






**Virginia Department of Behavioral Health and  
Developmental Services  
Quality Service Reviews (QSRs)  
Frequently Asked Questions (FAQs)  
March 2025**

HSAG maintains a dedicated email account for providers to submit questions; providers are encouraged to contact [VAQSR@hsag.com](mailto:VAQSR@hsag.com) for questions about the QSR process.

Users can “jump” to a particular FAQ section using the following links (hover over the section and CTRL + Click to follow the link):

## Contents

Participation.....	1
Access to HSAG VAQSR SharePoint Site.....	1
Finding the Sample.....	<b>Error! Bookmark not defined.</b>
Uploading/Sharing Documents.....	3
Providing EHR Access or Reviewing Documents Virtually via Webinar .....	4
Scheduling .....	6
Post-Review.....	6
Process Methodology .....	7





Frequently Asked Question	Response
<b>Participation</b>	
Is participation in the Quality Service Review (QSR) required?	<p>Yes, if a licensed provider and/or community service board (CSB) is selected by DBHDS for QSR review, full participation is expected per 12VAC30-122-120A(6). DBHDS memos to providers about QSR participation.</p> <div></div> <p>QSR Memo DBHDS MEMO_DBHDS_CSB COMMONWEALTH DMAS 11.18.20.pdf andDDprovider_QSFof VIRGINIA_QSR M€</p>
What happens if a provider does not participate in the QSR review?	Licensed providers/CSBs who do not participate fully are considered in violation of 12VAC30-122-120A(6) and are communicated to DBHDS executive leadership for follow-up and remediation.
Do providers have to allow the QSR reviewer to conduct onsite reviews?	Yes, licensed providers are expected to facilitate access to the site of service provision for QSR reviewer observation and interview with selected staff and individuals.
<b>Access to HSAG VAQSR SharePoint Site and Sample Finalization</b>	
How do we obtain access to the SharePoint site?	Access can be obtained by:




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March 2025**

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	<ul style="list-style-type: none"> <li>Emailing <a href="mailto:VAQSR@hsag.com">VAQSR@hsag.com</a> and an initial provider information form will be emailed to you.</li> <li>Complete the form with your QSR Reviewer, who will forward the information to the <a href="mailto:VAQSR@hsag.com">VAQSR@hsag.com</a> account for processing.</li> </ul> <p>Access to the HSAG VA QSR SharePoint site will be provided upon receipt of the provider information form.</p>
If I have a staff member who is struggling with SharePoint registration, whom do I contact?	Please contact <a href="mailto:VAQSR@hsag.com">VAQSR@hsag.com</a> for assistance in accessing the SharePoint site. Providers may also contact their assigned QSR reviewer for assistance.
What if my agency has not yet received our logins to the system?	Please email <a href="mailto:VAQSR@hsag.com">VAQSR@hsag.com</a> for assistance.
Where can I find the sample list of individuals you are requesting documents for?	Your provider sample for QSR Round 7 is uploaded to the SharePoint site. Please select the Provider Samples tab on the left of the SharePoint site screen. Then select the folder titled Round 7. In the Round 7 folder, there is an Excel document in the Sample folder.
We have our sample and the list of individuals includes people who have been discharged from our program but received services during the lookback. Is that individual still included?	Individuals may be excluded from QSR for a variety of reasons. Identification of individuals who do not meet the criteria for inclusion in QSR is crucial to ensure a successful QSR review and licensed providers/CSBs should work closely with assigned QSR reviewers to identify individuals who may be excluded as soon as possible after receipt of the sample for R7 and no later than <b>May 2, 2025</b> .
Why do we need to put the names of staff who work with individuals being reviewed into the sample spreadsheet?	DBHDS requires HSAG to randomly select staff to be observed for QSR, which requires Licensed providers/CSBs to identify <i>three FTEs</i> for <i>each</i> individual reviewed for a waiver service.
What if the individual(s) does not have three full-time staff available?	Licensed provider/CSB should enter the name of <i>up to three</i> (3) FTEs who work with an individual into the sample and <b><i>enter N/A in other rows</i></b> of the sample for that individual.
We looked at our initial audit sample only to access SharePoint later and find additional individuals have been added. There was no notification that additional individuals would be assigned. We are not checking SharePoint daily.	Licensed provider and/or CSB samples will be updated by HSAG when individuals are excluded and alternates are assigned. Alternates/replacement cases are selected by HSAG to ensure representation via the required sampling methodology and are added to relevant samples when assigned. Licensed providers/CSBs are required to communicate the need for alternates to HSAG by <b>May 2, 2025</b> . CSBs will be informed via email no later than <b>May 12, 2025</b> , that the sample has

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March 2025**

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	been updated with alternates and finalized. DBHDS also recommends that all licensed providers/CSBs check the SharePoint site regularly.
<b>Uploading/Sharing Documents to HSAG SAFE</b>	
Where do I need to upload documents?	HSAG utilizes SAFE for ALL document uploads. The licensed provider/CSB sample is located in SharePoint, however, this is the <b>ONLY</b> document that will be stored in SharePoint, and any other documents uploaded to SharePoint will be deleted, and the licensed provider/CSB will be required to upload into SAFE. Please email <a href="mailto:VAQSR@hsag.com">VAQSR@hsag.com</a> for assistance.
What documents do I need to upload?	<p>All documents required for successful completion of QSR are listed on the documentation checklist for licensed providers “<i>Round 7 Provider Doc Submission Checklist</i>” or CSBs, “<i>Round 7 CSB Doc Submission Checklist</i>”, found below.</p> <div style="text-align: center;">   </div> <div style="text-align: center;"> <p>Round 7 CSB      Round 7 Provider</p> <p>Documentation SubDocumentation Sub</p> </div> <p>Licensed providers/CSBs must upload all requested documents <b>AND a completed checklist(s)</b> for the reviewer by the documentation deadline. Reviewers will use the licensed provider/CSB completed checklist(s) as a guide for locating evidence required for QSR compliance scoring. These checklists are also available on the HSAG SharePoint site in Provider Resources or the DBHDS QSR site. Specific questions about documents can be directed to your QSR Reviewer.</p>
Will you share the form/checklist you are using to evaluate the quality of services? Will you share the tool you are using to evaluate PQR and PCR?	<p>The PQR and PCR tools are available on the HSAG QSR SharePoint site in the Provider Resources folder and linked below. HSAG strongly encourages licensed providers/CSBs to review compliance elements and relevant scoring criteria to increase understanding of DBHDS expectations and best practices.</p> <div style="text-align: center;">   </div> <div style="text-align: center;"> <p>Round 7 PCR      Round 7 PQR</p> <p>Tool_2.27.25_F1.pdfTool_2.27.25_F2.pdf</p> </div>
How do I upload documents to HSAG SAFE?	An instructional video for how to upload documents to HSAG SAFE is available on the SharePoint site in the

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Frequently Asked Questions (FAQs)  
March 2025**


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	<p>Provider Resources folder, in a link named, “HSAG SAFE.” Below is the HSAG Safe User Guide.</p> <div style="text-align: center;">             HSAG Safe User Guide.pdf         </div> <p>If you have followed the instructions and are having issues uploading, please contact the <a href="mailto:VAQSR@hsag.com">VAQSR@hsag.com</a> email for assistance.</p>
Do we have to encrypt the documents uploaded into HSAG SAFE?	Providers <b>must not</b> encrypt documents that are submitted into the secure HSAG SAFE.
Did I hear correctly that all documents must be sent/uploaded 4 weeks after launch?	Yes, all documents required for a successful QSR review must be uploaded by <b>May 22, 2025</b> . While we understand the volume of documents to be submitted may be large, without a full set of records for individuals, we are unable to complete a valid review.
If I am not a CSB, how will the support coordination documents be provided?	HSAG will work with the CSBs to ensure that the records needed for the QSR are received.
How will we know which employee records to upload?	Licensed providers who have individuals sampled for PCR review <i>should upload employee records for the staff selected for observation by the QSR reviewer</i> . QSR reviewer will notify the licensed providers/CSB which staff have been selected for observation to direct which records are required for upload.
We are a CSB using MART for PQR docs and EHR access for support coordinator docs. Our CSB will not need access to SAFE, correct?	MART repository cannot hold PHI or PII, which may be found in some PQR documents and/or employee records requested. These documents should be uploaded to SAFE. Final CSB reports, resources, and QEP template, if applicable, are also uploaded by HSAG into SAFE.
Our administrative staff is overwhelmed and will not be able to upload the volume of records required in that short a timeframe.	Timeframes for completion and the volume of individuals selected for the QSR are determined by DBHDS.
<b>MART and EHR Access for CSBs</b>	
Who do we contact to set up a virtual review of how to navigate our EHR system?	While HSAG is happy to coordinate a virtual review of the licensed provider/CSB EHR system with all reviewers who will need access to your system, we require licensed providers/CSBs to provide an EHR crosswalk for participants to use <i>during the virtual review</i> , whenever possible. Please email <a href="mailto:VAQSR@hsag.com">VAQSR@hsag.com</a> or notify HSAG of your request to conduct a virtual EHR review.



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March 2025**

Frequently Asked Question	Response
Support coordinator documents for our CSB may be found in WaMS or EHR depending on the individual's support coordinator. How should we complete the CSB documentation checklist?	<i>Round 7 CSB Doc Submission Checklist</i> is the guide for CSBs to identify what documents/evidence are necessary for successful QSR review and provides a clear roadmap for the reviewer to locate all documents pertinent to the individual. Suppose a particular document requested does not have a standardized location for all individuals sampled. In that case, CSB must complete a <u>separate checklist for each individual</u> , noting the location of the document to prevent deficient findings due to the inability to locate the evidence requested.
Clarify the expectation to provide documents if they are available through other sources such as WaMS.	If the requested document is found in WaMS, CSB may indicate this on the <i>R7 CSB Doc Submission Checklist</i> in the relevant row for that document. HSAG will access WaMS for any documentation noted on the CSB documentation checklist to be available in WaMS. Please complete the column for Name of File to ensure QSR reviewers evaluate the correct document. <u>All documents provided via WaMS must be present in the individual's record by the documentation deadline.</u>
Our CSB transitioned EHR systems within the last year. Individuals' records may be in our old system or our new system. Can HSAG reviewers access both systems?	HSAG is committed to reducing the administrative burden for CSBs and facilitating ease of record submission, however, a valid and reliable PCR review requires an individual's medical record to be assessed <i>as a whole, ideally at one time with all relevant documents available</i> . To that end, HSAG would prefer CSBs undertake the task of collating all records needed for a specific individual to ensure a complete submission, rather than the reviewer collecting all necessary documents from multiple sources to assess at different times. Ultimately, accessing multiple EHR systems may increase the frequency of deficient scores due to the inability to find a specific document. However, if accessing multiple EHR systems for support coordinator documents is the best administrative option, your CSB <b>must</b> complete the documentation checklist to specify which EHR system each document is located in and provide a written crosswalk for <b>both</b> systems. <i>Virtual tours/training of multiple EHR systems will not be sufficient to ensure reviewers' successful navigation of your EHR systems.</i> HSAG will coordinate with CSBs to resolve issues specific to document submission and/or EHR access. Questions or concerns regarding EHR access should be directed to <a href="mailto:VAQSR@hsag.com">VAQSR@hsag.com</a> .

**Virginia Department of Behavioral Health and  
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Frequently Asked Questions (FAQs)  
March 2025**

Frequently Asked Question	Response
<b>Scheduling Observations</b>	
In cases where a large number of individuals' records are needed, will the provider be given extra time to submit that information? Desk audits take extra work from providers. Will HSAG consider providing extensions for this process?	Due to deadlines established by DBHDS, HSAG requires all documentation that will be provided via upload to be provided by May 22, 2025. HSAG will attempt to honor requests for extensions and will let providers know if specific extension parameters. HSAG will work with providers to the extent possible to address extenuating circumstances that may impact the time needed for submission.
Should individuals named in the random sampling be available during the scheduled review date/time for interviews?	HSAG is required to select staff for observation and interview, however schedule of individual(s) sampled takes priority when identifying the best days/times. Your QSR reviewer will work with you to identify a date/time that works best for individual sampled.
What if staff selected by HSAG for observation is not at work on the scheduled day?	Observation with staff and the individual will be confirmed two days prior via email to ensure the individual is still able to participate at a scheduled time. QSR reviewers will document that the staff observed was different than the one selected by HSAG and providers/CSBs will be responsible for ensuring employee records for the staff observed are uploaded to SAFE timely for review, if not previously submitted.
<b>Post-Review</b>	
What is a QEP, and how is it different from a QIP?	<p>A Quality Enhancement Plan (QEP), previously known as a Quality Improvement Plan (QIP), is intended to reflect that the QSR is an assessment of compliance that reflects a standard above licensure, and QSR findings should be used to enhance the services CSBs</p> <div style="text-align: center;">  <p>DBHDS QIP to QEP Memo 3.25.25.pdf</p> </div> <p>provide.</p>
How is the QSR QEP (formerly QSR QIP) different from our agency QIP/CAP? I submitted our agency quality improvement plan—what else does HSAG need?	<p>The QSR QEP is the response submitted to HSAG that details how the licensed provider/CSB will address deficiencies identified in the QSR and is a required last step of each round of the QSR.</p> <p>Licensed providers who have QSR QIPs from previous rounds of the QSR are required to submit evidence of progress towards those actions AND to show evidence of integration into current provider quality improvement activities.</p>





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March 2025**

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	This is not pertinent to providers who have not previously participated in the QSR, or providers whose participation did not result in deficient findings.
After the QSR QEP has been completed where does it go.... licensure, DBHDS, DMAS, Human Rights?	The HSAG-approved QSR QEP is submitted to the DBHDS Office of Clinical Quality Management. It is expected that CSBs and providers will incorporate the review results into their quality improvement and risk management process to ensure continuous quality improvement in services provided.
Why doesn't HSAG allow providers to submit documents we may have missed? We are getting 'dinged' when we have the policy available if the reviewer has just asked us.	<p>Due to the timelines established by DBHDS, QSR reviewers have extremely limited time post-PQR interviews to assess supplemental documents. A successful QSR is reliant on a provider's ability to submit a complete review package with all relevant evidence by the document deadline for reviewer assessment. Additionally, a reliable and valid assessment is built using standardized processes for all licensed providers and CSBs, including but not limited to adherence to DBHDS timelines. This is particularly important for PCR documents, as QSR reviewers must assess the full medical record pertinent to lookback for accurate compliance scoring. Lastly, some QSR compliance elements assess if a document is present in a specific location <u>at the time of review</u>, hence supplemental submission of documentation would not remedy the deficiency.</p> <p>HSAG strongly encourages providers and CSBs to utilize the HSAG-developed QSR checklists as a guide for what evidence is needed for R7, request clarification during your launch webinar, and review completed checklist(s) with your assigned reviewer to ensure all documents are submitted by the document deadline and not omitted from provider upload. Providers and CSBs will be granted 24 hours post-PQR interview to submit any supplemental PQR documents the reviewer has requested to confirm scoring or omitted from upload.</p>
<b>Process Methodology</b>	
Is there clarity about whether these QSRs apply to non-licensed waiver service providers?	<p>QSRs apply to CSBs/BHAs and DBHDS-licensed DD waiver service providers. DBHDS selected the following provider service types for inclusion in the QSR process:</p> <ul style="list-style-type: none"> <li>• Case Management</li> <li>• Center-Based Respite</li> </ul>



**Virginia Department of Behavioral Health and  
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Quality Service Reviews (QSRs)  
Frequently Asked Questions (FAQs)  
March 2025**

Frequently Asked Question	Response
	<ul style="list-style-type: none"><li>• Community Coaching</li><li>• Community engagement</li><li>• Group day</li><li>• Group residential support ≤ 4 persons</li><li>• Group residential support &gt; 4 persons</li><li>• Group home (customized rate)</li><li>• Independent living supports</li><li>• In-home support</li><li>• Sponsored residential</li><li>• Supported living</li></ul>
How many QSR audits are going to be scheduled?	For Round 7 of the QSRs, HSAG will be conducting approximately 720 person-centered reviews and 310 provider quality reviews. DBHDS decides the number of rounds of QSRs. The next scheduled QSR beyond R7 has yet to be determined.
What is a representative sample? Is it a percentage?	A representative sample is a subset of a population that seeks to accurately reflect the characteristics of the larger group. QSR sampling methodology is statistically significant by service type. Service types with fewer individuals receiving that service statewide may have individuals reviewed more frequently, for multiple consecutive rounds of the QSR.
This sounds an awful lot like a licensure audit. How is HSAG operating differently?	The QSR process is not intended to focus on compliance with codes or regulations, but rather produce provider-specific findings to ensure continuous quality improvement in the services provided to individuals with developmental disabilities statewide. While the QSR may review aspects of provider service provision that licensure also reviews, the QSR reflects a standard that is beyond regulatory compliance. QSR data provides an assessment of individual outcomes and provider services and is inclusive of the implementation of the Home and Community-Based (HCBS) Settings Rule and requirements of the DBHDS Permanent Injunction with the Department of Justice requirements, and related rules and regulations. Licensed providers/CSBs are expected to incorporate QSR findings into quality improvement and risk management activities.
Have guardians been given information on this review?	Information about the QSR process is available on the DBHDS website on the Developmental Services home page under Quality Service Reviews. QSR reviewers rely on accurate information in WaMS to identify family, authorized representatives, substitute decision-





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Frequently Asked Questions (FAQs)  
March 2025**

Frequently Asked Question	Response
	makers, and/or legal guardians for interviews. Please ensure this information is accurate and up-to-date for individuals sampled in the QSR. QSR reviewers provide information on the review to individuals, shared decision-makers, and families during outreach calls and through the interview process.
Will there be interviews with the individuals themselves? What about individuals who may not want to be interviewed or individuals who have challenges with communication?	<p>Yes, interviews with individuals will be conducted during the person-centered review process. Individuals may decline to be interviewed at the time of staff observation or may decline to participate in the QSR. Individuals or SDM/family who decline to participate in the QSR will be replaced with an alternate when possible.</p> <p>Individuals who have challenges with communication can be aided in the interview by a support person, including a family member, substitute decision maker, direct support professional, or other person chosen by the individual to assist them in participating in the interview. QSR reviewers document whether the individual is assisted in responding to interview elements. Individuals who have challenges with communication are not excluded from the review unless the individual or representative declines to be interviewed.</p>
What if family members do not want to participate? Additionally, what happens if the family/individual does not have a way to do a virtual visit? Will a telephone interview work?	Family members are encouraged to participate but do have the right to decline participation. HSAG will ensure that PCRs are conducted according to DBHDS-approved processes. HSAG offers the option to complete interviews in person, virtually, or by phone.
What if the individual requires an interpreter to participate?	QSR reviewers will consider the needs and requests of an individual to utilize a known interpreter (for instance, if the individual is comfortable with and would prefer to use an interpreter from the provider). HSAG also provides interpreter services.