

**FY24 Performance Audit of Department of Human Services' Oversight and Monitoring of the Community
Integrated Living Arrangement (CILA) Program
Recommendations and Corrective Action Plans
Released August 2024
Status as of April 2025**

Finding Identifier: Recommendation 1 – Inconsistent Self-Assessments

Status: Partially Implemented

Finding Statement: DHS failed to ensure that all CILA providers followed protocols relative to self-assessments.

Cause: 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.

Auditor 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.

Department 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.

Corrective Action Implemented:

Date of Update	CAP #	Corrective Action Plan Update	Est. Date of Completion	% Complete	Date Completed
4/21/2025	A	BALC has implemented procedures for the compliance unit to review surveyors' submissions.	9/1/2024	100%	9/1/2024
4/21/2025	B	BALC's compliance unit has updated policies and processes to conduct annual reviews of the northern and southern regions to ensure consistency (during each third quarter of fiscal year) including training to ensure implementation of process.	6/30/2025	100%	04/30/25
4/21/2025	C	The BALC compliance unit will conduct a review of provider surveys 90 days after the calendar year ends using a random sample size of 10% of providers who received a full survey in 2024 within the BALC database. The compliance unit is actively reviewing the random sample and should be done by the end of May.	6/30/2025	50%	

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Finding Identifier: Recommendation 2 – Licensing Deficiencies

Status: Partially Implemented

Finding Statement: DHS failed to conduct BALC licensing surveys in a thorough, accurate, and timely manner.

Cause: 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.

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

Department 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.

Date of Update	CAP #	Corrective Action Plan Update	Est. Date of Completion	% Complete	Date Completed
4/21/2025	A	Filled vacancies in FY24.	9/1/2024	100%	9/20/2024
4/21/2025	B	The BALC priority list process was implemented in 2024.	6/30/2024	100%	9/20/2024
4/21/2025	C	The priority list continues to be utilized quarterly to ensure that surveys are completed in a timely manner.	6/30/2025	100%	12/31/2024
4/21/2025	D	BALC has implemented procedures for the compliance unit to review surveyors' submissions.	6/30/2024	100%	6/30/2024
4/21/2025	E	BALC compliance unit has updated policies and processes to conduct annual reviews of the northern and southern regions to ensure consistency (during each third quarter of fiscal year) including training to ensure implementation of process.	6/30/2025	100%	4/30/25
4/21/2025	F	The BALC compliance unit will conduct a review of provider surveys 90 days after the calendar year ends	6/30/2025	50%	

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		using a random sample size of 10% of providers who received a full survey in 2024 within the BALC database. The compliance unit is actively reviewing the random sample and should be done by the end of May.			
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Finding Identifier: Recommendation 3 – Notice of Violation Deficiencies

Status: Implemented

Finding Statement: DHS failed to report violations identified in self-assessments and BALC reviews on a Notice of Violations (NOVs) form.

Cause: 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.

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

Department 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.

Date of Update	CAP #	Corrective Action Plan Update	Est. Date of Completion	% Complete	Date Completed
4/21/2025	A	BALC will work with DoIT to restructure its Notice of Violation forms in FY25.	12/31/2024	100%	12/31/2024
4/21/2025	B	The BALC Compliance Unit has begun to review the Notice of Violations/Deficiencies and will correct any errors or discrepancies within the documents.	6/20/2024	100%	12/31/2024

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Finding Identifier: Recommendation 4 – BALC Review of OIG Reporting Timeliness

Status: Partially Implemented

Finding Statement: 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.

Cause: BALC does not review OIG timely reporting in their surveys.

Auditor 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.

Department 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.

Date of Update	CAP #	Corrective Action Plan Update	Est. Date of Completion	% Complete	Date Completed
4/21/2025	A	Clarify with BALC, OIG, and BQM, BALC surveyor's responsibility for checking to ensure that CILA Providers are training their staff to respond to OIG complaints in a timely manner.	6/30/2025	100%	4/17/25
4/21/2025	B	During the second quarter of FY25, BALC surveyors will begin to inform providers during surveys that it is their responsibility to ensure their staff are trained to respond to OIG reports in a timely manner. Providers who are non-compliant will be issued a warning first and providers who repetitively violate this rule will receive a citation which will be shared within the BQM/BALC/OIG meetings to promote awareness and compliance during future reviews by all bureaus.	3/31/2025	100%	4/17/25
4/21/2025	C	A policy will be written to outline this enforcement.	6/30/2025	50%	
4/21/2025	D	Discussions regarding the process to ensure OIG complaints are appropriately responded to began in OIG, BALC, and BQM meetings during the first quarter of FY25. DHS-DDD met with DHS-OIG on April 28, 2025, discussing how to respond to complaints. DHS-OIG reported that a new database is being developed to assist with monitoring and reporting and will be able to provide	6/30/2026	50%	

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		more information when it is active—hopefully, the end of 2025. A process will be clarified by the end of FY26			
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Finding Identifier: Recommendation 5 – CILA License Continuations

Status: Partially Implemented

Finding Statement: 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.

Cause: BALC does not have a limitation on the number of license continuations it may issue written in policy and procedures.

Auditor 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.

Department 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.

Date of Update	CAP #	Corrective Action Plan Update	Est. Date of Completion	% Complete	Date Completed
4/21/25	A	In FY25, BALC will work to update its policies and procedures manual to be completed by June 30, 2025, and provide appropriate training to surveyors.	06/30/25	25%	

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Finding Identifier: Recommendation 6 – Monitoring Policy and Procedure Manuals

Status: Partially Implemented

Finding Statement: 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.

Cause: 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.

Auditor Recommendation: DHS should finalize, formalize, and approve the BQM policy and procedure manual so that monitoring of CILA providers inconsistent. 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.

Department 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.

Date of Update	CAP #	Corrective Action Plan Update	Est. Date of Completion	% Complete	Date Completed
4/21/2025	A	The BQM Policy and Procedure manual has been finalized.	9/1/2024	100%	9/1/2024
4/21/2025	B	In FY25, BALC will work to update its policies and procedures manual to be completed by June 30, 2025.	6/30/2025	25%	

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Finding Identifier: Recommendation 7 – CILA Admissions During Probation Period

Status: Partially Implemented

Finding Statement: DHS failed to enforce admissions restrictions on CILA providers that were on probation based on unacceptable licensing survey scores.

Cause: Staff oversight and understaffing

Auditor 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.

Department 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.

Date of Update	CAP #	Corrective Action Plan Update	Est. Date of Completion	% Complete	Date Completed
4/21/2025	A	DDD will update our policies, processes, and information bulletins to outline the admission hold policy in FY25 to ensure alignment with administrative rule.	6/30/2025	25%	

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Finding Identifier: Recommendation 8 – CILA Corrective Action Monitors

Status: Partially Implemented

Finding Statement: DHS failed to assign division monitors to oversee corrective actions by CILA providers with the worst licensing survey scores.

Cause: DDD does not have a formal process for the assigning of monitors nor does DDD have documentation to show the formal assignment of monitors.

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

Department 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 license 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.

Date of Update	CAP #	Corrective Action Plan Update	Est. Date of Completion	% Complete	Date Completed
4/21/2025	A	DDD will write a policy that reflects current practice of assigning monitors by end of FY25.	6/30/2025	25%	

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Finding Identifier: Recommendation 9 – Lack of Cooperation with OIG Investigations by CILA Provider

Status: Partially Implemented

Finding Statement: DHS failed to sanction a CILA provider that repeatedly refused to cooperate with OIG investigations of allegations against the provider.

Cause: DDD has not been notified by OIG if a provider or staff has refused to participate in an OIG investigation.

Auditor 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)).

Department 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.

Date of Update	CAP #	Corrective Action Plan Update	Est. Date of Completion	% Complete	Date Completed
4/21/2025	A	DDD will work with the OIG to clarify the policy and process for addressing OIG noncooperation by CILA providers by end of June 30, 2025.	6/30/2025	50%	
4/21/2025	B	DDD will review and include this issue in our sanction discussion and development.	6/30/2025	50%	

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Finding Identifier: Recommendation 10 – Inconsistent License Revocation

Status: Partially Implemented

Finding Statement: DHS failed to consistently apply CILA rules to all providers that failed to correct noted deficiencies.

Cause: The Department did not have an updated sanctions policy and processes.

Auditor 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.

Department 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.

Date of Update	CAP #	Corrective Action Plan Update	Est. Date of Completion	% Complete	Date Completed
4/21/2025	A	DDD will update its sanction policy and process in FY25.	6/30/2025	50%	
4/21/2025	B	DDD has updated legislation and annual documentation known as Attachment A to include more clear language regarding provider responsibilities and the Department’s right to sanction. (Completed)	6/30/2024	100%	6/30/2024

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Finding Identifier: Recommendation 11 – Failure to Develop Emergency Call Administrative Rules

Status: Partially Implemented

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

Cause: The Division was in the process of updating Rule 115 when the CILA Act was amended to include Section 13.2, Emergency notification

Auditor 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.

Department 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.

Date of Update	CAP #	Corrective Action Plan Update	Est. Date of Completion	% Complete	Date Completed
4/01/2025	A	The Department will review the current language regarding emergency notifications and identify and implement policy changes.	6/30/2025	25%	

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Finding Identifier: Recommendation 12 – CIRAS Report Timeliness

Status: Partially Implemented

Finding Statement: DHS failed to hold CILA providers that were not compliant with the Critical Incident Reporting Analysis System (CIRAS) reporting requirements accountable.

Cause: 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.”

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

Department 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.

Date of Update	CAP #	Corrective Action Plan Update	Est. Date of Completion	% Complete	Date Completed
4/21/2025	A	CIRAS Manual is currently undergoing revisions.	6/30/2025	50%	
4/21/2025	B	BQM has sent ITR to DoIT to begin the process of updating the reporting system to reflect necessary tracking information.	6/30/2025	50%	
4/21/2025	C	Sanctions process is in the development stages.	6/30/2025	50%	

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Finding Identifier: Recommendation 13 – Emergency Notification Designated Reporter Deficiencies

Status: Partially Implemented

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

Cause: Some providers have reported that they are extremely small and may only have one to two staff members.

Auditor 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.

Department 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.

Date of Update	CAP #	Corrective Action Plan Update	Est. Date of Completion	% Complete	Date Completed
4/21/2025	A	CIRAS Manual is currently undergoing revisions.	6/30/2025	50%	
4/21/2025	B	DHS is in the process of developing a sanction plan for providers who fail to maintain the correct number of designated reporters.	6/30/2025	50%	

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Finding Identifier: Recommendation 14 – DHS Monitoring of CIRAS Follow Up by ISCs

Status: Partially Implemented

Finding Statement: DHS failed to take steps necessary to ensure ISCs conducted follow up activities as required by Department procedure.

Cause: Pandemic impacts including impacts on staffing as well as the impacts of the new waiver requirements.

Auditor 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.

Department 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.

Date of Update	CAP #	Corrective Action Plan Update	Est. Date of Completion	% Complete	Date Completed
4/21/25	A	Revision of CIRAS Manual to be completed.	6/30/2025	100%	4/17/25
4/21/25	B	DDD will send out communication of clarification via DDD Comments by 6/30/25.	6/30/2025	50%	

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Finding Identifier: Recommendation 15 – CIRAS Incident Under-Reporting

Status: Partially Implemented

Finding Statement: DHS has implemented a process for reporting critical incidents that results in under-reporting.

Cause: Incidents reported to OIG are not reported in the CIRAS system.

Auditor 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.

Department 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”.

Date of Update	CAP #	Corrective Action Plan Update	Est. Date of Completion	% Complete	Date Completed
4/21/2025	A	Revision of CIRAS Manual to be completed.	6/30/2025	50%	
4/21/2025	B	DDD will send out communication of clarification via DDD Comments by 4/30/2025.	6/30/2025	50%	

