the needs of the agency. Finally, DHS reported that, *“DDD does not have a formal process for the assigning of monitors nor does DDD have documentation to show the formal assignment of monitors.”*

The CILA Rule defines that a “restricted license” is when a CILA provider is sanctioned for unsatisfactory compliance (59 Ill. Adm. Code 115.440(g)(3)). The CILA Rule further **requires DHS to assign a monitor** to oversee the provider’s progress in taking corrective action.

DHS reported that in FY23, DDD added a Provider Technical Assistance Unit to aid new and existing providers as needed. With the creation of this unit and the hiring of staff, DDD is working to develop a process for the assigning of monitors.

DHS violates its own administrative rule when it fails to assign a monitor to a CILA provider that is only able to attain a Level 5 licensing score. Additionally, not having oversight by a monitor **increases the risk** that deficiencies are not corrected in timely manner and that substandard care for individuals may result.

**CILA Corrective Action Monitors**

**RECOMMENDATION NUMBER**

**8**

***DHS should comply with administrative rule and assign a monitor to oversee corrective actions for CILA providers that are on a restricted license.***

**DHS Response:**

The Department accepts the recommendation. The Department has expanded the DDD Technical Assistance Unit to allow for monitoring and support for providers who are having difficulty meeting requirements. In addition, the Department will ensure that an internal or external monitor is assigned, when required by administrative rule, to oversee corrective actions for CILA providers that are on a restricted license. Furthermore, of the five organizations in the auditor’s selected sample that received Level 5 findings from BALC, three have had their licenses revoked by DDD and are no longer operating and a fourth has been given notice that its license will be revoked September 12, 2024, barring appeal.

### Lack of Cooperation with OIG Investigations by CILA Provider

DHS failed to sanction a CILA provider that repeatedly refused to cooperate with OIG investigations of allegations against the provider. Our examination of OIG investigative reports found **22 instances** where the provider violated State law or rule by not cooperating with OIG investigations. DHS could **not provide any documentation** to show it took any actions against the provider for a failure to cooperate.

During the audit, we selected five CILA providers for discovery testing. One of those was Broadstep Academy-IL (Broadstep), a provider that **received over \$23.6 million** for CILA services for the period FY21-FY23.

We requested and received OIG cases for the five providers for the period July 1, 2020, to June 30, 2023. We examined the OIG case files for the providers and found that Broadstep **appears to have violated both State law and State rule** in the investigations of the cases. We provided DHS with a listing of exceptions on January 11, 2024, relative to Broadstep cooperation with the OIG and requested DHS review the exceptions and point out any issues with the exceptions. Additionally, if Broadstep was not held accountable for failure to cooperate with the OIG, we asked for a “cause” statement as to why Broadstep was not held accountable.

Eighty-five days later, on April 5, 2024, DHS responded and **did not question** our exceptions. Exhibit 16 details the **22 instances of noncooperation by the provider**.

DHS reported, “*All providers are held to the same standard as it relates to OIG investigations.*” Auditors find that concerning given that we found 22 instances **for one provider** where there was not cooperation with the OIG by the CILA provider.

DHS officials indicated that Broadstep was held accountable for its actions through a variety of steps by DDD. However, any such steps taken by DDD were for Broadstep actions outside the actions relative to the OIG investigation noncooperation.

The DHS Secretary, under the Department of Human Services Act (20 ILCS 1305/1-17 (p)(iv)) has the authority to impose appropriate sanctions after the review of an OIG investigative report.

Exhibit 16  
**NONCOOPERATION WITH OIG INVESTIGATIONS**  
 Broadstep Academy-IL

**Criteria: Agencies must provide OIG with all written statements and any documents in a timely manner.**

OIG Case #	Date Case Reported to OIG	Documentation Issues Noted by OIG
1222-0448	05/27/22	Failed to provide Case Notes and Nursing Notes to assist OIG with its investigation.
1222-0460	06/02/22	Failed to provide Case Notes, General Events Reports, or Behavior Logs to assist OIG with its investigation.
1222-0475	06/10/22	Failed to provide Case Notes and Nursing Notes to assist OIG with its investigation.
1222-0487	06/16/22	Failed to provide Case Notes, Nursing Notes, and Dentist Orders to assist OIG with its investigation.
1223-0013	07/08/22	Failed to provide Case Notes, Nursing Notes, General Events Reports, or Training Records to assist OIG with its investigation.
1223-0014	07/08/22	Failed to provide Case Notes, Nursing Notes, and Shower Logs to assist OIG with its investigation.
1223-0097	08/30/22	Failed to provide Case Notes, Nursing Notes, or General Events Reports to assist OIG with its investigation.
1023-0125	09/27/22	Failed to provide any Repositioning documents that were required to be logged to assist OIG with its investigation.
1222-0358	04/11/22	Failed to provide Staff Schedule, Case Notes, and Nursing Notes to assist OIG with its investigation.
1222-0441	05/24/22	Failed to provide Staff Schedule to assist OIG with its investigation.
1222-0450	05/26/22	Failed to provide Case Notes and General Events Reports to assist OIG with its investigation.

**Criteria: Agencies are required to report allegations to OIG within 4 hours.**

OIG Case #	Date Case Reported to OIG	Incident Date	OIG Recommendation
1222-0498	06/22/22	06/19/22	Broadstep Academy address DSP late reporting of allegation.
1223-0222	11/16/22	11/11/22	Broadstep Academy address DSP late reporting of allegation.
1022-0246	03/22/22	03/21/22	Broadstep Academy address DSP late reporting of allegation.
1021-0185	03/01/21	02/28/21	Broadstep Academy address DSP late reporting of allegation.
1021-0206	03/29/21	03/26/21	Broadstep Academy address DSP late reporting of allegation.

**Criteria: Agencies are required to provide information, including relevant documents and photographs.**

OIG Case #	Date Case Reported to OIG	Information Deficiencies Noted by OIG
1022-0354	06/27/22	Broadstep failed to provide photographs or a medical assessment.
1023-0001	07/02/22	Broadstep failed to provide photographs or a medical assessment.
1023-0019	07/16/22	Broadstep failed to have statements taken for the investigation.
1021-0214	04/02/21	Broadstep failed to provide photographs and photographic logs.

**Criteria: Cooperation with OIG Investigation.**

OIG Case #	Date Case Reported to OIG	Deficiencies Noted by OIG
1023-0002	07/04/22	Broadstep failed to fully cooperate with OIG investigation by refusing to answer questions.
1023-0123	9/27/22	Broadstep failed to fully cooperate with OIG investigation by refusing to answer questions.

Note: DSP means Direct Service Provider

Source: OAG developed from OIG information.

Criteria related to cooperation with OIG investigations is found in both State statute and rule.

- The DHS Act (20 ILCS 1305/1-17 (k)(1)) details that, *“If an employee witnesses, is told of, or has reason to believe an incident of mental abuse, physical abuse, sexual abuse, neglect, or financial exploitation has occurred, the employee, agency, or facility shall report the allegation by phone to the Office of the Inspector General hotline according to the agency’s or facility’s procedures, but in no event later than 4 hours after the initial discovery of the incident ...”* [Emphasis added.]
- The Act (20 ILCS 1305/1-17 (i)(2)) also states, *“Any employee who fails to cooperate with an Office of the Inspector General investigation is in violation of this Act. Failure to cooperate with an investigation includes...any one or more of the following:*
  - *(i) creating and transmitting a false report to the Office of the Inspector General hotline,*
  - *(ii) providing false information to an Office of the Inspector General Investigator during an investigation,*
  - *(iii) colluding with other employees to cover up evidence,*
  - *(iv) colluding with other employees to provide false information to an Office of the Inspector General Investigator,*
  - *(v) destroying evidence,*
  - *(vi) withholding evidence,*
  - *(vii) otherwise obstructing an Office of the Inspector General investigation.”*
- The Illinois Administrative Code (59 Ill. Adm. Code 50.30 (f) (4) (D&E)) details steps that an authorized representative of the facility **shall** conduct. This includes that, *“Unless otherwise directed by OIG, initiate the preliminary steps of the investigation by a...trained OIG Liaison. This may include the need to:*
  - *Secure all relevant documents and physical evidence, such as clothing, if applicable; and*
  - *Photograph the scene of the incident and the individual’s injury, when applicable.”*
- The Code (59 Ill. Adm. Code 50.50 (g) (2)) also details rules for conducting investigations including granting access to OIG and states that facilities and community agencies *“shall obtain and provide OIG with all written statements and any requested documents in a timely manner.”*

On April 5, 2024, DHS reported, *“To date, DDD has not been notified by OIG if a provider or staff has refused to participate in an OIG investigation.”*

When a CILA provider does not cooperate with the OIG in the investigation of an allegation against the provider, that provider is in violation of State law and administrative rules. When DHS does not hold the provider to those criteria it can

influence the thoroughness of the OIG investigation and potentially result in an incorrect allegation resolution and **potentially place individuals in situations where health and safety are impacted.**

**Lack of Cooperation with OIG Investigations by CILA Provider**

**RECOMMENDATION NUMBER**

**9**

*DHS should develop a reporting mechanism where instances of noncooperation by CILA providers are reported to DDD. Additionally, when providers violate State law and administrative rule by failing to cooperate with the OIG, DHS should impose appropriate sanctions on the provider as allowed for in the Department of Human Services Act (20 ILCS 1305/1-17(p)(iv)).*

**DHS Response:**

The Department accepts the recommendation. DDD will work with the OIG to clarify the policy and process for addressing OIG noncooperation by CILA providers. The policy will include the process, timing, and roles and responsibilities. Bi-weekly meetings between the OIG, BALC, and BQM, which began as a response to the previous CILA audit, are held as a way to share information and coordinate where necessary. The Department has informed Broadstep that their license is being revoked in 60 days on September 12, 2024.

**Inconsistent License Revocation**

DHS failed to **consistently apply** CILA rules to all providers that failed to correct noted deficiencies. While some providers had CILA licenses revoked, **others were allowed to continue in the program** despite not correcting deficiencies. Additionally, for providers allowed to remain in the program, DHS **did not have documentation** to support plans of correction for the uncorrected deficiencies.

During the audit, we asked DHS for a listing of the CILA providers that had licenses revoked during the audit period along with the reasons for revocation. DHS responded that four provider licenses had been revoked. Those providers and the reason for revocation were:

- Disability Services of Illinois – health and safety violations;
- Kwanza Suites Corporation – **failure to correct violations** and complete 60-day review;
- American Warriors – expiration of provisional license/never provided services; and
- Janaston Management and Development Corporation – **failure to correct violations.**

During our licensing testing, we found two CILA providers with issues surrounding a **failure to correct deficiencies.** The facts, from DHS documentation, are provided below:

- Family Association Plus: **Received nearly \$1.3 million between FY21-FY23 for one agency controlled site with a capacity of seven residents**

- On March 4, 2022, received notice from BALC of **47 instances of violating the CILA Rule**;
  - All violations in the Notice of Violations were addressed in the provider’s plan of correction, which was **to be implemented by April 4, 2022**;
  - On March 23, 2022, BALC found the POC acceptable and **approved the plan**;
  - On June 1, 2022, in a focus review follow-up, BALC found **40 percent (19 of 47) of the violations had not been corrected**;
  - The BALC file for this provider **did not contain a POC** for the focus review violations even though one **was required** with a submission deadline of July 1, 2022;
  - Our license testing exceptions, **which noted the lack of a POC**, went to DHS on March 20, 2024;
  - DHS responded to our BALC Reviews exceptions on May 6, 2024;
  - DHS **did not dispute** the lack of a POC exception;
  - **On October 19, 2022, DHS informed Family Association Plus that its license had been renewed through February 28, 2024.**
- Caring Hands CILA of Illinois: **Received nearly \$1.3 million between FY21-FY23 for one agency controlled site with a capacity of seven residents**
    - On November 29, 2021, received notice from BALC of **35 instances of violating the CILA Rule**;
    - Thirty-seven percent (13 of 35) of the violations **were not addressed in the provider’s POC**, which was **to be implemented in January 2022**;
    - On January 18, 2022, BALC found the POC acceptable and **approved the plan even though it did not address all of the CILA Rule violations**;
    - On March 10, 2022, in a focus review follow-up, BALC found **20 repeat findings indicating violations had not been corrected**;
    - The BALC file for this provider **did not contain a POC** for the focus review violations even though one **was required** with a submission deadline of April 11, 2022;
    - Our license testing exceptions, **which noted the lack of a POC**, went to DHS on March 20, 2024;
    - DHS responded to our BALC Reviews exceptions on May 6, 2024;
    - DHS **did not dispute** the lack of a POC exception;
    - **On October 20, 2022, DHS informed Caring Hands CILA of Illinois that its license had been renewed through November 30, 2023.**



Exhibit 17 presents some of the CILA Rule violations that were not corrected by the CILA providers detailed above.

Exhibit 17 CILA RULE VIOLATIONS NOT CORRECTED			
Family Association Plus		Caring Hands CILA of Illinois	
Rule	Description	Rule	Description
115.210 (b)	No evidence of informed consent to participate in CILA	115.210 (b)	No evidence of informed consent to participate in CILA
115.230 (m)(2)	Cannot determine if services in plan meet the individuals needs	115.230 (f)	No evidence implementation strategy completed within 30 days
115.230 (n)	No evidence of semi-annual reviews of implementation strategies	115.230 (p)	No evidence workers trained on implementation strategies
115.230 (p)	No evidence workers trained on implementation strategies	115.240 (e)(1)	No evidence of physician rationale for medications
115.240	Agency failed to provide medication administration records	115.300 (c)(6)(A)	Cleanliness and safety violations including mold-like substance
115.240 (e)	No evidence resident seeing psychiatrist every 3 months for medication review	115.320 (d)(1)(C)	Staff was unaware of the required water temperatures for a CILA home in order to ensure resident safety
115.320 (f)(1)	Agency failed to provide evidence of implementation of quality assurance program	115.320 (f)(1)	Agency failed to provide evidence of implementation of quality assurance program
115.321 (b)	No current background checks for all staff	115.320 (h)(3)(E)	No evidence of dental exam completed upon entry to a CILA
115.321 (c)	OIG Rule 50 training not completed for all staff	115.321 (b)	No current background checks for all staff

Source: OAG developed from DHS information.

Illinois Administrative Code (59 Ill. Adm. Code 115.440), known as the CILA Rule, detail license sanctions and revocation reasons for CILAs. Section 115.440(a)(3) of the CILA Rule states, *“The Department may revoke a license at any time if the agency: ... Fails to correct deficiencies identified as a result of an on-site survey by the Department or fails to submit a plan of correction within 30 days after receipt of the notice of violation.”*

We asked DHS if the Department could provide criteria that showed when it should invoke the revocation of a CILA license due to failure to correct deficiencies. On August 30, 2023, DHS responded, *“Not a set criteria, but factors include good faith efforts/responsiveness, severity, COVID impacts/state of system/availability of alternate placement for residents.”*

When DHS does not consistently apply sanctions to CILA providers, it **questions the equality of the monitoring efforts** for the CILA program. Additionally, when CILA providers acquire large numbers of CILA Rule violations and do not take the steps to address and fix the violations, it **calls into question the care the residents of those CILAs receive.**

**Inconsistent License Revocation**

**RECOMMENDATION  
NUMBER**

**10**

*DHS should develop criteria for CILA providers relative to circumstances of license revocation. Additionally, DHS should consistently apply those criteria to all CILA providers.*

**DHS Response:**

The Department accepts the recommendation. The Department has begun updating its sanctions policy and process with the help of newly passed legislation that provides input regarding the Department's right to sanction, specific tools it can use, and a provider's right to appeal. In addition, the Department has updated the annual documentation providers must sign, known as "Attachment A," to include clearer language regarding provider responsibilities and the Department's right to sanction if those responsibilities are not followed. The Department will finalize the policy, including sanction options, and the process through which sanctions will be applied and share through information bulletins.

## Emergency Call Notifications

DHS failed to follow State statute and develop administrative rules for emergency notifications made from CILA locations. While DHS did revise the CILA Rule **1,246 days after the effective date of the emergency notification requirement**, that revision **failed to contain a definition of “emergency call” or any penalties for non-compliance.**

DHS failed to hold CILA providers that were not compliant with CIRAS reporting requirements accountable. Over the period FY20-FY23, **41 percent of CIRAS incident reports were not made within the required two working day requirement.** Failure to enforce the reporting requirements resulted in one CILA provider taking **563 days, on average, to report FY20 incidents.**

DHS failed to enforce its own procedures relative to **CILA providers maintaining the requisite number of reporters** for CIRAS.

DHS failed to take steps necessary to ensure Independent Service Coordinators (ISCs) conducted follow up activities as required by Department procedure. This resulted in 76 percent of the **next day follow up** to cases either not being conducted or not conducted timely. Additionally, **10,617 cases that required 10-day follow up were not conducted** by the ISC. For the 10-day follow up, 28 percent of the cases were not initially followed up timely. Finally, DHS **could not provide sufficient documentation to support its own compliance** with the procedures for following up with ISCs.

DHS has implemented a process for reporting critical incidents that **results in under-reporting.** DHS requirements for abuse, neglect, and exploitation require reporters to send those allegations to OIG. However, when OIG is unable to substantiate the allegations, the information is not included in the reporting of critical incidents in the CIRAS database. CILA providers and ISCs have **reporting understandings that differ** from the DHS reporting criteria.

LAC Resolution Number 164 asked us to examine whether the DHS notification process for emergency calls complies with applicable laws, rules, and procedures.

### Failure to Develop Emergency Call Administrative Rules

DHS failed to follow State statute and develop administrative rules for emergency notifications made from CILA locations.

Public Act 101-0075 added the following requirement to the CILA Act (210 ILCS 135/13.2):

*“Any facility licensed under this Act shall notify [DHS] when emergency calls are made from the facility.” “[DHS] shall adopt any rules necessary to implement this Section, including, but not limited to, reporting procedures and protocols and penalties for failing to report.” [Emphasis added.]*

The requirement would apply to **both** CILAs for the developmentally disabled and CILAs for those with mental health issues.

The amendment to the CILA Act was passed July 12, 2019, and was effective January 1, 2020. DHS updated the administrative rules relative to CILAs with an

effective date of May 31, 2023. **It took DHS 1,246 days since the effective date of the emergency notification requirement to update its rule, and the rule did not include the definition of an “emergency call” nor were penalties for non-compliance detailed.**

During the audit, we asked about the CILAs that are funded by the Division of Mental Health (DMH) and if those providers reported emergency calls to DHS. DMH officials reported that its CILA providers *“have not been required to report emergency calls to DMH.”* Auditors note that during the period FY20-FY23, DMH funded CILAs served an average of **353 individuals per year**. DMH officials also reported, on November 22, 2023:

- Until May 31, 2023, BALC was surveying both DMH and DDD-funded CILAs based on 59 Ill. Adm. Code 115, which **did not include an emergency call-reporting requirement**;
- Since May 31, 2023, BALC has been surveying DMH-funded CILAs based on 59 Ill. Adm. Code 132 that also does not contain a reporting requirement related to emergency calls;
- DMH is working to draft a new residential rule that will apply to all DMH-funded residential settings and will ensure that this requirement is included in this administrative rule; and
- DMH has notified existing CILA grantees of the statutory requirement to report any emergency call made from a facility – whether initiated by staff or a resident – to the DMH program contact.

DHS officials explained that language in the **revised CILA Rule** related to emergency calls is the definition of a critical incident. That definition states a critical incident is *“Any alleged, suspected, or actual occurrence of an incident when there is reason to believe the health or safety of an individual may be adversely affected or an individual may be placed at a reasonable risk of harm. Critical incidents for this Part shall include abuse, neglect, and financial exploitation as defined in 59 Ill. Adm. Code 50. Critical incidents shall also include deaths not otherwise reportable pursuant to 59 Ill. Adm. Code 50, injuries of known or unknown origin, medical emergencies, unscheduled hospitalizations, missing individuals, peer-to-peer or peer-to-staff acts of aggression, and involvement of law enforcement and/or fire department.”* This definition fails to define emergency call.

DHS also reported, *“DDD has not penalized a CILA provider for failure to report emergency calls.”*

On December 7, 2023, DHS reported, *“The Division was in the process of updating Rule 115 when the CILA Act was amended to include Section 13.2, Emergency notification.”* In a March 5, 2024, response to auditors, a DHS official indicated there was ambiguity relative to adopting rules, *“the Department intends to do further rulemaking in this area.”* The same official stated, *“While the general penalties for CILA non-compliance apply, the Department intends to do further, specific rulemaking in this area.”*

DHS’ failure to develop administrative rules related to emergency notifications is a violation of State statute and could lead to inconsistent reporting. Additionally, the lack of penalties for non-compliance of reporting by CILA providers only **increases the possibility that cases are not reported and individuals may remain in or be placed in a harmful environment.**

**Failure to Develop Emergency Call Administrative Rules**

**RECOMMENDATION  
NUMBER  
11**

*DHS should comply with the CILA Act and develop administrative rules for emergency notifications that clearly define what an emergency call is and the penalties to providers for failure to comply.*

**DHS Response:**

The Department accepts the recommendation. The Department will review the CILA Act language and work to identify and address any gaps in administrative rule related to emergency notifications. As necessary, the Department will develop policy that is consistent with this requirement.

**CIRAS Report Timeliness**

DHS failed to hold CILA providers that were not compliant with the Critical Incident Reporting Analysis System (CIRAS) reporting requirements accountable. Over the period FY20-FY23, **41 percent of CIRAS incident reports were not made within the required two working day requirement.** Failure to enforce the reporting requirements resulted in one CILA provider taking **563 days, on average, to report FY20 incidents.**

DDD developed CIRAS to capture electronic reports from providers and Independent Service Coordinators (ISCs) for **critical incidents** involving individuals with developmental disabilities in the State’s Medicaid Waiver program. DHS uses CIRAS as the monitoring source for the emergency notification requirements in the CILA Act (210 ILCS 135/13.2). Definitions of the 11 types of critical incidents are provided in Exhibit 18. Auditors note that **none of the definitions developed by DHS defines “emergency calls.”**

Exhibit 18  
**CRITICAL INCIDENTS DEFINITIONS**

Critical Incident	Definition
911 Calls	All calls to 911 for emergency personnel response that do not fit into any other category.
Death	Deaths of participants who receive services while living in their own or family's home. Deaths of participants residing in residential settings are not reported as part of this data process, since they are reported to OIG.
Known Injury	Any injury from a known cause that is not considered abuse or neglect and that requires immobilization, casting, five or more sutures or the equivalent, second or third degree burns, dental injuries, eye injuries, or any injury that prohibits the individual from participating in routine daily tasks for more than two consecutive days.
Law Enforcement	Any incident that results in the individual being charged, incarcerated, or arrested. Calls to 911 for assistance that do not result in charges, arrest, or incarceration are not required to be reported in this category.
Medical Emergency	Any incident where emergency medical intervention is required to save an individual's life (e.g., Heimlich maneuver, cardiopulmonary resuscitation, intravenous therapy for dehydration). A call for 911 medical assistance is reported as "medical emergency" even if the cause is other than the examples provided. However, a 911 call is not required in order to be categorized as a "medical emergency"; issues that are resolved through intervention of agency staff that would have likely resulted in death without action are also categorized as "medical emergencies."
Missing Individual	An incident that is not attributed to neglect, and: the individual cannot be located for a period longer than specified in the personal plan; the individual cannot be located after actions specified in the personal plan are taken; the individual cannot be located in a search of the immediate surrounding area; circumstances indicate that the individual may be in immediate jeopardy; or law enforcement had been called to assist in the search for the individual.
Peer-to-Peer	Acts committed by one individual against one or more individuals when there is physical abuse with intent to harm; verbal abuse with intent to intimidate, harass, or humiliate resulting in emotional distress or maladaptive behavior; any sexual abuse; any exploitation; or intentional misappropriation of property.
Peer-to-Staff	Acts committed by one individual against one or more staff members when there is physical abuse with intent to harm or verbal abuse with intent to intimidate, harass, or humiliate.
Unauthorized Restraint	Any non-permissible use of restraint.
Unknown Injury	Any injury of an unknown cause that is not considered possible abuse or neglect and that requires treatment that only a physician, physician's assistant, or nurse practitioner can provide.
Unscheduled Hospitalization	Any hospital admission that is not scheduled in advance.

Source: DHS CIRAS Manual.

To determine whether emergency calls were being reported to DHS, we requested and received a CIRAS database run for the period FY20-FY23. DHS ran the report on September 20, 2023.

Auditors analyzed the data and found **38,494 total incidents reported to CIRAS** during FY20-FY23. The total CIRAS reports increased each year during the reporting period. Exhibit 19 breaks down the reports by fiscal year and whether the report was timely or untimely.

Exhibit 19  
**NUMBER OF TIMELY AND UNTIMELY CIRAS INCIDENTS REPORTED**  
 FY20-FY23

FY	Unable to Determine <sup>1</sup>	Timely	Untimely	Total
FY20	2	3,934	3,327	7,263
FY21	1	4,526	3,468	7,995
FY22	0	7,130	4,271	11,401
FY23	2	7,172	4,661	11,835
Total	5	22,762	15,727	38,494

Note: <sup>1</sup> Auditors were unable to determine whether the incidents were reported timely due to data entry errors in the CIRAS database where the report date occurred prior to the incident date.

Source: OAG developed from DHS CIRAS database.

We compared the report date to the incident date to determine **whether the provider was timely** based on compliance with the CIRAS Manuals two working day requirement. We found:

- 59 percent of the incidents were reported timely to CIRAS, and
- 41 percent of the incidents were not reported timely.

We analyzed how long it took providers to actually report incidents into CIRAS. For providers that were untimely based on criteria in the CIRAS Manual, 26 percent (10,162 of 38,494) of the reports were made from 3 to 7 days after the incident. For **87 incident reports, the provider took over one year to report the incidents to CIRAS**. Exhibit 20 provides a **breakdown by period** for the untimely reporting.

Exhibit 20  
**TIMELINESS REPORTING OF CIRAS INCIDENTS**  
 FY20-FY23

Time	# Incident Reports	Percentage of Incident Reports
Within 2 days (timely)	22,762	59.13%
3-7 days	10,162	26.40%
8-30 days	3,935	10.22%
31-60 days	806	2.09%
61-180 days	625	1.62%
181-365 days	112	0.29%
Over One Year	87	0.23%
Unable to Determine <sup>1</sup>	5	0.01%
Total	38,494	100.00%

Note: <sup>1</sup> Auditors were unable to determine whether the incidents were reported timely due to data entry errors in the CIRAS database where the report date occurred prior to the incident date.

Source: OAG developed from DHS CIRAS database.

Some of the providers in our license-testing sample had difficulties complying with the two working day requirement. We found:

- Lutheran Social Services of Illinois (LSSI) reported 20 incidents applicable in FY20. **It took the provider, on average, 563 days to report the incidents.** In FY21, LSSI averaged **410 days to report the 46 incidents** applicable to FY21.
- Shore Community Services reported four incidents applicable to FY22. However, **it took Shore Community Services an average of 142 days to make the reports.**

We asked DHS if it has ever penalized a CILA provider for failing to report emergency calls. On December 7, 2023, DHS reported, ***“DDD has not penalized a CILA provider for failure to report emergency calls.”***

During BQM waiver reviews it appears that the issue of non-reporting of CIRAS incidents is **handled inconsistently**. When BQM conducts the review, it **only** considers cases selected in the random sample. If it finds multiple issues, it does not expand to include all of the individuals in the CILA. This happened with the compliance of CIRAS reporting.

Our review of BQM waiver reviews for CILA provider Broadstep Academy-IL found 27 instances where BQM discovered that the provider did not comply with CIRAS reporting requirements. In 2 instances, the BQM reviewer **instructed the provider to enter the incident in CIRAS**. In 14 instances, the BQM reviewer, on the applicable review form, **instructed the provider that, “Going forward, begin entering any incident that meets CIRAS reporting requirements.”**

We also asked ISCs about CILA provider compliance with reporting emergency notifications to CIRAS and whether the ISC was **aware of any administrative**



**actions DHS has taken against CILA providers that were non-compliant with CIRAS requirements.** Exhibit 21 summarizes the ISC responses.

Exhibit 21  
**ISC PERSPECTIVES ON TIMELY COMPLIANCE WITH CIRAS REQUIREMENT**

ISC	Perspective
Suburban Access	<i>“However, we do see that the newer/smaller providers within our geographic area do not consistently report. Some providers have never provided an incident report. This may be due in part to a lack of training. We are not aware of any consequences for failure to report incidents in CIRAS.”</i>
Southern Illinois Case Coordination Services	<i>“Most CILA providers do not report to CIRAS in a timely manner.” “We are not aware of DHS taking any type of administrative action against a CILA provider for not reporting in CIRAS.”</i>
Service	<i>“Providers are not very timely and often inconsistent in making the 2 working day window. Providers have reported they do not have staff registered or available to complete reporting due to staff turnover.”</i> The ISC had no knowledge of DHS actions of administrative action for non-reporting.
PrairieLand Service Coordination	<i>“Due to staffing shortages, some Providers may not meet the 2 day requirement for reporting.”</i> The ISC had no knowledge of DHS actions of administrative action for non-reporting.
Community Service Options	<i>“For the most part, CILA providers are timely in their reporting according to CIRAS manual. However, some providers are timelier than others.” “The ISC is typically not privy to the DDD’s follow up actions with specific CILA providers.”</i>
Community Alternatives Unlimited	<i>“There are still providers that do not make the reports within 2 working days across the board. I do not know what consequences that state could implement with providers to insure CILA Providers report in a timely manner. CILA providers and ISCs continue to be short staffed.”</i> The ISC knew of no instance of administrative action for non-reporting.
Central Illinois Service Agency (CISA)	<i>“Some Providers are very good about it and others are not.” “In most cases it is that they don’t have a designated person to do so with proper credentials. Also lack of direct staff reporting it to proper supervisors or not in the correct time frame, then ISC staff learn of the incident and CISA reports it.”</i> Regarding administrative actions, <i>“If DHS has, they have not let CISA know about it.”</i>
Champaign County Regional Planning Commission	<i>“It would be helpful if DHS followed up with providers on why CIRAS reports were entered late when they see this happening in the database....DHS should be holding providers to that same level of accountability and not leaving this for ISC’s to have to continuously have to request from providers.” “I am not aware of DHS:DD ever taking any type of administrative action against CILA providers for not properly making reports to the CIRAS database.”</i>

Source: OAG developed from DHS information.

The CIRAS Manual states, *“Providers **must** report incidents within two (2) working days of discovering or being informed of the incident.”* [Emphasis added.]

On January 12, 2024, DHS reported, “*BQM does not sanction or penalize a provider (in a punitive manner) for not complying with CIRAS requirements when it is discovered they are out of compliance.*”

DHS reported, “*Providers are required to sign Attachment A which is in addition to the IMPACT agreement Medicaid providers are required to sign with HFS. Attachment A lays out requirements above and beyond those included in the IMPACT agreement that a provider must meet as a DDD funded agency.*” DHS further indicated that Attachment A references CIRAS compliance and lays out the sanctions DDD could take against a provider that fails to complete the requirements in Attachment A. **Auditors believe the issue is that DHS does not take action against providers that fail to report, or fail to report timely, to CIRAS.**

Failure to report incidents to CIRAS in a timely manner is a violation of DHS policy. Further, non-compliance with reporting requirements can affect the safety and health of individuals entrusted with care in the CILA homes.

**CIRAS Report Timeliness**

**RECOMMENDATION  
NUMBER  
12**

***DHS should develop sanctions for CILA providers that are non-compliant with CIRAS reporting requirements. If DHS believes it already has appropriate sanctions available, it should enforce those sanctions.***

**DHS Response:**

The Department accepts the recommendation. Currently, the CIRAS Manual requires that providers report all incidents within two days of discovery of the incident. The Department will work with DoIT to change the reporting system to provide an additional column to identify the date of discovery. Currently, the reporting system allows for the date of discovery and/or the date of occurrence. The revision will seek to allow for the recording of the date of occurrence, the date of discovery, and the date reported. This should remove any ambiguity regarding the date of occurrence and the date of discovery, as it is the date of discovery that actually starts the two-day clock. In addition, the Department and BQM currently offer technical assistance and support for providers who have difficulty complying with CIRAS.

The Department is in the process of developing a sanction plan that may include sanctions up to revocation of licensure. The CIRAS Manual will be revised by January 1, 2025, to reflect such revisions.

Early COVID challenges impacted the system. Timeliness improved in FY22 and FY23 as the Department was able to adjust oversight through COVID. Even with the COVID impacts—and while the Department absolutely agrees that all CIRAS incident reporting should be timely—as the audit data reflects, more than 85% of incidents were reported within 0 to 7 days and more than 95% were reported within 30 days.

**Emergency Notification Designated Reporter Deficiencies**

DHS failed to enforce its own procedures relative to **CILA providers maintaining the requisite number of reporters** for CIRAS.

The CILA Act (210 ILCS 135/13.2) states, “*Any facility licensed under this Act shall notify the Department when emergency calls are made from the facility. The*

*Department shall adopt any rules necessary to implement this Section, including, but not limited to, reporting procedures and protocols and penalties for failing to report.*” Section 13.2 was effective January 1, 2020. The CIRAS Manual, which guides the system for critical incident reporting, was originally effective July 2017, two and a half years prior to the emergency notification requirements.

The CIRAS Manual states, “*At a minimum, two (2) designated agency reporters must be registered for CIRAS per agency to assure staff are always available for timely reporting of incidents.*” This requirement was part of the March 24, 2021, CIRAS Manual update.

The CIRAS Manual also states, “*Providers must report incidents within two (2) working days of discovering or being informed of the incident.*”

On December 8, 2023, we requested the names of all individuals that are or were CIRAS designated agency reporters during FY20-FY23 for our sample of 25 CILA providers. Twenty-four of 25 providers in our sample were licensed prior to 2020. DHS reported that Abundant Possibilities and Services, LLC was a new provider (licensed in 2021). This provider **was paid over \$461,000** during the period FY22-FY23.

Our analysis found only six providers from our sample had two designated reporters for CIRAS reporting by January 1, 2020. Those six were:

- Arrowleaf;
- Random Act of Kindness Developmental Agency;
- Shore Community Services;
- Royal Living Center;
- Patterson House; and
- Homes of Hope.

Our analysis of the designated reporter compliance with the CIRAS manual found a number of issues. The analysis is summarized in Exhibit 22. We found:

- 43 percent (10 of 23) of the CILA providers in our sample testing **never designated a 2<sup>nd</sup> CIRAS reporter**, according to DHS provided documentation;
- Broadstep Academy-IL had no designated reporters as of January 1, 2020, **it took Broadstep 1,253 and 1,254 days to designate reporters** after the effective date of the emergency notification requirements of the CILA Act; and
- Brownstone Services also had no designated reporters as of January 1, 2020, **and it took Brownstone 953 and 1,107 days to designate reporters** after the effective date of the emergency notification requirements of the CILA Act.

Exhibit 22  
**CIRAS REQUIRED NUMBER OF DESIGNATED REPORTERS**  
 Audit Testing Sample of 25 CILA Providers

Provider	# Reporters by 1/1/20	# days after 1/1/20		FY21-FY23 CILA Payments
		Named 1st Reporter	Named 2nd Reporter	
Arrowleaf	2	N/A	N/A	\$5,547,015
Avancer Homes	1	N/A	665	\$16,584,534
Broadstep Academy-IL	0	1,253	1,254	\$23,638,148
Joseph Rehabilitation Center	1	N/A	NONE	\$4,900,319
Random Acts of Kindness	2	N/A	N/A	\$2,860,736
Shore Community Services	2	N/A	N/A	\$3,912,662
Caring Hands CILA of Illinois	1	N/A	NONE	\$1,168,464
Family Association Plus	0	597	597	\$1,282,334
Lutheran Social Services of Illinois	0	815	815	\$10,008,858
Royal Living Center	2	N/A	N/A	\$7,834,810
Kwanza Suites Corporation	1	N/A	NONE	\$449,646
Divine Center	1	N/A	NONE	\$1,096,557
Patterson House	2	N/A	N/A	\$2,225,274
Millennium Gardens	1	N/A	NONE	\$3,977,995
Liberty Enterprises	1	N/A	1,170	\$3,041,634
Harmony House CILA	1	N/A	NONE	\$3,178,710
Compassionate Living Home	0	609	NONE	\$1,372,223
Brownstone Services	0	953	1,107	\$1,343,750
Heroes of the Game	1	N/A	NONE	\$639,474
Pinnacle Opportunities	0	482	708	\$1,292,636
Victory Homes	1	N/A	NONE	\$1,839,256
Homes of Hope	2	N/A	N/A	\$4,673,090
Universal Homes	0	479	NONE	\$3,520,094

Note: Trilogy is a mental health CILA so is not included in this Exhibit. Abundant Possibilities was a new provider that was licensed in 2021.

Source: OAG developed from DHS information.

On March 15, 2024, auditors were informed, “DHS completed outreach in January 2024 with all providers who did not have two reporters registered.” Auditors note that **this “outreach” occurred four years after the emergency reporting requirement was effective.**

DHS noted that some providers have reported that they are extremely small and may only have one to two staff members. More than likely, these are intermittent CILA or Host Family CILA providers. However, due to the timeframe for CIRAS reporting (within 2 working days), BQM still maintains that two (2) designated reporters are needed in the event of an absence of a designated reporter.

If a CILA provider has no designated reporters enrolled in CIRAS, the **provider cannot submit** critical incidents, including emergency notifications, in CIRAS. When DHS allows CILA providers to not have two designated CIRAS reporters, it is allowing the providers to violate DHS procedures, violations that go without penalty. Lastly, when providers do not have the required number of reporters it increases the risk that incidents go unreported and CIRAS statistics are under-reported.

**Emergency Notification Designated Reporter Deficiencies**

**RECOMMENDATION  
NUMBER  
13**

*DHS should ensure that CILA providers maintain the correct number of designated reporters and should develop a procedure that includes sanctions if a CILA provider does not maintain the correct number of designated reporters.*

**DHS Response:**

The Department accepts the recommendation. In January 2024, DDD identified each provider that did not have the required number of designated reporters and once identified, DDD sent correspondence to each provider reminding them of the CIRAS rules and regulations requiring at least two designated reporters. In addition, the instructions on registering individuals were provided to the providers along with technical assistance guidance, if requested.

Currently, the CIRAS Unit compiles a monthly report that includes a pivot table of all agencies that may not have the required number of designated reporters. The CIRAS Unit will again communicate via email to address the issue and DDD will send out a notice quarterly to assist in providing a reminder of the requirements and ensure compliance.

DDD will review the policy that states two designated providers per agency but no maximum number per provider and consider an expansion of mandated CIRAS reporters. Thus, when providers experience staff turnover, any concern will be alleviated, as new staff are registered in accordance with the new employee checklist requirements.

Additionally, DDD is developing a sanction plan that may include sanctions up to revocation of licensure. The CIRAS Manual will be revised by January 1, 2025, to reflect such revisions.

**DHS Monitoring of CIRAS Follow Up by ISCs**

DHS failed to take steps necessary to ensure ISCs conducted follow up activities as required by Department procedure. This resulted in 76 percent of the **next day follow up** to cases either not being conducted or not conducted timely.

Additionally, **10,617 cases that required 10-day follow up were not conducted** by the ISC. For the 10-day follow up, 28 percent of the cases were not initially followed up timely. Finally, **DHS could not provide sufficient documentation to support its own compliance** with the procedures for following up with ISCs.

DDD developed CIRAS to capture electronic reports from providers and ISCs for critical incidents involving individuals with developmental disabilities. The CIRAS Manual has been in effect since July 2017. DHS also reported to us that CILA providers and ISCs are 24/7/365 operations.

The CIRAS Manual states, “All CIRAS submissions require a follow-up entry by the ISC within 10 working days of the original report.” The Manual also states, for incidents reported as law enforcement, missing individual, and unscheduled

hospitalization, that these, *“will be flagged as priority for review within one working day upon receipt of the email and require follow-up action and documentation.”*

The CIRAS Manual also lays out DDD staff responsibilities for individual incident review. For **incidents involving death, law enforcement, and missing individuals** the Manual states, *“DDD staff will contact ISCs within one working day following receipt of the e-mail to ensure necessary action is underway and continue to monitor the situation until it is resolved.”* [Emphasis added.]

### **Follow Up by ISCs**

During the audit, DHS provided us with a database (ran September 20, 2023) for critical incidents reported for the period FY20-FY23. The database, for each fiscal year, listed each incident reported in one tab and then the follow-up notes for the incident in another tab. DHS also reported that in the database run, *“The ‘Date of Follow Up’ column represents the date of the initial follow up by the ISC agency.”*

We conducted two analyses of the database relative to the “criteria” related to whether ISCs were timely in follow up. We provided the analyses to DHS on April 30, 2024. **DHS did not dispute the analyses** in its response on May 15, 2024.

We found **multiple issues of non-compliance in next day follow up** for certain critical incidents that involved law enforcement, missing individuals, and unscheduled hospitalizations. For the period FY20-FY23, there were 38,494 total adult waiver cases in the database. Seventy-eight percent (30,052 of 38,494) of the cases did not require next day follow up due to **not being cases** involving law enforcement, a missing individual, or an unscheduled hospitalization. Exhibit 23 details, for the nine ISCs in the database, the breakdown of the remaining 8,442 cases and whether the cases had timely follow-up, did not have timely follow-up, or were not followed up at all by the ISCs. The 2,918 not timely cases were late between 2 and 200 days.

Exhibit 23  
**NEXT DAY CRITICAL INCIDENT FOLLOW UP COMPLIANCE BY ISCs**  
 FY20-FY23

ISC	Timely	Not Timely	Not Followed Up	Total
Central Illinois Service Access	81	247	250	578
Champaign County Regional Planning Commission	29	116	507	652
Community Alternatives Unlimited	586	466	416	1,468
Community Service Options	40	245	241	526
Developmental Disability Services of Metro East	0	4	6	10
Prairieland	616	663	590	1,869
Service	50	767	850	1,667
Southern Illinois Case Coordination Services	512	54	293	859
Suburban Access	125	356	332	813
<b>Total</b>	<b>2,039</b>	<b>2,918</b>	<b>3,485</b>	<b>8,442</b>

Source: OAG developed from DHS CIRAS database.

We also found **multiple issues of non-compliance in the required 10-day follow up** by the ISCs. We removed the 8,442 cases specific to the next day follow up requirement from the total adult waiver cases. This left 30,052 cases that required the 10-day follow up by the ISCs. **The database showed that 10,617 of the cases had no associated follow up notes meaning the ISCs had not followed-up on these incidents.** Other cases (19,435) had follow up but it was not always timely. Our analysis found:

- 71.96 percent (13,985 of 19,435) of the cases had initial follow up within 10 days;
- 18.82 percent (3,657 of 19,435) of the cases had initial follow up between 11-30 days;
- 4.92 percent (956 of 19,435) of the cases had initial follow up between 31-60 days;
- 2.50 percent (486 of 19,435) of the cases had initial follow up between 61-90 days;
- 1.78 percent (345 of 19,435) of the cases had initial follow up between 91-180 days; and
- .03 percent (6 of 19,435) of the cases had initial follow up between 181-365 days.

When we asked whether DHS imposed any consequences on ISCs that were non-compliant with the CIRAS Manual for the follow up provisions DHS responded, *“BQM would follow-up to communicate the failure and to provide technical assistance for future follow-up on CIRAS cases by the ISCs.”*

**Follow Up by DDD**

When an incident is reported that is **categorized as death, law enforcement, or missing individual** in CIRAS, DDD will receive notification from the system. The CIRAS Manual also requires DDD to make contact the next day with the ISC to ensure action is underway for follow-up.

For the period FY20-FY23, the CIRAS database noted 1,772 cases where death, law enforcement and missing individual described the incident. While DHS states it contacts the ISCs the next day, DHS could **not provide sufficient documentation** to back up that claim. Exhibit 24 breaks the number of cases down by category. In the case of the three specific types, we found:

- 26.6 percent (471 of 1,772) of the cases were followed up timely by the ISCs;
- 32.7 percent (580 of 1,772) of the cases were not followed up timely by the ISCs; and
- 40.7 percent (721 of 1,772) of the cases had no follow up conducted by the ISCs.

Exhibit 24  
**NEXT DAY CRITICAL INCIDENT FOLLOW UP COMPLIANCE BY DDD**  
 FY20-FY23

Incident Type	Timely	Not Timely	Not Followed Up	Total
Death	91	117	144	352
Law Enforcement	185	167	231	583
Missing Individual	195	296	346	837
<b>Total</b>	<b>471</b>	<b>580</b>	<b>721</b>	<b>1,772</b>

Source: OAG developed from DHS CIRAS database.

**Given that nearly 75 percent of the death, law enforcement, or missing individual cases were either not followed up on by the ISC or the ISC was not timely in its follow up, DHS would be well served to document the contacts to be able to show it followed procedure in the manual.**

DHS reported, on May 15, 2024, that DHS could not speak for the ISCs as to why the ISCs did not initiate/complete timely follow-up to CIRAS cases. DHS added that when BQM followed up with the ISCs, they cited pandemic impacts, including impacts on staffing as well as the impacts of the new waiver requirements. Auditors note that the exceptions noted in this finding cover the period FY20-FY23, **a period that includes times where there was no pandemic impact.**

On March 15, 2024, DHS reported, *“The BQM CIRAS Unit reviews all CIRAS critical incident notifications as they come in and are making contact with the ISC agencies within 1 working day following receipt of notification to ensure necessary action is underway/completed for all notifications in which resolution has not yet been achieved/is needed.”* Auditors note that **DHS provided**



**insufficient documentation to evidence that these contacts were made** with the ISCs.

When DHS allows ISCs to not comply with the CIRAS Manual, it diminishes the effectiveness of the internal controls associated with the procedure manual. Additionally, when DHS does not maintain evidence to support it complies with the manual, it could set precedence for other entities to also not comply. Finally, since CIRAS information is to be used to identify potential issues involving participants, ensure incidents are appropriately addressed, and to find systemic issues that could enhance overall system quality, compliance with the manual should be given the utmost importance.

**DHS Monitoring of CIRAS Follow Up by ISCs**

**RECOMMENDATION  
NUMBER  
14**

*DHS should ensure that ISCs comply with the requirements in the CIRAS Manual for follow up to critical incidents. Also, DHS should document its own compliance with the CIRAS Manual relative to next day contacts for applicable incidents.*

**DHS Response:**

The Department accepts the recommendation. The Department is committed to working with the ISCs to strengthen follow up to critical incidents. While the audit report reflects that 70% of follow-ups were within the 10 days and more than 90% were within 30 days, the Department is committed to improving these numbers.

CIRAS reports are classified into two separate categories: priority and non-priority. The priority cases (unscheduled hospitalization, missing persons, and emergencies) require ISC follow up in one day, but we are changing that to two days to set the same reporting timeframe for both providers and ISCs. The ISCs have ten days to follow up on non-priority incidents. DDD will continue to track and monitor CIRAS incidents; particularly priority incidents, to ensure proper follow up has occurred by the ISC. DDD will also follow up within two working days with the ISC and will continue to document each required follow up for priority incidents. DDD will update the CIRAS Manual to reflect that ISCs follow up within two working days for all priority incidents, while all non-priority incident time frames remain the current time frame of ten days.

BQM will ensure the requirements are covered during NPO (new provider orientation) as well as shared during CIRAS trainings and FAQs for future reference.

**CIRAS Incident Under-Reporting**

DHS has implemented a process for reporting critical incidents that **results in under-reporting**. DHS requirements for abuse, neglect, and exploitation require reporters to send those allegations to OIG. However, when OIG is unable to substantiate the allegations, the information is not included in the reporting of critical incidents in the CIRAS database. CILA providers and ISCs have **reporting understandings that differ** from the DHS reporting criteria.

Critical incidents are the alleged, suspected, or actual occurrence of an incident when there is reason to believe **the health or safety of an individual may be adversely affected** or an individual may be placed at a reasonable risk of harm. During the period FY21-FY23, CILA providers reported 29,529 incidents to the

CIRAS database. Appendix F lists the number of incident reports, by CILA for FY21-FY23.

During the audit, we sampled 25 CILA providers for the licensing activities conducted by BALC. We reviewed the OIG records of five of these providers to determine if OIG allegation cases were reported to the CIRAS database. Our analysis, for the five providers, showed there were **31 instances** where allegations of abuse or neglect were **investigated by the OIG and not proven to be substantiated yet contained CIRAS reportable conditions**. See Exhibit 25 for a listing of these 31 instances where the incidents **were not reported in CIRAS** but were reported to OIG; however, OIG did not substantiate the allegation. Additionally, **42 percent** (13 of 31) of the OIG cases **involved a 911 call**.

Exhibit 25  
**CRITICAL INCIDENTS NOT REPORTED IN CIRAS**  
 FY21-FY23

Case #	Incident Date	Report Date to OIG	OIG Allegation	OIG Finding	Applicable CIRAS Category
1	02/17/21	02/17/21	Physical Abuse	Unsubstantiated *	Medical Emergency
2	07/10/22	07/19/22	Neglect	Unsubstantiated	Unknown Injury
3	09/27/22	10/06/22	Neglect	Unsubstantiated	Unknown Injury
4	07/13/20	07/13/20	Physical Abuse	Unsubstantiated	Unknown Injury
5	02/21/21	02/23/21	Physical Abuse	Unsubstantiated	Unknown Injury
6	03/27/21	03/29/21	Physical Abuse	Unsubstantiated *	Peer-to-Staff Act
7	04/02/21	04/02/21	Physical Abuse	Unsubstantiated *	Unknown Injury
8	10/01/21	10/01/21	Neglect	Unsubstantiated *	Medical Emergency
9	10/21/21	10/21/21	Physical Abuse	Unsubstantiated	Unknown Injury
10	03/20/22	03/22/22	Physical Abuse	Unsubstantiated *	Unscheduled Hospitalization
11	06/27/22	07/01/22	Mental Abuse	Unsubstantiated *	Peer-to-Staff Act
12	10/05/22	10/05/22	Neglect	Unsubstantiated	Known Injury
13	06/18/21	06/21/21	Neglect	Unsubstantiated	Peer-to-Peer Act
14	10/31/21	11/01/21	Physical Abuse	Unfounded	Peer-to-Peer Act
15	04/07/22	04/11/22	Physical Abuse	Unfounded	Known Injury
16	04/11/22	04/11/22	Neglect	Unsubstantiated	Unknown Injury
17	04/27/22	04/28/22	Neglect	Unsubstantiated	Unscheduled Hospitalization
18	05/13/22	05/16/22	Physical Abuse	Unfounded	Peer-to-Peer Act
19	Unknown	05/27/22	Physical Abuse	Unsubstantiated *	Unknown Injury
20	Unknown	06/10/22	Physical Abuse	Unsubstantiated *	Unknown Injury
21	11/11/22	11/11/22	Neglect	Unsubstantiated	Unknown Injury
22	02/13/23	02/21/23	Neglect	Unfounded	Unknown Injury
23	03/23/23	03/23/23	Mental Abuse	Unsubstantiated	Unscheduled Hospitalization
24	12/03/20	12/03/20	Physical Abuse	Unsubstantiated *	Unscheduled Hospitalization
25	04/09/21	04/19/21	Neglect	Unfounded	Unscheduled Hospitalization
26	10/10/22	10/10/22	Physical Abuse	Unsubstantiated	Known Injury
27	08/08/20	08/27/20	Physical Abuse	Unfounded	Unscheduled Hospitalization
28	08/19/20	08/21/20	Physical Abuse	Unfounded	Unscheduled Hospitalization
29	Unknown	09/11/20	Physical Abuse	Unfounded	911 Call
30	04/25/22	04/25/22	Neglect	Unfounded	Unscheduled Hospitalization
31	08/28/22	08/29/22	Physical Abuse	Unsubstantiated	Unscheduled Hospitalization

Note: \* Unsubstantiated with issues.

Source: OAG developed from DHS OIG information.

Case 21 from Exhibit 25 illustrates the **under-reporting of incidents in CIRAS**. In this case:

- OIG received a **neglect allegation** call on November 11, 2022, relative to a resident of Broadstep Academy-IL.
- The resident got up, took medications around 7:00 a.m., and then rested in a recliner.
- Around 10:00 a.m., a direct service provider told the resident it was time to get dressed.

- The resident lifted an arm and began to cry.
- The resident was taken to the hospital emergency room for a medical assessment.
- The diagnosis was a dislocated elbow, which was reset and placed in a soft cast.
- Since the incident was reported to OIG, **there was no reporting of the unknown injury into CIRAS.**
- The OIG investigation concluded the allegation was **unsubstantiated.**

Case 3 from Exhibit 25 also illustrates the **under-reporting of incidents in CIRAS.** In this case:

- OIG received a **neglect allegation** call on October 6, 2022, relative to a resident of Avancer Homes.
- The resident has limited verbal skills, uses a wheelchair for mobility, and a lift for transfers.
- On September 27, 2022, on the way to the doctor, the resident complained of shoulder pain.
- The resident received an x-ray of the shoulder.
- On October 5, 2022, the doctor called the provider, provided the diagnosis of a dislocated shoulder, and referred the resident to an orthopedic doctor for treatment.
- Since the incident was reported to OIG, **there was no reporting of the unknown injury into CIRAS.**
- The OIG investigation concluded the allegation was **unsubstantiated.**

To determine how much the under-reporting may affect monitoring of CILAs we summarized the OIG database provided by DHS. During the period FY21-FY23, the database showed 3,348 **cases that were closed** by the OIG. **Seventy-six percent** (2,558 of 3,348) of the closed case allegations were **proven by OIG to be unfounded or unsubstantiated.** If CILA providers and ISCs utilized the CIRAS criteria developed by DHS, there could have been a substantial number of incidents missing from the CIRAS database.

We asked our licensing sample of CILA providers and the ISCs that were listed in the CIRAS database as reporting incidents whether they had ever reported an incident to **both the OIG and CIRAS.** Fifty-eight percent (14 of 24) of the CILA providers reported that incidents could be reported in both the OIG and CIRAS. Fifty percent (4 of 8) of the ISCs responded that incidents could be reported in both. These responses indicate an inconsistency in understanding of the CIRAS Manual requirements. The results are presented in Exhibit 26.

Exhibit 26  
**ABUSE, NEGLECT, EXPLOITATION REPORTING METHOD BY PROVIDER AND ISC**

Provider	OIG or CIRAS	ISC	OIG or CIRAS
Victory Homes	Both	Suburban Access	Both
Universal Homes	OIG	Southern Illinois Case Coordination Service	Both
Trilogy	OIG		OIG
Shore Community Services	Both	Prairieland Service Coordination	OIG
Random Acts of Kindness	OIG	Community Service Options	Both
Pinnacle Opportunities	Both	Community Alternatives Unlimited	OIG
Patterson House	Both	Central Illinois Service Agency	Both
Millennium Gardens	OIG	Champaign County Regional Planning Commission	OIG
Lutheran Social Services of Illinois	Both		
Liberty Enterprises	Both		
Joseph Rehabilitation Center	OIG		
Homes of Hope	Both		
Heroes of the Game	OIG		
Harmony House	Both		
Family Association Plus	OIG		
Divine Center	OIG		
Compassionate Living Home	Both		
Caring Hands of Illinois	OIG		
Brownstone Services	Both		
Avancer Homes	Both		
Arrowleaf	Both		
Abundant Possibilities	Both		
Broadstep Academy-IL	OIG		
Royal Living Center	Both		

Note: Kwanza Suites Corporation, from our sample of 25 providers, is no longer in business.

Source: OAG developed from CILA Provider and ISC information.

Reporting incidents in both the OIG and CIRAS **may be the only way** an ISC receives notification of an incident. ISCs are responsible for follow up on CIRAS reported cases. On March 5, 2024, relative to our question on whether ISCs were notified when a case is reported to OIG, DHS reported, *“There is no formal process within DDD, however, often the ISC agency staff is making the OIG referral and, if DDD is made aware of an egregious incident, DDD staff reach out to the ISC agency.”*

The CIRAS Manual states, *“CIRAS is not a reporting system for alleged incidents of abuse, neglect, or exploitation.”* The Manual directs providers to report those cases to the OIG.

Additionally, the CIRAS Manual and the CILA Rule list the types of incidents to be reported in CIRAS.

The CIRAS Manual lists the following incident types to be reported in CIRAS: 911 calls, deaths, known injury, law enforcement, medical emergency, missing individual, peer-to-peer acts, peer-to-staff acts, unauthorized restraint, unknown injury, and unscheduled hospitalizations.

The Illinois Administrative Code (59 Ill. Adm. Code 115.120 and 115.320) require the following incidents to be reported in CIRAS: injuries of known or unknown origin, medical emergencies, unscheduled hospitalizations, missing individuals, peer-to-peer or peer-to-staff acts of aggression, and involvement of law enforcement and/or fire department.

On November 21, 2023, a DHS official reported, *“Incidents reported to OIG are not reported in the CIRAS system. This is the policy as we don’t want even the perception that we are interfering in the investigation being conducted by OIG.”*

**Under reporting of incidents to CIRAS does not protect the health and well-being of residents in the CILA program, residents DHS is charged with protecting.**

**CIRAS Incident Under-Reporting**

**RECOMMENDATION NUMBER**

**15**

*DHS should consider revising the reporting requirements in the CIRAS Manual to allow allegations reported to OIG, if they include elements that relate to critical incident reporting, to be also reported to CIRAS. If DHS chooses not to revise the requirements, then DHS should clarify the current reporting requirements for CILA providers and ISCs so that they are compliant with policy.*

**DHS Response:**

The Department accepts the recommendation. DDD believes the requirements for reporting incidents to OIG and for reporting incidents to CIRAS should remain separate, as currently implemented, but recognizes there are occasions that necessitate reports for both OIG and CIRAS.

DDD will update the Manual to clarify where and when to report to CIRAS and/or OIG, giving examples of instances and circumstances on when to report to OIG and when to report to CIRAS.

The Department proposes that in such situations where the OIG deems an instance as non-reportable, that directions are provided for providers to “follow DHS policy and report into CIRAS data base as required”.

**Appendix A****Legislative Audit Commission Resolution Number 164****Legislative Audit Commission****Resolution No. 164**

Presented by Representative Frese

**WHEREAS**, the Illinois Department of Human Services' (DHS) mission is to provide equitable access to social/human services, supports, programs and resources to enhance the lives of all it serves; and

**WHEREAS**, the DHS mission is carried out by multiple divisions, including the Division of Developmental Disabilities (DDD), which has oversight for the Illinois system of programs and services designed for individuals with intellectual and developmental disabilities; and

**WHEREAS**, one of the services provided by DDD is a residential living services program known as Community Integrated Living Arrangements (CILA) which is a living arrangement that promotes residential stability for an individual that 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; and

**WHEREAS**, DHS' Bureau of Accreditation, Licensure and Certification (BALC) has a responsibility to the recipients of services to ensure to the best of its ability that those individuals are receiving services from community agencies that have been reviewed according to licensure or certification rules; and

**WHEREAS**, BALC ensures standards by performing, in part, licensure surveys of CILA programs in accordance with the CILA Rule 115 (59 Ill. Adm. Code 115); and

**WHEREAS**, the Auditor General, in July 2018, released a performance audit of the DHS oversight of the CILA program, a program under the purview of DDD; and

**WHEREAS**, the audit found weaknesses in the licensing process for CILAs and the monitoring of CILAs by DHS resulting in 26 recommendations to DHS to improve CILA oversight; and

**WHEREAS**, in July 2020, the Auditor General released a compliance audit of DHS for the period ended June 30, 2019, that found that DHS had not yet fully implemented 19 of the 26 recommendations (73 percent) from the audit released in 2018; and

**WHEREAS**, in September 2022, the Auditor General released a compliance audit of DHS for the period ended June 30, 2021. This audit, four years after the release of the original performance audit, again found a number of recommendations from the original performance audit had not yet been implemented; and

**WHEREAS**, a BALC memorandum to community providers on July 22, 2020, outlined a self-assessment licensing process and remote site inspection process for community providers due to COVID-19; and

**WHEREAS**, Public Act 101-0075, effective January 1, 2020, required any facility licensed under the CILA Act to notify DHS when emergency calls are made from the facility; therefore, be it

**RESOLVED**, BY THE LEGISLATIVE AUDIT COMMISSION, that the Auditor General is directed to conduct a performance audit of the Department of Human Services' oversight and monitoring of the Community Integrated Living Arrangement program; and be it further

**RESOLVED**, that the audit include, but not be limited to, for the period FY21 and FY22, the following determinations:

- An examination of the process for licensing developmental services agencies and certifying CILAs for persons with developmental disabilities;
- An examination of whether oversight and monitoring of licensed CILA providers complies with statutory and regulatory requirements, including site visits, and inspections of records and premises; and
- An examination of whether the DHS notification process for emergency calls complies with applicable laws, rules, and procedures; and be it further

**RESOLVED**, that the Department of Human Services and any other entity having information relevant to this audit cooperate fully and promptly with the Auditor General's Office in the conduct of this audit; and be it further

**RESOLVED**, that the Auditor General commence this audit as soon as possible and report his findings and recommendations upon completion in accordance with the provisions of Section 3-14 of the Illinois State Auditing Act; and be it further

**RESOLVED**, that a suitable copy of this resolution be delivered to the Auditor General and the Department of Human Services.

Adopted this 14<sup>th</sup> day of March, 2023

**SIGNED ORIGINAL ON FILE**

\_\_\_\_\_  
 Senator Chapin Rose  
 Co-Chair, Legislative Audit Commission

**SIGNED ORIGINAL ON FILE**

\_\_\_\_\_  
 Representative Fred Crespo  
 Co-Chair, Legislative Audit Commission



## Appendix B

# Audit Scope and Methodology

This audit was conducted in accordance with the audit standards promulgated by the Office of the Auditor General at 74 Ill. Adm. Code 420.310.

We conducted this performance audit in accordance with generally accepted government auditing standards. 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 audit objectives.

We examined the five components of internal control – control environment, risk assessment, control activities, information and communication, and monitoring – along with the underlying principles. We considered all five components to be significant to the audit objectives. Any deficiencies in internal control that were significant within the context of the audit objectives are discussed in the body of the report.

The audit objectives delineated by LAC Resolution Number 164 directed the Auditor General to conduct a performance audit of the Department of Human Services' (DHS) oversight and monitoring of the Community Integrated Living Arrangement (CILA) program during FY21-FY22. The audit period was later expanded to cover FY21-FY23. Resolution 164 contained three audit determinations (see Appendix A).

In conducting this audit, auditors reviewed applicable State statutes, rules, and Department policies. Because CILAs are a Home and Community-Based Services (HCBS) waiver program, we reviewed applicable federal laws. We reviewed the previous DHS financial audits and compliance examinations released by the Office of the Auditor General, as well as the Statewide Single Audit. We also reviewed management controls and assessed risk related 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.

In conducting this audit, we requested and reviewed specific documents and data related to the CILA program. These included process walkthroughs, policies and procedures, ISC Surveys, Provider Surveys, Bureau of Accreditation, Licensing and Certification (BALC) provider licensing files, Bureau of Quality Management (BQM) CILA review documents and listings, Notice of Violation (NOV) database information, and Critical Incident Reporting Analysis System (CIRAS) report database information.

To gain an understanding of the BALC licensing activities, we judgmentally selected five CILA providers for discovery testing for the audit. We utilized these as the initial five CILA providers for the testing. The five CILA providers were:

- Arrowleaf;
- Avancer Homes;
- Broadstep Academy-IL;
- Joseph Rehabilitation Center; and
- Random Acts of Kindness.

We then judgmentally selected 20 additional CILA providers for testing and analysis. Those CILA providers were:

- Abundant Possibilities;
- Brownstone Services;
- Caring Hands CILA of Illinois;
- Compassionate Living Home;
- Divine Center;
- Family Association Plus;
- Harmony House CILA;
- Heroes of the Game;
- Homes of Hope;
- Kwanza Suites Corporation;
- Liberty Enterprises;
- Lutheran Social Services of Illinois;
- Millennium Gardens;
- Patterson House;
- Pinnacle Opportunities;
- Royal Living Center;
- Shore Community Services;
- Trilogy;
- Victory Homes; and
- Universal Homes.

In selecting the judgmental samples, we reviewed a number of documents. Those documents were:

- The BALC CILA Provider Level Information report from the DHS website, which provided the licensing level as of April 2023. This information showed the advertised licensing level, which we used to verify to the licensing reviews in the file information.
- A DHS-provided list of reasons for the revocation of provider licenses. This criteria showed what should be applied to every provider equally.
- An OAG developed summary of CILA providers that were not selected by BQM for a sample review during the period FY20-FY23. Limited monitoring

by BQM would appear to make the BALC licensing monitoring more important.

- An OAG developed summary of the comparison of CILA providers licensing scores from the previous CILA audit conducted by the Auditor General to the current licensing scores. This summary showed if a provider had improved or declined in licensing criteria.

We requested complete BALC files for the total judgmental sample of 25 CILA providers that received licensing scores from BALC during the period FY20-FY23.

We have reviewed prior audit findings related to the CILA program and have communicated with OAG auditors regarding ongoing audits and audit issues.

The BALC licensing files provided by DHS included self-assessments, pre-survey checklists, entrance conferences, records checklists, site inspections, staff training and background checks, guardian interviews, staff interviews, individual interviews, compliance checklists, compilation sheets, notice of violations, plan of corrections, exit conferences, renewal applications, email correspondence, and other miscellaneous documents. Each BALC licensing file ranged from 114 pages to 543 pages of documentation for a single provider for the audit period.

Our BALC testing focused on the standards specifically identified in the CILA Licensure and Certification Act (210 ILCS 135), administrative rule (59 Ill. Adm. Code 115), and DHS policy. 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 and should not be projected to the total population of 235 CILA providers.

BQM provided a database of all CIRAS reports submitted from January 1, 2020, to September 20, 2023. Auditors tested FY20-FY23 CIRAS data for reporting timeliness through data analysis.

Auditors also tested CIRAS reporting compliance within our sample of 25 CILA providers by identifying any CIRAS reportable incidents discussed in BQM review documents and OIG reports provided by DHS for the providers in our sample. Results of testing can be found throughout the report.

We also surveyed our sample of 25 providers to gain feedback on their current CIRAS reporting process. Of the 25 providers, 24 cooperated with the audit request and responded to our questions. One provider (Kwanza Suites Corporation) had its license revoked during the audit period and was no longer in business. Additionally, we surveyed the Independent Service Coordination (ISC) agencies that had submitted CIRAS reports to DHS without indicating the provider related to the incident. The ISCs surveyed were:

- Central Illinois Service Access;

- Community Alternatives Unlimited;
- Community Service Options;
- Prairieland Service Coordination;
- Service Inc. of Illinois;
- Southern Illinois Case Coordination Services;
- Suburban Access; and
- Champaign County Regional Planning.

Our CIRAS testing focused on the standards specifically identified in the CILA Licensure and Certification Act (210 ILCS 135/13.2), administrative rule (59 Ill. Adm. Code 115), and DHS’s CIRAS Manual. The results for our CIRAS testing should not be projected to the population of CIRAS cases but are only relative to the auditor’s sample.

We contacted Equip for Equality (EFE) to gain further insight on their monitoring and review process of CILA providers in general and specifically concerning our sample of 25 providers. Additionally, we requested and reviewed all EFE reports and communications on the providers in our sample from DHS.

On July 22, 2024, we sent DHS the draft audit report. An exit conference was held with DHS on August 1, 2024. The principal attendees are noted below:

<b>Exit Conference</b>		<b>August 1, 2024</b>
<b>Agency</b>	<b>Name and Title</b>	
DHS	<ul style="list-style-type: none"> <li>• Dulce Quintero, Secretary Designate</li> <li>• John Schomberg, General Counsel</li> <li>• Amy Macklin, Chief Internal Auditor</li> <li>• Tonya Piephoff, Director DDD</li> <li>• Meg Cooch, Chief of Staff</li> <li>• Gary Holman, Bureau Chief BQM</li> <li>• Rodney Harris, Administrator BALC</li> <li>• Christopher Finley, Audit Liaison</li> <li>• Christofer Albert, Internal Audit</li> </ul>	
Illinois Office of the Auditor General	<ul style="list-style-type: none"> <li>• Mike Maziarz, Senior Audit Manager</li> <li>• Tricia Wagner, Senior Audit Manager</li> <li>• Delilah Sanders, Audit Staff</li> </ul>	

## Appendix C

# CILA Providers, Survey Results, and Number of Sites

### As of July 13, 2023

Provider	City	Survey Date	CILA Level	# of Sites	
				Agency Controlled	Individually Controlled
A New Age Human Services Corporation	Chicago	06/04/21	3	2	0
A Step Forward	Decatur	04/08/22	3	10	0
A+ Autism Solutions	Chicago	06/15/23	2	0	2
Abequa Home Health Care Agency	Des Plaines	05/02/21	3	0	10
Abilities Plus	Kewanee	06/24/22	2	4	0
Abundant Possibilities	Swansea	09/27/22	2	1	3
Access Community Experience	Chicago	01/14/22	2	2	0
Achieve Development Association	Skokie	05/06/21	1	3	0
Achievement Unlimited	Galesburg	12/09/22	3	54	4
Active Visions	Chicago	09/02/22	2	4	29
Ada S. McKinley Community Service	Chicago	09/30/22	2	10	0
Alberto Rosario/Ohana Community Services	Chicago	05/26/22	2	6	0
Alexian Brothers Center for Mental Health	Arlington Heights	08/10/22	2	1	0
Alpha Omega Consulting	Decatur	03/11/22	3	15	0
Alvin Eades Center	Jacksonville	02/24/23	2	1	0
American Residential Care	Schaumburg	06/30/21	3	1	0
Anixter Center, Lester and Rosalie	Chicago	05/25/23	2	4	16
Apostolic Christian Lifepoints	Morton	05/14/21	2	14	0
Arc of Iroquois County	Watseka	05/14/21	2	0	14
Arrowleaf	Golconda	05/21/21	1	4	0
Aspire	Hillside	05/10/21	3	23	9
Association for the Betterment of Retarded Adults	Sheldon	12/22/21	2	1	3
Association for DD in Woodford County	Eureka	03/17/23	2	3	0
Association for Individual Development	Aurora	10/29/21	2	28	70
Association House of Chicago	Chicago	01/20/23	2	1	0
At Home Mission	Chicago	03/10/23	2	4	0
Aurora Home Care	Northbrook	05/04/23	2	5	0
Austin Special Chicago	Chicago	10/28/22	2	3	0
Avancer Homes	Genoa	01/20/21	3	18	0
Avenues to Independence	Park Ridge	04/23/21	2	5	2
Bartlett Learning Center	Warrenville	10/14/22	2	1	0
Bethshan Association	Palos Heights	02/04/22	2	14	0
Beverly Hills Home Care	Chicago	06/11/21	2	2	0
Beverlyfarm Living Options	Godfrey	03/10/23	2	3	0
Bliss Haven	Johnston City	05/03/23	2	4	1
Blue Island Citizens for Persons with DD	Blue Island	03/05/21	2	8	4
Breath of Life Professional Services	Oak Brook	03/19/21	3	0	1
Bridgeway	Galesburg	03/10/23	2	6	0
Broadstep Academy of Wisconsin	Jefferson	06/16/23	2	8	0
Broadstep Academy-IL	Freeport	08/26/22	5	23	1
Brooke Hill Management	Mt. Carmel	02/03/23	2	3	0

Provider	City	Survey Date	CILA Level	# of Sites	
				Agency Controlled	Individually Controlled
Brownstone Services	Chicago Heights	04/20/23	3	2	0
Career Development Center	Fairfield	01/27/23	2	0	4
Caring Hands of Illinois	Park Forest	11/24/21	4	1	0
CCAR Industries	Charleston	05/27/22	3	9	21
Center on Deafness	Northbrook	01/21/22	2	2	0
Centerstone of Illinois	West Frankfort	02/18/22	2	10	11
Chamness Care	Jonesboro	06/16/22	2	12	0
Cherubim DTP and CILA Program	Wheaton	12/03/21	2	2	0
Christian County Mental Health Association	Taylorville	07/08/22	2	0	9
Christian Social Services of Illinois	Belleville	03/18/22	2	7	0
CILA Corporation	Flora	12/10/21	2	9	0
Circle of Support	Park Ridge	03/18/22	2	0	59
Clearbrook	Arlington Heights	04/02/21	2	38	112
Coleman Tri-County Services	Harrisburg	07/08/22	2	7	10
Coles County Mental Health Association	Mattoon	05/04/22	2	1	0
Community Alternatives Illinois	Tilton	08/09/21	3	49	0
Community Connections and Services	Belleville	10/07/22	2	0	6
Community Integrated Living	Anna	12/17/21	2	7	0
Community Link	Breese	07/21/22	2	8	2
Community Living Options	Galesburg	08/16/21	3	4	0
Community Residential Alternatives	Champaign	07/13/21	2	1	0
Community Support Services	Brookfield	11/04/22	2	8	34
Community Support Systems	Teutopolis	06/09/22	2	0	31
Community Workshop and Training Center	Peoria	04/06/23	2	2	0
Compassion CILA Home	Park Forest	05/18/22	2	1	0
Compassionate Living Home	Naperville	01/10/22	3	3	0
ComWell/Human Service Center	Red Bud	07/16/21	2	1	1
Cornerstone Services	Joliet	04/18/22	2	47	18
Covenant Enabling Ability Network of Illinois	Oak Forest	01/29/21	2	3	0
CP of Southwestern Illinois	Fairview Heights	12/03/21	2	4	0
Crosspoint Human Services	Danville	03/04/22	2	1	0
CTF Illinois	Orland Park	01/28/22	2	33	6
CuBBull	Canton	04/26/22	1	1	0
D Care Incorporated	Sauk Village	09/29/22	2	1	0
Destiny Housing	Park Forest	05/19/22	3	1	0
Developmental Foundations	Champaign	11/05/21	2	20	2
Developmental Services Center	Champaign	09/16/22	2	12	4
Devora's Dream	Glenview	12/03/21	1	0	1
Diane Home Care	Chicago	02/04/22	2	14	0
Divine Center	Calumet City	08/18/22	2	2	0
Divine Touch CILA Homes	Lansing	05/17/22	2	2	0
Dubois-Douglas Centres	Matteson	05/13/22	2	9	0
DuPage County Health Department	Wheaton	01/27/23	2	4	0
Easter Seals Joliet Region	Joliet	07/29/22	2	9	7

Provider	City	Survey Date	CILA Level	# of Sites	
				Agency Controlled	Individually Controlled
El Valor Corporation	Chicago	10/06/22	2	6	1
Elizabeth Ann Sahuri DBA Supporting Community Independence	Bethalto	01/07/22	2	0	7
Elm City Rehabilitation Center	Jacksonville	08/13/21	2	3	0
Envision Unlimited	Chicago	06/21/21	3	80	43
Epic	Peoria	07/30/21	3	78	10
Epilepsy Foundation of Greater Southern Illinois	Belleville	03/24/23	2	3	4
Esperanza Community Services	Chicago	03/10/23	3	3	0
Families Building Dreams	Northbrook	12/10/21	2	5	0
Family Association Plus	Harvey	02/25/22	5	1	0
FAYCO Enterprises	Vandalia	01/21/22	3	10	4
First Zion Homes	Lynwood	05/27/22	2	2	0
Five Star Industries	DuQuoin	02/10/22	2	9	12
Frances House	Galesburg	12/09/21	2	2	0
Futures Unlimited	Pontiac	01/14/22	2	2	1
Garden Center Services	Burbank	04/29/22	2	8	5
Gateway Services	Princeton	01/28/22	2	0	14
Genesis CILA Homes	Glenwood	02/24/23	2	1	0
Gentle Hands Rehabilitation	Richton Park	04/01/21	3	2	0
Glen Brook of Vienna	Vienna	05/13/22	2	3	0
Glenkirk	Northbrook	04/01/22	2	23	3
Goldie Floberg	Rockton	02/24/23	2	14	0
Good Shepherd Manor	Momence	06/23/23	2	11	0
Habilitative Systems	Chicago	06/25/21	2	4	0
Harmony House CILA	South Holland	01/16/20	3	5	0
Hawkins CILA Care Corporation	Chicago	01/20/21	2	6	4
Health Care Management Corporation	Salem	10/12/21	2	13	3
Heartland Human Services	Effingham	10/27/22	3	3	0
Helping Hand Center	Countryside	12/03/21	2	12	7
Heroes of the Game	Beloit	05/25/22	3	1	0
Homes of Hope	Normal	07/09/21	1	5	1
Hope Institute for Children and Families	Springfield	07/09/21	2	1	0
Horizon House of Illinois Valley	Peru	09/29/22	2	8	9
Huma Sadiq D.B.A. AMMA Care	Glendale Heights	01/19/21	1	1	0
Human Resources Center of Edgar and Clark Counties	Paris	06/30/22	2	1	4
Human Support Services	Waterloo	03/17/23	2	6	2
Illinois Housing and Disability Services	Naperville	12/15/21	2	1	0
Illinois Mentor Community Services, Inc.	Tinley Park	05/12/23	2	51	60
Independent Living Services	Anna	07/15/22	2	9	0
Individual Advocacy Group	Romeoville	08/05/22	2	10	78
Infinicare	Glenview	01/26/22	1	2	0
Inspire Greatness Within	Olympia Fields	03/17/23	2	1	0
Jewish Child and Family Service	Chicago	06/23/22	1	1	5
Joseph Rehabilitation Center	Matteson	03/24/23	5	4	0
Kankakee County Training Center for the Disabled	Bradley	07/01/21	3	10	1
Karriems Developmental Services	Markham	06/03/21	2	3	0

Provider	City	Survey Date	CILA Level	# of Sites	
				Agency Controlled	Individually Controlled
Kaskaskia Workshop	Centralia	06/24/22	2	2	0
KESHET	Northbrook	06/16/23	2	0	8
Kreider Services	Dixon	05/18/23	2	13	4
Krypton	Metropolis	06/29/23	2	4	0
L'Arche Chicago	Forest Park	10/27/22	2	3	0
Lake County Health Department	Waukegan	09/17/21	2	0	5
Lambs Farm	Libertyville	06/24/21	2	4	1
Lansing Association for Retarded Citizens	Lansing	02/18/22	3	11	0
Lawrence Crawford Association for Exceptional Citizens	Robinson	08/16/21	2	1	0
LEEDA Services of Illinois	Chicago	01/14/22	2	1	24
Liberty Enterprises	Marion	05/16/22	2	4	0
Light of Hope	Richton Park	01/28/21	2	1	0
Lincoln Square	Jonesboro	07/13/23	2	3	0
Little City Foundation	Palatine	04/21/23	3	16	3
Little Friends	Warrenville	03/16/21	2	24	8
Living in a Family Environment Management Corporation	Makanda	03/14/22	2	3	0
Locust Street Resource Center	Carlinville	04/01/22	2	2	0
Lutheran Social Services of Illinois	Des Plaines	04/08/22	4	9	9
Macon Resources	Decatur	08/20/21	2	9	21
Malcolm Eaton Enterprises	Freeport	02/05/21	2	5	0
Marcfirst	Normal	04/29/22	2	5	4
Marion County Horizon Center	Salem	10/29/21	2	60	7
McLean County Center for Human Services	Bloomington	04/29/21	2	1	0
Mental Health Centers of Central Illinois	Springfield	01/31/23	2	1	2
Metropolitan Family Services	Chicago	06/10/22	2	2	0
Midwest Care, Inc. DBA Kin Care	Chicago	06/05/23	2	3	1
Milestone	Loves Park	12/22/21	2	28	11
Millennium Gardens	Chicago Heights	05/25/23	2	5	0
Misericordia Heart of Mercy/Rosemary Home	Chicago	02/05/21	2	14	1
Mosaic	Macomb	03/06/23	2	51	4
Moultrie County Beacon	Sullivan	12/17/21	2	8	6
Mulford Homes	Skokie	03/31/23	2	10	0
New Star	Chicago Heights	05/28/21	2	21	7
North Central Behavioral Health Systems	LaSalle	03/17/23	2	1	0
NuCare	Flossmoor	11/10/22	2	3	0
Oak Leyden Developmental Services	Oak Park	05/05/23	2	11	2
Open Door Rehabilitation Center	Sandwich	08/13/21	2	10	15
Opportunity House	Sycamore	06/03/22	2	9	11
Orchard Vilage	Skokie	10/22/21	2	12	11
Ottawa Friendship House	Ottawa	03/19/21	2	4	0
Our Directions	Herrin	03/26/21	2	2	3
PACTT Learning Center	Chicago	07/08/22	2	3	0
Parents and Friends of the Community Integration Services	Belleville	03/14/22	2	4	1



Provider	City	Survey Date	CILA Level	# of Sites	
				Agency Controlled	Individually Controlled
Park Lawn School and Activity Center	Oak Lawn	01/29/21	2	8	0
Pathway House	Johnston City	12/03/21	2	2	0
Pathway Services Unlimited	Jacksonville	09/24/21	2	9	6
Patterson House	Decatur	10/19/22	2	3	0
Piatt County Mental Health Center	Monticello	03/23/23	2	0	9
Pillars Community Health	Countryside	12/09/22	2	2	0
Pilot House	Cairo	01/07/22	2	1	0
Pilsen-Little Village CMHC	Chicago	04/06/22	1	1	0
Pinnacle Opportunities	Galesburg	12/29/21	3	1	0
Pioneer Center for Human Services	McHenry	06/30/22	2	10	10
Pioneer Concepts	Galesburg	04/30/21	2	2	0
Presence Behavioral Health	Chicago	06/10/22	2	3	0
Progress Management	Carterville	11/19/21	2	5	6
Progressive Housing	Olympia Fields	05/13/22	2	19	0
R&J Enterprises Country Living	Anna	11/15/21	2	9	0
Random Acts of Kindness	Chicago	07/28/21	5	2	1
Ray Graham Association for People with Disabilities	Lisle	03/25/22	2	27	3
RCAP Enterprise	Chillicothe	04/15/21	2	4	0
Redempta Services	Richton Park	06/09/23	2	4	1
Rehabilitation and Vocational Education	Anna	05/09/22	2	5	0
Residential Developers	Champaign	02/25/22	2	19	0
Residential Options	Alton	03/21/22	2	18	1
Rimland Services	Evanston	11/18/22	2	20	0
Riverside Foundation	Lincolnshire	06/09/23	2	5	1
Rock River Valley Self Help Enterprises	Sterling	11/04/21	3	1	0
Rosecrance	Rockford	03/11/22	2	2	0
Royal Living Center	New Baden	08/12/22	4	8	0
Saze Community Services	Palatine	10/29/19	3	7	0
Search	Chicago	06/16/22	2	29	1
Sertoma Centre	Alsip	03/12/21	2	10	8
Shamrock Services Group	Harrisburg	11/04/22	2	12	0
Shelby County Community Services	Shelbyville	10/15/21	2	2	4
Shore Community Services	Skokie	08/17/21	4	3	2
Soledad Social Services Corporation	Chicago	10/06/21	2	4	0
South Chicago Parents and Friends	Chicago	01/07/22	2	2	1
Southeastern Residential Alternatives	Eldorado	06/02/23	2	11	0
Southern Illinois Community Support Services	New Baden	03/31/22	3	8	0
SPARC	Springfield	02/07/22	2	2	23
Specialized Training for Adult Rehabilitation	Murphysboro	12/10/21	2	8	4
St. Coletta's of Illinois	Tinley Park	09/02/22	2	1	0
Streator Unlimited	Streator	04/21/23	2	4	1
T.O.C. Incorporated of Illinois	Matteson	02/01/23	2	1	0
TASH Incorporated	Murphysboro	03/11/22	2	4	0
Tazewell County Resource Centers	Tremont	04/22/22	2	7	0
TDL Group	Mt. Vernon	07/28/22	2	19	0
The ARC of the Quad Cities Area	Rock Island	09/17/21	2	17	9

Provider	City	Survey Date	CILA Level	# of Sites	
				Agency Controlled	Individually Controlled
The Ester Services Project of Southern Illinois	Xenia	04/25/23	2	1	0
Thresholds	Chicago	05/06/22	2	4	7
Topview Corporation	South Holland	03/05/21	2	4	0
TRADE Industries	McLeansboro	06/02/21	2	3	1
Transitions of Western Illinois	Quincy	05/24/23	2	1	15
TRI-CARE	Chicago	10/15/21	2	7	0
Trilogy	Chicago	02/25/22	3	1	0
Trinity Services	New Lenox	07/23/21	2	109	21
UCP Seguin of Greater Chicago	Cicero	03/04/22	2	73	37
Universal Homes	Chicago	05/06/22	1	6	0
Victory Homes	Lynwood	07/13/22	2	3	0
Village Inn of Cobden	Cobden	03/24/23	2	3	0
Wabash Area Vocational Enterprises	Mt. Carmel	04/14/22	2	2	0
Warren Achievement Center	Monmouth	07/21/22	2	7	3
Washington County Vocational Workshop	Nashville	02/08/22	2	1	0
William M. BeDell Achievement and Resource Center	Wood River	04/19/22	2	7	11
<b>Totals</b>				2,026	1,140

Note: BALC licenses CILAs that provide developmental disability services and CILAs that provide mental health services. Both are included in this Appendix.

Source: OAG developed from DHS/BALC documentation.

## Appendix D

# Developmental Disability CILA Provider Payments

### FY21-FY23

Provider	FY21	FY22	FY23	Total
A New Age Human Services Corporation	\$431,512	\$446,829	\$727,965	\$1,606,306
A Step Forward	\$2,086,025	\$2,363,061	\$3,686,298	\$8,135,384
A+ Autism Solutions	\$489,505	\$523,099	\$662,652	\$1,675,256
Abequa Home Health Care Agency	\$128,005	\$265,015	\$367,641	\$760,661
Abilities Plus	\$949,163	\$1,152,066	\$1,427,344	\$3,528,573
Abundant Possibilities	\$0	\$15,042	\$446,331	\$461,373
Access Community Experience	\$599,512	\$693,650	\$915,702	\$2,208,864
Achieve Development Association	\$692,242	\$760,590	\$1,081,359	\$2,534,191
Achievement Unlimited	\$21,772,933	\$23,451,226	\$29,502,018	\$74,726,177
Active Visions	\$5,351,256	\$5,882,703	\$7,443,669	\$18,677,628
Ada S. McKinley Community Service	\$2,927,152	\$3,464,165	\$4,316,908	\$10,708,225
Alberto Rosario/Ohana Community Services	\$681,792	\$950,276	\$2,192,742	\$3,824,810
Alpha Omega Consulting	\$3,535,911	\$4,713,199	\$5,730,373	\$13,979,483
Alvin Eades Center	\$321,408	\$364,053	\$472,146	\$1,157,607
American Residential Care	\$451,470	\$505,998	\$661,506	\$1,618,974
Anixter Center, Lester and Rosalie	\$2,678,118	\$2,750,177	\$3,181,613	\$8,609,908
Apostolic Christian Lifepoints	\$2,841,482	\$3,735,239	\$4,357,551	\$10,934,272
Arc of Iroquois County	\$4,261,356	\$4,543,616	\$5,339,354	\$14,144,326
Arrowleaf	\$1,681,899	\$1,856,776	\$2,008,340	\$5,547,015
Aspire	\$7,554,210	\$8,139,070	\$10,117,814	\$25,811,094
Association for the Betterment of Retarded Adults	\$695,153	\$779,358	\$1,041,593	\$2,516,104
Association for DD in Woodford County	\$860,997	\$1,057,461	\$1,060,461	\$2,978,919
Association for Individual Development	\$10,400,551	\$11,183,199	\$13,924,331	\$35,508,081
Association House of Chicago	\$398,213	\$507,010	\$579,770	\$1,484,993
At Home Mission	\$1,007,481	\$1,219,209	\$1,165,358	\$3,392,048
Aurora Home Care	\$1,307,523	\$1,539,155	\$2,408,111	\$5,254,789
Austin Special Chicago	\$1,112,033	\$1,080,429	\$1,696,935	\$3,889,397
Avancer Home	\$5,389,829	\$5,317,568	\$5,877,137	\$16,584,534
Avenues to Independence	\$1,277,113	\$1,557,042	\$2,128,940	\$4,963,095
Bartlett Learning Center	\$233,614	\$314,400	\$460,932	\$1,008,946
Bethesda Lutheran Communities	\$5,061,686	\$0	\$0	\$5,061,686
Bethshan Association	\$4,058,822	\$4,507,195	\$5,837,590	\$14,403,607
Beverly Hills Home Care	\$682,130	\$742,575	\$1,015,973	\$2,440,678
Beverlyfarm Living Options	\$526,401	\$575,087	\$1,068,290	\$2,169,778
Bliss Haven	\$814,262	\$1,284,497	\$1,580,087	\$3,678,846
Blue Island Citizens for Persons with DD	\$2,847,019	\$3,242,245	\$4,160,001	\$10,249,265
Breath of Life Professional Services	\$252,231	\$279,107	\$353,153	\$884,491
Bridgeway Inc.	1,570,375	\$1,698,875	\$1,851,148	\$5,120,398

Provider	FY21	FY22	FY23	Total
Broadstep Academy of Wisconsin	\$3,009,299	\$3,331,170	\$4,410,091	\$10,750,560
Broadstep Academy-IL	\$2,293,166	\$9,752,467	\$11,592,515	\$23,638,148
Brooke Hill Management	\$1,057,961	\$1,248,512	\$1,180,061	\$3,486,534
Brownstone Services	\$278,292	\$458,071	\$607,387	\$1,343,750
Career Development Center	\$92,533	\$140,733	\$156,165	\$389,431
Caring Hands of Illinois	\$436,330	\$295,967	\$436,167	\$1,168,464
CCAR Industries	\$3,304,123	\$3,416,895	\$3,678,035	\$10,399,053
Center for Residential Alternatives	\$390,505	\$362,214	\$177,290	\$930,009
Center on Deafness	\$593,430	\$934,042	\$1,248,994	\$2,776,466
Centerstone of Illinois	\$3,597,130	\$3,912,453	\$4,580,558	\$12,090,141
Chamness Care	\$3,971,926	\$4,329,663	\$4,944,809	\$13,246,398
Cherubim DTP and CILA Program	\$436,795	\$571,770	\$753,706	\$1,762,271
Christian County Mental Health Association	\$1,238,938	\$1,415,362	\$1,645,440	\$4,299,740
Christian Social Services of Illinois	\$1,388,438	\$1,888,275	\$2,183,458	\$5,460,171
CILA Corporation	\$4,653,893	\$5,242,663	\$6,592,918	\$16,489,474
Circle of Support	\$1,386,593	\$1,670,388	\$2,270,486	\$5,327,467
Clearbrook	\$18,045,995	\$19,814,644	\$23,926,497	\$61,787,136
Coleman Tri-County Services	\$2,404,727	\$2,563,735	\$2,847,382	\$7,815,844
Community Alternatives Illinois	\$13,024,554	\$14,047,735	\$16,239,525	\$43,311,814
Community Connections and Services	\$0	\$228,960	\$794,150	\$1,023,110
Community Integrated Living	\$2,033,479	\$2,532,032	\$3,001,192	\$7,566,703
Community Link	\$2,616,853	\$3,198,431	\$3,892,485	\$9,707,769
Community Living Options	\$1,574,369	\$1,689,172	\$1,747,662	\$5,011,203
Community Regional Services	\$0	\$0	\$36,699	\$36,699
Community Support Services	\$3,245,594	\$3,387,988	\$3,695,786	\$10,329,368
Community Support Systems	\$2,249,178	\$2,448,437	\$2,807,270	\$7,504,885
Community Workshop and Training Center	\$794,368	\$885,354	\$1,046,899	\$2,726,621
Compassion CILA Homes	\$281,464	\$369,277	\$566,019	\$1,216,760
Compassionate Living Home	\$166,013	\$374,191	\$832,019	\$1,372,223
ComWell/Human Service Center	\$349,529	\$382,737	\$464,403	\$1,196,669
Cornerstone Services	\$11,884,543	\$13,782,550	\$17,118,752	\$42,785,845
Covenant Enabling Ability Network of Illinois	\$779,604	\$915,495	\$1,089,171	\$2,784,270
CP of Southwestern Illinois	\$1,086,718	\$1,270,415	\$1,675,939	\$4,033,072
CRA	\$321,071	\$335,222	\$534,760	\$1,191,053
Crosspoint Human Services	\$210,995	\$246,796	\$300,721	\$758,512
CTF Illinois	\$11,459,824	\$12,365,405	\$14,904,988	\$38,730,217
CuBBull	\$159,260	\$146,356	\$190,190	\$495,806
D Care Incorporated	\$206,458	\$284,946	\$684,249	\$1,175,653
Destiny Housing	\$226,812	\$423,131	\$568,098	\$1,218,041
Developmental Foundations	\$3,930,914	\$4,365,817	\$5,087,599	\$13,384,330
Developmental Services Center	\$2,984,894	\$3,517,869	\$4,164,144	\$10,666,907

Provider	FY21	FY22	FY23	Total
Devora's Dream	\$125,728	\$91,054	\$55,314	\$272,096
Diane Home Care	\$3,950,935	\$4,618,266	\$6,470,751	\$15,039,952
Divine Center	\$289,766	\$364,625	\$442,166	\$1,096,557
Divine Touch CILA Homes	\$199,440	\$361,588	\$748,951	\$1,309,979
Dominion CILA Homes	\$1,504,848	\$1,934,675	\$914,459	\$4,353,982
Dubois-Douglas Centres	\$2,244,752	\$2,750,686	\$3,313,202	\$8,308,640
Easter Seals Joliet Region	\$3,774,910	\$4,066,929	\$5,142,017	\$12,983,856
El Valor Corporation	\$2,320,306	\$2,735,486	\$3,301,832	\$8,357,624
Elizabeth Ann Sahuri DBA Supporting Community Independence	\$208,187	\$445,548	\$757,351	\$1,411,086
Elm City Rehabilitation Center	\$883,933	\$977,690	\$1,132,398	\$2,994,021
Envision Unlimited	\$15,560,299	\$16,716,290	\$25,591,245	\$57,867,834
Epic	\$10,446,189	\$10,984,007	\$11,732,560	\$33,162,756
Epilepsy Foundation of Greater Southern Illinois	\$1,027,459	\$1,186,765	\$1,443,484	\$3,657,708
Esperanza Community Services	\$1,263,146	\$1,365,195	\$1,791,709	\$4,420,050
Families Building Dreams	\$1,592,664	\$2,020,875	\$2,762,504	\$6,376,043
Family Association Plus	\$306,470	\$418,438	\$557,426	\$1,282,334
FAYCO Enterprises	\$2,616,825	\$2,707,772	\$3,189,846	\$8,514,443
First Zion Homes	\$182,486	\$358,164	\$510,640	\$1,051,290
Five Star Industries	\$2,316,571	\$2,543,140	\$3,125,669	\$7,985,380
Frances House	\$865,988	\$850,879	\$970,943	\$2,687,810
Futures Unlimited	\$1,055,307	\$962,389	\$808,163	\$2,825,859
Garden Center Services	\$3,173,954	\$3,464,728	\$4,222,477	\$10,861,159
Gateway Services	\$2,049,098	\$2,180,434	\$2,488,422	\$6,717,954
Genesis CILA Homes	\$173,597	\$194,898	\$345,079	\$713,574
Gentle Hands Rehabilitation	\$366,748	\$446,431	\$734,671	\$1,547,850
Glen Brook of Vienna	\$796,777	\$825,333	\$1,013,337	\$2,635,447
Glenkirk	\$6,662,912	\$7,492,877	\$9,361,390	\$23,517,179
Goldie Floberg	\$3,463,954	\$3,700,385	\$4,180,857	\$11,345,196
Good Shepherd Manor	\$3,341,203	\$3,617,374	\$4,923,131	\$11,881,708
Habilitative Systems	\$1,335,098	\$1,508,068	\$2,090,853	\$4,934,019
Harmony House CILA	\$444,304	\$910,053	\$1,824,353	\$3,178,710
Hawkins CILA Care Corporation	\$1,226,568	\$1,662,439	\$2,870,371	\$5,759,378
Health Care Management Corporation	\$4,453,250	\$5,124,137	\$6,005,509	\$15,582,896
Help at Home	\$21,248,168	\$9,739,366	\$0	\$30,987,534
Helping Hand Center	\$4,278,389	\$4,761,344	\$5,803,759	\$14,843,492
Heroes of the Game	\$186,695	\$207,562	\$245,217	\$639,474
Homes of Hope	\$1,363,557	\$1,591,083	\$1,718,450	\$4,673,090
Hope Institute for Children and Families	\$74,905	\$74,049	\$67,398	\$216,352
Horizon House of Illinois Valley	\$4,029,350	\$4,314,594	\$4,990,002	\$13,333,946
Huma Sadiq D.B.A. AMMA Care	\$247,382	\$316,914	\$419,134	\$983,430
Human Resources Center of Edgar and Clark Counties	\$213,674	\$238,685	\$284,535	\$736,894
Human Support Services	\$1,445,956	\$1,566,666	\$1,848,736	\$4,861,358

Provider	FY21	FY22	FY23	Total
Illinois Housing and Disability Services	\$385,264	\$447,316	\$600,149	\$1,432,729
Illinois Mentor Community Services	\$2,354,575	\$12,518,416	\$24,478,299	\$39,351,290
Independent Living Services	\$3,126,526	\$3,448,699	\$4,201,403	\$10,776,628
Individual Advocacy Group	\$18,642,895	\$20,022,706	\$23,886,365	\$62,551,966
Infinicare	\$121,389	\$353,844	\$537,378	\$1,012,611
Inspire Greatness Within	\$0	\$0	\$263,014	\$263,014
Janaston Management and Development Corporation	\$924,866	\$874,521	\$0	\$1,799,387
Jefferson County Comprehensive Services	\$64,251	\$61,237	\$207	\$125,695
Jewish Child and Family Service	\$1,294,898	\$1,524,090	\$2,264,485	\$5,083,473
Joseph Rehabilitation Center	\$1,240,845	\$1,657,311	\$2,002,163	\$4,900,319
Kankakee County Training Center for the Disabled	\$2,443,659	\$2,901,462	\$3,307,058	\$8,652,179
Karriems Developmental Services	\$763,755	\$822,632	\$731,403	\$2,317,790
Kaskaskia Workshop	\$545,642	\$600,798	\$645,805	\$1,792,245
KESHET	\$732,524	\$922,665	\$1,200,841	\$2,856,030
Kreider Services	\$5,189,099	\$5,144,272	\$6,211,867	\$16,545,238
Krypton	\$1,271,551	\$1,465,819	\$1,687,337	\$4,424,707
Kwanza Suites Corporation	\$307,603	\$142,043	\$0	\$449,646
L'Arche Chicago	\$771,082	\$912,581	\$1,135,355	\$2,819,018
Lambs Farm	\$380,719	\$473,924	\$508,681	\$1,363,324
Lansing Association for Retarded Citizens	\$2,242,617	\$2,479,402	\$2,603,783	\$7,325,802
Lawrence Crawford Association for Exceptional Citizens	\$346,098	\$398,101	\$523,079	\$1,267,278
LEEDA Services of Illinois	\$7,334,616	\$8,568,107	\$10,300,778	\$26,203,501
Liberty Enterprises	\$912,523	\$997,089	\$1,132,022	\$3,041,634
Light of Hope	\$0	\$148,515	\$307,441	\$455,956
Lincoln Square	\$913,572	\$1,096,220	\$1,241,276	\$3,251,068
Little City Foundation	\$4,975,230	\$5,888,105	\$7,316,791	\$18,180,126
Little Friends	\$4,204,482	\$4,694,100	\$5,787,559	\$14,686,141
Living in Family Environment Management Corporation	\$846,257	\$991,382	\$1,141,655	\$2,979,294
Locust Street Resource Center	\$441,748	\$455,716	\$509,869	\$1,407,333
Lutheran Social Services of Illinois	\$3,124,791	\$3,242,952	\$3,641,115	\$10,008,858
Macon Resources	\$3,127,219	\$3,123,950	\$3,543,260	\$9,794,429
Malcolm Eaton Enterprises	\$801,175	\$1,234,556	\$1,625,903	\$3,661,634
Marcfirst	\$3,304,271	\$3,030,607	\$3,076,808	\$9,411,686
Marion County Horizon Center	\$13,440,756	\$18,344,241	\$23,913,099	\$55,698,096
Mental Health Centers of Central Illinois	\$301,226	\$251,356	\$282,985	\$835,567
Midwest Care, Inc. DBA Kin Care	\$944,012	\$999,891	\$1,257,252	\$3,201,155
Milestone	\$8,970,320	\$9,740,510	\$11,534,916	\$30,245,746
Millennium Gardens	\$1,219,130	\$1,263,168	\$1,495,697	\$3,977,995
Misericordia Heart of Mercy/Rosemary Home	\$3,628,280	\$3,937,661	\$4,687,196	\$12,253,137

Provider	FY21	FY22	FY23	Total
Mosaic	\$13,322,290	\$14,818,145	\$16,474,488	\$44,614,923
Moultrie County Beacon	\$2,405,304	\$2,454,334	\$2,701,394	\$7,561,032
Mulford Homes	\$1,226,194	\$1,889,437	\$2,677,835	\$5,793,466
New Star	\$6,866,190	\$7,527,748	\$9,560,185	\$23,954,123
NuCare	\$978,291	\$1,108,035	\$1,476,730	\$3,563,056
Oak Leyden Developmental Services	\$3,382,294	\$3,891,674	\$4,613,987	\$11,887,955
Open Door Rehabilitation Center	\$3,645,706	\$3,950,096	\$4,582,521	\$12,178,323
Opportunity House	\$3,054,324	\$3,321,966	\$3,839,726	\$10,216,016
Orchard Village	\$3,915,037	\$4,923,508	\$6,049,903	\$14,888,448
Ottawa Friendship House	\$1,323,450	\$1,409,588	\$1,663,152	\$4,396,190
Our Directions	\$936,789	\$983,134	\$1,145,935	\$3,065,858
PACTT Learning Center	\$946,027	\$1,099,294	\$1,803,162	\$3,848,483
Parents and Friends of the Community Integration Services	\$1,104,729	\$1,237,295	\$1,491,463	\$3,833,487
Park Lawn School and Activity Center	\$2,400,387	\$2,489,754	\$3,032,088	\$7,922,229
Pathway House	\$702,549	\$744,530	\$904,678	\$2,351,757
Pathway Services Unlimited	\$4,778,066	\$4,920,879	\$6,292,051	\$15,990,996
Patterson House	\$550,914	\$650,480	\$1,023,880	\$2,225,274
Piatt County Mental Health Center	\$300,730	\$236,912	\$197,412	\$735,054
Pilot House	\$1,070,394	\$1,296,981	\$1,307,034	\$3,674,409
Pinnacle Opportunities	\$392,549	\$399,830	\$500,257	\$1,292,636
Pioneer Center for Human Services	\$3,013,370	\$3,280,745	\$4,389,921	\$10,684,036
Pioneer Concepts	\$517,288	\$689,399	\$847,524	\$2,054,211
Progress Management	\$2,134,219	\$2,504,615	\$3,057,551	\$7,696,385
Progressive Housing	\$6,783,144	\$7,385,961	\$9,572,489	\$23,741,594
R&J Enterprises Country Living	\$1,982,596	\$2,409,944	\$2,878,219	\$7,270,759
Random Act of Kindness Developmental Agency	\$724,086	\$978,407	\$1,158,243	\$2,860,736
Ray Graham Association for People with Disabilities	\$8,357,923	\$9,074,517	\$12,663,409	\$30,095,849
RCAP Enterprise	\$1,192,923	\$1,288,419	\$1,510,830	\$3,992,172
Redempta Services	\$1,333,332	\$1,590,729	\$2,040,659	\$4,964,720
Rehabilitation and Vocational Education	\$1,191,180	\$1,292,177	\$1,544,548	\$4,027,905
Residential Developers	\$8,872,504	\$8,481,090	\$9,047,184	\$26,400,778
Residential Options	\$4,957,941	\$5,341,268	\$6,070,896	\$16,370,105
Rimland Services	\$6,360,036	\$7,153,062	\$9,255,795	\$22,768,893
Riverside Foundation	\$789,901	\$842,379	\$1,195,639	\$2,827,919
Rock River Valley Self Help Enterprises	\$325,722	\$431,573	\$514,292	\$1,271,587
Royal Living Center	\$2,602,927	\$2,456,321	\$2,775,562	\$7,834,810
Saze Community Services	\$769,730	\$868,771	\$2,809,040	\$4,447,541
Search	\$10,550,128	\$11,379,849	\$13,686,452	\$35,616,429
Sertoma Centre	\$2,984,785	\$3,201,452	\$4,284,302	\$10,470,539
Shalom Home Health	\$23,388	\$235,643	\$269,671	\$528,702

Provider	FY21	FY22	FY23	Total
Shamrock Services Group	\$3,176,863	\$3,795,176	\$4,336,228	\$11,308,267
Shelby County Community Services	\$768,252	\$844,700	\$752,191	\$2,365,143
SHORE Community Services	\$1,123,308	\$1,251,740	\$1,537,614	\$3,912,662
Skystar Residential Services	\$1,702,017	\$204,029	\$0	\$1,906,046
Soledad Social Services Corporation	\$973,738	\$1,074,635	\$1,261,818	\$3,310,191
South Chicago Parents and Friends	\$606,861	\$623,241	\$697,520	\$1,927,622
Southeastern Residential Alternatives	\$2,607,900	\$3,143,511	\$3,943,781	\$9,695,192
Southern Illinois Community Support Services	\$2,363,091	\$2,517,027	\$2,949,355	\$7,829,473
SPARC	\$5,524,325	\$5,940,560	\$6,994,976	\$18,459,861
Specialized Training for Adult Rehabilitation	\$1,565,217	\$1,631,225	\$2,008,278	\$5,204,720
St. Coletta's of Illinois	\$6,486,643	\$7,308,760	\$3,504,577	\$17,299,980
Streator Unlimited	\$1,641,572	\$1,905,245	\$2,377,948	\$5,924,765
Support Systems & Services	\$0	\$658,326	\$655,724	\$1,314,050
T.O.C. Incorporated of Illinois	\$221,214	\$132,401	\$240,108	\$593,723
TASH Incorporated	\$981,557	\$1,257,347	\$1,679,855	\$3,918,759
Tazewell County Resource Centers	\$2,284,784	\$2,603,969	\$2,913,622	\$7,802,375
TDL Group	\$6,269,541	\$6,827,426	\$8,671,162	\$21,768,129
The ARC of the Quad Cities Area	\$6,388,201	\$7,463,732	\$8,979,055	\$22,830,988
The Ester Services Project of Southern Illinois	\$159,724	\$177,110	\$226,041	\$562,875
There is No Place Like Home	\$510,493	\$474,284	\$262,306	\$1,247,083
Topview Corporation	\$880,548	\$881,400	\$1,521,468	\$3,283,416
TRADE Industries	\$742,753	\$774,126	\$926,496	\$2,443,375
Transitions of Western Illinois	\$1,551,499	\$1,812,153	\$2,083,694	\$5,447,346
TRI-CARE	\$1,553,965	\$1,884,625	\$2,198,140	\$5,636,730
Trinity Services	\$32,000,365	\$34,450,346	\$41,807,455	\$108,258,166
UCP Seguin of Greater Chicago	\$15,889,739	\$17,002,570	\$20,576,310	\$53,468,619
Universal Homes	\$920,602	\$1,088,371	\$1,511,121	\$3,520,094
Victory Homes	\$371,869	\$466,750	\$1,000,637	\$1,839,256
Villa House	\$404,722	\$122,120	\$0	\$526,842
Village Inn of Cobden	\$971,343	\$1,060,583	\$1,335,895	\$3,367,821
Vista Care Illinois	\$0	\$0	\$21,545	\$21,545
Wabash Area Vocational Enterprises	\$513,098	\$480,959	\$300,850	\$1,294,907
Warren Achievement Center	\$2,417,783	\$2,726,129	\$3,280,221	\$8,424,133
Washington County Vocational Workshop	\$237,288	\$321,343	\$443,316	\$1,001,947
William M. BeDell Achievement and Resource Center	\$1,610,620	\$1,776,606	\$2,030,304	\$5,417,530
<b>Totals</b>	<b>\$645,238,998</b>	<b>\$714,507,914</b>	<b>\$869,248,138</b>	<b>\$2,228,995,050</b>

Source: OAG developed from DHS documentation.



## Appendix E

# OIG Allegations Against CILA Providers

### FY21-FY23

Provider	FY21	FY22	FY23	Total
A New Age Human Services Corporation	2	0	1	3
A Step Forward	5	7	10	22
A+ Autism Solutions	0	0	0	0
Abequa Home Health Care Agency	0	0	0	0
Abilities Plus	1	1	0	2
Abundant Possibilities	0	0	1	1
Access Community Experience	0	1	0	1
Achieve Development Association	0	0	0	0
Achievement Unlimited	42	53	58	153
Active Visions	3	2	4	9
Ada S. McKinley Community Service	2	4	5	11
Alberto Rosario/Ohana Community Services	1	0	4	5
Alpha Omega Consulting	4	13	6	23
Alvin Eades Center	0	2	0	2
American Residential Care	0	0	0	0
Anixter Center, Lester and Rosalie	6	15	11	32
Apostolic Christian Lifepoints	2	0	3	5
Arc of Iroquois County	8	3	7	18
Arrowleaf	3	2	2	7
Aspire	16	14	14	44
Association for DD in Woodford County	2	0	0	2
Association for Individual Development	18	21	18	57
Association for the Betterment of Retarded Adults	0	1	0	1
Association House of Chicago	0	1	1	2
At Home Mission	2	1	3	6
Aurora Home Care	13	5	4	22
Austin Special Chicago	0	0	1	1
Avancer Homes	8	7	19	34
Avenues to Independence	4	7	6	17
Bartlett Learning Center	2	0	1	3
Bethesda Lutheran Communities	20	0	0	20
Bethshan Association	1	1	1	3
Beverly Hills Home Care	0	1	1	2
Beverlyfarm Living Options	0	1	2	3
Bliss Haven	1	2	4	7
Blue Island Citizens For Persons with DD	1	4	3	8
Breath of Life Professional Services	0	0	0	0
Bridgeway	2	4	3	9
Broadstep Academy of Wisconsin	4	10	2	16

Provider	FY21	FY22	FY23	Total
Broadstep Academy-IL	16	65	67	148
Brooke Hill Management	0	1	0	1
Brownstone Services	0	0	3	3
Career Development Center	0	0	0	0
Caring Hands of Illinois	1	4	2	7
CCAR Industries	1	5	5	11
Center for Residential Alternatives	0	0	1	1
Center on Deafness	0	0	0	0
Centerstone of Illinois	5	3	12	20
Chamness Care	6	7	8	21
Cherubim DTP and CILA Program	0	0	1	1
Christian County Mental Health Association	3	1	1	5
Christian Social Services of Illinois	8	4	3	15
CILA Corporation	15	8	13	36
Circle of Support	0	0	0	0
Clearbrook	34	30	29	93
Coleman Tri-County Services	5	5	1	11
Community Alternatives Illinois	52	65	56	173
Community Connections and Services	0	2	0	2
Community Integrated Living	6	4	14	24
Community Link	2	5	6	13
Community Living Options	6	1	4	11
Community Regional Services	0	0	0	0
Community Support Services	2	3	11	16
Community Support Systems	6	4	2	12
Community Workshop and Training Center	0	0	1	1
Compassion CILA Homes	0	0	0	0
Compassionate Living Home	4	1	10	15
ComWell/Human Service Center	0	0	1	1
Cornerstone Services	17	26	33	76
Covenant Enabling Ability Network of Illinois	2	4	5	11
CP of Southwestern Illinois	7	3	1	11
CRA	1	0	2	3
Crosspoint Human Services	0	1	0	1
CTF Illinois	27	31	36	94
CuBBull	0	0	0	0
D Care Incorporated	0	1	0	1
Destiny Housing	5	4	1	10
Developmental Foundations	5	2	5	12
Developmental Services Center	4	3	3	10
Devora's Dream	0	0	0	0
Diane Home Care	3	3	2	8
Divine Center	0	1	1	2

Provider	FY21	FY22	FY23	Total
Divine Touch CILA Homes	3	1	0	4
Dominion CILA Homes	4	5	5	14
Dubois-Douglas Centres	2	6	7	15
Easter Seals Joliet Region	6	10	9	25
El Valor Corporation	7	8	7	22
Elizabeth Ann Sahuri DBA Supporting Community Independence	0	0	0	0
Elm City Rehabilitation Center	1	1	0	2
Envision Unlimited	57	92	94	243
Epic	2	10	11	23
Epilepsy Foundation of Greater Southern Illinois	1	1	0	2
Esperanza Community Services	7	5	5	17
Families Building Dreams	7	7	13	27
Family Association Plus	0	1	0	1
FAYCO Enterprises	11	26	5	42
First Zion Homes	4	4	3	11
Five Star Industries	3	8	16	27
Frances House	2	3	0	5
Futures Unlimited	5	1	3	9
Garden Center Services	2	4	5	11
Gateway Services	6	5	7	18
Genesis CILA Homes	0	1	1	2
Gentle Hands Rehabilitation	1	1	1	3
Glen Brook of Vienna	1	2	0	3
Glenkirk	10	12	16	38
Goldie Floberg	15	18	24	57
Good Shepherd Manor	5	0	8	13
Habilitative Systems	2	0	10	12
Harmony House CILA	1	4	1	6
Hawkins CILA Care Corporation	6	8	11	25
Health Care Management Corporation	9	5	9	23
Help at Home	118	89	0	207
Helping Hand Center	4	1	8	13
Heroes of the Game	0	0	0	0
Homes of Hope	1	0	3	4
Hope Institute for Children and Families	0	0	0	0
Horizon House of Illinois Valley	3	2	5	10
Huma Sadiq D.B.A. AMMA Care	0	0	0	0
Human Resources Center of Edgar and Clark Counties	0	0	0	0
Human Support Services	0	1	0	1
Illinois Housing and Disability Services	5	3	2	10
Illinois Mentor Community Services	0	18	121	139
Independent Living Services	3	5	5	13
Individual Advocacy Group	34	46	39	119

Provider	FY21	FY22	FY23	Total
Infinicare	0	0	0	0
Inspire Greatness Within	0	0	2	2
Janaston Management and Development Corporation	0	2	0	2
Jefferson County Comprehensive Services	0	0	0	0
Jewish Child and Family Service	0	1	1	2
Joseph Rehabilitation Center	4	1	2	7
Kankakee County Training Center for the Disabled	12	6	7	25
Karriems Developmental Services	0	0	0	0
Kaskaskia Workshop	0	0	0	0
KESHET	0	1	0	1
Kreider Services	11	8	4	23
Krypton	1	1	3	5
Kwanza Suites Corporation	0	5	0	5
L'Arche Chicago	0	0	0	0
Lambs Farm	0	0	0	0
Lansing Association for Retarded Citizens	6	5	6	17
Lawrence Crawford Association for Exceptional Citizens	0	0	0	0
LEEDA Services of Illinois	7	14	28	49
Liberty Enterprises	2	1	2	5
Light of Hope	0	0	0	0
Lincoln Square	1	0	2	3
Little City Foundation	15	12	18	45
Little Friends	13	10	13	36
Living in a Family Environment Management Corporation	1	2	2	5
Locust Street Resource Center	0	1	1	2
Lutheran Social Services of Illinois	4	16	5	25
Macon Resources	6	5	5	16
Malcolm Eaton Enterprises	0	1	0	1
Marcfirst	11	6	4	21
Marion County Horizon Center	20	35	25	80
Mental Health Centers of Central Illinois	1	0	0	1
Midwest Care, Inc. DBA Kin Care	1	0	1	2
Milestone	13	10	8	31
Millennium Gardens	2	3	4	9
Misericordia Heart of Mercy/Rosemary Home	0	3	0	3
Mosaic	104	76	116	296
Moultrie County Beacon	5	14	5	24
Mulford Homes	4	4	7	15
New Star	24	27	23	74
NuCare	0	12	4	16
Oak Leyden Developmental Services	11	13	11	35
Open Door Rehabilitation Center	2	4	7	13
Opportunity House	6	7	8	21

Provider	FY21	FY22	FY23	Total
Orchard Village	5	6	7	18
Ottawa Friendship House	0	1	2	3
Our Directions	1	3	2	6
PACTT Learning Center	1	2	0	3
Parents and Friends of the Community Integration Services	0	1	0	1
Park Lawn School and Activity Center	0	3	1	4
Pathway House	1	0	1	2
Pathway Services Unlimited	12	8	8	28
Patterson House	0	0	1	1
Piatt County Mental Health Center	0	0	0	0
Pilot House	2	1	3	6
Pinnacle Opportunities	0	0	4	4
Pioneer Center for Human Services	7	5	9	21
Pioneer Concepts	1	0	7	8
Progress Management	10	14	9	33
Progressive Housing	24	14	18	56
R&J Enterprises Country Living	1	0	5	6
Random Act of Kindness Developmental Agency	4	7	10	21
Ray Graham Association for People with Disabilities	13	8	12	33
RCAP Enterprise	5	9	7	21
Redempta Services	1	0	1	2
Rehabilitation and Vocational Education	3	3	2	8
Residential Developers	19	13	15	47
Residential Options	8	5	6	19
Rimland Services	4	6	3	13
Riverside Foundation	0	0	0	0
Rock River Valley Self Help Enterprises	2	1	4	7
Rosecrance	0	1	0	1
Royal Living Center	31	24	31	86
Saze Community Services	2	1	8	11
Search	15	13	12	40
Sertoma Centre	7	2	2	11
Shalom Home Health	0	2	1	3
Shamrock Services Group	6	7	10	23
Shelby County Community Services	1	1	1	3
SHORE Community Services	1	6	1	8
Skystar Residential Services	24	2	0	26
Soledad Social Services Corporation	3	0	2	5
South Chicago Parents and Friends	0	1	2	3
Southeastern Residential Alternatives	3	7	4	14
Southern Illinois Case Coordination Services	0	1	0	1
Southern Illinois Community Support Services	2	12	7	21
SPARC	21	25	23	69

Provider	FY21	FY22	FY23	Total
Specialized Training for Adult Rehabilitation	2	0	7	9
St. Coletta's of Illinois	13	10	5	28
Streator Unlimited	2	2	3	7
Support Systems & Services	0	4	4	8
T.O.C. Incorporated of Illinois	0	1	1	2
TASH Incorporated	2	1	2	5
Tazewell County Resource Centers	3	5	3	11
TDL Group	18	20	25	63
The ARC of the Quad Cities Area	17	27	26	70
The Ester Services Project of Southern Illinois	0	0	0	0
There is No Place Like Home	3	1	1	5
Topview Corporation	1	1	3	5
TRADE Industries	1	2	2	5
Transitions of Western Illinois	4	8	1	13
TRI-CARE	0	0	1	1
Trilogy	1	0	0	1
Trinity Services	50	51	48	149
UCP Seguin of Greater Chicago	40	30	25	95
Universal Homes	2	2	3	7
Victory Homes	3	2	0	5
Villa House	0	0	0	0
Village Inn of Cobden	1	1	1	3
Vista Care Illinois	0	0	1	1
Wabash Area Vocational Enterprises	2	4	0	6
Warren Achievement Center	4	6	4	14
Washington County Vocational Workshop	0	0	0	0
William M. BeDell Achievement and Resource Center	1	5	3	9
<b>Totals</b>	<b>1,461</b>	<b>1,598</b>	<b>1,723</b>	<b>4,782</b>

Source: OAG developed from OIG documentation.

## Appendix F

# CIRAS Reports Made by CILA Providers

### FY21-FY23

Provider	FY21	FY22	FY23	Total
A New Age Human Services Corporation	19	9	5	33
A Step Forward	50	55	108	213
A+ Autism Solutions	6	3	4	13
Abequa Home Health Care Agency	4	7	25	36
Abilities Plus	3	3	3	9
Abundant Possibilities	No CIRAS Reports			
Access Community Experience	0	1	0	1
Achieve Development Association	0	0	3	3
Achievement Unlimited	223	317	409	949
Active Visions	28	55	58	141
Ada S. McKinley Community Service	17	48	86	151
Alberto Rosario/Ohana Community Services	28	14	26	68
Alpha Omega Consulting	21	25	29	75
Alvin Eades Center	0	1	0	1
American Residential Care	0	3	4	7
Anixter Center, Lester and Rosalie	40	38	9	87
Apostolic Christian Lifepoints	14	28	13	55
Arc of Iroquois County	84	201	125	410
Arrowleaf	31	22	17	70
Aspire	33	110	104	247
Association for the Betterment of Retarded Adults	38	24	14	76
Association for DD in Woodford County	2	7	5	14
Association for Individual Development	30	127	120	277
Association House of Chicago	10	17	16	43
At Home Mission	6	20	9	35
Aurora Home Care	31	27	14	72
Austin Special Chicago	6	11	17	34
Avancer Homes	7	52	92	151
Avenues to Independence	23	59	98	180
Bartlett Learning Center	2	0	6	8
Bethesda Lutheran Communities	90	0	0	90
Bethshan Association	69	87	86	242
Beverly Hills Home Care	8	9	18	35
Beverlyfarm Living Options	0	0	4	4
Bliss Haven	5	9	9	23
Blue Island Citizens for Persons with DD	45	50	56	151
Breath of Life Professional Services	No CIRAS Reports			
Bridgeway	11	33	45	89

Provider	FY21	FY22	FY23	Total
Broadstep Academy of Wisconsin	9	11	29	49
Broadstep Academy-IL	2	141	45	188
Brooke Hill Management	7	1	1	9
Brownstone Services		No CIRAS Reports		
Career Development Center	0	12	14	26
Caring Hands of Illinois	0	4	0	4
CCAR Industries	130	159	142	431
Center for Residential Alternatives		No CIRAS Reports		
Center on Deafness	0	0	8	8
Centerstone of Illinois	26	22	24	72
Chamness Care	38	43	56	137
Cherubim DTP and CILA Program	8	1	2	11
Christian County Mental Health Association	19	37	38	94
Christian Social Services of Illinois	3	17	14	34
CILA Corporation	0	39	136	175
Circle of Support	6	18	28	52
Clearbrook	330	691	521	1,542
Coleman Tri-County Services	9	6	5	20
Community Alternatives Illinois	142	179	98	419
Community Connections and Services		No CIRAS Reports		
Community Integrated Living	12	6	21	39
Community Link	12	46	79	137
Community Living Options	28	26	14	68
Community Regional Services		No CIRAS Reports		
Community Support Services	12	20	18	50
Community Support Systems	31	43	38	112
Community Workshop and Training Center	5	9	14	28
Compassion CILA Homes	3	15	10	28
Compassionate Living Home	0	18	30	48
ComWell/Human Service Center		No CIRAS Reports		
Cornerstone Services	205	321	309	835
Covenant Enabling Ability Network of Illinois	0	0	1	1
CP of Southwestern Illinois	45	20	44	109
CRA	2	1	26	29
Crosspoint Human Services	1	5	12	18
CTF Illinois	122	198	240	560
CuBBull		No CIRAS Reports		
D Care Incorporated	4	1	0	5
Destiny Housing		No CIRAS Reports		
Developmental Foundations	60	59	54	173
Developmental Services Center	71	76	79	226



Provider	FY21	FY22	FY23	Total
Devora's Dream		No CIRAS Reports		
Diane Home Care	45	13	24	82
Divine Center	1	2	0	3
Divine Touch CILA Homes	12	0	5	17
Dominion CILA Homes	12	8	3	23
Dubois-Douglas Centres	25	24	25	74
Easter Seals Joliet Region	9	15	65	89
El Valor Corporation	90	167	108	365
Elizabeth Ann Sahuri DBA Supporting Community Independence	0	7	3	10
Elm City Rehabilitation Center	6	3	1	10
Envision Unlimited	416	571	594	1,581
Epic	38	44	40	122
Epilepsy Foundation of Greater Southern Illinois	6	9	7	22
Esperanza Community Services	0	22	4	26
Families Building Dreams	23	59	79	161
Family Association Plus		No CIRAS Reports		
FAYCO Enterprises	100	69	87	256
First Zion Homes	0	4	3	7
Five Star Industries	33	30	65	128
Frances House	11	11	22	44
Futures Unlimited	104	162	33	299
Garden Center Services	11	22	22	55
Gateway Services	34	194	90	318
Genesis CILA Homes	0	0	2	2
Gentle Hands Rehabilitation		No CIRAS Reports		
Glen Brook of Vienna	18	32	33	83
Glenkirk	95	100	153	348
Goldie Floberg	8	37	108	153
Good Shepherd Manor	77	180	226	483
Habilitative Systems	17	50	76	143
Harmony House CILA	0	0	2	2
Hawkins CILA Care Corporation	27	18	10	55
Health Care Management Corporation	22	24	65	111
Help at Home	297	176	0	473
Helping Hand Center	8	43	41	92
Heroes of the Game	0	0	1	1
Homes of Hope	5	2	3	10
Hope Institute for Children and Families		No CIRAS Reports		
Horizon House of Illinois Valley	69	45	131	245
Huma Sadiq D.B.A. AMMA Care	1	0	0	1
Human Resources Center of Edgar and Clark Counties	2	6	9	17

Provider	FY21	FY22	FY23	Total
Human Support Services	2	7	2	11
Illinois Housing and Disability Services	0	3	11	14
Illinois Mentor Community Services	11	27	197	235
Independent Living Services	0	0	4	4
Individual Advocacy Group	372	403	192	967
Infinicare	0	1	0	1
Inspire Greatness Within	No CIRAS Reports			
Janaston Management and Development Corporation	8	22	0	30
Jefferson County Comprehensive Services	1	0	0	1
Jewish Child and Family Service	0	5	3	8
Joseph Rehabilitation Center	0	0	1	1
Kankakee County Training Center for the Disabled	36	80	78	194
Karriems Developmental Services	No CIRAS Reports			
Kaskaskia Workshop	4	2	1	7
KESHET	0	4	0	4
Kreider Services	89	92	74	255
Krypton	0	0	4	4
Kwanza Suites Corporation	No CIRAS Reports			
L'Arche Chicago	0	3	2	5
Lambs Farm	54	85	93	232
Lansing Association for Retarded Citizens	13	19	12	44
Lawrence Crawford Association for Exceptional Citizens	0	1	0	1
LEEDA Services of Illinois	0	45	58	103
Liberty Enterprises	4	5	14	23
Light of Hope	0	1	1	2
Lincoln Square	0	0	7	7
Little City Foundation	38	145	209	392
Little Friends	31	207	45	283
Living in a Family Environment Management Corporation	0	7	5	12
Locust Street Resource Center	3	4	6	13
Lutheran Social Services of Illinois	46	50	26	122
Macon Resources	195	206	184	585
Malcolm Eaton Enterprises	18	72	60	150
Marcfirst	69	45	19	133
Marion County Horizon Center	111	181	379	671
Mental Health Centers of Central Illinois	4	10	28	42
Midwest Care, Inc. DBA Kin Care	15	14	31	60
Milestone	12	7	38	57
Millennium Gardens	0	1	0	1

Provider	FY21	FY22	FY23	Total
Misericordia Heart of Mercy/Rosemary Home	25	51	38	114
Mosaic	90	129	289	508
Moultrie County Beacon	27	58	24	109
Mulford Homes	19	14	12	45
New Star	1	13	61	75
NuCare	0	6	0	6
Oak Leyden Developmental Services	3	53	44	100
Open Door Rehabilitation Center	23	26	55	104
Opportunity House	12	49	52	113
Orchard Village	61	101	134	296
Ottawa Friendship House	11	10	14	35
Our Directions	34	14	10	58
PACTT Learning Center	12	19	15	46
Parents and Friends of the Community Integration Services	28	21	20	69
Park Lawn School and Activity Center	18	25	24	67
Pathway House	5	4	2	11
Pathway Services Unlimited	179	103	153	435
Patterson House	0	1	0	1
Piatt County Mental Health Center	0	10	25	35
Pilot House		No CIRAS Reports		
Pinnacle Opportunities	3	1	0	4
Pioneer Center for Human Services	50	101	86	237
Pioneer Concepts	5	0	22	27
Progress Management	55	46	45	146
Progressive Housing	104	86	110	300
R&J Enterprises Country Living	5	2	5	12
Random Act of Kindness Developmental Agency	0	1	43	44
Ray Graham Association for People with Disabilities	71	68	95	234
RCAP Enterprise	6	22	13	41
Redempta Services		No CIRAS Reports		
Rehabilitation and Vocational Education	0	2	12	14
Residential Developers	120	139	92	351
Residential Options	31	55	38	124
Rimland Services	25	50	71	146
Riverside Foundation	16	9	4	29
Rock River Valley Self Help Enterprises	2	47	41	90
Royal Living Center	37	75	41	153
Saze Community Services	20	15	17	52
Search	192	164	162	518

Provider	FY21	FY22	FY23	Total
Sertoma Centre	9	14	23	46
Shalom Home Health	1	4	2	7
Shamrock Services Group	12	18	15	45
Shelby County Community Services	5	26	21	52
SHORE Community Services	0	4	14	18
Skystar Residential Services	27	3	0	30
Soledad Social Services Corporation	0	1	0	1
South Chicago Parents and Friends	12	23	20	55
Southeastern Residential Alternatives	0	0	3	3
Southern Illinois Community Support Services	16	24	16	56
SPARC	135	153	163	451
Specialized Training for Adult Rehabilitation	44	87	60	191
St. Coletta's of Illinois	3	7	17	27
Streator Unlimited	12	4	10	26
Support Systems & Services	2	10	42	54
T.O.C. Incorporated of Illinois	0	4	7	11
TASH Incorporated	0	4	5	9
Tazewell County Resource Centers	33	22	9	64
TDL Group	118	139	155	412
The ARC of the Quad Cities Area	56	61	115	232
The Ester Services Project of Southern Illinois	0	3	0	3
There is No Place Like Home	41	136	37	214
Topview Corporation	0	1	4	5
TRADE Industries	3	9	19	31
Transitions of Western Illinois	71	120	126	317
TRI-CARE	7	11	12	30
Trinity Services	373	495	465	1,333
UCP Seguin of Greater Chicago	83	67	85	235
Universal Homes	3	2	5	10
Victory Homes	0	0	4	4
Villa House	1	2	0	3
Village Inn of Cobden		No CIRAS Reports		
Vista Care Illinois		No CIRAS Reports		
Wabash Area Vocational Enterprises	2	6	1	9
Warren Achievement Center	70	84	98	252
Washington County Vocational Workshop	23	24	9	56
William M. BeDell Achievement and Resource Center	10	34	29	73
<b>Totals</b>	<b>7,546</b>	<b>10,812</b>	<b>11,171</b>	<b>29,529</b>

Source: OAG developed from the CIRAS database and DHS documentation of paid CILA providers.

## Appendix G Agency Responses



JB Pritzker, Governor

Dulce M. Quintero, Secretary Designate

100 South Grand Avenue, East • Springfield, Illinois 62762  
401 South Clinton Street • Chicago, Illinois 60607

August 5, 2024

Mike Maziarz  
Illinois Office of the Auditor General  
Springfield, IL 62703

Dear Mr. Maziarz,

Attached you will find the Illinois Department of Human Services (IDHS) management responses to the Office of the Auditor General's recommendations for the Performance Audit of the IDHS Oversight and Monitoring of the Community-Integrated Living Arrangement Program. Please let us know if there is anything further you may require.

Sincerely,

**SIGNED ORIGINAL ON FILE**

Amy Macklin, Chief Internal Auditor  
Illinois Department of Human Services

**Recommendation-1 INCONSISTENT SELF-ASSESSMENTS**

**Recommendation:** DHS should ensure that BALC consistently applies licensing protocols, such as self-assessments, even during times of unprecedented events such as COVID-19, to all CILA providers.

**Management Response:**

The Department accepts the recommendation. The COVID pandemic significantly altered BALC's ability to survey providers in a similar manner due to health and safety reasons for both the individuals within the CILA homes and BALC staff. As a result of working during the pandemic, BALC has implemented procedures for the compliance unit to review surveyors' submissions and, going forward, will conduct annual reviews of the northern and southern regions to ensure providers are being held to the same licensing protocols/standards statewide.

**Recommendation-2 LICENSING DEFICIENCIES**

**Recommendation:** DHS should ensure BALC surveys are conducted in a thorough, accurate, and timely manner.

**Management Response:**

The Department accepts the recommendation. The COVID pandemic significantly impacted BALC's regular survey process and some of the response times that occurred. In addition, during the period under review, BALC faced significant staffing shortages. BALC has since added additional lead surveyors and staffed vacant positions. When BALC reorganized to DDD in September 2023, there were eleven vacancies and as of July 2024 only one headcount position remains vacant. Also, in FY24, BALC engaged two temporary staffing firms to address short-term staffing challenges.

BALC has improved tracking tools by creating a priority list that indicates the last date of surveys conducted for CILAs and juxtaposes them against the upcoming expiration dates of licenses for each provider. This will reduce lapses to ensure renewals are completed within 730 days or 2 years for CILA providers in good standing.

The BALC Compliance Unit reviews the site inspection sheets of each survey for accuracy and identifies discrepancies which are corrected prior to finalizing them within the BALC database.

The Department has addressed issues identified regarding the duplication of forms through review, training, and discipline.

**Recommendation-3 NOTICE OF VIOLATION DEFICIENCIES**

**Recommendation:** DHS should ensure all violations noted during a BALC licensing survey are included in the Notice of Violation (NOV) and the NOV database.

**Management Response:**

The Department accepts the recommendation. In FY25, BALC will work with DoIT to restructure its Notice of Violation forms into one continuous document, which will be known as the “Notice of Deficiency Form” to reflect the nomenclature changes in the amended rule. The updated form will present the deficiencies in a streamlined format on one document which is expected to reduce discrepancies and duplication when transferred to the BALC database. Additionally, the BALC Compliance Unit has begun to review the Notice of Violations/Deficiencies and will correct any errors or discrepancies within the documents.

**Recommendation-4 BALC REVIEW OF OIG REPORTING TIMELINESS**

**Recommendation:** DHS should ensure that its surveyors comply with agency guidance and review OIG reports for timely reporting before starting a licensing survey. Additionally, if DHS does not consider BALC surveyors to be responsible for checking CILA provider compliance with OIG reporting timeliness, DHS should seek changes to the CILA Rule and its own Compliance Checklist.

**Management Response:**

The Department accepts the recommendation. The Department will establish a documented internal process for ensuring review of OIG reports for timeliness. Discussion about the process will occur at bi-weekly meetings between OIG, BALC, and BQM, which began as a response to the previous CILA audit as a way to share information and coordinate where necessary.

**Recommendation-5 CILA LICENSE CONTINUATIONS**

**Recommendation:** DHS should revise its licensing policies and procedures to include an acceptable number of license continuations. Additionally, DHS should define what a “short-term extension” means in relation to licensing. Finally, when a CILA provider does not present acceptable OSFM documentation during a licensing survey, DHS should enforce penalties that include admissions holds on the provider.

**Management Response:**

The Department accepts the recommendation. The COVID pandemic significantly impacted the surveying process during the audit period.

BALC has implemented a new mitigation and penalties process regarding license continuations to address OSFM violations and clarify for providers. The penalties process has three progressive levels of sanctions, including admissions hold, suspension of payment and de-certification/license revocation. Providers can be penalized for failure to submit mitigation plans and/or if they fail their re-inspection survey. DDD will do additional training on this policy going forward.

BALC will update its policies and procedures in FY25 to ensure that they reflect this guidance and an agreed upon standard regarding the number of license continuations that can be issued to providers statewide. BALC also plans to incorporate a process to conduct higher level reviews

if/when circumstances arise in which providers may need a substantial amount of time to address OSFM violations.

### **Recommendation-6 MONITORING POLICY AND PROCEDURE MANUALS**

**Recommendation:** DHS should finalize, formalize, and approve the BQM policy and procedure manual so that monitoring of CILA providers is consistent. Additionally, DHS should make corrections needed in the BALC policy and procedure manual so that staff conducting licensing surveys have correct and approved procedures to guide actions.

#### **Management Response:**

The Department accepts the recommendation. The BQM policy and procedure Manual will be updated as the BQM Procedure Manual. It will be finalized by October 1, 2024, and be accessible by all staff. BQM will update the Manual as needed.

BALC will update its policy and procedures Manual in FY25 to provide best practices procedures that will provide uniformity for surveys statewide. BALC will review the Manual as needed and make changes when appropriate.

### **Recommendation-7 CILA ADMISSIONS DURING PROBATION PERIOD**

**Recommendation:** DHS should take steps necessary to comply with rules and ensure that admissions are not made to a CILA provider that is on probation.

#### **Management Response:**

The Department accepts the recommendation. DHS has begun updating its sanctions policy and process, consistent with administrative rule. The Department will finalize the policy and share through information bulletins, including clarifying when admission holds must be enforced.

### **Recommendation-8 CILA CORRECTIVE ACTION MONITORS**

**Recommendation:** DHS should comply with administrative rule and assign a monitor to oversee corrective actions for CILA providers that are on a restricted license.

#### **Management Response:**

The Department accepts the recommendation. The Department has expanded the DDD Technical Assistance Unit to allow for monitoring and support for providers who are having difficulty meeting requirements. In addition, the Department will ensure that an internal or external monitor is assigned, when required by administrative rule, to oversee corrective actions for CILA providers that are on a restricted license. Furthermore, of the five organizations in the auditor's selected sample that received Level 5 findings from BALC, three have had their licenses revoked by DDD and are no longer operating and a fourth has been given notice that its license will be revoked September 12, 2024, barring appeal.



**Recommendation-9 LACK OF COOPERATION WITH OIG INVESTIGATIONS BY CILA PROVIDERS**

**Recommendation:** DHS should develop a reporting mechanism where instances of noncooperation by CILA providers are reported to DDD. Additionally, when providers violate State law and administrative rule by failing to cooperate with the OIG, DHS should impose appropriate sanctions on the provider as allowed for in the Department of Human Services Act (20 ILCS 1305/1-17(p)(iv)).

**Management Response:**

The Department accepts the recommendation. DDD will work with the OIG to clarify the policy and process for addressing OIG noncooperation by CILA providers. The policy will include the process, timing, and roles and responsibilities. Bi-weekly meetings between the OIG, BALC, and BQM, which began as a response to the previous CILA audit, are held as a way to share information and coordinate where necessary. The Department has informed Broadstep that their license is being revoked in 60 days on September 12, 2024.

**Recommendation-10 INCONSISTENT LICENSE REVOCATION**

**Recommendation:** DHS should develop criteria for CILA providers relative to circumstances of license revocation. Additionally, DHS should consistently apply those criteria to all CILA providers.

**Management Response:**

The Department accepts the recommendation. The Department has begun updating its sanctions policy and process with the help of newly passed legislation that provides input regarding the Department's right to sanction, specific tools it can use, and a provider's right to appeal. In addition, the Department has updated the annual documentation providers must sign, known as "Attachment A," to include clearer language regarding provider responsibilities and the Department's right to sanction if those responsibilities are not followed. The Department will finalize the policy, including sanction options, and the process through which sanctions will be applied and share through information bulletins.

**Recommendation-11 FAILURE TO DEVELOP EMERGENCY CALL ADMINISTRATIVE RULES**

**Recommendation:** DHS should comply with the CILA Act and develop administrative rules for emergency notifications that clearly define what an emergency call is and the penalties to providers for failure to comply.

**Management Response:**

The Department accepts the recommendation. The Department will review the CILA Act language and work to identify and address any gaps in administrative rule related to emergency notifications. As necessary, the Department will develop policy that is consistent with this requirement.

**Recommendation-12 CIRAS REPORT TIMELINESS**

**Recommendation:** DHS should develop sanctions for CILA providers that are non-compliant with CIRAS reporting requirements. If DHS believes it already has appropriate sanctions available, it should enforce those sanctions.

**Management Response:**

The Department accepts the recommendation. Currently, the CIRAS Manual requires that providers report all incidents within two days of discovery of the incident. The Department will work with DoIT to change the reporting system to provide an additional column to identify the date of discovery. Currently, the reporting system allows for the date of discovery and/or the date of occurrence. The revision will seek to allow for the recording of the date of occurrence, the date of discovery, and the date reported. This should remove any ambiguity regarding the date of occurrence and the date of discovery, as it is the date of discovery that actually starts the two-day clock. In addition, the Department and BQM currently offer technical assistance and support for providers who have difficulty complying with CIRAS.

The Department is in the process of developing a sanction plan that may include sanctions up to revocation of licensure. The CIRAS Manual will be revised by January 1, 2025, to reflect such revisions.

Early COVID challenges impacted the system. Timeliness improved in FY22 and FY23 as the Department was able to adjust oversight through COVID. Even with the COVID impacts—and while the Department absolutely agrees that all CIRAS incident reporting should be timely—as the audit data reflects, more than 85% of incidents were reported within 0 to 7 days and more than 95% were reported within 30 days.

**Recommendation-13 EMERGENCY NOTIFICATION DESIGNATED REPORTER DEFICIENCIES**

**Recommendation:** DHS should ensure that CILA providers maintain the correct number of designated reporters and should develop a procedure that includes sanctions if a CILA provider does not maintain the correct number of designated reporters.

**Management Response:**

The Department accepts the recommendation. In January 2024, DDD identified each provider that did not have the required number of designated reporters and once identified, DDD sent correspondence to each provider reminding them of the CIRAS rules and regulations requiring at least two designated reporters. In addition, the instructions on registering individuals were provided to the providers along with technical assistance guidance, if requested.

Currently, the CIRAS Unit compiles a monthly report that includes a pivot table of all agencies that may not have the required number of designated reporters. The CIRAS Unit will again communicate via email to address the issue and DDD will send out a notice quarterly to assist in providing a reminder of the requirements and ensure compliance.

DDD will review the policy that states two designated providers per agency but no maximum number per provider and consider an expansion of mandated CIRAS reporters. Thus, when providers experience staff turnover, any concern will be alleviated, as new staff are registered in accordance with the new employee checklist requirements.

Additionally, DDD is developing a sanction plan that may include sanctions up to revocation of licensure. The CIRAS Manual will be revised by January 1, 2025, to reflect such revisions.

#### **Recommendation-14 DHS MONITORING OF CIRAS FOLLOW UP BY ISCS**

**Recommendation:** DHS should ensure that ISCs comply with the requirements in the CIRAS Manual for follow up to critical incidents. Also, DHS should document its own compliance with the CIRAS Manual relative to next day contacts for applicable incidents.

#### **Management Response:**

The Department accepts the recommendation. The Department is committed to working with the ISCs to strengthen follow up to critical incidents. While the audit report reflects that 70% of follow-ups were within the 10 days and more than 90% were within 30 days, the Department is committed to improving these numbers.

CIRAS reports are classified into two separate categories: priority and non-priority. The priority cases (unscheduled hospitalization, missing persons, and emergencies) require ISC follow up in one day, but we are changing that to two days to set the same reporting timeframe for both providers and ISCs. The ISCs have ten days to follow up on non-priority incidents. DDD will continue to track and monitor CIRAS incidents; particularly priority incidents, to ensure proper follow up has occurred by the ISC. DDD will also follow up within two working days with the ISC and will continue to document each required follow up for priority incidents. DDD will update the CIRAS Manual to reflect that ISCs follow up within two working days for all priority incidents, while all non-priority incident time frames remain the current time frame of ten days.

BQM will ensure the requirements are covered during NPO (new provider orientation) as well as shared during CIRAS trainings and FAQs for future reference.

#### **Recommendation-15 CIRAS INCIDENT UNDER-REPORTING**

**Recommendation:** DHS should consider revising the reporting requirements in the CIRAS Manual to allow allegations reported to OIG, if they include elements that relate to critical incident reporting, to be also reported to CIRAS. If DHS chooses not to revise the requirements, then DHS should clarify the current reporting requirements for CILA providers and ISCs so that they are compliant with policy.

#### **Management Response:**

The Department accepts the recommendation. DDD believes the requirements for reporting incidents to OIG and for reporting incidents to CIRAS should remain separate, as currently implemented, but recognizes there are occasions that necessitate reports for both OIG and CIRAS.

DDD will update the Manual to clarify where and when to report to CIRAS and/or OIG, giving examples of instances and circumstances on when to report to OIG and when to report to CIRAS.

The Department proposes that in such situations where the OIG deems an instance as non-reportable, that directions are provided for providers to “follow DHS policy and report into CIRAS data base as required”.



