

CONFIDENTIAL

**ILLINOIS DEPARTMENT ON AGING
LONG-TERM CARE OMBUDSMAN PROGRAM
REVIEWER SCORE SHEET**

**REGIONAL LONG TERM CARE
OMBUDSMAN PROGRAM**

FY 2017

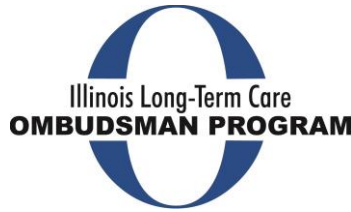
AREA AGENCY ON AGING REVIEWER:

REVIEWER AGENCY:

LEGAL NAME OF APPLICANT AGENCY:

PSA:

SOLICITED AREA:



PSA: AGENCY:
SOLICITED AREA:

I. LTCOP/OTHER EXPERIENCE

Question I.A. – I.C.

6 points if all sections are complete and accurate

I.A. Program Desc. = 2

I.B. Structure = 2

I.C. Facility Beds = 2

Question I.D.

A) Score 7

B) Score 5

C) Score 2

D) Score 2

I. E. INVESTIGATIVE EXPERIENCE

Question I.E.

A.1) 1 point if meets the minimum program directive requirement.

A.2) 1 point if 1 year's experience.

3 points if 2-4 years' experience

5 points if 5+ years' experience

B. Up to 4 points if provided adequate justification of numbers and included previous experience.

I. F. REGULAR PRESENCE

Question I.F.

A.1) 1 point if accurate

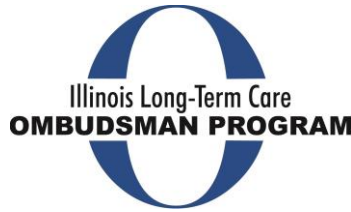
A.2)

1 point if meet minimum standards

3 points if exceeds minimum standard by 20%

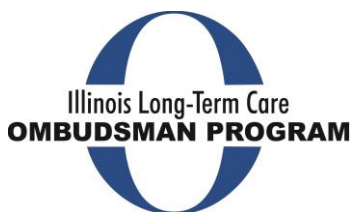
5 points if exceeds minimum standards by 50%

B. Up to 4 points if provided adequate justification on how the program will achieve its proposed outcome

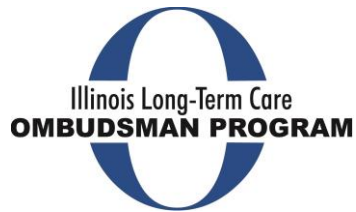


PSA: AGENCY:
SOLICITED AREA:

I.G. ISSUE ADVOCACY	I.H. CONSULTATIONS TO INDIVIDUALS	I.I RESIDENT AND FAMILY COUNCILS
<p><u>Question I.G.</u></p> <p>A.1) Up to 5 points if the applicant provided realistic action steps and examples</p> <p>A.2) 1 point if the applicant provided a local initiative</p> <p>Up to 4 points if provided analysis and strategy of the initiative</p>	<p><u>Question I.H.</u></p> <p>A.1) 1 point if meets the minimum program directive requirement.</p> <p>3 points if exceeds the minimum program directive by 10%</p> <p>5 points if exceeds the minimum program directive by 15%</p> <p>B. Up to 5 points if provided adequate justification of numbers and included previous experience.</p>	<p><u>Question I.I.</u></p> <p>A.1) 1 point if plan to attend meetings at 85% of skilled/intermediate care facilities</p> <p>A.2) 1 point if plan to meet with a RC Rep at each skilled/intermediate care facility on an annual basis</p> <p>A.3) 1 point if plan to attend meetings</p> <p>B. Up to 2 points if provided adequate justification</p> <p>C. Up to 2 points if provided description of best practices.</p>



PSA: AGENCY: SOLICITED AREA:		
<p>I.J. VOLUNTEER MANAGEMENT</p> <p><u>Question I.J.</u></p> <p>A.1) 1 point if greater than 2</p> <p>B. Up to 2 points if provided adequate justification on how the program will achieve its proposed outcome</p> <p>C. Up to 2 points if provided volunteer management structure</p>	<p>I.K. COMMUNITY EDUCATION</p> <p><u>Question I.K.</u></p> <p>A.1) 1 point if meets the minimum program directive requirement</p> <p style="padding-left: 40px;">3 points if exceeds minimum program directive by 10%</p> <p>B. Up to 2 points if provided adequate justification on how the program will achieve its proposed outcome</p>	<p>I.L. CONSULTATIONS AND IN-SERVICE TRAININGS TO FACILITY STAFF</p> <p><u>Question I.L.</u></p> <p>A.1) 1 point if meets the minimum program directive requirement</p> <p>A.2) 1 point if meets the minimum program directive requirement</p> <p>B. Up to 3 points if provided adequate justification</p>
<p>I.M. MFP REFERRALS AND EDUCATION</p> <p><u>Question I.M.</u></p> <p>A.1) 1 point if greater than 10</p> <p>B. Up to 5 points if provided adequate justification on how the program will achieve its proposed outcome</p> <p>C. Up to 4 points if provided relevant best practices and experiences working with MFP.</p>		



PSA: AGENCY:		
SOLICITED AREA:		
LTCOP PROPOSAL SCORES		
I.A – I.D. LTCOP/OTHER EXPERIENCE	I.A. I.B.	I.C. I.D. SECTION TOTAL:
I.E. – INVESTIGATION	I.E. A.1. B.	A.2. SECTION TOTAL:
I.F. – REGULAR PRESENCE	I.F. A.1. B.	A.2. SECTION TOTAL:
I.G. – ISSUE ADVOCACY	I.G. A.1. A.2.	SECTION TOTAL:
I.H. – CONSULTATIONS TO INDIVIDUALS	I.H. A.1. B.	SECTION TOTAL:
I.I. – RESIDENT AND FAMILY COUNCILS	I.I. A.1. A.2. A.3. B. C.	SECTION TOTAL:
I.J. – VOLUNTEER MANAGEMENT	I.J. A.1. B. C.	SECTION TOTAL:
I.K. COMMUNITY EDUCATION	I.K. A.1. B.	SECTION TOTAL:
I.L. CONSULTS AND IN-SERVICE TO FACILITY STAFF	I.L. A.1. A.2. B.	SECTION TOTAL:
I.M. MFP REFERRALS AND EDUCATION	I.M. A.1. B. C.	SECTION TOTAL:



PSA: AGENCY:
SOLICITED AREA:

JUSTIFICATION OF DISCREPANCIES

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